# VIEWING THE WORLD THROUGH THE LENS OF ‘NORMAL’: THE PERCEPTIONS OF CHILDREN WITH ASD AND SPORT

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# Abstract

The purpose of this study is to explore the perceptions of sport, children with ASD, and parents of children with ASD, as produced by sport providers. One central research question guided the study: How do the perceptions of sport and children with ASD impact sports participation for children with ASD? Three additional secondary research questions were also considered: What is the impact of the perceptions of sport for children with ASD? How are parents of children with ASD perceived, and what is the subsequent impact on sports participation for children with ASD? What are the sport providers' perspectives of the benefits and challenges of sports for children with ASD?

This qualitative study was informed by grounded theory methods in order to explore the sport providers' perceptions. A sample of eight sport providers ranging from 23 to 57 years of age took part in an in-depth, semi-structured interview. Interviews were audio recorded and transcribed, and data analysis was done by first using open coding. Through this, the identification of themes and subthemes that were descriptive of the sport providers' experiences were identified. The main overarching theme that emerged was 'constructing normalcy,' specifically, the sport providers' process of meaning-making about children with ASD and sport as well as efforts to create adaptive outcomes for children with ASD in sport. The emergent model demonstrates that the ways in which sport providers perceived sport, children with ASD, and parents of children with ASD, are all relative to what is presumed 'normal.' Nonetheless, a duality is also evident, in that the perceptions of sport both challenge and reproduce what is 'normal.' The findings of this study of these sport providers' perspectives proved essential to identifying what is assumed about the meaning and experiences of children with ASD in sport. Recommendations for sport providers, methodology, and future research are offered.

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# 1 Introduction

Anthony Ianni is 29 years old and formerly played Division I College Basketball. Jim Eisenreich, now 59 years old, is a former MLB player, with a 15-year career. Jessica-Jane Applegate is 22 years old and she is a Paralympic swimmer, winning gold in the London 2012 Paralympic Games. John "Doomsday" Howard, age 35, is a professional mixed martial artist, with seven UFC wins. Finally, Michael Brannigan is 21 years old and is an American track and field athlete and gold medalist from the Rio 2016 Paralympic Games. What all of these individuals have in common is that they are all accomplished athletes in their respective sports. But of critical relevance here is that Ianni, Eisenrich, Applegate, Howard, Brannigan, and likely other athletes - were all diagnosed with an autism spectrum disorder (ASD). From their stories and their own experiences, people may learn that sport and ASD are not mutually exclusive. They *can* exist together. This was certainly the case for these athletes. In the words of Brannigan,

> I love running. It makes me happy and I enjoy it. You can build something at the track. (0:30)
>
> It [autism] affected a little bit of my life. I improved on that and I'm here today. (2:20)
>
> It was June 14, 2014. The sun is hitting down on the track. Your ass is burning and your hair is sweating. I said, "I'm going to win this race," and I did. I said, "I'm a National Champion!" (4:53)
>
> In the future, I'm focused on 2024 and to run in the real Olympics. (7:10) (Sports Illustrated, 2016).

Brannigan's story may have started with a discussion about his diagnosis with ASD, but it does not end with one. He demonstrates a strong passion for his sport and a clear ability to articulate clearly what track and field means to him. Nevertheless, Brannigan's experience and narrative remains in the margins of popular representations or understandings and interpretations of ASD.

In Canada and the USA, we have stereotypical images or ideas about ASD, particularly in popular culture. For example, in the movie *Rain Man*, Dustin Hoffman plays an autistic savant. He displays superb recall and is akin to a human calculator (Skudra, 2018). Similarly, in the TV series *The Good Doctor,* Freddie Highmore plays Dr. Murphy, a surgeon with ASD and savant syndrome (Magro, 2018). Such narratives reflect "society's fascination with the obviously different, without contextualization" (Holton, 2013, p. 46). Moreover, the difference that is represented is very narrow, such that what we are willing to entertain (or be entertained by) is a specific type of ASD, those with special abilities or above-average IQ. Even though the above athletes are indeed exceptional cases, we do not tend to associate accomplishment, high performance, and something 'normal' like sport with ASD.

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ASD is currently defined by the American Psychiatric Association (APA) as "a complex developmental condition that involves challenges in social interaction, speech and nonverbal communication, and restricted [and] repetitive behaviors" (APA, 2019, para. 1), and this definition is widely acknowledged in the literature (e.g., Autism Awareness Centre Inc., 2019; Autism Speaks, 2019; Lajeunesse, 2014; Molina, 2014; Pennington, Cullinan, & Southern, 2014). Most theories or frameworks for understanding ASD have come out of studies that understand ASD from a behavioural perspective. With that said, ASD is defined, and thus diagnosed, by a certain set of behavioural criteria (e.g., impairment in social interactions, 'bizarre' behaviours, communication difficulties, etc.) (Autism Awareness Centre Inc., 2019; Aylott, 2003; Duchan, 1998). Commonly observed traits for ASD include difficulty with speech

(Bahrami, Movahedi, Marandi, & Sorensen, 2016; Sarrett, 2011), verbal imitation or echolalia (Autism Awareness Centre Inc., 2019; Duchan, 1998), little to no eye contact (Autism Awareness Centre Inc., 2019; Lajeunesse, 2014), inappropriate emotional responses (Martin, 2012), preference for being alone (Duchan, 1998), physical illiteracy (MacDonald, Esposito, & Ulrich, 2011; Staples & Reid, 2010), and so forth. However, an official diagnosis of ASD must include both: (1) difficulties in socio-communicative interactions (i.e., verbal and non-verbal) and (2) restricted or repetitive behaviours (APA, 2019; Molina, 2014).

With spectrum inherent in its name, ASD encompasses a wide range of developmental disorders. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), an ASD diagnosis includes 4 separate disorders: (1) autistic disorder, (2) Asperger's syndrome, (3) childhood disintegrative disorder, and (4) pervasive developmental disorder not otherwise specified (PDD-NOS) (APA, 2013). As written in Molina (2014), "overall, there is a strong agreement that autism, high-functioning autism (HFA), Asperger's and other pervasive developmental disabilities are not [entirely] distinct disorders, but instead reside on a continuum of autistic characteristics" (p. 29). Thus, the name ASD is an umbrella term used to represent all possible autism spectrum diagnoses.

Along with the many disorders that may count as an official ASD diagnosis, it is known that there is no one type of ASD (APA, 2019; Autism Speaks, 2019). One's symptoms of ASD can present in a wide variety of combinations, from mild to severe (APA, 2019; Autism Awareness Centre Inc., 2019; Autism Speaks, 2019; Aylott, 2003; Lajeunesse, 2014; Vaidya, 2008). As a spectrum disorder, each individual diagnosed with ASD has their own strengths and weaknesses. Accordingly, some will require ongoing, daily support, whereas others may not need as much support or may even live independently (Autism Speaks, 2019). Thus, as a spectrum disorder, individuals diagnosed with ASD can have different symptoms and severity of symptoms (Aylott, 2003; Lajeunesse, 2014), meaning, there is “no one autism but many subtypes” (Autism Speaks, 2019, para. 2).

Statistics show that the prevalence of ASD has increased dramatically in recent years worldwide, with 52 million people diagnosed with ASD in the world in 2010 (Baxter et al., 2015). Furthermore, Smith and Eikeseth (2011) report that more than 1% of the population is diagnosed with ASD throughout North America, Asia, and Europe. According to Baker (2007), it is the fastest growing developmental disability in North America. In the USA, the prevalence of ASD is about 1 in 59 children (Centers for Disease Control and Prevention [CDC], 2018). A recent report from Canada (i.e., National Autism Spectrum Disorder Surveillance System (NASS) 2018 Report) determined that about 1 in 66 Canadian children and youth (aged 5 to 17) are diagnosed with ASD, with more boys affected than girls (Government of Canada, 2018). Typically, ASD appears in the child’s first three years of life (Evans, 2016), though some signs of ASD may be noticeable before the age of one (APA, 2019; Autism Speaks, 2019). What poses a unique challenge in determining the prevalence and diagnostic rates of ASD is not only the heterogeneity in symptom presentation, but also in that visible signs of ASD are not always apparent.

In general, ASD is not a visible, physical disability (Gorlin, McAlpine, Garwick, & Wieling, 2016) and ASD is recognized as an invisible disability by some (Bonis, 2016; Molina, 2014; Ooi, Ong, Jacob, & Khan, 2016). Children with ASD often show no outward physical signs of ASD (Bonis, 2016; Navot, Jorgenson, & Webb, 2017), and therefore, are assumed to be ‘normal’ (Munroe, Hammond, & Cole, 2016). Yet, despite the invisibility of ASD, the literature on children with ASD is replete with descriptions of their ‘unusual’ behaviour. Studies have described children with ASD as (often) non-verbal, echolalic, and persistently avoiding eye contact (Duchan, 1998; Stahmer, Collings, & Palinkas, 2005). Furthermore, these children are seen engaging in aggressive or obsessive tendencies, have problems with motor functions, are hyperactive, and often have disturbances in mood (Girli, 2018; Gorjy, Fielding, & Falkmer, 2017). While it is important to acknowledge key features or similarities among children with ASD, especially for diagnosis, these descriptions do not reflect the inherent variability of ASD, nor the vast differences in ASD severity. The variability in presentation of ASD cannot be underestimated, as no two children with ASD will be the same (Gorlin et al., 2016; Martin, 2012; Munroe et al., 2016; Ozonoff, Dawson, & McPartland, 2002). Given this significant heterogeneity, not all children with ASD will have equal experiences in the same context, with a specific intervention or a particular recreational activity. We cannot therefore dismiss sports participation as impossible for all children with ASD.

Very little is known about children with ASD and their experiences in sports. The lack of information is further exacerbated by the ambiguity and variability of what ‘sport’ means. In the Sport Participation 2010 Research Paper by Canadian Heritage, sport is defined as having the following characteristics:

- Involves [at least two participants] who engage for the purpose of competitively evaluating their personal performance;
- Involves formal rules and procedures;
- Requires tactics and strategies;
- Requires specialized neuromuscular skills which can be taught and learned;
- Involves a high degree of difficulty, risk or effort in reproduction of movement or form

- Its competitive mode implies the development of trained coaching personnel; [and]
- Its primary activity involves physical interaction of the participant with the environment (2013, p. 79)

Separately, Loy (1968) offers three definitions of sport, who also acknowledges sport as a "highly ambiguous term having different meanings for various people" (p. 1). According to Loy, sport can be understood as a (1) game occurrence, (2) institutionalized game, or (3) social situation. Sport as a game occurrence denotes a form of playful competition, where the outcome is determined by physical skill, strategy, or chance (i.e., separately or in combination). Furthermore, sport as games necessitate agreed-upon rules. Loy's (1968) definition of sport as a game occurrence is most comparable to the definition of sport offered by Canadian Heritage (2013). Secondly, sport as an institutionalized game is seeing the institutionalized nature of sport. In Loy's words, treating sport as an institutionalized game implies "distinctive, enduring patterns of culture and social structure combined into a single complex, the elements of which include values, norms, sanctions, knowledge, and social positions (i.e., roles and statuses)" (1968, p. 7). Lastly, sport as a social situation moves beyond games and rules, and better conceptualizes sport as a "social system" (Loy, 1968). A social system is "a set of [individuals with] a set of relationships established among [them] by interaction" (Caplow, 1964, p. 1). Thus, sport as a social situation might be two teams within the confines of a soccer field, but it might also be an instructor providing one-on-one surf lessons to a child (e.g., Moore, Clapham, & Deeney, 2018). Together the authors provide multiple (and competing) definitions of sport. Though, this variation in the definition of sport suggests that there are multiple ways of imagining what sports participation for children with ASD could look like.

For all children, participation in sports has been shown to have numerous physical, mental, and social benefits, and to support overall well-being. Such benefits could be applicable to children with ASD. However, children with ASD experience lower participation rates in sports compared to their ‘typically developing’ peers (Memari et al., 2015; Moore et al., 2018; Ratcliff, Hong, & Hilton, 2018). From a public health perspective, participation in sports is especially important for children with disabilities, including children with ASD (Aytur et al., 2018). Relative to ‘typically developing’ children, children with ASD have higher levels of being overweight and obese, are more sedentary, and have more restricted body movements (Aytur et al., 2018; Hill, Zuckerman, & Fombonne, 2015; Srinivasan, Pescatello, & Bhat, 2014). Furthermore, children with ASD are more likely to suffer comorbidities such as sleep disturbances (Chen, 2015; Devnani & Hedge, 2015; Wachob & Lorenzi, 2015), gastrointestinal issues (Chaidez, Hansen, & Hertz-Picciotto, 2014; Srinivasan et al., 2014), attention-deficit/hyperactivity disorder (ADHD) (Leitner, 2014; Waring & Lapane, 2008), and anxiety and depression (Strang et al., 2012; van Steensel & Heeman, 2017). Psychosocially, children with ASD have decreased self-esteem, fewer friendships, and greater dependence on others (Moore et al., 2018; O’Hagan & Hebron, 2017; Srinivasan et al., 2014). Consequently, participation in sports for children with ASD has the potential to alleviate sedentary lifestyles, foster friendships, develop skills and competencies, allow creative expression, and improve physical, mental, and social health (MacDonald et al., 2011; Moore, et al., 2018; Rosso, 2016). Collectively, these factors highlight the possible utility of sports participation for children with ASD in their day-to-day lives, and the need to explore the context of sports for children with ASD. In particular, parents of children with ASD may offer key insights into the meaning and experiences of sport for their children.

Parents have an important place in the lives of children, particularly so for children with ASD (Maich & Hall, 2016). The roles of parents of children with ASD have been described as a full-time job (Maich & Hall, 2016; Nicholas et al., 2016), healer (Courcy & des Rivières, 2017; Douglas, 2016), and constant care (Bonis, 2016; Broady, Stoyles, & Morse, 2017; You & McGraw, 2011). Compared to parents of 'typically developing' children, Järbrink (2007) found that parents of children with ASD spend approximately 1000 hours more every year caring for their child(ren). Consequently, Hutton and Caron (2005) report that parents of children with a developmental disability, such as ASD, experience higher rates of stress than parents raising 'typically developing' children. Nonetheless, while the role of parenting a child with ASD can be challenging or stressful at times (Hayes & Watson, 2013; Lajeunesse, 2014), some parents have reported a new-found resilience (Broady, 2013; Broady et al., 2017; Nelson, 2002) and personal growth (Lendenmann, 2010; Maich & Hall, 2016) as a result of their experiences.

In the case of sports participation, parents play a pivotal role in facilitating their children's involvement, ranging from paying for classes to modeling sport involvement (Davison, Li, Baskin, Cox, & Affuso, 2011; Gray, 2002). Particularly for children with ASD, parents serve as a voice for their children who may be less able or unable to convey their feelings about sports participation (Edwards, Brebner, McCormack, & MacDougall, 2018; Furner, 2008; Moore et al., 2018). How parents of children diagnosed on the spectrum perceive sport in general may influence sports participation. Accordingly, parents of children with ASD are compelled to be their child's most effective advocate (Lutz, Patterson, & Klein, 2012; Maich & Hall, 2016). As suggested by Obrusnikova and Miccinello, "parental beliefs, perceptions, and support for [physical activity and sports] play an important role" when encouraging participation in sports for their children (2012, p. 65). Therefore, in order for sports to be considered for children with

ASD, parents must have positive views, feelings, as well as prior positive experiences, with sport (Stoner et al., 2005).

In addition to parents, sport providers - be they coaches and instructors, program managers, or volunteers - are critical members to any sports program, particularly for children with ASD (Moran & Block, 2010; Rosso, 2016). Coaches or instructors, and to a lesser extent program managers, work directly with children with ASD in sport (Ohrberg, 2013). Accordingly, given the complexities of ASD (i.e., varied symptoms and abilities between children) (Ohrberg, 2013; Rosso, 2016), sport providers need to be creative and open-minded (McIntire, 2017; Modell & Valdez, 2002; Sherlock-Shangraw, 2013), have patience (Groft & Block, 2003), and be willing to engage children with ASD on a personal and individual level (Groft & Block, 2003; McIntire, 2017; Sherlock-Shangraw, 2013). Furthermore, sport providers are responsible for creating supportive environments where participants can learn to relate to the sports they play, improve their motor and social skills, meet new friends, and feel accepted in a sport setting (Groft & Block, 2003). A key responsibility for sport providers is having prior knowledge of the children's abilities, so they may understand each child's individual needs, strengths, and weaknesses in sports (Groft & Block, 2003; McIntire, 2017; Ohrberg, 2013; Rosso, 2016). In sum, it is important for sport providers to design programs that meet the needs of children with ASD, while also understanding each child's needs and preferences (McIntire, 2017).

There are several avenues for participation in sports for children with ASD. Indeed, many children with ASD could participate in 'typical' sports (i.e., alongside 'typically developing' children), for example, in school or in community house leagues. Oppositely, there are also targeted sport opportunities for children with ASD. One example includes Special Olympics (SO). SO "is the largest multisport organization for individuals with intellectual disability in the world" (Ryan, Fraser-Thomas, & Weiss, 2017, p. 370). Internationally, it provides sport opportunities to more than five million individuals with intellectual disabilities (SO, 2019a). SO sport opportunities are found at the regional, national, and international level, along with a number of different program offerings (e.g., Motor Activity Training Program (MATP), Young Athletes program, etc.) (Tint, Thomson, & Weiss, 2017; Weiss et al., 2016). As shared on their website, SO's mission statement reads:

> [Our mission] is to provide year-round [sport and competition] in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other [SO] athletes and the community. (SO, 2019b, para. 1).

What started as a backyard summer camp in 1968 for individuals with intellectual disabilities, evolved into a worldwide movement (SO, 2019a). What we may gather by learning about an organization such as SO is that sport and disability has a long and celebrated history.

SO likely paved the way for new sport programs, for children with disabilities, to develop after them. Yet, within the GTA, there are only a few sport programs which offer sport to children with ASD. It is possible that sports participation may be lower on the list of priorities in terms of needs for families with children with ASD. Within Ontario, the province's new autism program and funding cuts, the lack of funds, and resources may be another plausible explanation. Nonetheless, such programs include KidoShido Martial Arts[1], the Grestway Sylvertip Goaltenders[2], and Sportville[3]. KidoShido Martial Arts offers martial arts to children with

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[1,2,3] KidoShido Martial Arts, Grestway Sylvertip Goaltenders, and Sportville are all pseudonyms for the actual organization or program name.

disabilities, including children with ASD. Grestway Sylvertip Goaltenders provides individuals with developmental disabilities, including ASD, the opportunity to learn and play hockey. Sportville offers multi-sport programs to all children, with or without ASD. For all three sport programs there are no prerequisite skills or experiences needed to participate. In terms of inclusion of children with ASD in these programs, KidoShido Martial Arts and Grestway Sylvertip Goaltenders are offered specifically for children and youth with disabilities, including children with ASD, while Sportville offers both integrated and segregated programs. Altogether, KidoShido Martial Arts, the Grestway Sylvertip Goaltenders, and Sportville are sport-specific programs that welcome children with ASD. Therefore, all three programs served as ideal organizations for studying sport for children with ASD.

## Statement of the Problem

The number of individuals diagnosed with ASD has dramatically increased in recent decades (Cappe, Poirier, Sankey, Belzil, & Dionne, 2018; Gorjy et al., 2016; Guest, Balogh, Dogra, & Lloyd, 2017). Consequently, there is also more ASD research than ever before (Fombonne, 2003; Lajonchere, 2010; Pellicano et al., 2018; Szpir, 2006). As far as we [researchers] have come in the field of ASD research, still, there needs to be a “paradigm shift in how we approach [research on ASD]” (Pellicano et al., 2018, cited in Interagency Autism Coordinating Committee [IACC], 2017, p. vi.). Specifically, Pellicano et al. argues that ASD research “[needs] to address the everyday realities of ASD” (2018, p. 82). Thus, there is an opportunity, particularly for qualitative researchers with specific interests in developmental disabilities or ASD, to heed Pellicano et al’s (2018) call.

From the available literature, there seems to be a general agreement that sports participation for children with ASD is beneficial (Moore et al., 2018; Rudy, 2018a; Schorr &

Vlasak, 2015; Webster, 2016). Though, much of this research has focused on sport as an effective intervention or therapeutic for children with ASD (e.g., Bahrami, et al., 2012; Duquette, Carbonneau, Roult, & Crevier, 2016; Hayward, Fragala-Pinkham, Johnson, & Torres, 2016), which reinforces desirable characteristics and behaviours. Thus, aligned with the critique presented by Pellicano et al. (2018), I recognize the importance of moving beyond research that gives primacy to the notion of sport as an effective intervention or therapy for children with ASD. Instead, the meanings and experiences of sport for children with ASD should also be considered. Of critical relevance, this line of inquiry can be implemented through employing qualitative research methods.

A focus on the ways in which children with ASD are constructed within sport helps us as researchers to uncover some of the meanings and experiences of sport for children with ASD. In particular, sport providers' perspectives, understandings, and interpretations, of both sport and children with ASD, are pertinent to this undertaking. In other words, sport providers *perceive* sport and children with ASD in specific ways. In interacting with parents of children with ASD in and through sport, parents of children with ASD are also unavoidably perceived by sport providers. Consideration of the possible consequences or the impact of these perceptions for sport for children with ASD is of fundamental relevance and becomes integral to the study of the meanings of sport for children with ASD. Since sport providers are the ones providing sport to children with ASD, it is important to hear their experiences  as well as interactions in their assigned roles.

## Purpose of the Study

This study sought to hear the perspectives and experiences of sport providers that offer sport to children with ASD. The sport providers who participated in this study were willing to share their stories, as they felt it would be of value to ASD research as a whole. By interviewing eight sport providers, an open dialogue was created which provided insights into the meanings and experiences of sport for children with ASD. Through their stories, the perceptions of sport, children with ASD, and even parents of children with ASD were brought to light. These stories were filtered through the lens of social constructivism, and a model was generated from the perceptions expressed by sport providers.

## Research Questions

This study is fundamentally concerned with the perceptions of sport, children with ASD, and parents of children with ASD, as reported by sport providers. Accordingly, the ways in which sport providers perceived sport, children with ASD, and parents of children with ASD, ultimately has implications for sports participation for children with ASD. Therefore, the central research question is:

QI. How does the perceptions of sport and children with ASD impact sports participation for children with ASD?

This is followed by three secondary research questions:

Qi. What is the impact of the perceptions of sport for children with ASD?

Qii. How are parents of children with ASD perceived, and what is the subsequent impact on sports participation for children with ASD?

Qiii. What are the sport providers' perspectives of the benefits and challenges of sports for children with ASD?

It is worth noting that QI. and Qi. are different questions. QI. looks at the impact of the perceptions of sport and children with ASD on sports participation for children on the spectrum. Qi. looks at the impact of the perceptions of sport on children with ASD. In other words, how do the perceptions of sport impact the way we understand children with ASD in general. Therefore, this study is concerned not only with the perceptions of sport and children with ASD, but also with the interplay between the two.

## Significance of This Study

Sport providers are responsible for providing sport opportunities to children (with and without ASD). I examine the perceptions (of sport, children with ASD, and parents of children with ASD) put forth by sport providers, and how this is ultimately reflected in the way that sport providers deliver sport programs to children with ASD. To date, there have not been any grounded theory studies that have explored the perceptions of sport, children with ASD, and parents of children with ASD, by sport providers. This study provides insights into the way(s) in which children with ASD are currently perceived and understood within sport, and considers the implications or consequences of these perceptions for children on the spectrum, in sport and beyond.

### *1.1 Overview of the Study*

The remainder of this study is organized into four chapters. In Chapter 2, I review the literature and research on disability and ASD more specifically, including both the historical and current contexts. The historical context looks at both the medical and social models of disability, and how these models have informed how disability and ASD have and continue to be conceived. The current context is further separated into six topics, all informed by the four research questions (i.e., (i) parents of children with ASD, (ii) children with ASD, (iii) the social construction of children with ASD, (iv) physical activity, exercise, and sport for children with ASD, (v) sport providers, and (vi) the social construction of sport).

In Chapter 3, I describe the research design, methods, and procedures of this study. These include participants and recruitment and sampling, ethics, data collection and analysis, and reflexivity. At the start of the chapter, I also provide the theoretical framework from which this study has been conducted.

In Chapter 4, *Viewing the World Through the Lens of 'Normal,'* I explore the sport providers' perceptions of sport, children with ASD, and parents of children with ASD. I present how these perceptions are all relative to notions of 'normal' and 'difference.' In particular, I focus on the all-encompassing theme, 'constructing normalcy,' by describing how it informs sport providers' understanding of (i) themselves and their role, (ii) parents of children with ASD, and (iii) sport and children with ASD. I also provide my developed model, which captures the dynamism and omnipresence of this overarching theme.

In the last chapter, I present both a discussion and conclusion. In the discussion section, I address the significance of the study findings. I do this not only in relation to the literature review, but also in relation to the theoretical framework and methodology. The conclusion section contains several recommendations for sport providers, methodology, and future research, as well as the limitations of this study.

# 2 Review of the Literature

## *2.1 Introduction*

This chapter contains a review of the currently available literature in sociology and social psychology relevant to the study of the social construction(s) of children with ASD and sport. This chapter is separated into two main sections, the historical and current contexts. ASD has undergone a shift within its considerably complex history, from being misunderstood as a mental illness to its current recognition as a unique spectrum disorder. By understanding the historical context as well as the current views, we see how ASD has been socially constructed throughout our long and ever-changing history. The social construction(s) of ASD that have developed up until now provide an understanding of how knowledge, meanings, ideas, and perceptions, of ASD, are influenced by our social world. The first section outlines a brief historical look at disability generally, along with the medical and social models, with critiques also offered for these two models of disability. The second section introduces the current context, with the literature organized by topics informed by the research questions, namely (i) parents of children with ASD, (ii) children with ASD, (iii) the social construction of children with ASD, (iv) physical activity, exercise, and sport, (v) sport providers, and (vi) the social construction of sport. At the end of this chapter, the remaining research gaps to be addressed through this study are detailed and described.

## *2.2 Historical Background*

### *2.2.1 Disability*

The concept of disability is not unknown to humans, dating back pre-1900s (Mersey Care NHS Foundation Trust, 2013). Major historical events, for example, wars or the advances in medicine, have brought recognition to and awareness of all kinds of disabilities. Nevertheless, debates about what constitutes disability, as a definition, still persist and continue to be debated today (Leonardi, Bickenbach, Ustun, Kostapisek, & Chatterii, 2006; Thomas, 2004). As a category, disability is heterogeneous (Leonardi et al., 2006; Vaidya, 2008), ranging from congenital abnormalities; chronic illness; injury; physical, visual impairments, and sensory impairments; intellectual and learning disabilities; and more. Disability also accounts for severity across the different types (Leonardi et al., 2006). Furthermore, some disabilities are apparent, some are less apparent, and some may even be unapparent (Andrews et al., 2019). Some individuals with disabilities are born with their disability, while others may acquire their disability at different stages in life (Andrews et al., 2019; Vaidya, 2008). Disability therefore is a human - and naturally, subjective - experience (Vaidya, 2008; Zarhin, 2018).

In the literature, authors and scholars have recognized disability in various ways. Disability has been defined in medical terms, being viewed as a marker of disease or as physical or physiological deficits (Vaidya, 2008). Furthermore, disability has been conceptualized in relation to productivity and the ability to do productive work (e.g., Ganz, 2006; Hume & Odom, 2006; Lerner et al., 2001). Similarly, disability is also seen in terms of its economic cost to nations (e.g., Knapp, Romeo, & Beecham, 2009; Lavelle et al., 2014; Leigh & Du, 2015). At present, a universal definition of disability, is missing (Leonardi et al., 2006), and as the World Health Organization (2019) describes it, “[disability] is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society” (para. 2).

Along with various competing definitions and conceptualizations, the terms disability or ‘disabled’ have many connotations. The terms connote limitations in functioning or activities of individuals with disabilities (Kiuppis, 2018; Vaidya, 2008), which acts to disadvantage them (Jenkins & Riggs, 2004; Thomas, 2004). Other connotations include individuals with disabilities as subordinate (Bagenstos, 2000; Colker, 2006), lazy (Gwernen-Jones & Burden, 2010; Scior, Addai-Davis, Kenyon, & Sheridan, 2012), and unfit for society (Holton; 2013; Plimley, 2007). Overall, many of these connotations are derived from the medical model of disability, which is "based on deficit [definitions] of human ability or inability." (Molina, 2014, p. 30)

### *2.2.2 The Medical Model of Disability*

Historically, the medical model is a direct result of the advances in bio-medicine in the Western world (Andrews et al., 2019; Kapp, 2011; Vaidya, 2008). The medical model is also a consequence of "the opening up of the human body to the medicalized gaze" (Vaidya, 2008, p. 5). A key feature of the medical model is its reliance on a binary, whereby 'normal' is juxtaposed with and against 'abnormal.' What is 'normal' prescribes certain standards of functioning or performing of the body and mind. Thus, differences or deviations are 'medicalized' or 'pathologized' and labelled as 'abnormal' or 'disabling' (Aylott, 2003; Vaidya, 2008). Disability, then, is any difference(s) or deviation(s) from the norm. Given the medical model's focus on what is wrong with the individual, the term disability is a word that suggests 'unhealthy,' 'defective,' 'deviant,' and 'inferior' (Devine, 1997; Le Clair, 2011; Vaidya, 2008). As a result, the model "reduces the complex [issues] of [individuals with disabilities] to issues that require prevention, a cure, or rehabilitation" (Shakespeare, 2010, p. 197). Individuals with disabilities then are viewed as having bodies that look different, act different, whose bodies do not function according to the physical norm, and whose bodies cannot do productive work.

The power of medical professionals has played a key role in establishing (negative) societal perceptions of disability that are embedded within the medical model and its discourses. Specifically, "the power of [medical professionals], through [their] ability to define, name, heal and cure illnesses, has put [forth] a strong position to create and perpetuate discourses related to the body and mind including disability" (Brittain, 2004, p. 430). In addition, medical professionals correct and therefore govern 'non-normal' bodies (Goodley & Runswick-Cole, 2010). For example, under the medical model, disability could be explained in terms of its medical etiology, in particular, measurable biological or physiological differences or deficits (Brittain, 2004; Vaidya, 2008). Hence, clinical definitions of disability become administrative labels (Vaidya, 2008).

The medical model and with it, the medical profession, have informed discourses surrounding disability (Baglieri & Knopf, 2004; Brittain, 2004), and thus particular understandings of disability became normalized within society. Specifically, what was normalized was the recognition of disability as illness, as a medical issue, or as pathological in nature. As written by Bury (1996), "disability is the product of definitions and practices that seek to exclude individuals who [are] seen to deviate from the socially constructed norms of the 'able bodied'" (para. 25). As a consequence, individuals with disabilities are then also subjected to tremendous stigma (Broady, Stoyles, & Morse, 2015; Gallagher, 2001; Munyi, 2012; Vaidya, 2008) as well as bullying (Bonis, 2016; Clark, 2014; Sheard, Clegg, Standen, & Cromby, 2008). While labels themselves may not automatically be harmful or stigmatizing, it is the social attitudes associated with the disability which are (Bury, 1996; Gallagher, 2001; Vaidya, 2008).

