Exploring Intersections between Disability and Sex: Social Representations of Disabled Women in Malta

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Abstract

The representations that society has of disabled women have implications and consequences that can be pervasive and can greatly impact their lives in a number of tangible ways. Through this study I explore the social representations of disabled women in Malta held by non-disabled people and disabled women themselves. This study is underpinned by three theoretical frameworks, which are social representations theory, intersectionality theory and the social model of disability. The study consists of two phases. In the first phase I adopt 'a concurrent embedded strategy', which consists of a survey (N = 526) and four focus groups, with participants who do not identify themselves as disabled people. The second phase consists of fourteen repertory grid technique interviews carried out with disabled women. The data from the survey is subjected to inferential statistical analysis and multi-correspondence analysis, whilst the data from the focus groups is analysed using thematic analysis. The data from the repertory grid interviews is analysed using an adaptation of the core-categorization method of analysis. The triangulation of data from both phases of the research yields ten social representations of disabled women, which are: (i) the eternal child, (i) angels in our midst, (iii) fragile, (iv) 'imsieken', (v) 'immankati', (vi) charity cases, (vii) losers in the lottery of life, (viii) participants in an obstacle course race, (ix) equal but different, and (x) resilient warriors. This study illustrates that some of the social representations which were prevalent in the 1980s are unfortunately still impeding the lives of disabled women in Malta today. However, the disabled women who participated in this study do not hold the majority of these social representations and are working towards deconstructing them and eventually creating new ones.

Keywords: disabled women, social representations, intersectionality, sex, disability

To my son Gianni

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

CATI	Computer Assisted Telephone Interviewing
CAPI	Computer Assisted Personal Interviewing
CRPD	Commission for the Rights of Persons with Disability (Malta)
DPI	Disabled People's International
IVF	In-Vitro Fertilization
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual
LSE	Learning Support Educator
MCA	Multi-Correspondence Analysis
MFPA	Malta Federation of Professionals Associations
MSL	Maltese Sign Language
NCPD	National Commission for Persons with Disability
NSO	National Statistics Office
PHRF	Physically Handicapped Rehabilitation Fund
PPS	Purchasing Power Standard
RGT	Repertory Grid Technique
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UPIAS	Union of the Physically Impaired Against Segregation
USB	Universal Serial Bus (Stick)

CHAPTER 1
DISABLED WOMEN: A CONTEXTUAL INTRODUCTION TO THE STUDY

1. Disabled Women: A Contextual Introduction to the Study

Background of the Study and its Motivations

The aim of this study is to find out how disabled women are viewed by Maltese society, including by Maltese disabled women themselves. Through this study, I am exploring the social representations of disabled women in Malta. I have chosen to focus my studies on Maltese disabled women due to my own insider experience of living in Malta as a disabled woman with an acquired impairment and being active in the disability sector. The disability rights movement and disability scholars agree that representation of disability and disabled people matters (e.g. Jeffress, 2021; Wilde, 2022; Worrell, 2020). The public portrayal of disabled women and the representations that society has of them have implications and consequences that can be pervasive and can greatly impact the lives of disabled women in a number of tangible ways (Soorenian, 2014). As a disabled woman living in Malta, I very much believe that policies and practices which shape disabled women's lives are very often constructed by people who have uncritical and stereotypical ideas about disabled women. Therefore, it is important to understand the origins and significance of what people generally think about disabled women because those thoughts – which will be referred to from here on as *representations* – will likely shape the policies and practices and everyday encounters which construct disabled women's lives.

Representations held in the minds of others will tend to for example, determine whether disabled women, including myself, will have a positive encounter when accessing services, going to the shops, or going to hospital. The impact of these representations on disabled women's lives does not only

determine policy and practices but also influences the way in which ordinary people respond to and engage with disabled women on the street and in our every day to day lives. What do Maltese people think when they see disabled women going about their everyday lives? What do they think when they see disabled women going to the shops? What do they think when disabled women try to access services or go to the theatre? What do students think of having a female disabled academic lecturing them? What do Maltese people think when they see a disabled pregnant woman? The experiences of disabled women are not constructed in a vacuum but are constituted through the representations held in the minds of others. These representations shape policy. They also shape disabled women's lives and that is why it is arguably imperative to carefully research them through the auspices of this thesis.

There are two core issues in this thesis:

- The general public's representations of disabled women, and
- The disabled women's own representations of other disabled women.

In the 1990s, a pivotal connection between psychology and disability studies emerged, catalysed by a seminar series on disability research production funded by the Joseph Rowntree Foundation (Disability & Society, 1993). This initiative set the stage for the launch of undergraduate and masters courses which integrated psychology and disability studies, led by Michele Moore at Manchester Metropolitan University. These courses, unparalleled in both the United Kingdom and international landscape, marked a significant milestone in the interdisciplinary collaboration between psychology and

disability studies, offering a unique education opportunity at the intersection of these two disciplines (Disability & Society, 1992).

I am conducting this study from the lens of the theory of social representations. This theoretical framework is one of the principal theories of social psychology. I also draw strongly on the social model of disability and other theories from disability studies. My study is also underpinned by intersectionality theory and its application to disabled women. I brought together the disciplines of psychology and disability studies in order to answer my research questions below.

I have a first degree in psychology, through which I was exposed to the theories of social psychology, such as social representations theory. Having had already acquired my impairment and chronic condition, during my studies I was particularly intrigued by how social psychology could be applied to the experience of disability. I later read for a Master's in Disability Studies and during my studies I realised that the influence of social psychology is not always adequately taken into consideration when exploring the lives of disabled people and the phenomenon of disability. Thus, through this study my aim is to bring these two disciplines together in order to understand the experiences of disabled women better. My belief is that both disciplines can be usefully combined to bring different perspectives which can improve the lives of disabled people, particularly disabled women.

I have decided to focus specifically on social representations of disabled women because the marginalisation of disabled people has often been addressed through sociological or legislative processes, but very rarely through social psychological processes such as a focus on social representations will

allow. Some scholars have pointed out that very often the potential contribution of social psychology to the understanding of disability has been overlooked (Dirth & Branscombe, 2018; Dunn, 2015, 2019; Mona et al., 2017). Social representations lie at the core of attitudes, perceptions and behaviours of groups of people (Moscovici, 1961/2008). Thus, social representations of disabled women are a valuable framework to identify lay people's common assumptions about disabled women. The identification of social representations of disabled women will enable society to understand society's attitudes towards them. In turn, recognizing differing attitudes towards disabled women will help in proposing suggestions to policy-makers which may eventually improve the wellbeing of disabled women in the Maltese islands. The identification of social representations of disabled women will also contribute to the knowledge about disabled women and their lives.

This thesis also represents a commitment to continue building on the legacy of the work of disabled female academics who have critically engaged with defining, understanding and explaining the experience of impairment and disability in disabled women's lives, such as Garland-Thomson (1997, 2002, 2017), Morris (1991a, 1991b, 1996, 1998), Thomas (1997, 1999), and Wendell (1996, 2006), amongst others. Having been particularly inspired by the work of the late Carol Thomas (from 1999 to 2022), I am motivated to continue building on her legacy by researching about the impact that society has on the lives of disabled women, having become one myself.

I am well placed to carry out this research on account of my professional background as well as my own personal experience. From a personal standpoint I identify myself as a disabled woman, having acquired a mobility

impairment and a chronic illness in my early twenties. Thus, my own personal experience and quest for knowledge have both been the driving force behind my interest in the representations of disabled women. Being a disabled researcher researching about disability is similar to feminist researchers researching women's experiences (e.g. Chmielewski & Yost, 2013; Holdsworth, 2015; Naples, 2013). This kind of research is known as *insider research* (Berkovic et al., 2020; Greene, 2014; Unluer, 2012) and it is when the researcher chooses to study people like her or people in her community. Insider research is not a new phenomenon and has flourished in recent years (e.g. Aburn et al., 2021; Beckwith & Drake, 2022; Hoffman & Barker, 2017; Nelson, 2020). Although some researchers question its level of objectivity, Bonner and Tolhurst (2002) and Chavez (2008) claim that this kind of research has its advantages and there is value in conducting insider research. Some of the advantages include having a greater understanding of the community one is researching about and having an already established rapport with the community (Bonner & Tolhurst, 2002). These two advantages will aid in both the production and the judgement of truth. Thus, for this research, particularly when exploring the representations of disabled women about other disabled women, the element of insider research will allow me to have a more meaningful engagement with the participants.

From a professional standpoint, my experience of previously working as a manager at the Commission for the Rights of Persons with Disability (CRPD) and my experience of being a disability rights activist have enabled me to engage with a considerable number of Maltese disabled women. These work opportunities had made me realize the nuanced discrimination disabled women

tend to experience as a consequence both of their sex as well as their disability. My personal interest in the lives of disabled women led me to question the root causes of discrimination experienced by such women. Therefore, this research will enable me to improve both my professional and personal knowledge as well as my understanding of the experiences of disabled women as they are perceived by society and by themselves.

As a researcher I am aiming to look at how the combination of being a woman and being disabled is perceived by society. From my personal experience I have come across several comments revealing representations which negatively impact all disabled women, myself included. For example, in my early years at university after applying for an internship, one human resources manager had told me, “It’s ok, I have told them [other managers] that you do not have an intellectual disability and that your impairment is only physical”. Similarly, after acquiring my impairment, my husband has often been told, “Oh you must already have a reserved place in heaven for marrying her”. Thus, it is undeniable that social representations play a strong role in constructing disabled women’s lives and their experiences.

As a disability rights activist my intention is not simply to produce an academic doctoral thesis but also to create change through my research production. I recognize my own positionality in relation to the focal research which comes with the privilege of having been a non-disabled woman as I grew up in Malta. This fundamentally changes the power of my agency in relation to possible commentary on these issues because I have not experienced the exclusion from mainstream education unlike some of my contemporaries who were born with congenital impairments. However, I fully intend to try to optimize

all aspects of my experience to bring about change through the findings of this thesis. I am therefore aiming to carry out a research project which will have transformative potential for disabled women in Malta. I would like the thesis to impact policymakers and practitioners as well as ordinary people who come into the lives of disabled women. I would also like the thesis to positively impact my own life and the lives of other disabled women.

Overview of the Chapter

I started this introductory chapter by providing a backdrop to my research by stating how, through my professional and personal experience, I became interested in experiences and representations of disabled women. I also stated my intentions to carry out this study as a researcher and as an activist for disability rights. In the following section I put forward the research questions and the aims of the research followed by the definitions of the terms *disability*, *impairment* and *disabled women* as they will be adopted throughout the whole research project. Subsequently, I give an introduction to the subject of intersectionality, in particular the intersection between disability and sex with reference to disabled women. Since this study is set in Malta, I then provide a description of the context in which this research is being held, including a description of the history of the disability movement in Malta and a brief section on disabled women in the Maltese context. Following on from these contextualizing discussions, I move on to briefly introduce the main core research phases pertaining to this project, namely survey and focus groups conducted simultaneously in Phase One, and repertory grid interviews in Phase Two. Finally, an overview of the whole structure of this thesis is presented.

Research Question, Aim and Objectives of the Research

The research question for this study is:

What are the social representations of disabled women held by non-disabled people and disabled women in Malta?

The aim of this research is to elicit social representations that Maltese society, including disabled women themselves, have of disabled women. More specifically, this research aims to gather, present and discuss qualitative and quantitative data about representations of disabled women. This study is primarily guided by the theory of social representations and will also draw on the social model of disability and the theory of intersectionality. All three theoretical frameworks will be further discussed in more detail in the following chapter.

The objectives of this research project are therefore:

- To present, analyse and discuss quantitative and qualitative data, through adopting a mixed-method approach, revealing the representations Maltese people hold of disabled women.
- To present, analyse and discuss qualitative data about the representations that Maltese disabled women have of other disabled women.
- To triangulate the qualitative and quantitative data from Maltese non-disabled people and Maltese disabled women to reveal the social representations of disabled women in Malta.
- To identify the impact that these social representations can have on disabled women in Malta.

- To identify and propose suggestions for policy, practice and activism with the aim of improving the wellbeing of disabled women in Malta.

Clarification of Terms

This study is underpinned by a social interpretation of disability. The terminology used in this study shall therefore reflect this interpretation. For this reason, the distinction between *disability* and *impairment* as put forward by Oliver (1990a) through the social model of disability and as previously adopted by Disabled People's International (DPI) (1982) will be used for this research. *Impairment* is taken to mean "the functional limitation within the individual caused by physical, mental or sensory impairment" (DPI, 1982, p.105) and *disability* to mean "the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers" (DPI, 1982, p.105).

I will also be using the term *disabled women* instead of the term *women with disabilities*. Since this thesis is underpinned by the theory of intersectionality, as will be elaborated further upon in the next chapter, I am of the belief that disability should be given the same status as other identities such as sexuality, race and ethnicity, amongst others. Therefore, in agreement with Marks (1997, p. 85), in the same way as we would not talk about 'people with black skin', or 'people with heterosexual tendencies', I will not be using the term 'person with disability'. Instead, I will be using the term 'disabled women'.

I shall also adopt the definition of *disabled people* as put forward by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2006), thus the term *disabled people* shall "...include those who have long-term physical, mental, intellectual or sensory impairments which in

interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UNCRPD, Article 1, 2006).

Although I will be using the distinction between *disability* and *impairment* as put forward by Oliver (1990a), I also acknowledge that some impairments can have bio-social effects. Thus, for this thesis, I will also be using the term *impairment effects* as put forward by Thomas (1999, 2012, 2019). Throughout this thesis, the term *impairment effects* refers to,

> …the direct and unavoidable impacts that 'impairments' (physical, sensory, intellectual, emotional) have on individuals' embodied functioning in the social world. Impairments and impairment effects are always biosocial and culturally constructed in character and may occur at any stage in the life course (Thomas, 2012, p. 211).

Furthermore, I will be adopting the use of the term *sex* rather than the term *gender* throughout this study. The decision to use the term *sex* instead of *gender* is grounded in the need for precision and clarity. Sex typically refers to the biological and physiological characteristics that distinguish male from female, encompassing aspects such as reproductive organs and chromosomal composition (Miller, 2016). In the context of a study on social representations of disabled women, it is my contention that *sex* and *gender* are not to be used interchangeably, or simplistically, since this compounds the oppression of disabled women and girls who are natal females. Biological sex inescapably shapes disabled women's experiences throughout life (Hosseinpoor et al., 2012; Thakral et al., 2019; Wheaton & Crimmons, 2016). In the context of disabled women, understanding the influence of biological factors on social perceptions becomes crucial as these factors may intersect with disability

experiences and shape societal attitudes. In addition, since I would like to explore the theme of motherhood and disabled women through the lens of my own experience, it is necessary to engage with reference to the physically sexed female body.

Employing the term *sex* aligns with the recognition that disability can intersect with a variety of identities and experiences. By focusing on the biological aspect, the study acknowledges the potential impact of both visible and invisible disabilities on individuals, recognizing that the social representations may be shaped not only by the gendered expectations placed on women but also by the specific challenges associated with disability. While *gender* encompasses sociocultural roles and expectations, using the term *sex* in this study emphasizes the importance of investigating how the biological aspect intersects with disability to influence societal perceptions. Choosing to define women according to gender would be denying the material reality of women's biologically embodied experiences. This deliberate choice in terminology aims to provide a nuanced understanding of the multifaceted factors shaping the social representations of disabled women, promoting a more comprehensive analysis of the intersectionality between sex and disability in people's representations of disabled women. Thus, throughout this thesis, the term *disabled women* refers to biologically sexed females who have long-term physical, mental, intellectual or sensory impairments and who, in interaction with the various barriers they encounter, are hindered from participating fully and effectively in society on an equal basis with other non-disabled individuals.

Disabled Women: At the Intersection of Disability and Sex

Disability is not limited to a particular group of people and neither are disabled people a homogenous group. Disability is not specific to men, women, young or old, people of particular sexual orientations, ethnicity, culture or religion, people of particular educational levels, and people from particular classes of society (Smith, 2015; Withers, 2012). Disability can occur to anyone. It can also intersect with other interdependent systems of discrimination or disadvantage, such as sex as it is the case for disabled women (Brown & Moloney, 2019; Frederick & Shifrer, 2019; Horner-Johnson, 2020; Moodley & Graham, 2015).

Intersectionality is defined as being a simultaneous member in multiple social categories due to which one may experience discrimination or even privilege (DeFilippis, 2015; Else-Quest & Hyde, 2016). The concept of intersectionality was first coined in the late 1980s by Crenshaw (1989) with particular reference to black women highlighting their disadvantage and cases of discrimination due to their race and sex. The same theory has since been applied to a number of other minority statuses including gender, sexual orientation, class, religion, ethnicity and disability (e.g. Al-Faham et al., 2019; Binyamin, 2022; Cooms et al., 2022; Lewis & Grzanka, 2016; Rosette et al., 2018). This study will look at the social representations of disabled women who are at the intersection of various forms of disadvantage and discrimination as a result of their sex and disability (Chowdhury et al., 2022; Council of Europe, 2022; Schiek & Lawson, 2011).

Barnes and Mercer (2010) acknowledge that most of the initial focus and research on disability centered on disability as the only dominant identity. In

their book *Exploring Disability* they refer to the focus on the dominant issue of disability as a "false universalism" (p. 85) because people rarely have only one identity. Other scholars (e.g. Fine & Asch, 1988; Frederick & Shifrer, 2019; Moodley & Graham, 2015; Morris, 1991a, 1991b, 1996, 1998; Naples et al., 2019; Powis et al., 2022; Saxe, 2017; Thomas, 1997) argue against the presumed homogeneity of the experience of disabled people and point out the importance that studies incorporate the intersection of disability with other identities such as sex and race.

Disabled women often experience what is referred to as *double discrimination* (Arnardóttir & Quinn, 2009; Thakur, 2020) or *simultaneous oppression* (Ghosh, 2015). Wendell (2006), a disabled female scholar, aptly describe the nuanced experience of disabled women as a struggle due to living in societies which are dominated by men and being disabled in societies which are governed and managed by non-disabled people. Research has not always acknowledged this struggle with scholars of disability studies and women's studies having been slow in researching and examining the multiple social processes which underpin the unique experiences of the marginalization of disabled women (Isrealite & Swartz, 2018; Kim et al., 2020). This, in turn, has led to the experiences of disabled women having been overlooked over the years (Council of Europe, 2022; Quinn & Degener, 2002; Soorenian, 2014).

In the few early contributions to literature on the experiences of disabled women, Campling (1979, 1981) drew attention to the obstacles encountered by disabled women in significant areas such as relationships, sexuality, motherhood, education and employment. A decade later, Fine and Asch (1988) who developed an early theory of the female experience of disability, claim that

disabled women are still exempted from both the productive role usually attributed to males and from the nurturing role usually attributed to females, thus having the “glory of neither” (Fine & Asch, 1988, p. 13). Almost a decade later, Blackwell-Stratton et al. (1997, p. 520) continue building on Fine and Asch’s (1988) argument and claim that this reality leaves disabled women feeling like “social nomads”. Three decades later, Isrealite and Swartz (2018) refer to another quote by Blackwell-Stratton et al. (1997) which states that, “For the disabled feminist, neither the disability movement nor the women’s movement fully address her concerns” (p. 307) and claim that in the 21st century this is still a reality for disabled women.

Disabled women are still at a disadvantage when compared to disabled men and non-disabled women. According to the National Women’s Law Center (2016) and to other studies conducted the world over, disabled women are still more likely to experience poverty in comparison to disabled men (European Institute for Gender Equality, 2021; Groce et al., 2014) and are less likely to have access to full-time and stable employment (Doren et al., 2011; Kim et al., 2020). Disabled women are also less likely to have access to rehabilitation and adequate healthcare (Dobos et al., 2015; Gibson & Mykitiuk, 2012; Matin et al., 2021) and are more likely to experience higher levels of depression due to a number of adverse factors (Mitra et al., 2016; Noh et al., 2016). Experiences of harassment and sexual abuse both in public and in private are also more pronounced for disabled women than for disabled men or non-disabled women (Krnjacki et al., 2016; Plummer & Findley, 2012). Disabled women are also more likely to remain in an abusive (often heterosexual) relationship for fear of losing financial and caring support (Hague et al., 2011) and are more likely to

be concerned about losing custody of their children to their non-disabled partners (Jacob et al., 2017; Malacrida, 2009). The adverse situation for disabled women has been further exacerbated by the Covid-19 pandemic (Lisney et al., 2020).

Notwithstanding the stark disadvantages experienced by disabled women, their experiences of nuanced discrimination continue to be largely under researched across Europe, including Malta. As an example, in its report on the EU Disability Strategy, the European Economic and Social Committee (2021) has commented that there is a lack of specific actions which address the needs of women and girls with disabilities. They specifically refer to a lack of actions particularly related to tackling violence against women and girls with disabilities. Ensuring equal treatment and eliminating the discrimination experienced by disabled women continues to be a struggle because underlying the discriminatory treatment of disabled women are negative attitudes and prejudices (Fisher & Purcal, 2017). The negative representations and attitudes experienced by disabled women are primarily due to lack of awareness about disability and the experiences of disabled women amongst the general public and professionals (Smeltzer et al., 2016; Thiara et al., 2011). In response, governments and organizations across the world have implemented a number of projects and policies to improve society's attitudes towards disabled people. Examples of these projects and policies include the introduction of inclusive education with the aim of ameliorating the attitudes of non-disabled children towards their disabled peers (Crabtree & Rutland, 2001); training and support programmes for employers to address attitudinal barriers at the workplace (Fisher & Purcal, 2017); training and awareness raising amongst health

professionals (Shakespeare & Kleine, 2013); and the introduction of anti-discrimination legislation across a number of countries such as the Americans with Disabilities Act (1990) in the US, the Equality Act (2010) in the United Kingdom, and the United Nations Convention on the Rights of Persons with Disabilities Act (2021) in Malta, amongst others. Yet, the effectiveness of these projects and policies continue to be questionable since disabled women continue to experience attitudinal barriers and major environmental obstacles in exercising their rights and living full lives in the community as mentioned above.

The study of social representations of disabled women can be one of the frameworks which can be used to understand discrimination as experienced by disabled women and girls. Studying the social representations of disabled women can lead to improving their wellbeing whilst at the same time securing their independence, autonomy, participation and social integration. Only by understanding the social representations of disabled women, can we then move on to work on changing society's attitudes and behaviours towards disabled women.

The Maltese Context

Malta is a small island centrally located in the Mediterranean Sea with a population of 519,562 people (National Statistics Office, 2022). Malta has been a member state of the European Union since 2004 and has three official languages, that is, Maltese, English and Maltese Sign Language. Maltese Sign Language was only made an official language recently through the passing of the Maltese Sign Language Recognition Act by Parliament in 2016. Families in Malta are still considered to be relatively close knit and notwithstanding the many recent legal changes, such as the introduction of divorce in 2011 and gay

marriage in 2017, Malta still holds a strong religious influence when compared to the majority of other European countries (Abela, 2016). A social change which has greatly impacted the family dynamic in Malta is the rapid increase in the number of women entering the labour market (Cole, 2019). The development of the disability sector in Malta is considered to have been rather slow in comparison to mainland Europe. Camilleri (2006) claims that disabled people in Malta "…only began to come out of the cellars, literally in some cases" about 60 years ago (p. 2).

Data related to disability and disabled people in Malta is scarce and incomplete. According to the National Census of Population and Housing held in 2011, disabled people in Malta constitute 7.23% of the total population, whilst disabled women consist of 3.5% of the total population. For this census, the definition and classification of impairments was formulated in accordance with the International Classification of Functioning, Disability and Health (ICF) (World Health Organization [WHO], 2001). Another Census of Population and Housing was held in 2021, however at the time of submission, only the preliminary report has been published and it does not include the number of disabled people and the number of disabled women residing in Malta. According to personal communication with the Director for Investigation, Compliance and Enforcement at the Commission for the Rights of Persons with Disability (CRPD), the number of disabled persons voluntarily registered with the Commission is 23,539, of which 11,566 are registered as female (B. Busuttil, personal communication, September 12, 2022). According to this data, 4.56% of the total population is voluntarily registered with CRPD as having an impairment, of which 2.25% are female. According to the latest EU-

SILC data of 2021, the total number of people who claim to have limitations on their activities due to health problems and chronic conditions is 71,698, of which 54.7% are female (NSO, 2023).

A Brief History of the Disability Movement in Malta

Most of the interest in disabled people and their families in Malta dates back to less than 70 years ago and was originally generated by institutions run by the Catholic Church. In the early 1900s till the late 1940s, most disabled people in Malta were unseen and unheard (Azzopardi, 2012). There were also reported instances of disabled people having been kept hidden away in cellars or cowsheds away from their communities, due to the intense shame and stigma that was associated with disability (Cuschieri, 1995). This was mainly because living on a small island, families considered it to be vital to maintain what was considered “a façade of normality” and to hide away any perceived form of deviance, such as a disabled member of the family, from the rest of the community (Camilleri & Callus, 2001, p. 80). For a long time, disabled people in Malta continued to be considered as burdens that the family had to bear and the stigma associated with disability tended to affect the whole family and not just the individual with disability (Camilleri & Callus, 2001).

The late 1940s saw the very first beginnings of a new era for disabled people in Malta when Monsignor Mikiel Azzopardi, a Catholic priest, brought disabled people into public focus. This was done in two ways: firstly through a weekly radio programme which was called ‘Is-Siegħa tal-Morda u l-Ħandikappati’ (The Hour of the Sick and the Handicapped) and secondly through the setting up of the first residential institution named as ‘Dar tal-Providenza’ (Providence House) for severely disabled people in 1965

(Cuschieri, 1995). The year 1947 saw the setting up of the Physically Handicapped Rehabilitation Fund (PHRF). The setting up of this fund was initiated by a small group of Maltese non-disabled people and British expatriates with the original aim of helping disabled people affected by polio (PHRF, 2013a). The ethos of the fund is still very much based on the individual model of disability and on presenting disability as a personal tragedy (PHRF, 2013b). This is one example of an organization set up 'for' disabled people as are most of the organizations still working within the disability sector in Malta at the time of writing, with the exception of a few organizations which are 'of' disabled people (Callus, 2014).

A significant event for the disability movement in Malta took place in 1987 with the setting up of the National Commission for the Handicapped. In 1994 the commission changed its name to the National Commission for Persons with Disability (NCPD) and for the first time since its inception a disabled person, Mr Joseph Camilleri, was appointed as its Chairperson (NCPD, 2012). More recently, the same commission, through an amendment to the Equal Opportunities Act on 6th May 2016, became known as the Commission for the Rights of Persons with Disability (CRPD). It must be noted, however, that unlike many other countries where change was driven forward by disabled people themselves, in Malta, the establishment of the National Commission for the Handicapped in 1987 and other services for disabled people were mostly an outcome of strong lobbying carried out by parents of disabled children who were displeased by the medical model of disability (Camilleri & Callus, 2001).

Another significant event which helped improve the lives of disabled people and their families was the setting up of Agency Sapport – a government run agency offering numerous support services to disabled people and their families – in 1996. The setting up of the agency followed a proposal made by the National Commission Persons with Disability, and discussions between the Social Welfare Development Programme, the Commission, and the Social and Family Affairs Directorate (Galea-Curmi, 1997). The first and only social work service for disabled people based on the social model of disability and on the concept of viewing disabled persons as valuable members of society with rights, including the right to make informed choices, was also set up within Agency Sapport and continues to run to this day (Azzopardi, 2009; Galea-Curmi, 1997). Over the years, the Agency has continued to expand its services and today it includes the running of residential and respite homes for disabled people, community services, and the provision of sign language interpretation services, amongst others (Agenzija Sapport, 2023). A project which also eventually led to the development of a number of services for disabled students, such as the provision of learning support educators in schools, was an Action Research Project set up in 1992. The aim of this project was to collect data about the incidence of impairments amongst the Maltese population, particularly in children. The project came to an end in 1994 and the findings of the project were later used to set up action plans for the benefit of disabled people (Azzopardi, 2004, 2009).

Another momentous achievement for disabled people in Malta and for the Commission for the Rights of Persons with Disability was the enactment of Act I of 2000, the Equal Opportunities (Persons with Disability) Act through the

Malta House of Representatives, which was Malta's first and only disability anti-discrimination legislation. CRPD was also instrumental in setting up other services for disabled people and their families such as the blue badge for disabled parking spaces, tax exemptions on adapted cars, and subsidies for disabled people to make their homes more accessible (NCPD, 2012).

Another milestone of great significance for disabled people in Malta was Malta's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in October 2012 which came into effect in November 2012. Upon ratification of the UNCRPD, the Commission for the Rights of Persons with Disability became the independent mechanism for the Convention with the responsibility of promoting, protecting and monitoring the implementation of the same convention (NCPD, 2013). In August 2021, the United Nations Convention on the Rights of Persons with Disabilities Act was passed in parliament taking the place of the Equal Opportunities Act of 2000 as the legislation to make provision for the possibility of civil claims alleging discrimination on the basis of disability. Article 6 of the same Act makes reference to the rights of disabled women and girls, thus Malta is bound to implement, protect and monitor these rights. However, notwithstanding the many changes which have improved the quality of life of disabled people, some pockets of Maltese society still do not see disabled people, and even more so disabled women, as holders of equal rights and as doctors, teachers, beauticians, or even politicians (Callus et al., 2019; Gauci, 2018).

Another significant milestone for disabled people in Malta was the setting up of the Department of Disability Studies within the Faculty for Social Wellbeing at the University of Malta in 2012. The setting up of the department

was the product of the collaborative work between the National Commission for Persons with Disability and the Department of Social Policy and Social Work at the University of Malta. The Department of Disability Studies offers a range of courses about disability and disability studies ranging from a certificate course to doctoral degrees. It is a significant milestone both for the education of students and for future professionals about the challenges encountered by disabled people and for the research about disability and disabled people's lives (Department of Disability Studies, n.d.).

Disabled Women in Malta

In Malta, as in other European countries, the experiences of disabled women have been relatively under researched. One of the very few research projects which has shed some light on the lives of disabled women in Malta is a study commissioned by the Commission for the Rights of Persons with Disability in 2013 entitled *Research on the situation of disabled persons in Malta* (CRPD, 2013). The research findings show that disabled women in Malta are at a greater disadvantage than disabled men in most of the areas surveyed, such as their monthly income, the level of education attained, relationships and accommodation. Two years before, the *2011 National Census of Population and Housing* also showed similar outcomes for disabled women (National Statistics Office (NSO), 2011). According to the 2011 Census, disabled women are not only at a disadvantage when compared to disabled men but also when compared to non-disabled women. The areas in which disabled women were found to be at a disadvantage included education, employment and relationships (NSO, 2011). Data about disabled women from the National Census of Population and Housing carried out in 2021 has not been included in

the preliminary report which was published in 2022. At the time of writing, a full report is yet to be published.

Research about disabled women in Malta is limited. A study which had shed some light on one aspect of the experiences of disabled women was conducted by Azzopardi Lane and Callus (2016), who interviewed four women about their experiences of parenting. This study found that social factors, such as the availability of a support network for the participants, had a stronger impact on the women's experiences of motherhood than did the effects stemming from their own impairments. The authors also argue that society still holds a number of misconceptions related to the role of disabled mothers, which resonates with interests that I wish to explore through this research.

The Study

In this study, a mixed methods approach is adopted in order to reach the aims and objectives outlined above. The theory of social representations can be a fruitful framework for both qualitative and quantitative research (Flick & Foster, 2008; Lauri, 2008). The triangulation of qualitative and quantitative methodologies is known to enhance the validity of a study, whilst enlarging the focus on the subject under study (Bekhet & Zauszniewski, 2012).

As explained earlier, this thesis has two core issues. The first core issue is to understand the general public's social representations of disabled women. This is achieved by means of two methods: a survey and focus groups with the general public. The second core issue is to understand the social representations that disabled women hold about other disabled women. This is achieved by conducting repertory grid technique interviews with disabled

women. The details of these methods will be discussed in the third chapter of this thesis.

Structure of the Thesis

This introductory chapter paves the way by setting the background against which the study is undertaken. The next chapter provides a review of the literature about disabled women and is divided into four sections. The first section covers the three theoretical frameworks underpinning this study which are social representations theory, the social model of disability and intersectionality theory. The second section covers six models of disability as social representations of disabled women, whilst the third section covers literature about the perceptions about disabled women. The fourth section reviews literature around the four focal areas in this inquiry in relation to disabled women, which are education, employment, relationships and motherhood. The third chapter of this thesis presents the research paradigms and the methodology guiding this study. It also presents the methods adopted for the two phases of this study, namely a survey and focus groups to elicit the general public's perceptions and understandings of disabled women for Phase One, and the repertory grid interviews to elicit disabled women's own understanding of the experience of other disabled women for Phase Two. This chapter also presents information about the recruitment of participants, the analysis of the data generated, the strategies for ensuring quality of the data, the ethical considerations and the limitations of the study. The fourth chapter presents the findings from the two phases of the study. This is followed by the fifth and final chapter which through the triangulation of findings brings together and discusses the social representations of disabled women. It also presents

the recommendations for policy, practice and activism, the dissemination of findings, recommendations for future research and my own personal reflections of this doctoral journey.

Conclusion

Through this study I aim to shed light on the social representations of disabled women. My aim is to find out how the intersection of being a woman and being disabled is perceived by the general public and by disabled women themselves. This study is primarily guided by the theory of social representations. It also draws upon the theory of intersectionality and the social model of disability. This research adopts a mixed method approach, that is, the collection of both quantitative and qualitative data. A mixed method approach enables me to have a deeper understanding of the social representations of disabled women in Malta. The understanding of the representations of disabled women will facilitate the identification of suggestions for policy, practice and activism with the aim of bringing about change and improving the wellbeing of disabled women in Malta.

CHAPTER 2

UNDERSTANDING DISABLED WOMEN: A LITERATURE REVIEW

2. Understanding Disabled Women: A Literature Review

This chapter presents a detailed overview of the theories and research pertaining to the understanding of disabled women and their experiences. This chapter is divided into four sections. The first section covers the three theoretical frameworks underpinning this study, which are social representations theory, intersectionality theory and the social model of disability. The second section covers six models of disability which are being considered as social representations. These models provide different views and understandings of disability and disabled people, with some of the models being more dominant social representations of disability than others. The third and fourth sections are research led. The third section covers literature about the perceptions of disabled women held by the general public and the portrayal of disabled women in the media. The fourth section reviews literature around the four focal areas in this inquiry in relation to disabled women, which are education, employment, relationships, and motherhood.

This literature review is primarily based on literature from western Europe and Anglophone countries and literature which is published in the English language. Some studies held in Asia and Africa and other countries which are published in the English language are also included. Since the context of this research study is Malta, reference to Maltese statistics and literature is also made, where available. Searches for the literature review were made using Hybrid Discovery (HyDi), which is the search engine of the library of the University of Malta, and Google Scholar. Search items included ‘disabled women’ and ‘women with disability’, ‘intersectionality’, ‘social representations’, ‘social model’, ‘models of disability’, ‘perceptions’, ‘attitudes’, and the search

equations of ‘disabled women and education’, ‘disabled women and employment’, ‘disabled women and motherhood’, ‘disabled women and relationships’, and ‘intersectionality and sex and disability’ amongst others. The processes of back-tracking in order to find earlier relevant sources, and forward-tracking to find literature that is referring to the central sources were also adopted. Since this thesis aims to look at the representations of disabled women within the four particular areas of education, employment, relationships and motherhood, the searches and categorization of the literature was also guided by these four areas.

Theoretical Frameworks

In this section I start by giving an overview of social representations theory (Moscovici, 1961/2008, 1981), which is the theory primarily guiding this inquiry. Social representations theory also plays an influence on the methodology adopted for this study. Subsequently, I give an overview of intersectionality theory (Crenshaw, 1989, 1991) and discuss how this theory has framed my research focus and the analysis of the data. Finally, I discuss the social model of disability (Finkelstein, 1980; Oliver, 1990a) and how it has guided my definitions of *disability* and *impairment* throughout the study. I will also discuss the relation between the social model of disability and “impairment effects” as first put forward by Thomas (2012, p. 211).

Social Representations Theory

Social representations theory has its origins in social psychology and is largely attributed to the work of Serge Moscovici (1961/2008, 1981). The theory is now more than 60 years old and throughout the years it has been widely used to study a number of phenomena such as ‘madness’ (Jodelet, 1991),

gender (Duveen, 2000), AIDS (Joffe, 1999, 2002), and organ donation (Lauri, 2009). More recently it has also been applied to migration (García-Morís et al., 2021), physical disability in a professional environment (Denis, 2021), hearing aids (Chundu et al., 2021) and the Covid-19 pandemic (Cohen et al., 2022; Idoiaga et al., 2020; Ittefaq et al., 2022; Jaspal & Nerlich, 2020). Social representations theory continues to be relevant because it offers a framework through which social issues or other phenomena are made sense of by lay people (O'Connor, 2012). It is particularly relevant to my study because for a number of years discussions about disability and impairment and about disabled people were only limited to professionals' perspectives. However, as more disabled women are finding their ways in the world it is significant to find out what society's understandings of disabled women are since these have implications on policies and practices and ultimately the everyday lives of disabled women. In addition, although the theory of social representations had been applied to subjects related to disability, I am not aware of studies where it was applied to the lives of disabled women specifically.

Moscovici's (1961/2008) original formulation of the theory of social representations focused on the development of the theory of psychoanalysis, and it was put forward in his ground-breaking paper *La Psychoanalyse: son image et son public*. It is known that Moscovici had adapted the theory from Durkheim's (1895/1982) conception of *collective representations*. However, Moscovici (1984a) was more interested in fluid and flexible sets of shared ideas rather than the more fixed and stable shared belief systems proposed by Durkheim.

The aim of social representations theory is to shed light on the links which bring together human psychology and questions of a contemporary social and cultural nature (Moscovici, 1998a). Social psychologists like Jovchelovitch (1997) and more recently Sammut et al. (2015) have pointed out that social representations theory has the potential to address social issues that arise in society. Moscovici and Marková (1998, p. 405) argue that by addressing societal issues within the framework of social representations "practical engagement" can be fostered which, in turn, can lead to positive results. The nuanced experiences of disabled women which are intersected by their sex and disability is one such contemporary social issue that can be studied through social representations theory.

Moscovici (1973, 1984b) defined social representations as a system of values, ideas, and practices which provide a coherent order for phenomena. This system has a two-fold function. First, social representations establish an order which enables individuals to orientate themselves with the tangible and intangible aspects of the world they live in (O'Connor, 2012; Purkhardt, 1993; Vaughan & Hogg, 2014). Thus, social representations theory offers the appropriate framework to explain how disabled women are made sense of and understood in Maltese society. Disability and disabled women are concepts which non-disabled people might not have first-hand experience of but still need to understand due to various interactions that they have with disabled women throughout their lives, such as at school, the workplace or places of leisure. Second, social representations are the tools which enable members of a community to communicate with each other. Social representations provide community members with codes to be able to name and categorize the various

aspects of the world they live in as well as their group history. Thus, social representations play a strong role in the socialization and consolidation of groups (Purkhardt, 1993) and will enable a better understanding of how members of society such as work colleagues, groups of friends, groups of professionals or policymakers communicate between them. Having an understanding of disabled women will enable work colleagues, groups of friends, groups of professionals or policymakers to communicate between them and to make sense of disabled women's experiences.

Moscovici (1961/2008) claims that the process of social representations is predominantly driven by people's motivation to 'know' and understand the world around them. People are generally motivated to construct meanings and understandings of particular situations or phenomena in order to establish a certain point of reference through which they can conceptually understand and adjust to a new situation (O'Connor, 2012). Social representations act as a guide as they enable people to integrate their collective memories with their individual experiences and thus behave accordingly (Walmsley, 2004). For instance, in the case of disabled women, people may often assimilate the experience of disability to a similar experience that they themselves might have experienced or someone they know has experienced or what they have seen on the media. Upon meeting a disabled person for the first time, it is very common for non-disabled people to refer to a 'friend they know' or 'cousin they have' who might have a similar impairment or similar experience of disability. This is a useful way to think about non-disabled people's manner of assimilating this new knowledge about disability and disabled women with other knowledge they already have, such as the experience of the cousin or friend.

Different Forms of Social Representations. Social representations are dynamic and are thus always changing (Moscovici, 1984a). Social representations can take several different forms, such as *hegemonic*, *emancipated*, and *polemic* (Moscovici, 1988). *Hegemonic representations* are those social representations which are considered to be dominant within a society as they are shared by the majority of members of a structured macro unit such as a nation, a political party or a movement. They are uniform and "prevail in all symbolic or affective practices" (Moscovici, 1988, p.221). The notion that impairments need to be cured or that the obstacles encountered by disabled women stem solely from their impairment can be considered as a hegemonic social representation of disability.

Emancipated representations are those which are shared by a subgroup who create their own versions with "a certain degree of autonomy with respect to the interacting segments of society" (Moscovici, 1988, p. 221). An emancipated representation does not directly challenge a dominant hegemonic representation but it is adapted by the sub-group through knowledge and communication. An example of a shared representation by a subgroup in contemporary society could be one shared by members of a charity organization who believe that disabled women are deserving of pity and that they can alleviate them from their misery through charity. Their emancipated representation could be that disabled women are dependent or that disabled women need support to get by with their lives and they are hence an economic burden on society. Another form of emancipated representation could be that held by disabled people forming part of disabled people's organizations who advocate for equality. The disabled people's representation of disability is

contrasting to that held by charity organizations since it purports that disabled people are disabled by the barriers they constantly encounter and not by their impairment.

Polemic representations, as the name suggests, are those social representations which are known to be complete opposites to each other, such as the political ideas of liberalism and communism (Hoijer, 2011). These social representations are often the cause for social conflicts and struggles amongst different groups and are a cause for controversies in society. An example of polemic representations could be the opposing beliefs held by society regarding eugenics or the sterilization of disabled women. Such beliefs often stem from different representations of disabled women and can create social conflict amongst society.

The Consensual and Reified Universe. Further to the different types of social representations, Moscovici (1984a) also makes a distinction between two different types of realities. He proposes that one reality is the *reified universe*, which is the world of science, whilst the other reality is the *consensual universe*, which is the world of common sense (Moscovici, 1984a). Social representations theory is especially concerned with how scientific knowledge from the reified universe, which is the dominant influence in modern society, diffuses through society to become *common sense* shared by the general public and thus part of the consensual universe. Social representations theory is concerned with how the proliferations of scientific theories, inventions and discoveries from the physical and social sciences are disseminated throughout society by increasingly efficient means of communication, including social media, and

become common-sense (Purkhardt, 1993; Vaughan & Hogg, 2014). Social representations theory puts forward a framework to understand how people, through social interactions in society and cognitive processing, construct common sense (Vaughan & Hogg, 2014). According to Moscovici (1984b) common sense is not lying around ready to be picked up, but social representations are the device through which common sense is built.

This leads me to explain why social representations theory is pertinent to the understanding of how society makes sense of disabled women. Throughout the years disability and disabled women have often been subjects which have been solely discussed by medical, health and social care professionals. The opinions and experiences of disabled women themselves about their own impairments and the barriers they encounter were and still are, to a certain extent, often ignored and not considered as plausible as the opinions of experts and professionals working with disabled people (Björnsdóttir et al., 2014; Fish, 2018; French & Swain, 2001; Swartz, 2013). As a result, for a long time, organisations working in the field of disability were almost exclusively run by professionals and not by disabled people themselves. Thus, the topic of disability has for a long time stayed in what Moscovici (1984a) terms the reified universe. This, in turn, has led to the general public knowing very little about, and having very little awareness of, disability and the reality of disabled women's lives and their experiences. Finkelstein (1999), a disability rights activist and scholar, had coined the term *professionalisation of disability* to explain this concept. However, more recently, the general public has had to make sense of disabled women and their experiences because disabled women have been actively contributing to Maltese society and are demanding

change. Thus, society has had to adjust to the way they thought of disabled people in general, and disabled women in particular. This process of change, and the stage it is at, can be understood through social representations theory which aims to shed light on the process of how the subjects of disability and disabled women have diffused from the professional realm, that is, the *reified universe*, to the general public's realm as well as the realm of disabled women themselves, that is, the *consensual* universe.

Social representations are generated through communication amongst members of society in everyday life (Rose et al., 1995). According to Moscovici this process of diffusion from the reified universe to the consensual universe to generate social representations is anchored in the communication between individuals and which circulate in "circles, clubs, cafés, political associations, waiting rooms, on village benches and the rest" (Moscovici, 1998b, p. 6). This is where the theory of social representations offers a way in finding out how non-disabled people and disabled women communicate their understandings about disability and disabled women based on their everyday knowledge which occurs amongst their circles of family, colleagues and friends. Communication of knowledge about disability and disabled women also takes other forms such as through television, film, magazines, literature and social media. In this thesis, I am concerned with the experiences of disabled women in particular that have become part of public discourse. I aim to find out how lay people and disabled women themselves make sense of disabled women.

Social Representations and Themata. The process of the diffusion of knowledge from the reified universe to the consensual universe can take different forms. One of these forms is *thematic anchoring*. Through this study I

plan to find out how society uses thematic anchoring to understand disabled women. Moscovici first used the notion of thematic anchoring (or themata) for the theory of social representations in a lecture he gave in Ravello in 1992 (Moscovici, 1993). Moscovici placed the concept of themata “at the heart of social representations” adding that his work on themata was inspired by the philosopher of science Gerald Holton (Moscovici & Vignaux, 1994/2000, pp. 176-177). Subsequently, the concept was further developed and elaborated by Moscovici and Vignaux (1994/2000) and more recently by Marková (2007, 2015, 2023).

Marková (2015, 2017) states that *themata* is a form of human thought just like other forms of human thought such as problem-solving, the formation of concepts, and the creation of images, amongst others. However, the concept of themata is associated with a specific form of human thought which is that of thinking in dyadic oppositions. Marková (2017) further clarifies that although any form of dyadic opposition has the potential to become a themata, not all dyadic oppositions become so. Marková (2015) explains that dyadic oppositions are part of common sense thinking and “they may refer to any physical, biological or social antimonies embedded in history and culture” (p.4.9). Therefore, the number of dyadic oppositions in daily thinking and language is limitless.

To explain the concept of dyadic oppositions, Marková (2015) gives the example of moral and immoral conduct developed by a society. She explains how once the dyadic oppositions of moral and immoral conduct become stabilized and taken for granted, they start regulating the activities of individuals and groups. However, if social changes occur and the norms of morality and

immorality are modified, then they become topics of public debate. Through the process of becoming topics of public debate, the dyadic opposition of morality vs immorality “is brought into language, is thematized, and starts generating social representations” (Marková, 2007, p. 171). Similarly, the concept of themata is pertinent to the subject of disabled women due to the dyadic opposition between disabled and non-disabled women. It can be said that the subject of disabled women is not stabilized, so through this study I aim to find out find out what the public debate about disabled women is. In this study, I am seeking to explore how the topic of disabled women may be thematized by non-disabled participants and disabled women themselves to generate social representations of disabled women.

The process of thematization occurs both on an individual level or within a group such as amongst families, colleagues or organizations or wherever disabled women are seen. The collective aspect is influenced by culture, social events and history such as the portrayal of disabled women in the media, the presence of disabled women in everyday life and the history of the disability rights movement, whilst the individual component is considered to be unique for each person. Thematization flows in phases which include uptake of the idea, further development, gradual fading and eventually the total disappearance of the idea, such as when themata are no longer considered pertinent in public discourse (Marková, 2015).

Social Representations and Metaphors. The process of anchoring can also by accomplished with the use of metaphors (Hoijer, 2011). Metaphors have the possibility of making things or phenomena which might be incomprehensible comprehensible by comparing them to something else, such

as “an early bird” to refer to someone who wakes up early or “a night owl” to refer to someone who tends to be wakeful at night. Metaphors facilitate thought as they provide a framework or image within which people can accommodate abstract thoughts and connect them to their own experiences (Lakoff & Johnson, 2003). Wagner and Hayes (2005) posit that, “the concrete form that content-rational knowledge and social representations adopt in the heads of its bearers can best be compared with images and metaphors” (p. 170). Wagner et al. (1995) describe images, metaphors, and symbols as “objectification ‘devices’, that is, ‘tools’ by which the end of understanding through objectification is achieved” (p. 673). There is a vast range of metaphors and some scholars have also attempted to classify them (Hoijer, 2011). According to Kovecses (2005), some metaphors are universal while many others may be particular to a culture. Root metaphors are those enduring metaphors which have permeated cultures. Metaphors act as illustrative devices and metaphoric language is adopted to become part of the social and cultural contexts of communication between groups. According to St. Clair (2002), metaphors are not solely creative tools but are salient for the construction of reality. Lakoff and Johnson (2003) claim that everyday language is perfused with metaphors. They even claim that our thinking processes and communication between people is basically all metaphoric.

Essentially, a metaphor enables the mapping between two domains, that is, the *source domain* and the *target domain*. The source domain represents that which is familiar, similar to what one has already experienced and that which is easily comprehended by the individual. The target domain represents that which is unfamiliar, far away from anything which the individual has already

experienced and that which is not easily comprehended by the individual. The mapping is the process by which components of the target domain and the source domain are associated (Wagner & Hayes, 2005).

The use of metaphors is very significant to the study of the social representations of disabled women since disabled women are often classified by society as unfamiliar and far from that which has already been experienced by the public. Thus, society may make use of metaphors about disability and disabled women in order to create a bridge between that which is unknown and that which is more familiar. According to disability studies theorists Mitchell and Synder (2001), metaphors about disability enable society to know the *how* and *why* about abnormal bodies usually associated with disabled people. Disability metaphors are also prevalent in the media and literature since they tend to satisfy the public's curiosity about that which is not known. However, certain metaphors in English such as "crippling poverty", "the blind leading the blind", "falling on deaf ears", and "tagħmilha maz-zopp issir zopp bhalu" (if you're friends with someone with a limp you will start limping like them) in Maltese that have become part of our everyday language continue to reinforce the negative assumptions about disabled people and their experiences and that the only acceptable body is the normal body. The use of metaphors gives a different dimension to the understanding of disabled women.

Social Representations and Groups. Unlike the individualistic approach applied to human thought which so often dominates mainstream psychology, the process of generating social representations is concerned with human thought and knowledge which is grounded in a group or community

(Jovchelovitch, 2007). Social representations are understandings shared between group members (Hogg & Vaughan, 2008). This is what makes social representations theory appropriate for examining community issues such as the social representations of disabled women amongst Maltese people. In understanding social representations, the interest is not in what one person thinks about disabled women, but what the collective understanding about disabled women is amongst groups. The collective understanding of disabled women can in turn have implications on policy and practice which have an impact on disabled women's lives.

These shared understandings amongst group members emerge through informal everyday communication between individuals belonging to the same group. However, Lorenzi-Cioldi and Clemence (2001) point out that although social representations tend to be grounded in groups, the social representations of one group might differ from another with the effect that intergroup behaviour can lead to a clash of social representations as was mentioned earlier in the case of polemic social representations. In the case of disability and disabled women, different groups might have different social representations. For instance, disabled people, through their personal and academic writings, often point to a difference in approach taken by medical professionals, whose work is governed by the medical model of disability, as opposed to that taken by social care professionals, who may be more acquainted with a social interpretation of disability.

The identity functions of social representations become particularly evident when a group or community are faced with a threatening social issue or a phenomenon of a social nature (O'Connor, 2012). According to Howarth

(2002), identity protection is one of the foundations of the social representational process. O'Connor (2012) indicates that when this kind of threat occurs, the risk associated with the threat is often projected onto a person out of the group or community, thereby protecting the self and the group one belongs to from blame or symbolic contamination. This tends to be very applicable to the issue of disability whereby most communities tend to approach this issue through an 'us vs them' approach because of the unconscious, or sometimes conscious, 'fear' of disabled people. Most communities may believe the conventional idea that impairment is only something which happens to others and in turn they might feel the need to distance themselves from the issue and from disabled people altogether. The distancing from disabled people could be an effect of the fear felt by non-disabled people that it could very easily be them sitting in that chair, using that white stick, speaking in sign language or having cognitive/ behavioural difficulties. Fisher (1973) explains this as the fear which may be felt by non-disabled people upon meeting someone with an impairment and is brought about by the implication that, "…the same loss could potentially afflict any person's body" (p. 88), unlike other minority statuses. Similarly, Joffe (1999) in her research about the social representations of HIV/AIDS explains how at the culmination of HIV/AIDS pandemic, the portrayal of HIV/AIDS as the 'gay plague' enabled the majority of people to distance themselves from the threat of the pandemic itself.

Criticism of Social Representations Theory. Since the first writings about social representations by Moscovici in 1961/2008, the theory has drawn both interest and criticism from a number of scholars. Due to the language barrier, the works of Moscovici published in the 1960s and 1970s remained

fairly concealed from the point of view of Anglo-Saxon social psychology until the early 1980s. The arrival of social representations theory in literature in English took place at a time when social psychology was undergoing a crisis as an effect of its neglect of the 'social' aspect. Thus, the reception of social representations theory in European social psychology was met with enthusiasm and praise, particularly for its sociality. A number of scholars considered social representations theory as a necessary challenge to the more individualistic, behaviourist and experimentally driven social psychology that was more dominant in the United States (Voelkein & Howarth, 2005). However, this is not to say that social representations theory did not receive its fair share of criticism throughout the years (e.g. Fraser, 1994; Jahoda, 1988; McKinlay & Potter 1987; Voelklein & Howarth, 2005). In fact, Voelklein & Howarth (2005) identify social representations theory as a controversial theory within contemporary social psychology. For the purpose of this review of literature, I will touch upon the criticism of social representations theory as put forward by Fraser (1994) and Jahoda (1988) since they are considered to be some of the most significant criticisms of social representations theory.

Some of the first criticism of social representations theory came from Jahoda (1988) who criticizes the theory for its conceptual contradiction and obscurity. As part of his criticism, Jahoda (1988) maintains that Moscovici does not make a clear distinction between collective and social representations; he does not specify whether social representations are general or specific; and he does not specify whether and how social representations are influenced by culture and ideology. In addition, Jahoda (1988) maintains that Moscovici scarcely ever refers to other theories and thus fails to define the concepts of

social representations theory in relation to other theories. However, Volklein and Howarth (2005) counter argue these claims by claiming that Moscovici was never keen on giving rigid explanations since he believes that complex social representations cannot be restricted by tight definitions and that social representations evolve and change by time.

Less than a decade later, Fraser (1994) criticized social representations theory by saying that it is difficult to demonstrate two things by the theory: (i) that it is particularly difficult to convincingly show that two different categories or sub-groups within an overall population hold two different social representations of the same social objects; and (ii) that it is difficult to demonstrate the difference between novel and emerging social representations. However, Fraser (1994) himself, in the same paper, later concedes that the theory of social representations could be an innovative framework which enables social psychologists to understand *when* and *why* large groups of people or communities hold the same or similar views of the world. Notwithstanding the criticism, social representations theory remains prevalent and continues to be used to study a number of phenomena, including recent research on climate change and the Covid-19 pandemic. Through this study I also hope to continue adding to the body of literature about social representations of disability and more specifically disabled women. In the following section I will turn to the theory of intersectionality which is another theory underpinning this study.

Intersectionality Theory

One way of looking at the experiences of disabled women is through intersectionality theory. Studying disability from a feminist context such as

intersectionality theory “directs our highly honed critical skills toward the dual scholarly tasks of unmasking and reimagining disability” (Garland-Thomson, 2002, p. 4). The concept of intersectionality dates back to 19th century movements organized by black women whose aim was to include the voices of African American women within the feminist movement (Atewolugun, 2014; Kapilshrami et al., 2016). One of the activists in these movements was Sojourner Truth who was a Black woman born into slavery. In what is termed as her classic speech titled ‘Ain’t I a Woman’, Soujourner Truth argues that while all women are impacted by patriarchy, women from an ethnic minority like her face other inequalities due to their gender, race and class (Zack, 2018). Later on, Kimberlé Crenshaw, a scholar of legal studies, coined the term *intersectionality* to help her analyze the experiences of Black women who were subjected to violence. Crenshaw’s articles titled *Demarginalizing the Intersection of Race and Sex* (1989) and *Mapping the Margins* (1991) are considered to be two of the first articles which introduced intersectionality theory into academia. In her 1989 paper Crenshaw used the metaphor of “traffic in an intersection” (p. 148) to describe how sexism and racism contribute to the social and structural violence inflicted on Black women:

> Discrimination, like traffic through an intersection may flow in one direction and it may flow in another. If an accident happens at an intersection, it can be caused by cars travelling from any number of directions and sometimes, from all of them. Similarly, if a Black woman is harmed because she is in the intersection, her injury could result from sex discrimination or race discrimination (p. 149).

This metaphor describes the ways how sexism and racism simultaneously contribute to shaping the experiences of Black women whose voices often remain ignored (Crenshaw, 1991; Walby et al., 2012). Through intersectionality theory Crenshaw challenged the notion of a universal experience for women and she argued that Black women's experiences are different from the experiences of other women (Collins, 2000; Davis, 1981). Intersectionality theory later continued to emerge as a concept from critical race theory and Black feminism (Kurtiş & Adams, 2015).

Intersectionality is defined as being a simultaneous member in multiple social categories due to which one may experience negative discrimination or reinforced marginalization, or conversely, positive discrimination and privilege (Crenshaw, 1989, 1991; DeFilippis, 2015; Shields, 2008). The approach of intersectionality posits that different minority statuses must be examined simultaneously in order to be able to reach an understanding of the *whole* experience rather than viewing them as separate identities and which identity contributes to oppression the most (Cole, 2009; DeFilippis, 2015; Pearson, 2010). Intersectionality makes "…visible the multiple positioning that constitutes everyday life and the power relations that are central to it" (Phoenix & Pattynama, 2006, p. 187). The contribution of intersectional analyses to feminist research was "a necessary and invaluable addition" to mainstream feminist research since for a number of years its principal focus of analyses had been about white, heterosexual and middle-class women (Liasidou, 2013, p. 300). Intersectionality theory is hailed as a transformative theory because it challenges the hegemonic theories of feminism which assume the homogeneity of women (Collins, 2000; Yuval-Davis, 2006). Since the publication of the

papers by Crenshaw (1989, 1991), the concept of intersectionality has been applied to a number of other minority statuses including race, gender, sex, sexual orientation, class, religion, ethnicity and disability (e.g. Barnartt & Altman, 2013; Berger & Guidroz, 2009; Muraco, 2012).

Applying intersectionality theory to disabled women, it can be argued that their experiences are constructed by the multiple and intersecting systems of disability and sex. On the subject of disability and other minority statuses such as sex, Thomas (1999, p. 120) writes, “These [referring to other minority statuses] make up other elements of their self-identities, but they do not exist in separate psychic departments and so cannot be seen as outside, or nothing to do with, disability politics”. Similarly, May (2015) describes the approach of intersectionality to the experience of being a member in more than one minority group, such as disabled women, as a “matrix” way of thinking, rather than “single-axis thinking” (p. 251). Therefore, according to intersectionality theory we cannot look at disabled women only as disabled or only as women, but all aspects of one’s identity must be considered. In addition, it must be acknowledged that being female and being disabled results in a different experience from that of disabled men. Disabled men, although disabled by societal and environmental structures, still experience a certain level of male privilege in comparison to disabled women (Coston & Kimmel, 2012; Moodley & Graham, 2015).

This theory lends itself well to this study because, like the experiences of Black women, what is unique about the experiences of disabled women is that very often they would not be able to locate whether the cause of their exclusion

or discrimination is because they are women, or because they are disabled. Intersectionality theory is also consistent with the social model of disability, which is another theoretical framework underpinning this study and will be elaborated upon below, and adds further clarity to how multiple social identities such as being female and being disabled interact (Björnsdóttir & Traustadóttir, 2010; Liasidou, 2013). Intersectionality theory also takes into account that "identities are…culturally mediated constructs implicated in relations of power, privilege and oppression" (Liasidou, 2013, p. 300). The theory of intersectionality enables me to look deeper at the multi-faceted social representations of disabled women.

Davis (2008) has labelled intersectionality theory as feminism's "success story" (p. 67), whilst McCall (2005) has referred to it as 'the most important contribution that women's studies has made so far' (p. 1771). These claims have been made because intersectionality theory continues to be viewed as a paradigm for contemporary feminist theory and research whilst also being an insightful tool to further the inclusive political project of feminism in different areas and sectors (Carastathis, 2014; Wekker, 2004). Over the years, intersectionality theory has continued to gain momentum with an increase in use both as a concept and as an analytical tool in various disciplines (Ruiz et al., 2021: Warner et al., 2018).

Intersectionality theory is considered to be relevant for both researchers as well as practitioners because it offers theoretical explanations for ways in how heterogeneous members of minority groups might experience real life events differently depending on their social categories. It is also a useful tool to

examine the dynamics of power within particular settings. Sensitivity to these different experiences of people belonging to more than one minority group and to the dynamics of power within certain settings increase insight into issues of social justice and inequality with the possibility of maximizing the chances of social change (Ruiz et al., 2021).

Intersectionality theory is also particularly useful to feminist disability studies and to this study because very often many theoretical and empirical research within disability studies still operate disability in an all-inclusive manner whilst ignoring the idea that disabled people are heterogenous. Although it is important to research disability from a collective perspective, it is also equally important to research specific experiences of disability and impairment as experienced by disabled people, such as the experiences of disabled women (Saxe, 2017). Moodley and Graham (2015) argue that applying an intersectional lens to the experiences of disabled women enables researchers to gain a deeper insight into the mutual processes of marginalisation and exclusion as experienced by disabled women. Such insight will also allow researchers to demonstrate the relationships that exist between sex and disability in the outcomes for, for example education, employment and income, for disabled women. Liasidou (2013) states that only by incorporating disability in the intersectional framework that we can "…challenge deficit-oriented practices and make transparent the ways in which wider social structures and institutions create/perpetuate inequality" (p. 303). Intersectionality theory has also been considered useful to study other parts of one's identity together with disability such as sexuality. Through intersectionality theory concepts like sexual citizenship for disabled people, which is the right to

say yes or no to sex, can be viewed as being rooted in disability justice (MacKeigan, 2021).

Criticism of Intersectionality Theory. Intersectionality theory has become a central feature of feminist scholarly work. However, like any other theory, it has also drawn its own share of criticism from scholars, with some suggesting that it might have fallen short of its transformative potential (Patil, 2013; Salem, 2018). One of the most noteworthy criticisms levelled towards intersectionality theory is that its beginnings are being ignored or rather misappropriated with the effect that the theory has been stretched to include a number of ontologies which actually go against each other (Salem, 2018). Salem (2018) argues that although the theory has travelled across time and space and has been applied to numerous situations, in doing so the theory might have mutated so many times that it has lost some of its original meaning. The theory has often been presented as having emanated from within the field of gender studies in the North instead of from Black feminists who made up the Third World Liberation movements (Bilge, 2013; Carbin & Edenheim, 2013; Salem, 2018). According to Salem (2018) this misrepresentation about the beginnings of intersectionality theory shows that the theory has become ‘whitened’ and thus it is not necessarily achieving its original purpose of raising the experiences of women, other than those who are white, heterosexual, and middle-class, to the fore.

According to Salem (2018) such false claims about the beginnings of the theory are related to a power struggle within the field of feminist studies and feminist movements, even though the movement is often presented as being ‘diverse’ and thus devoid of such struggles. Salem (2018) suggests that a

discussion about the genealogy of the theory should be engaged in so that questions of race, class, disability and other minority statuses, are brought back to the centre of the discussion and like that the purpose of intersectionality theory is reclaimed. In accordance with Salem (2018), through my study I am hoping to raise the experiences of disabled women in Malta which have been overshadowed by the general experiences of disabled people, without taking into account the nuanced experiences of disabled women stemming from the intersection of disability and sex in their lives.

Another criticism levelled towards intersectionality theory comes from Ludvig (2006), Russell (2007) and Sengupta (2006) who all argue that the experience of discrimination by people who belong to more than one minority group, such as disabled women, might be too complex to unravel through intersectionality theory. Ludvig (2006) argues that despite the theory's promise to capture the complex structures of the experiences of oppression without reducing or fragmenting them, the social world is too "insurmountably complex" for the theory to be able to do this (p. 247). According to Ludvig (2006) "the endlessness of differences seems to be a weak point in intersectional theory" (p. 247). Sengupta (2006) agrees with Ludvig and argues that our world is too complex to reduce discrimination simply to "axes", "structures", or even "systems" as is conveyed by intersectionality theory (p. 635). Whilst Russell (2007) claims that life experiences are too difficult to decide which particular difference should be given more importance over other differences. She further claims that scholarship around intersectionality theory seems to be caught in this predicament between wanting to separate social categories and put them down in a list whilst at the time wanting to collapse them. However, on this set

of criticism, Carastathis (2014) counter argues that what intersectionality theory does is precisely provide a way of analyzing the distinctions between different systems of discrimination and aspects of identity rather than problematising them. She argues that this had always been the aim of Crenshaw and that all this is explained in Crenshaw's earliest work on the subject published in 1989. Intersectionality theory adds clarity on how multiple systems of power and disadvantage interact to form the unique experiences of disabled women. Similarly, the social model of disability is built on the premise that disabled women are disadvantaged as a consequence of the various barriers that exist in society. In the following section I will discuss the social model of disability which is another theoretical framework underpinning this study.

The Social Model of Disability

The social model of disability originated in the United Kingdom and was originally put forward by a group of disabled people who had set up a disabled people's organization by the name of Union of the Physically Impaired Against Segregation (UPIAS). The group of disabled people who formed UPIAS came together after Paul Hunt, a resident at a Cheshire Home, sent a letter to The Guardian in 1972 asking other disabled people to join him with the aim of "…[forming] a consumer group to put forward nationally the views of actual and potential residents …to formulate and publicize plans for alternative kinds of care" (Hunt, 1972, n.p). A publication by UPIAS titled *Fundamental Principles of Disability* saw the first writings about the social model of disability (UPIAS, 1976). In the publication, members of UPIAS argued that disabled people were not disabled by their impairment but by the barriers society created for them (Barnes & Mercer, 2010; Marks, 1999; Oliver, 2013).

The social model of disability was later further formalized by disabled scholars Vic Finkelstein (1980) and Mike Oliver (1990a, 1990b) and became one of the central tenets of disability studies. The social model of disability is known for making a very clear distinction between the definitions of *impairment* and *disability* as mentioned in the previous chapter, which definitions are adopted throughout this study. The social model identifies the social and political domains as the primary causes of disability for disabled people (Smith, 2008). According to this model, it is society's responsibility to remove the obstacles and barriers encountered by disabled people which prevent them from exercising their rights and being fully included in society at par with everyone else (Kanter, 2013). According to the social model, disability is a "socially produced injustice which is possible to challenge and eliminate through radical social change" (Lawson & Beckett, 2021, p. 349). Thus, the focus of the social model of disability is on achieving citizenship, inclusion and eliminating the barriers to participation for disabled people rather than focusing on the functional limitations which require treatment and cure as defined by the medical model of disability (Oliver, 1990b). In a book chapter titled *If I had a hammer*, Oliver (2004) argues that the social model of disability should be viewed as a tool to remedy the injustices experienced by disabled people and to relocate the efforts by service providers from individualized solutions to participation in mainstream services for disabled people.

The view of disabled people from a social model perspective can be considered as a social representation, particularly held by those disabled people who identify with the social model as well as their allies. This view of disabled people can be considered as a *polemic social representation* since it

directly challenges the more dominant representations of disabled people as being dependent, helpless and in need of a cure which views are more in line with the medical model of disability. Other models of disability as social representations will be discussed in more detail below.

The social model of disability has been unequivocally important for the lives of disabled people both in Britain and beyond (Traustadóttir, 2009). Shakespeare (2004) claims that its great impact has been due to the fact that it is simple, direct and effective. The development of this model shows the first signs of disabled people taking control over their own lives by putting forward a model of disability which is in stark contrast to the idea that there is something inherently wrong with disabled people. The social model of disability has provided academics, practitioners, researchers and policy-makers with a tool to conceptualize the problem of disability and to respond to the problem with tangible means and priorities for action such as the removal of barriers and anti-discrimination legislation (Barnes et al., 1999; de Beco, 2021; Degener, 2017; Harris & Roulstone, 2011).

The model has been very useful in raising awareness about the lives and experiences of disabled people. It redefined the problem of disability and anyone who felt marginalized due to being disabled was able to relocate the problem away from themselves and towards the discriminatory way society treated them. Shakespeare (2004) claims that the social model had a positive impact on the self-esteem of disabled people as it made them feel “angry” and in “solidarity with others” like them rather than feel “shame, self-pity and frustration” because of their impairments (p. 11). For the first time, the social model of disability was able to bring disabled people together to form an

identified group. The social model of disability spurred disabled people to form a movement and to speak up about the injustices they faced with the aim of bringing about change and achieving equal rights (Beckett & Campbell, 2015; Shakespeare, 2017).

The social model of disability has also been crucial in disabled people being viewed as experts of their own lives. For a long time, disability and disabled people were the subjects only discussed by experts with very little or no input from disabled people themselves. Organizations aimed at helping disabled people were run by medical and social care professionals and rarely had any disabled people on decision-making committees. Important decisions about disabled people's lives were taken by professionals without taking into account the needs and wants of disabled people themselves (Harris & Roulstone, 2011). It was through the social model of disability that disabled people argued against the notion that it was only health and social care professionals who could expertly talk about the experiences of disabled people or who could run organizations for disabled people (Berghs et al., 2019). The social model of disability influenced projects such as The Disabled Service User– Project - a project which retrained staff to focus on outcomes which were previously discussed and set by disabled service users – amongst other projects in the United Kingdom and in other countries (Harris & Roulstone, 2011). Through the ever-growing popularity of the social model, more and more disabled people started coming together to set up their own organizations with disabled people making up 51% or more of the committee in contrast to charity organizations whose main aim was to continue reinforcing the charity model of disability (Beresford, 2021).

The impact of the social model of disability was also felt in Malta, particularly in the setting up of the Commission for the Rights of Persons with Disability in the late 1980s (at the time known as the National Commission for Persons with Disability) and in the appointment of the first disabled person as its Chairperson (Camilleri, 2006). Its impact was also felt through the first *Disability Issues* lectures given to students at the University of Malta through a collaboration with the Commission for the Rights of Persons with Disability and later in the setting up of the Disability Studies Unit which eventually became the Department of Disability Studies within the University of Malta (Camilleri & Bezzina, 2018). Eventually, like in the United Kingdom, the social model of disability also influenced some disabled people to set up their own organizations to be run by themselves, such as Amputees for Amputees, the Muscular Dystrophy Group, and the Deaf People Association (Callus, 2014).

The social model of disability is also known to have influenced a number of policies within organizations at government and international levels (Barnes & Mercer, 2010; Harris & Roulstone, 2011). The United Nations Convention on the Rights of Persons with Disabilities (2006) is an international legally binding convention known to be based on the social model of disability (de Beco, 2021; Lawson & Beckett, 2021; O'Mahony & Quinlivan, 2020). This model has also spurred law reforms in other countries and is recognized by the European Union as the basis for its disability policy (Degener, 2017; Priestley, 2005). Malta's Equal Opportunities (Persons with Disability) Act of 2000, which was Malta's first disability anti-discrimination legislation was also based on the social model of disability (Camilleri, 2006; Camilleri & Bezzina, 2018). The Equal

Opportunities (Persons with Disability) Act is now replaced by the United Nations Convention on the Rights of Persons with Disability Act of 2021.

Criticism of the Social Model of Disability. Although the social model of disability has had and is still having a great impact on the lives of disabled people, some disability studies scholars have levelled criticism towards the model. Some of the first criticism about this model was about its dismissal of *impairment,* and subsequently the dismissal of *the impaired body* (e.g. Hughes, 2008; Hughes & Paterson, 1997). This criticism also came from a number of disabled feminists such as Morris (1991a, 1991b), Crow (1996), and Thomas (1999, 2004, 2007), amongst others who claimed that by dismissing impairment, the social model of disability was denying the experiences of disabled women with female bodies since they consider the body itself to be part of the experience of disablement and that the body cannot be separated from the environmental barriers. Morris (1991b) had further argued that by dismissing the body, proponents of the social model of disability were also dismissing the experiences of illness, fear and dying because no amount of accessibility can ignore the fact that some people will still fall ill and die. Similarly, Crow (1996) had claimed that some impairments will always continue to exclude some disabled people even if all the environmental and societal barriers are eliminated because the experience of some impaired bodies will always be “unpleasant or difficult” (p. 209). Some years later, Goodley (2001) argued that by bringing back *impairment* to the discussion and refocusing our attention on it did not mean that we were “…de-politicizing, re-medicalizing and ‘watering down’ the social model” (p. 208) but that it meant that we were actually “re-social[izing] impairment” (p. 208).

Some criticism from disabled feminists towards the social model had also been centred around the dismissal of the female experience of disability from the political agenda (Morris, 1991b, 1996; Thomas, 1999). Thomas (1999) claimed that some of the socio-structural barriers which were brought to the fore in the fight for change were of most significance to disabled men rather than of particular relevance to disabled women. Morris (1998) had further elaborated on this aspect by giving the example that the kind of personal assistance that had been relevant to disabled women is different from the kind of personal assistance relevant to disabled men. She had explained how disabled women had wanted personal assistance which enabled them to meet their female role responsibilities such as looking after their children and running a home whereas the personal assistance which was focused on had been related to ones which enabled paid employment and other activities outside the home. The concerns about the invisibility of disabled women's experiences had resulted and continue to result in the publication of a number of scholarly books and papers by disabled female scholars to highlight how disablism is always impacted by sex, race, class amongst other factors.

Tregaskis (2002) also argued that the social model of disability focuses too exclusively on the material characteristics of disability and does not take into account the influence of culture and prejudice on the exclusion of disabled people. Similarly, Shakespeare (2013) criticizes the social model for not being inclusive of disabled people belonging to other minority groups and that it does not take into consideration other minority statuses with disability, such as race, class, gender, or sexual orientations. Whilst other authors go further and argue that the social model of disability does not include people with learning

disabilities (Chappell et al., 2001), people with mental health issues (Beresford et al., 2010), disabled children (Connors & Stalker, 2007) and people who live in the Global South (Grech, 2009).

Oliver (2004) himself also shows his disappointment at how the social model of disability did not bring about the fundamental changes in society that it was initially thought it would bring because, according to him, there had been more “talking” than “implementation” (2004, p. 18). Oliver (2013) also argues that the social model never meant to deny the reality of impairments and their effects. In fact, Oliver (1996) had suggested that a “social model of impairment” be developed alongside a sociology of disability (p. 42). Notwithstanding the criticism, the social model of disability has been a radical and influential force for disabled people, including disabled women, and it has put the struggles of disabled people on the political agenda (Anastasiou & Keller, 2011; Berghs et al., 2019; Owens, 2015).

“Impairment Effects” and the Social Model of Disability. In conjunction with the social model of disability, this study is also underpinned by the definition of impairment effects as put forward by Thomas (1999, 2019). As a way of acknowledging the distinction between the disadvantage experienced by disabled people due to societal barriers and the restrictions that might stem from one’s impairments, Thomas (1999, 2012, 2019) coined the term *impairment effects*. According to Thomas (1999), *impairment effects* refer to those restrictions which directly stem from one’s impairment, such as not being able to do certain activities due to chronic pain or fatigue or due to the absence of a limb. *Impairment effects* are different from the socially imposed restrictions

captured under the term *disability* as put forward by the social model of disability. However, such *impairment effects* can also lead to *disability* if a disabled person is denied rights due to repercussions stemming from their impairment. An example of this would be if a disabled women is denied working on reduced hours due to needing more rest because of the pain she experiences due to her impairment or condition. *Impairment effects* and *disability* often interact in the lives of disabled people in a way that at times they can become enmeshed (Thomas, 1999).

Like Thomas (2004), I believe that the distinction between *impairment* and *disability* developed by the social model of disability has been and continues to be instrumental in bringing significant changes to the lives of disabled women. The rejection of *impairment effects* has been “a small price to pay” in the grand scheme of things (Thomas, 2004, p. 581). However, I also believe that some impairments and chronic illnesses also cause some limitations of activity and these need to be taken into consideration in the lives of disabled women if we are to truly understand their experiences to the full. *Impairment effects* are particularly pertinent to the lives of disabled women because very often their experiences become overshadowed by those of disabled people in general without taking into consideration the particularities of the lives of disabled women such as the effects of the impairment on their role of mothers and their employment along with other disabling effects stemming from the obstacles they encounter in their environment or stemming from a lack of services.

Models of Disability as Representations

In this section I will discuss another six models of disability. My central argument for this section is that these models of disability may influence the representations that people have of disability and disabled people. Concurrently, these models are also influenced by the perceptions that people have of disabled people. Models of disability provide an insight into society's attitudes and prejudices towards disabled people, including disabled women. The social model of disability discussed above can also be considered as influencing the perceptions that people have of disability and disabled people. However, it has not been included in this section since it is also one of the theoretical frameworks underpinning this research.

In this context, it is important to mention that none of these models of disability make specific reference to disabled women or to how disability is experienced by disabled women. These models tend to view disabled people as a homogenous group. Thus, when explaining some of these models I refer to disabled people in general, which also includes disabled women. Similar observations about the lack of literature on the experiences of disabled women and how literature does not generally focus on the heterogeneity of disabled people were made by Fish (2016) in her analysis of the literature about relationships and women with intellectual impairment.

The models I discuss below are the moral/religious model of disability, the medical model of disability, the charity model of disability, the tragedy model of disability, the human rights model of disability and the affirmative model of disability. There are other models which could have been included however in

keeping with my argument that some of these models can influence the perceptions that people have of disability and disabled people, I have decided to focus on these six models of disability which I consider to be the most prevailing.

The Moral/Religious Model of Disability

The moral/religious model of disability is deeply rooted in religious traditions, including the Judeo-Christian tradition, and is known to be one of the oldest models of disability (Olkin, 1999; Wells-Jensen & Zuber, 2020). According to this model, impairment occurs as a result of engaging in certain behaviours which go against morality or the teachings of religion. It is also believed that it is not only the individual's sin that is regarded as a possible cause for the impairment, but also sins that may have been committed by the individuals' parents or ancestors (Henderson & Bryan, 2011). The impairment is the punishment from an all-powerful entity for engaging in such immoral behaviour and it is often distinguished as an act of God (Henderson & Bryan, 2011; Retief & Letšosa, 2018). McClure (2007) highlights how this model of disability has emerged from how some forms of Bible interpretation equate "'blindness', 'lameness', 'deafness', 'mental illness' and other impairments with human sin, evil or spiritual ineptitude" (p. 23). This model of disability leads to disabled people or their parents being viewed as evil sinners with the impact possibly being that disabled people and their entire families become ostracized from social participation in their local communities (Rimmerman, 2013).

Another dimension of the moral/religion model of disability is that impairment is viewed as a test of faith or as a means of salvation for the

disabled individual. According to this dimension of the moral/religion model, individuals are especially selected by God to receive an impairment as a means of redeeming themselves “through their endurance, resilience, and piety” (Niemann, 2005, p. 106). If the individual receives physical healing, then it is said to mean that they have passed the test of faith. Whilst if the person does not experience physical healing, then they are regarded as not having strong faith in God (Black, 1996).

This model of disability and its representations were much more popular in less-enlightened times. However, the ideology underlying this model of disability still tends to come to light from time to time and it is considered to be one of the most enduring models of disability of all time. For instance, the ideology underlying this model tends to resurface when an impairment is the result of substance abuse or the result of a car accident due to alcohol or drug use. The same ideology also tends to reappear in situations related to an unknown disease or condition (Henderson & Bryan, 2011). Neimann (2005) highlights how this model of disability and its representations also have a negative influence on theological reflections. However, most contemporary biblical scholars and theologians reject this model of disability (Yong, 2007, 2011).

In Malta, this model of disability was one of the most dominant ones up until the late 1960s and was thus considered to be a hegemonic social representation of disabled people (Camilleri, 1999; Camilleri & Callus, 2001). The conflation between sin and impairment was relatively strong up until then and the social representation of disability and disabled people stemming from

this model can to a certain extent still be felt today. This is primarily because the Church in Malta has had, until quite recently, a very strong presence at all levels of society (Gellel & Sultana, 2008).