### *2.2.3 ASD and The Medical Model of Disability*

The emergence of ASD as a diagnostic category is a direct result of the medicalization and pathologization of ASD, and "by being subjected to the dominance of positivist research methodology from the field of psychology" (Aylott, 2003, p. 1). According to Magat (2018), "[ASD] was initially viewed in the early to mid-1900s as a medical problem and [the] earliest studies emerged exclusively from psychology" (p. 159). In addition, founding fathers and key researchers in the inception of ASD are all medical professionals, holding careers as physicians or psychiatrists (Molina, 2014; Vaidya, 2008). Aylott (2003) summarizes it well when saying, “[ASD] has a history of being defined from a particular position of inquiry – from a psychiatric and psychological field with a focus primarily on the cognitive/medical aspects of [individuals with ASD]” (p. 9). Thus, this points to a clear link between the medical model and ASD.

Originally, ASD was first documented as a mental disorder (Basalik, 2017). The term “autistic” was initially brought forward by Eugen Bleuler in 1911 (Martin, 2012; McGlashan, 2011), “[who] thought of autistic characteristics to be a designation within schizophrenia” (Molina, 2014, p. 16). Back then, autistic symptoms were not distinguishable from schizophrenic disorder (Molina, 2014), apart from the lack of hallucinations and delusions (Vaidya, 2008). As such, ASD was first believed to be ‘child-onset schizophrenia’ (Maich & Hall, 2016) or ‘childhood schizophrenia’ (Douglas, 2016; Vaidya, 2008). Thus, for many years, the association between ASD and schizophrenia was maintained. This term would later be found unfit - and even misleading - for the condition three decades later by Leo Kanner, one of the founding fathers of ASD. He documented 11 cases of child patients who showed schizophrenic-like tendencies (Douglas, 2016; Molina, 2014). However, instead of schizophrenia, Kanner coined the term ‘Early Infantile Autism’ (Douglas, 2016; Maich & Hall, 2016; Martin, 2012; Molina, 2014). His rationale for this new designation was the emphasis of symptoms appearing in the early years of life (Kanner, 1973; Molina, 2014). Accordingly, Kanner used the terms sameness, solitude, obsession, echolalia, and stereotypy in his observations of the children (Maich & Hall, 2016; Ozonoff et al., 2002).

The medicalization of ASD is evidenced particularly in the language used to describe ASD in its discovery years. Along with Kanner’s and Bleuler’s descriptions that pointed to schizophrenia-like symptoms, there was another prominent figure, Bruno Bettelheim (Courcy & des Rivières, 2017; Douglas, 2016; Maich & Hall, 2016), who was influential in popularizing the medicalized discourse around ASD. In the 1960s, Bettelheim compared the children that he observed to feral children "raised in the wild, [who suffer] from extreme environmental deprivation" (Maich & Hall, 2016, p. 9). In another instance, Bettellheim compared the "behavior of children [with ASD] to those of Nazi concentration camps prisoners" (as cited by des Rivières, 2017, p. 234). These examples reveal the animalizing and dehumanizing of individuals with ASD. When an individual with ASD becomes characterized as animal-like or less than human, the notion of ASD as disease or defective seem fitting and appropriate, maybe even necessary.

### *2.2.4 Criticisms of The Medical Model of Disability*

A central critique of the medical model is that of its inherent biological determinism (Aylott, 2003; Shakespeare, 2010; Vaidya, 2008), as it "fails to take into account wider aspects of disability" (Aylott, 2003, p. 2). The commonly held view is that the problems that individuals with disabilities face are the result of their physical or mental impairments. However, these problems are presented as "independent of the wider sociocultural, physical, and political environments" (Brittain, 2004, p. 230). Furthermore, by definition, the medical model draws attention to medical 'facts' by medical 'experts.' Critics questioned, not whether medical professionals should decide the 'facts,' but rather whether the 'facts' should be interpreted from a strictly medical perspective (Brisenden, 1986; Brittain, 2004).

By focusing on impairments, the medical model produces definitions of disability that are partial or limited (Aylott, 2003; Brisenden, 1986; Brittain, 2004; Vaidya, 2008). As argued by Brisenden (2007), "the medical model is one rooted in an undue emphasis on clinical diagnosis, the very nature of which is destined to lead to a partial and inhibiting view of [individuals with disabilities]" (p. 173). In doing so, the medical model denies the complexities of actual lived experiences of disability (Aylott, 2003; Bury, 1996; Vaidya, 2008). It also "obscures the role of culture and society in giving meaning to these bodily states" (Vaidya, 2008, p. 6). Preoccupation with people's disabilities takes attention away from - and possibly denies - the social experiences of stigma or exclusion of individuals with disabilities (Vaidya, 2008). What is more, as written by Gallagher (2001), "the question is not [whether differences are perceived] among people, but rather, what [meanings or understandings are] brought to bear on those perceived differences" (p. 644). In order to understand disability as a lived experienced, there needs to be much more consideration than the medical 'facts' as well as a move beyond individualistic analyses.

### *2.2.5 The Social Model of Disability*

Given the criticisms of the medical model, a model which accounts for the socio-cultural and political realities was needed. It was individuals with (physical) disabilities themselves who critiqued the medical model and proposed the social model (Aylott, 2003; Kenny et al., 2015; McGuire, 2012; Molloy & Vasil, 2002; Shakespeare, 2010; Vaidya, 2008). The social model arose also as a "challenge to exclusion, marginalisation, and stigma" (Vaidya, 2008, p. 6). Specifically, "the social model emerged from the intellectual and political arguments of the Union of Physically Impaired Against Segregation (UPIAS)" (Shakespeare, 2010, p. 196) and originated in the United Kingdom in the 1970s (Kenny et al., 2015; Shakespeare, 2010; Vaidya, 2008). The model is built on the premise that disabilities are not merely the outcome of human pathology (Vaidya, 2008). Instead, disability is understood as socially created (Kattari, Lavery, & Hasche, 2017). The model "identifies disability as a culturally and historically specific phenomenon" (Shakespeare, 2010, p. 195) as well as a political phenomenon (Vaidya, 2008). An individual is not limited by the condition, but instead, by the environment - and with that, disablism - in which they live. Accordingly, what makes someone ‘disabled’ is not their medical condition (Douglas, 2016), but the attitudes and structures of society (Baker, 2007). Likewise, Vaidya (2008) argues that “disability is thus imposed upon [individuals with disabilities] through restrictions ranging from individual prejudice to institutional discrimination” (p. 7).

There are many strengths of the social model. Shakespeare (2010) provides three main strengths of the social model, namely, its political, practical, and psychological capacities. Politically, the social model has served as an effective tool for the disability movement, by providing an agenda for social change (Shakespeare 2010; Vaidya, 2008). In practice, the model is useful in identifying barriers in the built environment (Oliver, 2013; Shakespeare, 2010). Finally, psychologically, the model has helped to increase one’s self-esteem (Shakespeare, 2010) and counter when individuals with disabilities may feel as if they are at fault for their disability, or may internalize the feeling that there is something ‘wrong’ with them. Another psychological strength is in “building a positive sense of collective identity” (Shakespeare, 2010, p. 198; see also Oliver, 2013) for individuals with disabilities.

### *2.2.6 ASD and The Social Model of Disability*

While the social model shows a lot of promise, still, it is almost unrepresented in the literature on ASD, with greater application of the medical model. However, there does seem to be a shift (Aylott, 2003; Kenny et al., 2005), as some researchers have recently begun to apply the social model to their studies into ASD (e.g., Aylott, 2003; Mackenzie, Cologon, & Fenech, 2016; McGuire, 2012; Molloy & Vasil, 2002). For example, McGuire (2012) employed a sociological examination of ASD advocacy campaigns. Drawing on both the social model and interpretive textual analysis approach, McGuire (2012) believes “[ASD] is made intelligible to us via multiple discursive con-texts" and "locates [ASD] in the physical and social environments and in inter-subjective relations that work to disable impaired bodies" (p. 63). One campaign she critiqued was the Autism Speaks' Learn the Signs campaign. Campaign posters included statistics on the probabilities of certain events occurring (e.g., becoming a professional athlete, getting hypothermia, etc.). What she found was that each poster presented the odds of a certain event (e.g., becoming a fashion designer) juxtaposed with the odds of being diagnosed with ASD. In her words, "the posters reaffirm [ASD] as, simply, something one has [and] removes any possibility for conceiving of [ASD] as someone who is (an identity, a perspective, a viable way of being)" (McGuire, 2012, p. 63). Furthermore, in these posters ASD is represented as pathology and as a threat, which resonates with the medical model once again. By locating her work within the social model, McGuire (2012) is able to critique taken-for-granted representations of ASD as well as reject the view that ASD simply appears as it does.

In another study, Mackenzie et al. (2016) use a fictitious child named "Ben" who had ASD to compare the medical model to both the social model and social relational model. Similar to the social model, the social relational model (SRM) emphasizes the lived experiences of individuals with disabilities and proposes that "disability can be experienced in three distinct ways: barriers to doing, barriers to being, and impairment effects" (Mackenzie et al., 2016, p. 5). The authors evaluated each of the models by viewing Ben from each perspective. According to the authors, through the social model, Ben would not viewed as 'disabled.' Instead, Ben would experience ASD (as disability) only through "society's lack of accommodating attitudes, behaviours, and environments" (Mackenzie et al., 2016, p. 5). Accordingly, the social model dislodges the problem of disability - ASD - as located solely within the individual (Douglas, 2016; Mackenzie et al., 2016). Thus, the main principle underpinning the social model is that of external imposed restrictions (Shakespeare, 2010). Given that there are few studies that have used the social model in studies of children with ASD, there remain more avenues to be explored in ASD research, in using the social model and other models alike.

### *2.2.7 Criticisms of the Social Model of Disability*

The social model has been instrumental in bringing about social and structural changes for people with disabilities (e.g., improved services, greater access to education and employment, new legislation, etc.) (Shakespeare, 2010; Vaidya, 2008). However, this model is not without its criticisms. The simplicity of the social model, as described by Shakespeare (2010), is also in part, its flaw. One of the major critiques of this model is that while it pays specific attention to the social and political domains, the physical, mental, psychological, or emotional experiences of impairment becomes overlooked (Oliver, 2013; Shakespeare, 2010; Vaidya, 2008). More specifically, “the social model so strongly disowns individual and medical approaches, that it risks implying that impairment is not a problem” (Shakespeare, 2010, p. 199). In other words, the social model risks downplaying the struggles which individuals with disability genuinely face on a daily basis, and consequently, may come across as an unrealistic response to impairment or disability. Overall, it appears the medical model or social model alone is not sufficient. Rather, what may be necessary are models or modes of thinking that allow for consideration of both the medical and social perspectives in concert.

## *2.3 Current Context*

### *2.3.1 Children with ASD*

In the past, in large part due to the medicalizing of ASD, children with ASD were perceived as psychotic, cold, and less than (Maich & Hall, 2016) compared to ‘typically developing’ children. Unfortunately, almost 80 years later, descriptions of children with ASD remain relatively unchanged. For instance, current literature describes ASD as a set of pathological signs to be cured (Decoteau, 2017; Holton, 2013; McGuire, 2012), an abductor of or threat to life (McGuire, 2012; Gorlin et al., 2016), a separate entity from the child (Duchan, 1998), and an unviable way of living (McGuire, 2012). Once a child is labelled with an ASD, they tend to be defined - as well as limited - by this diagnosis (Molloy & Vasil, 2002). More precisely, Molloy and Vasil, who examined the social constructions of Asperger's Syndrome, state:

> Once a diagnostic label is attached there is the risk that all the child's characteristics are filtered through this diagnosis or explanatory mechanism resulting in a tendency to view the child's behaviour as symptoms, rather than as expressions of his or her unique personality. (2002, p. 661)

While an ASD diagnosis gives a child a diagnostic label, it should not be a defining label of who they are. In a similar way, Duchan (1998) argues, "in no case should a behavioral description be seen as the only possible 'true' rendition of a behavior" (p. 108).

Certainly, there are specific characteristics and features that are commonly seen in children with ASD. In line with the diagnostic criteria of ASD (i.e., triad of impairments involving difficulties in communication, socialization, and behaviour), children with ASD have delays with interpersonal skills, play and leisure skills, and coping skills (de Bilt et al., 2005; Klin et al., 2007, Ozonoff et al., 2002), compared with their 'typically developing' peers. Furthermore, children with ASD often have significant motor delays and sensory sensitivity compared to peers with 'typical development' (Lloyd, MacDonald, & Lord, 2013; Najafabadi et al., 2017; Wertheim & Apstein, 2016; Whyatt & Craig, 2012). Even further, the ability to understand social rules or understanding the perspectives of others are frequent challenges children with ASD face on a daily basis (Holton, 2013; Leyfer et al., 2006; Ozonoff et al., 2002). Nonetheless, these commonly seen characteristics are not universal to all children on the spectrum. ASD is complex because every child has specific and different symptoms. One child may be lacking certain competencies, while another has exceptional skills. What is common though, is that the despite the variability, children with ASD are consistently understood in relation to ‘typical’ or ‘normal’ peers, which further reinforces their ‘unusualness.’

In the literature on children with ASD, there is also a tendency to focus on HFA or Asperger’s Syndrome. Out of six studies found on the ProQuest database (i.e., searched with the words ‘children with autism’ and ‘sport’ simultaneously), four studies focused on HFA or Asperger’s Syndrome (e.g., Anthony et al., 2013; Lopez, Moreno-Rodriguez, Alcover, Garrote, and Sanchez, 2017; Potvin, Snider, Prelock, Kehayia, & Wood-Dauphinee, 2013; Akyüz et al., 2016). For example, Anthony et al. (2013) studied the interests and hobbies (e.g., sports participation, video games, arts and crafts) of high-functioning children with ASD compared to neurotypical children. Another study by Potvin et al. (2013), reported the findings of the extent of involvement in recreational participation of children with HFA. In examining the effects of a football program at school, Lopez et al. (2017) included children aged 6-12 diagnosed only with Asperger’s Syndrome or HFA for participation. Perhaps there is this focus because children with HFA are on the higher end of the spectrum, which implies that they are closer to ‘normal’ than those on the lower end, or as Rudy (2018b) explains, they can “pass for normal” (para. 3). On a similar note, children with ASD may be “granted a certain superficial acceptance provided they understand and stay within the limits of social tolerance” (Vaidya, 2008, p. 9). Focusing primarily on high-functioning children with ASD creates illusory images of ASD, and it reinforces the notion of ASD as acceptable only as it approaches societal expectations of ‘normal,’ that is, “sharing the same feelings, ideas, responsibilities and goals as ‘normal’ people” (Vaidya, 2008, p. 9). ASD continues to be a focus for researchers, particularly given the spectrum nature of ASD and the range of corresponding needs and abilities. Therefore, since ASD manifests differently in each child, there is a need for further studies to represent the broader autism spectrum, as it is implied that there are fundamentally diverse experiences for each child with ASD.

### *2.3.2 Social Construction(s) of Children with ASD*

It is clear that negative attachments have guided ASD discourse; meanings of despair, destruction, devastation, hardship, and shame are common in the literature (Holton, 2013; Sarrett, 2011) and beyond. To date, ASD has been defined largely within the medical model (Baker, 2007; Kelly, 2005; Kim, 2012; Martin, 2013; McGuire, 2012), which implicates children with ASD specifically, as substandard or defective compared to ‘typically developing’ children. The medicalizing and pathologizing of children with ASD promotes a sense of urgency to “[rescue] a child with autism” (Sarrett, 2011, p. 149). Consequently, children with ASD endure “metaphors of disease, enemy, and isolation guiding messages” (Holton, 2013, p. 48). By representing children with ASD in terms of pathological signs of which we need to be vigilant, children with ASD are comparable to a checklist of unwanted symptoms (McGuire, 2012; Molloy & Vasil). Thus, ASD is seen as the culprit and children with ASD are passive victims.

From the literature, fear is commonly associated with representations of children with ASD, grounded in the medical model view of ASD as a “fear-inducing disease” (Holton, 2013, p. 55). As a diagnosis, ASD is unwelcome (McGuire, 2012), and for some parents, an ASD diagnosis is one that should be avoided and possibly even ignored. Interestingly, two studies demonstrated that parents are hesitant to address the topic of autism to their children with ASD.

Holton (2013) found that parents often shield their children from ‘bad’ news, such as an ASD diagnosis. Similarly, Kelly (2005) reported that parents were reluctant to discuss disability (e.g., ASD) with their disabled child, even when these children had heard words like ‘handicapped’ or ‘autism.’ This shows that parents themselves may fear ASD, and feel that their own children need protection from ASD. Moreover, children with ASD are also feared for their actions and idiosyncrasies. Common, stereotyped, self-stimulatory behaviours such as hand-flapping, finger licking, body rocking, or head-banging cause ‘typically developing’ others to fear these children (Holton, 2013). As another extreme example, Duchan (1998) shared descriptions of children with ASD and stated, “children [with ASD] are depicted as being aliens in their own land” (p. 105). Comparing children with ASD to extra-terrestrials from outer space creates yet another image of fear and reinforces how far from ‘normal’ they are that they are no longer human. Overall, the above representations of children with ASD demonstrate not only the ‘unusualness’ or ‘unusual’ behaviours of children with ASD, but also the fear that is associated with those behaviours.

A second way in which children with ASD are socially constructed is via illustrations of how they are isolated. As mentioned, children with ASD may exhibit overtly ‘bizarre’ traits or engage in ‘strange’ self-stimulatory behaviours (Holton, 2013). This automatically differentiates them from ‘typically developing’ children, as they are not considered ‘normal’ based on how they behave. This fear of their ‘atypical’ behavior fosters the isolation of children with ASD. Indeed, studies have found that children with ASD have little to no friends (Kelly, 2005; Molina, 2014), and they are presumed to want to be alone, despite literature that suggests that they want friends. For example, Groft and Block (2003) argue that children with ASD desire friendships, but that “they just do not know how” to make friends (p. 40), a finding supported in other studies (e.g., Chang, Shire, Shih, Gelfard, & Kasari, 2016; Daniel & Billingsley, 2010; O’Hagan & Hebron, 2017). Socially, there is also a disconnect between children with ASD and interactions with others (e.g., parents, siblings, peers, etc.) (Holton, 2013; Sarrett 2011). For instance, a child with ASD may choose playing with Legos over a conversation with a sibling. This may lead others (e.g., parents, siblings, peers, etc.) to think that the child prefers to be left alone. As representations of isolation are dominant in studies on children with ASD, it becomes particularly important to consider such representations within specific settings, especially in the realm of sport which is often grounded in ideas of cooperation, teamwork, being united, and so on (Lin, Lee, & Nai, 2009; Smith, 2009). Ultimately, the social constructions of children with ASD as medicalized, pathologized, isolated, and feared, inherently reflect the past views of the medical model. While the social constructions of children with ASD is known in the literature, the social construction(s) of children with ASD in sport, for example, has not yet been studied. Furthermore, it cannot be assumed that sport will be a solution to the isolation and pathologization of children with ASD, as sport is also a socially constructed phenomenon.

### *2.3.3 Parents of Children with ASD*

As previously discussed, the medical model has influenced and shaped how we have come to define and view ASD. Interestingly, the medicalization and pathologization of ASD has had social repercussions on parents of children with ASD. Namely, these parents have been blamed for their children’s pathology (Douglas, 2016; Maich & Hall, 2016), with mothers in particular being targeted for having influenced or caused ASD in their children (Courcy & des Rivières, 2017; Douglas, 2016; Maich & Hall, 2016). For example, Bettelheim (1967) forged his theory of the refrigerator mother, and this was used as an explanation for ASD (Courcy & des Rivières, 2017; Donvan & Zucker, 2016; Douglas, 2016; Kim, 2012). The theory argued that it was “cold, aloof, intellectual maternal figures, whose rejecting demeanour [caused ASD]” (Maich & Hall, 2016, p. 9), meaning, ASD developed in response to the cold and disordered love of mothers. In essence, mothers of children with ASD were scapegoats (Molina, 2014) for the origin of autism. Fortunately, this theory has since been discredited and countered (Douglas, 2016; Vaidya, 2008), as researchers began to discover that ASD has biological and neurological foundations (Bell, 2017; Blakemore, 2018). As Martin (2012) states, “the medical field as a whole shifted from pure psychological review to more biologically-based psychological studies of ASD” (p. 6). Eventually with this shift, Douglas (2016) notes that “[d]iagnostic criteria of autism also changed during these years, reflecting the shift from understanding autism as a rare disorder to that of a spectrum of disorders that began to be diagnosed somewhat more frequently” (p. 137).

Nevertheless, new forms of mother blame have emerged, ones that are associated with a mother’s supposed ‘incompetency’ and ‘lack of goodness.’ A ‘good’ mother is one who is patient, is never angry, quits her job, and does everything she can for her child (Bonis, 2016; Cappe, Poirier, Sankey, Belzil, & Dionne 2017; Courcy & des Rivières, 2017; Douglas, 2016; Girli, 2018; Moodie-Dyer et al., 2014). Further, what it means to be a good mother to a child with ASD in contemporary times includes being self-sacrificing and fulfilled by her maternal responsibility to do ‘good.’ For example, Parsi and Elster (2012) use the term Advocate Mother which “[exemplifies] sacrifice [and] dashed hopes” (p. 207). A major sacrifice for many mothers of children with ASD is career adjustment(s), with some mothers even leaving their jobs permanently (Courcy & des Rivières, 2017; Meirsschaut, Roeyers, & Warreyn, 2010; Ryan & Cole, 2009). Along the lines of advocacy, Ryan and Cole (2009) suggest that “mothers of …children on the autism spectrum advocate more frequently and at a higher level of complexity than other parents" (2009, p. 44). In comparison, a 'bad' mother would be one who does not put her own needs aside or does not do everything she possibly can to tend to her child's needs. Thus, original forms of mother-blaming are transformed from having once caused ASD to now helping or curing autism in her child(ren) (Courcy & des Rivières, 2017; Decoteau, 2017). Additionally, Douglas (2016), in speaking about "autism mothers" states, "to mother and to care means to both love our autistic child who appears in their uniqueness within our everyday *and* to remedy the difference of autism" (p. 27, italics in original). What is more, these new forms of mother-blaming are also internalized by mothers themselves. For example, Bryne Sarma, Hendler, and O'Connell (2018) found that mothers felt as if "they [themselves] were to blame, [for not recognizing] the condition sooner" (p. 185). This finding is similar with Courcy and des Rivières (2017) when mothers feel guilt "for not doing enough" (p. 242). Overall, mothers, who were at first suspended of their maternal role, having been blamed for being the cause of ASD, now in contrast must work to ameliorate her child(ren) and the quality of her child(ren)'s life. Accordingly, what a child with ASD can (or cannot do) is reflected in what the mother can do.

Fortunately, with time, growing public awareness, as well as parental activism (Langan, 2011; Nelson, 2002), there is a growing understanding of the complex role of parents of children with ASD as primary caregivers and supporters, and the expectations they shoulder (Corcoran, Berry, & Hill, 2015; Courcy & des Rivières, 2017; Douglas, 2016; Maich & Hall, 2016). In general, they are the uber-parent (Bryne et al., 2018; Courcy & des Rivières, 2017) who is overprotective (Courcy & des Rivières, 2017; Cowan, 2010), vigilant (Bryne et al., 2018; Owen & McCann, 2018), and also burdened and unsupported (Lajeunesse, 2014; Selman et al., 2017). Parents of children with ASD put their lives and family life ahead of their own (Bonis, 2016; Molina, 2014). Bryne et al. (2017) reports that there are "high levels of psychological and physical demands associated with parenting children with [ASD]" (p. 183). Even further, these parents are also life-long learners, as they must continually educate themselves about ASD (Bryne et al., 2017; Lajeunesse, 2014; Maich & Hall, 2016; Molina, 2014). As Langan (2011) calls it, parents are "*lay experts*, [having to acquire] expertise, often in areas of science and medicine, through personal research and study (by the internet)." (p. 194, italics in original) Overall, the literature highlights this change in perception of the role of parents of children diagnosed on the spectrum. A few studies showed that as parents of children with ASD gain knowledge and with the passage of time, parents (often) become more confident and take a more proactive role in managing their child(ren)'s care (Edwards, Brebner, McCormack, MacDougall, 2018; Nelson, 2002). This is also what parents of children with ASD are expected to do - be involved, be committed, and be immersed in their child's life. Despite new-found descriptions of parents and the multiple roles they undertake in caring and supporting their child(ren) with ASD, other factors that shape parenting (or even facilitate the ability to take on multiple roles) such as culture, education, and SES, for example, may be downplayed or not acknowledged in the literature reviewed.

Despite the broadening representation within the literature of parents of children with ASD and recognition of the complex challenges they face, there continues to be greater focus on the perspectives and experiences of mothers (e.g., Cappe et al., 2017; Chang et al., 2018; Courcy & des Rivières, 2017; Decoteau, 2017; Moodie-Dyer, Joyce, Anderson-Butcher, & Hoffman, 2014; Munroe, Hammond, & Cole, 2016; Navot, Jorgenson, &Webb, 2017). For example, Decoteau (2017) explored the experiences of Somali parents of children with ASD but included only one father's interview excerpt whereas multiple mothers were represented (Decoteau, 2017). Likewise, Cappe et al.'s (2017) study with French Canadian parents of children with ASD involved 71 mothers and only five fathers (i.e., mothers made up over 90% of the participant makeup). Furthermore, in most of the narratives in the literature, mothers play an inordinately primary role as care-giver and child-rearer (Cronin, 2018; Parsi & Elster, 2012), which may suggest various forms of mother-blaming, and the burden on mothers, are exacerbated by gendered divisions of labour, as well as the social construction of gender. According to Douglas (2016), "the 'good' mother expert, is also grounded in 'natural' love for her child, only this time, signs of [ASD] in her child become measures of her success or failure to intensively accumulate scientific expertise and make the right 'choices' as [carer, protector, advocator, and so on]." (p. 217). Further, mothers as primary caregivers to their child(ren) with ASD results in a reconstructed identity for women, pushing aside "other identities such as wife, friend, or work colleague" (Cronin, 2018, p. 576). This scholarly focus on mothers and subsequent gap in the literature implicitly reinforces mother-blaming, as roles and responsibilities are attached almost exclusively to mothers. It is important then to consider the lack of perspectives and experiences of spouses, other family members and care providers, as their experiences of children with ASD may reveal different insights. Thus, the scope needs to be expanded to include spouses or fathers, or even other caregivers.

### *2.3.4 Physical Activity, Exercise, and Sport for Children with ASD*

Pertaining to studies with children with ASD, most of the literature (e.g., Ketcheson, Hauck, & Ulrich, 2018; Heffernan et al., 2018; McGarty et al., 2018; Toscano et al., 2018) has focused on physical activity (PA) and exercise, rather than sport. Of the studies on sport, many are quantitative (e.g., Keyhani, 2013; Kleinhans, 2010; Najafabadi et al., 2017), much like the PA literature. Thus, researchers are focused on assessing stereotypical behaviours among individuals with ASD, and why it is necessary for them to be engaged in PA. As a consequence, PA is recognized as an important therapeutic intervention for children with ASD (Toscano et al., 2018). Often, the PA or exercise regimen prescribed for this population includes walking or jogging (Celiberti, Bobo, Kelly, Harris, & Handleman, 1997; Nicholson, Kehle, Bray, & Van Heest, 2011), treadmill workouts (Johnson, 2009), and strength training (Johnson, 2008; Toscano, Carvalho, & Ferreira, 2018). Studies that examine the effects of PA and exercise for children with ASD, focus largely on how to decrease autistic behaviours, increase acceptable behaviours, increase motor skills, and increase physical fitness (Maich & Hall, 2016; Ratcliff et al., 2018; Toscano et al., 2018). In other words, to help children act or become closer to 'normal.' Seeing PA only for its therapeutic benefits reinforces the medical model's views that there is something 'wrong' with children on the spectrum. While PA should not be denied as a useful therapeutic tool, understanding the ways in which PA - as well as a sport - might enhance the lives of children with ASD, beyond correcting repetitive and restrictive behaviours, would also be important.

While related, PA and exercise are not equivalent to sport. Sport is more than just the ability to move one's body. Though sport involves PA and exercise, sport also includes a "set of rules, or goals to train and excel in specific athletic skills" (Zourikian, Jarock, & Mulder, 2010, p. 12-1). Sport is also inherently competitive, however, Zourikian et al. (2010) would argue that sport can also be for leisure or play. In general, parents view sports participation as a way to encourage physical fitness, develop social skills and friendships, and integrate their children into the community (Furner, 2008). In terms of physical benefits, Rosso (2016) found increased physical literacy for adolescents with ASD when playing sports. In another study, Najafabadi et al. (2017) found improved cardiovascular fitness in measuring the effectiveness of a Sports, Play and Active Recreation for Kids (SPARK) program for children with ASD. Other studies have shown that sports have the potential to alleviate sensory sensitivity issues experienced by children with ASD (Chung, 2017; Moore et al., 2018), for whom sensory overload is a major challenge (Maich & Hall, 2016; Notbohm, 2005). Furthermore, researchers agree that for children with ASD, sports participation allows for peer relationships to develop, therefore, decreasing feelings of isolation (Furner, 2008; Keyes, 2009). Even further, according to Moran and Block (2010), "in some cases opportunities to participate in sports might be more important to children with disabilities [including children with ASD] who attend special classes and special schools and have limited interactions with peers" (p. 11). Thus, for children with ASD, sports may act as a strong catalyst for friendships, and potentially counter the assumption of isolation.

Despite the potential benefits of sport, specific characteristics (of ASD) may impact sports participation for children with ASD. Children with ASD have higher rates of motor skill impairments (e.g., deficits in coordination, balance, postural stability, joint flexibility, and speed) (May et al., 2018; Najafabadi et al., 2017; Ohrberg, 2013), which decrease the potential for sports participation (Najafabadi et al., 2017). Furthermore, according to Groft and Block (2003) limited sociocommunicative abilities of children with ASD can hinder sports participation. Similar findings are found in Ryan et al. (2018). Even further, many children with ASD possess stereotypical behaviours, for example, head swinging, hand flapping, and repeated vocalizations. Such behaviours may make it challenging to participate in sports (Keyes, 2009; Groft & Block, 2003). Moreover, other contextual factors (e.g., parents, service providers, sports space), may impact sports participation for children on the spectrum, factors which may be even more important to consider than personal characteristics, as suggested by Ryan et al. (2018) in studying sport patterns of youth with ASD. Therefore, it will be important to explore both personal and contextual characteristics that impact sports participation, particularly for children with ASD.

One characteristic of sport, that of fun, is noteworthy. Unlike PA, notions of pleasure, fun, and enjoyment are not lost in the literature pertaining to sports for children with ASD (Furner, 2008; Ohrberg, 2013). For example, Rosso (2016) argues that sports can be a fun opportunity for participants with ASD. This is echoed by Ohrberg (2013) who argues "participation of children with ASD in sport is essential because it provides a sense of normalcy [and] allows the children to experience a fun activity with their peers" (p. 53). However, if engaging in sport supposedly provides this feeling of 'normal' for children with ASD, then sport for the sake of playing sports is deemed to be not enough for children with ASD. It is as if to say sport makes them feel better and more 'able.' Moreover, the chance to engage with their peers in sport might be considered fun only because it is expected to be (i.e., being with peers) or that it is 'normal' to get to do this. The desire or goal to be 'normal' is thus left unquestioned and the association of 'normal' and 'good' is reproduced. While the available literature shows that sport can be beneficial for children with ASD, more nuanced understandings of the risks and possibilities inherent in sport should be considered. Sport which is seemingly good, cannot be presumed to be innocent of power relations, especially since the literature on sport and ASD has not been sufficiently critical of sport itself. On another note, very little is known about the actual experiences in sport for children with ASD. Thus, further research is needed into understanding how and why sports participation is elected (or not) for this population.