The Medical Model of Disability

The medical model of disability takes on an individual focus of the disabled person. It views disability from a purely biological and pathological perspective and sheds a spotlight on the functional and cognitive limitations residing within the individual (Cameron, 2014a). According to the medical model, disabled people deviate from what society views as 'normal' and they are thus demarcated as flawed, weak and abnormal (Drake, 1996; Hosking, 2008; Llewellyn & Hogan, 2000). The medical model is primarily concerned with establishing an accurate diagnosis of the 'condition' and subsequently finding the right treatment or cure for the 'broken' body or mind of disabled people (Marks, 1997; Smith-Carrier et al., 2017). According to the medical model, the obstacles related to disability emanate solely from the individual and their deficiencies and are completely independent of sociocultural, physical and political environments (Brittain, 2004; Cameron, 2014a). It is the absolute responsibility of the individual to make every effort to adjust to the impairment and find the means to fit in (Cameron, 2014a). It depicts disability as something which needs to be either surmounted or fixed at all costs with medical professionals having power over the lives of disabled people (Anderson & O'Sullivan, 2010; Smart, 2009). The medical model dismisses the notion that some disabled people are happy as they are and consider their impairment to be part of their identity (Dirth & Branscombe, 2017; Ladau, 2013; Marks, 1997).

The medical model of disability is heavily present in the everyday interactions and through the majority of services which are planned and delivered to disabled women (Cameron, 2014a). The representation of disability as something which is bad, unwanted and abnormal continues to reinforce a negative perception of disabled women within society. The medical model leads to disabled women being viewed as sick, helpless, and dependent, which can have stigmatizing effects on them, their lives and those closest to them (Goffman, 1963). The repercussions of stigma in a small country like Malta can in turn lead to disabled people finding it difficult to fit in and be included in the community (Bartolo, 2017). The effects of stigma can also have an impact on the restrictions placed on disabled women regarding their life opportunities, experiences and roles. According to Zola (2005) the impact of the medical model is not only on disabled people but also on non-disabled people in that it creates the notion that physical or mental abnormalities are exceptional rather than an ordinary part of human experience. The medical model of disability is one of the most dominant models of disability (Cameron, 2014a) and it can be said that it is a hegemonic social representation of disability (Devenney, 2004).

The Charity Model of Disability

The charity model of disability positions disabled people as victims of their situations and as deserving of pity (Retief & Letšosa, 2018). According to this model of disability, disabled people's circumstances are tragic and disabled people have to endure a life of suffering. It is the non-disabled people's responsibility to intervene and alleviate disabled people from their relentless suffering through their charitable acts (Reynolds, 2008). If there were a spectrum, the charity model of disability and the moral/religion model of

disability would be on opposing ends of the spectrum. Whilst the moral/religion model sheds a negative light on disabled people and considers them as 'evil sinners', the charity model takes an approach of sympathy and pity towards disabled people and considers them as victims who are deserving of people's kindness and benevolence. However, whilst the charity model casts a more positive light on disabled people than the moral/religion model, according to the charity model, disabled people are viewed as passive, dependent, helpless and destitute individuals who are in need of care and protection from non-disabled people (Henderson & Bryan, 2011; Seale, 2006). As disabled people are viewed as persons to be cared for, then they also warrant compassion as well as paternalization and over-protection which might not always benefit them (Rioux & Valentine, 2006). According to Chennat (2019), the charity model is non-disabled people's way of relating to disability. The representation of disabled people as pitiful beings has also been found in studies conducted by Connell (2011) and Liddiard (2014). The charity model of disability can be considered as an emancipated social representation since it is an outgrowth of the hegemonic medical representation of disability (Devenney, 2004).

The charity model of disability encourages "a humane treatment of persons with disabilities" (Henderson & Bryan, 2011, p. 7-8). However, this treatment is often done through the collection of money for disabled people by means of charity campaigns or telethons. Whilst this may be done with all good intentions on the part of non-disabled people, through this process of collecting money by portraying disabled people as needing help, the lives of disabled people become devalued (Withers, 2012). Through the creation of feelings of sympathy for disabled people come the creation of other feelings such as pity.

These feelings, instead of helping disabled people, often push them to the peripheries of their respective communities (Henderson & Bryan, 2011; Hughes, 2015). This particular representation also leads to disabled people feeling a lack of competence which can fuel poor aspirations (Kallman, 2017). It can also lead to disabled people internalizing feelings of inferiority and deviance, also known as self-stigmatization (Lejzerowicz, 2017; Yen et al., 2020).

The majority of charity organizations for disabled people are more concerned with raising funds to eliminate impairments or for medical research rather than helping disabled people with accessing assistive equipment which could make them become more independent. This approach to disability and disabled people continues to sustain the notion that impairments need to be cured, which is also synonymous with the medical model of disability. The charity model of disability also continues to perpetuate the idea that disability is solely caused by impairment and not by the structural and physical barriers encountered by disabled people. In addition, the majority of these organizations which are set up according to this model of disability often do very little for the fight towards equality for disabled people (Cameron, 2014b). This model of disability also fosters the representation of disabled people as *vulnerable* even in situations where this is not merited with the consequence that disabled people are over-protected or not allowed to make their own decisions (Anderson, 2014; Anderson & O'Sullivan, 2010; Scully, 2014). At times the unnecessary label of *vulnerable* also restricts them from having relationships or from participating in activities or exercising their rights usually taken for granted by non-disabled people (Boyle, 2003; Sherwood-Johnson, 2013; Yeo, 2020).

The charity model of disability in Malta sees its roots in some of the first charity organizations set up between 1945 and 1973 with the aim of offering rehabilitation services to disabled people in the post-war and post-polio epidemic period (Camilleri, 2006). Some of these organizations are still present today and some new ones which are built on the same ideologies have also been set up. This model of disability was particularly prominent in earlier versions of a yearly telethon held in Malta on boxing day with the name of L-iStrina (Stellini, 2020). The telethon held in 2003 had drawn heavy criticism from the Chairperson of the National Commission for Persons with Disability of that time who had argued that disabled people's dignity was not being respected and that such programs were doing "more harm than good" (Camilleri, 2004, n.p.). This yearly telethon is still held every year but the production has in some ways altered their portrayal of the disabled people who participate in the programme, by interviewing them in more dignified ways and by showing their strengths. The charity view of disabled people within a Maltese context is not only confined to the portrayal of disabled people by charity organizations. Some of the disabled participants who took part in a study carried out by Cardona (2013) also highlighted how they felt that they were often also viewed as 'objects of charity' by society as well as by professionals. The effect of this representation of disabled people is that disabled people are rarely viewed as ordinary people going about their ordinary lives but as people who need help and are deserving of pity.

The Tragedy Model of Disability

The tragedy model of disability is another offshoot of the medical model of disability. The *personal tragedy model of disability* was first coined by Oliver

(1990b). The view of disabled people according to this model is that they have been stricken by an impairment at random like a ‘bad lottery ticket’, which in turn causes them to suffer and lead a wretched life (French & Swain, 2004). This model of disability is founded on the idea that the value of non-disabled people is higher than that of disabled people. ‘Able-bodiedness’ is something which disabled people should strongly strive for because impairment is a mark of misfortune. According to this model, an impairment needs to be endured or conquered and disabled people should either be pitied or praised for showing bravery in the face of their impairment (Cameron, 2014c). This model also gives the impression that disabled people are “unable to live worthwhile lives” (Williams-Findlay, 2014, p. 107) and are not satisfied with their bodies because they are constantly blighted by their impairment (Grogan, 2017). According to this model, it is also assumed that disabled people’s only goal in life is to become ‘normal’ (Swain & French, 2000).

French and Swain (2004) claim that there are a number of possible explanations for this view of disability. In their first explanation of this model they make reference to Shakespeare’s (1994) views who claims that the tragic model of disability could be stemming from non-disabled people’s irrational fear of impairment as well as the fear of their own mortality. Similarly, Wendell (2013) also argues that the disabled body is a constant reminder of what will eventually happen to all bodies. In their second explanation, French and Swain (2004) refer to Oliver (1993) who argues that the tragic view of disability could be stemming from the idea that disability is something which non-disabled people should distance themselves from because it is highly associated with dependence and abnormality. Whilst in their third explanation they suggest that

this view of disability could actually be a rational conceptualization based on the disablist contexts we live in. Unlike race or gender, non-disabled people live with the possibility of becoming a disabled person on a daily basis. They give the example of someone who has little knowledge of the experience of living with a visual impairment or who has had no connection with people with a visual impairment or whose identity is solely based on being a sighted person. The idea for this person to lose their sight would be considered a tragedy (French & Swain, 2004). The same can be applied to other impairments. Thus, according to French and Swain (2004) the personal tragedy of impairment and disability is also an issue of identity for non-disabled people. The personal tragedy view of disability allows non-disabled people to construct an identity as far away as possible from the identity of disabled people.

This model of disability is widely used in some media. Williams-Findlay (2014) claims that it is in fact the ‘traditional’ representation adopted by the media when stories about disabled people are presented. This is mirrored in the use of the words “suffering from/sufferer” in newspaper articles, news segments, film and literature. It perpetuates the idea that disabled people are nothing but victims (French & Swain, 2004; Beckett et al., 2010). The influence of the tragedy model of disability on the media is also present in the way the media portrays those disabled people who manage to do normal every-day things such as driving, going to school or university and have a job as ‘supercrips’. This is a portrayal usually associated with male athletes and not disabled women (Kafer, 2013; Martin, 2018; McGillivray et al., 2021). Cameron (2014c) argues that the influence of the tragedy model of disability on the media was particularly present in 2012 London Olympics where the Paralympic

athletes were often described by the words ‘tenacity’, ‘sheer courage and determination’, and ‘defying the odds’ even if their competing was not different than that of their non-disabled counterparts. This view of disability is also used by some media outlets in Malta. For instance, programmes on Malta’s national television station sometimes use this view of disability in their portrayal of disabled people. They often interview people, including disabled women, who have managed to ‘overcome’ a traumatic experience or impairment. The tragic view of disability is not as dominant as other models of disability within the local context so it cannot be considered as a hegemonic social representation. However, it is prominent amongst particular sub-groups, thus it can be considered as another emancipated social representation of disability and disabled people like the charity model of disability.

The Affirmative Model of Disability

The affirmative model of disability is considered to have evolved from the social model of disability (Goodley, 2011). This model of disability was originally developed by Swain and French in a paper they published in 2000. This model comes in direct opposition to the tragic view of disability. However, this does not mean that affirmations of disability have not been around since before the millennium, especially in relation to disabled women (Morris, 1991a). This model of disability is entrenched in disability pride which is similar to gay pride. Its views of disability originate from the Disability Arts Movement and the writings and works by disabled artists, activists and their allies. According to Swain and French (2000, p. 569), the affirmative model of disability “encompasses positive social identities, both individual and collective, for disabled people, grounded in the benefits of a lifestyle of being impaired and

being disabled". A source of pride amongst disabled people and viewing disability as a positive aspect of disabled people's identity lie at the heart of this model. It substitutes the notions of reliance, dependency and pity usually associated with disability with notions of willpower, identity and culture (Swain & French, 2000).

Swain and French's (2000) affirmative model of disability establishes a position from which it can be argued that living with disability can be fascinating and intrinsically satisfying and that disabled people's lives are of value. They by far do not mean to downplay the issues that can be brought on by impairment but they emphasize that this is not the only aspect of impairment. The affirmative model of disability suggests that impairment is a frequent and ordinary aspect of human life rather than a deviance. This model does not reject the barriers encountered by disabled people but it enables a respectful attitude towards disabled people and their bodies by defining impairment as a human difference like race, ethnicity and sex, which should be respected and accepted. According to Cameron (2010), the affirmative model is not about what disabled people can or cannot do but about the kind of social individuals that disabled people can develop into. Leading a disabled life has its positive and negative aspects and the positive aspects should be affirmed. Through these affirmations, disabled people can form individual and collective social identities which in turn enable disabled people to form their own communities and develop their own culture.

Literature about this model of disability and its representation of disabled people within a Maltese context is scarce. This representation of disability is not

particularly prominent in the Maltese context especially in comparison to other models such as the medical model, the religious model and the charity model of disability. Although there is an organization with the name of Opening Doors which enables people with intellectual disability to explore their artistic side and they manage to organize a number of shows of high calibre (Butterworth, 2018), a Disability Arts Movement has not been very present in Malta. The affirmative model of disability and its representation of disabled people can be considered a polemic representation since it goes against some of the other more dominant representations of disability such as the medical model of disability.

The Human Rights Model of Disability

The human rights model is one of the models which bears the closest affinity to the social model of disability. Some scholars and researchers consider them to be synonymous, however Degener (2017), a strong proponent of the human rights model of disability, considers the human rights model to be different from the social model of disability and strongly linked to the United Nations Convention on the Rights of Persons with Disabilities (2006). According to Degener (2017), “the human rights model is an improvement on the social model of disability, and it is a tool to implement the CRPD” (p. 41). This model of disability is particularly pertinent to the experiences of disabled women since for a long time, disabled women in comparison to disabled men, have experienced denials of their human and civil rights in higher rates and in more profound ways (Arstein-Kerslake, 2021).

Degener (2017) highlights six ways in how the human rights model views

disability and disabled people differently from the social model of disability. Her first argument is that while the social model provides an explanation for the exclusion of disabled people and makes a distinction between impairment and disability, it does not provide any moral principles or values upon which disability policy can be founded upon. The human rights model provides a theoretical framework for disability policy which emphasizes the point that human rights are inherent to the person, irrespective of their status or state of their body. According to this model, disabled people are holders of human rights by virtue of their birth and having an impairment does not hinder them from having equal recognition as a person. Her second argument is that the human rights model integrates both first- and second-generation human rights. According to this model, disabled people are considered as holders of "both sets of human rights, civil and political as well as economic, social and cultural rights" (Degener, 2017, p. 44). The third argument that Degener (2017) makes is related to the disregard for pain by the social model of disability. Unlike the social model, the human rights model acknowledges that disabled people might also experience pain and suffering due to their impairment and that any social justice theories should take this into account. The fourth argument by Degener (2017) is that the social model of disability leaves little room for identity politics whereas according to the human rights model, disabled people should be able to freely identify themselves with any other minority status or cultural categories. Examples of manifestations of identity politics include gay pride, black pride, feminism, and disability culture. Within disability it could also be related to categories of impairment such as deaf culture or groups for blind people as well as the identity differences between acquired and congenital

impairments. The human rights model views disabled people beyond their disabled identity. The fifth argument is that whilst the social model of disability is critical of policies related to preventing impairment, the human rights model recognizes the fact that properly formulated prevention policies are a human right for disabled people. Lastly, whilst the social model acknowledges the strong link that exists between disability and poverty, the human rights model acknowledges that impairment is also a reinforcer of poverty. The human rights model also provides a number of ways of how the possibility of poverty can be reduced for disabled people (Degener, 2017).

Literature about this model of disability and its representation of disabled people within a Maltese context is limited. Malta has signed the UNCRPD and Optional Protocol in 2006 and later ratified both in 2012. In 2020, the United Nations Convention on the Rights of Persons with Disabilities Act was passed in parliament. One of the roles of the Commission for the Rights of Persons with Disability in Malta is to raise awareness about disability rights and to receive complaints about disability discrimination. The Commission also has the mandate to investigate cases of discrimination as well as to pursue the matter before the Courts of Justice if an amicable solution is not reached. In view of these legal tools and the proliferation of discourse surrounding rights, it would be interesting to see if a human rights view of disabled women has become a social representation.

These models of disability have been created by people and thus provide an insight into how people make sense of disability and disabled people. Social representations are also influenced by perceptions (Bauer &

Gaskell, 2008) and in the following section I will look at the literature related to the public perceptions of disabled women. Since people tend to gather information about disability and disabled people from the media, I will also discuss the portrayal of disabled women in the media.

Public Perceptions of Disabled Women and Portrayal of Disabled Women in the Media

Perception is a main resource in the process of generating social representations (Rateau et al., 2023). Public perceptions of disability and disabled women have a strong influence on “the moral compass of society” (Babik & Gardner, 2021, p.1). Public perceptions of disabled women also have a bearing on the access to services available for disabled women and on the overall well-being of disabled women (Bamu & Van Hove, 2017). In this section I will first look at some of the perceptions held by people about disabled people and where available about disabled women. The majority of studies refer to perceptions about disabled people in general. One of the few studies that took into consideration the gender of disabled people showed that gender was unrelated to the attitudes and perceptions held by the public about disabled people. Whilst the same study showed that among professionals, perceptions towards disabled men were more negative than towards disabled women (Shiloh et al., 2011). In this section I will look at perceptions held by society and how these vary by sex, age, and education levels of the public, and at perceptions of disabled people held by professionals. I will also refer to a study looking at the perceptions of disabled people held by disabled people themselves. In the following section, I will then shed some light on the portrayal of disabled women in the media.

Public Perceptions of Disabled Women

Sex. A study looking at the difference between males and females and their perceptions of disabled people found that women tended to hold more favourable opinions than men about disabled people in general (Barr & Bracchetti, 2012). Similarly, a study carried out with American and Canadian first year medical students (Tervo et al., 2002) and another study carried out at two U.S. medical schools (Symons et al., 2014) found that male students were more likely to have negative perceptions of disabled people. Hyde (2006) suggests that one reason for women's more favourable perceptions of disabled people is that women have through generations been socialized in taking on more nurturing and caretaking roles with disabled people, thus they are more sensitized towards disabled people. This was confirmed by the National Survey of Public Attitudes to Disability in Ireland (National Disability Authority, 2017) which found that females were more likely to have daily contact with a disabled person. However, a study conducted by Tervo and Palmer in 2004 amongst American health professional students found that there was no difference in how male and female participants viewed disabled people. Similarly, a study by Shiloh et al. (2011) and another study by Goreczny et al. (2015) also found no relationship between the sex of the participants and their perceptions of disabled people.

Age. Age is another factor which tends to have an impact on one's perceptions of disabled people. However, studies report conflicting results on the relationship between the age of the participants and their perceptions of disabled people. According to a study by Staniland (2009), participants

belonging to the 18-29 and the 65+ age groups were the least likely to be comfortable when meeting disabled people. A study by Patka et al. (2013) also found that the younger individuals had more negative perceptions of disabled people. Whilst a study conducted by Barr and Bracchetti (2012) and another study by Zheng et al. (2016) found that older participants tended to have more negative perceptions of disabled people. Conversely, a study by the National Disability Authority (2017) in Ireland found that younger adults had more positive perceptions of disabled people with mental health difficulties, with intellectual impairment and with physical impairment. According to Barr and Bracchetti (2012), negative perceptions of disabled people are difficult to change in adulthood even if contact with disabled people was increased (Barr & Bracchetti, 2012). The reason for this is that very often these perceptions are set by early adulthood and are thus very difficult to alter over time (Barr, 2013; Rutland & Killen, 2015).

Level of Education. Yazbeck et al. (2004) claim that people with higher educational levels tend to have more positive perceptions of disabled people. The same finding was found by Staniland (2009) in a study about the public perceptions of disabled people. A study by Morin et al. (2013) about the perceptions about people with intellectual impairment specifically also revealed that those participants with better levels of education had more positive perceptions. The same was also revealed in a study conducted by Patka et al. (2013) which investigated the perceptions and attitudes of Pakistani community members and staff towards disabled people. In a study conducted with students, Prakash et al. (2016) also found that as the level of education of students increased, so did their positive perceptions of disabled people.

However, a study conducted by Vincent-Onabajo and Malgwi (2015) found that there was no association between the level of education and the participants' perceptions and attitudes towards disabled people.

Professionals. Different professional groups may also hold particular or different perceptions of disabled people, including disabled women. Most of the research in this regard focuses on health and social care professionals and educators. The possible reason for this might be that these are the professional groups who have the most and closest contact with disabled people.

According to a study by Iezzoni et al. (2021), physicians tend to hold negative perceptions of disabled people which can impact the kind of health care services that they provide. A study by Shiloh et al. (2011) reveals that X-ray technicians have more negative perceptions of and attitudes towards disabled people than do occupational therapists, nurses, family doctors and physical therapists. Other studies about the perceptions of disabled women specifically amongst health professionals also report negative perceptions. Various studies reveal that health professionals tend to perceive disabled women as lacking interest in sexual activity, lacking an interest in pursuing intimate relationships, and lacking a desire to become mothers (Dean et al., 2017; Kassa et al., 2014; Santos & Santos, 2017). Similar perceptions amongst healthcare professionals were also found by Mitra et al. (2017) and Smeltzer et al. (2016) who attribute the negative perceptions about disabled women amongst healthcare professionals to a lack of knowledge about the experiences of disabled women. According to Fish (2015, 2016), disabled women also tend to be judged more harshly by professionals than are disabled men. Negative

perceptions of disabled women by professionals can have adverse effects in other areas of their lives (Soorenian, 2014), such as their relationships and their experiences with raising their children. The experience of motherhood and the barriers encountered by disabled women in this area of their life due to negative perceptions is discussed in more detail below, since motherhood is one of the focal areas under consideration.

Other studies focus on the perceptions of employers or people in managerial positions since their perceptions can also have a strong impact on the lives of disabled people, including disabled women. A study by Bonaccio et al. (2020) carried out with people who have managerial positions about their perceptions of disabled people found that they hold ‘ill-founded’ views and concerns about the capabilities of disabled people. In addition, employers tend to have more negative perceptions of disabled people with mental illness and neurological impairments than they do of people with a physical impairment (Nota et al., 2014; Russinova et al., 2011).

There are some studies which look at the perceptions of disabled students held by teachers and educators, however like most other studies, they do not differentiate between disabled male and female students and take a sex-neutral approach. Unlike the perceptions held by social and healthcare professionals and employers, Perez-Jorge et al. (2021) found that the teachers they interviewed for their research had a general positive perception of disabled students. The same finding was found by Kofidou and Mantzikos (2017), however they also argue that teachers need to have more sufficient knowledge about different impairments in order to promote further inclusion in the

classroom.

Perceptions of disabled people by disabled people. Literature on the perceptions of disabled people or disabled women by other disabled people or disabled women themselves is lacking. One of the few studies that explored the perceptions of disabled people held by other disabled people is the one conducted by Deal in 2003. Deal (2003) explored the attitudes of disabled people towards other impairment groups. However, like most other studies Deal (2003) did not take into consideration a feminist perspective and encompassed disabled people under one group without making a distinction between males and females. According to this study, disabled people have different attitudes towards people of other impairment groups. Disabled people might not always want to be associated with other impairment groups with the reasons being stigma, competition for scarce allocations of funding or resources or even sexual attraction (Deal, 2003). Deal (2006) also reports that disabled people's attitudes towards other impairment groups are based on a hierarchy of impairments with disabled people with Schizophrenia and Down's Syndrome lying at the bottom of the hierarchy. Similar results were also found by McConkey (2020) and Werner (2015) amongst the general public. Both studies reveal that people tend to be more sympathetic towards persons with sensorial and physical impairment than those people with cognitive and emotional difficulties.

Portrayal of Disabled Women in the Media

The majority of people acquire information about disability and disabled people from the media, including social media platforms (Devotta et al., 2013;

Happer & Philo, 2013). Thus, the portrayal of disabled women in the media plays a very important role in the creation of social representations of disabled women. The visual medium like film, television and social media are in turn a source of expression of social representations held by producers or people working in the media (Da Silva et al., 2020).

For many decades there has persistently been very minimal real and accurate representation in the media of how disabled women live their daily lives (Wilde, 2022). Disabled women argue that many of the negative perceptions held by the public about them and their lives often emanate from negative portrayals in the media (Hargreaves & Hardin, 2009; Parsons et al., 2017). Disabled women are very rarely portrayed in ordinary roles in the media (Ellis, 2015; Wilde, 2022). Representations of disabled women tend to be presented in the context of problems surrounding the disability, with disabled women portrayed either as victims of their circumstances or as exceptional individuals overcoming their impairments (Parsons et al., 2017; Smith, 2015).

The situation is the same for advertising. Disabled people have rarely featured in fashion campaigns, on glossy magazines or on catwalks as ordinary models (Foster & Pettinicchio, 2021). Disabled models, including disabled female models, are still often considered by the fashion industry as something ‘exotic’ and out of the ordinary. On many occasions disabled people are only used to shock consumers rather than to capture the ordinary and simple presence of disabled people within life in general and within the fashion industry (Garland-Thomson, 2017).

The invisibility of disabled women playing ordinary roles in the media and advertising leads to further marginalization and has a significant impact on the

lives of disabled women (Parsons et al., 2017). Negative and unrealistic portrayals of disability and disabled women continue to misinform viewers about the reality of living with an impairment. Such portrayals continue to foster the perception that disabled women's only identity is that of being disabled and that they lack having other social roles within their lives (Worrell, 2020). As a result, disabled women and girls lack access to positive role models, which in turn limits disabled women from developing positive, realistic expectations and aspirations (Drummond & Brotman, 2014; LaPierre et al., 2017).

Social media platforms also wield considerable influence in shaping social representations (Sarrica et al., 2018), including those related to disabled women. One significant effect is the potential for increased visibility and representation of disabled women. Social media provides a platform for disabled women to share their experiences, challenges, and triumphs, allowing for a more diverse and authentic portrayal of the female disabled experience (Pearson & Trevisan, 2015; Trevisan, 2017; Zheng et al., 2020). This visibility can challenge preconceived notions and stereotypes, fostering a more nuanced understanding of disability. However, there is a flip side to this coin. Social media may also contribute to the perpetuation of harmful stereotypes. Images and narratives that sensationalize disability or focus solely on perceived limitations can reinforce existing biases (Cameron et al., 2022). The pressure to conform to narrow representations of feminine identity and ability, prevalent in mainstream media, may be intensified in the social media landscape (Aberg et al., 2020). This same pressure could potentially further marginalize disabled women who do not fit these ideals. The accessibility of social media poses both opportunities and challenges. While it potentially facilitates connections and

community-building among disabled individuals, it can also expose them to online harassment, ableism and microaggressions (Sweet et al., 2020). The impact of media on shaping social representations of disabled women hinges on how society navigates the balance between amplifying diverse voices and perpetuating harmful stereotypes, urging for a more conscientious and inclusive media landscape.

In a paper published last year, Wilde (2022) argues that media representation of disabled women in the United Kingdom is improving as media industries are producing more disabled-led content. She argues that there has been a drastic transformation in the last three decades where UK based media went from not portraying any disabled women on their screens to people expecting a disabled female character in the majority of productions. She gives the examples of well-known disabled and Deaf actresses such as Cherylee Houston on Coronation Street, Liz Carr on Silent Witness and Lisa Hammond on Eastenders, amongst others, who play ordinary roles in British soap operas and drama series. In her paper, she further uses the example of Hen Night – a disabled-led initiative as part of the BBC's Culture in Quarantine (Covid-19 pandemic) - as a good example of storytelling which touches upon the disabled gendered perspective. Wilde (2022) argues that what made this particular initiative different from other initiatives was that it did not portray Jessica, the main character, in the usual traditional representations associated with disabled women. Jessica was not portrayed as needing "special considerations" and it did not force a particular message, usually related to accessibility or lack of, on the audience (p. 524). Instead, the episode touched upon a number of issues related to the ordinary life of Jessica whilst cleverly intertwining them with the

elements of the value of disabled people, sexuality and personhood in relation to disabled women. Since Wilde's (2022) paper there have been other good examples of realistic portrayals of disabled women in British media such as the participation of Ellie Simmonds on Strictly Come Dancing, which further adds to the visibility of disabled women on reality television shows. Sophie Morgan's participation on Loose Women is also a reminder that disabled women make good contributors on talk-shows and can discuss many aspects of life other than their impairment and disability-related issues, further fostering more positive perceptions of disabled women.

The situation within the Maltese context is somewhat different to that described by Wilde (2022) for the United Kingdom. The change in the portrayal and representation of disabled people in Maltese media has not been as rapid as it has been in the United Kingdom. The majority of disabled roles in Maltese television productions are still played by non-disabled actors, such as the blind woman in the television series Evanġelisti (The Evangelicals) and all five disabled roles in the more recent television series L-Għarusa (The Bride), amongst others (Bonnici-Fiorentino, 2020). In addition, in the majority of times, disabled people are only invited to talk shows or on television programmes to talk about issues related to their impairment or problems associated with disability and very rarely to discuss current affairs and other aspects of life. However, there have been some great examples of the involvement of disabled women in the media in the last decade. Only last October actor and writer Angela Bettoni was the first female television presenter to host a children's television programme about filmmaking and the media on Malta's national television station (Carabott, 2023). Similar examples also exist in the fashion

industry where young disabled model Sarah Rausi keeps making inroads in fashion shows both in Malta and overseas such as London's Fashion Week (Muscat, 2021).

Wilde (2022) contends that disabled-led initiatives in the media are "a key route to diversity and inclusion" (p. 526). She further affirms that positive and realistic representations of disabled women in the media have the power to convince audiences that disabled women have much to offer and can eventually influence the social representations of disabled women in a number of contexts (Wilde, 2022). This leads me to the next section where I will present literature about disabled women and the four focal contexts of this study.

The Four Focal Areas

In this fourth and last part of the literature review I present literature around disabled women and the four focal areas of this study, which are education, employment, relationships and motherhood. These four areas have been chosen since they are considered to be important aspects of life, including disabled women's lives. Another reason for the choice of these four focal areas is that they represent some of the main aspects of life in which disabled women are at a disadvantage in comparison to disabled men and non-disabled women (NSO, 2011). The social representations of disabled women in these focal areas are salient as they impact the quality of life of disabled women. In this section I will discuss the experiences of disabled women and some of the perceptions of disabled women in these four focal areas.

Disabled Women and Education

Education plays a central part in the lives of all children and young

people, including disabled girls and disabled women. Education is considered a human right (Lee, 2013). Through education students acquire valuable skills and knowledge which are deemed important for their economic and social lives (Ansell, 2005). Education also enhances freedom and develops human agency (Drèze & Sen, 2013; Unterhalter, 2009; Walker & Zhu, 2006). It enables individuals to make informed decisions, which is even more crucial for disabled girls and young women because their aspirations and ambitions are often ignored or diminished (Green, 2007). The role of education in disabled girls' and women's lives is also known to enhance their self-determination, increase self-confidence and awareness of rights, and reduces their dependency on others (Hammad & Singal, 2015; Singal et al., 2012). Having equal access to education also makes disabled girls feel as valued members of society (Singal et al., 2012). Contrastingly, lack of access to inclusive education has an impact not only on the childhood of disabled girls but the impact is also carried on into their adulthood (Miller & Kurth, 2022).

In the local context, the right to education is enshrined in Article 21 of the United Nations Convention on the Rights of Persons with Disabilities Act (2021), which specifically focuses on the right of persons with disabilities to education at all levels, including lifelong learning, without discrimination. In addition, Article 6 of the same Act also specifies the importance of guarding the human rights and fundamental freedoms of those experiencing multiple discrimination due to being female and being disabled. The right to inclusive education is also reflected in the Education Act (2019), in the Malta National Disability Policy on the Rights of Persons with Disability (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2014) and in

Malta's 2021-2030 National Strategy on the Rights of Disabled Persons (Consultative Document) (Ministry for Inclusion and Social Wellbeing, 2021). In addition, Malta is also a state party of the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994). According to data provided by the National School Support Services (personal communication, April 7, 2023), 11% of student population in Malta and Gozo who attend state mainstream schools have a statement of needs. Whilst 0.67% of the total student population in Malta and Gozo attend a specialized educational setting. Disaggregated data according to sex is not available. Data about the number of students who have a statement of needs and attend Church and Independent Schools is also not available (personal communication, April 7, 2023). Literature on the experiences of disabled girls and women within the education sector in Malta is also lacking. Since research rarely includes data comparisons between disabled girls and disabled boys and non-disabled girls, it is very difficult to identify the impact that the intersection of sex and disability have on the experience of education for disabled girls in Malta.

One of the biggest barriers to educational equity for disabled girls may be their invisibility. Very often disabled girls are not included in the strive for educational equity for girls. Whilst at the same time, disabled girls are also overlooked by those who strive for educational equity amongst children because sex difference is not considered (Abualghaib et al., 2019; Erevelles & Nguyen, 2016). The circular relationship between poverty and disability also has a great impact on the access to education for disabled girls. Poverty is known to cause disability, particularly for women and girls. This is because in comparison to disabled boys and men, disabled girls are more likely to be

deprived of their basic needs (Groce et al., 2011; Groce et al., 2014). Disability, in turn, can contribute to poverty, because it entails additional expenses as well as the lack of information and knowledge about how to access services and financial subsidies specifically for disabled people. Thus, it is more likely for disabled girls than disabled boys to grow up in poor families, which also places them at a disadvantage when it comes to their education (Groce et al., 2011).

Although, in Malta, the research does not focus on the heterogeneity of disabled students, disabled girls encounter a number of barriers due to their disability. Some of the barriers encountered by disabled children are related to the different interpretations of inclusive education. Different schools seem to interpret the term inclusive education differently with the effect that not all disabled children receive the same educational experience (Psaila, 2015). This is not unique to Malta because Haug (2017) argues that the definitions and implementations of inclusive education across European countries vary immensely. Mainstream schooling adopting an inclusive approach is known to enhance the educational experience of disabled children (Dessemontet et al., 2012; Humphrey et al., 2006; Tryfon et al., 2021). However, disabled students in Malta are often made to miss school in order to access services such as medical and therapy sessions, which are only offered by the State in the mornings. This situation is further compounded by having disabled students taken out of the classroom to attend sessions in Resource Centres or Resource Rooms (Psaila, 2015).

The Covid-19 pandemic has only made the situation of equal access to education for disabled students, including disabled girls, worse. During the

Covid-19 pandemic, students with disability fared worse than their non-disabled counterparts when the education system switched to remote learning (Azzopardi et al., 2020). The sense of isolation was worse for disabled students, including disabled girls, even when the schools reopened after lockdown since the majority of disabled students were categorized as ‘medically vulnerable’ were thus advised to remain at home. In addition, remote learning was not always accessible to disabled students, particularly those with a hearing impairment (CRPD, 2021a).

Disabled students, including disabled girls, also encounter negative attitudes and perceptions held by educators and their peers. According to a study conducted by Borg (2009) about the perceptions of mainstream primary school children about the inclusion of their disabled peers in Malta, it was found that students with a physical impairment but with age appropriate cognitive and social skills are highly accepted by peers. Whereas, those students who lack appropriate social skills, as well as social emotional and intellectual maturity or behavioural difficulties due to their impairments were often rejected or isolated by their peers. In addition, it was found that in classrooms with children with intellectual impairment there was an element of prejudice towards these children. The findings of this study also showed that the teachers were not always in favour of inclusion and that the teachers’ attitudes are considered critical to whether inclusion practices are successful or not. The same findings were also evidenced in studies carried out by Chong et al. (2007) and Chiner and Cardona (2013). Negative attitudes towards disability by non-disabled students pose a barrier to equity in education and to the experience of inclusive education for disabled students. Addressing ableism amongst students and

teachers is imperative to the successful implementation of inclusive education strategies for disabled girls and boys (Freer, 2021; Vaz et al., 2015). Differentiation between the experience of disabled girls and boys was not made in these studies, showing the need for more studies which take into account the impact of sex and disability.

Although there is a lack of reliable, comparable data on the access and participation of disabled women in education, the experiences of disabled women in higher education have been garnering interest amongst scholars over the years (e.g. Bruce & Aylward, 2021; Kendall & Tarman, 2016; Morgan, 2023). Data from the University of Malta shows that notwithstanding some of the barriers encountered by disabled girls in education, the number of disabled female students has increased over the years (Access Disability Support Unit, University of Malta, personal communication, April 12, 2023). The number of disabled female students who identified themselves as having an impairment and applied for access arrangements was 28 in 2013 in comparison to 225 in 2022, while in the case of disabled male students it went up from 18 to 144 in the same period (Access Disability Support Unit, University of Malta, personal communication, April 12, 2023). Although the reason for the increase in disabled women applying for access arrangements across the years could be that more disabled students in general are becoming more aware of the availability of access arrangements, there has still been a significant increase in the overall number of disabled students. This increase in itself shows that more disabled students are accessing higher education at the University of Malta. It also shows that the trend of there being more female students at the University of Malta is the same for disabled female students.

The key factors which enable disabled women's access to higher education include the encouragement of their families as well as that from their teachers in primary and secondary school and the importance of a good support network whilst at university (Trotta Tuomi et al., 2015). Disabled female students also acknowledged the importance that support services provided by the university was a positive resource in enabling them to have equal access to education (Kendall et al., 2016). In addition, disabled women who made it to university also emphasized that the same requirements that apply to all other students, that is, equitable access, engaged participation and empowered success also apply to them (Trotta Tuomi et al., 2015). Although the number of disabled women in higher education has increased over the years, the representation of disabled women in courses leading to entry to 'the professions' remains disproportionately low (Rickinson, 2010). According to Shakespeare et al. (2019), given the right support, disabled people, including disabled women, can achieve educational success as well as their non-disabled peers. Therefore, investment in the education of disabled girls and women will have the desired effect and will not only impact disabled women but also the entire community.

Disabled Women and Employment

Meaningful and gainful employment satisfies one of the most critical human needs, which is that of enabling an individual to access material resources that one requires for daily living and function (Boreham et al., 2016). Apart from providing a sense of economic security, employment also has other positive impacts on an individual's quality of life and identity, such as the development of a number of skills, the opportunity to establish social

relationships, the creation of a sense of self-worth, and a general positive impact on one's physical and mental health, amongst others (Lysaght & Cobigo, 2014; Norstedt & Germundsson, 2023). Gainful and meaningful employment also contributes greatly not only at an individual level but also to the overall wellbeing of a given society and population (Boreham et al., 2016; Van der Meer, 2010). The same feelings of general well-being about themselves and their abilities as well as all the other benefits of gainful employment are also reported by disabled women (Castañeda et al., 2019). Contrastingly, the effects of low-quality employment and unemployment include, a sub-standard quality of living, weakened social relationships, lower levels of life satisfaction, and the economic cost of underused human capacity (Berloffa et al., 2019; Smith et al., 2019).

The reality is, however, that most disabled women do not always have the luxury of enjoying the benefits of gainful and meaningful employment quite as easily as disabled men and non-disabled women (Castañeda et al., 2019; Hirano, et al., 2023; Kim et al., 2020). According to the European Disability Forum (EDF) (2022), about 49% of disabled women aged between 20-64 in the European Union are in employment compared to 53.9% of disabled men. In addition, only 20% of disabled women in the European Union are in full-time employment compared to 29% of disabled men, 48% of non-disabled women, and 64% of non-disabled men. The disparity in access to employment is also mirrored in the disparity in income capacity for disabled women. Data from the Gender Equality Index (European Institute for Gender Equality, 2021) about income capacity expressed in the purchasing power standard (PPS) shows that the EU average mean equivalised net income for disabled women was of

16808 PPS, in comparison to 17756 PPS for disabled men, 20140 PPS for non-disabled women, and 20988 PPS for non-disabled men. Equivalised income is a measure of household income that takes into account the differences in household size and composition and is thus made equivalent for all household sizes and compositions. This data shows that the income of disabled women is low in comparison to non-disabled women, disabled men and non-disabled men.

The right to work in Malta is enshrined in Chapter II, Article 7 of the Constitution of Malta by the statement, “The State recognizes the right of all citizens to work and shall promote such conditions as will make this right effective”. In addition, in 1969 the Employment (Persons with Disability) Act was enacted by Parliament. This Act does not only recognize the right of disabled people to work but it also places an obligation on employers to ensure entry for disabled people into the labour market. This Act obliges employers employing more than 20 employees to adopt a 2% quota for the employment of disabled people. In 2015, amendments to this Act were made to further enforce the 2% quota by means of a fine for employers who do not abide by the legislation. The fine was introduced in conjunction with fiscal incentives for employers who employed disabled people. In addition, at the same time, the removal of a cap on income earned by disabled people eligible for a disability pension was also removed. Thus, as of 2015, disabled people could both work and continue earning the disability pension at the same time, regardless of their income (Barry, 2014). Although the enforcement of the quota caused some criticism by employers, a memorandum of understanding was eventually signed by the national employment agency Jobsplus, the Malta Employers’ Association, and

the Malta Chamber of Commerce, Enterprise and Industry with the aim of resolving some of the issues which emerged from the enforcement of the 2% quota for disabled people (Times of Malta, 2016). The right to work without being subject to disability discrimination is also enshrined in the United Nations Convention on the Rights of Persons with Disabilities Act which was passed by parliament in 2021. Recent data about the employment of disabled women in Malta is scarce. According to data available as part of the European Semester 2020-2021 country fiche on disability, the rate of employment for disabled women in Malta lies at 31.3% whereas that for disabled men lies at 53.7%. Both rates of employment are low when compared to the EU27 average, however whereas the gap for disabled men is of 0.6%, that for disabled women is of 16.5% (Gauci et al., 2021). Data about the rate of employment for disabled women from the Census of Population and Housing 2021 was not yet available at the time of writing. Whilst a study commissioned by the CRPD published in 2021b about the current situation of people with disabilities and employment in Malta did not provide disaggregated data between males and females.

Despite the introduction of quota mechanisms, anti-discrimination legislation and more awareness about accessibility and reasonable accommodation amongst employers, labour market discrimination is greater for disabled women than disabled men. Employment continues to present itself as an obstacle for the majority of disabled women (Coffey et al., 2014; Kim et al., 2020). Research indicates that disabled women are not only the most likely to find obstacles to enter the labour market but they are also the least likely to sustain employment (Kim et al., 2020). Disabled women are also the least likely to have a managerial role and the most likely to feel more limited in the type of

work they could do (Doren et al., 2011; Kim et al., 2020). Very often the employment opportunities for disabled women are generally characterized by low wages and low status jobs (Kim et al., 2020; Lindsay et al., 2017). They also do not receive the same employment benefits as non-disabled women and disabled men and there is also limited opportunity for them to progress and advance in their roles, even when they show willingness to upgrade their skills and show motivation to advance their position (Brewster et al., 2017; Kim et al., 2020; Lindstrom et al., 2019). The Covid-19 pandemic has only made this situation worse since disabled people, including disabled women, were some of the first people who were removed from the labour market at the start of the pandemic (Azzopardi et al., 2020).

Some of the obstacles encountered by disabled women to access the labour market stem from structural barriers and negative misconceptions about disabled women's ability to be productive. Some of the structural barriers encountered by disabled women are also encountered by disabled men and include difficulty with finding accessible transport to get to the place of work, accessing the workplace such as getting into the actual building and accessing the work-station and sanitary facilities, and workplace discrimination (Coleman et al., 2013; Sayce, 2011). Such structural barriers are also encountered by disabled women who are engaged in a high-skilled professional sector (Chowdhury et al., 2022).

Apart from structural barriers experienced by disabled women which might be common with disabled men, disabled women tend to experience different types of workplace discrimination than those experienced by disabled men or non-disabled women. At the outset, they tend to be more negatively

perceived as being incapable of working than disabled men (Wehbi & Lakkis, 2010; Mapuranga & Mutswanga, 2014). Disabled women are also more likely to be reticent about telling their employers about their impairment due to fear of being judged more harshly (Moloney et al., 2019). Moreover, the types of workplace discrimination which are more specific to disabled women include being bullied by colleagues or superiors and not being treated fairly by superiors or employers (Coleman et al., 2013). Disabled women's low employment rate is also an effect of the negative misconceptions held about them by employers. Some employers fear negative reactions by customers if they employ disabled women and they are also holders of the misconception that there is a higher possibility for disabled women to get injured at work (Jones & Latreille, 2011; Kulkarni & Valk, 2010).

In order to help disabled women to combat these negative experiences of discrimination, researchers have found that mentors, job coaches and support workers can be important assets (Ridley, 2011; Skinner, 2011). There is also a growing recognition that one way of increasing the employment rate amongst disabled women is through the promotion of self-employment and entrepreneurship (Williams & Patterson, 2019). Self-employment is considered to be one way of offsetting both perceived and actual discrimination in finding employment opportunities. This is because self-employment or entrepreneurship may provide disabled women with the opportunity to overcome some of the barriers usually created by employers as well as structural barriers such as work-place inaccessibility encountered by disabled women. Self-employment can also lead to more independence. In addition, it offers higher flexibility in terms of working hours and location of work as well as

better accommodation for general accessibility (Williams & Patterson, 2019). Work satisfaction is also higher amongst people who are self-employed (Meager & Higgins, 2011; Norstedt & Germundsson, 2023; Pagán-Rodríguez, 2011). According to a study by Maritz and Laferriere (2016) disabled people tend to achieve high rates of success when given the opportunities to create their own business.

Disabled Women and Relationships

Relationships are an integral part of every human being's life. The tendency to seek and maintain relationships stems from our underlying need to belong (Gere & MacDonald, 2010). Relationships are a source of overall well-being and are considered to be essential to our psychological and physical health (Berli et al., 2021; Braithwaite & Holt-Lunstad, 2017; Gómez-López et al., 2019). Strong relationships have also long been tied to feelings of self-worth and self-esteem (Harris & Orth, 2020; Taylor et al., 2013). Disabled women have the same normative expectations for relationships as their non-disabled peers. Disabled women expect and want to enter into a romantic relationship with the prospect of eventually starting a family of their own (Bernert, 2011; Emerson et al., 2008). However, for a long time the subject of intimate and romantic relationships for disabled women has been and continues to be overshadowed by other wider and possibly more important fights, such as the right to education and employment. It was only in the late nineties that disabled feminist authors (e.g. Barron, 1997; Thomas, 1999; Wendell 1996) began to challenge these other important dimensions of disabled women's lives, such as the right and access to romantic relationships, by writing about their own experiences and causing what Sherry (2004) describes as a crucial

"deconstruction of the public/private divide" (p. 776). However, disability and romantic relationships or marriage still do not tend to sit comfortably together in popular or academic discourse (Vikström et al., 2020).

Notwithstanding disabled women's normative expectations about relationships, disabled women are still more likely to remain single when compared to disabled men and non-disabled women. According to Savage and McConnell (2016), disabled women with early onset conditions, cognitive impairments, mobility limitations and lower levels of education are the most likely to remain single. There is also a greater possibility for disabled women to be divorced, separated or married but living apart (Savage & McConnell, 2016). In addition, disabled women, both in Malta and abroad, are also less likely to have an intimate relationship in their life course (CRPD, 2013; Porter, 2018; Savage & McConnell, 2016). Due to society's problematization of disability, disabled women are also excluded from receiving sexual education and are often left to navigate their relationships and intimate experiences with little or no support (Addlakha et al., 2017; Bahner, 2018; Beckwith & Drake, 2022; Björnsdóttir et al., 2017; Campbell et al., 2020).

Those disabled women who succeed in entering a romantic relationship and find an intimate partner tend to face great barriers to the success of the relationship (Afolayan, 2015). There are numerous reasons which hamper disabled women's access to romantic and intimate relationships. These reasons include biased attitudinal expectations of body normalcy and gender roles of disabled women (Taub et al., 2009). According to Savage and McConnell (2016), these reasons can be narrowed down to two main factors,

which are a sense of isolation and the stereotypes and societal expectations associated with disabled women.

Disabled women experience isolation at various levels of the social system. Isolation could be stemming from the shunning of disabled women by others as well as disabled women's own withdrawal from society due to lack of self-confidence (Alfoyan, 2015; Savage & McConnell, 2016). Disabled women might also experience isolation due to over-protection from parents or guardians. The greater control over their everyday routine exhibited by disabled women's parents or guardians might in turn prohibit them from going out and meeting their peers (Callus et al., 2019; Savage & McConnell, 2016). At times this over-protection by parents and guardians is taken to an extreme with some disabled women being subjected to sterilization (Kittay, 2011; Roets et al., 2006).

The isolation experienced by disabled women is also rooted in physical barriers and lack of accessibility (Taub et al., 2009). Reeve (2004) proposes that the isolation due to inaccessibility is a form of social oppression and occurs through "the experience of being excluded from physical environments" (p. 86), which instigates feelings of not belonging and thus leading to lack of self-confidence. Physical barriers prevent disabled women from having access to employment and leisure activities and thus fewer opportunities to meet potential individuals who could eventually turn into long lasting romantic partners. Social isolation amongst disabled women is reinforced by the lack of spatial mobility, the disabling deficiencies of the public transportation system, and the lack of funds to overcome private transportation barriers as well as to pay for leisure activities. For instance, lack of spatial mobility is experienced in events such as

concerts, shows etc, where disabled people are often assigned specific areas away from the rest of the audience. Such enclosed areas do not allow disabled people to interact with other people outside that area, thus hindering their chances of making new friends which could eventually lead to forming romantic and intimate relationships. The physical barriers encountered by disabled women hinder their social activities by limiting social options and choices of locations in which to socialize and meet potential romantic partners (Taub et al., 2009). These barriers impede the forming of relationships which further leads to isolation and physical segregation (Savage & McConnell, 2016). They also lead to disabled women requiring extra effort and energy in order to engage in relationships.

The negative stereotypes associated with disabled women are another factor which hinder disabled women's access to romantic and intimate relationships. Some of the negative stereotypes are that disabled women are dependent, passive, needy, asexual and unfit for relationships and motherhood (Lesseliers & Van Hove, 2002). These stereotypes often stem from society's view of disabled women's bodies. Society tends to think that since disabled women's bodies are not like 'normal bodies' then they cannot be attractive or aesthetically pleasing or function like other 'normal' bodies (Hunt et al., 2021; Korf-Sausse, 2015; MacKeigan et al., 2021; Pazhoohi et al., 2021). According to Siebers (2008), these thoughts about disabled women's bodies amongst society prevail because the impaired body is a challenge to what is considered the 'able body'. These negative stereotypes and negative attitudes experienced by disabled women are an example of what Thomas (1999) refers to as psycho-emotional disablism. This kind of disablism operates at a personal level

and directly impacts who disabled women can be and the relationships they can have. These stereotypes are not only held by non-disabled people but many disabled women are brought up with these stereotypes about themselves which in turn lead to disabled women growing up to believe that intimacy, love and marriage are not for them (O'Toole, 2002). Crawford and Ostrove (2003) had observed how even in childhood, disabled women are often "…discouraged from seeing themselves as viable relational partners" (p. 183).

Another related barrier to forming social relationships is societal expectations regarding the physical self. Individuals may reject disabled women because they are thought to violate characteristics of strength, energy, and control over bodily movements and are assumed to be weak and frail (Moloney et al., 2019; Nario-Redmond, 2010). Prospects for romantic relationships are also often limited for disabled women due to misconceptions about disabled women being violators of gender role expectations (Zitzelsberger, 2005). Disabled women are viewed as not being able to fulfil roles usually associated with being a female such as the role of wife and mother, which further diminish their chances of being viewed as potential relationship partners (Lesserliers & Hove, 2002).

Research about the experiences of disabled women in romantic relationships within a Maltese context is scarce. However, a study by Debattista (2015) about disabled people and intimate relationships within a Maltese context showed that the disabled people he interviewed were keen on being active partners in a romantic relationship. In addition, according to Debattista (2015), having a partner with non-judgmental views on disability tends to have a positive influence on the course of the romantic relationship.

Disabled women are also more susceptible to experiencing intimate partner violence or domestic violence when in a relationship in comparison to disabled men and non-disabled women (García-Cuellar et al., 2023). Research shows that disabled women's experience of intimate partner violence is specific to them and is different from that experienced by non-disabled women (Plummer & Findley, 2012; Ruiz-Pérez et al., 2018). Disabled women are more susceptible to intimate partner violence due to potential physical dependence on the intimate partner, higher levels of poverty and isolation as well as a higher perception of vulnerability by perpetrators (Breiding & Armour, 2015; Ruiz-Pérez, et al., 2018). The type of abuse experienced by disabled women can be experienced across a wide range of settings. The condition and impairment of disabled women itself may be the source of exploitation by abusers. Deliberate neglect or denial of medication or assistive equipment at the hands of romantic partners are some of the examples of the complex nature of the abuse experienced by disabled women. There are also situations where abusers can use their increased power and control over disabled women, further multiplying the vulnerability and isolation experienced by disabled women (Breiding & Armour, 2015). The situation for disabled women experiencing domestic violence and intimate partner violence was only made worse by lockdowns and social distancing restrictions due to the Covid-19 pandemic (EIGE, 2022). A number of studies report how disabled women who have been subjected to intimate partner violence and domestic violence show resilience in their ways of emerging from such a negative experience (Aguillard et al., 2022).

Disabled Women and Motherhood

In today's highly industrialized societies, more women are choosing to delay childbearing in order to advance their careers, whilst some women are deciding not to have any children at all (Lazzari, 2022; Martin et al., 2018; Martin et al., 2019; Martinez et al., 2018). Notwithstanding these decisions, women are still traditionally defined by their role as wife or mother, with motherhood in particular still regarded "…as a normal part of every woman's female identity" (Lappeteläinen et al., 2017, p. 140). However, both realities of either deciding to delay childbirth or deciding to having a child of their own are very far from the situation for most disabled women whose experience is at a very different stage when compared to their non-disabled peers. Although the right to start a family, including the right to decide freely and responsibly when to have a child, as well as the right to having access to age-appropriate information regarding reproduction and family planning, are enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), disabled women still encounter a number of obstacles in realizing their aspirations to have a family. In both industrialized and developing countries, motherhood is still an unrealistic and challenging reality for the majority of disabled women (Payne et al., 2016; Savage & McConnell, 2016; Tefera et al., 2017).

Research shows that disabled and non-disabled women report similar desire and intention of becoming pregnant (Shandra et al., 2014). However, the discrepancy between disabled and non-disabled women in the face of motherhood originates from the mistaken belief held by society that disabled women are not capable of fulfilling the role of mother (Frederick, 2016; Lawler et al., 2013; Malacrida, 2007; Walsh-Gallagher et al., 2012). Disabled women

are still at a stage where they experience judgement and negative attitudes when getting pregnant or even at the mere mention of saying that they want to have a child (Lappeteläinen et al., 2017; Lawler et al., 2015; Wołowicz-Ruszkowska, 2016). Some disabled women claim that from a very young age they were taught to suppress their desire for motherhood and to view it as a wish which will never be fulfilled (Lappeteläinen et al., 2017). Many disabled women report that at the very first mention of their pregnancy they are often pressured into having an unwanted abortion or to give up the baby for adoption by professionals and relatives (Frederick, 2015). Disabled women who become pregnant claim that they feel that they are often viewed as ‘selfish’ because it is assumed that it will be their partner or relatives who will be raising their children and that their children will eventually become burdens on society (Andrews, 2011; Devkota et al., 2019; Frederick, 2015; National Council on Disability, 2012). Another commonly held mistaken belief is that the children of disabled mothers are prematurely “parentified” because they have to perform tasks usually carried out by the parents, or because they have to become involved in the care of the disabled parent (Kaiser et al., 2012). Such mistaken beliefs often deter disabled women from seeking support services for fear of being labelled as an “incompetent mother” or worse still for fear of having their children taken away from them (Lloyd, 2001, p. 720). The mistaken belief of disabled mothers not being competent at taking care of their own children is also related to an increased risk of state surveillance and public scrutiny even though disabled parents are not in any way more likely to maltreat their children than non-disabled parents (Frederick, 2015). Negative misconceptions about motherhood

for disabled women are often rooted in stereotypes and a social environment which is rife with prejudice (Casebolt, 2020; Devkota et al., 2019).

Disabled mothers who plan to conceive a baby or are pregnant find it harder to access sources of support both prior to getting pregnant and whilst pregnant due to inaccessible clinics and lack of accessible information as well as negative attitudes amongst health professionals and service providers (Alhusen et al., 2021; Devkota et al., 2017; Frederick, 2015; Mitra et al., 2017; Nguyen, 2020; Wołowicz-Ruszkowska, 2016; Wołowicz et al., 2022). For instance, the disabled women taking part in Azzopardi-Lane's and Callus' (2016) study recounted how whilst pregnant, medical professionals would often address the people accompanying them at their hospital visits rather than addressing the disabled mothers themselves. The negative attitudes and misconceptions about disabled mothers amongst health professionals often lead to disabled mothers not being referred to fertility services such as IVF (Ha & Martinez, 2021; Mutcherson, 2009, 2017).

Research also shows that disabled women often feel that health professionals do not fully understand their sexual functioning and reproductive experiences in comparison to that of non-disabled women (Casebolt, 2020; Mitra et al., 2016; Shah et al., 2022; Tarasoff, 2017). For instance, disabled women argue that they are often made to have a caesarean delivery solely on the basis that they are disabled even when such a delivery is not medically warranted (Nguyen et al., 2022a; Smeltzer et al., 2016). In addition, disabled women's pregnancies are often treated as "high risk" even when their impairment or condition are entirely unrelated to their gynaecological functions.

The “high risk” label when not medically warranted often leads to an intensification of fear and anxiety for disabled women which in turn leaves them feeling less involved in the decision-making process about their own care (Brown et al., 2016; Silvers et al., 2016).

A number of services usually taken for granted by pregnant women do not always include or accommodate access requirements for disabled women (Aunos et al., 2022; Camilleri-Zahra, 2023; Iezzoni et al., 2015; Malouf et al., 2017; Mitra et al., 2016). The lack of accommodations include accessible parking at gynaecological and obstetricians’ clinics, accessible facilities and clinics, accessible equipment such as weighing scales for mothers who use a wheelchair and height adjustable examining tables, and accessible information particularly for mothers with a visual impairment, hearing impairment or an intellectual impairment about the pregnancy and the birth. Some disabled mothers with a physical impairment also find that in the maternity wards some basic facilities such as showers, toilets and baths are inaccessible to them. Unlike non-disabled mothers, mothers with disability often have to take their own assistive equipment such as a stool, shower chair or commode with them to hospital since such basic needs are often overlooked (Iezzoni et al., 2015; Malouf et al., 2017; Shah et al., 2022; Smetlzer et al., 2016; Tarasoff, 2017). As the baby grows, disabled mothers also realize that most of the services and recreational activities aimed towards children and their parents are not accessible for them either (Shpigelman, 2015).

Disabled women who become mothers assert that motherhood often affirms their identity and worth as a woman and gives them a purpose in life (Hall et al., 2018; Lappeteläinen et al., 2017; Payne & McPherson, 2010;

Shpigelman, 2015). Becoming a mother is often considered to be a rewarding and redefining life event for disabled women. The majority of disabled women who go on to experience motherhood often refer to is as a ‘blessing’ (Malacrida, 2009; Tefera et al., 2017). Motherhood also confers a degree of social normativity which disabled mothers might not get to experience in other areas of their life. Those disabled women who report a positive experience of pregnancy and motherhood claim that this was because a person-centred approach was adopted and because their needs were accommodated on a case-by-case basis. They also claim that their journey of motherhood taught them how to be resilient for themselves as well as for their children (Shpigelman, 2015). A number of studies claim that adequate training regarding the perinatal care needs of disabled women is warranted and should be considered a high priority (Horner-Johnson et al., 2017; Mitra et al., 2017; Tarasoff, 2017). Andrews and Ayers (2016) and Tarasoff (2017) recommend that healthcare professionals and service providers should pay more attention to disabled women and work with them with the aim of involving disabled women in the decision-making process regarding their own pregnancy and experience of motherhood.

Conclusion

In this chapter, I first presented the three theoretical frameworks underpinning my research. Subsequently, I discussed six models of disability and how they can be considered as representations of disability and disabled people. I then discussed research about the public’s perceptions about disabled women and the portrayal of disabled women in the media. In the last section I

presented research about disabled women and the four focal areas of this inquiry, which are education, employment, relationships and motherhood.

This review of the literature shows that research specifically related to disabled women continues to be under-developed. Most studies, whether they are about perceptions or important aspects of life such as employment and education, continue to focus on disabled people in general with little focus on the experiences of disabled women in particular. This shows that there is a great need for more intersectional research about the experiences of disabled women and how their experiences are affected by the intersection of disability and sex. In the next chapter I outline the methodological strategy adopted to my inquiry into the social representations of disabled women.

CHAPTER 3
A MIXED METHODS RESEARCH DESIGN

3. A Mixed Methods Research Design

Introduction

Following review of the literature, the next step in my process of researching the social representations of disabled women in Malta was to identify the best methodology which would meet the aims of this research. This chapter starts with a discussion about the choice of paradigm for my study. This is followed by a discussion on why an overall mixed methods research design is suitable for this study and the presentation of detailed information about the two sequential research phases. Phase One adopts a “concurrent embedded strategy” (Creswell, 2009, p. 214) and consists of a survey questionnaire supported by focus group research, while Phase Two involves individual interviews using the repertory grid technique as described by Fransella et al. (2004) and Jankowisz (2004). This section also includes a discussion of the research tools used, the recruitment of participants, the research procedures adopted for both phases of the study, and the analysis of the data. Finally, a detailed description of the strategies adopted for ensuring quality of data, the ethical issues taken into consideration for this whole research study, and the limitations of the study are presented.

Research Paradigms

The concept of a paradigm was initially developed by Thomas Kuhn in 1962 (Kivunja & Kuyini, 2017; Tuffin, 2005). Since then, there have been a number of different definitions of what a paradigm is. Creswell (2009) prefers to refer to a paradigm as the ‘worldview’ of the researcher, meaning “a general orientation about the world and the nature of research that a researcher holds”

(p. 6). Similarly, Lincoln et al. (2011) use the term paradigm to refer to the philosophical assumptions or the basic set of beliefs that guide the researcher. Guba and Lincoln (1994) further explain that a paradigm also includes questions about ontology (the nature of reality), epistemology (what can be known) and inquiry (the methods that can be used to find out the desired knowledge).

Rooted in opposing worldviews, the two principal paradigms are positivism and interpretivism/constructivism (Avramidis & Wilde, 2010; Riazi, 2016). The philosophical stance of positivism is that there is only one reality that can be identified and quantified, and which exists independently of human perception. Quantitative methodologies are rooted in this worldview and the main aim of such methodologies are the measuring and analysing of causal or correlational relationships between variables in a value-free manner. As a consequence, quantitative research methods make use of relatively large samples in order to be able to apply statistical methods to the data, ensure representativeness and achieve generalizability (Breakwell et al., 2020). Contrastingly, the philosophical stance of interpretivism or constructivism is that there are multiple realities (Denicolo et al., 2016). This paradigm implies that reality depends on one's interpretation or construction of that reality and that it can change. According to interpretivism and constructivism, there is no such thing as an objective reality, and that the researcher cannot be completely objective when carrying out research (Branthwaite & Patterson, 2011; Crotty, 1998; Guba & Lincoln, 2005). Qualitative methodologies are often rooted in this worldview and focus on a holistic understanding of the participants' reality including their context. Since qualitative methodologies are more concerned

with a deeper analysis of the data, a smaller sample size is considered appropriate. In order to meet the aims of qualitative methodologies, methods such as in-depth interviews and focus groups are usually chosen as the preferred methods to collect data (Hennink et al., 2020).

Although qualitative and quantitative methodologies are often placed as being “mutually antagonistic” due to the fact that they belong to divergent paradigms, some researchers have opted to combine both methodologies and this became known as a mixed methods research design (Tunariu & Reavey, 2007, p. 80). The concept of adopting both qualitative and quantitative methodologies was first carried out by Campbell and Fiske in 1959 (Creswell & Plano-Clark, 2011). Since then, the approach of using both methodologies in one research study has become known as a research methodology in its own right (Cresswell, 2015) and over time it has been successfully applied to both feminist and disability research (e.g. Benbow et al., 2014; Bieri-Buschor et al., 2014; García & Ramirez, 2020; Higashida, 2017).

There are a number of paradigms which have been suggested as useful ‘worldviews’ for a mixed methods research design. Teddlie and Tashakkori (2003) suggest pragmatism as a paradigm which best fits a mixed methods research design. Whilst Creswell and Plano-Clark (2011) suggest critical realism and dialectic pluralism along with pragmatism. In a later book, Creswell (2015) also adds transformative-emancipatory paradigm as another option for mixed methods research design. The paradigm which mostly aligns with my own worldview for this research about the social representations of disabled women is pragmatism, which I explain in more detail in the following section.

Pragmatism: A Paradigm for Mixed Methods Research

Pragmatism is associated with the works of Charles Pierce, William James, John Dewey and George Herbert Mead (Burke & Skowronski, 2013; Scheffller, 1974). A pragmatic point of view in social sciences research refers to those “inquiries which we undertake to assess either the workability of any potential line of action or the bases of what we claim as warranted assertions” (Morgan, 2007, p. 66). In other words, pragmatism is not concerned with finding the absolute right method to be used in a study *a priori*, according to a philosophical worldview, but that the method or methods used are determined by the phenomenon being studied (Feilzer, 2010; Johnson & Onwuegbuzie, 2004; Zachariadis et al., 2013). The foremost argument in favour of pragmatism is support of the use of both qualitative and quantitative methods in the same study and within multistage research programmes as I am undertaking in this study. Pragmatists reject the pressure of having to choose between positivism or post-positivism and constructivism but rather embrace the possibility of adhering to both views or to a position between the two opposing views, which is in line with my view of the purpose of research (Creswell, 2009; Tashakkori & Teddlie, 1998). The focus in research based on pragmatism is the utility of the research and how a mixed-methods research design is able to fully address the research question (Morgan, 2007). Pragmatism is a practical and applied research philosophy and considers practical consequences and real effects (Venkatesh et al., 2013). This is what I aim to establish from this research. In fact, this stance also sits very well with the aims of feminist and disability research that are incorporated in this study.

Tashakkori and Teddlie (1998) suggest that it is best to, “[S]tudy what interests and is of value to you, study it in the different ways that you deem appropriate, and utilize the results in a way that can bring about positive consequences within your value system” (p. 30). Pragmatism aligns very well with my worldview and experience as a researcher as it enables me to draw on both aspects of my disciplinary background, that is, my background in psychology as well as my background in disability studies. Tashakkori and Teddlie (1998) further argue that research which adopts both qualitative and quantitative methodologies provides significant contributions towards knowledge. A mixed-methods research design also offers multiple possibilities for the triangulation of findings which further strengthens theory making (Hesse-Biber, 2012; Plano-Clark & Cresswell, 2008). As a researcher, I have an interest in both qualitative and quantitative methodologies and my choice of methodology often depends on the research question rather than a rigid philosophical stance per se. I have chosen a mixed methods research design because I believe that such a design enhances the strengths of both qualitative and quantitative research. The combination of a range of methodological lenses also enables a deeper understanding of the research subject such as the social representations of disabled women. Pragmatists are also in search of “non-discriminatory culture that regards all people with equal concern and respect” (Dieleman et al. 2017, p. 2), which is very much in line with my activist work within the disability sector and in what I intend to do with the findings of this study. I aim to utilize the findings to bring positive consequences, as small as they might be, to the lives of disabled women by influencing policy and raising awareness about the social representations of disabled women in Malta.

A Mixed Methods Research Design

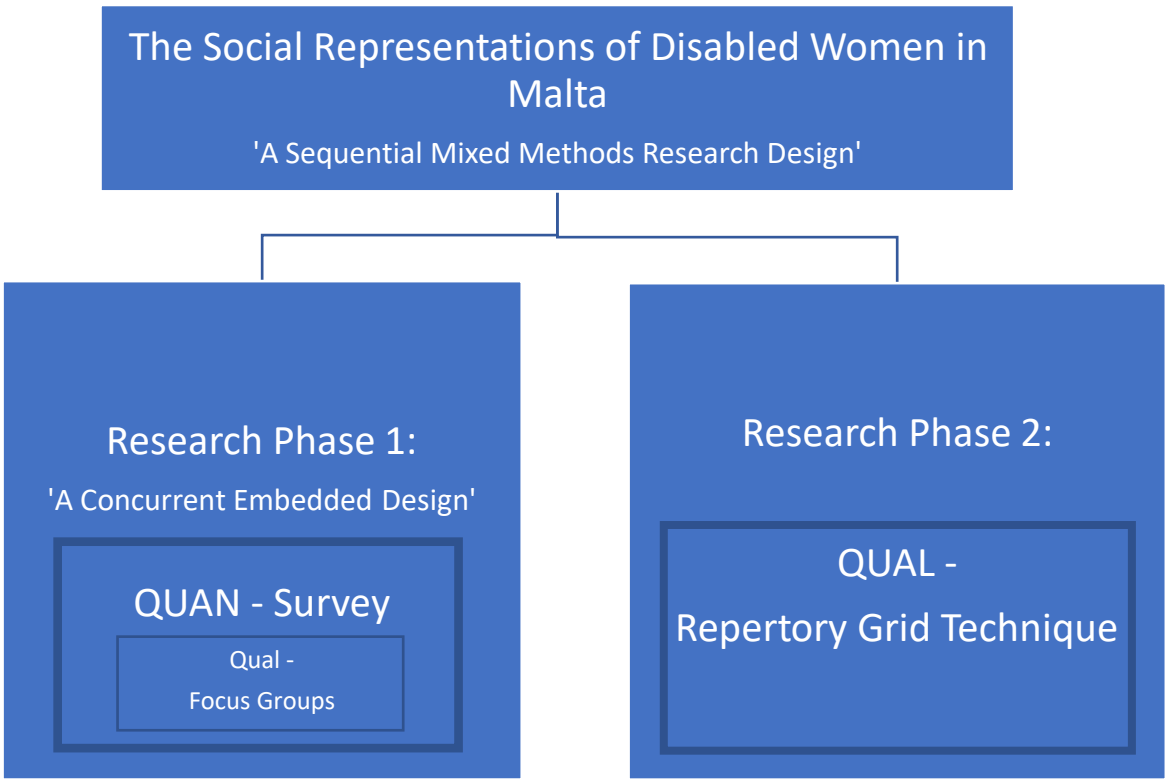
Scholars refer to mixed methods research as the third methodological movement, with quantitative and qualitative methodologies being the first two (Teddlie & Tashakkori, 2003, 2009; Venkatesh et al., 2013) and as a suitable partner for a pragmatic approach (Denscombe, 2008). A mixed method design creates “a tight link between the research problem and the research design” (Hesse-Biber, 2012, p. 137). Such a design is described as the collection, analysis and discussion of both qualitative and quantitative data in a single research study (Creswell & Plano-Clark, 2011; Sweetman et al., 2010). Mixed methods research design is ideally suited for both feminist and disability studies scholarship (Creswell, 2014; Hesse-Biber, 2012). A mixed methods approach was also considered suitable for this study since I am bringing together more than one discipline, namely my background disciplines of psychology and disability studies. It is also well suited for studies related to the promotion of social change where researchers are concerned with exploring the complexity of intersectionality (Creswell, 2014; Fehrenbacher & Patel, 2020; Hesse-Biber, 2012), such as sex and disability as I am doing in this study. Mixed methods research design is also suitable for research on social representations (Flick & Foster, 2008), since it allows for a strong and deep understanding of social representations (Wassler et al., 2019). Whilst quantitative methods give a description of the social representation, qualitative methods give a deeper insight into social representations since they allow participants to refer to the socio-cultural, political and historical knowledge of the subject in question (Wassler et al., 2019).

My intention for mixing methodological tools to generate qualitative and quantitative data was to develop a greater understanding of the social representations of disabled women and to enrich the investigation and optimize confidence in the findings. Since disabled women have typically been excluded from research both as a researcher and as 'the researched' (Beckwith & Drake, 2022), a mixed methods approach also allowed me to adopt inclusive research design practices throughout the study. A mixed methods approach was essential for this study because it allowed me to include both non-disabled people in the survey and focus groups and disabled women in the repertory grid technique in order to meet the objectives set out at the beginning of this study.

Creswell and Plano-Clark (2011) and Creswell (2009) present a number of mixed methods research designs. An overall *sequential mixed methods research design* for Phase One and Phase Two of the research study was adopted for the purpose of studying the social representations of disabled women (Creswell, 2009). A sequential mixed methods research design implies that Phase Two is conducted sequentially only after data collection and analysis of Phase One is conducted. Phase One of the research study consisted of a "concurrent embedded strategy" involving a survey questionnaire (a quantitative method) and focus groups (a qualitative method) with a sample of participants from Malta and Gozo, conducted simultaneously (Creswell, 2009, p. 214). Sequentially, Phase Two of the research study consisted of repertory grid interviews (qualitative method) with disabled women. In addition, I also used a mixed range of analytic strategies to analyze the quantitative and qualitative data. Figure 1 shows the research process, including the methods used for Phase One and Phase Two, adopted in this study.

Figure 1

The Research Process of the Study



Note. This figure was adapted from a figure published by J. W. Creswell, 2009, Sage.

Phase One: The Survey and Focus Groups

For Phase One I adopted a "concurrent embedded strategy" as identified by Creswell (2009, p. 214). This strategy is distinguished from other strategies by its use of one data collection phase, whereby both quantitative and qualitative data are collected simultaneously. This strategy is also different from other mixed methods research designs because it has a primary data collection method that guides the project and a secondary data collection method which plays a supporting role in the process (Creswell, 2009). In this study, the survey is the primary data collection tool, while focus groups are the secondary method of data collection, being "nested" or "embedded" within the primary method of data collection (Creswell, 2009, p. 214). This model can be used to serve a

variety of purposes. One purpose is that the researcher gains a broader perspective of the subject by using qualitative data embedded in quantitative data, as in this case, or vice versa (Morse, 1991). In this case I wanted to gain a broader perspective of what society thinks of disabled women through quantitative data from the survey with the support of qualitative data from the focus groups. This model can also be utilized to study different groups, as was done in this case, where the survey respondents were not the same participants of the focus group discussions (Creswell, 2009).

Fraser (1994) proposes that the survey method can be a primary tool to investigate representations. Surveys have been very useful in informing public and social policies, in investigating psychological theories, and in providing assistance to address a number of societal problems. The survey method is also particularly useful in describing the position of a large population in relation to a variety of issues (Babbie, 2008; Burkley & Blanton, 2008). The advantages of adopting a survey method of collecting data is the quick, relatively inexpensive, efficient and accurate means of gathering information about a population (Mertens, 2010; Sanderson, 2010; Zikmund & Babin, 2007).

Focus groups acted as a ‘supporting role’ to the survey method. They were held with the aim of allowing participants more time to express themselves about what they think of disabled women in Malta. Focus groups are an ideal data collection method because they allow participants to share what they think of the subject in question without the fear of being judged or the pressure of having to reach a consensus (Krueger & Casey, 2000; Liamputtong, 2011). Focus groups also give participants the opportunity to be more honest about subjects which they would normally avoid, such as disabled women, since the

group setting gives the researcher and the participants a safe space to engage in discussions which the participants might otherwise be reluctant to talk about (Regan, 2003; Seymour et al., 2002). Focus groups are also an ideal data collection method when researching social representations because they mimic day-to-day conversations that people might have at the local supermarket or teashop, or at a party amongst friends. It is in this sense that Orfali and Marková (2002) refer to focus groups as a “thinking society in miniature” (p. 266).

Phase Two: The Repertory Grid Technique

Personal Construct Theory and the Repertory Grid Technique. For the second phase of the research, I adopted the use of the repertory grid technique as a method of data collection. The aim of this technique is to elicit people’s constructs in order to understand how they make sense of the world and their environment (Kelly, 1955/2002, 1963). The repertory grid technique was considered as a right choice because it enabled me to see the world the way the participants see it (Fransella et al., 2004). For this research, the repertory grid technique was used to elicit constructs or adjectives that disabled women use to describe other disabled women that they personally know or know of. In turn, this enabled me to come up with the social representations that disabled women have of other disabled women and thus allowed me to see the world from the perspectives of the disabled female participants.

The repertory grid technique is based on George Kelly’s (1955/2002, 1963) personal construct theory. George Kelly chose to bring together the subjects of mathematics and psychology when developing personal construct theory by creating the repertory grid technique. Kelly (1955/2002, 1963)

acknowledged that the world is the same for everyone but that we all experience it differently. He saw human beings as scientists who are constantly working towards validating their hypothesis and forming new ones. Kelly posited that individuals understand themselves, other people and the events happening around them, according to their own frame of reference which is derived from their upbringing and experiences. This knowledge about the world is stored in what he terms personal constructs (Kelly, 1955/2002, 1963).

Kelly's repertory grid technique was adopted for this study because it makes explicit the implicit, tacit and informal knowledge held by experts, who in this case are the disabled female participants. Through the repertory grid, information is derived from personal constructs and factors held by participants without the imposition of structures by the interviewer (Björklund, 2008; Jankowicz, 2004; Sawadkar & Ayalasomayajula, 2017). Tacit knowledge, as opposed to explicit knowledge, is how a considerable amount of information is stored in participants who are referred to as *subject matter experts* (Catania & Darmanin Kissaun, 2016). When a researcher uses standard interview techniques, they are probing into the interviewee's conscious, rational and logic mind. Thus, the data may be only full of "general rules and standard procedures" and not their subjective experiences and opinions (Björklund, 2008, p. 48). This is referred to as *explicit knowledge*. The interviewee's real and authentic knowledge on a particular subject may be hidden for them and that is known to be *tacit knowledge* (Björklund, 2008). Polanyi (1966) explains the difference between tacit and explicit knowledge with the phrase, "we know more than we can tell" (p 4). Björnklund (2008) claims that tacit knowledge is very often captured in our unconscious outside our own awareness, whereas

the aim of George Kelly's repertory grid technique is to tap into the participants' tacit knowledge through the elicitation of constructs.

Kelly defines a construct as "...a way in which some things are being construed as being alike and yet different from others" (Kelly, 1955/2002, p. 105). A distinctive feature of personal constructs is that they are bipolar, that is, an individual may perceive others as being good vs bad, friendly vs hostile, strong vs weak, etc. Very often it is the opposite pole of a construct which gives us a better understanding of that construct (Kelly, 1955/2002). When the repertory grid technique is used to collect data, a construct with one pole described as "a friend" must be described with its contrasting poles such as "foe" or "acquaintance". This bipolarity is essential for a successful repertory grid. A construct is also personal and each person makes their own sense of a construct (Kelly, 1955/2002).

Constructs can be classified as cognitive, but they can also have motivational and emotional qualities and thus "...[embody] the holistic nature of experience" (Procter, 2009, p. 23) as it is often the case with disability and disabled women. These personal constructs are then integrated into a personal system of understanding, which system evolves by time as new constructs are collected and stored by the individual. Therefore, individuals are constantly improving their constructs by increasing their repertory. Individuals adjust their construct system with the aim of consolidating previously set constructs or by modifying others with the aim of incorporating more precise constructs. Kelly (1955/2002) refers to this process as 'transitioning'. Constructs allow individuals to predict any events in their lives and thus enable them to pre-empt the

outcome and react accordingly. In the case of disability, a construct people might already hold about disabled women allows them to predict the outcome of a spontaneous meeting with a disabled women in the street or at the shops and thus act accordingly. According to Kelly (1955/2002), it is in our innate nature to constantly seek to predict what will happen and how to react throughout one's life. Through the repertory grid, the researcher strives to understand the participants' constructs.

A construct always belongs to someone (Kelly, 1955/2002). However, in a similar vein to social representations theory, Kelly also acknowledges that some constructs are not entirely personal and may not belong only to one person but they can be universal and therefore have a purpose for social and interactional encounters between individuals. Procter (2009), a leading researcher on the topic, claims that our construct systems are becoming more precise as well as more comprehensive. He further explains that as constructs become more widely shared, they allow for better communication between different groups of people in a society (Procter & Winter, 2020). Constructs which are universal to a family or a group of people, as opposed to constructs which are held by an individual person, are known as a group construct system (Procter, 1981). The system of a universal construct amongst groups can be applicable to teams, organizations and even different nations who hold a shared understanding of a particular construct (Procter, 2009, 2016). Through the repertory grid technique, this study aims to elicit the group constructs held by disabled women about other disabled women they know personally or know of.