It is also important to consider the type of sport offered and its delivery. Many studies that identify the benefits of sports participation for children with ASD, looked strictly at recreational and non-competitive sport (e.g., Furner, 2008; May et al., 2018; Najafabadi et al., 2017; Rosso, 2016). Still, given the variability of sports, not all sports and sport delivery forms may be appropriate for all children with ASD. This is exemplified by Healy, Msetfi, and Gallagher (2013) who found that some children with ASD requested to be excluded from participating in sports. Thus, along with the benefits, why sports may not be applicable for children with ASD, or the specific challenges to sport for these children, are two areas that deserve attention.

While the literature on including children with ASD in sport is an emerging area, there is much debate over whether individual or team sports are more suitable for children with ASD, though there is evidence of participation in both individual and team sports, including soccer, football, surfing, baseball, and more. Individual sports have been found to be superior over team sports for children with ASD (D'Eramo, 2013; Rudy 2018a). The top five sports for children with ASD are: biking, track and field, swimming, horseback riding, and gymnastics (Conelly, 2015), most of which are individual sports. Other individual sports in the literature for these children include surfing (Moore et al., 2018), karate (Bahrami, Movahedi, Marandi, & Sorensen, 2016), and dance (Rosso, 2016). There is a belief that children with ASD prefer only individual sports (Webster, 2016). In general, individual sports require less social interaction than team sports, which may be easier for children with ASD (Wertheim & Apstein, 2016), as this makes sports more predictable for these children. Moreover, Orsmond, Krauss, and Seltzer (2004) found that children with ASD preferred sports that did not involve social interactions. Furthermore, practice or training for individual sports tends to be more flexible with respect to time (Wertheim & Apstein, 2016), which may be ideal for parents and families with children with ASD. Even further, explaining rules and instructions to children with ASD can prove to be difficult for sport providers (Groft & Block, 2003; Rosso, 2016,) and often, individual sports have fewer rules (Wertheim & Apstein, 2016).

On the other hand, team sports are also played by children with ASD. Team sports are generally more difficult, but can be “carefully used to teach social skills” (Groft & Block, 2003, p. 42). Both notions of team sports as challenging and the added aspect of socialization have been reported in other studies (e.g., Furner, 2018; Jafar, 2017; Ryan et al., 2017). Yet, some studies highlight that team sports are unrealistic for children with ASD, compared to individual sports (Arnell, Jerlinder, & Lundqvist, 2017; Moore et al., 2018; The Children’s Hospital of Philadelphia, 2014). Team sports for children with ASD are often considered too competitive (Arnell et al., 2017; The Children’s Hospital of Philadelphia, 2014) or demanding (e.g., play the sport while also adjusting to others) (Arnell et al., 2017). In playing team sports, children with ASD are exposed to challenging, complex, and random situations (Jafar, 2017), likely due to other team members involved, and with outcomes that depend on each team member. Thus, it may be that team sports may need to be greatly adapted to fit the needs of children with ASD. Beyond the debate between individual versus team sports, what needs to be considered are the underlying assumptions about individual and team sports (e.g., the ways in which individual versus team sports get promoted; what positive benefits are assumed to be gained from either individual versus team sports; what aspects of individual versus team sports are desired; etc.), for children with ASD.

One example of an adapted sports program for children with ASD was illustrated by May et al. (2018). This study explored parents’ experiences of their child(ren)’s participation in an adapted Australian football program for children with ASD. Through parent interviews, three themes were identified, namely, “the benefit of doing something ‘normal’; simple adaptations work; and, despite barriers, benefits are worthwhile" (May et al., 2018, p. 130). The sport program afforded children with ASD and their families a sense of 'normalcy,' which was "not always accessible to [them]" (May et al., 2018, p. 136) (see also Ohrberg, 2013). Furthermore, this adapted football program proved to be an accepting environment - a safe space - for children with ASD and parents. In particular, parents valued the adjustments made to meet the children's needs. For example, the length for drills was appropriate, there was a focus on less content and more repetition, and visually-based aids (e.g., schedules, instructions) were provided (May et al., 2018). Finally, parents deemed the program successful because of "staff who were both accepting of, and who [could manage] ASD specific needs" (May et al., 2018, p. 137). Along with the program's flexibility, sport providers who have foundational knowledge of ASD and are receptive seem to be important qualities that parents of children with ASD seek. In sum, this Australian adapted football program was positively received by parents of children with ASD. Similar programs such as Sportville, Sportvantage, and SKATU Point Club, are found in the GTA, and more research is needed to understand how children with ASD are impacted by these programs.

As seen in May et al. (2018), sports participation for children with ASD is made possible with the help and support of their parents. In general, Raymore (2002) suggests that "parents [are] *facilitators* [italics in original] for their children's leisure" (p. 133), which includes "play, recreation, and sport" (p. 130). Furthermore, Furner (2008) states, "Many [parents of children with ASD] hold participation in sports to be an important part of childhood" (p. 20), (see also Modell & Valdez, 2002). The literature strongly suggests that parent support is particularly important in facilitating sports participation among children with ASD. Accordingly, how parents of children with ASD view, interpret, hear about, and learn about sport (and available sport opportunities) is inextricably linked with their support. Indeed, a study by Bassett-Gunter, Ruscitti, Latimer-Cheung and Fraser-Thomas (2017) argued that "targeted messages …for a broad population of parents of [children with disabilities] may not address the unique barriers that [parents encounter] when supporting their children's PA" (p. 38). The researchers sought to identify the parents' preferred content in targeted messages (Bassett-Gunter et al, 2017). In general, parental experiences of children with ASD are multiple and varied. The moments and spaces they encounter, the practices they engage in, and the decisions they make for their children constitute the production and reproduction of their lives as parents of children with ASD. Consequently, what parents want and understanding the parental perspectives is necessary when learning about parents' attitudes and decisions when children with ASD participate in PA and sports. What the researchers found was despite an overall lack of awareness regarding PA opportunities, parents of children with disabilities "desired information [on] PA …opportunities, *as well as* details regarding those opportunities" (Bassett-Gunter et al., 2017, p. 40, italics in original). These parents also preferred inclusive images, since non-inclusive images did not invoke their interests. One parent added, "…make it as normal as it can …don't make it too weird …make it so people are hardly focusing on that" (Bassett-Gunter et al., 2017, p. 41). A desire for 'normal' images in advocacy or promotional material may matter less to parents of 'typically developing' children. Two challenges were the lack of targeted information despite redundant general information and the specific language used. Definitions for "accessible," "adapted," and "inclusive" (Bassett-Gunter et al., 2017, p. 42) were often interchanged, yet they mean different things. Along with seemingly innocent images, there are issues even with the language used to promote PA, such that the words are used incorrectly or in unproductive ways. As suggested by Bassett-Gunter et al. (2017), developing targeted messages that cater to the specific needs of parents of children with disabilities, has the potential to increase PA participation for children with disabilities, through enhanced parental support. Although this study included parents of children with disabilities, these findings may extend specifically to parents of children with ASD. In addition, while this study was concerned with PA messaging, sport messaging may be similar. With parents as key facilitators to sports participation for children with ASD, parents' needs, views, interpretations, and awareness of sport and sport opportunities, are necessary to consider.

### *2.3.5 Sport Providers for Children with ASD*

Together with parents, sports participation for children with ASD may be influenced by sport providers, such as coaches, instructors, volunteers, and so on. Indeed, a study by Light, Harvey, and Memmert (2013) demonstrated that sports participation was mostly influenced by both parents and sport providers. Rosso (2016) states that sport providers "play a key role in planning, delivering and monitoring quality programs for [participants] with ASD" (p. 2527). More specifically, sport providers create opportunities for sport in the community for children with ASD (May et al., 2018; Ohrberg, 2013; Sherlock-Shangraw, 2013). This is seen for sports managers (Ohrberg, 2013) as well as coaches and instructors (Moore et al., 2018; Ohrberg, 2013; Rosso, 2016). Furthermore, sport providers often foster supportive environments for children with ASD (Groft & Block, 2003; Moore et al., 2018; Ohrberg, 2013) as well as for parents (Ohrberg, 2013). These findings suggest that sports are not only beneficial for children with ASD, but also for parents and the family. This is echoed specifically by Moore et al. (2018) in a surfing programme and May et al. (2018) in adapted football.

Pertaining to coaches specifically, some studies demonstrate the use of flexible and creative coaching methods for children with ASD in sport (Groft & Block, 2003; Mcintire, 2017;

Sherlock-Shangraw, 2013). For instance, Sherlock-Shangraw (2013) provides examples on how to coach children with hidden disabilities (e.g., includes children with ASD). She explains an example with fictitious characters; Coach Molly, in understanding Lola's keen interest in astronomy, can tape pictures of stars and planets onto the soccer net during a shooting drilling. This would not only maintain Lola's interest in the drill, but also help practice her aim (Sherlock-Shangraw, 2013). Other flexible or creative ideas include stop and start scrimmages (Sherlock-Shangraw, 2013), shortening/lengthening the distance between players for a pass (Rosso, 2016), adjusting the rules (e.g., must have X amount of passes between team members) (Groft & Block, 2003), and so forth. Such flexible and creative coaching methods for children with ASD are made possible first with foundational knowledge of ASD (Groft & Block, 2003; Ohrberg, 2013; Sherlock-Shangraw, 2013) and often, specialized training (Rosso, 2016). Yet, studies have found that coaches and other sport providers (e.g., volunteers, assistants, sports managers) have limited knowledge concerning children with ASD as well as inadequate training (Ayvazoglu, 2009; Moran & Block, 2010), or lack access to specialized supports and knowledge (Rosso, 2016). In general, while it seems that many sport providers agree that children with disabilities, including children with ASD, deserve to participate in sport (DeLude, Scott, Siver, & St. Croix, 2017; Moran & Block, 2010), many have also never received formal training on disabilities or ASD more specifically (DeLude et al., 2017; Moran & Block, 2010; Rosso, 2016).

The limited existing literature on sport providers and children with ASD focus on effective delivery and coaching techniques that can be deployed for optimal sport participation for this cohort (e.g., Groft & Block, 2003; Mcintire, 2017; Ohrberg, 2013; Sherlock-Shangraw, 2013). While sport providers may have limited information on children with ASD and necessary coaching skills, it would seem they need only gain the knowledge to offer effective and meaningful sport. Though, saying this may be putting it mildly, since the logistics of actually gaining the knowledge, expertise, resources, skills, and so forth is multiplex and complex. In addition, what is left unexamined is how sport providers socially construct children with ASD as 'able' but that they [children with ASD] also require adaptations or adjustments. The notion of 'normal' also seems to be ever present in how children with ASD and their potential sport experiences are constructed. It is also already assumed that sport is good for children with ASD. Consequently, there is a need for further study on how assumptions, perceptions, and social constructions of children with ASD, by sport providers, may shape the program that they provide, and how this then impacts sports participation for children on the spectrum.

### *2.3.6 Social Construction(s) of Sport*

Sport in the West is socially constructed as competitive (Tao & Chuanyou, 2016; Wellard, 2006), with an emphasis on high performance (Jeanes & Magee, 2011; Kirk, 2002). As Jeanes and Magee (2011) succinctly put it, "sport, [particularly in the West], is interwoven with accomplishment, competitiveness, and status" (p. 134). Social constructions of Western sport reinforce the concern with mastering physical skills through sports participation (Bailey, Cope, & Pearce, 2013; Brittain, 2004; Kirk, 2002). With competition and high performance, there is also the desire to win-at-all-costs (Cooky, 2009; Piltz, 1995). This concept is more fully described by Feigley (2019) in saying, "Without an attempt to win [in sport], the activity is no longer sport. The essence of sport is striving to win." (para. 1) Aitken (1992) goes as far as to say:

> In contemporary sport we are confronted with [an] alienated form of winning. Today winning does not involve just the desire to demonstrate a superiority of skills which is the

> normal goal of any game; rather, it involves an inordinate desire to win in an absolute sense." (p. 239)

This is evidenced particularly in sport media and advertisements (Watson & White, 2007). Watson and White provide specific examples such as, "'You don't win silver, you lose gold' (Nike Ad), '[Each] time you lose you die a little [(in Kohn, 1992, p. 118)], and 'Second place is the first loser'" (2007, p. 8). What is valued then, in regards to Western sport, is competition, a win-at-all-costs mentality, and achieving optimal performance. As a consequence, notions of fun, pleasure, or enjoyment appear to be trivial matters.

Nevertheless, sport is also perceived positively as being 'good' (Cooky, 2009; Lee, 2002) and 'inclusive' to all (Government of Canada, 2017). As Bäck (2009) writes, "we [the West] like sports and feel that being involved in sports has a positive influence on our lives; therefore sport is good" (p. 217). Furthermore, the United Nations Children's Fund (UNICEF) recognizes that "sport can provide a way to break down barriers and promote inclusion of children who are often left on the sidelines" (UNICEF, 2017, para. 5). For children with ASD in particular, Ohrberg (2013) says sport can be a fun opportunity for children on the spectrum. However, the evidence suggest that sport is viewed to be incompatible with individuals with disabilities, including ASD (Brittain, 2004; Nixon, 2007; Kiuppis, 2018; Peers, Spencer-Cavaliere, & Eales, 2014; Wickman, 2015).

The lack of inclusivity in sports for children with ASD is demonstrated in several ways, though at times inadvertently. First, there is the clear lack of sport options or programs for children with ASD (Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004; Ryan et al., 2018). Often, it is difficult for parents and families of children with ASD to find accessible sport programs that cater to their child(ren)'s needs. Even when programs are available, some programs may not be able to accommodate those specific needs, as identified by Ohrberg (2013) and Ryan et al. (2018). Apart from the lack of sport programs and lack of accommodations in sport for children with ASD, there is also bullying that occurs within these spaces (Healy, 2014; Healy et al., 2013). Bullying of children with ASD in sport acts to exclude children with ASD in sport. It may be that sport appears to be inclusive, particularly for ‘normal’ or ‘typically developing’ children. However, the underlying ways in which sport may be exclusionary, in particular, for children with ASD, is worth further study.

### *2.4 Research Gaps*

Despite more ASD research than ever before (Pellicano et al., 2018), the reviewed literature points to several research gaps. Much of the previous literature addressed the diagnosis, biology, and causes of ASD, which reflect the medical model’s influence on ASD research. While this led to significant advancements in our understanding of ASD, critics called for a paradigm shift. The social model was developed as a response to the insufficiencies of the medical model. The social model understands ASD as socially created, in and through societal attitudes and structures. However, the social model downplays agency, the real-life emotions, and everyday struggles of people living with a disability. In compliance with this needed paradigm shift, new ASD research must go beyond simplistic explanations; further research is needed to explore the ways in which contexts give ASD a particular and contingent shape and structure.

Another gap in the literature is our understanding of parents of children with ASD. Since this study examines the ways in which children with ASD are socially constructed (in relation to sport), it was appropriate to include a discussion on parents. Mothers have been, and continue to be, a focal point in ASD literature. Mothers were blamed for causing ASD, constituting the original form of mother blame. However, new forms of mother blame have emerged. With the focus always on mothers, one implication has been the turning of the research gaze ever-inward on mothers. The gender imbalance, in which mothers provide the majority of care, further perpetuates the mother-blaming, as roles and responsibilities for caregiving and childrearing are associated mainly with motherhood. Widening the scope, by including spouses, fathers, and even other caregivers is needed.

The social constructions of children with ASD has been explored in the literature. Children with ASD are socially constructed as medicalized, pathologized, isolated, and feared. However, whether these social constructions are maintained or changed in sport has not yet been clarified. In order to explore this, a critique of sport itself is needed. Therefore, how sport is socially constructed - and similarly, perceived - also needs to be considered.

### *2.5 Summary*

The review of literature, broken into discussions of disability, models of disability, parents of children with ASD, children with ASD, sport, and sport providers, points to a need to examine how perceptions of children with ASD and sport impact sports participation for children with ASD, and the interplay between the two. The ways in which children with ASD and sport are perceived must be theorized as an interactional social process that unfolds in the spaces we occupy - sport spaces and beyond. With this in mind, this study specifically explores taken-for-granted or ‘obvious’ representations of sport and ASD, which are (re)produced and circulated by sport providers. Thus, this study will be theoretically located in the sociological tradition of social constructivism. The use of social constructivism as theoretical framework, along with constructivist grounded theory methodology, is detailed in the next chapter.

# 3 Theory and Research Methods

## *3.1 Introduction*

This chapter outlines the theory and methodological steps taken to conduct the study. The first section, Theoretical Framework, provides a rationale for and key concepts relating to social constructivism. The second section, Methodology, focuses on the use of grounded theory methods as a guide, specifically the constructivist approach. The actual procedures used in this study are also outlined under Methodology.

## *3.2 Theoretical Framework*

Social constructivist theory is both a worldview and theoretical framework. As worldview, social constructivism is based on specific assumptions about reality and knowledge (Galbin, 2014; Kim, 2001; Schwandt, 1994). Social constructivists start with the view that “what we take to be objective knowledge and truth is the result of perspective” (Schwandt, 1994, p. 236), a stance which suggests knowledge and truth are created or formed, not discovered (Au, 1998; Berger & Luckmann, 1966; Schwandt, 1994). Furthermore, social constructivists believe that reality is “constructed through human activity” (Kim, 2001, p. 3). Consequently, there is no external reality (Burr, 2018). Reality “does not exist in advance” (Amineh & Asl, 2015, p. 15) nor is it “something ‘out there’ that exists independent of the thoughts and ideas of the people involved in it” (Jackson, Sørenson, & Møller, 2019, p. 242). Similarly, Steins and Edwards (1999) succinctly state, “human reality is conceived as a socially constructed reality, rather than naturally given or merely taken for granted” (p. 543). Thus, reality is created through interactions or processes of social exchange. Equally so, knowledge is also a product of human interaction, as individuals create meaning through their interactions with others and with the environment (Amineh & Asl, 2015; Au, 1998; Basalik, 2017; Burr, 2018; Kim, 2001). Therefore, from this perspective, meaning is not found or discovered - it is made. As Au (1998) puts it, social constructivism "includes the idea that there is no objective basis for knowledge claims, [since knowledge] is always a human construction" (p. 299).

Given the tenets of social constructivism, this worldview shapes how we understand social phenomena, be it, objects, people, places, and so forth. To use social constructivism as a theoretical framework then, allows us to "[examine] the knowledge and understandings of the world that are developed jointly by individuals" (Amineh & Asl, 2015, p. 13). This theory assumes that meaning in all forms is not created independently (Basalik, 2017; Galbin, 2014), but is developed in coordination with others (Au, 1998; Galbin, 2014; Schwandt, 1994). Moreover, meanings exist and evolve as part of the narratives that individuals communicate about themselves and also others (Gergen & Kaye, 1992). Thus, at the heart of social constructivism "is a concern for [our lived experiences], or the world as it is felt and understood by [us]" (Au, 1998, p. 299). Even further, social constructivism can be used to understand "what people construct and how this social construction process unfolds" (Charmaz, 2008, p. 397). The social model is a good example of this approach, whereby disability (e.g., living with ASD) is seen as created in social spaces, in particular, through physical, attitudinal, communicational, and social barriers (Connors & Stalker, 2007; McGuire, 2012). For instance, through a social constructivist lens, ASD is understood as located in physical and social environments and "in the intersubjective relations that work to disable impaired bodies" (McGuire, 2012, p. 63). Furthermore, from this perspective, what constitutes ASD is always changing in relation to changing times, changing spaces, and changing attitudes (McGuire, 2012).

### *3.2.1 Rationale for Theoretical Framework*

Researchers must strive to find a good fit between their research question(s) and the theory that guides the research. My study is informed by the theory of social constructivism. However, it was the sport providers' perceptions that are reported. For this study, I wanted to understand the meaning of sport for children with ASD, and in doing so, how sport and children with ASD are perceived by sport providers. I wanted to understand what was assumed about sport and children with ASD. Additionally, I wanted to ask study participants about their perspectives on the benefits and challenges of sport for children with ASD. Accordingly, this study pays close attention to the meanings of sport and children with ASD, and conceptualizes sport and children with ASD as co-created phenomena. As parents or sport providers interact with children with ASD, the meanings assigned to these interactions - along with the actual process of how these meanings are made - can all be evaluated through a socially constructed lens. Social constructivism is well-suited for research that examines not only the meanings that are generated (Galbin, 2014), but also, the corresponding meaning-making processes (Charmaz, 2006). Therefore, this framework provided an appropriate lens by which to examine the perceptions of sport and children with ASD, and the resulting impact of one on the other. Moreover, the types of questions investigated through this study align with and therefore justify the use of social constructivism as the theoretical basis for my study.

Other theories used in previous studies of children with ASD include Social Support Theory, Family Systems Theory, and Ecological Systems Theory, all three in Lajeunesse (2012), both Erikson's Theory of Identity Development and Identity Theory in Basalik (2017), and a generative fathering framework in Mitchell and Lashewicz (2015). These theories are all psychological and thus, greater emphasis on the individual, with the exceptions of the generative fathering framework which is interfaced with critical disability studies, and Ecological Systems

Theory which does account for social factors. Due to the sociological nature of the research questions though, theories grounded in psychology would not be appropriate. Nonetheless, more often than not, studies of children with ASD were not explicitly informed by a theory or framework. Instead, researchers described only their research design and methods, with no mention of a guiding theoretical framework. This may have been due to space restrictions of the journals.

In studies of disability more broadly, the use of social constructivism is relatively common. For example, there are studies of the social construction of disability in schizophrenia (e.g., Williams & Collins, 2002); the media (e.g., Goggin, Newell, & Newell, 2003); and the workplace (e.g., Harlan & Robert, 1998). Indeed, social constructivism has not often been used in the study of children with ASD. One exception is an article that examined the social construction of children with Asperger's Syndrome (AS) (e.g., Molloy & Vasil, 2002). The authors posed the question, "Is AS a disorder or a neurological difference that has been socially constructed as a disorder?" (Molloy & Vasil, 2002, p. 659). In using social constructivism to guide their analysis, the authors identified how and why AS came about in the first place, and more notably, whose interests it has served. The authors contend that along with the medical model, which has dominated the discourse on AS, AS "has been readily adopted as a category because of its value [in] special education" (Molloy & Vasil, 2002, p. 665). More precisely,

> AS emerges within a network where the parent or school negotiates - and purchases - the services of a support teacher, speech therapist, [etc.]. The school's duty [then] is not only to educate children but to identify [special needs children] and refer [to parents] special education services most suited for that child. [In turn], there are competing social constructions of AS. A speech therapist specialising in autism may [favour] a particular

> approach of AS that differs from that of a neurologist with a special interest in nervous system functioning. [Thus], AS functions as a convenient common category that allows each [party] to communicate about the peculiarities of the child's personality, behaviour, learning achievements and needs. (Molloy & Vasil, 2002, p. 666)

The excerpt above provides key insights into whose knowledge and definitions are represented in descriptions of children with AS. Ultimately, the authors conclude that in order to re-frame current representations of AS, the experiences and "personal understandings of the very children we are categorising" (p. 668) must be considered and also legitimized (Molloy & Vasil, 2002). This article effectively illustrates how using a social constructivist lens highlights how knowledge is constructed in relation to different positions and interests, and the authors were able to critique something as (seemingly) innocuous as special education. What is seen as a 'good' or 'normal' component of schools, has ties to how and why "AS functions as a *de facto* educational category" (Molloy & Vasil, 2002, p. 666).

As used by Molloy and Vasil (2002), the term social construction, is not to be confused with social constructivism. Though certainly related, it is important to note the distinction between the two. Social constructivism refers to a framework or model used to study knowledge constructed through human interaction within the social world (Willis, 2014). Separately, social construction is the attachment of form or meaning to social phenomena (e.g., objects, people, places, etc.) (Amineh & Asl, 2015). Social constructions are therefore an inherent part of social constructivist theory. As individuals in society interact, they come to share meanings - social constructions - for specific actions and experiences. Consequently, they then come to understand these experiences in a similar way (Mead & Morris, 1962). On a separate note, perceptions and social constructions are also inequivalent. According to Hochberg, "perception is that process by which things, events and relationships become phenomenally "here," "now" and "real"" (1956, p. 401). Accordingly, one's perceptions can influence how one subsequently socially constructs phenomena.

In essence, social constructivism takes a critical stance towards taken-for-granted ways of understanding phenomena, and the world at large (Burr, 2018; Galbin, 2014; Steins & Edwards, 1999). Social constructivists do not believe "the world comes to us ready-made" (Burr, 2018, p. 4). In the words of Burr (2018):

> [A]lthough our world is socially constructed through the interactions of people, it is at the same time experienced by them as if the nature of their world is pre-given and fixed; we are all born in to a social world that preexists us and that, therefore, seems "natural." (p. 3).

Accordingly, social constructivist theory thus cautions researchers to be suspicious of our own assumptions about how the world appears. As Galbin (2014, p. 84) notes, "We are forced to resign our cherished position as 'knowers' and our assumptions that there are 'facts' that we can come to know. These facts, along with other ideas and assumptions, are social constructions, artifact of socially mediated discourse." Therefore, social constructivism calls on researchers to consider that sport and children with ASD are phenomena "constructed by people themselves" (Burr, 2018, p. 4) through social interactions and social practices. In doing so, we may begin to appreciate notions of sport and children with ASD as much more socially negotiated than previously imagined, or assumed.

### *3.2.2 Key Concepts*

According to Schmidt (2001), meanings about the world are multiple and varied, and there is no single, external reality or even a common reality or truth. Put differently, the world consists of multiple realities (Berger & Luckmann, 1966; Charmaz, 2006). Thus, a multitude of voices are allowed into this study. Along with acknowledging multiple voices, this theory acknowledges that assumptions or beliefs about children with ASD emerge out of a joint construction contributed by parents, sport providers, researchers, and so forth (Willis, 2014). In other words, parents of children with ASD and sport providers have assigned meanings to sport and children with ASD, through their interactions and experiences, in and beyond sports. As an example, parents themselves may have previous positive experiences in sport, and see sport as positive or good for their children, and perhaps hope to instill the same appreciation or love of sport in their children. In another case, parents whose reality once included their child as a star player, may evolve to one in which merely participating in passing drills are an achievement.

It is important to note that social constructions are dynamic and flexible. Perceptions too are also flexible (Koch, 2010). Social constructions and perceptions are shaped and re-shaped through human interaction, shared by people within a particular time or space. Social constructions are also historically situated (Au, 1998) as well as “embedded in cultural values and practices” (Galbin, 2014, p. 89). Meanings that become attached to particular objects or groups may change over time. For instance, in the past, what it meant to be a child with ASD included meanings such as unviable, tragic, or needing a cure. Even though negative understandings of children with ASD still persist, more positive understandings are now seen. Furthermore, the discourse surrounding children with ASD has not yet explored the meanings that parents of children with ASD and sport providers ascribe to sport for children with ASD or to children with ASD in (or out of) sport. Therefore, social constructivism used to inform this study aligns with the research objective to identify parents’ and sport providers’ perceptions, perspectives, and experiences with children with ASD, and their potential impact(s) on sports participation.

## *3.3 Methodology*

### *3.3.1 Grounded Theory*

The methodology chosen for this study is grounded theory (GT). Grounded theorists are interested in a process, action, or interaction shaped and shared amongst a large number of participants (Creswell, 2013). In general, GT is both method and theory in that it "provides us with guidelines on how to identify categories, how to make links between categories and how to establish relationships between them" (Willig, 2013, p. 70); in addition, it results in the generation of theory or "an explanatory framework with which to understand the phenomenon under investigation" (Willig, 2013, p. 70; see also Creswell, 2013). Of importance, GT generates a general explanation (a theory) that is *grounded* in the data (Charmaz, 2006; Corbin & Strauss, 1998; Creswell, 2013), one that moves beyond description to a "unified theoretical explanation" (Corbin & Strauss, 2008, p. 107) of the studied process, action, or interaction. As Charmaz (2006) succinctly puts it, "[GT] serves as a way to learn about the worlds we study and a method for developing theories to understand them" (p. 10). Ultimately, in order to develop theory, GT researchers have several key strategies at their disposal, including the constant comparative method of analysis, initial and axial coding, data saturation, and so on, which are discussed in greater detail below. While I aspired for grounded theory, ultimately, I did not develop a theory. Instead, themes emerged from the data and a model was generated.

GT was originally developed by two sociologists, Barney Glaser and Anselm Strauss (Creswell, 2013; Willig, 2013). Since its original development in 1967, the GT method has undergone several revisions (Creswell, 2013; Willig, 2013), largely due to the "paradigmatic nuances reflective of its originators" (Groen, Simmons, & McNair, 2017, para. 4). Three of the most common GT frameworks include positivist, post-positivist, and constructivist (Willig, 2013). Positivist or "classical" GT by Glaser and Strauss assumes an objective, external reality (Charmaz, 2000; Groen et al., 2017). Furthermore, it assumes there is a neutral, unbiased observer who discovers data in order to generate theories of truth (Charmaz, 2000; Willis, 2014). What constituted as positivist GT included "a close fit with the data, usefulness, conceptual density, durability over time, modifiability, and explanatory power" (Charmaz, 2006, p. 6). Despite initial collaboration by Glaser and Strauss, ultimately "[they] disagreed about the meaning and procedures of [GT]" (Creswell, 2013, p. 84), marking a point of departure by Strauss from the original GT method. Strauss and Corbin's (1990) post-positivist GT provides a "more structured approach" (Willig, 2013, p. 76) and also assumes there is an objective, external reality. It aims toward unbiased data collection, provides systematic procedural guidelines, and supports verification (Charmaz, 2000; Charmaz, 2006). It moves into post-positivism because it seeks to report participants' experiences accurately, while still acknowledging the possible diverging views between researcher and participants (Charmaz, 2000; Willis, 2014). Compared to positivist GT, post-positivist GT uses technical procedures to not only generate but verify truth (Charmaz, 2000; Groen et al., 2017). Overall, positivist and post-positivist GT emphasize generalizability as well as objectivity, while also assuming a single reality (Charmaz, 2008). More recently, Kathy Charmaz introduced another position - constructivist GT.

### *3.3.2 Constructivist Grounded Theory*

Constructivist GT emerged in response to the positivist and post-positivist GT frameworks (Willis, 2014), particularly, turning away from the objective stance that both earlier frameworks hold (Charmaz, 2008). The disadvantage of GT objectivist versions lies in the fact that, as Charmaz (2008) states, “objectivist versions of [GT] assume a single reality that a passive, neutral observer discovers” (p. 401) and further, “objectivists assume that data are self-evident and speak for themselves” (p. 402). From her book, Charmaz (2006) states:

> In their original statement of the method, Glaser and Strauss (1967) invited their readers to use [GT] strategies flexibly in their own way. I accept their invitation and return to past [GT] emphases on examining processes, making the study of action central, and creating abstract interpretive understandings of the data. (p. 9).

Thus, Charmaz’s view of GT methods offers a more open-ended and interpretive perspective (Charmaz, 2000; Charmaz, 2006; Creswell, 2013). Charmaz (2006, p. 9) stresses this point by saying, “I [Charmaz] view [GT] methods as a set of principles and practices, not as prescriptions and packages. I [Charmaz] emphasize flexible guidelines, not methodological rules, recipes, and requirements.” In short, Charmaz’s constructivist GT is inherently loosely-structured, highlights flexibility, and resists mechanical application.

One of the key features of constructivist GT is that “[it] acknowledges individual agency in making meaning and maintains the interpretivist, relativist view of both the researcher and participants” (Groen et al., 2017, para. 8). Accordingly, constructivist GT recognizes that there are multiple realities (Charmaz, 2008). In this version of GT, “reality is perceived as constructed by individuals and exists in multiple forms” (Groen et al., 2017, para. 8). With knowledge created mutually between researcher and participants (Charmaz, 2000), every component of constructivist GT is influenced by the researcher (Charmaz, 2006; Creswell, 2013), where unlike Glaser and Strauss’s view, “theory [emerges] from data separate from the scientific observer” (Charmaz, 2000, p. 10). More specifically, as Charmaz (2008) notes, “Glaser and Strauss did not attend to how they affected the research process, produced the data, represented research participants, and positioned their analyses" (p. 399). In contrast, Charmaz (2006, p. 10) states:

> …I assume that neither data nor theories are discovered. Rather we are part of the world we study and the data we collect. We *construct* [italics in original] our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices.

Therefore, constructivist GT offers not an exact picture of the studied phenomenon, but rather an interpretive portrayal (Charmaz, 2006) by taking into account the researcher's positionality. Furthermore, constructivist grounded theorists study "*how* and *why* participants construct meanings and actions in specific situations" (Charmaz, 2006, p. 130, italics in original). Therefore, constructivist grounded theorists act as a filter for information and data that are obtained from the participants. This researcher-participant interaction influences how the information is perceived, analyzed, and reported (Charmaz, 2008; Willis, 2014).

It is important to highlight that with constructivist GT, there is no step-by-step guide to its methods. Instead, constructivist grounded theorists are encouraged to use GT strategies flexibly as they see fit (Charmaz, 2006). As Charmaz (2008) suggests, "the guidelines offer a set of general principles rather than formulaic rules" (p. 2). Consequently, the constructivist GT method is not a data-collection method; instead, it is a set of strategies that can generate a broad array of data with thick descriptions (Charmaz, 2000).

It is also worth noting that there have not been any previous studies using constructivist GT methods in studying children with ASD together with sport. There has been research that used GT methods to study parents or families of children with ASD (e.g., Angell, Meadan, & Stoner, 2012; Ferńandez-Alcántara et al., 2016; Fleischmann, 2005; Hock, Timm, & Ramisch, 2012). The research foci for these studies included websites for parents of children with ASD (Fleischmann, 2005), couples parenting a child with ASD (Hock et al., 2012), feelings of loss and grief in parents of children with ASD (Ferńandez-Alcántara et al., 2016), and even the experiences of siblings of children with ASD (Angell et al., 2012). Some had graphic representations or models (e.g., Angell et al., 2001; Ferńandez-Alcántara et al., 2016; Hock et al., 2012) or a stage or process was described without a visual (e.g., Fleischmann, 2005). In general, GT methods provide a fuller picture of the experiences of participants, since a theory is generated from the data. In other words, the data informs and guides the development of new or different theoretical categories, ultimately weaving the experiences and stories of participants into a broader picture.

Though not in relation to sport, there have also been studies that have used constructivist GT specifically that involved children with ASD (e.g., Edwards et al., 2016; Johnson, 2014). In the case of a study with parents of children with ASD using constructivist GT, the researchers investigated the qualities that parents seek from therapists working with children with ASD (Edwards et al., 2016). The researchers deemed constructivist GT appropriate since it allowed for increased involvement of participants within the research process. Edwards et al. (2016) further noted that “within a constructivist approach, theory is constructed through interactions between the participants, the researcher, and the phenomenon of study” (p. 494). Accordingly, a model representing the central themes of ‘Partnership’ and ‘Effective Therapy,’ accompanied by subthemes, was developed. This model was effective for two reasons. First, the model on its own, simple as it was, condensed the findings. Second, the model acted to supplement the written findings. Parents’ thoughts, feelings, and perspectives relating to the qualities they want in therapists emerged; the findings were put together in a way that provided a clear story line that connected the central themes and all subthemes and that was revealed in the generated model. Overall, constructivist GT was effectively used in this study not only to develop a theory grounded in the data, but it was done in a manner where the data were co-constructed between researchers and researched. Ultimately, the researcher(s) make decisions about the developed themes and categories for the generated theory. Thus, key to constructivist GT is the role of and interpretation by the researcher(s).

### *3.3.3 Rationale for Research Method*

How the perceptions of sport and children with ASD impact sports participation can be explored through a form of inquiry that permits parents and sport providers to share their stories. Much of the literature on children with ASD in sports focuses on measurable outcomes or the effects of an intervention on the child, such as changes in behaviour. It is presumed *a priori* then that sport is inherently good, and that a child with ASD needs improvements with respect to their bodies and behaviour(s). Furthermore, what is also left unexamined is how this presumed positive impact of sport occurs, if at all, and what assumptions are being made about sport and children with ASD in this process. In general, we often take for granted that things around us are somehow natural or inevitable. Accordingly, the use of social constructivism as theoretical framework helps the researcher understand that a variety of intimate experiences, interactions, and relationships, and so forth, are possible. Social constructivist theory allows the researcher to raise questions about where meanings (about children with ASD and sport) come from, what they are based on, and why they are (potentially) harmful. Thus, this theory helps researchers to understand and think critically as well as creatively about everyday assumptions. By exploring parents' and sports providers' thoughts and feelings about sport as well as children with ASD in sports, this study aimed to uncover the presumed role and meaning of sport for children with ASD, through using social constructivism as the guiding theoretical framework.

Alongside social constructivist theory, this current study was guided by Charmaz's constructivist GT method which emphasizes "diverse local worlds [and] multiple realities" (Creswell, 2013, p. 87). Constructivist GT lies squarely within the interpretive approach, which is suitable for "learning about the experience within embedded, hidden networks, situations, and relations, and making visible hierarchies of power, communication, and opportunity" (Creswell, 2013, p. 87). Furthermore, Charmaz (2000) claims, "Data do not provide a window on reality. Rather the 'discovered' reality arises from the interactive process and its temporal, cultural, and structural contexts" (p. 524). Part of this reality are the social constructions which also unfold in these contexts. Social constructivism, as previously mentioned, is fundamentally concerned with meanings about - and attached - to phenomena in the everyday world around us. Constructivist GT provides guidance in meaning making from the data by the researcher. Thus, together with social constructivism, meanings, in particular, perceptions attached to children with ASD as well as sport, can be explored using constructivist GT methods as guidance.

A key component of constructivist GT is that it takes into account the position of the researcher, along with that of the research participants (Charmaz 2006, 2008; Mills, Bonner, & Francis, 2006). Charmaz (2008) argues, "[constructivist GT] not only is a method for understanding research participants' social constructions but also is a method that researchers construct through inquiry" (p. 297). In more detail, Charmaz (2006, p. 187) states:

> Constructivist [GT] …addresses how realities are made. This perspective assumes that people, including researchers, construct the realities in which they participate. [Constructivist grounded theorists] to the best of their ability, enter the phenomenon, gain

> multiple views of it, and locate it in its web of connections and constraints. [Constructivist grounded theorists] acknowledge that their interpretation of the studied phenomenon is itself a construction.

The result then was a co-constructed reality of the experiences of children with ASD in sport, through hearing the perspectives of study participants. What was reported, reflects the implicit meanings of the participants (Willis, 2014), the experiential position of both participants and researcher, and the development of the researcher's model. Through this method, constructivist grounded theorists "aim to see [the] world as our participants do - from the inside" (Charmaz, 2006, p. 14). In sum, "the researcher and researched co-construct the data - data are a *product* of the research process, not simply observed objects of it. Researchers are part of the research situation, and their positions, privileges, perspectives, and interactions affect it" (Charmaz, 2008, p. 402, italics in original). As this study is informed by constructivist GT,a I fully acknowledge that my decisions, the questions I asked regarding the data, the way in which I used the methods, as well as my (personal, theoretical, methodological) background, shaped both the overall research process and subsequent findings.

### *3.4 Participants*

It was initially proposed that my study participants would consist of a varied sample of 12-15 parents of children with ASD and 3-5 sport providers. However, as detailed below in *Recruitment and Sampling*, my study was comprised of eight sport providers and no parents of children with ASD. Briefly, I discuss below the study criteria I had originally proposed, followed by some of the challenges I faced in recruiting participants. Participant characteristics (age, sex, program or organization name, position or role) can be found in Appendix A.

The study criteria pertain first to parents of children with ASD, followed by sport providers. Parents would have been included in the study based on a clinical diagnosis of ASD for their child (age 3-17) (e.g., by physician, psychiatrist, psychologist). The age range selected was based on two reasons. First, the age at which ASD usually appears is during the first three years of life (Autism Ontario, 2018b). Second, Ontario's law states children under 18 years old are 'minors,' and thus, parents are automatically their 'guardians' (Government of Canada, 2013). Parents who care for an adult with ASD ages 18 and up were not going to be included, even if he or she still lived with their parents. Both mothers and fathers would have been considered for participation. In regards to marital status, no restrictions were imposed, which would allow for richer data and would acknowledge the diversity amongst families. The sport providers must have been an involved member of a sport program that caters to children with disabilities, including children with ASD. All positions were considered for participation, such as coaches, coordinators, volunteers, and so on. Finally, all participants needed to be English-speaking and living in the GTA.

It is important to note that children with ASD were deliberately not interviewed. Ethical concerns made it difficult, if not impossible, to interview children with ASD directly. These concerns include challenges in understanding informed consent, competence in decision making, different modes of communicating, protecting them from risk or harm, and so forth. Furthermore, my lack of formal training in working with and thus, interviewing children with ASD, seemed to me, inappropriate and insensitive. In addition, the time frame to complete this study was limited (e.g., summer 2019). Thus, parents and sport providers were chosen as the intended participants for my study. Unfortunately, ASD discourse is developed largely by individuals without ASD or as Holton (2013) argues, "by means of secondary sources" (p. 46), for example, from those presumed to be most affected by ASD (e.g., parents, siblings, teachers, service providers). Thus, a potential limitation of this study is adding to - and relying on - traditional approaches to ASD research; that is, studying children with ASD, without hearing from them directly.

### ***3.5 Recruitment and Sampling***

Recruitment began upon receiving ethical approval in February 2019 and continued until May 2019, using maximum variation sampling. Maximum variation sampling is a purposive sampling technique used to capture a wide range of perspectives related to the topic of study (Creswell, 2013; Lund Research Ltd, 2012). The premise behind this technique is to "gain greater insights into a phenomenon by looking at it from all angles" (Lund Research Ltd, 2012, para. 6). The goal of maximum variation is to identify common themes that are evident across the varied sample (Lund Research Ltd, 2012). It was my intention to recruit around 12-15 parents of children with ASD and 3-5 sport providers; however, I was only able to recruit eight sport providers for my study. Given the final number of participants, it is clear that I had several recruitment obstacles and challenges in trying to enlist the participation of parents of children with ASD and sport providers. In what follows, I explain the many steps taken towards recruiting participants (see Appendix I for visual representation of recruitment timeline and steps).

While recruitment for my study officially began in February 2019, I was in contact with a sport provider in January for another small project, separate from my Master's research. I had found the contact information of a president of a hockey club, in the GTA, named SKATU Point Club, on the Autism Ontario website, under the Sports tab. Upon receiving ethics approval, I emailed the president with the recruitment letter for sport providers (Appendix B), recruitment letter for parents of children with ASD (Appendix C), and lastly, the recruitment poster (Appendix D).

I also sent an informal email (Appendix E) to Sportvantage sport providers in the GTA to begin establishing relationships early and to facilitate recruitment, once ethics approval was received. Email contact for each Sportvantage GTA sport provider was freely accessible online on the Sportvantage Ontario GTA website. Most sport providers were coaches, but there were also a few community or volunteer coordinators and developers. Each informal email was sent separately, for a total of 52 emails. Of the 52 Sportvantage GTA sport providers I emailed, 17 replied and expressed that they would be willing to talk, chat, or even meet. However, I received an email from one of the program developers and was asked to refrain from contacting Sportvantage sport providers, and to await the program developers' authorization before continuing with recruitment. Thus, for all the Sportvantage GTA sport providers who replied, I had to explain that I need to wait to receive authorization from the program developers.

I subsequently had a phone meeting with two Sportvantage developers on February 26, 2019 at 11:00 am. The developers wanted to know more about me, my research, my prior experiences, and what I hoped to get out of my research. They also informed me that each potential research project had to be reviewed and cleared by a director of Sportvantage. With this extra step, I emailed my proposal along with ethics approval, to the developers. These documents would then be forwarded to the director, on my behalf. With no response after one month, I phoned one of the developers again on March 28, 2019. I was told that my email would be re-forwarded to a director, and I would hear back by April 5, 2019, the latest. On April 9, 2019, I received an email from one of the developers stating the reviewing director had seen my documents, but that additional documents were required, so I was given his email. I emailed him directly, with the developer CC'ed, and asked which documents were missing. Unluckily, I heard no response from the director or developers, even after multiple attempts persisting until the end of April 2019.

The informal email (Appendix E) was also sent to other sport providers whose contact information was found on Autism Ontario's website. On the Autism Ontario website, I entered the words 'sport' or 'sports' in the search bar. This page brought me to various sport services or programs offered for individuals with ASD. I found five potential sport programs. Again, the emails to these sport providers were all sent separately. I received two automated replies showing a mail delivery error. This to me suggested that the contact information was no longer in use, or that the program itself was no longer running. Of the sport providers identified from the Autism Ontario website, two were willing to connect with me, KidoShido Karate and Grestway Sylvertip Goltenders.

Asides from sport-specific programs, I also considered ASD-specific services or organizations. These included Palley Proside, Autism Ontario, and the Geneva Centre for Autism. On March 4, 2019, I called Palley Proside which is a service provider to families with children, adolescents, and adults with ASD. I had spoken to the Executive Assistant, and I was then instructed to look into how to submit research projects on their website. On the website, I found clear guidelines and criteria for external research requests and on March 5, 2019, I emailed my requests and accompanying documents. A similar protocol was followed for Autism Ontario. Two documents, (1) a letter that included the synopsis and participant details and (2) ethics approval, were submitted on March, 14, 2019. Lastly, the informal email (Appendix E) was sent to the Geneva Centre for Autism. The email contact for general inquiries was found on their website, and the email was sent on March 4, 2019. Despite these efforts, I did not receive a response from any one of the three services or organizations named above.

Apart from sport-specific programs and ASD-specific services or organizations, another step I took to recruit parents of children with ASD, was through a parent support group on Facebook. The Facebook group was named ‘Ontario Parents of Kids with Autism Support Group.’ While the Facebook group was searchable, it was a closed group. I had personally messaged the administrator, in order to gain access. I copied and pasted the words from the same informal email to the administrator, and became a member of the group on March 14, 2019. I was given permission to post the appropriate documents myself. Thus, the same day, I posted the poster and recruitment letter for parents of children with ASD. I also included a short message similar to the informal email, for parents to read. Again, I was unsuccessful, as no members responded to my post.

On March 29, 2019, I contacted Sportville Canada via telephone. First, I wanted to know whether the Sportville Diversified Program was still running, as the link on their website to learn more about the Diversified Program showed ‘Page Not Found.’ I was informed that while the Diversified Program was still available, the spring season Diversified Program was cancelled due to low registration. After learning that the Diversified Program was still being offered (though, on an as-needed basis), I left my contact information with the administrator, and was assured that the person in charge of overseeing research projects would give me a call back. On April 1, 2019, I spoke with one of the directors of the program. This director was very receptive of my intentions for my master’s research, and was more than willing to help me. Through email, I was sent relevant resource documents and we confirmed an interview to take place on April 17, 2019. Of importance, this director was key to my recruitment, as I was introduced to four other sport providers post-interview and was also given a tour of one of the Sportville locations. I was also given the contact information of two other sport providers via email, late in May 2019, in which one was recruited for participation. Thus, snowball sampling was also employed, through "referrals made among people who share or know of others who possess some characteristics that are of research interest" (Biernacki & Waldorf, 1981, p. 141). All six of the Sportville sport providers that participated in my study were approachable, more than willing to connect, and seemed genuinely interested in my research. Overall, given the prior challenges I faced with recruitment, I was slightly taken aback by the positive response I received from Sportville.

In brief, I recruited a total of eight sport providers, from three different sport programs. All participants were given the recruitment letter for sport providers and informed consent form (to review) through email. All participants signed the hard-copy of the informed consent form before the interview took place. Eight one-on-one, in-person, semi-structured interviews were conducted, on seven different days (see Appendix F for specific dates). Finally, despite recruitment obstacles and challenges, I was careful to follow and abide by the recruitment procedure I had proposed. Recruitment was completed in May 2019.

### *3.6 Ethics*

This study abided by the research procedures and policies in place by the York University Graduate Student Human Participants Protocol, and received approval from York University's Research Ethics on February 22, 2019. There are two important ethical considerations when conducting research on human participants, which are a) beneficence and b) protection from harm (DiCicco-Bloom & Crabtree, 2006; Walker, 2007). These ethical considerations were addressed in this study in the following ways:

A detailed description of the research study was given to individuals interested in participating, through the process of informed consent. The informed consent form was accessible in both hard and soft copies. Participants were provided with an informed consent form (Appendix G), either through email (i.e., sent a Word document or PDF version) or in-person, or both, so that they could indicate their desire to participate. The form described in detail the study purpose, potential risks and discomforts, compensation, benefits of the research, confidentiality, and more. Also in the form, it was made explicit to participants that they had the ability to withdraw at any time from the study as well as how the resultant interview data would be used. Additionally, DiCicco-Bloom and Crabtree (2006) recommended asking participants to provide verbal consent about participating several times throughout the study so they are mindful of their ability to withdraw. Having spoken to all participants on the phone or through meeting in-person, prior to the interviews, I was able to ask participants also to provide verbal consent. Though, this was followed by an official informed consent form on the day of the actual interview. Lastly, participants were assured of their protection and anonymity, as stated in the informed consent form. A more detailed description, on the steps taken to ensure privacy and confidentiality, is discussed later in *Data Collection*.

Besides maintaining privacy and confidentiality (i.e., through the use of pseudonyms), protection from harm was also accounted for by anticipating any possible risks and discomforts. As outlined in the informed consent form, there was the potential risk of emotional discomfort or distress for interviewees retelling their experiences. Thus, a list of appropriate contacts and supports (Appendix H) were made available as hard copies post-interview.

Data were also protected in other ways. Prior to transcription, audio recordings were transferred from my passcode-locked iPhone and onto my password-protected personal laptop as well as exported into a separate password-protected folder. After each transfer (i.e., always on the same day and immediately after each interview), the audio recording on my iPhone was deleted. The laptop version of the audio recording was thus used for transcription. Once each interview was transcribed, soft copies of these documents were also kept on my password-protected personal laptop, and in a password-protected folder. Hard copies of the interview transcripts were placed in a locked compartment attached to my personal desk at home. Audio recordings will remain in password-protected folders and interview transcripts will remain in the locked desk compartment, for a period of two years, after which they will permanently deleted and/or shredded as necessary.

All information obtained was done in confidence. Prior to being interviewed, all participants were informed that any identifying information would be kept confidential, in the thesis and beyond. In particular, some specifics about the participants, for example, their exact job title or their past or present affiliations apart from the sport program they are involved with, were not shared or pseudonymized because these are easily identifiable. In addition, any specific references to parents, children with ASD, or other sport providers, were also disguised. Furthermore, in order to prevent jeopardizing the reputation and relationships of sport programs, sport providers, and parents, the specifics on locations (i.e., addresses, street intersections, geographic markers) were not mentioned. Instead of explicitly stating the site under study, the names of physical locations were also pseudonymized. Again, of note, participants were ensured of their privacy and confidentiality in the informed consent form.

### *3.7 Data Collection*

According to Creswell (2013), conducting interviews are a primary form of data collection in GT. Therefore, one-on-one, semi-structured interviews, lasting approximately 60 minutes, were conducted. A semi-structured interview allowed specific questions to be asked, while still being flexible (Mason, 2004), and left space for the unexpected, with flexibility meaning the interview questions were adapted depending on the interviewees' replies (Mason, 2004) and what they felt was important (Lajeunesse, 2014). Initially, two separate interview guides were created: (1) for parents of children with ASD and (2) for sport providers. However, only the interview guide for sport providers (Appendix I) was used in my study.

It is worth noting that phone interviews were offered as a substitute for the face-to-face interview. The justification for this came from the literature that shows that parents of children with ASD are often taxed for time (Broady et al., 2017; Moore et al., 2018). Even though the justification pertains specifically to parents of children with ASD, sport providers were offered this option as well, since all participants disclosed at the time of recruitment that they had a busy schedule. Ultimately, in the end, no phone interviews were conducted, as all participants expressed their desire to have an in-person interview.

In using constructivist GT, Charmaz (2006) promotes a specific interview style called intensive interviewing. Therefore, the interview guides were developed purposefully with intensive interviewing in mind. Intensive interviewing still maintains a semi-structured style, but places emphasis on open-ended questions that elicit reflection. Charmaz (2006) specifies that, "intensive interviewing permits an in-depth exploration of particular topic or experience [and] fosters eliciting each participant's interpretation of his or her experience" (p. 25). With that in mind, the interviewer is encouraged to:

> …ask questions that allow the participant to reflect anew on phenomena that elicit rich data. 'Tell me about,' 'how,' 'what,' and 'when,' questions yield rich data,

> particularly when [buttressed] with queries to elaborate or to specify such as 'Could you describe – further' (Charmaz, 2006, p. 33).

Accordingly, the interview guide contained many of the key prompts, terms, or phrases that are often used in intensive interviewing. For example, "Can you describe…" or "How would you describe…," "Could you tell me what it is like…" or "[If so,] what was it like…," "Tell me about…," "What would you say…," "How have you, if at all…," "If you can recall, what can you tell me about…," and "Why do you think…" to name a few.

Notably, the intensive interviewing style is a good match for constructivist GT (Charmaz, 2006). According to Charmaz (2006, p. 28), "both [constructivist GT] methods and intensive interviewing are open-ended yet directed, shaped yet emergent, and paced yet unrestricted." In particular,

> Intensive interviews allow [the] interviewer to:
>
> - Go beneath the surface of the described experience(s)
> - Stop to explore a statement or topic
> - Keep the participant on the subject
> - Come back to an earlier point
> - Restate the participant's point to check for accuracy
> - Request more detail or explanation
> - Shift the immediate topic
> - Ask about thoughts, feelings, and actions of the participant
> - Respect the participant and express appreciation for participating (Charmaz, 2006, p. 26).

Furthermore, intensive interviews have implications also for the interviewees. Specifically, Intensive interviews allow [interviewees] to:

- Tell their stories
- Reflect on earlier events
- Be experts
- Choose what to tell and how to tell it
- Share significant experience and teach the interviewer how to interpret them
- Express thoughts and feelings [not allowed] in other relationships and settings
- Receive affirmation and understanding (Charmaz, 2006, p. 27).

Therefore, the interview is very much contextual and negotiated, which echoes constructivist GT. As Charmaz (2006, p. 27) puts it, “an interview reflects what interviewers and participants bring to the interview, impressions during it, and the relationship constructed through it.”

Another implication of the intensive interviewing style was that sport providers were asked questions that invited them to express and consider parts of their experiences in a way that may not have been commonly afforded to them. This is significant for two reasons. First, sport providers were given the opportunity to have their experiences heard and acknowledged in a safe, conversational space (e.g., privacy and confidentiality maintained as much as possible). Second, sport providers were asked to consider not only their experiences, but how they reflected on, remembered, and thus, interpreted these personal experiences. Through intensive interviewing, the sport providers were able to explore and clarify their own experiences as they shared them.

Each interview took place at a date, time, and location, that was mutually agreed upon between participant and myself. As stated previously, each participant signed the informed consent form prior to being interviewed. Furthermore, each interview was digitally audio recorded, with every participant also consenting to this via checkbox on the informed consent form. Prior to starting interviews, participants were also informed that they could withdraw from the study at any point during the interview; though, no participants withdrew.

It should be noted that for GT, Creswell (2013) states that the researcher typically conducts 20-30 interviews. While Creswell's (2013) suggestion is more than then the number of participants in this study, Charmaz (2006) encourages reaching for quality of the data, since "the depth and scope of the data make all the difference" (Charmaz, 2006, p. 18). Charmaz (2006 p. 18) further argues, "a study based [on] rich, substantial, and relevant data stands out." Furthermore, for constructivist grounded theorists, small sample sizes do not pose problems in GT (Charmaz, 2006). In particular, through intensive interviewing, and through including sport providers with distinct positions and roles (i.e., seven different positions), I felt that having eight interviewees was sufficient in providing a full picture of the topic as possible. As Charmaz (2006) stresses, "small samples and limited data do not pose problems because GT methods aim to develop conceptual categories and thus data collection is directed to illuminate properties of a category and [the relations between them]" (p. 18).

In addition to interviews, my data also consisted of memos. Memo writing is an essential step in GT research (Charmaz, 2006), with Holton (2010, para. 29) even arguing that memos are "the core stage in the process of generating GT." Memos serve as the "researcher's [my] record of analysis, thoughts, interpretations, questions, and directions for further data collection (Corbin & Strauss, 1998, p. 110), as well as "theoretical notes about the data and the conceptual connections between categories" (Holton, 2010, para. 30). Therefore, memos were used during data collection and data analysis to highlight my understandings and perceptions of the sport providers' experiences. Further, the use of memos helped me to better predict the course of action needed to pursue gaps in the data and reaching saturation of categories (Charmaz, 2006). Initial memos included records of what I saw in the data (e.g., what the code was about). Later memos included assumptions about and comparisons of the data from the sport providers (e.g., what questions the code raised, what should be investigated further). Since memo writing runs "parallel with coding and analysis to capture the researcher's [my] emergent ideation of substantive and theoretical codes and categories" (Holton, 2010, para. 30), memos will be further discussed in the next section, in *Data Analysis.*

### *3.8 Data Analysis*

The same day and immediately after each interview, each audio recording was transcribed verbatim. Once interviews were fully transcribed, I completed line-by-line coding, which is the process of going through line by line data to assign codes (Khandkar, n.d.). Line-by-line coding is described in more detail below, as it is considered as an initial coding strategy. A short discussion on why data collection and data analysis run concurrently is discussed before introducing the procedures completed for coding.

To generate theory, GT involves "the progressive identification and integration of *categories of meaning* from data" (Willig, 2013, p. 70, italics in original). As Charmaz (2006, p. 46) puts it, "Coding is the pivotal link between collecting data and developing an emergent theory." It is important to note that unlike other research methods, GT "merges the processes of data collection and analysis" (Willig, 2013, p. 72). This means data collection and data analysis occur somewhat simultaneously, in a back and forth manner, because grounded theorists code data as they collect them (Charmaz, 2000). In doing so, the researcher "moves back and forth between the two in an attempt to 'ground' the analysis in the data" (Willig, 2013, p. 72). This back and forth manner was especially true for my study, since recruitment continued throughout the analysis and writing stage. Notably, Creswell (2013) uses the analogy of a zigzag - "out to the field to gather information, into the office to analyze the data, back to the field to gather more information, [and again] into the office to analyze the data…" (p. 86). The image of a zigzag also reflects the constant comparative method of data analysis in GT (Creswell, 2013), discussed later in this section. Ultimately, it is through the coding process that theory can be developed (Charmaz, 2000).

Charmaz (2006) argues that "qualitative coding, the process of defining what the data are about, is [the] first analytic step" (p. 43) and "generates the bones of your analysis" (p. 46). Briefly, "*Coding* [italics in original] constitutes the most basic as well as the most fundamental process in [GT]" (Willig, 2013, p. 73). Furthermore, "coding is analysis" (Lofland & Lofland, 1995, p. 187), since coding is the extent that particular themes or concepts are identified, labeled using categories, and summarized analytically (Charmaz, 2000). As cited in Charmaz (2006, p. 43), "Coding is the first step in moving beyond concrete statements in the data to making analytic interpretations. We [as researchers] aim to make an interpretative rendering that begins with coding and illuminates studied life." While certainly central to any GT study, coding is more than just a beginning, as it "shapes an analytic frame from which [analysis can be built]" (Charmaz, 2006, p. 45).

I followed the coding process outlined by Charmaz (2006) consisting of three stages, namely, (1) initial, (2) axial, and (3) theoretical. The first stage, initial coding, sticks closely to the data. In Charmaz's words "we [researchers] remain open to exploring whatever theoretical possibilities we can discern in the data" that "moves us [researchers] toward later decisions about defining core conceptual categories" (2006, p. 47). In short, "researchers look for what they can define and discover in the data" (Charmaz, 1983, p. 113). Thus, at the stage of initial coding, codes are largely descriptive. During this stage, interview transcripts were each read and re-read, in search for repeated words, phrases, concepts, ideas, etc. of the sport providers. These repetitions were labeled and put into categories, and sub-categories when possible. Of note, Charmaz (2006) states that “initial codes are provisional, comparative, and grounded in the data” (p. 48). A few initial codes I developed were *sport provider creativity*, *expectations versus reality, parent involvement*, *progress*, and *communication*. In total, there were 52 initial codes drafted. Overall, initial codes were all open-ended and at times were reworded or renamed to best fit the data.

The initial coding strategy involved line-by-line coding. Even though line-by-line coding was a tedious task, it prompted me to start analyzing my data closely, one line to the next, in order to begin conceptualizing ideas. Line-by-line coding was particularly helpful in condensing the interview transcripts, while still maintaining the gist of what was said by the sport providers. This strategy was done on Microsoft Word, through the comments function. As examples, in my first interview transcript there was a total of 498 comments, and comparably, my second interview transcript was comprised of 439 comments. I was quite prepared to employ line-by-line coding because as Charmaz (2006, p. 50) asserts, “fresh data and line-by-line coding prompt you to remain open to the data and to see nuances in it.” Moreover, this strategy also enabled me to pinpoint explicit statements versus implicit meanings. Thus, in order to crystallize the significance of the explicit versus implicit points, I was compelled to write memos.

I wrote memos in order to elaborate and explain codes. According to Corbin and Strauss (1998), memos act as my “record of analysis, thoughts, interpretations, questions, and directions for further data collection” (p. 110). Furthermore, memos “serve as an informal place for grounded theorists to make comparisons among data, codes, and categories as well as provide an interactive space for a researcher to engage in conversation with themselves" (Groen et al., 2017, para. 22). Memos were written throughout the entire data analysis stage, from the beginning of initial coding up to the end of theoretical coding. The memos were stored as electronic notes, as a Microsoft Word document. Memo writing was especially helpful in providing me with a space to freely write any reflective thoughts I had, and also, in letting me rhetorically ask and (later) answer questions I had. In writing memos, I was able to trace and describe my assumptions and changes in my beliefs that occurred in later coding stages.

The second stage, axial coding, is a focused coding strategy. Axial coding relates categories and subcategories with one another (Charmaz, 2006); delineates properties of each category (Charmaz, 2006); allows the data that seem separate in open coding to become a coherent whole that reflects the participants' voices (Willis, 2014). In the words of Charmaz, "Initial coding fractures data into separate pieces and distinct codes. Axial coding [brings] data back together again in a coherent whole." (2006, p. 60) During this stage, I consistently asked myself how do the categories interact or how are the categories related. Thus, in this stage, categories were assembled in new ways (Creswell, 2013), in order to "[specify] the properties and dimensions of a category" (Charmaz, 2006, p. 60). Additionally, Strauss and Corbin (1998) reminded me to develop axial codes and categories that "answers questions such as 'when, where, why, who, how, and with what consequences'" (p. 125). When doing axial coding, I was focused on developing subcategories out of a category and subsequently, showing the links between them (Charmaz, 2006). I demonstrate with one example. The initial code adaptation was developed into the axial code *adaptations make the program work*. There were two dimensions, *rejecting one-size-fits-all* and *...but not with respect to space*. Altogether, the categories, subcategories, and links reveal how I made sense of the data.