Personal construct theory has received both praise and criticism. Some of the first and most compelling criticisms towards the theory came from the highly influential psychologists Bruner (1956) and Rogers (1956). They both criticized the theory for not taking into consideration the emotional aspect of individuals. Similarly, two decades later, Mackay (1975, p. 128) claimed that personal construct theory is too 'mentalistic' and depicts humans as a 'programmed robot' rather than people who are capable of showing and experiencing emotions. However, Chiari (2013) argues that this criticism stems from a misunderstanding of the theory. In his counterargument to the criticism of personal construct theory, Chiari (2013) explains how it is different from any other theory of personality or psychopathology because of how it deals with emotion. He explains that the intention of Kelly was not for personal construct theory to be applied to that which is either cognitive or emotional but for the construct to transcend this distinction and thus combine the two realms. Similarly, Bannister (2005) claims that Kelly created a novel theory without attempting to dichotomize between reasoning and feeling. Instead, Kelly used the notion of constructs to explain that emotion comes into play in the process of *transition*, that is, when individuals are either trying to consolidate their previous constucts or transitioning to new ones through the events they experience on a day-to-day basis (Bannister, 2005; Chiari, 2013). This resonates well with my study since the phenomena of disability and disabled women is often heavily laden with both reasoning and a strong element of emotion.

Themata and Personal Construct Theory. The idea of opposing poles or polarity between the constructs is congruent with Marková's work on themata

within social representations theory, which is one of the theoretical frameworks guiding this research. According to Marková (2015) the widespread theory that thinking is done in ‘polarties’ or ‘dyadic oppositions’ – similar to the notion of constructs by Kelly - has been prevalent throughout the history of humankind. There has been widespread usage of such thinking in philosophy, science, religion, cosmology, myths, literature and in daily thinking.

Marková (2015) claims that themata, which was initially referred to by Moscovici (1993) in the theory of social representations, are basic elements of thought which also take the form of dyadic oppositions. She also remarks that one way of understanding social representations is through the process of understanding how people come to terms with particular phenomena in terms of bipolar dimensions on a continuum. She further claims that one way of how researchers can understand social representations is through the use of Kelly’s repertory grid technique (Marková, 2003). By using the repertory grid technique, I aim to see how disabled female participants make use of dyadic oppositions to describe other disabled women they know personally or know of.

The Research Tools

The Survey Questionnaire and Focus Groups Interviews

The research tools adopted for the first phase of this study consisted of a survey questionnaire held with participants from Malta and Gozo aged 16 years and over and four focus groups made up of participants of different ages and educational background. The aim of gathering data through the use of survey techniques was to open up the process of investigating representations of disabled women held by a sample of Maltese people. The aim of gathering data

through the use of the focus group method was to support the quantitative data gathered from the survey questionnaire.

A survey instrument was created after an extensive review of the literature concerning the intersection of disability and sex with particular reference to the experiences of disabled women. The decision to develop a survey questionnaire, rather than using a standardized one, was because at the time of designing the study there were no pre-existing questionnaires within a Maltese context, which address the issues I wanted to investigate in my study. In my questionnaire I used a set of 12 statements with one open-ended question at the end (Appendix A). Respondents were required to rate how strongly they agreed or disagreed with the 12 statements on a 5-point Likert scale with 1 being Strongly Agree and 5 being Strongly Disagree. The survey consisted of positive and negative statements covering education, work, relationships and motherhood in relation to disabled women. These particular areas were chosen because they represent the main aspects of life in which disabled women are at a disadvantage in comparison to disabled men and non-disabled women (NSO, 2011). Negative statements were included in the survey to break the pattern and thus avoid order effect. The open-ended question asked participants to give an adjective to describe disabled women. This type of question is a scaled-down version of the free association method. This type of method entails asking respondents to give words or expressions which come to mind in relation to the object of representations (Gaymard, 2014), which in this case is disabled women. Adjectives can give an insight into how people think of disabled women and sometimes participants find it easier to do this than to describe their beliefs. This enabled the researcher to elicit less guarded views

on disabled women. The free association method was also adopted by Goodwin et al. (2003) in their research about social representation of HIV/AIDs in central and eastern Europe and by Gaymard (2014) in their research about the social representations of employment with disabled women.

The decision to use the free association method was made for a number of reasons. Firstly, unlike the rest of the questions pertaining to the survey, which are rather structured and depend on “pre-specified and pre-graded answers”, this last question allowed the respondents to be flexible with their answer and it gave them more freedom to express their opinion (Tsoukalas, 2006, p. 968). Secondly, this method is considered to be straightforward to use and to understand, thus making it more accessible for respondents. Thirdly, this method was an innovative way of using the inductor “disabled women” as the object of social representations amongst Maltese people.

For the focus groups, a discussion guide (Appendix F) was used to facilitate the conversation among participants. It consisted of an introductory question asking the participants what they thought of ‘disabled women’ in general. This question was included with the intention to act as an ice-breaker to direct the participants to the subject of disabled women. Following the introductory question, there were four over-arching questions each touching upon the themes of employment, education, motherhood and relationships. Each over-arching question had a number of prompts to be used by the focus groups’ facilitator with the aim of prompting the participants into talking and voicing their thoughts on the subject throughout the focus groups. The flexible approach of a discussion guide allows the participants the ability to interact with

each other and to develop and discuss their opinions rather than answer a list of set questions posed by the moderator (Morgan, 2001).

The Repertory Grid

The aim of this second phase of the study was to gather data from disabled women about what they think of other disabled women they know personally or know of. The research tool adopted for the second phase of this study was the repertory grid technique, which is depicted in Figure 2.

Figure 2

The Grid Used during the Repertory Grid Interviews

		Disabled Women (The Elements)										
		1	2	3	4	5	6	7	8	9	10	
	Constructs (Emergent Pole)											*Constructs (Opposing pole)*
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												

The repertory grid interview starts with informing the interviewee about the topic under consideration, which in this case is ‘disabled women’. This is followed by

an over-arching three step process which is (i) element selection, (ii) construct elicitation, and (iii) linking the elements with the constructs (Fransella et al., 2004; Jankowicz, 2004). In this case the elements are the disabled women that the participants know personally and know of and are written vertically under the row ‘disabled women’ on the grid. The constructs are the ‘adjectives’ that the participants will use to describe other disabled women. The rest of the boxes on the grid between these columns are used to connect the constructs to the elements by means of a rating procedure such as a 5-point Likert scale. Fransella et al. (2004) and Jankowicz (2004) give a very detailed gradual guide of the process of carrying out a repertory grid interview as well as a guide of the decisions that need to be taken by the interviewer at each stage of the interview. The process of carrying out a repertory grid interview will be explained in more detail under the section *Fieldwork: The Repertory Grid Interviews*.

Recruitment of Participants

Participants for the Survey and Focus Groups

The survey was carried out with a sample of 526 respondents aged 16 years and over, living in Malta and Gozo. Respondents for the survey were recruited using a quota sampling approach. The data entry system used to conduct the survey randomly selected a household telephone number from the telephone directory fulfilling the quota representation. In total, 2,462 phone calls were made asking respondents if they wanted to take part in a survey. Five hundred and twenty-six respondents agreed to take the survey, thus yielding a response rate of 21.36%. Four respondents decided to stop participating in the survey half-way through, thus yielding a completion rate of 99.2%. All the

responses to the questionnaire were cross-tabulated by sex, age and level of education of the respondent. The classifications for the demographics were according to the ones adopted by the European Commission's Business and Consumer Surveys (2016). The classification of survey respondents is presented in Table 1.

Table 1

Sample of Respondents of the Survey Classified by Sex, Age, and Educational Level

		Respondents				
		Female	%	Male	%	Total %
Age groups	16-29	20	50.0	20	50.0	7.6%
	30-49	100	67.6	48	32.4	28.1%
	50-64	139	79.9	35	20.1	33.1%
	65+	114	69.5	50	30.5	31.2%
	Total	373	70.9	153	29.1	100%
Level of Education	Never went to school	2	66.7	1	33.3	0.6%
	Primary	111	77.1	33	22.9	27.4%
	Secondary	193	76.0	61	24.0	48.3.%
	Further	67	53.6	58	46.4	23.8%
	Total	373	70.9	153	29.1	100%

Following a "concurrent embedded strategy" (Creswell, 2009, p. 214), four focus groups were held during the same time that the survey was being conducted. Inclusion criteria for the focus groups were: (i) participants with tertiary level of education for focus group one; (ii) participants studying at university for focus group two; (iii) participants with secondary level of education

for focus group three; and (iv) participants with primary level of education for focus group four. Participants for the focus groups were recruited through various means depending on the level of education. For the first focus group, which was held with individuals with tertiary level of education, participants were recruited through snowball sampling ensuring there was a varied mix of professionals and backgrounds. Nine participants attended this first focus group. The second focus group was held with students studying at the University of Malta and participants were recruited through a notice posted on various social media groups for University of Malta students. Seven participants attended this focus group. The third focus group was held with individuals with secondary level of education. Participants for this third focus group were also recruited via snowball sampling. The intention was to have a mix of sexes, however seven females were available to attend this focus group. For the fourth focus group, which was held with individuals with primary level of education, participants were recruited through the in-person audience of a weekly television talk show which used to be aired on Malta's national television station. Permission was sought from the organizers of the talk show to recruit participants from the audience who attended on a weekly basis. A week before the show, participants who attended the show on a regular basis were asked whether they would like to attend a focus group the following week. Those participants who accepted to participate in the focus group were asked to arrive at the studios an hour and a half earlier to attend the focus group before attending the talk show. Ten participants attended this focus group. Demographics of the participants taking part in all four focus groups are presented in Table 2.

Table 2

Demographics of the Participants for the Focus Groups

	Pseudonym	Age	Occupation/ Profession	Pseudonym	Age	Occupation/ Profession
Focus Group 1 (FG 1): Participants with Tertiary Level of Education	Julian	32	Doctor	Kate	36	Youth Worker
	Michael	36	Director of an NGO	Rose	32	Psychologist
	Paul	52	Academic	Emma	32	Lawyer
	George	46	Consultant	Mariella	26	Architect
	Henry	32	Engineer			
Focus Group 2 (FG 2): Participants Studying at University	Mark	21	Student	Julia	22	Student
	Peter	20	Student	Ella	21	Student
	Duncan	21	Student	Vanessa	20	Student
	Anthony	21	Student			
Focus Group 3 (FG 3): Participants with Secondary Level of Education	Anne	47	Public Officer	Christine	54	LSE
	Victoria	45	Salesperson	Maria	53	Public Officer
	Rose	63	Housewife	Ylenia	59	Housewife
	Paula	52	Salesperson			
Focus Group 4 (FG 4): Participants with Primary Level of Education	Francis	79	Retired	Jane	72	Retired
	David	82	Retired	Mary	76	Retired
	Luke	74	Retired	Claudia	66	Retired
	John	71	Retired	Sylvia	73	Retired
	Tamara	66	Retired	Abigail	77	Retired

Note. LSE stands for Learning Support Educator.

Participants for the Repertory Grid Technique Interviews

Participants for the repertory grid interviews were recruited through a voluntary database of disabled people held by the Commission for the Rights of Persons with Disability (CRPD). Information letters were sent via email to the Director of CRPD which were then forwarded to disabled women on the CRPD's database who at the time of the research were over the age of 18 and who upon registration had accepted to receive information from third parties. The inclusion criteria for participating in this study required that participants be of the female sex, living in Malta and that they have a physical or sensorial impairment.

The information letter distributed amongst potential participants by CRPD included information about my research, information about the interview procedure, and my contact details (Appendix G and Appendix H). Eight participants contacted me via email stating their interest in participating in my research following receipt of the information letter sent by CRPD. Another six participants were recruited through snowball sampling from contacts held by the eight participants who had accepted to participate in the study. In all, 14 participants participated in the repertory grid technique interviews. Saturation was achieved by the twelfth interview since no new constructs emerged following the twelfth interview. Thus, fourteen participants for this phase of the research was considered suitable. Table 3 describes the demographics of the fourteen participants who took part in this phase of the study, classified by age, occupation, type of impairment or condition and whether the impairment is congenital or acquired.

Table 3

Demographics of the Participants for the Repertory Grid Interviews

Pseudonym	Age	Occupation	Type of Impairment or Condition	Congenital/ Acquired Impairment
Violet	53	Higher Education	Mobility impairment	Acquired
Mary	33	Public Sector	Mobility impairment	Congenital
Sue	30	Public Sector	Visual impairment	Congenital
Rita	51	Public Sector	Mobility impairment	Congenital
Kelly	44	Higher Education	Chronic illness	Congenital
Vanessa	28	Accountant/ Swimmer	Mobility impairment	Acquired
Miriam	42	Education	Hearing impairment	Acquired
Lara	45	Translation Service	Mobility impairment and chronic illness	Congenital
Ivy	36	Trainee Psychotherapist	Chronic illness	Acquired
Heather	40	Boarded Out	Mobility impairment and chronic illness	Acquired
Maya	33	Full-time mum	Hearing impairment	Acquired
Christine	38	Administration	Mobility impairment and chronic illness	Congenital and Acquired
Ruth	30	Unemployed	Mobility impairment	Congenital
Davina	63	Retired	Mobility impairment and chronic illness	Acquired

Research Procedures

Piloting the Research Tools

Survey and Focus Groups. A pilot study using the survey questionnaire was conducted with 10 respondents. This allowed me to ask for and receive

feedback from the respondents about the clarity of the statements and the approximate time needed to answer the full questionnaire. The responses of the pilot survey were not included in the actual survey since as a result of the pilot survey minor amendments were made to the wording of some of the questions and to the sequence of the questions to improve clarity. The discussion guide used during the focus groups was discussed extensively with my doctoral supervisor and the facilitator of the focus groups. As a result of the discussions some more prompts were added in order to enable a better flow of discussion amongst the participants of the focus groups.

Repertory Grid Technique. Piloting the repertory grid technique was considered necessary in order for me to become very familiar with the process prior to embarking on using it as a method for data collection for this research. This allowed me to pre-empt any problems I might encounter during the actual interviews whilst it also gave me an idea of how long the interview would take. Piloting the technique also enabled me to make sure that the instructions given to the participants were clear and unambiguous. The pilot interview was carried out with a colleague. As a result of the pilot interview, some minor changes were made to the procedure. The changes included, writing down the aliases of each element (the other disabled women the participants knew personally or knew of) on separate sticky-notes or cards, thus allowing the participants to have a more visual image of the elements; and creating more space on the printed grid which eventually helped me with the processing of the interview. As a result of the pilot interview, it was also calculated that the time needed to complete a grid was between 60 and 90 minutes. Having an estimate of the

length of the interview allowed me to inform the participants beforehand as to how much time they needed to allocate for the interview.

Fieldwork: The Survey and Focus Groups

The survey and focus groups were carried out simultaneously over a period of five weeks. The survey was carried out with a quota sample of 526 persons aged 16 years and over, living in Malta and Gozo. EMCS Limited, a leading research company in Malta, was commissioned to carry out the survey. They were provided with the set of questions and they later gave me the collected data on an excel sheet on a Universal Serial Bus (USB) stick. I carried out all of the subsequent analysis of the data myself. Five trained interviewers carried out the survey over the phone using Computer Assisted Telephone Interviewing (CATI). This is a method of telephone interviewing in which the survey questions are displayed on the computer screen and the interviewers directly input the data collected from the respondents onto the computer screen (Bailey, 1994). The method of telephone interviewing was adopted since it tends to generally yield much fewer incomplete surveys and less mistakes (Babbie, 2008). This method also has a number of other advantages, including a reduced cost when compared to other methods of interviewing and the advantage of requiring less time and cognitive effort by respondents to answer the survey, thus allowing for an increase in respondent satisficing and increased reliability (Holbrook et al., 2003). Since this research was being carried out within the framework of social representations theory, participants were not primed to think of a particular disability prior to starting and whilst answering the survey. This was done so as not to influence representations

which came to the respondents' minds when the term 'disabled women' was used. Respondents took an average of 5 minutes to answer the survey.

Since I have a visible impairment and I did not want to influence the discussion during the focus groups, all four focus groups were facilitated by an independent facilitator so as to minimize social desirability bias and increase reliability of the data (Bergen & Labonté, 2020). This was a decision grounded in ethics and it will be discussed in more detail below. The four focus groups were homogenous where the key shared feature amongst the participants was the level of education (Willig, 2013). The four focus groups were 'new', that is, participants did not necessarily share a close relationship with each other, although some participants might have known each other as acquaintances (Willig, 2013). The participants were 'naïve', that is, they did not share a particular commitment to the subject matter (Willig, 2013). The focus groups took an average of an hour and a half each. All four focus groups were held in a quiet room free from distractions at a time which had been previously agreed upon by the participants and myself. Light refreshments were provided during the four focus groups. No forms of remuneration were given to the participants for attending the focus groups.

The focus group facilitator started each focus group by introducing herself to the participants and invited the participants to introduce themselves to the rest of the group. Participants were provided with a consent form (Appendix D and Appendix E) which they signed as evidence that they agreed to participate in the focus group. The facilitator then explained the main aims of the study and that the topic of discussion was 'Disabled Women'. To create a focus for the discussion, the facilitator asked members to share what they

thought of when they hear the words *disability* and *disabled women*. She also explained that there were no right or wrong answers and that the participants were free to discuss their own interpretation of the word ‘disability’. All four focus groups were audio and video recorded to aid in the transcription ad verbatim of the discussions with prior permission from the participants. Following each session, the transcribed data with pseudonyms was sent to the participants for validation.

Fieldwork: The Repertory Grid Interviews

The first five interviews were held in person in a quiet venue which was convenient for the participants, whilst the other nine interviews were held online via video conferencing using either Skype or Zoom. For the in-person interviews it was ensured that the venue was physically accessible both for me as a disabled researcher with a mobility impairment as well as for the disabled female participants. The change from face-to-face interviews to online interviews came about because of the start of the Covid-19 pandemic and the onset of a national lockdown in Malta. All the participants who participated in the interviews, whether face-to-face or online, were provided with a consent form (Appendix I and Appendix J) either prior to the start of the interview or by email a few days before the day of the interview. A signed copy of the consent form was then returned to me either in person or by email before the start of the interviews. The process of the repertory grid was explained to the participants before commencing the interview. A repertory grid interview consists of (i) element selection, (ii) construct elicitation, and (iii) connecting the elements with the constructs. In the following sections I explain the process of conducting the repertory grid interviews with the participants.

(i) Element Selection. Each interview started by informing the participants that the topic for this interview is ‘disabled women’. This was followed by the first step in the process of the technique which is element selection (Jankowicz, 2004). For this study the elements were other disabled women who the participants know personally or know of. Easterby-Smith (1980) claims that 8 to 10 elements have been shown to be enough when using the repertory grid for the purpose of research. Thus, for each interview, each participant was asked to think of another ten disabled women they knew. In this case, apart from disabled women who the participants considered as friends or acquaintances, participants were told that they could also include disabled women they had read about or watched a film about, as well as disabled women who they follow on social media. The only challenge encountered in this part of the interview was that some participants found it hard to name ten disabled women who they knew personally or knew of and therefore in those instances the repertory grid technique interview had to be carried out with less elements.

Once they thought of 10 disabled women, participants were provided with two forms, that is, Form 1 and Form 2 (Appendix K). Form 1 contained two columns, with one column bearing the title ‘Actual Name’ and the other column bearing the title ‘Alias’ – a fictitious name given to the elements, that is, to the disabled women that the participants knew personally or knew of, for anonymity purposes. Form 2 contained only one column bearing the title ‘Alias’. Participants were told to list the elements and their alias on Form 1. Subsequently, the participants were asked to list the aliases only on Form 2. Only Form 2 was presented to me so as not to compromise anonymity of the

elements. Form 1 containing the columns with the actual name of the element and their corresponding alias was kept by the participant throughout the interview in order to make it easier for the participant to remember who they were referring to throughout the process of the interview. For those interviews which were held online due to the Covid-19 pandemic, both Form 1 and Form 2 were sent to the participants by email a few days prior to the interview. As with the in-person interviews, only Form 2 was sent back to me.

(ii) Construct Elicitation. The second step in the process of a repertory grid technique interview is the elicitation of constructs. All the elements given by each participant were written on separate cards by the researcher. During the face-to-face interviews, having the elements written on separate cards helped the interviewees with the elicitation and clarifying of constructs since they had something physical to move around on the table. During the online interviews, both the participants and myself wrote the elements on separate cards in order to help with the process of construct elicitation.

For the purpose of this step of the process, the triadic sort method was adopted to elicit personal constructs about the elements from the participants (Fransella et al., 2004; Jankowicz, 2004). The triadic sort method consists of the researcher choosing three different elements at a time, making sure that the same triad is not selected more than once. This method allows for each participant to be as authentic as possible in their personal construct system and thus resulting in richer data. Once a triad of elements was presented, the participants were then asked to think of an adjective which describes how two of the elements are similar and different from the third. Therefore, participants had to describe how two disabled women are similar to each other but different

from the third disabled woman. More triads kept being presented to the participants until either saturation was reached or the participants could not think of any more adjectives. The construct, or adjective, describing the similarity is known as the ‘emergent pole’ whilst the construct describing the difference is known as the ‘opposing’ or ‘the implicit pole’.

Reger (1990) suggests that presenting seven to ten triads is usually sufficient to elicit all of a participant’s constructs. In this study, a maximum of thirteen triads and a minimum of five triads were presented during the interviews. In some of the interviews, some triads were discarded and a new one was presented. The reason this was done was because some participants could not think of an adjective which described how two of the disabled women (elements) are similar whilst different from the third, claiming that all three disabled women were very alike.

Occasionally, some of the participants found it difficult to articulate the similarity and the difference amongst the elements in words, even though participants were left to choose their own preferred choice of language, that is, either Maltese or English. The articulation of constructs can be difficult even with participants who are monolingual. In this case, Jankowicz (2004) suggests using probing questions in order to further elicit or clarify a better articulation of constructs from the participants. This process is known as *laddering*. Once both the participant and myself were satisfied with the constructs presented to describe the similarity and the difference of the elements, both constructs were inserted in the grid form. Table 4 presents the details of all fourteen repertory grid interviews.

Table 4

Details of the 14 Repertory Grid Interviews

Participant	Length of Interview	Number of Elements	Number of Triads
Violet	70 minutes	8	8
Mary	83 minutes	10	11
Sue	62 minutes	9	12
Rita	61 minutes	10	11
Kelly	68 minutes	8	13
Vanessa	70 minutes	10	11
Miriam	55 minutes	7	9
Lara	65 minutes	7	11
Ivy	70 minutes	10	9
Heather	57 minutes	9	8
Maya	75 minutes	10	7
Christine	50 minutes	8	6
Ruth	52 minutes	5	5
Davina	65 minutes	7	8

(iii) Connecting the elements with the constructs. Following the selection of elements and the eliciting of constructs, the next step in completing a repertory grid involves connecting the elements with the constructs. One of the most frequently used ways of doing this is the rating system and this is the one which was adopted for this study (Fransella et al., 2004; Siau et al., 2010). There are other ways how elements and constructs can be connected, such as the dichotomizing system (Kelly, 1955/2002), the ranking system and the split-half system (Siau et al., 2010), however the rating system is known to provide

the most detailed information (Fransella et al., 2004). For this study, a 5-point Likert-scale rating system was adopted. I am aware that a 5-point Likert-scale system tends to offer a socially desirable response, however it is still considered a suitable system which provides detailed information about the elements.

In practice, once the two constructs, that is the emerging pole and the opposing pole, for each triad of elements were elicited and written down on the grid, the participant was asked to rate each of the elements on a scale of 1 to 5. A rating of 1 referred to the emergent pole, that is, the construct describing the similarity, whilst a rating of 5 referred to the opposing pole, that is, the construct describing the difference. The results of the grid have often been regarded as a map of the construct system of an individual (Kelly, 1969). This system of connecting the elements with the constructs via the rating system was adopted for all the constructs, that is, the adjectives and traits, elicited from the participant.

A Global Pandemic: Shift from Face-to-face to Online Interviews

Face-to-face interviews have been typically viewed as the ‘gold standard’ of interviewing (Novick, 2008). The reason for this is because qualitative interviews partly arose as a data collection method in response to critiques towards other methods as being impersonal (Oakley, 1981). However, with the start of the Covid-19 pandemic in Malta in March 2020 and with the country going into lockdown, my qualitative investigations had to be shifted from face-to-face interviews to online interviews via the use of platforms Skype or Zoom. Although for a long time virtual interviews were viewed as a poor substitute for face-to-face interviews, eventually online interviews started being viewed as a

different type of data collection method rather than as a substitute for face-to-face interviews (Sturges & Hanrahan, 2004). Online interviews are now seen as providing the researcher with effective data (James & Busher, 2016; O'Connor et al., 2008). According to Vindrola-Padros et al. (2020), rigorous and trustworthy qualitative research can still be conducted via an online platform.

The shift from face-to-face interviews to online interviews provided its own unique opportunities and challenges to my study. When contact tracing for Covid-19 together with testing positive for Covid-19 were our nation's biggest worry and cause for anxiety, online interviewing gave the participants and myself peace of mind. Online interviewing allowed the participants to engage in the research without having to worry about putting themselves and their families at risk of catching Covid-19. Some participants even shared with me that they were particularly looking forward to the interview as it gave them something to do and a reason to connect with someone other than their immediate family at a time when everyone was finding oneself isolated and bored due to a national lockdown.

Online interviewing also allows the participants to feel more comfortable by remaining in their own surroundings (Hossain Khan & MacEachen, 2022). This setting gave the participants the possibility to share constructs they may not have been comfortable sharing had the interview been held elsewhere. Online interviews are also more convenient in terms of time, transport and accessibility especially for disabled people and people with chronic conditions. Online interviews allowed the disabled women taking part in the study the flexibility of participating in research without leaving their accessible surroundings or assistive devices. The same arguments are put forward by

Bowker and Tuffin (2004) and Deakin and Wakefield (2014) who both claim that online interviewing actually aids participation for people who due to their impairment or other difficulties may find it difficult to leave their home.

Online interviews also pose certain challenges. One disadvantage of online interviews is that they are less accessible to some groups of people, such as those without access to the internet, those without access to computer hardware and software or a smart phone, and those with a lack of skills in using computer technology (Bowker & Tuffin, 2004). However, in my study all the participants who took part in the online interviews were computer literate. Another disadvantage of online interviewing is the challenge of establishing trust and rapport between the researcher and the interviewer (Evans et al., 2008). During the face-to-face interviews I felt I could develop my own interviewing style with the use of my social skills to build a relationship of trust with the participant. However, in an online interview building trust and rapport becomes slightly harder especially when you are meeting someone for the first time via an online platform. One way of overcoming this during the online interviews, as was suggested by Mann and Stewart (2000), was to create a permissive and friendly atmosphere by spending the first few minutes of the online interview getting to know the participant as well as sharing some information about myself in order to show a sense of commitment towards the participants. Since the online interviews were held whilst we were in the thick of the Covid-19 pandemic, the participants and I spent the first few minutes of the interview speaking about the pandemic and how it was affecting our personal lives and our respective families. In addition, although video-conferencing allows you to see the participant in real time, it still reduces the researcher's

capacity to interpret non-verbal communication making analysis and interpretation of data more challenging and cognitively tiring for both the researcher and the participant (Saumure & Given, 2008). The lack of a stable internet connection during the interview was also occasionally a challenge.

It must also be acknowledged that some participants may have found the process of conducting the repertory grid technique interview online challenging and as a result some interviews took much shorter than was expected. For this reason, whilst the average number of constructs was nine, two participants, whose interviews were conducted online, were only able to come up with five and six constructs respectively.

Sign Language Interpretation during Interview

One of the interviews that was held online was with a participant who is deaf. In Malta, Maltese Sign Language (MSL) is an official language as per the Maltese Sign Language Recognition Act (2016). The participant is a fluent user of MSL but she can also speak both Maltese and English fluently. Sign languages are not merely a visual representation of the respective spoken language but they are a language in their own right with their own grammatical structures (Sutton-Spence & Woll, 2000). Since I cannot communicate in MSL, a sign language interpreter of the participant's choosing joined us online for the duration of the whole interview. The use of Zoom allowed all three of us, that is, the participant, the sign language interpreter and myself to be present on the computer screen simultaneously. During the interview, I made sure to specifically focus my eyes on the participant's screen rather than on the screen representing the sign language interpreter. The MSL interpreter was only acting as a bridge between the participant and myself.

Whilst posing the questions to elicit the constructs, I also made sure that I was presenting my questions and sentences in a clear and slow manner. I then waited for the MSL interpreter to sign my questions and in turn waited for the interpreter to sign back the participant's response. Since the nature of the interview required the participant to provide me with specific adjectives to represent other disabled women that she knew personally or knew of, challenges related to the use of language arose. There were instances where Maltese Sign Language did not always have a specific sign for the adjective that the participant wanted to convey. However, since we were holding the interview online the participant took the opportunity to use the online thesaurus in order to make sure that what she was trying to convey was correct.

Bilingualism in Qualitative Research

This study was conducted in Malta. According to the Maltese Constitution, the country's official languages are Maltese and English. A substantial number of Maltese people are bilingual and thus tend to switch from Maltese to English and vice versa in the same conversation (Fabri, 2011, 2015; Sciriha, 2020). The survey consisted of Maltese and English version and respondents chose their preferred language. Participants taking part in the focus groups and in the repertory grid interviews were also left to decide freely their own preferred choice of language in order to make sure they expressed themselves in any language they felt most comfortable with. The majority of participants used both Maltese and English throughout the same focus group or interview.

Bilingualism during focus groups and interviews is not a unique situation for this study but a common occurrence when conducting qualitative research

with participants who are fluent in more than one language (e.g. Halai, 2007; Sultana, 2011). In my study I could identify at least two reasons for the use of Maltese and English during the focus groups and interviews and these are: (i) English words which have been adopted into the Maltese language and (ii) the custom of including English phrases mixed with Maltese in order to make a point or because one finds it easier to use the English language to explain oneself.

In order to remain as authentic as possible to the language adopted by the participants and to the meaning that the participants wanted to convey, for the purpose of analysis and reporting translated data from Maltese to English, was checked with a translator. These checks were done to make sure that the context of the meaning was also taken into consideration. I also felt that the fact that I identify myself as a disabled women enabled me as a researcher to understand better the context that the constructs emerging from the repertory grid techniques were elicited in.

Analysis of the Data

Analytic Strategy for the Survey Data and Focus Group Findings

The data from the survey was initially analyzed using descriptive statistics. The aim of descriptive statistics is to describe the data that was collected (Weinberg & Abramowitz, 2008). The results were later analyzed using inferential analysis such as t-Test, ANOVA and multi-correspondence analysis (MCA) using IBM SPSS Statistics (version 27). Before submitting the survey results to IBM SPSS Statistics (version 27) the responses for the negative statements, that is, statements 4, 6, 7, 9, 10, 11 and 12 in the survey

questionnaire were reverse coded, that is, the responses on the 5-point Likert Scale were recoded so that all responses had the same weighting.

MCA was conducted on the data from the last open-question of the survey, which asked respondents to give an adjective to describe disabled women. MCA is considered to be a well-established tool in social science research, particularly in the investigation of social representations (Greenacre, 2010). It is an extension of correspondence analysis and is used when there are two or more categorical variables (Rees-Jones, 2011; Onwuegbuzie et al., 2011). An advantage of MCA is that it graphically illustrates the relationships between several categorical variables. MCA gives scores to all subjects (called object scores) on one or more variables (called dimensions) so that different categories of the variables being analyzed are separated from each other as much as possible by these object scores. The average object scores of all subjects in a particular category are then computed. These are called the category quantifications. Categories that contain several subjects in common should appear close together on the plot (Rees-Jones, 2011). The plots will be presented in the following chapter.

In the case where some respondents gave more than one adjective to describe disabled women, only the first adjective was included in the list for MCA. Out of all the responses, there were 97 respondents who gave an adjective in Maltese whilst the other adjectives were in English. In these cases, the Maltese adjective was translated into English first using a Maltese-English dictionary and then rechecked by a translator. This was done to ensure that any nuanced meanings were taken into consideration. Similar adjectives were then grouped together under one synonymous adjective. This exercise was initially

carried out independently by my doctoral supervisor and myself using a thesaurus. The synonyms were then also discussed between the supervisor and myself and only once a unanimous decision was reached by both of us that the adjective was changed to its respective synonym. The final list of recoded adjectives consisted of 36 different adjectives which are presented in Appendix L. Following this process, since this study is underpinned by the theory of social representations, those adjectives which were only mentioned once by the respondents were then discarded from the final list. According to social representations theory, since these adjectives were only mentioned once, they may not represent shared representation (Moscovici, 1961/2008). This process resulted in a final list of 23 adjectives ranging between adjectives being mentioned twice to adjectives being mentioned 49 times. The final list of adjectives is presented in the following chapter.

The quantitative data from the survey questionnaire was supported by data from the focus groups. The focus group data was transcribed ad verbatim and analysed using thematic analysis as proposed by Braun and Clarke (2006, 2022). Thematic analysis encourages the researcher to take on a critical role with the aim of reflecting on the research process (Braun & Clarke, 2022). Using thematic analysis to analyse the focus group data was intended to enhance the quantitative data of the general public's perceptions generated from the survey, by adding a thick qualitative illumination drawn from the focus group participants' narratives. This form of triangulation of the quantitative data from the survey which was considered the primary data supported by the qualitative data from the focus groups follows what Creswell (2009) terms the 'concurrent triangulation approach'.

In their pioneering paper published in 2006, Braun and Clarke describe a six-step guide on how to do thematic analysis. This guide was used to analyse the data generated from the four focus groups held with different groups of society from Malta and Gozo. The first step involved familiarising myself with the data and to do this the transcripts were read multiple times. The second step involved formulating codes. This was done by looking for similarities in the discussions, highlighting them and giving them a code. The third step was to go through the related codes and bring them together into themes. At this step, codes which were very similar to each other in meaning were combined to create themes. The fourth step was to recheck the themes and the codes to see whether there is overlap and whether codes fit well within themes. At this point similar themes were grouped together under a super-ordinate theme. This was done in order to make sure that the final themes represent the data collected. The fifth step involved explaining what each theme represents, while the final step was to document the findings, which will be presented in the following chapter. The themes were then checked against the survey data. A table with the themes and sub-themes will be presented in the next chapter.

Analytic Strategy for the Repertory Grid Data

The fourteen interviews carried out with disabled women living in Malta produced fourteen grids which resulted in a total of 258 constructs (both emerging and opposing poles included). Similar constructs were kept in the interests of maintaining the richness of the data since this study is guided by social representations theory. Moscovici (1961/2008) posits that through social representations, scientific knowledge diffuses through society to become common sense shared by the general public. Social representations enables

persons to construct *common sense* through the process of social interactions and cognitive processing (Jovchelovitch, 2008). In addition, Marková (2003, 2015) claims that our thinking when constructing 'common sense' is done in polarities and that one way of understanding such polarities is through Kelly's repertory grid technique. In this case, the aim of this research was to use the repertory grid technique to understand how disabled women have constructed their 'common sense' about other disabled women.

Repertory grids can be analysed using different methods of analysis. For this study, an adaptation of the core-categorisation method of analysis as described by Jankowicz (2004) was used to analyse the constructs. This is a suitable method of analysis when the researcher wants to explore the relationship between constructs. The maximum number of constructs elicited in an interview was 26 (including both poles) whilst the minimum number of constructs elicited in an interview was 10 (including both poles). All 258 constructs, with emerging and opposing poles being considered individually, were written down on separate cards and placed on a large table. The 258 constructs were reduced to 182 unique constructs by grouping together the duplicate constructs.

As suggested by the core-categorisation method of analysis (Jankowicz, 2004), the process started by grouping similar constructs under a category. If one construct was different to the previous one, a new category was created until all constructs could fit within a category. When a new category was created, some existing categories were redefined. The process of categorisation continued until almost all the constructs had been classified. Twenty-one constructs were deemed unclassifiable and these were grouped

under the category ‘miscellaneous’. This process of analysis was conducted over a period of seven days. The initial classification consisted of three superordinate categories, however after further analysis, the final classification resulted in four superordinate categories, with two of the superordinate themes having further sub-ordinate themes. Quotations from the participants were used to support the constructs elicited from the participants during the analysis of the findings. The findings from the survey and focus groups and from the repertory grid technique interviews will be presented in the following chapter.

Strategies for Ensuring Quality of Data

Reliability and Validity for the Survey

Reliability and validity are considered to be two fundamental concerns in quantitative research (Kaplan, 2004). One criterion cannot be considered independent of the other, since if an instrument is not reliable then it cannot possibly be valid and vice-versa (Polit & Beck, 2008; Wan, 2002). According to Wan (2002), the criteria of reliability and validity are significant for both existing measurement tools as well as for newly developed tools. One of the measurement tools used in this study was a survey questionnaire which I developed myself.

One way of ensuring validity and reliability of the survey questionnaire was to design and administer a pilot survey prior to conducting the actual survey. A pilot study is conducted to pre-test the measuring instrument (Van Teijlingen & Hundley, 2001). Since the data collecting tool was not a standardized one, administering a pilot questionnaire allowed me to ask for and receive feedback from respondents about the clarity of the statements and change them accordingly.

According to Heale and Twycross (2015, p. 66), “reliability relates to the consistency of a measure”. Reliability means that a measuring instrument such as a survey questionnaire should yield the same results if it is used with the same person in the same situation more than once in a short period of time (Heale & Twycross, 2015; Wan, 2002). In order to test the reliability of the survey questionnaire, the responses to the twelve statements were subjected to Guttman’s Lambda2. The scores of the negative statements were first reversed and Guttman’s Lambda2 coefficient was then computed on the responses of all twelve statements. Guttman’s Lambda2 is similar to Cronbach’s alpha, but it is considered to be more indicative and should give a better estimate for reliability than Cronbach’s alpha for situations where respondents answer the same set of questions rather than situations where respondents are presented with different sets of statements (Callender & Osburn, 1979; Osburn, 2000). The Guttman’s Lambda2 test for the results of the survey questionnaire gave a value of 0.70 which, for a sample size of over 500, is considered to be acceptable to good (Cohen & Holliday, 1996).

Validity is defined as the extent to which a concept is accurately measured in a quantitative study (Heale & Twycross, 2015, p. 66). According to Bailey (1994), validity is concerned with making sure that the measuring instrument is actually measuring the concept that the researcher intends to measure and is not measuring some other concept. It also concerns accuracy, thus making sure that the measuring instrument is measuring the concept that was intended to be measured in an accurate matter. There are various types of validity that should be adhered to. Two important types of validity are content validity and construct validity (Heale & Twycross, 2015). Content validity is a

subjective measure of how appropriate the items in the survey seem to be when examined by a set of reviewers who are knowledgeable about the subject in question. It typically involves an organized review of the survey's contents to ensure that nothing is left out or it does not include anything which it should not (Litwin, 1995). In this case, content validity was fulfilled by discussing the survey questions with a small number of scholars of disability studies for their feedback, prior to conducting the survey. Construct validity is known to be the most important type of validity, yet it is also known to be the hardest way of assessing an instrument. It is concerned with how meaningful the instrument is when in practical use. This type of validity is rather difficult to report since it is usually determined after years of using the same instrument over time in a number of different settings and with different populations (Litwin, 1995). Since the questionnaire used in this study is not a standardized one, it was difficult for this criterion to be fulfilled. However, as mentioned before one way of attempting to fulfil content validity of this survey questionnaire was to pilot the survey with a small group of people before conducting the actual survey.

Another issue related to reliability and validity is the language of the survey. Malta is a bilingual country with a large number of residents speaking both Maltese and English. However, there are individuals who might be more comfortable with answering surveys in either English or Maltese and not necessarily comfortable with using both languages. The survey was originally drafted in English since the literature used by the researcher is in the English language. In order to maximize the reliability of the instrument, the survey was also translated to Maltese. This made the survey available in both the Maltese and English languages, thus making it more accessible to people speaking

either of the two languages. The translation of a survey from one language to the other is considered to be a complex process (Sarstedt & Mooi, 2014). However, to ensure that the statements kept their conceptual meaning and that they accurately reflected the same meaning in the original language they were drafted in, that is, English, they were back-translated to English (Sarstedt & Mooi, 2014). Both translations, that is from English to Maltese and back from Maltese to English, were carried out by professional translators.

For the last open-ended question of the survey which asked the respondents to give an adjective describing disabled women, any responses in Maltese were translated into English, first using a Maltese-English dictionary and then rechecked by a professional translator. An inter-rater reliability process was also adopted through a process where both the doctoral supervisor and myself went through the adjectives independently to classify them under synonyms as explained above.