Axial coding was succeeded by the last coding stage, known as theoretical coding. Of note, theoretical coding is sometimes interchanged with ‘selective’ coding (e.g., Corbin & Strauss, 1998; Kolb, 2012). Glaser (1978, p. 72) writes that “theoretical codes [conceptualize] how the substantive codes may relate to each other as hypotheses to be integrated into a theory.” Groen et al. (2017) further adds, “Theoretical coding [identifies] overall trends and capture the dynamism of the components of this emergent theory” (para. 28). Moreover, it is at this stage where negative cases are identified and accounted for (Charmaz, 2006; Groen et al., 2017). Negative cases “refer to data that [seem] to stand far apart from the other data collected and [do] not coincide with the emergent theory” (Kolb, 2012, p. 85). Thus, while also generating a theory to explain my data, I also had to find a way to integrate any negative cases of which my current theory did not account.

Earlier coding stages were mainly concerned with remaining as open and flexible as possible. However, at the stage of theoretical coding, grounded theorists engage in theoretical sampling, which is “concerned with refinement, and ultimately, *saturation* [italics in original] (Willig, 2013, p. 71). Willig expands, “theoretical sampling means checking emerging theory against reality by sampling incidents that may challenge or elaborate its developing claims” (2013, p. 71). Similarly, as cited in Kolb (2012), theoretical coding “specifically seeks a more deliberate agenda of sampling to help test and integrate categorical findings until the point of data saturation” (p. 85). Therefore, I engaged in theoretical sampling by seeking events and information that would help illuminate and define the boundaries and relevance of my codes and categories. I deliberately added four questions in my interview guide to gain further insights into potential analytical leads in my data, given the codes and categories developed at both the initial and axial stages. The questions I added were:

A1. If you can recall, what did you know about ASD before working with *[program/organization]*?,

A2. In your opinion and/or experiences, how critical is it to consider age for sports participation for children with ASD?,

A3. Based on your experiences, how do you think parents receive the *[program/organization]* program?, and

A4. Is there anything - if at all - that you think should be done to help parents of children with ASD in *[program/organization]*?

I developed questions A3. and A4. since parents were often discussed by sport providers, even when (previous) questions did not mention parents specifically. I also four removed questions where I felt adequate information had been gathered that accurately reflected the perspectives of the sport providers. These questions were:

R1. Without disclosing any names, tell me about the kinds of children you see at *[program/organization*]?,

R2. (If applicable) What are some of the topics/issues that come up in your discussions with parents of children with ASD?,

R3. How often do you and other sport providers at *[program/organization]* interact with one another?, and

R4. What is the registration process like to enroll a child with ASD into *[program/organization]*?

Questions R1-R4 were removed after the fifth interview. Participants 3, 4, and 5 were all from Sportville, and the responses they provided were fairly similar. Therefore, since participants 6, 7, and 8 were also all from Sportville, I assumed their answers would also be relatively the same, and had these four questions taken out.

Ideally, data collection and data analysis continue until theoretical saturation is reached. I often went back and forth between axial coding and theoretical coding until new categories ceased to emerge. I felt I had reached saturation when I looked at my data, and they no longer sparked new theoretical insights. Having a small sample size and being mindful of Charmaz's emphasis on quality rather than quantity of the data, I was selective in obtaining further data and was able to refine and fill out major categories, eventually leading to data saturation. As Glaser (2001, p. 91) puts it,

> Saturation is not seeing the same pattern over and over again. It is the conceptualization of comparisons of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge. This yields the conceptual density that when integrated into hypotheses make up the body of the generated grounded theory with theoretical completeness.

However, Willig (2013) argues that theoretical saturation is more of an objective of GT "rather than a reality" (p. 71). This is because (in general), GT is always provisional; changes in perspective are possible or there is always room for modification.

Kolb (2012) states that "the process of theoretical sampling combined with the constant comparative method is a significant strategy used by researchers in the development of [GT]" (p. 84). In particular, I suggest that the constant comparative method is necessary for theory-constructing inquiry. This method was used to establish analytic distinctions in the data (Charmaz, 2006; Groen et al., 2017; Kolb, 2012; Willig, 2013). In Charmaz's words, this means "[making] comparisons at each level of [the] analytic work" (Charmaz, 2006, p. 54). As expressed by Groen et al. (2017), "throughout this constant comparative process, researchers are urged to consider all possible explanations emerging from the data as the analysis evolves from a concrete stage to one of theoretically-informed abstraction" (para. 3).

There were several ways in which I used the constant comparative method. First, I iteratively compared interview transcripts against each other. This was carried out to identify the repetitions, commonalities, and similarities and differences between transcripts. It is important to note that not all interview transcripts were analyzed on the same day, since interviews took place from March-May 2019. Therefore, comparisons of all eight interview transcripts occurred on several different occasions. Not only did I compare interview statements and incidents between transcripts, but I also made comparisons within the same transcript. Second, from the categories created at the stage of initial coding, I refocused my comparisons within categories, "in order to be able to identify any emerging *subcategories*" (Willig, 2013, p. 71, italics in original). The constant comparative method ensured that I was not merely creating new categories, but also breaking them down into smaller units of meaning. By organizing categories further into subcategories, "the full complexity of the data can be recognized, and any homogenizing impulse can be counteracted" (Willig, 2013, p. 71). Accordingly, a key step in subcategorization was identifying, in particular, differences and inconsistencies. This coincides with Willig's statement that "the ultimate objective of [the] constant comparative [method] is to link and integrate categories in such a way that all instances of variation are captured" (2013, p. 71). Lastly, in using the constant comparative method, I was able to discern which categories and subcategories had reached saturation, in which I revised the interview guide for later interviews (i.e., add or remove questions, rephrase probes, etc.).

Along with Microsoft Word, I also used NVivo software for coding. In particular, initial coding was performed manually, using different coloured markers. I had printed each interview transcript and used the markers to highlight codes. Each initial code or category was assigned its own colour. Afterwards, the NVivo software was used for axial and theoretical coding stages. I also used the word frequency query function, which allowed me to see which words appeared most frequently across all interview transcripts and memos. While not necessary, I used this query function to loosely verify some of the codes and categories I had developed throughout coding.

Overall, while it may appear as if I completed my data analysis in a step-by-step manner, I return back to Charmaz's (2006) emphasis on using GT methods flexibly. With data collection and data analysis occurring at the same time, at no point did the coding process proceed in a linear fashion. This coincides with Charmaz (2006) who says the "the research process [for constructivist GT] is not so linear" (p. 10). There was a point in which data collection and data analysis no longer overlapped, but this was once recruitment and interviews had concluded. At this point in my study, I was late in the axial coding stage and progressed early into theoretical coding. In the next chapter, I discuss the study findings and explain my constructed theory.

### *3.9 Reflexivity*

In general, researchers come to their area(s) of interest with prior knowledge. Scholarly and personal experiences may bias one's exploration of the data. Thus, *a priori* assumptions are expected and should be critically examined (El Hussein, Kennedy, & Oliver, 2017, italics in original). This is done through reflexive practice. To be reflexive, the researcher "[makes] their influence on the research explicit - to themselves, and often to their audience" (Gentles, Jack, Nicholas, & McKibbon, 2014, p. 1). Moreover, according to Lynch (2000), reflexivity is a form of “methodological self-consciousness” (p. 29). In using GT, being reflexive “serves to minimize preconceptions and suspend the researcher’s own biases and temptations into forcing data into concepts” (El Hussein et al., 2017, p. 1203).

My reflexivity practices echo those of Charmaz (2006). In constructivist GT, reflexivity is a “necessary facet that may be used throughout the entire research process to enhance and further data analysis while the researcher [myself] is in dynamic, continuous dialogue with themselves and their data” (Groen et al., 2017, para. 18). In her own words, “Neither observer nor observed come to a scene untouched by the world… Nevertheless, researchers, not participants are obligated to be reflexive about what we bring to the scene, what we see, and how we see it.” (Charmaz, 2006, p. 15).

I first encountered individuals with ASD through my mother’s work. She worked for a family with two children with low-functioning ASD. Every weekend and any school holidays, I would join my mother at work. Through my mother’s lens as a care provider, and through my interactions with the children, I developed a personal understanding of ASD. My mother was always very patient and very loving towards the children, and thus, played an invaluable role in their lives. In addition to my mother, there were other therapists including a large team of Applied Behaviour Analysis (ABA) therapists who visited everyday. I remember the house and its meticulous, child-proof design, the swing in the basement installed for sensory stimulation, a towering indoor slide centered in the family room, and the many toys that sang nursery rhymes. There were a lot of snacks and treats on hand for positive reinforcement. The children did not attend school, and they spent a majority of their time at home. However, missing from the children’s day-to-day routines, therapeutic sessions, and interventions was participation in sports.

This despite my mother's and scholars' observation that children with ASD often do not meet their daily physical activity requirements.

Perhaps there is an assumption that sport and ASD are comparable to oil and water - they do not mix well together. By definition, ASD is accompanied by varying degrees of social, behavioural, and cognitive deficiencies. Yet, as the list of accomplished athletes at the beginning of this chapter demonstrates, these differences may not always limit sports participation for individuals with an ASD. The point I make is not that all children (with or without ASD) can achieve high performance in sport, as this is misleading. Instead, sport is an option (or should be) for all children, including children on the spectrum. While ASD may create specific challenges with regards to sports participation, it is also possible that sport may open up new possibilities for individuals living with ASD.

I consistently engaged with the children and eventually got to know them, their parents, and the therapists very well. I felt a sense of inspiration coupled with feeling humbled with what I witnessed. This is ultimately how my research moved beyond my initial experiences as my mother's plus one, to one that includes a study of children with ASD and sport. I must also recognize how my own positive experiences with sport impact my relationship to my study. Thus, like the studied phenomenon, the research process itself is never neutral or without context. My starting points, thoughts, and feelings were recorded through memo writing. So, though I began my study with certain research interests based on my personal experiences, ultimately, this led the way for me to pursue particular questions and more broadly, this research. In sum, as cited in Charmaz (2006, p. 17), "sensitizing concepts and disciplinary perspectives provide a place to *start*, not to *end* [italics in original]."

I will note that one source of difference may have prevented me from fully understanding the situations of sport providers. Although I was the researcher, I did not have any sport provider experience for children with ASD (e.g., coaching, coordinating, etc.). Despite this, when appropriate I drew on certain strategies, such as sharing my own experiences with my mother and her care of children with ASD or my personal experiences in sport, as a gesture of reciprocity. But I always did so humbly, acknowledging that my experiences were partial compared with those of the interviewees.

### ***3.10 Summary***

The purpose of this study was to examine the ways in which sport and children with ASD are perceived, and the resulting impact of one on the other, through hearing the thoughts, feelings, and experiences of sport providers. This study was informed by social constructivist theory. Since social constructivist theory pays particular attention to the ways in which social phenomena are created, this framework was able to assist in gathering perceptions brought forth by sport providers. In addition, this study was informed also by constructivist GT methodology in tandem with social constructivism, which naturally adopts a social constructivist perspective. Overall, this chapter presented the methodology used, how it is informed by both research questions and theoretical framework, as well its significance to this study. Results from these methods are discussed in the following chapter.

# 4 Viewing the World Through the Lens of 'Normal'

## *4.1 Introduction*

This thesis examines social construction(s) of sport, children with ASD, and their parents, and how they impact sports participation for children with ASD. Based on the narratives that emerged from sport providers, in this chapter, I present how children with ASD and parents of children with ASD were perceived by sport providers within a sport context. The constructed meanings of sport, children with ASD, and parents of children with ASD all revolve around normality, whether by being 'normal,' becoming 'normal,' or at the very least, appearing 'normal.' Thus, 'constructing normalcy' was the all-encompassing theme that emerged from the data. Specifically, I present how the sport providers viewed sport, children with ASD, and parents of children with ASD, through the lens of 'normal.' Therefore, I organize this chapter into three sections: (1) 'normal' and the provision of sport, (2) 'normalcy' and the perceptions of parents of children with ASD, and (3) perceptions of sport and children with ASD.

## *4.2 'Constructing Normalcy'*

'Constructing normalcy' emerged as the all-encompassing theme from the data (see Figure 1). Ultimately, normalcy is socially constructed and defined through social interactions and transactions, mass communication, and even pop culture (Davis, 1997). In this study, the theme of 'constructing normalcy' describes the sport providers' process of meaning-making about children with ASD and sport, as well as efforts to create adaptive outcomes for children with ASD in sport. The sport providers' narratives illustrated a dynamic model of how their perceptions of sport, children with ASD, and even parents of children with ASD, are informed by ideas of 'normal' and subsequently impact sports participation for children on the spectrum.

In Figure 1 below, there is a large circle which represents ‘normal,’ and within this circle, there are also smaller rings, namely, children with ASD, parents of children with ASD, and sport. The large circle is actually a circular arrow, representing how sport providers are continually producing and reproducing ‘normalcy.’ Interestingly, sport both challenges and reproduces ideas of ‘normal’ and therefore, there is a separate arrow that breaks off of sport and out of the circle of ‘normal,’ thereby representing ‘deconstructing normalcy.’ This model depicts how sport providers of children with ASD perceive sport, children with ASD, and parents of children with ASD, relative to what is ‘normal.’ In addition, when sport providers ‘construct normalcy,’ this is an ongoing and omnipresent process, and informs how they understand their themselves and their role, perceive parents of children with ASD, and view sport and children with ASD, as discussed below.

There are several subthemes, though they are not shown in the grounded theory, that tie in with the figure. Firstly, sport providers were able to mindfully adapt and be creative in order to provide sport for children with ASD. Yet, these adaptations and their creativity were intended so that they could provide a ‘normal’ sport experience. Moreover, sport providers held the view that children with ASD were just like any other child, which acts to maintain the view that children with ASD need or can be like ‘normal’ children. As children with ASD participate in sports, they become more ‘normal’ or at least appear ‘normal.’ This ultimately represents their transformation in and through sport. Furthermore, parents of children with ASD are seen embracing paradox. That is, while parents may embrace their child(ren) with ASD, they also desire and hope for ‘normal’ at the same time. This leads to parents hiding an ASD diagnosis as well as holding certain expectations of their children. Lastly, sport was described as both challenging and reproducing what is ‘normal’ in sport. Thus, how sport challenged the norm in the programs as well as a critique of how sport is currently practiced for children with ASD is detailed later.

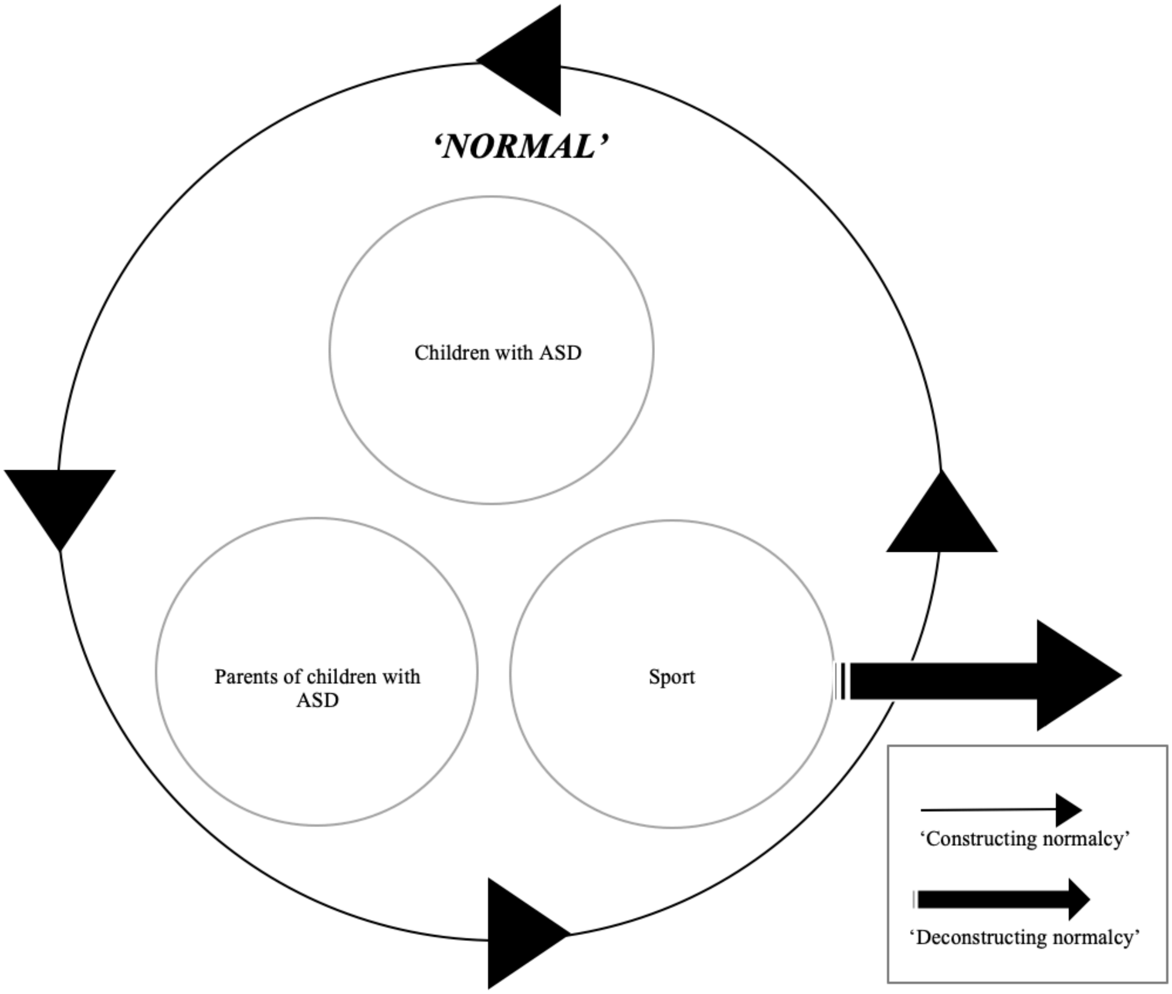

**Figure 1.** Model generated from the perceptions of children with ASD and sport

## *4.3 'Normal' and the Provision of Sport*

### *4.3.1 The Coach is Key*

This subtheme discusses sport providers, in particular coaches, as key to sports participation for children with ASD. Here, key refers to the coaches as essential to the delivery of sport, who sensibly address the challenges associated with working with children with ASD in sport. Often, sports providers described the need to maintain high energy, to have authenticity, and to have patience, in a coaching role, especially when working with children with ASD. Furthermore, it is the coaches' willingness to adapt which makes the program work. Even further, not only was it essential for coaches to adapt their instruction, but also their ability to emanate and experiment with creativity. Whilst many aspects of this theme might extend to all coaches, these efforts appear very salient for these particular sport providers, who work with children with ASD as well as children with other disabilities. Finally, sport providers described children with ASD, as children first and foremost, and thus, these efforts by sport providers are actively employed to ensure children with ASD are able to participate in sport like any 'normal' child.

### *4.3.1.a The Type of Sport Provider Matters*

Based on all the interviews, it was implied that the type of sport provider or coach matters in sport for children with ASD. Sport providers reported certain qualities and characteristics that were important. For example, they were required to maintain high energy or be high energy in the program, something that was not always easy. When asked to describe a challenging experience, Roman, founder of KidoShido Martial Arts, stated:

> The whole thing [owning, running, and instructing the program] is challenging. Sometimes it's simply summoning the energy. You have to be alive. You have to be animated. You have to be loud.

Jesse, from Sportville, had a similar view, when also asked to describe the most challenging part of his role. He responded:

> The most challenging part of my role is to like maintain consistency. So you know you have a great day and all the coaches are doing really well. And I feel like I'm very productive. And then to show up with the same zest and same the same energy.

Another sport provider from Sportville phrased it as being “100%.” In his words,

> A lot of these kids they only see once a week. So you have a responsibility to make sure. So you have to be 100% the whole time. (Liam)

Asides from maintaining high energy, the interviewees referred to what I call a sport provider aura. This aura was described as a vibe, connection, and integrity that was intrinsic to sport providers. This aura was supposedly sensed by children with ASD. Furthermore, a central part of the sport provider aura was the notion of authenticity. Sport providers needed to be authentic in their approach or instruction in sport, since sport providers, such as Roman and Liam, described the ability of children with ASD to also sense inauthenticity:

> …It’s like a vibe thing. If you’ve never meditated a day in your life and you’re gonna tell a kid to meditate, they’re gonna laugh in your face. (Roman)
>
> …They really need to see that there’s depth to your character. You have to be genuine. …they can sense a phony. (Liam)

Along with a vibrant, energetic personality and being authentic, patience and persistence were additionally reported as valuable. When asked what she would advise a new sport provider when working with children with ASD, Reba shared, “[Be] critical. Be patient. The child may not necessarily respond to you.” Liam had similar words, when asked what it is like interacting with children with ASD:

> Initially, your first thought is okay this is gonna be a little bit difficult. And um eventually you learn how to. [Interacting with children with ASD is] not hard, it’s just um, a lot of patience. It’s more so tedious. [Interacting with children with ASD is] not as difficult and it’s not to say it can’t be done. A certain level of care is required to get it done. Generally,

> it's different because you have to focus a little bit more on these individuals. Give them a little more attention.

For Liam, interacting with a child with ASD can be challenging. Interestingly, the patience and persistence of sport providers could foster these same qualities in the children. For example, Liam remembered one of his players on the autism spectrum:

> This young little boy, he couldn't, he wouldn't participate ever. But they're persistent. Slowly. And now he he'll sit and listen to instructions.

In another example, Roman described strategies he has used in his class:

> I've structured [the program] in a way where there are times where we work all together. An all together group. Sometimes there's like an all together group but it's like it's just gonna get to your turn. Like hang on. Sometimes it's just one on two, one on three, or one on one. Everybody else is taking a break. So, in between that, they go and sit down and they wait. I'll call the next two, work with them for a minute or two.

He later adds,

> One thing I started doing the last couple of years is I have a couple of kids who really have been with me for four or five or six years. So I put them in with some of the younger kids. And they help me run the class. (Roman)

Both of Roman's comments demonstrate how he is able to simultaneously adapt, be creative, and be patient when he instructs the children in his program. There is an assumption that these characteristics are then learned and taken up by the children themselves, such that some of them are then able to serve as Roman's helpers.

When providing sport for children with ASD, it was expected by the children that the sport provider or coach be energetic and fully present, while also simultaneously being authentic and patient. These seemed to be important qualities and characteristics of sport providers that were desired in sport by children with ASD. This is illustrated specifically when Roman describes in greater detail what being a sport provider for children with disabilities entails:

> It's not about the words. Everyone can say the right words. Well… Why do kids follow this person and not that one? There is an integrity there. There is a vibe. They know. …I come in and I have no integrity, [the children] smell it, [the children] sense it. To the degree. And [the children] know that something is off. It'll come in the voice. It'll come in the body language.

From this excerpt, it appears that sport providers assume the children are aware of a particular sport provider aura and that this aura, in the form of certain qualities and characteristics, ensured 'buy-in' from the children to engage in sport (i.e., a 'normal' activity for 'normal' children). Some of these qualities and characteristics were then thought to be taken up by the children themselves. Thus, once buy-in was achieved, the children could be normalized. One could argue then that the sport providers are not just facilitating the children's sports participation but they also are engaging in normalizing work.

On the surface, the sport provider aura seems 'good.' Sport providers appear selfless and likely have 'good' intentions. However, Roman's quote may actually be worrisome. The sport providers seem to have a saviour complex. I, myself, have branded sport providers as seemingly 'good' by using the very term 'aura.' The sport providers are often untrained formally, yet they are seen as experts. In addition, they are not typical sport providers, since the literature would suggest that sport providers who work with or coach children with disabilities, including children with ASD, are not confident at all (Pedersen, 2019; Rosso, 2016). Perhaps, sport provider aura is a misleading, and instead should be replaced with sport provider saviour complex.

### *4.3.1.b Mindful Adaptations Make the Program Work*

Sport providers were themselves enablers to the children's participation by employing mindful adaptations for children with ASD in sport. Sport providers were also enabling 'normalcy.' These adaptations, despite being mindfully crafted, were in response and in relation to constructions of children with ASD as 'different' compared to their 'typically developing' peers. Children with ASD as 'different' led to sport providers implementing adaptations in their programs. Sport providers expressed explicitly how they adapted their instruction or approach by using terms like, "adapt," "tailor," "cater," and "work around." Ultimately, these adaptations made the programs work, in that the sport providers were providing a 'normal' experience for children with ASD.

Mindful adaptations employed by sport providers demonstrated a rejection of the one-size-fits-all approach to sport for children with ASD. This is, it could be argued, one way in which sport providers exemplified resistance against 'normalcy.' Nevertheless, the rejection of a universal approach to promote sport participation, still aimed to ensure the 'normal' experience of sport involvement. Martin, working at Sportville, exemplified this, in saying:

> Children [with ASD] obviously they have different needs. They have different interests. But it's making sure that they're recognized in the program. …Getting that individualized [approach] and then drawing conclusions [about how to deliver sport]. Instead of saying oh this has worked before.

Peter, also at Sportville, one of the Directors, uses the term "modified":

> Some of the activities might need to be modified to help them but they are capable of more than we think. I think that's key. And sport and being physically active it does not have to be restricted by a condition.

Along with mindful adaptations, increased attention and involvement was seen as necessary to some degree. This was described with the terms “taking the time,” “focus a little bit more,” and “more attention.” The adaptations made by the sport providers reflect the approach that if sport opportunities are not planned with reference to the participants or players, sport is unlikely to be a successful experience (see Croix et al., 2017; Sherlock-Shangraw, 2013). The importance of the sport experience though, remains constant, even when modifications and changes are made.

The word “exposure” came up frequently in the interviews with sport providers. There was a strong desire by sport providers to provide sport exposure and opportunities for children with ASD. Sport exposure and opportunities is closely tied with sport providers being able to mindfully adapt in sport for children with ASD. I note that sport providers have to adapt, and the sport itself, has to adapt too. Along with the adaptations made by sport providers, there was a strong will to offer sport - and finding a way to make it happen - for children on the spectrum. This is reflected in many of the sport providers’ comments:

> …My thinking is why can’t these kids do it? Let’s try and see. I’m not gonna say no. (Roman)
>
> …the core values is definitely everyone can participate. So I’ve seen you know, completely non-skaters to very good skaters and the coaches we find a way to make sure everyone can fit in and join the game. (Thalia)
>
> …Our goal is to try and give children an experience that’s very comprehensive. So it exposes them to as many different sports and skills as possible. …Like we don’t want to direct it, we just want to give them the exposure. (Jesse)

> …Yeah a big thing that I see though is broadening their comfort zone. So our program, with any kid, whether they require additional needs or not, it's all about how comfortable they can be with the program. (Liam)

It seems that sport exposure and opportunities offers a chance to be part of "everyone," to "fit in" and "join," and to be comfortable. In other words, sport exposure and opportunities may facilitate the chance to be like everyone else and not be 'different.' Sport providers perceive the chance for children with ASD to participate in sports leads them to "feel very typical" and "it makes them have more in common with other kids" (Thalia), as well as letting them "feel more sort of normalcy" (Alan). Thus, providing children with ASD exposure and opportunities to sport means providing children with ASD a chance to become more representative of 'normal' or more like their 'typically developing' children.

Yet, one potential consequence of adaptations, even if they are mindfully crafted, is when sport is adapted too much and is no longer considered the same or equal to 'normal' sport. In Martin's words:

> There's a fine line between obviously making a program work for everyone and then just trying to include children with ASD. But then there's people who don't have ASD so they don't want. So they're there to play the sport. And if you're modifying everything that's where it gets more into like well we'll have separate programs. So when things are modified too much, where you're eliminating the like the basis of the sport.

Martin is referring to an integrated sport program. In having both children with ASD and 'typically developing' children in the same program, he describes an unfavourable consequence of adaptations with the program. More notably, Martin's excerpt tacitly highlights the inferior status of children with ASD in integrated sport, as well as that of the adapted sport itself, if the foundation of sport, such as competition, rules, tactics, strategies, athletic skills, and so forth (see Canadian Heritage, 2013), has been removed. The *need* for adaptations then seems to signal a tension between fundamental sport, on the one hand, and children with ASD on the other. When Martin says the basis of sport is eliminated due to adaptations, he implies that children with ASD are not 'fit' for sport as it is traditionally played or thought. This reinforces ideas of what is 'normal' for sport and children in sport.

Despite mindful adaptations made by the sport providers in terms of their approach and instruction, adaptations were not made with respect to the sport space. For KidoShido Martial Arts and Sportville, they did not have a dedicated sport space. Kidoshdo Martial Arts, for example, operated within martial arts studios, dance studios, or client's homes. Sportville ran programs in outdoor parks, church basements, home daycares, and re-purposed warehouses. Even though the space was not necessarily developed with the purpose of playing sports, sport providers did not let this get in the way of delivering the program. Working with the space that was available was how many sport providers demonstrated their willingness to adapt. For example:

> …So a lot of these spaces are a lot of work with what you have. So you go into a school like you go into a gym. (Martin)
>
> …There are some daycare centres that are run out of like homes. Well it's a house but it's been converted. And so we run in their classroom. …And sometimes we have a full you know a full size gym. So it really varies. And we adapt. (Liam)
>
> …Yes mindful, however it's not but it's not an optimal space because of the acoustics in the room. Because it's a re-purpose warehouse. There's a lot of reverb. There's a lot of echo. (Peter)

Yet, with Peter’s comment, we see how sport providers are aware that there could be some space related challenges or barriers because of an ASD diagnosis. In sharing that there is reverb or echoes, Peter understands that children with ASD are often sensitive to sound. He later adds:

> Yes, [children with ASD are] very sensitive to sound. Because of the echo and some kids will come in and actually cover their ears and so what we’re very conscious of is not using the whistle. Because the whistle becomes really really loud. And then you just trigger a whole bunch of different emotions. And so we could be doing better with the space like to actually put like uh you know a [sound board].

Fortunately, Peter recognizes that there can be mindful adaptations made with respect to the sport space. Though, it is possible that these are not simple adaptations. High costs or contracts (e.g., leases) may hinder mindful adaptations to be made with regards to space.

Nonetheless, while the space itself was not changed, sport providers took it upon themselves to make some changes appropriate for the children in their programs. For example, sport providers were prepared with a range of back-up activities and they often used the appliances provided in the space. In sum, the mindful adaptations made by sport providers were not viewed as an endpoint; rather, these adaptations were viewed as a constant, ever changing process of assessing and adapting their approach and instruction.

#### *4.3.1.c Creativity is a Game Changer*

The adaptability of sport providers was also accompanied by their creativity. Together, mindful adaptations along with their creativity afforded sport providers the chance to provide individualized sport opportunities for children with ASD in their programs. Developing creative responses and the ability to think outside the box were necessary in providing sport to children with ASD. At various points in the interviews, sport providers shared their experiences experimenting with creativity. Thalia described one boy with ASD who required a visual demonstration, as a reminder to keep the stick in his hand:

> He would throw his stick. So that was a challenge. So again, we coaches and myself kind of put our heads together and so we just created a little visual. I took a picture of him holding his stick on my phone. And every time he went to the throw we'd say you need to hold the stick. You need to hold the stick. You know so he's gotten better.

Thalia's use of a picture to help prevent this boy from throwing his stick is what Sherlock-Shangraw (2013) considers "multiple means of action and expression" (p. 43). For this boy on the spectrum, it may be that he is a visual learner, and thus, a visual demonstration is strategically used to help him grasp what to do with his hockey stick. In general, "visual strategies have a strong evidence base for supporting [children] with ASD in both research and practice" (Maich & Hall, 2016, p. 200). Sherlock-Shangraw also describes "multiple means of engagement" (2013, p. 44). In sport, this is how participants become interested in the subject matter (Sherlock-Shangraw, 2013). The use of imaginative stories is one example of this, and was described by Jesse:

> We don't just tell a child [that] you're gonna kick a ball and score a goal. We'll say we're gonna blast a rocket into outerspace. Or if you're practicing stick handling and this is something that makes Sportville very effective for children with additional needs, Asperger's, and autism. We're not getting them to stick handle a puck to score a goal. It's 'Dora called me last night. And she's really sad and she needs our help cleaning up her room. So we're gonna put pylons down. Here's all of Dora's toys. We're gonna use our hockey sticks today and we're gonna push Dora's toys back to her toy box,' which is the hockey net on the other end. So the kids are like sweet, let's do it.

In this example, Jesse incorporates the children's interests into instruction delivery in order to help keep the children engaged in sport.

Similar to imaginative stories, sport providers also engaged in made-up stories. Other forms of creativity were in roleplaying and acting out make-believe scenarios. An example included creating opportunities when passing the ball to other teammates:

> We would have to create opportunities for that child. 'Kids, before we score a goal we have to pass to our friends two times.' And so if that happens we say 'Oh look! Let's say this child over here, Bob, oh Bob's open, can you pass the ball to Bob?' (Peter)

In another example:

> [Our coaches] say you know sometimes you win and sometimes you lose. Everyone put two thumbs and say I did my best. And now the kids get to say that. Or they get to say maybe next time. Or just stay cool. You know you actually give them a a tool to be successful in the actual moment. …our coaches have this amazing ability. …We'll race the kids. And the kids will beat us. And our coach acts out sadness. Oh, these are my fast shoes! And I didn't win? …everyone take two thumbs point it at Coach Jesse and say good try Coach Jesse. And the kids will say uh good try Coach Jesse. They'll look at you kinda weird. And you'll say aw thanks, that makes me feel so much better. And so the kids get a chance to actually see what that impact is because the coach is roleplaying this moment for them. (Jesse)

Jesse elaborates on the creative ability of sport providers to make up and re-enact various scenarios - that are normally encountered - in sport. The excerpt also points to the importance that sport providers may put on learning about winning versus losing, in that make-believe situations must be implemented to teach it. Additionally, there was also creativity in how sport providers used given spaces. Being creative with the space and its contents was described by Liam: “So let’s say we’re doing dribbling. We’re dribbling through a jungle and the chairs are gonna be elephants and the tables are gonna be giant trees and you gotta stay away from them.” In all examples, creativity is seen as starting with the attitude of sport providers. From the interviews, it becomes apparent that creativity is a game changer. There is a strong will to make adaptations and be creative, in order to provide sport for children with ASD. I recognize that some of these strategies and creative solutions would be used with ‘typically developing’ children also. Nevertheless, the types of ‘normal’ or ‘acceptable’ behaviours that are being fostered through their creativity include behaving, listening, and recognizing how to respond in ‘typical’ societal interactions. Thus, while sport providers were being adaptive and creative, still, they are doing this in relation to constructions of ‘normal’ and ‘different.’

#### *4.3.1.d Working with Children is Rewarding*

Having mindful adaptations and being creative in their role allowed sport providers to deliver sport to children with ASD, and work with the children directly. Indeed, working with children, including children with ASD, was identified as the most rewarding part of their role as sport providers. Several sport providers used the cliché “making a difference” when describing this role. In regards to why working with children, including children with ASD, was rewarding, one sport provider responded,

> Definitely working with the kids directly. That’s one part that …I wouldn’t wanna take out of the job. It’s [a] double ended edged sword. Because on one side it’s the hardest part of the job and at the same time it is the most rewarding. If you take that out of the job you almost suck the life out of the job. (Liam)

Other sentiments mentioned by sport providers included "feeling like a superhero" (Jesse), "[touching] the lives of kids in a meaningful way" (Peter), "it's most rewarding seeing the growth in kids" (Thalia), and "[working in a] field where it's really unique because we work with kids" (Peter).

What these experiences illustrate are the possible positive views that are constructed of children with ASD. Correspondingly, according to sport providers, a child with ASD was still a child first. Sport providers described children with ASD as children, first and foremost, in the following:

> …Just like any child. (Roman)
>
> …On balance kids are kids. (Jesse)
>
> …A lot of the times he couldn't. And not because he was autistic, but because he was a kid. (Liam)
>
> …They're just like any other kid too. (Peter)

Although there is merit in sport providers viewing children with ASD as any other child, a series of critical questions emerge from this view. What is the purpose of viewing children with ASD as just like any child or as any 'normal' child? Who benefits? If children with ASD are like any other child, how are they also *unlike* 'normal' children? Taking these questions into consideration, to think of children with ASD as any other child, while not outwardly wrong, reinforces the marginal position of children with ASD, and the view that they need to or can be 'normal.' In other words, it is presumed a 'good thing' to view a child with ASD as any other child.

### 4.3.2 Mastering the 'Unknown'

This subtheme encompasses the experiences of sport providers navigating and mastering the ‘unknown(s)’ of ASD. For many sport providers, their expectations of children with ASD compared to reality were not matched. Accordingly, sport providers often stated there was more to children with ASD than meets the eye. Thus, part of the ‘construction of normalcy’ for sport providers was the unlearning of faulty assumptions or expectations of children with ASD. In addition, part of the mastering their role as sport providers was their ability to recognize and voice their frank observations and assessments of children with ASD to parents. However, while sport providers were vigilant of certain signs or markers (e.g., no eye contact, not listening, etc.) when working with children in sport, they remained mindful of their role as sport providers who were not there to diagnose. Ultimately, despite becoming more and more familiar with children with ASD in sport through firsthand experience, still, sport providers admitted that they lacked knowledge, resources, and formal training. Even when partnerships and professional development were occasionally offered, there was little to no focus on ASD-specific training. This in part acts to maintain and uphold ASD as an ‘unknown’ entity.

#### *4.3.2.a Sport Providers’ Expectations of Children with ASD*

There seemed to be an initial expectation or assumption of children with ASD by sport providers as misbehaving in sport. The terms “chaos,” “total terror,” “mayhem,” and “craziness,” were brought up in the interviews. However, it became apparent in the interviews with sport providers that these original expectations were false. As sport providers explained:

> …[We] think, if you have an aggressive and impulsive child, you throw them in a martial arts class they’ll become a total terror. It’s actually just the opposite. It’s all about control and awareness and reigning it in. (Roman)
>
> …It’s wild because you think these things aren’t possible but they are. (Liam)

> …Yeah, the ones [children with disabilities] you wouldn't expect it from. They're the ones. But I've seen that often again, even in Special Olympics, in basketball. I remember being amazed. You've got this big number of kids with special needs and I said you would expect it to be mayhem. (Thalia)

It also seems that it is crucial for children with disabilities, including children with ASD, to be able to behave themselves and follow instructions if they are expected to be included in sport. Consequently, these inaccurate expectations or assumptions of children with ASD as 'bad' or misbehaved become especially problematic when it affects the instruction or approach which coaches take. The comment made by Jesse demonstrates this:

> It becomes a very dangerous place to put your child. …I think any educator that comes in being like 'that's a bad kid,' should not be working with kids. You don't get a chance for one to choose who you work with.

For sport providers, part of their role in 'constructing normalcy' for children with ASD in sport is having to unlearn false expectations or assumptions of children with ASD as 'bad.' Overall, the expectations or assumptions that sport providers hold in part contribute to the experiences of children with ASD in sport.

Apart from being incorrectly assumed as 'bad' or misbehaved children, it was also believed that for children with ASD "there's a lot more going on that meets the eyes" (Jesse). Children with ASD as "cerebral" or "intelligent" was repeated several times throughout the interviews.

> …They're they're very cerebral. In their expressive language. Wow, this is very impressive. And so you need to almost talk to them like almost like the way that we would talk to each other. (Jesse)

> …One of the things that automatically I've noticed is they're highly intelligent. …More intelligent than most people give them credit for. (Peter)
>
> … a lot of children slash adults with autism have a level of intelligence that we cannot relate to. (Reba)

The word intelligence when linked to ASD showcases opposing ideas concerning what is 'normal' and 'abnormal.' It is also framed as a kind of counter balance for the 'bad' and 'misbehaving' or 'abnormal' perceptions that are associated with children with ASD. For Jesse and Peter, they show how children with ASD may be more 'normal' than we think. As Jesse implies, we could engage in 'regular' conversations with them like 'normal' people do. However, this intelligence comes as a surprise or shock. For Reba, children with ASD have an intelligence which "we cannot relate to." This reinforces the notion of ASD as 'abnormal' or 'different' from 'typically developing' people. In these quotes, the intellect of children with ASD is positioned as more than what is expected. Moreover, while acknowledging that children with ASD are intelligent or cerebral, what is shown is how in some ways autistic intelligence is marked as 'different.'

#### *4.3.2.b "Not There to Diagnose Their Kids"*

On the topic of difference, sport providers become familiarized with children who show visible signs or markers of 'difference' in sport. This was one way in which sport providers worked towards mastering the 'unknowns' of ASD. In particular, sport providers engaged in frank observations and assessments of children with ASD with their parents and other sport providers. Sometimes parents asked for the sport providers' feedback. Other times, this feedback was given at the end of each program session, as a way to foster open lines of communication with parents of children with ASD. Three sport providers shared how they would offer frank observations and feedback to parents:

> …I would give them an honest assessment of what I'm seeing. I never make it personal. It's all like this is my honest observation. We can agree to disagree. (Roman)
>
> …I think it's just being mindful to very like facts. So here's what we saw. Here's what we observed. …So just being very specific to what we're experiencing in the program um is really key. (Jesse)
>
> …So I've noticed this is what's happening in the class. Has this happened at home? What are some of the strategies that you've used so we can implement in class and we can work together? …Obviously I have to be careful to be careful how we obviously our choice of words. But more so than that, what I've learned through experience is um always be truthful. Of when we're talking about assessments. When the parents are asking 'How is my child doing?'. (Peter)

While sport providers are able to provide what they observe or assess, based on their professional experience, the scope of their expertise does not include diagnosing children on the spectrum. Jesse addresses this more clearly in saying,

> [When talking to parents] I'm like no one's judging your child. We're just trying to give him or her the support that they need. So that's a challenging space to be in. But I think you know what we train all of our coaches on is we're not there to diagnose their kids.

In addition, another sport provider's comment brings forward a significant point about what is tricky in offering frank observations and assessments of children with ASD in sport.

> You know, there are some kids that I have in my program, like I can't say definitely, but they definitely display signs of what we we can't like we can't. But we know. And

> because I mean I see probably three to four hundred kids a week. We have a good idea of of you know. We know what the characteristics would be in somebody right? …Sometimes they're very mild and sometimes they're pretty severe. And it's like I can say with 90% certainty he definite has he's definitely on the spectrum. (Liam)

Like Jesse, Liam also recognizes that the role of sport providers does not include being a diagnostician. Although, Liam timidly shares his experiences with (possible) children on the spectrum and how there are obvious signs of 'difference.' There also seems to be some discomfort in talking about this, as he says things like "I can't say definitely, but they definitely…" or "…we can't. But we know." It appears that diagnostic criteria of ASD is used as somewhat of an infallible law to judge children's performance or behaviour in sport. As a consequence, Liam's quote demonstrates that there are attributes of children with ASD that do not conform to what is perceived as 'normal.'

#### *4.3.2.c Lack of Training, Knowledge, and Resources*

Despite increased familiarity with the signs and characteristics of ASD through firsthand experience and presumably feeling their observations about children with ASD were "honest" and "facts," sport providers lacked formal training, knowledge, and resources, specific to ASD. Not a single sport provider from Grestway Sylvertip Goltenders had any formal training as stated by Thalia. At Sportville, formal training was described as a two-hour "crash course" on how to integrate children with additional needs into any of the programs. Only two sport providers had prior encounters and experiences with children with ASD specifically. Prior to having founded KidoShido Martial Arts, Roman was an ABA therapist. Before working at Sportville, Jesse worked as a cognitive behavioural therapist with children with ASD, amongst other disabilities. Children with ASD present with particularly unique needs, in part, due to the spectrum nature of the disorder. The lack of ASD-specific training of sport providers was perceived as a barrier to sports participation for children with ASD. As Jesse clearly articulated:

> There are some coaches who feel like coaches or teachers or educators that are like I can't. I don't have the ability. I don't have the patience. I don't have. I don't have. I don't have. If that's genuinely how they feel you know that may also be a barrier to for some kids. Because they may not necessarily open it [sport program] up to having a child with ASD. And they may be like I feel like your child is not suitable for this program. Or I feel like I'm not in a position to support your child enough effectively and deliver this. They may not necessarily open the door to the opportunity for your child.

Sport providers without formal training and knowledge regarding ASD may feel unable to provide sport to children with ASD, even if they wanted to. Moreover, at Sportville, occasionally professional development workshops were offered, along with having partnerships with other organizations. Yet, these workshops and partnerships were not specific to ASD. Limited training, knowledge, and resources, greatly hinder a sport providers ability to master the 'unknowns' of ASD while also in part acting to uphold ASD as 'unknown.' It is interesting, therefore, that these particular interviewees were able to nonetheless speak with some authority about children with ASD and about providing sport for them. This sense of expertise is grounded in their knowledge of 'normalcy,' 'normal' sport, 'normal' children, and 'normal' sport programs.

For sport providers, the 'construction of normalcy' means figuring out how to provide sport to children with ASD. Both subthemes, the coach is key and mastering the 'unknowns' of ASD, encapsulate this 'construction of normalcy' that sport providers experience in providing sport to children with ASD. It appears that sport providers are at cross-roads. Sport providers draw on their ideas of 'normal' to navigate these cross-roads. These crossroads are seen for example, when sport providers have to maintain high-energy and be extra patient in sport, when they adapt their instruction in the programs, and when providing honest feedback to parents without overstepping into diagnostic territory. The goal of children with ASD experiencing sport as any ‘normal’ child would is a central feature that defines what ‘constructing normalcy’ involves for sport providers.

### *4.4 ‘Normalcy’ and the Perceptions of Parents of Children with ASD*

Although parents were not interviewed in this study, sport providers nonetheless constructed parents of children with ASD in particular ways. Specifically, in discussing parents of children with ASD, sport providers alluded to how parents actively ‘construct normalcy.’ According to sport providers, parents of children with ASD are mindful of their responsibility to construct a ‘normal’ life for their child(en) with ASD. Parents may accept the fact that there is no cure for ASD, but pursue actions that transform their child(ren) into so-called ‘normal’ children. Consequently, parents of children with ASD were perceived as, embracers of paradox, with some as skeptics and others as unrealistic.

#### *4.4.1 Embracers of Paradox*

Parents of children with ASD, as perceived by the sport providers, were embracers of paradox. This paradox, is both the embrace of a child with ASD while also clinging to a desire for ‘normal.’ The most evident way in which parents were perceived to be embracers of paradox was in hiding or covering up their child(ren)’s ASD diagnosis. Four sport providers articulated how parents often concealed diagnostic information.

> …If I’m smelling something [i.e., suspect a disability]… You learn early on that parents reports about what their kids are capable is not always reliable. (Roman)

> …For many parents some parents have never been diagnosed. So there’s an unidentified need there and they don’t even want to acknowledge it. My child’s just a little slow. Or my child’s just still developing. (Jesse)
>
> …They generally don’t tell us. When we secure contracts. They won’t mention that there’s a child in the class. A majority of them don’t. So we won’t know until we get there. (Liam)
>
> …Some parents have children on the spectrum. They don’t put anything on their forms. And we find out from the coaches saying. (Reba)

When parents are not forthright with information regarding an ASD diagnosis, it is possible that this can be a challenge for sport providers. On the other hand, one sport provider had a contrasting experience, with parents being more open with an ASD diagnosis.

> I used to work at the YMCA so, it’s not like when we got the the children came in they were given a slip saying this child has ASD. We didn’t have that. But the parents usually gave us insight into if there was some sort of diagnosis. (Martin)

While it was not explicitly stated, these quotations reflect that overall knowledge of an ASD diagnosis as important and essential for sport providers, since it provides medical and personal information about the participants in sport.

According to sport providers, parents of children with ASD were also perceived to embrace paradox when holding certain expectations of their child(ren). Like sport providers, parents of children with ASD also garner expectations of their child(ren) and their abilities. Sometimes, reality exceeded the parents’ hopes for their child(ren), while other times, parents held high expectations that were unmet. On one hand, sport providers perceived parents of children with ASD as skeptics. Initially, parents often had skepticism that their child(ren) would be successful in the program. Yet, parents were frequently shocked and surprised at what their child was in fact capable of in sport. Sometimes children with ASD exceeded parents' expectations, as was shared by the sport providers.

> …Parents when they see their their child in and amongst others [with and without ASD] they get a different perspective of their child as well. And usually a more favourable. Like oh I never thought he could be that patient. You know at home, he could be, he never waits his turn, but look! (Thalia)
>
> …And many parents that come to us are like but but that child's been diagnosed with autism and my child isn't and he's done so much better. (Jesse)
>
> …A lot of times some of the parents are like I didn't think my kid was capable of doing that. Watching their kid actually perform a complex skill like basketball dribbling which they thought would not be possible. (Peter)

Although sport providers never took credit, one of the most prominent things that became apparent was the ability of sport providers to get children to achieve tasks or goals that parents could not or did not think were possible. As Jesse explains, "I've had parents walk up to me like, I had no idea that that's all I needed to say to my child to get her to pick up a hockey stick. Or to listen to an instruction." Altogether these comments by sport providers capture how parents experience shock or surprise when children with ASD exceed expectations. As reported by sport providers, perhaps to these parents, being able to do something 'normal' or acting 'normal' is a sign of hope, and so they cannot give up on their child(ren).

However, other times, children with ASD did not exceed their parents' expectations. Consequently, these parents were perceived as unrealistic and too optimistic. This is echoed by Roman's and Liam's experiences with some parents. Parents will argue with sport providers saying “my boy or my girl is so much more” (Roman). Parents were even perceived as being too pushy. For example:

> They [parents] were like ‘oh c’mon do this do this’ when I would come to see them doing their skills, the dad would be like ‘show him show him he’s gotta see this.’ And I would always see him shy away. And I would tell the parents…‘let them progress at their own pace.’ Maybe the confusion happens if it if they’re not sure. Like if it’s undiagnosed. But even afterwards they’re kind of like they see they see the other kids. ‘Like why isn’t my kid like that? Why can’t he do this? Or it’s like he just wants to give you a high five, do it.’ And that was some parents, they they handle it better than others. (Liam)

According to sport providers’ perceptions of parents, parents of children with ASD attempt to normalize their child(ren)’s performance or behaviour, in and through sport. It is possible that parents of children with ASD who appear too optimistic, too pushy, or unrealistic may not accept the limitations of ASD. Though it is important to highlight that parents of children with ASD should not be faulted for being optimistic or hopeful, as the paradox captures an understanding of their children’s abilities in relation to the social construction of normalcy. For parents of children with ASD, there is a challenge in sport, because of the intersection of ASD signs and symptoms with the cultural expectations of what it means to be a ‘typically developing’ player. As seen above, a high five for example, a celebratory phrase to say great job in sport and which is taken as ‘simple’ or ‘easy,’ may not be so for children with ASD. What is captured in the accounts of sport providers are these contradictions, of what is expected against what is really happening, that parents of children with ASD have.

## *4.5 Perceptions of Sport and Children with ASD*

### *4.5.1 Transformation*

Another word for transformation is change. Both sport and children with ASD demonstrated change or transformation. In this study, transformation is inextricably tied to the overarching theme of ‘constructing normalcy,’ in that transformation is always in reference to ideas of ‘normal,’ particularly, becoming or at least looking ‘normal.’ The specific ways that sport and children with ASD transformed is described below.

### *4.5.2 Transformation of Children with ASD*

Children with ASD (like the sport providers themselves) were perceived as adaptable and changeable. Again, this is in relation to ‘normal’ (i.e., that they potentially could be ‘normal’). The adaptability of children with ASD and the changes they demonstrated, in the eyes of sport providers, allowed them to experience transformation in sport and beyond. Initial perceptions of children with ASD as ‘different’ were accompanied by perceptions of children with ASD as active agents, who gained social skills and self-confidence. Still, the adaptations or changes as well as the enhanced socialization and confidence of children with ASD was always in reference to what is ‘normal.’

#### *4.5.2.a Children with ASD as ‘Different’*

From the literature, ASD is considered an ‘invisible’ disability (Bonis, 2016; Corcoran, 2016; Molina, 2014). Accordingly, children with ASD often have a ‘normal’ appearance or act ‘normally.’ Yet, it became apparent in the data that children with ASD were perceived as markedly ‘different.’ ‘Difference’ is considered a key feature that defines children with ASD. As a consequence, this perception of children with ASD as ‘different’ often resulted in exclusion in sport and beyond. Exclusionary experiences were recounted by sport providers, which included getting picked last at school during gym class as well as being turned away from regular house league teams. Outside of sport, Liam also described children with ASD being excluded in a childcare setting:

> Even at daycare centres. Generally, those are not successful for them, because whoever is looking after them, the caregiver, or sometimes it's just the teacher, the ECE, either they don't know how to handle it, or they completely separate them.

Related to exclusion, perceptions of children with ASD as separate or beyond reach were also present. The word "wall" was used by Liam when describing his first encounter with ASD.

> There was like a wall between us. I couldn't get through it. And obviously I tried. I persisted every time. I tried to give him a high five. And talk to him. And just say hi. And he just turned around eyes closed, turned around. Couldn't acknowledge me in any way. And maybe about a year and a half later, I finally got him to give me a high five. And I almost like cried. …once you get to the other side, once you're a part of their world, you're really a part of the world. It's just to get there is difficult.

Similarly, the words "break through" were expressed by Reba.

> Like where is that child's mind? Like where are they? How can you break how can you get through? And I find that very difficult.

In both comments, a child with ASD as separate is reported as a difficult situation. Difficulty may be understood as involving hardships or problems. Thus, along with perceptions of difference, that children with ASD are constructed as 'difficult' perpetuate the idea of children with ASD as not 'normal' children.

In some instances, the social construction of children with ASD as 'different' was not completely ill-intentioned. As Thalia says: "…like maybe someone on the spectrum they're not so scary. They're not so bad. You can all play hockey." She clarifies that ASD is not as bad as it seems, which could be taken as a ‘good thing’ or as a source of relief. Her quote also highlights how sport offers a way to be normal - that sport is a normalizing force. However, Thalia’s comment of ASD as “not so scary” or “not so bad” points to larger issues regarding intentions versus consequences as well as the role of language in perceptions of children with ASD. It may not be one’s intention to say awful or mean things about children with ASD, especially if the comments appear seemingly innocent, but it is the consequence of such expressions that becomes problematic. There is an inadvertent assumption of children with ASD as ‘scary’ or ‘bad,’ even if they were to disconfirm it. Specific words then are taken for granted assumptions about ASD that go against ‘the norm.’ Thus, language, in part, plays a role in how children with ASD are perceived, terms that already imply a relation to normal (e.g., different, difficult, scary, bad, and so on). Furthermore, this reflects one pathway in how children with ASD are constructed in relation to normalcy, that is, becoming more ‘normal’ when they defy negative assumptions and negative expectations.

Sport providers also stated that ‘typically developing’ children may notice this ‘difference,’ reinforcing the sense that these differences are easily observable and obvious. For one thing, it points out how pervasive ideas of ‘normal’ versus ‘different’ may be. For example:

> The kids are curious. They notice [this] child is different from everybody else. And sometimes there’s there’s stigma that comes with that. There’s uh isolation. There’s from the peers. There can be different things that happen. Kids are kids. And they ask questions and they’re like what’s wrong with this child. What’s wrong with his friend over here? Why is his friends running around and yelling and not listening to instructions? And how you deal with that is key too. (Peter)

In saying this, Peter makes an excellent point on dealing with the curiosities and questions of ‘typically developing’ children. In general, one’s response to such inquiries influences or even dictates subsequent understandings of children with ASD. Social interactions then can also reproduce ideas of ‘normal’ and ‘different.’ Thus, the onus of changing the way of talking about and conceptualizing ASD is placed in part on sport providers and other professionals alike.

#### *4.5.2.b Having Agency*

Children with ASD are generally not assumed to be agents (Chi, 2014; Murray, 2008) or have agency. Agency, according to Rossetti, Ashby, Arndt, Chadwick, and Kasahara is defined as:

> …the opportunity to initiate a topic or agenda, participate in a dialogue, move a conversation in a particular direction, interpret others, affect the person with whom one is in dialogue, make a point, interact as a peer, and be seen as a person with ideas to contribute and a personality to inject into the conversation. (2008, p. 365)

Although children with ASD were perceived as ‘different,’ they were recognized as having agency. For example, it was apparent from the interviews with the sport providers that they perceived children with ASD being able to express their desire to play sport. This desire to participate in sport was described as a want or preference for sport and pre-requisite to participate:

> …It goes like kids on the spectrum have preferences too. (Thalia)
>
> …That’s the thing. I think talking with the child’s important. Figuring out what they want. (Martin)
>
> …The pre-requisite is they have a desire to play hockey. They’ve expressed that somehow to their parents. (Thalia)

While the literature suggests that children with ASD do not have agency (Chi, 2014; Krahn & Fenton, 2009; Savarese, 2007), these quotes emphasize how the sport providers view children with ASD as being able to articulate a desire or willingness to play sport. Children with ASD are thus constructed as active agents who are able to communicate their preferences and be understood by others. In turn, we can presume that the sport providers perceive children with ASD to be able to transform, resist, and challenge traditional understandings of ASD as deficient (Aylott, 2003; Douglas 2016) and incompetent (Rossetti et al., 2008).

#### *4.5.2.c Socialization and Confidence*

Almost all sport providers were keen to discuss the main benefits of sport, social skill development and enhanced confidence. Sport providers discussed the “social aspect” or the “social thing” as “the most important,” “the biggest appeal,” and as a “huge part,” meaning sport is instrumental to socialization and confidence. In general, ASD is characterized by difficulties in socialization and communication. In light of the presumed benefits of sports participation, one of the most notable ways children with ASD were thought to experience transformation was through gaining social skills and confidence in sport. For example, Jesse discussed how “social skills are innately built in sport,” meaning that the social environment of sport generates interactions with others, whether in team sports or individual sports. Likewise, interviewees felt that sport builds confidence or gives children with ASD a “boost of confidence.” This seems to be the sport providers’ assumption, that they have completely bought into sport as being a ‘positive’ force. According to Jesse:

> Children [with and without ASD] who felt that they couldn’t do it [sports] um by the end of it, felt more confident in their abilities to participate in the [sport] program and then and then really enjoyed it.

Liam reported how confidence could transfer to other areas of the children's lives.

> They can't put their finger on it. But I promise you, you had you had a part. You took play in that. Because of you you helped them feel confident trying something different.

Even though he is talking about confidence, Liam's comment tacitly shows that he reproduces the sport is good assumption. He does not need data or specifics, but he promises that sport has a role. He is certain about this. In addition, Liam, also describes how confidence has a dual effect. In sport, one of the ways sport was not good or inappropriate for children with ASD was when confidence was threatened:

> It could be discouraging when there's something they cannot do. And that's for the one little boy who took me a year to get through. He would get discouraged instantly if he couldn't do something. …So for the majority of kids yeah I mean they'll accept it. There may be tears at first, but they get used to it. Yeah but if they've got any additional needs or if they're on the spectrum then it's tougher for them to accept it. …And so maybe if it's something that they're you you can tell they definitely cannot do or they can't cope or they're just always losing it might just become a bad part of their life. …So definitely it could go wrong.

Sport providers understand 'normal' and 'different even in terms of the children's responses or reactions in sport. While it is 'normal' to feel discouraged in sport due to a loss or failure, Liam concludes that for children on the spectrum in particular, they may not like consistently losing or failing in sport. Nonetheless, sport providers emphasized improved socialization and enhanced confidence as to why sport is good or appropriate for children with ASD.

Although sport can offer opportunities for socialization and improve confidence (Furner, 2008; DeLude et al., 2017), these benefits, especially improved socialization, for children with ASD is in relation to what is ‘normal.’ In particular, two sport providers imply this.

> Having programs that offer sports for children with ASD um I guess provides an opportunity for socialization with kids that maybe they can relate to a bit more to. (Alan)

Alan’s comment seems to suggest that they are interacting with, or relating better to, other children with disabilities, including children with ASD. This may be an opportunity for ideas of ‘normal’ to be changed to disability or ASD as ‘normal.’ However, if this is not what Alan insinuates, then perhaps he thinks that by participating in sport, children with ASD will have greater opportunities to socialize with their ‘typically developing’ peers, now that the children have sport as a means to relate to one another. Furthermore, as another example:

> I’ve had children with ASD who love the team space and atmosphere. And then I think because no man is an island, like you live in a society you’re going to be interacting, whether it’s at the grocery store or at the bus stop. So I think there’s a certain set of social skills I think you need to survive. Not just to make yourself comfortable but to make other people comfortable. I think we have a social responsibility to not necessarily make other people around you uncomfortable. I think that’s important. (Jesse)

Jesse’s comment is different from Alan’s, in that we get a different understanding or context of ‘normal.’ Here, when children with ASD participate in sport they are learning how to socialize like a ‘normal’ individual. Moreover, the onus to socialize ‘normally’ is put on the child(ren) with ASD themselves, rather than on those “other people” who may feel uncomfortable. This critique is one that the social model makes, which acknowledges how attitudinal barriers can act to ‘disable’ individuals with disabilities (Baker, 2007). From both Alan’s and Jesse’s comments, having ‘normal’ social skills and making others ‘comfortable’ serves as a benchmark representative of ‘normality.’ When children with ASD improve their socialization, they become more reflective of ‘typically developing’ children.

In sum, sport providers perceived children with ASD as ‘different’ and having agency. Their difference did not prevent children with ASD from expressing a desire to participate in sport. According to sport providers, through sport, children with ASD had improved levels of socialization and confidence. Thus, it was sport that transformed children with ASD. Nevertheless, notions of agency and benefits of sport were undergirded by understandings of and comparisons to what is ‘normal’ for sport and for children in general such that the transformation of children with ASD is analogous to and implicitly celebrating becoming more like their ‘typically developing’ peers.

### *4.5.3 Transformation of Sport*

How sport is implicated under the all-encompassing theme, ‘constructing normalcy,’ is distinct from sport providers, parents, and children with ASD. Perceptions of sport act to both support and debunk perceptions of ‘normal’ in sport. Thus, the transformation of sport is still in its early stages.

#### *4.5.3.a Challenging Traditional Definitions of Sport*

It is widely recognized in the West that sport is laden with value and status. This manifests in several forms such as achieving high performance in sport, being a member of an elite sports club, or having a certain kind of reputation (e.g., captain, starting line, etc.). Moreover, traditionally in Western societies, sport is commonly acknowledged as competitive, so much so that it may promote the value of winning above all else. However, a recurrent theme that emerged was how traditional definitions, understandings, and conceptualizations of sport were challenged. This was exemplified in three ways. First, a distinctive feature of sport for children with ASD, implied by many of the sport providers, was the view that it was not ‘proper’ sport. Accordingly, implementation of a specific sport, for example hockey, did not always fit the traditional or expected definition of sport (for example, see Loy’s (1968) definition of sport as an institutionalized game). Using hockey to illustrate this, Thalia compares what would be considered hockey or how to play hockey ‘properly’ or ‘correctly’ and one of the program participants who does not fit or conform to the ‘typical’ hockey player mold. In Thalia’s words,

> He just skates the perimeter. When it’s his turn on the ice, he skates and skates and skates. And there have been times rarely when the puck has come to him by mistake or just happen to have and he moved the stick. Oh wow! Yay! He hit it. …To him it’s just a free skate. And there have to be some other people on the ice at the same time. So they’re [his parents] paying $200 a year for free skating for an hour on Saturdays.