Reliability and Validity for the Repertory Grid Technique

Bannister and Bott (1973), who are long standing authors about the repertory grid technique, argue that although reliability and validity are significant for any test or tool, they have somehow become very rigid categories and go against what Kelly had tried to achieve through personal construct theory and the repertory grid technique. They further argue that the preoccupation with reliability in psychological tests is a symptom of the persistent dominance of trait psychology and the perspective that human beings are static and fixed rather than constantly evolving. Bannister & Bott (1973, p. 162) claim that what is significant for research through the repertory grid technique is to try and understand change and "…to measure our degree

of understanding by the degree to which we can predict it [change]". Some 30 years later, Fransella et al. (2004, p. 133) maintained that the definition of 'reliability' which best fits the repertory grid technique is the one put forward by Mair in a publication published in 1964, which is "to do our best to assess predictable stability and predictable change". They further maintain that the aim of the repertory grid is not to achieve the same repeated result over time but rather that when it shows change, we can understand what that change is implying.

Authenticity and Trustworthiness for the Focus Groups and the Repertory Grid Technique

When methods of data collection yield data of a qualitative nature, that is, based on an element of subjectivity of the participants, such tools cannot be replicated and therefore issues of objectivity, bias and validity are somewhat irrelevant (Blaikie, 1993). Instead, Lincoln and Guba (1985) proposed that for qualitative methods of data collection, it is 'authenticity' and 'trustworthiness' that should be striven for. These two concepts are about instilling a sense of confidence in the reader when interpreting the written work of the researcher. It is a process in which the reader and the writer find commonality in the way they construct their shared realities (Toma, 2006). I also found that adhering to the principles of authenticity and trustworthiness is pivotal in enabling my own accountability to the participants' accounts. Lincoln and Guba (1985) propose four general criteria that need to be adhered to when carrying out qualitative research for a study to be considered authentic and trustworthy. These four criteria are credibility, transferability, dependability and confirmability.

Credibility. Lincoln and Guba (1985) argue that one of the most important factors in establishing trustworthiness is ensuring credibility. In order to ensure credibility of the findings of this study, the transcriptions of the focus groups and the repertory grid interviews were validated by sending them back to the participants for their feedback. This allowed the participants to re-read, confirm and amend any information they deemed to be incorrect due to mis-communication or which they thought it did not faithfully represent their contributions. This process allowed me to confirm whether I had understood the social reality as narrated by the participants. Another element which adds credibility to this study is my own positionality as a disabled female researcher. The disabled female participants who took part in the repertory grid technique interviews know me as a woman who shares their experience of impairment so I believe that in this case being open about my positionality allowed me to establish a strong connection with the participants which is another indicator of credibility (Hayfield & Huxley, 2015; Massoud, 2022).

Shenton (2004) recommends that another way of ensuring credibility is for the researcher to have frequent debriefing sessions with the supervisors. In this case, regular debriefing sessions were held with my supervisor and co-supervisor during the whole process of the thesis but more frequent sessions were held during the collection of the focus group data and the repertory grid interview data. As for the core-categorization method of analysis for the constructs that emerged from the repertory grid technique interviews, the supervisor and another colleague, who had no prior link to the thesis, contributed during the process of the classification of constructs. The supervisor and another independent colleague separately coded the constructs into

categories themselves. The classification was then discussed extensively and an amended classification was agreed upon by consensus amongst the three of us. This method was also recommended by Jankowicz (2004) who explains that reproducibility and accuracy is accomplished by involving an independent researcher or researchers to analyze and categorize the data yielded from the repertory grids.

Throughout the research process I also kept a reflective journal where I recorded my thoughts and decision-making processes with the aim of ensuring ongoing self-awareness (Koch, 2006). During every focus group and after every repertory grid interview I wrote my reactions as well as thoughts and comments that I considered to be relevant to the research and analysis of the data. The exercise of writing my thoughts and reflecting on them allowed me to absorb and process all the information I was receiving and eventually helped me during the analysis of the data.

Transferability. Transferability refers to the applicability of the findings to other situations or other people (Tappen, 2011). Qualitative research often entails a small sample size, therefore generalizability is not the aim of this kind of research. Instead, Tappen (2011) suggests that qualitative researchers should give a detailed description of the sample and the context in which the study was carried. Grover (2004) refers to this information as “social significance” (p. 86). This contextual information will enable other researchers the possibility of deciding whether the findings could be relevant to their work or whether they may be transferred to other individuals or other similar situations (Grover, 2004). This is the reason why information about the Maltese context was provided in Chapter One and why information about the participants was

provided in earlier sections of this chapter. This will allow other researchers to decide whether the findings from this study are relevant to their own research.

Dependability. Dependability is somewhat equivalent to reliability in quantitative research. Achieving reliability in qualitative research is problematic since it would interfere with the interpretative process associated with qualitative research. Instead, Lincoln and Guba (1985) propose the term dependability to refer to the auditing of the documentation produced throughout the research process with the aim of assessing the clarity of the account of the same process, including the researcher's thinking and conclusions. They propose that an 'audit trail' must be created during the research process. For this study, a trail of decision-making processes as well as thoughts and comments that emerged during the research process were kept in a reflective diary as explained above. Tappen (2011) also suggests having a knowledgeable person independent of the research to review all these materials. For this study, the process of having an independent colleague audit all the material proved to be rather challenging in view of the nature of the study and the amount of data collected. However, prior to collecting data, during the analysis of data and after the writing of chapters, feedback was always sought from both my supervisor and co-supervisor. In addition, as mentioned above, an independent colleague helped me in the core-categorisation analysis of the constructs that emerged from the repertory grid interviews.

Confirmability. The last criteria to achieving trustworthiness is credibility. Tappen (2011) explains how credibility is somewhat equivalent to maintaining objectivity in quantitative research. As with the other criteria, objectivity in qualitative research can never be fully achieved. This is because

in qualitative research, researchers are often expected and required to include their perspectives and reactions rather than eliminate them (Cutcliffe & McKenna, 2004). In fact, Morse et al. (2002) do not consider confirmability to be relevant to studies within a feminist nature, amongst others. Instead, researchers are encouraged to be aware of and explicitly state their position (Shenton, 2004), as I did in the very first chapter of this thesis. The focus should also be on how useful the study is (Cutcliffe & McKenna, 2004) rather than aiming for objectivity. It is for this reason that as a researcher I strove to remain as close as possible to the participants' own words whilst also being informed by the literature that I referred to throughout the research process. Ultimately, I understand that it is the reader's appraisal of my work as a researcher that can really establish whether I was sufficiently rigorous in carrying out this work.

Ethical Considerations

Ethical issues are an integral element of any kind of research, irrespective of whether the research is mono-method or mixed-method (Creswell, 2009). Different ethical issues become salient throughout the different stages of the research. All ethical issues need to be considered in order to find justifiable solutions that safeguard the fundamental principles of the ethical treatment of humans, which are respect for persons, justice and beneficence (Isreal & Hay, 2006). Isreal and Hay (2006) argue that during every stage of the research process, researchers should strive to protect their participants and develop a relationship based on trust; promote the integrity of research; guard against misconduct and impropriety whilst conducting

research; and cope with any new and challenging problems that might arise. Ethical considerations should also be taken into account when storing the data, analysing the data and reporting the data (Anyansi-Archibong, 2015). In this study, a data management plan was set out for both phases of the research. This included anonymized data from the point of collection by using pseudonyms on documents and during the recording of focus groups and interviews; the storage of hard copies of survey data, transcriptions and grids in a locked filing cabinet; and the safe storage of soft copies of the survey data and audio and video data of the focus groups and interviews on an encrypted and password protected hard drive. In addition, it was also ensured that the raw data was treated with care and that it was only accessible to me and my supervisors.

As part of the process of taking into consideration the ethical issues related to every stage of this study, ethical approval for both phases was sought separately from the University of Malta Research Ethics Committee. Only once approval was obtained that the survey and focus groups, and the repertory grid interviews were carried out. Since due to the Covid-19 pandemic some of the repertory grid interviews had to be shifted online, ethical re-approval was sought from the University of Malta Research Ethics Committee. For the online interviews, reference was also made to the ethical guidelines published by the Association of Internet Researchers (Franzke et al., 2020).

Ethical Considerations for the Survey and Focus Groups

The survey and focus groups were conducted simultaneously, that is, during the same period of time, with the analysis of the data being carried out after both methods of data collection were finalized. The survey was conducted

via Computer Assisted Telephone Interviewing (CATI). Gwartney (2007) argues that there should not be anything in a telephone survey, which can cause respondents “psychological, economic or legal harm” (p. 49) and that ideally, respondents should not even remember taking part in a telephone survey a week later.

The ethical considerations adopted for the survey included, the principle of informed consent and the respondents’ right to be informed about the purpose of the research, the principle of confidentiality, and the need for honesty in collecting data and in reporting the data (Gwartney, 2007; Zikmund & Babin, 2007). In order to meet these considerations, upon answering the telephone, respondents were given information about the purpose of the research prior to starting the survey. Respondents were informed that this survey is part of a larger research study about disabled women that is being carried out in Malta. Respondents were also told that they were digitally selected from a directory of telephone numbers. The implications of this are that only households with a fixed telephone line and a telephone number that is registered on the telephone directory were included in the study. Respondents were also notified that they would not be identified from any of their answers; that the survey took approximately 10 minutes to complete; that their participation was voluntary; and that they could decide to terminate their participation at any time during the survey without any prejudice whatsoever. Only upon receiving consent from the respondents for all the above-mentioned criteria did the interviewer start asking the questions. The need for rigour in collecting the data was emphasized to the telephone interviewers. However, since this was part of their day-to-day work, all telephone interviewers were

very much aware of the importance of ethical considerations throughout the data collection phase. The data was inputted in an excel sheet and checked for possible errors.

As with the survey, the principle of informed consent, the participants' right to be informed about the purpose of the research, and the need for honesty in collecting and reporting the data were observed during the focus groups (Gwartney, 2007; Zikmund & Babin, 2007). In order to meet the above-mentioned considerations, participants in all four focus groups were provided with a recruitment sheet containing information about the purpose of the research prior to attending the focus group (Appendix B and Appendix C). Participants willing to attend the focus groups contacted me by email or by mobile phone with both forms of contact having been provided to the participants on the information letter. Once they accepted to participate, a consent form in Maltese or English (Appendix D and Appendix E), depending on the preference of the participants, was provided to all participants.

The focus groups were chaired by a facilitator in order to minimize the social desirability bias – a common occurrence in focus groups (Bergen & Labonté, 2020). This was a decision grounded in ethics and a decision made with the intention to not limit the participants' freedom of expression. My own impairments are of a physical and visible nature, thus I opted to have the focus groups held by a facilitator because I did not want the participants to feel that they were constantly being reminded of my impairments. In addition, I also wanted to minimize as much as possible any dynamics of power usually present between the researcher and the participants in qualitative research. By opting for a facilitator to conduct the focus groups I believe I allowed for a

stronger and more balanced voice given to the focus group participants (Clough, 2004). The facilitator of the focus groups was chosen on the basis of her own experience of facilitation of groups and on her understanding of the issues I was interested in.

Before the start of each focus group, participants were encouraged to ask any questions they might have and these were answered by the focus group facilitator. The participants were asked not to divulge any information discussed during the focus group with third parties. However, participants were also informed that due to discussion being amongst a group of people, absolute confidentiality cannot be guaranteed. As the focus groups were nearing the end, participants were informed of this before-hand so that they would know that the discussion was reaching a close. At the end of every focus group, participants were given the opportunity to take stock of what had been discussed and whether they felt that they needed to retract anything or clarify anything they had previously said throughout the discussion. Participants were informed that they would receive a copy of the transcript. Participants were also told that should they feel the need to discuss anything after the focus group, they were more than welcome to contact me. At the end of each focus group, participants were offered refreshments which gave them time for off-the-record conversation. In light of this, it was made sure that by then any audio and video recording were stopped.

Ethical Considerations for the Repertory Grid Technique Interviews

Since the participants of this second phase of the study were recruited via the database held by CRPD, all the participants taking part in both face-to-face interviews and in the online interviews were provided with information

about the purpose of the research by the gate keeper. My details were provided to the potential participants on the information letter (Appendix G and Appendix H) sent by the gate keeper. Upon contacting me for more details, I answered any questions the potential participants posed regarding my research. These interviews were held by me. Whilst for the focus groups I did not want to limit the freedom of expression of the non-disabled participants, for the interviews with disabled women, being a disabled researcher myself, I felt that the common denominator of identity and experience would strengthen the experience of the interview. This common factor with the participants for the interviews was key to the integrity of the repertory grid technique.

Once the disabled women accepted to participate, a consent form (Appendix I and Appendix J) and two forms (Appendix K) to be used during the interview were presented to the participants before the start of the interview. For the interviews which were held online, all the forms were sent to the participants via email before the day of the interview. In the case of online interviews, signed consent forms were returned to me by email prior to the interview. Informed consent and the principles of confidentiality were also requested from the Maltese Sign Language Interpreter who was present during one of the interviews with one of the participants who is deaf. For both the face-to-face and online interviews, I made sure to allow some time before the start of the interview to speak to the participants about things that were going on and for us to get to know each other briefly.

According to Lobe et al. (2020), most of the fundamental ethical issues in online interviewing are the same as in face-to-face contexts. For those participants who preferred to use Zoom as their platform of choice, a password-

controlled session was created. Whereas for those participants who preferred to use Skype as their platform of choice, only participants who are added to the call by the host, which in this case was me, could participate in the call. A privacy issue that can arise from video-based interviews is the potential visibility of the background in the participant's surroundings, especially if they are participating in the interview from their own private home (Lobe et al., 2020). Understandably, this might be more of an issue if a group discussion was being held rather than a one-to-one interview as was the case for this research. In view of this, at the start of the interview, participants were made aware of this issue and were asked whether they wanted to change their background to a virtual one. All of the participants found this to be irrelevant and were happy to keep their real background. Since the online interviews were held from my house and we were during lockdown, the interviews were held from my home office and I made sure to wear headphones during the interviews so that nothing could be overheard by other family members.

Another set of ethical considerations that were taken into account for this phase of the study in particular included the impact of the process of taking part in this study on the disabled female participants. As a disabled female researcher I wanted to ensure that the participants have an element of agency in the project (Beckwith & Drake, 2022). This was ensured by the approach I adopted throughout the interview which minimized any researcher-interviewee power imbalance. I informed them that although I was a disabled female researcher and part of their community, they were the experts. This approach is also in line with the repertory grid technique which refers to interviewees as 'subject matter experts'. In addition, in order to ensure the disabled female

participants' agency, I also shared with them the transcripts of the repertory grid interviews for any clarifications. Eventually, the disabled female participants' agency will also be achieved by sharing with them the reflections on the emergent findings. Once the research process has been finalized, I also plan to involve some of the disabled female participants in the dissemination of findings.

Limitations of the Study

This study aims to add to the body of literature on representations of disabled women, but like any other research project, it is not devoid of limitations. These limitations are related to social desirability bias across both phases of the research, the tools used to collect the data, and the participants whose voices were not included in the study. Limitations can have an impact on the results of the study, so every effort was made to mitigate their impact.

Social Desirability Bias

A limitation which could have occurred throughout all three methods of data collection is 'social desirability bias'. This kind of bias refers to the tendency of research participants to answer questions in ways which are considered to be more socially desirable and acceptable rather than answering them in ways which reflect their true thoughts and feelings (Bergen & Labonté, 2020). Although mitigation measures were taken during all three methods of data collection to minimize the element of social desirability bias, elements of it could have still been present. Social desirability bias can occur in every study but it could have occurred in this one, in particular, because of two reasons. The first reason is that the topic of disabled women is considered to be of a sensitive nature and there is also an element of "political correctness"

associated with it, thus the participants might not have been entirely honest due to wanting to sound politically correct. The second reason is that I am a disabled women with a visible impairment and thus participants might have wanted to say things to please me. In order to limit the social desirability bias, some mitigation measures were adopted throughout the study.

For the survey, one of the mitigation measures was the choice of Computer Assisted Telephone Interviewing (CATI) over Computer Assisted Personal Interviewing (CAPI). Contrary to CAPI, CATI allows respondents to be less self-conscious about their responses since they are not actually seeing the interviewer since the telephone acts as a barrier in this regard (Biemer & Lyberg, 2003). For the focus groups, the mitigation measure adopted was to have an experienced facilitator conduct the focus groups. This allowed the participants to be as honest and as truthful as they could be without me being a constant reminder of a 'disabled woman'. There could have also been an element of social desirability bias during the one-to-one interviews held with disabled women, however in this case I felt that being a part of the participants' community and conducting 'insider research' enhanced the data collection process rather than acted as a barrier between myself and the participants. Being a disabled female researcher allowed me to use some of my own personal experiences to break down and minimize the possible researcher/participant power imbalances that can occur during data collection (Hayfield & Huxley, 2015). In addition, the nature of the repertory grid interview aims at tapping into implicit knowledge, thus reducing the element of social desirability bias.

The Tools and Analysis of the Data

Despite the many advantages of surveys, there are also some limitations pertaining to this method of data collection. The survey instrument was prepared by myself since there are no pre-existing questionnaires which address the issues I wanted to investigate within a Maltese context. Inherently, this implies that I decided which statements to include and which to leave out. Thus, some other relevant statements had to be excluded. This is because the number of statements in the survey needed to be capped in order to keep the respondents focused and for the respondents not to find the survey to be too long.

Focus groups are also known to have a lot of benefits as a method of data collection, however like any other method they also have their limitations. During the discussions, some participants might have felt uncomfortable sharing their own thoughts about the topic in question. To counter this, the experienced facilitator often reminded the participants that there was no right or wrong answer to the questions but that the aim of the focus group was to create a discussion. The facilitator was also able to identify any introvert or shy participants during the focus groups discussions with the aim of ensuring full participation from all the participants. Another limitation related to the focus groups was during the analysis of the data due to my own biases and perceptions stemming from identifying myself as a disabled woman. However, to mitigate this bias I did my utmost to bracket my own positionality as much as possible during the analysis phase of the study in order to safeguard the participants' voices throughout the research.

Another limitation arose because some of the data collection for the

second phase of the research, that is, the interviews with disabled women, had to be transferred online halfway through the data collection process. The transfer had to be done because the data collection for this research activity had been initiated just before the beginning of a global pandemic so the first few interviews were conducted in person. Upon the introduction of a national lockdown due to the Covid-19 pandemic, the rest of the interviews had to be moved online. Although the participants were willing to meet online, holding online interviews for the purpose of collecting data had its own challenges. I felt that 'breaking the ice' online takes much longer than in person. It is also difficult to build a rapport and a sense of trust online. Having said that, the fact that the shift from in-person to online was being done by society in general around the world, for both work and education purposes, holding the interview online felt like a very natural thing to do. However, the repertory grid technique was not intentionally designed to be held online so some participants may have found the process of conducting the grid interview online to be rather challenging and thus might have experienced respondent fatigue. This is common with other studies which had to be shifted online due to the global Covid-19 pandemic (Lobe et al., 2020).

Survey Respondents and Repertory Grid Participants

Another limitation of the study is related to the sample of survey respondents and the sample of participants for the repertory grid interviews. The sample of survey respondents shows that the youngest cohort, that is the 16-29 age group, is under-represented in comparison to the other age cohorts. In addition, there were many more females than males who took part in the survey. However, representativeness was not a key concern for this study. It

was more important for me to start uncovering the representations of those who wanted to come forward and participate in the study rather than achieve representativeness.

Another limitation is related to the participants for the repertory grid interviews. For this second phase of the research, I intentionally did not include disabled women from all impairment groups. Disabled women with an intellectual impairment were intentionally not included in this research activity because I am aware that women with intellectual impairment might require a different method of data collection which is accessible to them. Conducting research with women with intellectual impairment to find out their social representations of other disabled women is a recommendation for future research.

Conclusion

This chapter has given a detailed description of the methods that have been used to carry out this study. A two-phase mixed methods research design was adopted. The first phase of the research adopted a concurrent embedded design which consisted of a survey questionnaire and four focus groups with the general public carried out simultaneously. Whilst the second phase of the research consisted of a set of repertory grid interviews carried out with 14 disabled women. The next chapter will present the findings of Phase One and Phase Two of the study.

CHAPTER 4

FINDINGS FROM PHASE ONE AND PHASE TWO OF THE STUDY

4. Findings from Phase One and Phase Two of the Study

This chapter presents the findings from Phase One and Phase Two of the study. My own reflections on the findings that have emerged from these two phases of the study, which eventually helped in the triangulation of findings, will also be included in this chapter. Phase One of the study adopted a "concurrent embedded strategy" as proposed by Creswell (2009, p. 214). The primary method of data collection for this phase was a survey carried out with a random sample of 526 people aged 16 years and over living in Malta and Gozo. Whilst the secondary method of data collection for this phase consisted of four focus groups carried out with different groups of participants from Malta and Gozo with different levels of education. The aim of the survey and focus groups was to investigate the representations of disabled women held by non-disabled people. The data from the survey was analysed using IBM SPSS Statistics (version 27). Both descriptive and inferential statistical analysis such as t-test, ANOVA and Multi-Correspondence Analysis (MCA) were carried out on the survey data. The responses for negative statements 4, 6, 7, 9, 10, 11 and 12 of the survey were reverse coded before running the tests. For presentation purposes, these statements have been reworded and are denoted by a dagger sign (†) when presented in the tables throughout the chapter. The data from the focus groups was analysed using thematic analysis as described by Braun and Clarke (2006, 2022). The findings that emerged from the survey were supported by quotes from the focus groups and will be presented below under 'Phase One'.

Phase Two of the study consisted of one-to-one interviews carried out with fourteen Maltese disabled women aged between 28 and 63 years old.

Table 5

Frequencies of Responses for the 12 Statements of the Questionnaire

Statement	Likert Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know and No Answer
	%	%	%	%	%
1. Disabled women are productive at work.	1.1	56.1	15.8	0.2	26.8
2. Disabled women can attain a good level of education.	2.1	67.3	7.6	0.0	23.0
3. Disabled women make good mothers.	2.3	59.9	4.9	0.4	32.5
4. Disabled women are good students. †	4.4	67.7	3.2	0.0	24.7
5. Disabled women have access to employment in Malta.	0.4	45.6	25.2	2.2	26.6
6. Disabled women should not have a relationship with a disabled partner. †	2.7	15.6	49.0	0.6	32.2
7. Disabled women make good employees. †	3.9	65.3	5.8	0.0	25.0
8. Disabled women have access to education and training.	1.1	52.3	14.1	0.0	32.5
9. Disabled women are sexually attractive. †	0.2	30.4	4.9	0.0	64.5
10. Disabled women are not intimidating. †	1.3	15.8	41.1	0.0	41.8
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	0.2	12.2	24.5	5.5	57.6
12. It is more difficult for disabled women to be victims of domestic violence. †	1.1	21.1	41.4	0.4	35.9

Note. Statements with a † show that they have been reverse coded for inferential statistical purposes. N = 526 and base percentage for each statement is 100%.

The interviews were conducted using the repertory grid technique as described by Fransella et al. (2004) and Jankowcisz (2004). The aim of these interviews was to investigate the representations held by disabled women about other disabled women they knew personally or knew of. The repertory grid technique captured the adjectives or ‘constructs’, as referred to by Kelly (1955), which Maltese disabled women use to describe other disabled women. The adjectives describing disabled women elicited from the participants were analysed using an adaptation of the core-categorisation method of analysis as described by Jankowicz (2004). The findings that emerged from the repertory grid interviews will be presented under ‘Phase Two’.

Phase One: Findings from the Survey and Focus Groups

A General Overview of the Survey Statements and Themes from the Focus Groups

Table 5 gives a general overview of how the survey respondents answered each of the 12 statements. The survey frequencies indicate that there was a positive representation of disabled women amongst the respondents in the areas related to education and employment. However, there was a strong element of ambivalence amongst the respondents when answering statements related to motherhood and relationships.

Tables 6.1 to 6.4 present the themes and sub-themes that emerged from the analysis of the focus group data using thematic analysis (Braun & Clarke, 2006, 2021). Four super-ordinate themes emerged and these are: i) Ambivalence, ii) Misconceptions, iii) Equality Issues, and iv) Employment.

Table 6.1

Themes that Emerged from the Focus Groups: Ambivalence

Theme	Sub-Themes	Quotes
Ambivalence	Motherhood	Francis, FG 4: "She [a disabled mother] will surely need help. Otherwise it's hard for her. Even more so if she is in a wheelchair, she cannot get down on the floor from the wheelchair, a baby has a lot of needs...she needs help...tell me, what is she going to do on her own? She cannot do anything!"
		Victoria, FG 3: "…from two disabled people, I say a perfect baby was born and she is the perfect most beautiful baby. How do you say it, it's like there is no one above God. She gave them an answer."
	Relationships	Paul, FG 1: "In relationships I think the issue of dependency comes into it…I think it is considered more of a problem when the disabled woman becomes dependent on the man…if the relationship doesn't work you might have a cause for annulment."
		Paula, FG 3: "You see the genuine love of someone …then something bad happens and you remain with that person. We cannot forget that true love does exist too even when facing disability."
	Physical vs Intellectual Impairment	Paul, FG 1: "…however I think disabled women with a physical disability are quite accepted in comparison with women with intellectual disability."
		Claudia, FG 4: "…disability can be physical and it can also be mental. If it is not a mental disability they can move on and even achieve a profession."

Table 6.2

Themes that Emerged from the Focus Groups: Misconceptions

Theme	Sub-Themes	Quotes
Misconceptions	Compensation of Sensory Acuity or Abilities	Sylvia , FG 4: "…they will have another ability that we don't have. Because we say God takes one thing and gives you another."
		Mary, FG 4: "They will have a disability, and they will have another thing, that someone else does not have."
	Lack of Knowledge and Awareness	Jane, FG 4: "But then it [the condition] will be passed on, for example. That's the only thing that bothers me…The children will be handicapped and they suffer."
		Francis, FG 4: "If it's mental it should not be encouraged because the baby will have the same defect."
	Traditional Gender Roles	Tamara, FG 4: "As long as the disability is physical and she is capable of carrying out her responsibilities of a mother and wife, why not?"
		Anthony, FG 2: "Most men look at a woman and think, 'Is she attractive? Will she be able to give me children? Will she be able to take care of my children?'"

Table 6.3

Themes that Emerged from the Focus Groups: Equality Issues

Theme	Sub-Themes	Quotes
Equality Issues	Lack of Access	Michael, FG 1: "Vulnerable not because as a person they cannot arrive till here or there but because of the external obstacles that they might encounter…it's more about whether society or rather schools and educational services are prepared to give them the same opportunities."
		Duncan, FG 2: "For example, I am in a wheelchair and I want to become a psychologist. OK, so I have to check whether the University is wheelchair accessible, whether I can get into the lecture theatre, where, whether, from one lecture theatre to the other side of the hall whether I'm going to take 15 minutes…What if in those 15 minutes, they would explain something important for the exam, for example? Why would I have to miss that because of my disability?"
	Disadvantaged	Duncan, FG 2: "…there is a double problem of discrimination, already that you are a woman, there are a number of issues, of social discrimination. But then you have a disabled woman, there, there is another issue."
		Mark, FG 2: "…they [disabled women] are different so automatically that is grounds for discrimination and ostracization."
	Hidden Impairments	Vanessa, FG2: "When it [the impairment] shows, it's easier for people to accept because it is something that shows. When it doesn't show it's a completely different story…"
		Julia, FG2: "I think of a disabled woman in a wheelchair initially. When in reality…there are many different types of disabilities. It could be another thing, I mean, there are people who are disabled who aren't in wheelchairs. It can be invisible."

Each super-ordinate theme contains three sub-ordinate themes. Similar to the survey respondents, the focus group participants seemed to be more accepting of the roles of disabled women in the areas of education and employment, whilst less so in the areas of motherhood and relationships. The focus group participants thought that disabled women could fare well and are comparable

Table 6.4

Themes that Emerged from the Focus Groups: Employment

Theme	Sub-Themes	Quotes
Employment	Quota	Peter, FG2: "…I don't agree with quotas… because you're promoting someone based on the quota and not on their skill. It's their brain that is important. You should promote someone based on their skills and brains."
		Michael, FG 1: "…even if you look at the recent schemes and enforcement of the quota…there were employers who chose to pay the fine instead of employing persons with disability…notwithstanding the schemes and help that there is."
	Obstacles	Paul, FG 1: "if I had to take the element of disadvantage for disabled women at work I think the situation will be 'squared'…because if you start thinking every element of disadvantage is experienced by disabled women."
		Emma, FG 1: "Definitely there are opportunities but then when you kind of break it down you realize that in reality there are a number of obstacles…even in this day and age still there are some obstacles."
	Employers	Emma, FG1: "…I think we also need to see it from the employer's perspective…now even if the employer tries and tries but sometimes they just won't be able to employ them for the kind of work that the employer needs."
		Christine, FG 3: "It should come from the employers…they need training and more education and awareness. I know they need people who can produce work but they also have a lot of misconceptions."

to everyone else in the education and employment contexts. However, some of the focus group participants made contradicting arguments about disabled women within the context of motherhood and relationships in the same discussion.

Sex Differences

Table 7 shows that there were statistically significant differences between male and female respondents for only two of the 12 statements of the survey. The lack of statistically significant differences between mean scores of male and female respondents for most of the responses was unexpected.

Table 7

T-test for All Statements Between Male and Female Respondents

Statement	*M*		*t*	*df*	*p*
	Male	Female			
1. Disabled women are productive at work as other women.	2.69	2.53	2.18	522	.40
2. Disabled women can attain the same level of education as other women.	2.42	2.34	1.29	524	.01*
3. Disabled women make good mothers.	2.45	2.38	1.16	513	.95
4. Disabled women are good students. †	2.29	2.22	1.07	506	.83
5. Disabled women have access to employment in Malta.	2.81	2.84	0.35	498	.93
6. Disabled women should not have a relationship with a disabled partner. †	3.32	3.31	0.14	490	.63
7. Disabled women make good employees. †	2.32	2.33	0.06	482	.86
8. Disabled women have access to education and training in Malta.	2.51	2.58	0.97	484	.08
9. Disabled women are sexually attractive. †	2.84	2.65	3.31	453	<.001**
10. Disabled women are not intimidating. †	3.22	3.27	0.66	458	.99
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	3.20	3.29	1.03	460	.53
12. It is more difficult for disabled women to be victims of domestic violence. †	3.24	3.20	0.45	462	.15

Note. Statements with a † show that they have been reversed for inferential statistical purposes. *p* values with one asterisk (*) show that for that statement there was a statistical significance at <0.05 between the mean responses of male and female participants. *p* values with two asterisks (**) show that for that statement there was a statistical significance at <0.001 between the mean responses of male and female participants.

This is not congruent with other studies carried out in other countries. Statistical significance for sex differences in the survey responses was found for

statements: *Disabled women can attain the same level of education as other women* ($t(524) = 1.29$, $p = .01$) and *Disabled women are sexually attractive*† ($t(453) = 3.31$, $p < .001$). These results indicate that females agree more than males that disabled women can attain the same level of education as other women and that disabled women are sexually attractive.

The greater lack of agreement amongst male respondents with regards to disabled women attaining the same level of education as other women could be due to a greater lack of knowledge or awareness about the educational experiences of disabled women amongst men in comparison to women. This could be because more women than men tend to take on teaching professions and other education related professions such as Learning Support Assistants. Thus, more women in comparison to men tend to have more contact with disabled girls and women in the educational setting. Through different generations more women than men have also been socialised in taking on nurturing and caretaking roles with disabled people, which roles are assumed to increase familiarity with disabled people.

The lack of agreement that disabled women are sexually attractive amongst male respondents could be due to male respondents genuinely not finding disabled women attractive. It could also be due to the constant information portrayed on the media, including social media, about what the ideal attractive body should be like, which is usually very different from a disabled body. It could also be due to a sense of embarrassment or shame amongst the male respondents to admit that they are attracted to a disabled woman. This sense of embarrassment amongst male respondents could be

stemming from the notion that had they admitted to being attracted to a disabled woman they would have been wrongly perceived as disability devotees or fetishists by the interviewer.

The possible lack of knowledge and awareness about the experiences of disabled women within the educational context amongst male participants was also notable in the focus group discussions. When asked about disabled women in the context of education, Mark (FG 2) claimed, "…I don't know really what they can do and achieve in their education. I don't think I know any women who are disabled, at least not personally". Duncan (FG 2) argued that there is a need for more awareness and education about the experience of disability especially in relation to disabled women in several contexts, and not just in education, in order to decrease the level of prejudice experienced by disabled women,

> [we need to] educate people that that is natural, so then they can say, 'listen, what is this feeling that I am feeling, why do I feel that this person is different because she has a disability', why am I feeling this sense of prejudice towards her? Once you can understand what it is, where it is coming from, then you can say, 'Ok, this feeling that I am feeling is not because this person is a source of danger for me'. Ok, so I can deal with it… (Duncan, FG 2).

Similar to the survey responses about whether disabled women are attractive, Anthony (FG 2) contented that the majority of men still think that the ideal body of a woman is one which is "fit and sexy" and that disabled women's bodies do not always tick these boxes due to their impairments, "I don't really

know what to say about attraction but let's face it, we all know that disabled bodies are not always the most attractive" (Anthony, FG 2). Similarly, Henry (FG1) argued that most men still think about families and motherhood from a traditional gender role perspective, that is, that women are the ones who should take on the nurturing and caring role within the family and he was not sure whether a disabled woman can do that. He argued that, "Most men look at a woman and think, 'Is she attractive? Will she be able to give me children? Will she be able to take care of my children? I'm not sure a disabled woman can do all that'" (Henry, FG 1). The need for more awareness about the roles of women, both disabled and non-disabled, in the family came out clearly in the focus group discussion.

Age Differences

The survey results show that there were statistically significant differences for the mean scores of the different age groups for 7 statements. This shows that the representations of disabled women amongst the survey respondents vary with age. Table 8 shows the one-way ANOVA test for all the statements.

The results from the post-hoc tests carried out on the statistically significant statements are presented in Table 9. When comparing specific age group means, the post-hoc tests show that the older age groups have more negative representations of disabled women in the areas of education and relationships. The reason for this could be that older generations may subscribe to more traditional gender roles within the family and thus perceive disabled women as not being able to take on the caring and nurturing roles usually attributed to women within a relationship and family.

Table 8

One-way ANOVA Test for All Statements between Age Groups

Statement	*M*				*F*	*df*	*p*
	16-29	30-49	50-64	65+			
1. Disabled women are as productive at work as other women.	2.51	2.64	2.53	2.58	0.55	3,520	.65
2. Disabled women can attain the same level of education as other women.	2.30	2.49	2.35	2.27	2.95	3,522	.03*
3. Disabled women make good mothers.	2.20	2.44	2.44	2.38	1.71	3,511	.16
4. Disabled women are good students. †	1.95	2.29	2.26	2.26	3.69	3,504	.01*
5. Disabled women have access to employment in Malta.	3.21	3.00	2.79	2.63	7.06	3,496	<.001**
6. Disabled women should not have a relationship with a disabled partner. †	3.33	2.96	3.46	3.48	12.2	3,488	<.001**
7. Disabled women make good employees. †	2.10	2.35	2.31	2.37	1.95	3,480	.12
8. Disabled women have access to education and training in Malta.	2.59	2.64	2.61	2.44	1.98	3,482	.12
9. Disabled women are sexually attractive. †		2.70	2.70	2.70	0.03	3,451	.99
10. Disabled women are not intimidating. †	2.73	2.99	3.35	3.39	6.97	3,456	<.001**
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	3.33	3.44	3.13	3.22	4.06	3,458	.01*
12. It is more difficult for disabled women to be victims of domestic violence. †	3.03	2.99	3.33	3.33	5.41	3,460	<.001**

Note. Statements with a † show that they have been reversed for inferential statistical purposes. *p* values with one asterisk (*) show that for that statement there was a statistical significance at <0.05 between the mean scores of the different age groups. *p* values with two asterisks (**) show that for that statement there was a statistical significance at <0.001 between the mean scores of the different age groups.

Table 9

Post-Hoc Tests on Statistically Significant Statements for Age Groups

Statement	Age Groups		Difference of Means	*p*
	I	J	(I-J)	
2. Disabled women can attain the same level of education as other women.	30-49	65+	0.21	.04*
4. Disabled women are good students. †	16-29	30-49	-0.34	.02*
	16-29	50-64	-0.31	.03*
	16-29	65+	-0.31	.03*
5. Disabled women have access to employment in Malta.	16-29	65+	0. 58	< .001**
	30-49	65+	0.37	< .001**
6. Disabled women should not have a relationship with a disabled partner. †	30-49	50-64	-0.50	< .001**
	30-49	65+	-0.52	< .001**
10. Disabled women are not intimidating. †	30-49	50-64	-0.36	< 0.001**
	30-49	65+	-0.40	< .001**
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	30-49	50-64	0.32	.01*
12. It is more difficult for disabled women to be victims of domestic violence. †	30-49	50-64	-0.34	.01*
	30-49	65+	-0.34	.01*

Note. *Statements with a † show that they have been reversed for inferential statistical purposes. p values with one asterisk (*) show that for that statement there was a statistical significance at <0.05 between the difference of means of those age groups.* p value*s with two asterisks (**) show that for that statement there was a statistical significance at <0.001 between the difference of means for those age groups.*

These negative representations about disabled women amongst older generations could also be echoing negative representations of disabled women in the media. Conversely, the younger age groups seem to be more aware of the barriers that disabled women encounter when accessing employment. The

reason for this greater awareness amongst younger participants could be that younger generations tend to be more rights oriented and are thus more knowledgeable about discriminatory legislation. It could also be because younger generations are known to have more liberal attitudes and are more open to different realities. Another reason could be that the younger participants have greater access to the media, including social media content by other disabled people, which can make them more aware of the different realities often experienced by disabled people due to the disabling obstacles that they encounter. The reason for this greater awareness amongst the younger participants could also be due to younger people being more familiar with disabled people. The familiarity with disabled people could be the outcome of having experienced inclusive education and having had disabled students as their peers. This, in turn, could have made the younger participants more aware of the obstacles that their disabled peers might have encountered during their years of formal education.

Unlike the survey respondents, the focus group participants of an older age such as the participants of focus group four (FG 4) whose ages ranged between 66 and 82 years old had positive representations of disabled women in the context of education. The majority of them argued that disabled women are capable of doing well at school and at higher education. However, the focus group participants of focus group four had similar representations to the survey respondents in the contexts of relationships, and motherhood, in relation to disabled women.

On the topic of education in relation to disabled women, Jane (FG 4) insisted that disabled women, "…are very intelligent". David (FG 4) agreed and

contended that disabled women's intelligence makes up for their lack of abilities in other areas, "…yes, those [disabled women] might not be good at other physical things but they will have good brains". Francis (FG 4) attributed better concentration levels to disabled women due to their lack of physical abilities, "…I believe their [work] output would be more. Because they can concentrate better". In addition, Mary (FG 4) from the same focus group felt the need to make a comparison between disabled women and non-disabled people and said, "…in spite of everything else, they are still very intelligent. Sometimes they win prizes and awards. There are non-disabled people who do not manage to win such awards". The reason for these positive representations of disabled women in the context of education amongst the focus group participants could be attributed to the fact that since the focus group was held in-person, the participants were more likely to experience social desirability bias in contrast to the survey respondents, since the survey was conducted over the phone. However, another reason could also be that the older focus group participants genuinely had more positive representations of disabled women in the context of education.

The representations of disabled women as mothers and disabled women's role in relationships amongst the focus group participants were similar to the survey respondents and were thus less positive. Abigail (FG 4) shared her surprise with the other focus group participants at how a disabled woman she knew had found herself a non-disabled boyfriend, "I know a disabled woman and she had a handsome man with her. I thought he was her brother. Then, I said to myself, ah poor girl, at least she found one [boyfriend]". Luke (FG 4) expressed his concern regarding disabled women having children and

worried about the impact that the disabled mother's impairment would have on her children,

> …they start seeing their mother in that position. For them it will be hard, especially if the children are normal. One thousand questions, the children will start asking, 'why is mummy like this?', you understand? So I think it will cause a lot of pain (Luke, FG4).

John (FG 4) agreed with Luke (FG 4) on the issue of motherhood and claimed that having a disabled mother could be a cause for bullying for the children,

> …if the boy or girl is normal and will start seeing their mother in that position [impaired], it is going to be a cause for heartache to see his mother there! It's a cause for heartache...that she is in a position that she cannot help him how she wishes or whatever…I think that stance is a bit hard for them…and the other children at school will tell them, 'your mother is like that' (John, FG 4).

Interestingly, the participants of focus group two (FG2) who were the youngest participants tended to have similar positive representations of disabled women as the oldest age group, that is the participants of focus group four (FG4), in the context of education. The nuanced difference between the representations of both focus groups was that although both had positive representations of disabled women in this context, the younger participants made multiple references to equality rights and legislation, as well as references to the importance of accessibility for disabled women.

> If there is no access to the library, so someone who is fully-abled can go

> to the library, they can use the resources that there are at the library. Someone who is in a wheelchair and has no access, they cannot. The one who has access is going to do well in their exams, the one who doesn't will not do well (Vanessa, FG2).

Whilst the older participants did not elaborate on any of these obstacles encountered by disabled women but only claimed that disabled women must be intelligent to make up for a lack of other 'abilities'.

The participants of focus group two also referred to the 'double disadvantage' often experienced by disabled women because of their disability and their sex, a concept which was not mentioned in any other focus group. To explain the term 'double disadvantage' Peter (FG 2) said,

> This is what I mean about double disadvantage, so you have a disabled women and the business spends money to make the workplace accessible and then she might go on maternity leave. I'm not going to choose her. This is often what happens and why disabled women are at a double disadvantage.

The participants of focus group two (FG2) also referred to 'hidden disabilities' and acknowledged the fact that very often society tends to assume that because an impairment is not visible then it is not there. 'Hidden disabilities' is another concept which did not feature in the discussion during any of the other focus groups. It can be said that the younger participants seem to be well informed about disability and some of the concepts related to it as well as disability rights, particularly in relation to employment, education, and physical accessibility, and on the impact this has on the experiences of disabled

women.

Differences in Educational Background

Inferential statistics of the survey data showed that statistically significant differences were found for six out of the 12 statements when tested for the different educational level of the participants. The results are shown in Table 10. It was expected that educational level would have a greater impact on the survey responses. It is generally assumed that those with higher levels of education have more positive representations of disabled women whilst those with lower levels of education have more negative representations of disabled women.

Generally, people with higher levels of education tend to be more open and liberal, which characteristics usually allow them to have more positive representations of disabled women and be more understandable of the experiences of disabled women or disabled people in general. This was shown not to be the case, particularly in the context of motherhood. This is because there was no statistically significant difference for the statements about motherhood when tested for the mean responses of the educational level of the participants.

The results from the post-hoc tests carried out on the statistically significant statements are presented in Table 11. When comparing specific educational group means, the post-hoc tests show that those respondents with a further level of education, in comparison to respondents with secondary level of education, have a better representation of disabled women as students.

Table 10

One-way ANOVA and Means for All Statements Between Education Groups

Statement	*M*				*F*	*df*	*p*
	Never went to School	Primary	Secondary	Further			
1. Disabled women are as productive at work as other women.	2.33	2.51	2.59	2.63	0.67	3,520	.57
2. Disabled women can attain the same level of education as their female counterparts.	2.33	2.30	2.35	2.45	1.19	3,522	.31
3. Disabled women make good mothers.	2.00	2.50	2.40	2.31	2.30	3,511	.08
4. Disabled women are good students. †	2.00	2.25	2.30	2.12	2.94	3,504	.03*
5. Disabled women have access to employment in Malta.	2.00	2.57	2.84	3.13	9.56	3,496	<.001**
6. Disabled women should not have a relationship with a disabled partner. †	3.33	3.48	3.29	3.17	2.83	3,488	.04*
7. Disabled women make good employees. †	2.00	2.36	2.37	2.21	2.07	3,480	.10
8. Disabled women have access to education and training in Malta.	2.67	2.38	2.64	2.61	3.45	3,482	.02*
9. Disabled women are sexually attractive. †	2.67	2.66	2.73	2.70	0.36	3,451	.79
10. Disabled women are not intimidating. †	3.33	3.51	3.21	3.07	6.74	3,456	<.001**
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	2.67	3.16	3.37	3.37	2.15	3,458	.09
12. It is more difficult for disabled women to be victims of domestic violence. †	3.00	3.37	3.21	3.04	3.23	3,460	.02*

Note. Statements with a † show that they have been reversed for inferential statistical purposes. *p* values with one asterisk (*) show that for that statement there was a statistical significance at <0.05 between the mean scores of the different educational level groups. *p* values with two asterisks (**) show that for that statement there was a statistical significance at <0.001 between the mean scores of the different educational level groups.

Table 11

Post-Hoc Tests on Statistically Significant Statements for Education Groups

Statement	Education Groups		Difference of Means	*p*
	I	J	(I – J)	
4. Disabled women are good students. †	Secondary	Further	0.185	.04*
5. Disabled women have access to employment in Malta.	Primary	Secondary	-0.269	.04*
	Primary	Further	-0.554	<.001**
	Secondary	Further	-0.285	.03*
6. Disabled women should not have a relationship with a disabled partner. †	Primary	Further	0.309	.04*
8. Disabled women have access to education and training in Malta.	Primary	Secondary	-0.255	.02*
10. Disabled women are not intimidating. †	Primary	Secondary	0.298	.01*
	Primary	Further	0.438	<.001**
12. It is more difficult for disabled women to be victims of domestic violence. †	Primary	Further	0.337	.02*

Note. Statements with a † show that they have been reversed for inferential statistical purposes. p values with one asterisk (*) show that for that statement there was a statistical significance at <0.05 between the difference of means of those educational level groups. p values with two asterisks (**) show that for that statement there was a statistical significance at <0.001 between the difference of means for those educational level groups.

Whilst those respondents with a primary level of education, in comparison to those with a secondary level of education, believe that disabled women have better access to education and training. In the context of relationships, those respondents with a primary level of education have more negative representations of disabled women, in comparison to those with higher levels of education.

Divergent views depending on the focus groups' participants level of education were more prominent than for any other category. The participants of

focus group one, who all had tertiary level of education, constantly made use of the term “it depends” when referring to the type of impairment and their representations of disabled women. George (FG 1) claimed that “it depends” on the kind of impairment whether it will have an effect on the relationship between a couple if the woman is disabled, “Every woman can decide for herself…if the disability affects or no…however, again it depends on the disability”. Similarly, Julian (FG 1) claimed that it depends on the disability and other conditions whether a pregnancy for a disabled woman can be considered high risk or not,

> if you smoke and are pregnant then that is also considered a high-risk pregnancy so there are other conditions which make a pregnancy a high-risk pregnancy. So in the case of disability, it actually all depends on the severity...

In answer to this, Kate (FG 1) was quick to point out that it depended on the disability and the level of support available whether a disabled woman can have a baby and be able to fulfill her responsibilities as a mother. She said that “...it depends on the disability and it depends on the support that there is available around the person because there is...if the person is capable of looking for support and she has the support, why not?” (Kate, FG 1).

The participants from focus group one (FG1) also acknowledged that whilst disabled women encounter many obstacles, some of them have the skills to overcome them. They also highlighted the importance of having support services available for disabled women and how these services, if managed and offered well, can decrease some of the obstacles encountered by disabled women. George (FG 1) pointed out that disabled women still encountered a

number of obstacles in their day to day lives but the situation of accessibility in Malta is improving, "…they might still make it despite the obstacles but we can't deny the fact that they encounter obstacles...however there are ways and services that help them overcome these obstacles…things are getting better by time" (George, FG 1). Henry (FG 1) was also optimistic about the general situation of accessibility for disabled women and claimed that disabled women can have the same achievements as their non-disabled counterparts,

> …there are some [disabled women] who obtained a PhD and have a disability…I think the gap between people is getting closer and closer because there has been a lot of improvement because the mentality is changing, accessibility is improving…and there are support services that can help them (Henry, FG 1).

In contrast to the rest of the focus group participants, the participants of focus group four, that is, the participants with primary level of education, were not preoccupied with being politically correct and using the right language when referring to disabled women during the discussion. Mary (FG 4) had no qualms about using the term "immankata" (maimed), a word in the Maltese language which is very rarely used and is considered to be very offensive towards disabled people,

> I know someone who is maimed (immankata), maimed quite badly (immankata sew). Her hand is like this [she showed the rest of the group how] and her bottom is like this [she showed the rest of the group how]. She is really maimed. She got married, however, she got married to have children. To have children, she got married. So they can take care

of her! She got married and then left her husband (Mary, FG 4).

Claudia, another participant of focus group four, said that if her son had to start dating a disabled woman, her reaction would be, “You could have found someone [woman] better!”. Whilst Abigail, also from focus group four, claimed that her reaction to a disabled woman getting pregnant would be, “She needs to be taken care of herself rather than being able to take care of the baby!”. These findings show that educational background can influence the representations of disabled women.

Relationships and Motherhood

From the results it was clear that the contexts of relationships and motherhood had a different pattern from the other contexts. In this section I will delve deeper into the findings related to these two contexts and what they could possibly imply. A significant number of respondents answered the statements related to motherhood and relationships with ‘don’t know’ or with no answer at all. In fact, the two statements with the highest non-response rate, as shown in Table 12, were: *Disabled women are sexually attractive*† (*M* = 2.7, *SD* = 0.57) and *Disabled women are not putting themselves and the baby at risk when getting pregnant*† (*M* = 3.26, *SD* = 0.78). The non-response rates for these two statements were very high in comparison to for example other statements, such as *Disabled women can attain the same level of education as other women* (*M* = 2.36, *SD* = 0.65) and *Disabled women are good students*† (*M* = 2.24, *SD* = 0.58).

The t-test for the statement *Disabled women are sexually attractive*† indicates that there were statistically significant differences between the mean

Table 12

Statements with the Highest Rate of 'Don't Know' and No Answer Responses

	Don't Know	No Answer	Total
	%	%	%
9. Disabled women are sexually attractive. †	51.0	13.5	64.5
11. Disabled women are not putting themselves and the baby at risk when getting pregnant. †	45.4	12.2	57.6

Note. Statements with a † show that they have been reversed for inferential statistics purposes.

responses by males and females ($t(453) = 3.31$, $p < .001$), with males agreeing less with this statement. However, there were no statistically significant differences for the mean responses by age and education for this statement. The t-test for the statement *Disabled women are not putting themselves and the baby at risk when getting pregnant*† indicates that there was a statistically significant difference for age ($F = 4.06$, $df = 3, 458$, $p = .01$) for this statement. A post-hoc test showed that the younger 30-49 age group disagreed more with this statement than the older 50-64 age group. There was no statistically significant difference for the mean responses for sex and level of education of the respondents for this statement.

The results showing a high non-response rate for these two statements reveal ambivalent representations about disabled women within the contexts of motherhood and relationships. The reasons for this ambivalence could be various. One of the reasons could be that the respondents genuinely did not have an opinion about these particular statements possibly showing a lack of knowledge about the prospects of disabled women being in a relationship and having a family of their own. Another reason for this ambivalence could be to

avoid answering what the respondents consider to be uncomfortable, embarrassing, or politically charged questions.

The level of ambivalence amongst focus groups' participants was not as prominent as it was amongst survey respondents, although during the focus group discussions some contradictions arose. The majority of the focus group participants claimed that disabled women can make good mothers and have every right to be in a relationship, however at different points in the discussion they argued otherwise. They mentioned that a lot of obstacles could arise for disabled women who wanted to become mothers and that once they became mothers, they would definitely require help to carry out their responsibilities. Thus, according to the participants, disabled women were not necessarily suitable to be mothers or wives.

Tamara (FG 4) said, *"*As long as the disability is physical and she is capable of carrying out her responsibilities of a mother and wife, why not?"*,* thus claiming that a disabled woman has the capabilities of being a mother, even though her question reflected a very traditional gender role perspective*.* But then, later on in the discussion, she claimed otherwise and said,

> She [a disabled mother] will surely need help. Otherwise it's hard for her. Even more so if she is in a wheelchair, she cannot get down on the floor from the wheelchair, a baby has a lot of needs...she needs help...poor girl she is in a wheelchair, she cannot get up from the wheelchair and she has a baby, tell me, what is she going to do on her own? She cannot do anything! (Tamara, FG4).

Similarly, Abigail (FG 4) argued that disabled women were capable of studying and of achieving a good level of education and that there is assistive equipment

available to enable them to do this, "...There are books even for those who cannot see. If they have the ability, they will manage, especially to write, they will do whatever they can and they can hold the pen in their mouth." However, when Abigail was discussing motherhood and disabled women, she held different thoughts and said, "It's [motherhood] difficult. I don't think it's something that should be encouraged for disabled women". She claimed that contrary to non-disabled women, disabled women should not be encouraged to have children because motherhood would only make their life more difficult than it already is. She claimed that disabled women are already at a disadvantage in comparison to other women and a pregnancy would only set disabled women at a further disadvantage. None of the focus group participants mentioned the joys of being a mother but were only concerned about the difficulties that motherhood would bring to the already 'complex lives' lived by disabled women.

The data from the focus groups also highlighted a number of misconceptions about disability and disabled women held by the focus group participants. Jane (FG 4) claimed that apart from other concerns, her major concern about disabled women getting pregnant was that they could pass on their condition to their offspring, "but then it [the condition] will be passed on, for example. That's the only thing that bothers me. Because I think the tendency to pass it on is there. The children will be handicapped and they suffer". Some participants did not distinguish between those conditions which are genetic and could be passed on to one's offspring and conditions or impairments which are not and are acquired throughout one's life without having any effect on the offspring whatsoever.

Participants also lacked knowledge about different impairments and how

these affect disabled women's abilities to be good mothers and partners in relationships. Paula (FG 3) claimed, "for example, a blind person, I mean...the other senses that they have, they're stronger than ours [non-disabled people]". This is a common misconception mostly about deaf or blind people where society seems to think that such individuals develop a stronger sense of taste, smell, touch to make up for their visual or hearing impairment.

The participants in the focus groups also repeatedly made distinctions between women with physical impairments and women with intellectual impairments. This is not an original finding to this study but a common finding in other studies. Since one of the theoretical frameworks leading this study is social representations theory, the focus group facilitator did not specify whether the questions referred to a particular impairment group in order not to influence the participants. However, focus group participants seemed to be more accepting of women with physical impairments having the roles of wife and mother than women with intellectual impairments. For example, Henry (FG 1) said, "...it makes a difference [the type of impairment] because if we are going to take a mental disability there are other difficulties and they are going to be very limited". Similarly, Christine (FG 3) said,

> ...I think mental [disability] is a bit more difficult to deal with, because I mean, to know...to realise that somebody has a mental disability is much more difficult, it's not something that is...it's harder to see that person as more than her disability.

The distinction between physical and intellectual impairments amongst the focus group participants reflects the hierarchy of impairments often held by society and found by other studies. The hierarchy of impairments implies that

people with physical impairments are usually more accepted than those with intellectual impairments and mental health conditions.

Differing Representations about Employment

In the survey, the statement *Disabled women have access to employment in Malta* had the greatest standard deviation (M = 2.83, SD = 0.89). This was unexpected since the subject of employment is considered to be much less controversial than for instance, relationships and motherhood. For this particular statement there was no statistical significant difference for sex (t (498) = 0.35, p = .93) but there was statistical significant difference for age (F = 7.06, df = 3,496, p < 0.001) and for education (F = 9.56, df = 3, 496, p < 0.001). The younger participants and the participants with a higher level of education believed that there are more barriers for disabled women when accessing employment. The reason for this amongst the younger participants could be their familiarity with the experiences of disabled women accessing employment and the difficulties they might encounter. Whilst the reason for this amongst those with higher level of education could be their experience of being in managerial positions where they have to make certain decisions with the aim of eliminate disability discrimination to become in line with the law.

The range of opinions about employment and disabled women was also evident among the focus groups participants, irrespective of their education level and age. Emma (FG 1) claimed that although disabled women have every right to be employed, employers encounter several problems when employing them,

….I think we also need to see it from the employer's perspective…for

> example, Jobsplus [the national employment agency] offer a service where they send certain persons with disability to give them a chance…now even if the employer tries and tries but sometimes they just won't be able to employ them for the kind of work that the employer needs…the employers try but it just doesn't work…so there are employers who might be genuine, they try but it just doesn't work…and there are employers who prefer to just pay the fine. (Emma, FG 1)

Similarly, Maria (FG 3) argued that notwithstanding the introduction of anti-discrimination legislation, there will always be certain jobs which can be dangerous for disabled women and some work duties which just cannot be fulfilled due to one's impairment,

> …It is something we have to accept, unfortunately. When this law was passed, we encountered a huge dilemma because in the kitchen, can you employ them to work in the kitchen? For their own safety, they will get hurt for sure. There will be knives, boiling water, you know?...For her own safety, is it safe enough to have her in there with ten other chefs juggling around with knives and forks? (Maria, FG 3)

Contrastingly, Victoria (FG 3) claimed that very often the obstacles encountered by disabled women in employment are not always due to one's impairment but arise because employers are not always aware of certain conditions,

> …I mean it should come from the employer to understand and accept the disabled woman's condition. That there are going to be days when she is not going to be good enough to go to work. I am very sure that they [disabled women] can give their 100% at work, but there are going

> to be days that she might be at hospital and can't go to work. They [Employers] should support them and if possible, let them work from home or from hospital if needs be (Victoria, FG 3).

On the other hand, George (FG 1), an employer, claimed that it was hard for him to abide by the 2% quota for the employment of disabled people required by legislation. He maintained that his company did not satisfy the quota because it was the system that created an uncomfortable situation for him:

> ….I am an employer and I tried to employ persons with disability…about two or three years ago when the law of the 2% quota became enforced…however the big difficulty that I had in my case was that the two persons with disability that I had employed with me were not registered on the disabled person's register…and I was expected to tell them to go and register as a disabled person. I did not feel comfortable doing that so I ended up paying the fine. For me, I felt very uncomfortable telling them to go and register (George, FG 1).

Whilst the majority of participants were concerned about the obstacles that disabled women encounter at the place of work, none of the focus group participants made reference to the importance of work for disabled women's identity or to how job satisfaction can increase disabled women's life satisfaction. Similarly, none of the focus group participants made reference to the importance of how employment leads to financial independence and how this can be particularly relevant to the lives of disabled women.

The concerns about employment raised by the focus group participants and the differing opinions about disabled women having access to employment

in Malta amongst the survey respondents can be considered a mirror of what a number of newspapers had reported about the enforcement of the Persons with Disability (Employment) Act at the time. This Act requires companies to implement a 2% quota for disabled employees. In 2015 amendments were made to this Act to include fine for companies who do not abide by this requirement. At the time when the focus groups were held, some of the employers were raising concerns about the implementation of this Act and were complaining that there was lack of consultation between the government and employers' associations prior to the introduction of the fines. They were also complaining that the disabled people's register was voluntary and it was only accessed by the national employment agency Jobsplus. Thus it was difficult for employers to know if they were employing anyone who identified as disabled.

Describing Disabled Women

The final question of the survey consisted of an open-ended question which asked respondents to give an adjective to describe disabled women. MCA was conducted on a final list of 23 adjectives describing disabled women along with the variables sex, age and educational level of the survey respondents. MCA is a method which presents the association between the adjectives and the categories based on the demographic groups of sex, age and educational level on a visual plot. The final list of 23 adjectives emerged after a process where adjectives given in Maltese were translated to English, synonyms were grouped together under one word, and adjectives which were only mentioned once were discarded, as explained in the previous chapter. The decision to discard adjectives which were only mentioned once is based on social representations theory. The adjectives were considered as 25 levels

(including ‘don’t know’ and ‘no answer’ responses as separate levels) of a categorial variable. Table 13 lists the adjectives submitted for MCA.

Table 13

List of adjectives submitted to MCA List of adjectives submitted to MCA

Adjective	Frequency	Adjective	Frequency
Attractive	2	Unlucky	6
Caring	2	Pitiable	7
Fragile	2	Challenging	8
Angels	3	Intelligent	9
Disadvantaged	3	Amiable	10
Kind	3	Strong	16
Depends on Disability	4	Determined	17
Honest	4	Equal	18
Less fortunate	4	Courageous	34
Need help	4	Normal	39
Hardworking	5	Able	49
Disabled	6	No answer	104
		Don’t know	151

Note. This list also includes ‘don’t know’ and ‘no answer’ which although are not adjectives they were also submitted to MCA in order to see where they laid on the plot. The frequency represents the number of times that the same adjective was elicited.

MCA computed a two-dimensional solution with an eigenvalue of 1.85 for dimension 1 explaining 46.1% of the sample variance and an eigenvalue of 1.58 for dimension 2 which explained 39.5% of the sample variance. Therefore, between them the two dimensions accounted for 85.7% of the sample variance. The eigenvalues measure how much of the information in the categorical variables, sex, age and educational level, is accounted for by each dimension and larger eigenvalues indicate dimensions that are of more importance in the overall solution. In this case, the eigenvalues indicate that a two dimensional solution captured very well the interactions among the different variables.

Table 14 gives a measure of how much each dimension discriminates among the four categorical variables, that is, sex, age, education and the

adjectives. From Table 14, it can be seen that sex is the least category which is discriminated by either of the two dimensions. This further reinforces the previous finding from the survey where there were no statistically significant differences for male and female respondents for the majority of the survey statements. The age and education categories are the ones which were mostly discriminated by the two dimensions. This further reinforces the survey results which emerged from the one-way ANOVA tests carried out with age groups and education level groups. Dimension 2 does slightly better than dimension 1 at discriminating between the adjectives.

Table 14

Correspondence Analysis of Dimension 1 by Dimension 2 of the Different Variables

	Dimension 1	Dimension 2	*M*
Sex	0.119	0.136	0.128
Age	0.675	0.572	0.624
Education	0.728	0.509	0.618
Adjectives	0.322	0.365	0.344
Active Total	1.845	1.582	1.713

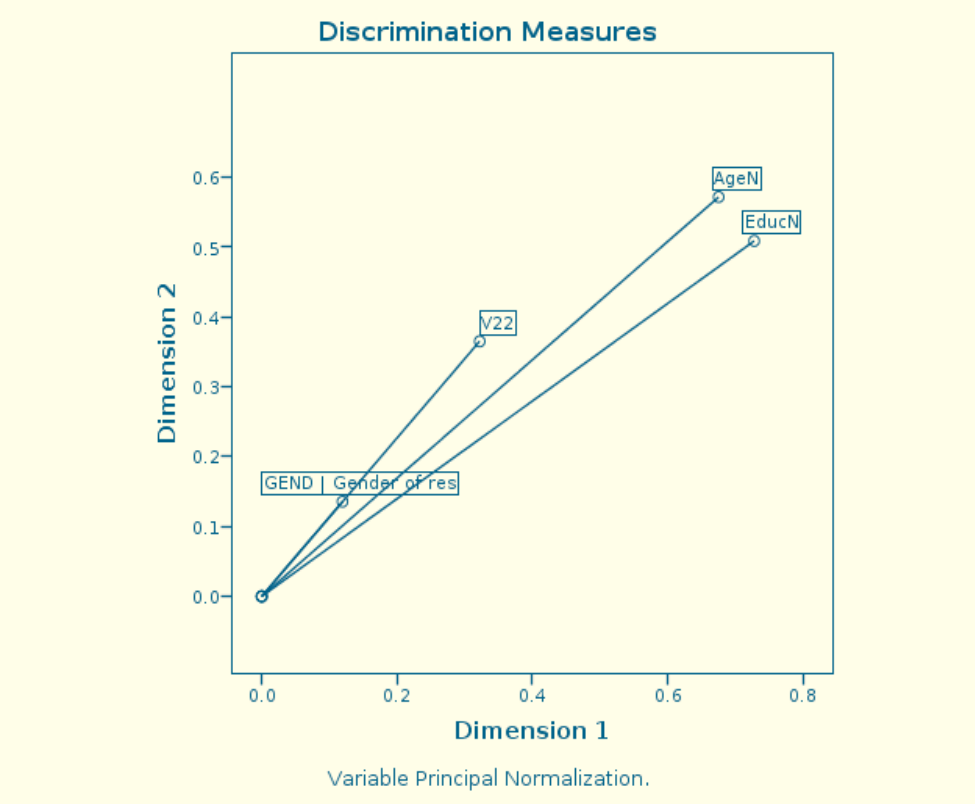
Figure 3 gives a graphical representation of the discrimination measures, while Figure 4 gives a plotted graph of the variables and the adjectives given by the respondents on dimensions 1 and 2. The plotted graph can be divided into four quadrants as indicated by the lines on the joint plot.

The Joint Plot. The top left (TL) quadrant of the joint plot in Figure 4 shows the adjectives given by respondents aged between 50 and 64 and those respondents who achieved secondary level of education. Whilst the top right (TR) quadrant indicates the adjectives given by those respondents aged between 30 and 49. The division between the top two quadrants is indicated by a lighter line to illustrate the detail that this region is occupied by the two

quadrants which are made up of middle-aged respondents, that is, those respondents whose age is between 30 and 64. This also shows that the respondents aged between 30 and 64 also responded with similar adjectives when describing disabled women.

Figure 3

A Joint Plot of the Category Quantifications of the Four Variables along the Two Dimensions

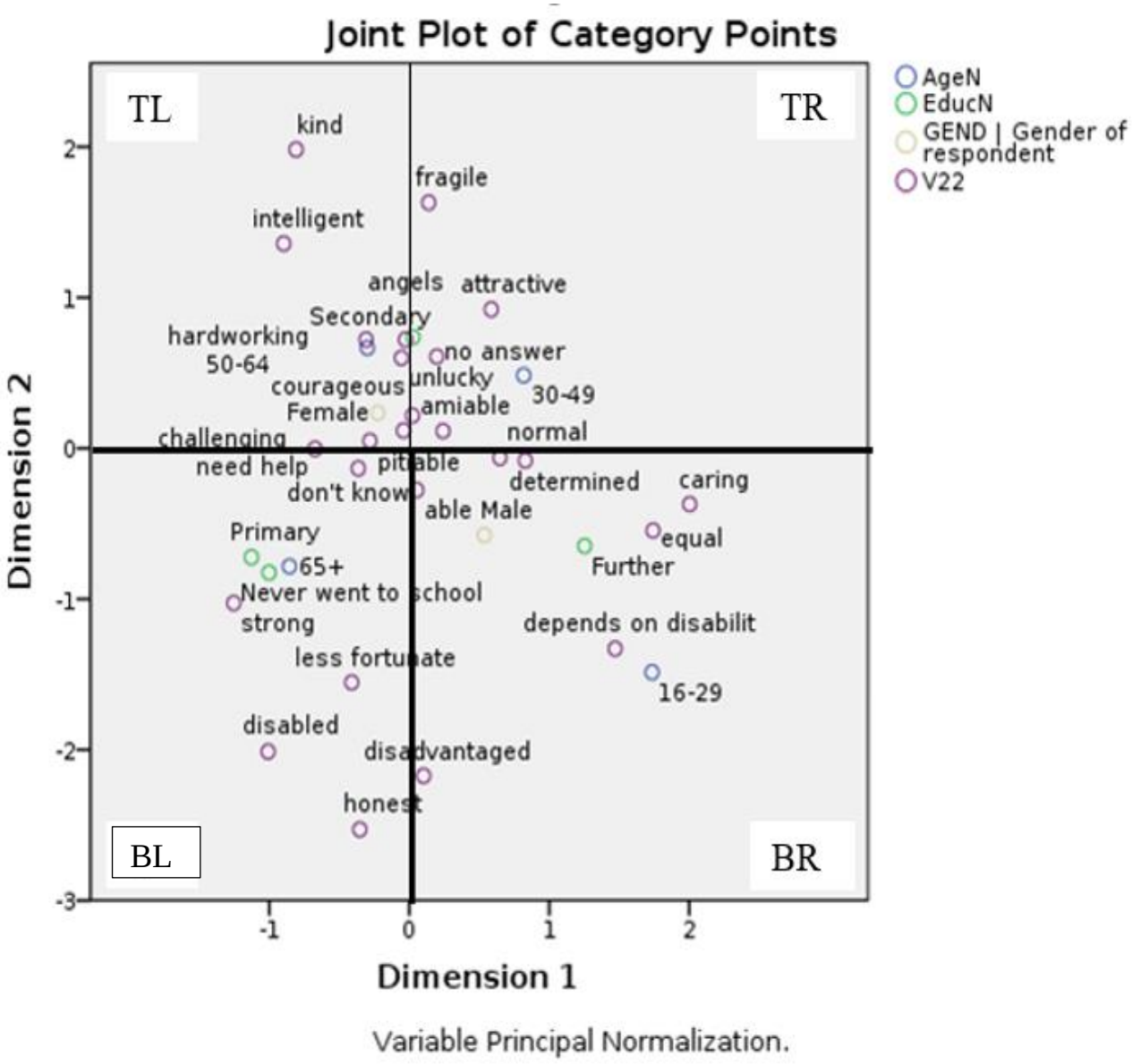


Note. AgeN, EducN and GEND represent the demographic variables of age, education and sex of the participants, respectively. V22 represents the 25-level categorical variable.

The bottom left (BL) quadrant indicates those adjectives which were given by those respondents who are over 65 years old and who had primary level of education or never went to school. The bottom right (BR) quadrant indicates those adjectives given by the youngest respondents, that is, the 16 to 29 age group, and by those respondents with a further level of education.

Figure 4

A Plotted Graph of the Demographic Variables of the Respondents and Adjectives Given by Respondents



From the joint plot, it can be seen that both the male and female category points are closer to the origin than any of the other demographic categories and therefore none of the regions can be categorized in terms of the sex of the respondents. This confirms the survey results showing minimal differences in the responses by male and female respondents. In the next

section, the adjectives belonging to the three main regions, that is, the top two quadrants, the bottom left quadrant and the bottom right quadrant, and how they are supported by the findings from the focus groups will be presented.

Adjectives in the Top Two Quadrants. The most prominent adjectives in the top two quadrants are “kind’, “fragile”, “intelligent”, “angels”, “attractive”, “hardworking” and “courageous”. The majority of the adjectives reflect a general positive representation of disabled women amongst the respondents belonging to the 30 to 64 age groups. The adjectives “attractive” and “hardworking” are in contrast to some of the survey results and some of the discussions which took place in the focus groups. The notion of disabled women being sexually attractive received a lot of disagreement amongst the male survey respondents. Whilst the focus group participants argued that there are a lot of things that disabled women cannot do due to their impairments, so it contradicts the “hardworking” adjective given by the survey respondents.

The adjective “courageous” is very much associated with disability and disabled women and stems from a tragic representation of disability. Disabled women are often viewed courageous for overcoming their impairment and getting on with their lives. It implies that disabled women can have similar achievements as their non-disabled peers in spite of their impairments. The adjective “angels” is considered to be heavily laden with meaning within the Maltese context. It could be that this adjective was given by the respondents of this age group because they remember a particular time in Malta when disabled people were hidden away from society by their families and in order to counter the stigma associated with them, they were referred to as “small angels” by a prominent priest.

The adjective “fragile” could be implying that the survey respondents view disabled women as people who society or the state should take care of because their bodies are not as strong as those of non-disabled people. It could also imply that disabled women are viewed as ‘damaged goods’ and should thus be repaired through therapies or medical procedures. The notion of ‘damaged goods’ stemming from the adjective of “fragile” could also explain why disabled women are perceived as not being suitable partners for relationships and motherhood. The reference to disabled women as “fragile” or its synonyms such as weak and vulnerable were also prominent amongst the participants of the focus groups. Christine (FG 3) claimed that disabled women can be very vulnerable and they are particularly weaker than non-disabled women in the face of domestic violence or other forms of abuse when in a relationship: “…if you’re attracted to a person and you’re disabled, now again I might be assuming, but I think the disabled woman can be putting herself in a vulnerable situation”. Michael (FG 1) went a step further and maintained that according to him, disabled women are not vulnerable because of some inherent characteristic but that it is society that makes them vulnerable,

> The only thing I can say is that they are vulnerable. Vulnerable not because as a person they cannot arrive till here or here but because of the external obstacles they might encounter…So rather than vulnerable being of personal traits it’s more because of external factors, but unfortunately that still makes you more vulnerable (Michael, FG 1).

George (FG 1) did not agree with Michael entirely on the issue of vulnerability and quickly interjected that the upbringing of the individual has a strong impact

on whether a disabled woman can be considered as weak and vulnerable or not and to him not all disabled women can be considered as such,

> …first of all the disabled women I know are harsher than men…they surely cannot be defined as vulnerable…in terms of personality. I believe very much that it is an issue related to upbringing and the environment the woman was brought up in…that makes a difference (George, FG 1).

Adjectives in the Bottom Left Quadrant. The most prominent adjectives in the bottom left quadrant include “disabled”, “honest”, “less fortunate” and “strong” and were given by the survey respondents who are over 65 years old. The adjective “less fortunate” reveals a rather pessimistic representation of disabled women which is closely associated with viewing disabled women as objects of charity. The use of the term “miskina” or its close equivalent in English ‘less fortunate’ are used to evoke pity towards disabled women. The use of such terms also emerged in focus group four held with participants whose age ranged between sixty-six and eighty-two years old. During the focus group discussion these participants often interjected their sentences with the word miskina such as Claudia (FG 4), “…it’s not her [the disabled women] fault, ‘miskina’”; Francis (FG 4), “She was born, ‘miskina’, with one hand and the other one half an arm”; and Tamara (FG 4), “…if she [disabled woman] is like that [disabled], ‘miskina’, ey?”.

The use of these adjectives to describe disabled women suggest that the representations of disabled women held by the respondents in this quadrant is one of misfortune, and that disability is something to be endured or overcome. The use of such phrases by non-disabled people may stem from the assumption that disabled people are not happy and satisfied with their lives and

hence need other people and organizations to alleviate their hardships and to make them feel better.

Although the use of the adjective “strong” is more positive than “less fortunate”, it suggests that disabled women have thrived in spite of their disability rather than because of it. This was also echoed in the focus group discussions. Jane (FG 4) claimed that in order for disabled women to thrive in education they need, “...a special kind of drive and independence in her...to overcome all the extra hurdles”. Similarly, Luke (FG 4) claimed that disabled women are more resilient because they encounter many difficulties across their lives and they still manage to get through them, “In some instances, they [disabled women] might actually have an advantage because they have been suffering all their life, and pushing through difficulty for all their life, so they may be better equipped at pushing through difficulty than us”.

Adjectives in the Bottom Right Quadrant. The most prominent adjectives in the bottom right (BR) quadrant are “depends on disability”, “equal” and “caring”. To a marginal extent the adjectives “able” and “determined” can also be included in this quadrant. These are the adjectives given by the youngest respondents, that is, the 16-29 age group and correspond to the discussion held with the participants of focus group two. The use of these adjectives suggest representations of disabled women which are influenced by a human rights view of disability amongst the younger respondents, which also corresponds with the findings from the statements of the survey. This group of respondents thinks of disabled women as holders of equal human and civil rights. Correspondingly, the participants of focus group two were also very knowledgeable about what is be considered offensive by disabled women.

Peter (FG 2) pointed out that the barriers often met by disabled women were in relation to physical accessibility,

> I would be walking in the street and I see a ramp that is supposedly made for wheelchair users. It's like, ok, if you have rockets you can probably go up the ramp, you know? There is one in Birkirkara [a town in Malta], it always makes me laugh, it's a ramp like this [shows the gradient of the ramp with arms]….and this results in certain difficulties for those who are disabled (Peter, FG 2).

Similarly, Vanessa (FG 2) maintained that she does her best not to treat disabled women differently because they should be viewed as everyone else, "…so when I'm communicating with someone who is disabled, I, I try to remember that I shouldn't treat them any differently just because they are disabled" (Vanessa, FG 2).

Mark (FG 2) was very much aware of which actions can be considered offensive, "…if you try and baby them sometimes, even without wanting to, you talk to them in that voice, it can be very offensive, I think". These representations of disabled women amongst the younger age groups could be stemming from the effects of inclusive education.

The adjective "disadvantaged" falls within the bottom right quadrant but its position is also very close to the bottom left quadrant and can be seen to be on the axes. It could be that the two categories of respondents whom we identified as representative of these quadrants have different nuanced meanings of this adjective. It could be that for the participants falling under early adulthood, the adjective "disadvantaged" refers to disabled women experiencing discrimination on account of their sex and disability. Whereas the

adjective “disadvantaged”, for the participants whose ages are over 64, could be a representation of disabled women which is influenced by the tragic view of disability.

Phase Two: Findings from the Repertory Grid Technique

The one-to-one repertory grid interviews held with 14 disabled women yielded 258 constructs describing other disabled women the participants knew personally or knew of. These 258 constructs were reduced to 182 unique constructs by grouping together the duplicate constructs. After conducting the core-categorization method of analysis, as explained in chapter three, the 182 unique constructs were grouped under four themes. These four themes are presented in Table 15 and are: (i) The Power of First Impressions, (ii) More than Skin Deep, (iii) Having it All! Can they?, and (iv) Traits at Opposite Ends of the Continuum. Two of the themes, that is theme one and theme four, also have subordinate themes. Another set of tables showing the themes, the constructs belonging to each theme and the number of times each construct was elicited during the interviews is presented in Appendix M. There were 21 constructs which did not fall under a particular theme and these were grouped under the category titled ‘Uncategorized’ and are presented in Appendix N.

The Power of First Impressions

Body image, physical appearance and fashion are of importance to the disabled women taking part in this study. The participants used constructs like “physically beautiful”, “looks healthy”, “well dressed”, “frumpy” and “unkept” amongst others, to describe other disabled women they knew. The participants who took part in this phase of the study made a strong emphasis on the way

Table 15

Themes for the Constructs Elicited from the Repertory Grid Interviews

Themes	Sub-Themes	Some of the Elicited Constructs
The Power of First Impressions	Body Image Matters	Looks healthy Physically beautiful Thin Fat
	Disabled and Fashion Conscious	Fashionable Frumpy Well dressed Basic
More than Skin Deep		Acquired Disability Congenital Disability Stable Disability Visible Disability
Having it All! Can they?		Ambitious Academically accomplished Family Oriented Motherly
Traits at Opposite Ends of the Continuum	Are they Weak or Resilient?	Determined Perseverance Dependent Traumatized
	Are they Activists or Followers?	Influential Responsible (towards disabled community) Indifferent Uninvolved
	Are they Confident or Timid?	Relatable Outgoing Reserved Introvert

that disabled women present themselves in terms of the way they look and what they wear. This theme has another two sub-themes which are: Body Image Matters and Disabled and Fashion Conscious. Interestingly, this theme or anything similar to it did not emerge from the survey or focus group findings. It seems that the non-disabled participants did not see fashion and body-image as being an important part or aspect of disabled women's lives.

The interest in body image and fashion amongst disabled women could be stemming from the way that disabled people and non-disabled people alike are being constantly bombarded with fashion and body-image content on various fora including on social media, on billboards, on television, in shop windows, in magazines, and in our day-to-day conversations. This is evident in the amount of money, time, and effort invested in the pursuit of beauty through clothes, hair, make-up and everyday grooming practices. It is also very evident in the ever-increasing popularity of salons offering cosmetic treatments available in every town and village.

Body Image Matters. Many participants who took part in the repertory grid technique interviews used at least one pair of constructs related to body image and physical appearance to describe other disabled women they knew. Some of the constructs elicited from the participants which fall under this sub-theme included, “physically beautiful”, “well kept” and “well groomed”. The majority of these constructs are positive in nature. Miriam described these disabled women as, “...they [other disabled women] make an effort, they look good, they go to a beautician. They don’t conform to the usual ‘disabled’ image of looking sick and scruffy”. Whilst, Heather, to explain her construct better with reference to another disabled woman she knew personally, said, “...she [disabled woman] looks good, it shows that she takes the time to groom herself and takes care of herself, it shows, because she always looks good when we meet”. Similarly, Christine with reference to another disabled woman she was describing, claimed, “...she colours her hair and puts on some make-up and this is good. She does not fit with the usual stereotype of disabled because people assume that if you are disabled you are not interested in how you look”.