In this example, the word hockey is absent, and instead is replaced with the words “free skate.” This suggests that hockey and free skating are not equivalent, with hockey being more superior. Thalia says things like “he just skates” or “it’s just a free skate,” implying that this is not what the child is expected or supposed to do in hockey. As such, free skating is not considered ‘normal’ or that hockey is not being performed ‘properly.’ Additionally, it was also revealed that hockey tournaments were also reinvented and did not proceed like a traditional tournament.

> All these teams come and we um… We don’t play all the teams. There’s a team scheduled and we play. There’s not a championship in that there’s quarterfinals, semifinals, and ultimately a winner. It’s just we play hockey play hockey and then go home at the end of it. Everyone gets a medal and everyone feels great. (Thalia)

As another example, in terms of martial arts and karate, “it’s not straight self-defense,” “there’s play,” and “meditation” (Roman). On a more general level, Liam described running games or obstacles in the daycare programs, which counted as sport. It seems then, when it comes to children with disabilities including ASD, definitions of sport are extremely flexible. Ultimately, this widens the range of what is possible for children with ASD in sport.

Though, what is interesting about Thalia’s second comment, and what remains uncontested, is how these ‘made-up’ games, tournaments, and so forth, are presumed to be a ‘great thing.’ For instance, the reinvented hockey tournament seems to be seen as a means of reducing possible negative sport experiences and disrupting inappropriate constructions of disability, including ASD. However, in light of traditional definitions of sport, these ‘made-up’ games or tournaments may be seen as an inferior form of sport or not even sport at all. As in Thalia’s first comment, she does not think the way in which the boy in question participates in the hockey program counts as sport, since she calls it a free skate. Her comment also suggests that this free skate is not worth the $200 that the parents are paying. $200 a year would be well worth it, nonetheless, if the child was conforming to expected hockey norms. Challenging traditional definitions of sport might make sense ethically. However, important questions are brought to the fore. For example, ‘How are sports used (traditionally or non-traditionally) for children with ASD?,’ ‘How are they valued (if at all) by children with ASD and others around them?,’ and ‘What does this mean in terms of the ways in which ASD, in general, is understood and perceived?’. Altogether, as seen with both Thalia’s comments, a free skate or reinventing a hockey tournament - these ‘improper’ sport opportunities - positions sport for children with ASD as holding less value than ‘normal’ sport.

Along with sport not being perceived in the same, or equal manner, sport providers also brought forth ways in which sport was not played for the sake of sport. In other words, sport providers took a functionalist approach to sport whereby they felt children with ASD participated in sport in exchange for some other means or gain. For example, Jesse felt that sport offered children an opportunity to experience and thus learn appropriate social and cultural norms:

> A sports environment it really just provides the atmosphere for these things to happen naturally. So when a ball gets taken away from you, you have to be able to respond to that. Or if you see… Or if you lose or beat somebody else in a race, how do you express yourself and how they express yourself. It's going to happen in every class where you don't have to manufacture you know a moment like that for a child with ASD. So I think that's the beauty of this is that you get these great opportunities.

Therefore, "natural," everyday interactions that would happen at home, school, the grocery store, the mall, and so forth, are analogous to the interactions made in sport, on fields, courts, gyms, and all other sport spaces. Similarly, sport providers referred to sport as a conduit for teachable moments. Often, sport providers wanted to teach certain skills or behaviours (e.g., physical literacy, social skills, healthy lifestyle, etc.).

> …What we wanna do is um… Making sure that they that we introduce kids to sport in a very fun, creative way. So hopefully what that does is allow kids to have a positive relationship with sport. In general. So we use sport as a conduit to teach [various] skills. (Peter)

> …So we use sports as a conduit to teach you gross, motor, and social development. (Jesse)

Additionally, for Liam, sport is not always the priority. In a managerial role, part of Liam's job is to pitch Sportville's programs to businesspeople, as well as *why* there is a need for children to play sport to begin with. Yet, in his coach role, "the sports part is the underlying thing" and he admits to "playing to two crowds." In these cases, sport is seen as a means to an end. This indirectly reinforces the idea or view of sport as an intervention. While new conceptualizations of sport may be 'deconstructing normalcy,' at the same time, sport as a means to some other external standard (i.e., to teach skills, to learn things, and so forth) suggests that children with ASD are moving towards acceptable standards of 'normal.'

Lastly, despite the prevailing view of sport as competitive, there were competing views on whether or not sport required a competitive component. Most sport providers described a non-competitive sport environment in their programs.

> …They all help each other. And it's not competitive. (Thalia)
>
> …At first non-competitive sports were confusing to me. But when you see their process it makes sense. (Martin)
>
> …They're put in a non-competitive environment where they're trying to maximize the success of these children playing sports. (Martin)
>
> …We're non-competitive sport instruction company. (Peter)
>
> …Our focus is on skill work, teamwork, social interaction, not wanting to be the winner. Working as a team. Thinking about others. (Reba)

There seems to be a common belief among sport providers that competitive sport is not required, especially for children with ASD. This goes against the definition of sport put forth by Canadian Heritage (2013) and Loy (1968), though, it is cited in Arnell et al. (2013) that competition in sport is not favoured by children with ASD. On the other hand, only two sport providers reiterated traditional understandings of sport as competitive and win-focused. There is competition in sport "…whether with yourself or with other individuals" (Roman). Likewise, in team sports, "…two teams, of course there's gonna be a winner and loser" (Liam). For sport providers who focus on non-competitive programs and instruction, they do not appear to be anti-competition. Sport providers did not deny that sport has a level of competition, or that it is expected in sport; instead, sport providers reject the view that sport for children with ASD requires a focus on competition.

### *4.5.3.b Critique of Sport*

As seen, sport, particularly for children with ASD has been challenged and a few alternative constructions have been articulated. Despite these new and diverging constructions of sport, sport itself was not free from critique. The 'negative' aspect of sport was presented by two sport providers. Peter spoke of the 'negative' of sport early on in the interview, when asked about the motto or core values of Sportville.

> You know there's a lot of negative I'd say I guess correlational or connotation or whatever perceptions whatever you wanna call it about sport in general. Take football or hockey for instance and then you know. Automatically your mind. A lot of people will it's too violent it's too dangerous there's a lot of risk that injury. You know repetitive stress. All these things that come into play.

Peter says himself that there are negative connotations and perceptions associated with sport, such as the view that sport is risky, injurious, dangerous, and so forth. Interestingly, he says this in relation to the question on the motto of Sportville, suggesting that perhaps he was separating Sportville from these critiques of sport. He follows up with:

> What we wanna do is [make] sure that they that we introduce kids to sport in a very fun, creative way. So hopefully what that does it allows kids to have a positive relationship with sport.

Overall, Peter identifies both the negatives and positives of sport. Moreover, unlike Peter, Reba was critical of the competitiveness of sport and the high status attained by athletes.

> I find modern day sports I find it very competitive. Way too competitive. Far too much money. Far too much celebrity. It shouldn't be corrupt. You know. And I think sports now are very corrupt. Like I don't like to see children in team sports where only the top players or the most athletic benefit. I think that all children should have an opportunity. And the way that a lot of leagues are set up now there's a lot of levels. Beginner whatever whatever. But still I find that too many sports where it's league type only the dominant only the dominant enjoy.

These practices associated with sport that Reba identifies mirror Lucyk's (2011) description of sport as a masculinizing institution where by "masculine scripts of strength, aggression, and competitiveness are performed to contrast with feminine scripts of weakness, submission, and softness" (p. 67-68). This critique of sport is particularly relevant for sport for people with disabilities. Specifically, compared to the construct of hegemonic masculinity (Connell, 1995), where physicality and athleticism are deemed as important, disability (for example ASD), signifies deficiency and is constructed in a negative manner (Chi, 2014; de Wolfe, 2013; Grinker, 2015). Thus, a clear tension arises when children with ASD participate in sports whereby according to traditional definitions of sport, sport for children with ASD would by default be a lesser form when compared to sport for 'typically developing' children.

While sport providers offered their critique of sport, it appeared their criticisms were targeted specifically at high performance or elite-level sport. Sport providers were not critical of the sport programs they offered or the ways in which 'normalcy' were fundamental to their design. Their programs for children with ASD, appeared exempt from criticism. Even if sport providers accepted their own programs without speaking about its potential flaws, they also overlooked the way in which sport is currently practiced for all children. A closer look at the three sport programs represented points to a dichotomy, namely integration versus segregation in sport. Both KidoShido Martial Arts and the Grestway Sylvertip Goaltenders offered segregated programs, meaning, they were intended specifically for children with disabilities, including children with ASD. On the other hand, Sportville offered both integrated and segregated sport programs. Promoting segregated or separate provision may be reinforcing negative differences between children with disabilities and children who are 'typically developing.' It is possible that the programs they offer are inadvertently complicit in supporting practices in which children with disabilities (i.e., ASD) continue to 'be seen' through negative representations. This once again acts to reproduce ideas of 'normal' and highlights the underlying social meanings attributed to ability over disability.

In interviewing sport providers, both non-traditional and traditional views of sport were discussed. Sport for children with ASD reflects a duality, whereby sport constructed and deconstructed what is 'normal.' The deconstruction of 'normal' was exemplified through sport providers' descriptions of non-traditional definitions, understandings, and conceptualizations of sport. Meanwhile, the construction of 'normal' was seen when sport was deemed interventionistic for children with ASD and when segregated or separate sport was provided, as both approaches implicitly assume children with ASD as not 'normal'. In doing so, the ‘difference’ of children with ASD is perpetuated. Ultimately, the ideas raised here show how the perceptions of sport have implications for children with ASD in and beyond sport.

### ***4.6*** **Summary**

This chapter presented the findings of this study. The sport providers in this study perceived sport, children with ASD, and parents of children with ASD, in relation to ideas of ‘normal.’ I argue that sport providers wanted children with ASD to participate in sport like their ‘typically developing’ peers, as sport as seen as a ‘normal’ activity and thus a way to be ‘normal’ children. I also described how sport providers perceived parents of children with ASD as embracers of paradox, as these parents are mindful of their responsibility to ‘construct normalcy’ for their child(ren). Finally, I presented how children with ASD and sport were seen as transformed. For children with ASD, I highlighted that they underwent transformation by becoming more ‘normal’ or by appearing ‘normal.’ For sport, there was both resistance against and reproduction of ‘normal;’ thus, the transformation in sport is still in its early stages. I discuss the significance of these findings in Chapter 5.

# 5 Discussion and Conclusion

## *5.1 Introduction*

The purpose of this study was to give voice to sport providers for children with ASD. I undertook this study in order to answer the following questions: How do the perceptions of sport and children with ASD impact sports participation for children with ASD? What is the impact of the perceptions of sport for children with ASD? How are parents of children with ASD perceived, and what is the subsequent impact on sports participation for children with ASD? What are the sport providers' perspectives of the benefits and challenges of sports for children with ASD? In-depth, semi-structured interviews were used in order to examine the perspectives and experiences of sport providers and how they perceived sport and children with ASD. These narratives, in turn, also illustrated meanings attached to parents of children with ASD. The findings were informed by the social constructivist theoretical framework. 'Constructing normalcy' emerged from the data as the overarching theme, which led to the development of my model. This model ultimately shows how sport providers, children with ASD, parents of children with ASD, and finally, sport, are interconnected, as they are all impacted in some way or manner by this all-encompassing theme, 'constructing normalcy.'

This final chapter is separated into two sections. In the first section, I highlight several of my major findings. I discuss the significance of these findings as well as how they relate and add to the existing literature. At several points, my own critique is also provided, which both acts to bring out my voice as a researcher that plays an inextricable part of the social construction process, as well as to exercise my reflexivity. In the second section, I conclude with specific recommendations for sport providers, methodology, and future research. A number of limitations of this study are also discussed.

## *5.2 Discussion*

### *5.2.1 Autistic Difference*

As previously described in the review of the literature, children with ASD are socially constructed as medicalized and pathologized, feared, and isolated. Along with these social constructions, sport providers regarded children with ASD as ‘different.’ Children with ASD carry with them this autistic difference. Even if ASD manifests in unique ways, due to the inherent spectrum nature of ASD, this autistic difference is still sensed or perceived by sport providers. Furthermore, according to the sport providers, lay persons, such as ‘typically developing’ children can also sense or perceive this autistic difference. Even further, what constitutes autistic difference is in reference to what is ‘normal.’ This notion of ‘normal’ becomes central to the emergent model.

As defined by the diagnostic criteria of ASD, sport providers may observe social avoidance, indifference, or awkwardness in terms of social development (Furner, 2008); lack of or delays in speech, as well as the inability to initiate or maintain a conversation in terms of communication (Bahrami et al., 2015); upset reactions to changes in routine or schedules (Brownlow, 2010); and obsessive or repetitive behaviours (Anthony et al., 2013; Duchan, 1998). All are examples of the (possible) stereotyped behaviours of ASD, that are observed by sport providers, parents, and so forth. As a result, sport providers frequently expressed how adaptations (they made) were necessary for sports participation for children with ASD. The mindful adaptations made by sport providers has been previously reported in the literature (e.g., May et al., 2018; DeLude et al., 2017; Rosso, 2016). For example, May et al. found “simple adaptations employed by the program made participation possible for children with ASD” (2018, p. 140). The specific adaptations of the adapted football program in May et al’s study. included:

"ensuring the length of the activities was appropriate, the program being flexible, …allowing breaks for children to "unwind," and …using social stories" (2018, p. 137). Additionally, Dymond, Gilson and Myran (2007) highlighted that individualized programs, such as in sport, are required for individuals with ASD. In emphasizing the various ways in which they adapted or were flexible in the program, sport providers implied that these adaptations afforded children with ASD an opportunity to participate in sports. Adaptations employed by sport providers is not new with regards to sport for children with ASD. However, a novel finding from this study is the risk of adapting sport too much such that it acts to reinforce what is 'normal' for sport and children in sport.

Despite this mark of autistic difference, sport providers viewed children with ASD as children first. Chi (2014) observed the same findings in his study on the experiences of parents of children with ASD in China. In Chi's words, a child with ASD is "a child first, and a child with [ASD] second" (2014, p. 184). Both the sport providers in this study and Chi (2014) seem sincere when suggesting that children with ASD are just like any other child. As the sentiment suggests, just as other ('normal') children do, children with ASD have their own personalities as well as their own needs. In spite of this finding, I propose that the possible implications of this view are not noted. Saying that children with ASD are children first appears to be a foundational, but taken-for-granted assumption made by sport providers in that it seems to be an innocent or 'natural' expression. What is not acknowledged is how this perspective potentially reinforces the marginal position of children with ASD by suggesting that they need to or can become more like their 'typically developing' peers because they are after all children. Within the context of sport, this saying suggests that when children with ASD participate in sports, since they are children first and foremost, they should get the chance to participate in (normal things like) sports *just like* *any other child*. While it is not wrong to say such things, it is the underlying meaning and innuendos that should not be overlooked. The chance to be just (normal) children and do normal things is left unsaid but informs the justification for providing sport programming. Therefore, sport providers and professionals alike, myself included, may need to engage in new ways of thinking about and conceptualizing children with ASD, so that taken-for-granted-assumptions and the central role of 'normalcy' can be rethought and potentially lessened.

As mentioned, sport providers state that children with ASD are just children (i.e., they can be 'normal'). But their expectations are that they (children with ASD) are not 'normal.' Sport providers held particular assumptions of what children with ASD are going to be like, for example, chaotic, terror, mayhem, etc. These expectations get attached to what it means to have autistic difference. Sport providers are also then surprised that the children can in fact be 'normal' and not chaotic. This surprise and realization of the potential 'normalcy' of children with ASD serves to reinforce how 'normal' still serves as a key point of reference. These expectations or perceptions of children with ASD are also based on the infamous medical model. Linton (1998) states, "[The] medicalization of [ASD] casts human variation as deviance from the norm, as pathological condition, as deficit" (p. 11). Therefore, children with ASD are often thought as being not able to conform to the prescribed norm in either appearance or behaviour. Accordingly, it is not enough to lower expectations, as this is a quick fix or a *pro forma* acceptance for children with ASD. Instead, by adjusting expectations of what children with ASD are (i.e., chaotic, crazy, terror) and being critical of the unspoken standards against which these expectations are formed, sport providers may come to appreciate and celebrate the capabilities of children with ASD for what they are, and in turn expect more of themselves as sport providers than what was thought possible before. This can further impact the pedagogy practiced in sport for children with ASD and in particular, centralize the experiences of children with ASD.

The social construction of children with ASD as ‘different’ has implications for parents of children with ASD as well. Another consequence of this autistic difference is in the response or actions of parents when they try and construct a ‘normal’ life for their children. Parents were perceived to want their child to at least look ‘normal,’ thus resorting to withholding information about their child(ren)’s ASD diagnosis. Sport providers corroborate previous research that highlights how parents often hide or cover up an ASD diagnosis in sport (DeLude et al., 2017) and beyond (Chi, 2014; Munroe et al., 2016). Based on the interviews with sport providers, there are several possible explanations as to why parents of children with ASD may cover up their child(ren)’s ASD diagnosis. As was implied by sport providers, especially when they were cautious in using certain words (e.g., autistic, exceptionality rather than disability, and so on), one reason parents may hide or cover up an ASD diagnosis is because of ongoing stigma associated with ASD (Broady et al., 2015; Chi, 2014; Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004; Lutz et al., 2012). As a consequence, parents may feel they are being judged more critically, which may lead them to withhold the diagnosis (Bonis, 2016). Similarly, parents might believe there is a perception of lack of acceptability of children with ASD being in sport (as suggested by May et al., 2018), whether by sport providers, other parents, ‘typically developing’ children, and so forth. Furthermore, parents may have concerns that sport providers may not be able to handle their child (Moore et al., 2018) and consequently turn them away. It may be that in order to avoid judgments, parents feel pressured to downplay or deny an ASD diagnosis. Overall, the experiences of sport providers with parents of children with ASD who are perceived to be hiding or covering up their child(ren)’s diagnosis, illustrate how sport providers are still using ‘normal’ as a key construct to explain, interpret, or understand parents’ behaviours regarding the hiding or sharing of the diagnosis. What is more, in the context of sport for these sport providers, this becomes another paradox. That is, it is expected that sport providers meet the needs of children with ASD in sports (DeLude et al., 2017; Moran & Block, 2010), despite not being made aware of the specific needs.

Not only does this autistic difference have implications for sport providers and their delivery of sport, or for parents of children with ASD who actively ‘construct normal’ in the lives of their children, but there are implications of this difference also for children with ASD themselves. Particularly within sport, children with ASD constructed as ‘different’ raises issues on ‘acceptable sport bodies.’ For instance, to what extent do children with ASD strive for an ‘able-body’ ideal? Do children with ASD emulate the values of the ‘able-body’ ideal through their participation in sports? The study findings would suggest that the ‘acceptable sport body’ is a reflection of the wider social values and norms in our world (Heinemann, 1980). In other words, what constitutes an ‘acceptable sport body’ is relative to what is ‘normal’ and ‘abnormal.’ Furthermore, what is possible and not possible in sport is defined by the social norms and rules that are considered ‘normal.’ Heinemann (1980) would agree with this as he argues, “Sports is a specifically organized form of controlling and transforming the body. …[The body] is subject to various values, judgements, and controls, so sports mean something different for different social groups” (p. 51). He also adds, “[Relative to] techniques of the body [there are] ideas [which] typically exist within a society about the uses of the body and are communicated in the socialization process, how one most “effectively” and “naturally” makes use of one’s body in order to perform [in sport]” (Heinemann, 1980, p. 52). In Heinemann’s first quote, it is implied that the meaning of sport for children with ASD, who are marked with autistic difference, is not the same for ‘typically developing’ children. Children with ASD, marked by their autistic difference, may not fit the ‘able-body’ ideal. Such social norms and rules include how the body should appear and how the body should move. These norms apply also to and in sport, whereby children with ASD *in* sport would seem markedly different than - maybe even inconsistent with - the ‘acceptable sport body.’ When we underestimate what children with ASD are like or what they can do, particularly with respect to sport, they may be given few, if any, opportunities to participate. This in turn leads us to another question: how do we include children with ASD in sport (i.e., inclusive or exclusive sport), particularly if as Heinemann (1980) argues, sport is a normalizing technique?

### *5.2.2 Sport as a Normalizing Space*

With an emphasis on ‘normal’ and what constitutes an ‘acceptable sport body,’ sports participation for children with ASD moves towards sport as an intervention. This is seen in the PA literature (e.g., Ketcheson et al., 2018; Heffernan et al., 2018; McGarty et al., 2018; Toscano et al., 2018), and is comparable to what is seen in these study findings. When ASD is mainly conceived as not ‘normal,’ every decision and activity may be aimed at recovery-related or therapeutic objectives. Even if it is recognized by sport providers and parents that there is no cure for ASD, perhaps there are hopes that they could at least help children with ASD get as close as possible to ‘normal’ functioning, behaviour, communication, and so forth. Once again, acquiring these more ‘normal’ characteristics and traits clearly represents the medical model’s ideology of cure (Brittain, 2004; McGuire, 2012). Tenets of the medical model are still ever-present, in part due to the highly medicalized context (i.e., Western society) in which we live (Andrews et al., 2019; Brittain, 2004). Thus, it becomes easier to conceive of sport as an intervention, when we emphasize prevention, treatment and therapy, or cure.

The interventionist and therapeutic approach to sport was evident with regards to social skills. Specifically, most sport providers reported that children with ASD gained social skills, confidence, friendships, and a sense of belonging, in and through sport. It was presumed that participation in sports contributed to these developments. Sport providers shared that children with ASD improve their socialization since, according to the interviewees, social skills are inherent in sport. As a result, children with ASD formed new ways of being. In short, children with ASD seemed to have redefined the meaning of ASD in their lives through garnering improvements in socialization and confidence. This explains the transformation of children with ASD as they become more 'normal' in the eyes of sport providers and their parents. Though they are making 'good' improvements, these improvements are reflective of what is 'normal,' 'acceptable,' and preferred. In holding ideas of what is 'normal,' sport providers and parents of children with ASD tend to focus on the children's limitations. Thus, sport becomes instrumental for gaining these 'normal' characteristics and traits, and in turn is understood as a normalizing space.

Though, 'normal' as it is phrased above seems to suggest that it is wrong when children with ASD move towards these socially constructed and acceptable standards. However, this is not my contention. I also suspect that many children with ASD, along with their parents, would like to have a treatment or intervention that allows them to overcome some of the challenges they face. Instead, I argue that sport providers, parents, 'typically developing' children, and so forth, see children with ASD through a lens of what they consider is 'normal,' whether they are aware of it or not. For example, children with ASD who do not 'fit' into 'normal' or 'acceptable' views of the world, may be criticized at best or are excluded at worst, in and beyond sport. I, myself, have caught myself saying things like "it is not 'normal'" or "this is what is 'normal'" on the topic of disability or ASD. But I am reminded that ‘normal’ in and of itself is a social construction. Thus, a change in the discourse may be a good first step, and this is an issue that all of us involved in our world need to consider. We need to challenge Western norms - down to the language - so that children with ASD are not confined to the narrowly constructed view of ‘normal’ versus ‘abnormal’ or ‘different.’ The standard of what is ‘normal,’ such as standards of what is ‘acceptable’ in sport or ‘normal’ traits, reflect the power relations operating in our world. This highlights the need to place accountability or responsibility also on ourselves, who may be complicit in accepting what is the appearance of ‘normal.’

In viewing children with ASD from a social constructivist perspective, it is not ASD and its related conditions per se that are ‘abnormal’ or ‘deficit.’ Rather, it is the negative attitudes towards and stigma attached to the disability and ASD in particular that have socially constructed the ‘negative’ framework of their lives. The autistic difference of children with ASD should be perceived in alternative ways, for example, not just confined to the diagnostic criteria. For instance, while children with ASD would appear ‘indifferent’ due to their lack of eye contact, the child might be showing his or her sensitivity and awareness to surroundings in less-than-typical ways. Behaviour that is considered ‘impairment’ or ‘deficit’ could be regarded as the child’s idiosyncratic way of coping and knowing the world. Opening up our understanding of ‘difference,’ so that it is not just in relation to ‘normal’ might explain the child(ren)’s behaviour in a more positive and constructive way.

### *5.2.3 Making Problematic the Established Order*

A look at sport itself, in particular, how it is perceived by sport providers, was essential to understanding the meaning and experiences of children with ASD in sport. Sport for children with ASD was viewed as not ‘proper’ sport, due to reinvented games and tournaments that diverged from how traditional games and tournaments were run. Sport was also found to not be played for the sake of sport, which is inconsistent with Ohrberg (2013), who indicates that sport can provide a fun opportunity for children with ASD to enjoy active play with peers. Furthermore, unlike Western sport, most sport providers, based on the specific programs they offered, indicate that sport for children with ASD was not competitive.

Common sense views of (Western) sport tend to insulate sport itself from critical examination. However, I draw attention to the role of sport as normalizing, especially with regards to disability and ASD. While both sport and disability emphasize physicality, sport is concerned with technique and moving precisely (Fitzgerald & Kirk, 2009; Heinemann, 1980), whereas disability is a sign of deficiency (Brittain, 2004; Molina, 2014; Vaidya, 2008). Yet when in tandem, sport and disability point to a clear contradiction. According to Fitzgerald and Kirk, "sport is about developing and refining techniques, adhering to rules and engaging in competition" (p. 93). The institution of sport normalizes and legitimizes the ideology of disability versus ability. Consequently, we fail to challenge these assumptions about disability and ability in sport. Hardin (2001) brings in an important message regarding normalizing discourses: "Normalizing discourses that produce particular truths are entangled in our lives in ways that are often difficult to recognize: these truths are not a set of by-laws in a constitution; instead, they are part of everyday life" (p. 15). Sport is a normalizing force, particularly for children with disabilities, because ability, along with athleticism, skills, and techniques, come to be accepted as the 'normal' and necessary in sport. Ability or being 'able-bodied' becomes the standard for what is 'normal.' In turn, 'disabled' bodies get perceived as 'flawed' and 'less than' - less athletic, less skilled, etc. - and therefore are considered 'unfit' for sport. Donnelly states, "sport is actively involved in maintaining an unequal status quo in which more powerful groups in society retain their power over subordinate groups" (1996, p. 223). Here, the powerful groups are seen as those who are 'able-bodied,' athletic, skilled, and so forth, while the subordinate group is those who are not 'able-bodied,' for example, children with disabilities or ASD. If there is the perception that disability (ASD) is a lesser form of being than being without disability (ASD), sport for children with disabilities is by definition also less valuable compared to sport for children without disabilities.

Despite sport as a normalizing force, we see that children with ASD can participate in sport in various contexts including mainstream sport in schools or in the community, in inclusive programs, and finally, exclusive programs. Accordingly, the debate between integration versus segregation in sport for children with ASD brings up a significant issue that concerns inclusion in sport for children with ASD. With integration, the literature has shown that including children with ASD in sport alongside their 'typically developing' peers continues to disadvantage them (e.g., Arnell et al., 2018; Furner, 2008). On the other hand, it may be morally unfair to have exclusive programs (Barrow, 2001). The polarized positions of this debate do not serve the interests or needs of children with ASD in sport. This debate exposes what seems to be an unpleasant truth about sport for children with ASD. Namely, that neither integration nor segregation, of children with ASD in sport, is the be-all and end-all answer. Again, this is further complicated by the uniqueness of ASD, since ASD represents a spectrum of abilities, needs, and preferences, and therefore also necessitates a spectrum of possibilities with regards to sport. We must question how sport is practiced for children with ASD, rather than accept things as they are. The ways in which sport was described and perceived by sport providers exposes this issue more clearly. In using social constructivism particularly, I was able to ask questions about how sport is currently configured for children with ASD. I encourage other researchers to do the same, to ask questions about concepts that we think are ‘natural’ or ‘as they are.’ So far, given the mixed findings, we do not know (yet) the *best* way to include children with ASD in sport, but it is ripe for further exploration.

What is also needed is a look at intersectionality. From the data generated, sport reinforces ideas of ‘normal.’ Yet, this did not manifest with intersections with gender, race, and class. It seems there was an erasure of the gender, race, and class of the program participants or the parents, as there was no mention of it by sport providers. Admittedly, this may reflect my focus on children with ASD’s participation in sport, despite knowing there are interconnections and interdependence of social markers like ability, with other categories such as race, class, gender, etc. There is a need to transcend single-issue research, in order to better understand intersectionalities in sport for children with ASD. From the literature, there has been a limited attempt in sport for children with ASD, to explore the intersections between these categories and their different systems of oppression. For example, there may be what Stuart (1992) defines as ‘double oppression,’ as a result of the intersecting effects of gender and ability, patriarchy and ableism, and so forth. Additional research and engagement with the complexities of intersectionality are clearly needed.

In using a social constructivist lens in this study, I was able to gather perceptions of sport, children with ASD, and parents of children with ASD. I was also able to discern that many of us (i.e., researchers, sport providers, parents, etc.) are not always aware that we are actively involved in holding perceptions of sport, children with ASD, and even parents of children with ASD, in specific ways. Sport providers and parents who possibly hope that children with ASD could become more ‘normal,’ still hold onto beliefs that originate from the medical model. What is needed is a shift from believing in the medical model (i.e., a focus on cure) to beginning to see a social construction model of ASD. In this way, sport as a normalizing force can be disrupted, and sport does not have to be thought of as primarily an intervention. The view of children with ASD as a social construction seems to be incipient, but there is room for evolving perceptions among the participants. Sport providers were eager to “make a difference” in the children’s lives. While uptake of a social constructivist perspective of children with ASD may not sound like it directly “makes a difference,” sport providers may begin to reflect and acknowledge how they *see* children with ASD, and how this then may impact the sport programming they provide. For instance, what may appear as unusual behaviour is not always problematic, and sport providers and parents (and others) should not necessarily ‘correct’ these behaviours. In adopting this view, sport providers may be less focused on the children’s limitations or weaknesses and pay just as much attention to the children’s strengths and interests.

The emergent model demonstrates that perceptions of sport and children with ASD as well as parents of children with ASD are in reference to what is ‘normal’ - the approved dominant values in our world, in this particular time and context. Interestingly, based on the ways in which sport, children with ASD, and parents of children with ASD were defined or described, sport providers did not seem to be aware of their ‘construction of normalcy.’ This shows how pervasive ideas of ‘normal’ or what is ‘acceptable’ really are, even if we are not consciously aware of how we socially reproduce these very ideas. In the model, this is demonstrated by the continuous, cyclic arrows. Furthermore, it was found that sport providers, along with parents of children with ASD and children with ASD themselves, and even sport, are actively involved in maintaining what is ‘normal.’ Interestingly, while this study showed sport as a normalizing force, sport also challenged or resisted ideas of ‘normal.’ From the model, we see the beginnings of how ‘normal’ can be disrupted, particularly with sport.

### *5.3 Conclusion*

This study offered a view of eight sport providers' perspectives and experiences with children with ASD in sport. Through this study, I have found that sport providers' experiences with children with ASD in sport is uniquely constituted by their understandings of sport and of children with ASD, the interactions and relationships they have with children with ASD in the program, as well as the spatial and temporal context. I captured the sport providers' perceptions of sport, children with ASD, and parents of children with ASD. My own perceptions of sport and children with ASD are also innately embedded in this study. In this final chapter, I conclude with specific recommendations for sport providers, methodology, and future research. A number of limitations of this study are also discussed.

### *5.4 Recommendations*

As I reflect on the time that I have spent interviewing sport providers, as well my goals upon entering this research, I remember my keen interest in getting to know the sport providers' experiences, in order to better understand the experiences of children with ASD. I have heard the stories of sport providers in their various roles. I have also had the privilege of learning more about their experiences when working with children with ASD. With this privilege, I feel a sense of responsibility to pass on the knowledge I have gathered through my study by sharing a few practical recommendations. I have attempted to condense this information by organizing my recommendations into three parts: (1) recommendations for sport providers, (2) recommendations for methodology, and (3) recommendations for future research. It was through hearing sport providers that the theme 'constructing normalcy' emerged. The recommendation for sport providers focus on how to move past notions of 'normal' and how to rephrase and rethink 'normal' in relation to children with ASD. As shown in the model, children with ASD and parents of children with ASD are in this circle of ‘normal’ and are involved in the ‘constructing normalcy’ theme. Recommendations for methodology outlines how researchers may gain the perspectives of children with ASD and their parents, particularly through using various methods that meet their specific needs. Finally, recommendations for future research are concerned with once again the perspectives of parents of children with ASD, tackling intersectionality, and being more critical of sport. Thus, future research should focus on not only what is ‘normal’ but how we can resist or disrupt ‘normal.’

### *5.4.1 Recommendations for Sport Providers*

Sport providers play an integral role in providing sport for children with ASD. This study highlighted the strengths of sport providers, including their ability to adapt and be creative, work with children with a range of disabilities, including children with ASD, as well as their ability to recognize signs of ASD. Nonetheless, I offer three recommendations for sport providers, more so as take-aways, based on the findings of this study and based on what I believe is important for sport providers to consider.

It is clear that there are is a lack of ASD-specific training, knowledge, and resources available to sport providers (see also DeLude et al., 2017; Rosso, 2016). But it is also clear, at least according to those who participated in this study, that sport providers are willing to adapt and be creative so that children with ASD can participate in sports. While it may take some time to address the lack of formal training and resources, sport providers may bridge this gap by helping other sport providers firsthand. I urge sport providers to share their experiences with other sport providers (old and new). Sport providers may work one-on-one with new or incoming sport providers in their programs, or offer job-shadowing to novice sport providers. Sport providers reported a sense of pride in being able to “make a difference” in the lives of children with ASD. Sport providers may further this sense of pride by helping novice sport providers learn from their personal experiences. With each (veteran) sport provider doing their part to help, even if only a few, this gesture could grow exponentially as others engage in the same process. I do not suggest that this be a replacement to formal training, but rather as a provisional or supplemental solution.

At various points in this study I have mentioned the effects of language. Certain terms hold power and are associated with 'negative' meanings (i.e., perceived as negative). For example, 'abnormal,' disability, and ASD. They are mere words, but these very words are sometimes used in a negative or pessimistic way (or are suggestive of being negative or pessimistic). When ASD is thought of in these ways, the child(ren)'s individuality, agency, and personal qualities may be obscured by the label of ASD itself, as suggested by Molloy and Vasil (2002) (see also Chi, 2014). Therefore, I encourage sport providers to be more aware of the use of certain terms and think about the aftereffects of these terms. As language is constantly produced and reproduced, this is a small but essential step in forming more positive perceptions and social constructions of children with ASD.

Continuing with the topic of language, I recognize that there is currently a debate with regards to language and labels of ASD. Recently, there has been a push for identity-first language, compared to person-first language (Brown, 2011; Loomes, 2017). As Brown states, "In the autism community, many self-advocates and their allies prefer terminology such as "autistic," "autistic person," or "autistic individual" because we understand autism as an inherent part of an individual's identity" (2011, para. 3). Prior to starting this research, I (wrongly) assumed that person-first language was appropriate, without paying much attention what may *actually* be preferred. Additionally, I continued to use the terms disorder, disease, and condition, without realizing the meanings and differences between them. In saying this, I urge not only sport providers to re-consider their language used, but also lay persons, such as myself.

Along with being more aware of the language used, sport providers may also want to rethink what they think is ‘normal.’ As was seen in the review of the literature as well as in the study findings, the label of ASD revolves around normality. These constructions of normality influence life opportunities for children with ASD, such as in sport. By rethinking ‘normal,’ sport providers may come to recognize that the same behaviour or performance that is considered not ‘normal’ or ‘abnormal’ could instead be regarded as the child’s own way of knowing the world. In other words, the child’s unique way of interfacing with the world is understood and acknowledged as a human difference that deserves to be accommodated, rather than a disorder that needs to be fixed or cured. Rethinking ‘normal,’

> …would allow us to entertain the notion that those with, what we now call [ASD], simply have a set of characteristics of natural human behaviour on a very complex neurological spectrum that defines the human race. In other words, the realities of ASD are essentially the realities of humankind. (Molina, 2014, p. 159)

When ‘normal’ is viewed from different angles, the behaviours or performance of children with ASD in sport can have renewed and different meanings, both to children with ASD themselves and to those around them.

### *5.4.2 Recommendations for Methodology*

Apart from recommendations for sport providers, I have three specific recommendations for methodology. For this study, the eight sport providers shared their perspectives and experiences on sport and children with ASD in sport. It is important in the field of ASD research, which is largely quantitative, to continue to integrate the lived experiences of those individuals who are part of the realities of children with ASD firsthand. Doing so would ensure that quantitative research is supplemented with real-life context. Quantitative methods are not well-equipped to study the lived, subjective experiences of children with ASD, or those who live or work with them. Furthermore, the aim of generalizability in quantitative research may not be compatible due to the individualized experience of ASD. Although the nature of qualitative research does not lend itself to grand generalizations, this qualitative study and other qualitative studies alike are meant to be a catalyst to understanding the experiences for any emerging interest area. I advocate for more qualitative approaches to ASD research, since this would result in a greater understanding of the complex realities of children with ASD and their unique contexts.

As mentioned, children with ASD themselves were not interviewed or included in this study. This was justified by my lack of formal training in interviewing children with ASD, along with time constraints, and ethical concerns (e.g., ability to give informed consent). Nonetheless, in order to attain knowledge that would contribute to the development of practice relating to children with ASD, for example, the practice of sport, children with ASD need to be included in research. Knowing that there is heterogeneity in the ASD population, I cannot assume that gathering data through semi-structured interviews will be appropriate for all children with ASD. Future research should include children with ASD by having methods that facilitate the engagement of children with ASD. For example, adopting a multi-modal approach to semi-structured interviews, such as "[including] the provision of visual supports such as videos and pictures, as well as [using] Social Stories" may be necessary (see Fayette & Bond, 2018, p. 362). Briefly, Social Stories are short stories intended to help children with ASD to understand the social world. These stories "include four to six sentences that describe factual information regarding a social situation [or] possible reactions of others in that social situation" (Gray, 1995). In addition, as seen in the ASD literature in general, many studies only represent one end of the autism spectrum (HFA and Asperger's Syndrome; e.g., Anthony et al., 2017; Lopez et al., 2017; Potvin et al., 2013; Akyüz et al., 2016). Thus, having a wide array of methods would help not only in recruiting children with ASD for participation, but also in representing the wider autism spectrum. In sum, given the individualized nature of ASD, having multiple data collection methods would be important if we are to include children with ASD in research going forward.

Along with children with ASD, parents of children with ASD were also not included in this study. Recruiting parents of children with ASD proved to be challenging, and electronic means to recruit parents of children with ASD did not result in any parent participants. Besides the lack of time of parents of children with ASD, Wright (2016) suggests that they (parents) "are unlikely to make the time if they don't eagerly embrace the study goals" (para. 2). It may be that researchers, like myself, need to build rapport with parents of children with ASD first. Building connections and relationships prior to the study (e.g., volunteering in the programs, working in conjunction with the program and/or organization, etc.) may be worthwhile, as this allows parents to hear about the study from someone they know. Ultimately, recruitment efforts may need to begin at a much earlier time in the research process, in order to foster rapport, connections, and relationships with parents. While emails and online posts may not be the best way to recruit parents of children with ASD, they should not be completely discarded. Instead, similar to the recommendation of having multiple modes of participation for children with ASD, I suggest that multiple modes of recruiting parents of children with ASD may be necessary.

### *5.4.3 Recommendations for Future Research*

I make three recommendations for future research. The first is the inclusion of parents of children with ASD, and in turn exploring the ways in which they socially construct their child(ren) in and beyond sport. The second is exploring the intersectionality in sport for children with ASD, and moving beyond single-issue research. The third is looking beyond the 'positive' or 'good' of sport and providing a more critical view of sport. A more nuanced discussion of sport is needed in order to better understand the way(s) in which sport is currently configured for children with ASD. These three recommendations are discussed in detail below.

While it was my intention to interview parents of children with ASD, unfortunately, they were not included in this study. Only the perspectives of sport providers are shared here, and it would be beneficial to explore if the same findings would be shared by parents of children with ASD. Parents and sport providers have entirely different roles in the lives of children with ASD, and it cannot be assumed that sport providers and parents socially construct children with ASD in the same ways. Therefore, future research should examine also how parents socially construct children with ASD, and how this impacts sports participation for their children. In addition, future researchers should also consider including parents of children with ASD who are *not* connected to sport. In doing so, we may gain insight into a different perspective of parents' experiences overall, and a more nuanced understanding of how sport is perceived. That is, the reasons for non-participation as offered by these parents may shed light on a critical perspective of sport and how these perspectives may inform how they socially construct their child(ren) with ASD.

The information learned from these interviews can be used as a catalyst for future qualitative (and quantitative) research. One area where further research is warranted is on intersectionality. The purpose for doing this is acknowledging how certain social markers are afforded more importance across multiple contexts and at certain times. While this study explored sports participation for children with ASD, future research should identify the interconnections or interdependence of more than one social marker, such as disability *and* its intersections with gender, race, class, and so on, within the context of sport. On the topic of sport, the study also brought into question whether we can be more critical of sport. Sport providers briefly critiqued sport and mentioned that it can be a 'negative' space, particularly for children with ASD. Additionally, sport providers reported that children with ASD do participate in sports, though it is not clear as to which position, integration or segregation, is the best practice for children with ASD. It was seen through this study that children with ASD undergo changes in and through sport. By being more critical of sport as it is currently practiced, and understanding the ways in which sport is currently valued, we can further explore whether there are changes that can be or should be made with sport itself, and what this subsequently means for children with ASD.

### *5.5 Limitations of the Study*

This study was the first of its kind to identify sport providers' perceptions of sport, children with ASD, and parents of children with ASD, in relation to sport. However, two limitations were observed in this study. Both limitations are concerned with the study participants. Firstly, six of the eight sport providers were recruited from Sportville, and the overall study sample size was small. This may have caused some homogeneity of the participants. In addition, the possibility exists that the five sport providers recruited after Jesse may have been motivated to participate by the encouragement and connection they had to Jesse, who informed them about my research. Future studies may wish to have a larger group of participants, from a wider range of sport programs as well as from diverse geographical areas (i.e., outside of the GTA or Ontario). Secondly, recruitment proved to be difficult, resulting in no parents of children with ASD, despite initial plans to do so. There are several reasons I have in mind as to why I was unsuccessful in recruiting parents of children with ASD. First, even though recruitment material was made available to parents via online postings, there was no personal contact (e.g., meeting face-to-face) regarding the study. Parents were not able to put a face to my name, despite sharing several details about myself in the posts. I also assumed that online resources, such as Facebook, were high engagement sites for parents of children with ASD, but this may not be the case. Second, many parents of children with ASD have limited time (Leyva, 2017) and it becomes difficult to schedule a date, time, and place for an interview. This, was also compounded by the recent news of ASD funding in the province. Specifically, along with being taxed for time, there was news of changes to Ontario's autism program in early 2019. Funding cuts to what families of children with ASD would be allotted were announced, and this potentially led to many parents of children with ASD feeling emotionally charged (Gray & Alphonso, 2019; Jones, 2019). Since I was recruiting parents of children with ASD during this time, for these parents, being involved in my study may have not been high on their list of priorities. Overall, the limitations as it pertains to participants may limit the generalizability of these study findings; though, qualitative researchers are usually not concerned with generalizability (Myers, 2000). In short, I do not boast a focus on generalization of the findings, but rather on the details of the sport providers' experiences. Notwithstanding these limitations, the topic of sport for children with ASD, particularly their experiences in sport, is an intriguing one, which could be usefully explored in future research.

### *5.6 Concluding Statement*

> We are seen as ‘abnormal’ because we are different. …But the truth is, like everybody else, we have a range of things we *can* and *cannot* do, a range of abilities both mental and physical that are unique to us as individuals. The only difference between us and other people is that we are viewed through spectacles that only focus on our inabilities. (Shakespeare, 1998, p. 22-23, italics in original)

What strikes me in particular about this brilliant quote is the word, ‘spectacles,’ as it provides us with an analogy of how sport providers, parents, the lay person, and even I ‘construct normalcy.’ Hypothetically speaking, let us say that everyone has a favourite pair of sunglasses. When you wear your favourite pair of sunglasses, maybe they are the new Rayban Aviators, you are seeing through those particular lenses. Let us now say that you decide to buy a new pair of sunglasses, and you opt for one of Oakley’s sporty frames. You put them on, the lenses are no longer black but are chrome in colour, and the curvature seems much more prominent than your Aviators, and now the world as you look out into it is somehow ‘different.’ As Shakespeare says, we choose to view those who are ‘different’ through a particular lens. Oftentimes we do not question our views, and we just take them as they are. We are comfortable and content with the way the world looks through our favourite pair of sunglasses. This does not mean there are no other views that exist. Like another pair of sunglasses, there *is* another way of viewing individuals who are ‘different’ (e.g., children with ASD), if we choose to see them in a new or alternative way.

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Thinking back to when I first encountered ASD, when my mother would bring me to work, I admit that I looked out into the world and upon the two children under her care, with my favourite pair of sunglasses and without questioning the view. In the past, I have understood sport and children with ASD in relation to ‘normal’ based on my own experiences in sport and my experiences as ‘able-bodied.’ My positive experiences in sport, being involved in all types of sports, being a starting player in all teams, and even being a captain over the years, has made me value sport and understand sport as ‘good’ and an exciting opportunity. This has led me to previously assume that sport for children with ASD is also ‘good’ and exciting, as this is informed by my social constructions of sport and ability. When I saw that sport was missing for the two children my mother cared for, I assumed that they *needed* sport or at the very least, that sport would be valuable to them. I did not know then what I have since discovered about how we socially construct sport and children with ASD. Through the social constructivist theoretical framework, I am now more aware that there are assumptions (for example, sport as necessary for children with ASD), that I have taken up without first questioning where these assumptions come from.

It is clear that the sport providers in this study, along with myself, have perceived sport and children with ASD in reference to ‘normal’ versus ‘different.’ It also clear that for those who participated in this study, and those who participated in related studies found in the literature, that sport providers are willing to “make a difference,” take ownership of their role, and infuse mindful adaptations into their daily practice so that children with ASD can participate in sport. Their pushing through attitude and their resolve are a testament to what is possible for children with ASD in sport. I would like to note that sport providers seemed unaware that they were doing this ‘constructing normalcy,’ and this is where I believe we can all do better. Along with being aware of the social constructivist view, we all need to challenge what we take up as ‘normal,’ so that new perceptions and social constructions of sport and children with ASD may develop. As previously mentioned, social constructions are never constant, since they are dependent on the particular social context. There is an opportunity for *change* - for a renewed ‘normal.’ This story is as much about shedding light into the perceptions of sport and children with ASD as it is about sharing the stories of sport providers that provide primary insights into the meaning and experiences of sport for children with ASD. My hope is that this study provides inspiration to sport providers and parents, and all others, to rethink ‘normal’ with regards to sport and children with ASD.

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# Appendix

## Appendix A

### Participant Characteristics

| Participant Name | Age | Sex | Program or Organization Name | Position or Role |
|---|---|---|---|---|
| Roman | 48 | Male | KidoShido Martial Arts | Founder and Instructor |
| Thalia | 56 | Female | Grestway Sylvertip Goaltenders | Manager[*] role |
| Jesse | 38 | Male | Sportville | Director[*] role |
| Peter | 32 | Male | Sportville | Director[*] role |
| Reba | 57 | Female | Sportville | Manager[*] role and Coordinator |
| Alan | 23 | Male | Sportville | Placement |
| Martin | 23 | Male | Sportville | Placement |
| Liam | 25 | Male | Sportville | Manager[*] role |

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[*] Specific positions are not included to maintain anonymity.

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# Appendix B

## Recruitment Letter for Sports Providers

**Date:**

**Project Title:** Social construction of children with ASD and sport: A grounded theory approach.

**Investigator:** Joyce Magat, MSc Candidate (York University)

Dear ___________________________,

I am a Master's student working under the supervision of Dr. Yuka Nakamura in the School of Kinesiology and Health Science at York University.

I am conducting a qualitative study on sport and children with autism, in a sports setting (in the GTA). I am interested in hearing the perspectives of parents and sports providers, in order to understand what sports mean for children with autism.

As (POSITION/TITLE) of (PROGRAM/ORGANIZATION), I am contacting you because I feel that your perspective on this topic would be invaluable to my research project.

Your participation would involve an interview (~ 60 min). In return for your participation, you will be provided with $20 (cash). In addition, you may request a report of the study findings at the end of the study.

If you would like more information, please feel free to contact Joyce Magat by email or by phone. Thank you for considering this research study.

Sincerely,

Joyce Magat, MSc Candidate (York University)

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# Appendix C

## Recruitment Letter for Parents

**Date:**

**Project Title:** Social construction of children with ASD and sport: A grounded theory approach.

**Investigator:** Joyce Magat, MSc Candidate (York University)

Dear __________________________,

I am a Master's student in the School of Kinesiology and Health Science at York University (Supervisor: Dr. Yuka Nakamura).

I am conducting a qualitative study on the social construction(s) of children with autism, in a sports setting (in the GTA). Through my mother's work as a care provider for two children with autism, I saw firsthand the lack of sports programming for these children. I wish to understand why this is the case. I would like to hear your perspectives about what sports mean for your children with autism. Your participation would involve a one-on-one interview (~ 60 minutes) at a time that is convenient for you. In return, you will be provided with $20 (cash). All information you provide will be considered confidential. Your anonymity will be protected to the fullest extent of the law.

If you would like to participate or would like more information, please feel free to contact Joyce Magat by email or by phone. Thank you for considering this research opportunity.

Sincerely,

Joyce Magat, MSc Candidate (York University)

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# Appendix D

## Poster Advertisement

**School of Kinesiology and Health Science**
**York University**

**I am looking for PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) to take part in a study on sport and children with ASD.**

**Your participation will involve one interview (~ 60 min).**
**In appreciation for your time,**
**you will receive $20 cash.**

**For more information or**
**to participate in this study, please contact:**

**Joyce Magat**

**This study has been reviewed by, and received ethics clearance through a York University Research Ethics Committee.**

# Appendix E

## Informal Email

Hi *[insert name]*,

I hope you don't mind me emailing you. My name is Joyce, and I am currently a Master's student at York University. I would love to set up a meeting, either in-person or on the phone, to have a chat with you about [*program/organization*]. I found your contact on the [*program/organization*] website.

I just wanted to introduce myself properly and let you know of what I plan to do over the next couple months regarding my research project.

I am interested in exploring the context and meaning of sport for children with autism. While I will not be interviewing children with autism themselves, I am hoping to speak to parents and sport providers (e.g., coaches, volunteers, program managers or coordinators, etc.). This is not an email to recruit you for this study at this moment. There are steps I need to take to do that such as providing you with an official letter, informing you about the research process, etc. However, I did hope that by speaking with you, you may tell me a little bit about your program as well as your team.

As for *why* I am making this my project, my mother works for 2 children with low-functioning autism. Over the years she would bring me to work and what I'd come to realize is that missing from the diversity of programs for children/individuals with autism was a focus on physical activity and sport. I hope to better understand the experiences of children with autism and sport, and I think looking to parents and sport providers is a great first step in this research area.

I apologize for this lengthy email! Thank you for taking the time to read it. Please let me know if you'd be interested in chatting some more.

Thanks again,

Joyce

# Appendix F

## Recruitment Timeline

| Date | Recruitment History and Notes |
|---|---|
| January | • Called SKATU Point Club[*] president<br>  o For Sport Feature<br>  o Talked about my Master's research<br>  o Arranged an in-person meeting for February 23, 2019 (8:45 am) at the arena |
| February 15 | • Contacted 58 sport providers via email<br>  o 52 from Sportvantage[*]<br>  o 2 from Grestway Sylvertip Goaltenders[*]<br>  o 1 from Ofertas Gymily[*]<br>  o 1 from KidoShido Martial Arts[*]<br>  o 1 from Aquiloni[*]<br>  o 1 from Tinyhouse Gymnas[*]<br>• Of the 58 sport providers, 19 sport providers replied expressing they would be willing to talk/chat/meet<br>  o Head coaches, coordinators, managers, directors |
| February 21 | • SKATU Point Club[*] president cancels visit<br>  o Ethics had not yet been approved at this point<br>  o President had not received any poster/letters |
| February 22 | • Ethics approved (afternoon)<br>  o February 8 (1st revision)<br>  o February 21 (2nd revision) |
| February 25 | • Sent poster/letters to SKATU Point Club[*] president via email |
| February 26 | • Phone meeting with both GTA developers of Sportvantage[*]<br>• Sent research documents (proposal, ethics approval, poster, letters) to GTA Developers of Sportvantage[*] to be forwarded to Director |
| March 1 | • Roman from KidoShido Martial Arts[*] sets up a phone call for March 5 (between 1:00-4:00 pm) |
| March 4 | • Called Palley Proside[*] (phone number found on website)<br>  o Spoke to Palley Proside's[*] Executive Assistant<br>  o Directed to 'External Requests for Research Studies' on their website |
| March 5 | • Applied and sent research documents (proposal, ethics approval, poster, letter) to Palley Proside[*] research email<br>• Phone call with Roman |
| March 7 | • Interview with Roman |
| March 11 | • Follow-up email with GTA Developer of Sportvantage[*]<br>  o Received an automatic reply saying "out of the office" for international event |

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[*] Program and/or organization names have all been pseudonymized.

| | |
|---|---|
| March 12 | • Facebook message admin on Ontario Parents of Kids with Autism Support Group<br>• Follow-up email with SKATU Point Club[*] president<br>o No response |
| March 13 | • Follow-up email with Grestway Sylvertip Goaltenders[*]<br>o Sent poster/letters |
| March 14 | • Access granted to Ontario Parents of Kids with Autism Support Group on Facebook<br>o Posted poster/letter in the Facebook group<br>• Emailed research documents (proposal, ethics approval, poster, letter) to Autism Ontario for research posting<br>• Informal email (Appendix G) sent to Geneva Centre for Autism |
| March 19 | • Thalia from Grestway Sylvertip Goaltenders[*] sets up a phone call for March 22 (after 5:00 pm) |
| March 22 | • Phone call with Thalia |
| March 26 | • Interview with Thalia |
| March 28 | • Called GTA Developer of Sportvantage[*]<br>o Was informed that I would hear back by April 5 the latest |
| March 29 | • Called Sportville[*] GTA Head Office<br>o Inquired about the Diversified Program<br>o Was told that the Diversified Program was still offered<br>o My contact information would be forwarded to Jesse |
| April 1 | • Jesse from Sportville[*] calls me<br>o Will get me in contact with Diversified coach<br>o Will send me some resource documents<br>o Will set up a date/time for his interview |
| April 8 | • Email from Jesse<br>o Sent PDF resource documents on Sportville[*] |
| April 9 | • Received an email from GTA Developer of Sportvantage[*]<br>o Director has reviewed my research documents<br>o Needs additional documents<br>• Email Sportvantage[*] Director<br>o Ask what additional documents are needed<br>• Email from Jesse<br>o Set up interview for April 17 |
| April 12 | • Called Sportvtange[*] Director to follow-up<br>o No answer<br>o Left a voicemail labelled high-priority |
| April 16 | • Called Sportvantage[*] Director<br>o No answer |
| April 17 | • Jesse interview<br>• Jesse introduces me to his colleagues: Peter, Reba, and Alan and Martin |

---

[*] Program and/or organization names have all been pseudonymized.

| | |
|---|---|
| April 17 | • Jesse gives me a tour of the office and space |
| April 20<br>April 20 | • Re-sent Sportvantage[*] Director my research documents<br>o Research Ethics approval<br>o Research proposal<br>o Informed consent (separate but in research proposal)<br>o Interview guide for sport providers (separate but in research proposal)<br>o Interview guide for parents (separate but in research proposal)<br>o Recruitment letter for sport providers (separate but in research proposal)<br>o Recruitment letter for parents (separate but in research proposal) |
| April 23 | • Peter (from Sportville[*]) interview<br>• Reba interview |
| May 17 | • Alan (from Sportville[*]) interview<br>• Martin (from Sportville[*]) interview |
| May 28 | • Follow-up email with Jesse<br>o Asked for any additional potential participants<br>• Jesse provides the contact information for 2 potential participants |
| May 30 | • Liam (from Sportville[*]) interview |

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[*] Program and/or organization names have all been pseudonymized.

# Appendix G

## Informed Consent Form

**Date**:

**Study Name**: Social construction of children with ASD and sport: A grounded theory approach.

**Researcher:** Joyce Magat, MSc Candidate, York University, School of Kinesiology and Health Science

**Supervisor:** Dr. Yuka Nakamura, PhD, York University, School of Kinesiology and Health Science

**Purpose of the Research:** The purpose of this Master's research is to understand the meaning of sports for children with ASD. The central research question is: How does the social construction(s) of children with ASD impact their participation in sports?

**What You Will Be Asked to Do in the Research**: If you agree to participate in this study, you will complete a one-on-one, semi-structured interview (e.g., face-to-face or phone). Given your permission, you may be audio-recorded. The interview will be ~60 minutes in duration.

**Risks and Discomforts**: There is a potential risk of emotional discomfort from your participation in this study, as you disclose your personal experiences. You may discontinue your participation at any time during the study if you experience any discomfort or distress. You will be offered a list of support and crisis telephone contacts if you have been subsequently affected by the interview.

**Compensation:** All participants will be compensated with $20 (cash) for their participation in this study. Participants who withdraw from the interview will still be compensated for their participation.

**Benefits of the Research**: Participation in this study may not provide any personal benefit to you. The anticipated benefit of your participation in this study is to better understand the meaning of sports for children with ASD. The information gathered from this study may result in benefits for sports programs regarding improved planning and delivery.

**Voluntary Participation**: Your participation in the study is completely voluntary. You may decide to elave the study at any time by communicating this to the researcher. Your decision not to volunteer will not influence the relationship you may have with the research team or the nature of your relationship with York University either now, or in the future.

**Withdrawal from the Study**: You can stop participating in the study at any time, for any reason, if you so decide. If you decide to stop participating, you will still be eligible to receive the promised pay for agreeing to be in the project. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, York University, or any other group associated with this project now, or in the future. In the event you withdraw from the study, any information you provided up to that point will not be used.

**Confidentiality**: The information you share will be kept confidential. Identifying information will be removed from the transcripts and any audio recordings will be deleted. Transcripts, notes, memos, and other electronic data will be retained for three years, after which they will be destroyed. Data will be stored in an encrypted folder on a password protected laptop belonging to the researcher. Only the researcher and supervisor will have access to the data. No identifying information will be used in my thesis or any presentations or publications based on this research. Confidentiality will be provided to the fullest extent possible by law.

**Questions About the Research?** If you have questions about the research in general or about your role in the study, please feel free to contact Joyce Magat either by phone or by email or Dr. Yuka Nakamura by phone or by email. You may also contact the graduate program in Kinesiology and Health Science by email. This research has been reviewed and approved by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, York Research Tower, York University.

**Legal Rights and Signatures**:

I *(                                        ),* consent to participate in the study: *Social construction of children with ASD and sport: A grounded theory approach* conducted by Joyce Magat. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

I consent to being digitally audio recorded. ☐ yes ☐ no

**Signature** **Date**
Participant

**Signature** **Date**
Principal Investigat

# Appendix H

## List of Support and Crisis Telephone Contacts

Toronto Distress Centres
(416)-408-4357 or 408-HELP

Gerstein Centre Crisis Line
(416)-929-5200

- Service borders: south to the lake, north to Eglinton, and then north to Highway 401, east to Bayview to Danforth and then to Victoria Park, west to Islington Ave

Mental Health Helpline
1-866-531-2600 (Toll Free)

- Area served: Ontario

# Appendix I

## Interview Guide for Sports Providers

### Introduction

Before we begin, I want to thank you for taking the time to talk with me today.

For my Master's project, I am interested in understanding the meaning of sports for children with autism spectrum disorder (ASD). To do that I will be interviewing parents as well as sports providers, like yourself.

This interview is expected to last ~ 60 minutes long. I will also be taking notes during the interview.

Here is the informed consent form. I ask that you read it in its entirety and before signing, you know fully what it says. Any identifying information you provide will not be included in any final write-up, publication, or report. You may decline to answer any questions and you can withdraw at any time during the interview.

Before we begin, do you have any questions for me? Please stop me as needed if you do.

### About you

1. What is your age?
2. What is your current position?
3. How long have you been with *[program/organization]*?
4. Tell me about the type of sports programming you offer.

### Experiences with the sport program

5. What are your responsibilities as a *[title/position]*?
6. Can you describe the motto or core values of this program?
   a. How are these values put into practice through your role and through the program?
7. Tell me what a typical day looks like for you.
8. What would you say is the most challenging part of your role as *[title/position]*?
9. What would you say is the most rewarding part of your role as *[title/position]*?
10. Describe your favourite memory here at *[program/organization]*?
    a. What makes it stand out for you?
11. Describe a memory of a challenging experience here at *[program/organization]*, and what you learned.
12. What kind of impact do you think *[program/organization]* has for children with ASD?

### Interactions with children with ASD

13. Tell me what it is like interacting with children with ASD.
    a. How have you prepared yourself for working with children with ASD?
14. Without disclosing any names, tell me about the types of children you see at *[program/organization]*.
15. Tell me about an interaction between you and a child with ASD that sticks out in your mind.
16. How do you think the children with ASD perceive you?

**Interactions with others**

17. How often do you meet and interact with the parents of children with ASD?
    a. What do you feel is important to communicate to parents?
    b. What are you mindful of when communicating with parents?
18. *(If applicable)* What are some of the topics/issues that come up in your discussions with parents of children with ASD?
19. How often do you and other service providers at *[program/organization]* interact with one another?
    a. *(If applicable)* Can you give me an example of a program-related discussion you have between you and your colleague?
20. Can you describe the work atmosphere of you and your colleagues here at *[program/organization]?*

**Sports participation**

21. How would you define/describe sports?
22. What kind of sports do you think are most suitable for children with ASD?
    *a. (If team sports)* Why *[sports name]*?
    *b. (If individual sports)* Why *[sports name]*?
23. Tell me why you think sports for children with ASD are good/appropriate.
24. Tell me why you think sports for children with ASD are not good/inappropriate.
25. What are some barriers to sports participation for children with ASD?
26. What is the registration process like to enroll a child with ASD into *[program/organization]*?

**About the space**

27. Tell me about the (sports) space where you offer the program.
    a. How large is the space?
    b. How many people can fit in the space?
    c. In what ways does *[program/organization]* accommodate for the needs of children with ASD?
    d. Is there anything that you would change?
28. What would be the ideal space? (e.g., lights, colours, etc.)
29. If you could run this program the way that you want, how would you run/design it?

**Role of service providers**

30. What makes a ‘good’ sport provider?
31. Tell me about another service provider (i.e., not yourself) who stands out in your mind.
32. What does it mean to you to be a service provider for children with ASD?
    a. What would you do more/less of?
33. What are 3 things you would advise a new service provider when working with children with ASD?

**Closing**

34. Is there anything else that we have not discussed that you would like to talk about?