These constructs show that the disabled women who took part in this study give value to their physical appearance and that of other disabled women. This is in stark contrast to the general idea amongst non-disabled people that disabled women are not interested in the way they look and the image their body portrays. The reason for such positive constructs amongst the participants could be that they have a positive representation of themselves which is then reflected in their peers and vice-versa. Access to more positive representations of disability and disabled women on mainstream media and social media could have also influenced these positive constructs elicited from the participants. Miriam and Christine also make reference to a particular 'stereotype of disability or disabled woman', which according to them is in stark contrast to how they are describing these other disabled women who they know. This shows that these two participants are aware that a stereotype of disabled woman exists. Through their adjectives to describe other disabled woman, they feel they are going against that stereotype which is usually attributed to disabled women.

Notwithstanding the positive constructs about body image in general, the participants also adopted very specific constructs related to body weight to describe other disabled women. The participants were not evasive in this aspect and used constructs such as "fat" and "thin" to describe other disabled women's body weight. The participants also used "looks healthy" and "physically strong" to refer to how other disabled women's body weight made them appear. Ruth said, "....I would describe her as fat. She is not average but rather fat". Whereas Ivy, in order to explain her construct further claimed, "...she looks healthy, even her body weight, it shows that although she has a mobility impairment and a chronic condition that she has to deal with, she looks healthy,

her bodyweight looks healthy". Similarly, Sue elaborated on her construct with reference to other disabled women by saying, "...they train even if it's not in the traditional way as we would normally think. Their bodies look strong and healthy, they look athletic even though they use a wheelchair". The reason for striving for an acceptable body weight amongst disabled women could be because, similarly to non-disabled women, disabled women might also equate a low body weight with physical attractiveness. In fact to explain her construct better Lara claimed, "she is pretty...I am not attracted to women but I still see her as attractive, maybe it is because she is slim and it shows that she takes pride in presenting her best self". For disabled women having an acceptable body weight could also be related to 'passing as normal', that is, less disabled and as a way of fitting in. The participants' concern with body weight could also be because for disabled women excessive body weight could have more intricate implications than it does for non-disabled women since it can also lead to loss of mobility which in turn might lead to loss of independence.

Disabled and Fashion Conscious. The majority of the participants taking part in this study did not only show interest in body image but they also showed a strong interest in fashion and clothing. Almost all of the participants used one or more constructs specifically related to fashion and the kind of clothes other disabled women wear to describe them. Some of the constructs elicited from the participants falling under this theme included "fashion conscious", "trendy" and "well dressed", to describe other disabled women who they consider to be fashionable and on trend. Maya referred to these disabled women as, "...they make an effort to look good, they keep up with the latest fashion trends and they actually inspire me to look better too". Similarly Violet

said, “...it shows that she [another disabled woman] is interested in fashion, she is always wearing the latest trends and she looks good in the clothes she chooses”. To explain her construct with reference to another disabled woman, Maya said, “...she’s [another disabled woman] pretty but apart from that she also puts outfits together really well and with that she’s defying the stereotype that disabled women are not remotely interested in how they look or in putting together stylish outfits”.

Other constructs such as “basic fashion”, “laid back” and “sensible fashion” were elicited from the participants to describe those disabled women who they considered not to be particularly fashionable or fashion forward. One participant even used the construct “frumpy” to describe another disabled woman. To explain her construct, Violet referred to these women as, “...they don’t make a tiny bit of effort, they remained stuck in another era and they’re not interested in anything remotely fashionable”. Whilst to explain the polarity between her constructs, Heather claimed, “...they’re just different, you can see the difference between them, one is into clothes and fashion and these two [other disabled women they know] just can’t be bothered but then it makes them look scruffy”. Similarly, Sue claimed that these disabled women who don’t take an interest in how they look continue to fuel the stereotype that disabled women are not interested in fashion, “...they just don’t show any interest and although everyone can do what one likes they then continue sustaining the idea that disabled women are not interested in fashion and in looking good which I think is a pity”. Similar to the constructs related to body image made by other participants, Sue also referred to a particular stereotype related to disabled women.

The strong interest in fashion shown by the participants in this study is in line with the very recent vision of diversity and inclusion being taken on by a number of fashion retailers who have recently all included disabled models in their advertisements and fashion campaigns. It could also be an outcome of the local context where more disabled women and girls are featuring in local and foreign fashion campaigns. The interest in fashion and clothing amongst the participants taking part in this study could also be a sentiment of the more diverse and inclusive fashion content available on social media with a number of disabled influencers having a high following reaching into the thousands.

One key finding from this research is that the constructs related to fashion elicited from the disabled women taking part in this second phase of the research are in stark contrast to the adjectives elicited from the participants taking part in the survey, presented earlier in this chapter. When the participants taking part in the survey were asked to give an adjective to describe disabled women, none of them gave adjectives related to appearance or fashion. The same can be said for the focus group discussions where there was no discussion about how disabled women are also interested in fashion and in looking good. The reason for this could be that non-disabled people still hold the stereotype, referred to by some of the disabled female participants in this study, that disabled women are not interested in how they present themselves and are thus not interested in fashion and body-image.

More than Skin Deep

Despite the efforts that were made by the participants to report constructs related to a positive body image, some of the participants still

mentioned constructs which are ‘more than skin deep’ and proceeded to use adjectives which describe an impaired body and the type of impairment or disability of the other disabled women. They used constructs such as “regressing disability”, “visible disability” and “acquired disability” to describe the other disabled women they knew. In order to explain her choice of construct related to the other disabled women’s impairment, Ruth claimed, “I am finding myself judging the other disabled women solely on their disability whilst I know that they [the other disabled women] are more than their independence but somehow the disability still stands out”.

This theme shows that the participants felt that it was important to describe other disabled women according to the type of impairment and the state of their body. The reason for this could be because the participants consider the other disabled women’s impairment, and probably also their own, as part of their identity along with other adjectives one would use to describe another woman. Another reason for choosing to describe other disabled women according to their type of impairment could also be because like the rest of society the participants could have also been influenced to believe that there was only one body which was recognized by society and that is ‘the able body’ – a body free of impairment. Through their choice of constructs, the participants in this study acknowledge that the disabled women they were asked to think about have a body which differs from ‘the able body’.

The participants also used constructs like “acquired disability” and “congenital disability” to differentiate between those women whose impairment originated from birth and those women whose impairment had been acquired through their life course. Kelly differentiated between the two by saying,

"…those who were born with their impairment do not know any better, they have also lived their lives like that and then there are those who knew a better life and can compare between the two". Whilst to explain the polarity between the two constructs Lara said, "…she [a disabled woman] was born with her impairment, it's part of her … these two [another two disabled women], their impairment came much later in their lives so they had to adjust to that". This shows that the participants acknowledge that whether the impairment has been since birth or acquired through the life course could possibly have a different impact on the lives of disabled women.

The participants also used constructs such as "regressing disability" and "stable disability" to distinguish between those disabled women whose impairments have an impact on the body which can get worse by time and those disabled women whose impairments are known to remain stable. To describe the polarity between the two constructs, Heather claimed, "…her disability will unfortunately get worse by time, it's a regressing disability … the disability of these two is what one can refer to as stable, it will not change much basically". Such constructs, along with the other constructs related to the type and origin of the impairment, can be classified as scientific terminology which might be more common amongst professionals than lay people. However, the disabled women taking part in this study were well versed in the medical discourse surrounding impairment and disability and have also adopted this language in their everyday language and to their own experiences of living with an impaired body.

Another distinction was also made between "invisible disability" and "visible disability". The participants used the term "invisible disability" for those

women whose impairment does not show and the term “visible disability” for those women whose impairment is apparent. Mary explained her choice of construct “visible disability” by saying, “…her [for another disabled woman] impairment cannot really be hidden, you see it, it’s always there, she has to carry it wherever she goes”. Whereas Rita explained her construct “invisible disability” by saying, “…their [for other disabled women] impairment doesn’t show so sometimes other people assume that it’s not true that they can’t hear, this can sometimes create problems.” The distinction between invisible and visible disabilities is a relatively recent concept both at legislative level as well as in research and in disability studies literature. For a long time, the work by a number of disability activists focused only on visible impairments because invisible impairments tend to present a unique challenge due to the fact that they cannot be seen and so they are easier to discount. In contrast to this, the disabled women taking part in this study showed that they are knowledgeable about the existence of hidden impairments and had no issues with using such specific constructs to describe other disabled women.

This category of constructs is more in line with the kind of adjectives given by participants who took part in the survey. However, the disabled women taking part in the repertory grid interviews were more specific and opted to use scientific terminology such as “regressing disability” and “congenital disability” to explain the different impairments. Whilst the survey participants were more vague in their use of adjectives and used adjectives such as, “challenging”, “disabled” and “fragile” to explain the impairment. It must also be mentioned that the nature of the repertory grid technique is to elicit constructs which are in polar opposition, but not necessarily always in direct opposition. However, this

direct opposition, such as stable vs regressing and acquired vs congenital, was more prominent when the participants used constructs related to the type of impairment of the other disabled women they knew. This is probably because it is much easier to describe impairments as such than it is with any other constructs related to women. It must also be noted that this was the only theme that emerged from the repertory grid interviews which is related to the type of impairment of the other women showing that, although importance to the impairment is given by disabled women, it does not necessarily make who they are.

Having it all! Can they?

A large number of constructs in this category were related to disabled women's educational achievements such as "academically accomplished", "academically driven", "ambitious" and "intelligent". These constructs show that education holds a pivotal role in the lives of the participants taking party in this study and in the lives of the disabled women they knew. Kelly referred to these women as the ones who, "...inspire me, they're thinkers and they have achieved so much academically". Another big number of constructs in this category were related to disabled women's advancement in their careers such as "career driven", "hardworking", "successful" and "work driven". Miriam explained her construct by saying,

> ...she [another disabled woman] is a great achiever, she had done well at school and went on to have a successful career. She was able to do this because of her resilience and the support available. But she also knew how to look for support.

Similarly, Vanessa claimed, “...they’re ambitious, they don’t achieve and sit comfortably at that but they work hard and strive for more, they want to achieve more...they’re doing good for themselves”. These constructs show that having a successful career is deemed equally important both for the participants and the other disabled women who they knew. The participants seem to describe disabled women as they would describe other women in general. The strong use of constructs related to education and employment is a very positive finding since education for disabled women has not always been encouraged. For a long-time disabled women were perceived as low-achievers without any strong prospects for a successful career. The choice of such constructs by the participants shows that disabled women are making great strides in the education sector and in their respective successful careers. Examples of such disabled women within a local context include female disabled academics at the University of Malta, disabled women heading national agencies and non-governmental organizations, and disabled women leading successful professional careers such as accountants, teachers and psychotherapists.

Notwithstanding the importance given to education and a career by the participants, during the interviews some participants came up with a career or education related construct in direct comparison to a family related construct, revealing a strong dichotomy between the two. Examples of these directly opposing comparisons include, “career-oriented vs motherly” (Kelly) and “home maker vs career driven” (Mary). To explain her directly opposing constructs, Davina claimed that,

> she [a disabled woman] is geared up towards obtaining good grades and she is ambitious and wants to keep on advancing in her career, whereas

> they [other disabled women] prefer to stay at home and take care of their husbands and children.

This direct comparison between work related constructs and family related constructs shows that there still exists a division between career and family life in disabled women's lives and that for some disabled women having both a career and a family still remains unattainable.

The number of constructs related to motherhood were also very few in comparison to the number of constructs related to educational achievements and career advancement. The reason for the dichotomy between career or educational advancement and family life as well as the lack of family related constructs in comparison to the number of other constructs could be because the journey for disabled women in the fight for gender equity at work and at home has been somewhat different from that experienced by non-disabled women. Unlike non-disabled women for whom motherhood is oftentimes viewed as the most natural thing to do, disabled women have often been discouraged from having a family of their own. However, what is more concerning here is that the lack of family related constructs in comparison to education and career constructs is amongst disabled women themselves. This could indicate that disabled women themselves apart from being the subjects of stereotypes could also be the ones further contributing to these stereotypes.

Traits at Opposite Ends of the Continuum

Some of the adjectives used by the participants to describe disabled women can be classified as traits. Some of these traits include, "cautious", "passive", "adventurous", "mature", "cold", "quiet", "outgoing", "diplomatic" and "responsible". These traits were further categorized under three sub-ordinate

themes which are: Are they weak or resilient?, Are they Confident or Timid?, and Are they Activists or Followers?. Some of these traits are the same traits which are used to describe non-disabled women. However, some traits are specifically related to disabled women and may be influenced by the participants' perceptions of how the other disabled women they know have coped with their respective impairment. Due to the nature of the repertory grid technique, some of the traits can be described as directly opposing.

Are they 'weak' or 'resilient'? Some traits given by the participants were "dependent", "frustrated", "weak", "passive" and "pessimistic", amongst others. These constructs are not at all far from the stereotypical adjectives usually attributed to disabled women by non-disabled people. Disabled women are often stereotyped as being vulnerable and dependent and as far away as possible from the stereotypes of sexuality and nurturance usually synonymous with non-disabled women. These constructs are also very similar to the way disabled women are often portrayed in literature, film and other media. Rita explained her construct by referring to the "weak" women as those who "…don't fight the currents that life throws at them, they let go and they're always complaining about everything…to me they are weak and passive". Similarly, in order to explain her construct further, Lara argued, "…these disabled women are pessimistic, yes maybe life in general was not good to them and some things just turned out wrong, but they remain down in the dumps and they drag everyone with them. They're demotivating and uninspiring".

In complete contrast to the above traits, some of the participants described other disabled women as "independent", "determined", "strong-willed", "inspiring" and "resilient", amongst others. Violet referred to these

disabled women as those, "…who are inspiring, although life was not necessarily nice and rosy to them, they stood up and made things happen. They inspire me to do the same." Similarly, Vanessa explained her construct by saying, "they're [disabled women] the definition of resilience. Their impairment and life in general has created obstacles for them but they sought support and made a life for themselves notwithstanding the setbacks". These "resilient" constructs are more in line with how disabled women are perceived when they are given the space to tell their own stories or write their own narratives. However, the "resilient" constructs are also synonymous with how disabled women are sometimes perceived by society when they manage to accomplish tasks which society thinks are beyond them.

The distinction between those disabled women described as "weak", "dependent" and "passive" and those disabled women described as "strong", "optimistic" and "strong willed" by the participants could also be based on the nature of the other disabled women's impairment. It was observed that the participants were attributing the "weak" constructs to other disabled women they knew who had a more severe impairment than theirs or a less socially acceptable impairment. Whilst they were attributing the "resilient" constructs to disabled women they knew who had an impairment similar to theirs or a more socially acceptable impairment. This could indicate that the participants have more positive representations of those disabled women they considered to be like them and more negative representations of those disabled women they considered to be different from them.

Are they Confident or Timid? Some of the participants have made a distinction between those disabled women they considered "confident" and

"outgoing" and those disabled women they considered "reserved" and "timid". Sue referred to those disabled women who are confident as the ones who, "....[they] know how to handle their disability, they have embraced their disabled identity and they exude positivity". Whilst Davina referred to these disabled women as the ones who, "...[they] have accepted their impairment so it's not an issue for them anymore. They are confident and they are not going to stay looking for ways to hide it [the impairment]. Their confidence radiates from within". Similarly, Heather explained her construct by saying, "they're just out-going and that comes from being confident and being happy with who you are".

Contrastingly, the participants used constructs such as "low self-esteem", "sensitive", and "timid" to refer to those disabled women they found as lacking in self-confidence. Ruth refers to these disabled women as ones who, "....have remained stuck in their disabled life, they do not speak about their lives and they actually hide their impairment which actually aggravates their low self-esteem". Similarly, Maya described her construct by claiming that these disabled women, "...are timid and very often it's because they are very reserved and maybe they were not given the opportunity to develop their self-confidence". Whilst Vanessa referred to these women as, "...they're very quiet and I think it's because they are very sensitive, they're still sensitive about their impairment and sometimes they hide it".

Although some of the adjectives can be used to explain anyone irrespective of whether they are disabled or not, the participants seemed to connect the other disabled women's confidence or timidness to their impairment. On one hand, the participants were implying that the other disabled women's timidness was related to the notion that these women had not made

peace with their impairment and were timid because of it. Whilst on the other hand, the participants were implying that the other disabled women's confidence stemmed from the acceptance of their impairment and were confident because they had managed to incorporate the impairment within their identity. The "confident" trait in disabled women could be influenced by an element of 'disability pride' and acceptance of one's disabled identity leading to a stronger sense of belonging, whereas the "timid" trait could be influenced by elements of shame stemming from being different from everyone else. It is known that self-confidence derives from personal experiences and the social messages received from society so it could be that the distinction between those disabled women who are timid and those disabled women who are confident could also be heavily influenced by these two spheres.

Are they Activists or Followers? Participants who took part in this study made a distinction between those disabled women they perceived as "activists" and "responsible (towards the disabled community)" and those disabled women they perceived to be "followers" and "uninvolved". Disability activism is disabled people and their allies coming together and organizing themselves with the aim of advocating for disability rights. The participants in this study have recognized the role of some of the other disabled women in activism. Violet referred to the "activists" as those disabled women who, "....work for others, they challenge the status quo in relation to disability services and rights ... and other disabled people benefit too. They carry out work for the benefit of the whole community". Similarly, Lara explained her construct "responsible (towards the disabled community)" by saying, "they do not just fight for a cause for their own advantage only but they do it with a sense

of bringing about change so that others in their position can benefit too. It's very admirable". Whereas Mary referred to the "followers" as those who, "....do not really get involved but then they still benefit from the work carried out by others. Some of them are only interested in improving their own quality of life without doing anything for others in their position". Whilst Miriam referred to those disabled women described as "uninvolved" as those who, "...they distance themselves from disability organizations and from any work related to disability rights, it's as if they don't benefit from the work done by those disability activists who came before them".

This distinction between those disabled women who they considered to be active in the disability sector and advocated for disability rights and those disabled women they viewed as "passive" and not concerned with equality for disabled women seemed to be an important contrast for the participants. This is very interesting as it indicated that disabled women in Malta are interested in activism. Disabled women have a strong role to play in disability activism since their issues are different from the ones experienced by disabled men or other demographic groups within the disabled community. These constructs indicate that the participants in this study recognize the work carried out by other disabled women through their respective organizations or in other forms of activism for the benefit of the disabled community. They recognize and give importance to the fact that some disabled women feel the need to speak up for all of them and to advocate for equal rights and better services for themselves and the rest of the disabled women whilst others do not.

Conclusion

This chapter presented the findings from Phase One and Phase Two of the study. Phase One comprised the survey (N = 526) and four focus groups, whilst Phase Two comprised the fourteen repertory grid interviews. From the results of the survey it can be concluded that participants felt more comfortable and were more willing to answer statements about education and employment rather than statements about motherhood and relationships in relation to disabled women. The focus group participants seemed to be more open to discuss disabled women within all the contexts, that is, education, employment, relationships and motherhood. However, the majority of the focus group participants claimed that disabled women will encounter a number of obstacles should they decide to have a baby and might not always be able to fulfill their responsibilities as mothers.

From the survey it can also be concluded that there were no significant differences in the way males and females view disabled women. Whilst the survey results show significant differences in the way that respondents view disabled women depending on their age and level of education, with age having a higher distinguishing factor than level of education.

The survey respondents belonging to the older age groups and with lower levels of education have more negative social representations of disabled women in the areas of education and relationships. Whilst, the focus group participants belonging to the younger age group are more aware of the rights of disabled women and are more knowledgeable about discrimination. The employment context for disabled women has gathered a vast range of opinions

and this was prominent both in the survey and amongst the focus group participants.

Both the survey and focus group findings show that Malta, as a traditional society, has made giant leaps in attitudes towards the roles of disabled women in education and employment but society still has issues with viewing disabled women as equals with respect to their roles in relationships and motherhood. This demonstrates a great need for more awareness and education about the role of disabled women in the latter two contexts.

The findings from the fourteen repertory grid interviews show that the disabled women who took part in this phase of the study described other disabled women in terms of their impairments but also in terms of their physical appearance and the way they presented themselves. They also described them in terms of whether they were more inclined towards a career or towards being mothers and in terms of three sets of traits. From the findings of the interviews it can be concluded that the representations of disabled women about other disabled women they knew are similar to the representations of women in general. Albeit the descriptions related to the disabled women's impairment, they used other representations which can also be applied to non-disabled women.

The representations of disabled women in terms of their body image and physical appearance only emerged amongst the disabled female participants and did not emerge amongst the non-disabled participants who took part in the survey and focus groups. The representation of disabled women as persons who are highly interested in their education and in furthering their careers were strong amongst the disable female participants but did not

emerge amongst the non-disabled participants. Non-disabled participants view disability as being a very strong part of the identity of disabled women, whereas the disabled women who took part in this study seem to view impairment as being only a small part of disabled women's whole identity.

The next chapter brings together the findings from the survey and focus groups and the repertory grid technique to elicit and discuss the social representations of disabled women in Malta. This will be followed by the final chapter which includes the way I intend to disseminate the findings, the implications for policy, practice and activism emerging from this study, the recommendations for research and my personal reflections on this doctoral journey.

CHAPTER 5

DISCUSSION: SOCIAL REPRESENTATIONS OF DISABLED WOMEN IN MALTA

5. Discussion: Social Representations of Disabled Women in Malta

Addressing the Research Gap

The aim of this research is to elicit and understand the social representations of disabled women in Malta. This was done through two phases. The first phase aimed to elicit the representations of disabled women held by Maltese people using a survey and four focus groups as methods of data collection. The second phase aimed to elicit the representations of disabled women held by Maltese disabled women themselves using the repertory grid technique as a method of data collection.

This research is based on the understanding that disabled women's experiences are nuanced and are different from those experienced by disabled men and non-disabled men and women. This is because disabled women's experiences are bound by the intersection of sex and disability and make them different from other experiences of intersectionality. The understanding of social representations is salient to the understanding of the experiences of disabled women because representations "…have real consequences for real people, not just in the way they are treated … but in terms of the way representations delimit and enable what people can be in any given society" (Dyer, 2002, p. 3). Consequently, the way disabled women are treated often stems from the social representations held by society. The theory of social representations has allowed me to examine the unconscious or inner thoughts of non-disabled participants as well as disabled female participants about disabled women. Through social representations theory this was not only done at an individual level but also at group level.

The study of the social representations of disabled women further strengthens the claim I made at the beginning of this study, that is, that disability is also a psychological issue or more specifically a social psychological issue. Understanding disabled women and their experiences by understanding the social representations held by society is a more holistic approach to understanding the experience of disability. In addition, the study of the social representations of disabled women continues to highlight the importance of understanding the particular experiences of disabled women which are sometimes overlooked by the general umbrella term *disabled people* as was evidenced in the review of the literature. Moreover, most of the literature focuses on the perspectives of society about disabled people and not on the perspectives of disabled people about other disabled people or more specifically about disabled women. This study invited disabled women to participate in a study about the social representations of disabled women. Through this study I was able to provide insights on how disabled women view other disabled women. The understanding of social representations of disabled women by non-disabled people and disabled women themselves can have significant implications for the drafting of policy and services developed for the needs of disabled women.

The findings from the two phases of the research were presented in the previous two chapters. In this chapter I discuss the social representations of disabled women that emerged from the triangulation of the findings from the survey, focus groups and the repertory grid technique interviews. I will also discuss some implications that these representations can have on disabled women's lives.

Summary of the Findings

One of the main findings from the first phase of the study shows that the sex of the respondents did not have an effect on the representations of disabled women held by the respondents. However, age and level of education have an effect on the representations of disabled women, with age having a higher impact than the level of education. Another major finding from the first phase of the study was that participants were very hesitant when talking about disabled women in the contexts of motherhood and relationships in comparison to the contexts of education and employment. This shows that the respondents' representations of disabled women in employment and education were positive and that attitudes towards disabled women in these two contexts have improved greatly over the years. However, the respondents' representations of disabled women in the contexts of relationships and motherhood were still negative. In these contexts, the representations of disabled women seem not to have changed over the years. The leaps that have occurred in the representations of disabled women in the contexts of employment and education have not been matched by the representations of disabled women in the contexts of motherhood and relationships. However, it must also be noted that the context of employment was considered a contentious topic amongst the survey respondents and focus group participants, with the latter having very strong opinions about the subject. The young cohort of participants and those with a higher level of education believe that disabled women encounter more barriers when accessing employment.

One of the main findings from the second phase of the research is that disabled women's representations of other disabled women are positive and

are not very different from the representations they hold of other women in general. Disabled women described other disabled women in terms of their appearance, their impairment, their personality traits, and whether they were more career oriented or family oriented. The disabled women who participated in the study were very much interested in how other disabled women present themselves to others, both in terms of their body-image as well as what they wear. The importance of body-image for disabled women did not emerge in any of the findings from the survey and focus groups showing that non-disabled participants do not think that this issue is important for disabled women. The disabled female participants acknowledged the importance of a career and family for disabled women. However, they also believed that having both a career and a family still remains unattainable for the majority of disabled women. The disabled female participants also described other disabled women in terms of three personality traits: whether they were weak or resilient, activists or followers, and confident or timid. Another main finding from the second phase of the study is that the representations of disabled women held by disabled women are different from the representations of disabled women held by survey respondents and focus group participants.

The overall major key finding from the study is that non-disabled people view disabled women as mostly “disabled”. This implies that they view disabled women as having only one identity which is that of being disabled. On the contrary, the disabled female participants were aware of and acknowledge the different experiences of other disabled women. Unlike non-disabled people, disabled women think that their impairment is only one part of their identity and it does not make up their entire identity. Through the data it was becoming clear

that the disabled women in the study have acquired the language and could express themselves better about their own personal experiences as well as the experiences of other disabled women and how they are different from those of disabled men. In some areas of their lives the disabled women who took part in this study do not see themselves any different from other women. Through the acquisition of this language to understand the experience of disability, disabled women are pushing boundaries about how people view them.

Social Representations of Disabled Women and their Impact on Disabled Women's Lives

After the triangulation of findings from the survey, focus groups and the repertory grid technique interviews, ten social representations of disabled women have emerged. These are diverse, multifarious, nuanced and in some instances, they can also be considered contradictory. This is because as explained by Rose et al. (1995, p. 153), "…social representations do not presuppose a purely consensual universe, and yet, they presuppose a degree of consensuality". Some of the social representations that have emerged from this study are common for the non-disabled participants and the female disabled participants but have nuanced meanings for each of the different groups. Some of the social representations are only held by the non-disabled participants and have not in any way featured in the social representations held by the disabled female participants.

The participants in this study have made use of metaphors to describe their understanding of disabled women. A metaphor allows for the mapping between a source domain (familiar domain) and the target domain (unfamiliar domain) (Wagner & Hayes, 2005).

Table 16

Social Representations of Disabled Women and their Impact on Disabled Women's Lives

Metaphor: Disabled Women as…	Connotations	Impact on Disabled Women's Lives
The Eternal Child	Disabled women are viewed as innocent, harmless and obedient beings who are always happy.	• Disabled women do not receive adequate sex education. • Disabled women do not receive adequate sexual and reproductive health services. • Disabled women are infantilized and sometimes sterilized.
Angels in Our Midst	Disabled women are viewed as ethereal beings. They are thought of as being innocent and pure. They are thought of as being bearers of hope, kindness and inspiration with a strong link to God.	• Disabled women are divested from their humanness. • Being seen as angels means they cannot make mistakes • It diverts the attention from the obstacles encountered by disabled women.
Fragile	Disabled women are thought of as being easily breakable. Just like we would wrap a ceramic statue in bubble wrap in order not to be broken, disabled women are thought of as needing to be looked after and needing protection.	• Lack of autonomy and choice over their own lives. • Might give rise to abuse and domestic violence.
'Imsieken' – Pitiful and pathetic	Disabled women are thought as deserving of pity. The use of the word 'miskina' (singular of 'imsieken') with reference to disabled women is used to evoke a particular kind of pity which tugs at one's heartstrings.	• It creates feelings of stigma amongst disabled women. • It creates a lack of empowerment amongst disabled women.
'Immankati' - Maimed	Disabled women are thought of as 'immankati'. It is the closest equivalent of maimed, broken and 'not whole' in English. However, the word in Malta has very negative connotations.	• Disabled women find the term offensive. • It makes disabled women feel like they are good for nothing.
Charity Cases	Disabled women are viewed as people who need help from society to get by in their day to day lives.	• It makes disabled women feel like they do not have any rights. • It puts disabled women at the mercy of charity organizations.

Metaphor: Disabled Women as…	Connotations	Impact on Disabled Women's Lives
Losers in the 'Lottery of Life'	Disabled women are compared to being victims of life. As we think of people who win the lottery as being very lucky because the odds are usually against them, disabled women are thought of as being losers in the lottery of life.	• It makes disabled women feel passive instead of active agents in society. • It can lead to injustices.
Participants in an Obstacle Race	Disabled women are seen as needing to navigate through an obstacle course race usually rife with obstacles such as lack of accessibility and negative attitudes to be successful and make something of themselves.	• Non-disabled people acknowledge the obstacles encountered by disabled women. • It leaves disabled women feeling tired. • It leaves disabled women without much time to dedicate to activities that bring them joy.
Equal but different	Disabled women are viewed as equals. They are seen as achievers like everyone else. However, while non-disabled participants attribute disabled women's differences to their impairment, disabled women attribute their difference to lack of opportunities at par with everyone else.	• Disabled women can do well in education and employment. • Disabled women feel misunderstood. • The 'real' difference experienced by disabled women is overlooked.
Resilient Warriors	Disabled women are compared to warriors. They are seen as resilient in the face of hardship.	• Those who are not considered 'resilient' enough are left out from accessing certain programmes or services. • Their needs are not addressed because society believes that they are equipped to deal with difficulties. • It makes some disabled women become activists.

A metaphor "establish[es] relevant structural similarities between target and source" and allows the participants to familiarize themselves with what is not familiar about disabled women (Wagner & Hayes, 2005, p. 171). Table 16 presents these representations using metaphors voiced by the participants,

their connotations and their impact on disabled women's lives. Each representation and the impact it has on disabled women's lives will be discussed in the section below.

Disabled Women as "The Eternal Child"

Children are often considered as innocent beings who can do no harm. They are also considered to be always happy and without a care in the world. We tend to associate children with being obedient and as not having the maturity to understand certain concepts and make important decisions for themselves. One of the metaphors used by the participants to describe disabled women is that of "the eternal child", irrespective of the disabled women's age or status. Paula (FG3) claimed that according to her, disabled women are always happy. She also said that she considers them to be innocent "like children" and because of their innocence she found it difficult to believe that they could commit any wrongdoings. She said, "…disabled women are always smiling. You rarely meet any disabled women who are sad or always complaining. I think they are so inspiring…I can't think of them as ever doing something wrong". Similarly, Anne (FG3) attributed words to disabled women which we usually associate with describing children and went on to say that non-disabled people should strive to be more like disabled women. She said, "I find them [disabled women] sweet and lovable…they are always content with what they have or are given. We should really be more like them. They've been through so much and they are still happy".

This is one of the representations which was only held by the non-disabled participants and it is in stark contrast with how the disabled women who took part in this study view other disabled women. The metaphor of "the

eternal child" was not used by any of the disabled female participants to describe other disabled women they knew. The disabled female participants viewed other disabled women as "ambitious", "determined" and "influential", amongst other traits, as opposed to eternal children.

The representation of disabled women as "the eternal child" is not specifically grounded in any one particular model of disability. However, the views of disability portrayed by the medical model of disability and the charity model of disability often imply that disabled women are not capable of making their own decisions and can thus lead to disabled women being viewed as children past their adult age. Thus, it can be considered that this representation may be influenced by these two models of disability. The medical model of disability fosters the idea that disabled women are dependent and cannot take care of themselves and decisions about their lives need to be taken by professionals (Anderson & O'Sullivan, 2010; Smart, 2009). Similarly, the charity model fosters the idea that disabled women are to be taken care of by charity organizations and often disregards the idea that disabled women are capable of being employed and having their own status (Reynolds, 2008; Riuox & Valentine, 2006).

If disabled women are perceived to be like eternal children, then they cannot be perceived as adults in control of their lives but are instead perceived as human beings who lack initiative and power (Kassa et al., 2014). They are viewed as dependent people in need of protection (Henderson & Bryan, 2011; Seale, 2006). The infantilization of disabled women occurs in the ways that non-disabled people act towards them (Santos & Santos, 2017). Some of these actions include patting disabled women on the head, speaking in a voice and

tone that people would usually use to speak to children, and assuming that disabled women need to be taken care of like a child would. Infantilization is also common with other marginalized groups of society such as elderly persons, particularly those residing in residential homes (Marson & Powell, 2014).

This representation might not be entirely particular to disabled women but it could also be used to refer to disabled men. However, the implications it has for disabled women may be different than those it has for disabled men. This particular representation leads to disabled women being viewed as lacking the ability to be attracted to someone as well as viewed as having a low or absent interest in sexual activity (Santos & Santos, 2017). This view of disabled women can be traced back to ableist assumptions of who should be sexual and which bodies and people should be considered desirable. According to this ableist assumption, since disabled women's bodies are not considered 'whole' then they cannot be considered sexual and attractive (Hunt et al., 2021; MacKeigan, 2021; Pazhoohi et al., 2021; Zitzelsberger, 2005). This was reflected in some of the findings from the focus groups. For instance, to confirm that disabled women are often considered as asexual, John (FG2) argued that some men still think, "Can a disabled woman conceive and have healthy children? Are they even interested in having an intimate relationship with a man?" when considering a disabled woman as a potential romantic partner. Similarly, another focus group participant claimed that she was surprised at how a disabled relative of hers had managed to find a partner and one who did not even have an impairment, "A relative of mine has no arm … and she found one [a partner] and he is normal! He has nothing, he's not disabled!" (Claudia,

FG4). The view of disabled women as eternal children also explains the hesitancy amongst the survey respondents in answering questions related to motherhood and relationships in relation to disabled women.

According to Alhusen et al. (2021), Casebolt et al. (2020) and Devkota et al. (2019), the representation of disabled women as “the eternal child” is not only found amongst lay people but it is also widespread amongst professionals who work with disabled women. The problem with this representation of disabled women amongst professionals is that very often professionals are the gate keepers of a number of services and resources that need to be accessed by disabled women. Having such a representation amongst professionals means that disabled women are hindered from accessing services which could improve their quality of life, including sexual and reproductive health services (Alhusen et al., 2021; Casebolt, 2020; Devkota et al., 2019). As a consequence of the representation of disabled women as eternal children, a number of studies report that healthcare professionals treat disabled women as if they do not need services such as family planning because they think that disabled women are not interested in sex or will never get pregnant (Alhusen et al., 2021; Dean et al., 2017; Lappeteläinen et al., 2017; Tefera et al., 2017). In some instances, disabled women are even berated by professionals for being sexually active (Dean et al., 2017). This is highly concerning because this representation also leads disabled women to being deprived of receiving proper sex education at par with their peers (Bahner, 2018; Björnsdóttir et al., 2017; Toft et al., 2019). Björnsdóttir et al. (2017) found that because of this particular representation of disabled women, all of their research participants had not received any sexual education at all, whilst some disabled women were actually

removed from class whilst their peers received sex education. When sex education is provided to disabled women and girls, it is usually done with an emphasis on reproduction and functionality and rarely incorporating other aspects such as pleasure (Bahner, 2018). Due to the lack of proper sex education, disabled women often grow up with misinformation about their bodies and relationships and are left to navigate their sexual experiences and sexuality with little or no support (Addlakha et al., 2017; Campbell et al., 2020). In turn this often leads to high rates of abuse, unwanted pregnancies and contracting sexually transmitted diseases (Björnsdóttir et al., 2017; Franklin & Smeaton, 2017).

This representation is also common amongst some parents of disabled women who tend to keep infantilizing their adult daughters through the clothes they choose for them and make them wear, through their over-protection, and through the lack of choice and autonomy that they are allowed to have (Callus et al., 2019; Santos & Santos, 2017). Some parents even go to the extreme of keeping their disabled daughters as eternal children by attempting to restrict their daughters' physical and biological growth through sterilization. This is what was done to Ashley X and Marie Adams; two girls with profound cognitive and developmental impairments whose parents in collaboration with their doctors used medication and surgery to inhibit their growth such as the development of their secondary sexual characteristics (Kittay, 2011; Roets et al., 2006). Such measures have an impact on disabled women's physiological well-being (Slater et al., 2018). In view of this, a number of researchers and disability rights activists keep calling for the criminalization of sterilization amongst disabled

women, since some studies report that it is still happening till this very day (Elliott, 2017; Rosenbaum & Epstein, 2019).

Disabled Women as "Angels in our Midst"

Angels are often considered to be mystical and ethereal beings. Angels are also considered to be innocent and pure and are considered to be an intermediate between God and humans. Some of the participants in this study used the metaphor of "angels in our midst" to describe disabled women. Victoria (FG3) referred to disabled women as, "those [disabled women] are our angels and we should take care of them". Sylvia (FG4) used the term angels to refer to disabled women who according to her will be rewarded in the afterlife due to their suffering on this earth. She said, "they [disabled women] are angels walking on earth, they might be suffering here but I am sure they will be rewarded after they die. They will for sure be enjoying the glory of heaven". The social representation of "angels in our midst" was not held by any of the female disabled participants.

Unlike some of the other social representations, this social representation is very particular to the Maltese context and has a very specific historical connotation which goes back to the 1960s. It is associated with religious Maltese discourse and is in complete contrast to the moral/religious model of disability which was very popular at the time (Camilleri, 1999; Camilleri & Callus, 2001). The reference to disabled people as "angels" was created with the aim to create a more positive representation of disability to counteract the impact that the widespread moral/religious model was having on disabled people at the time. This representation of disabled women is probably rooted in the year 1965 when Catholic priest Monsignor Mikiel Azzopardi set out to build

the first residential home for disabled people in Malta with the aim of bringing disabled people out from hiding (Cuschieri, 1995). At the time families hid their disabled children because it was thought that the other siblings' chances of getting married into a good family would be diminished because of their disabled brother or sister (Camilleri & Callus, 2001, p. 80). The idea stemmed from the misconception that all impairments are genetically inherited, whether the condition was genetic or not. Apart from building the first residential home for disabled people, another way of bringing disabled people to public focus was to refer to them as 'angels' – more specifically as 'anġli żgħar' (little angels) through a popular radio programme Mons. Azzopardi aired on a weekly basis for many years. The reference to disabled people as 'little angels' was done with the aim of attempting to change the image of disabled people from being a burden on the family and society and a source of shame for the family to one of viewing disabled people as children of God. However, long past the setting up of Dar tal-Providenza, the term "angels" continued to be used with reference to disabled people. The effect of such a stereotype is that disabled people became to be perceived as untouchable mystical beings, giving rise to other forms of prejudice (Camilleri & Callus, 2001).

As can be evidenced from this study, the representation of angels is not used only by the generation of people who lived at the same time as Mons. Mikiel Azzopardi or the generation after but is still very much prevalent today. Sixty years later the representation of disabled women as "angels in our midst" is still common amongst society having transcended generations. This is reflected in the adjective given by the survey respondents to describe disabled women, which is presented in the top two quadrants in the MCA joint plot.

Interestingly, angels are not usually associated with ‘needing help’ but in this case, the participants assumed that because disabled women are “sweet and angelic” then they should receive all the help they can get. This was reflected in the focus group findings where a number of participants referred to disabled women as angels and because they are “inherently good” it is society’s responsibility to alleviate them from their suffering. David (FG4) argued that because disabled women are “angelic” society should help them, “...we should do everything for them so that they can live a good life as much as they can”. Jane (FG4) agreed with David and shifted some of the responsibility for help to the government. She claimed, “...I can’t understand how some people say things against them [disabled women], they are angels and they should receive all the help they can from the state”.

Other participants associated disabled women with being closer to God and that is why they are “angelic”. Christine (FG3) argued that disabled women are angels because they manage to endure pain and because of that they surely have a very close connection to God, “...they [disabled women] are angelic...they go through so much pain and suffering. I am sure they will go straight to heaven”. Whilst Ylenia (FG3) took the representation of disabled women as “angels” a step further. She argued that it is not only disabled women who will be rewarded for their ‘suffering’ but since they are closer to God, if non-disabled people help them they would also be getting closer to God, “...if we help them I am sure God will reward us on this earth and in the afterlife. I help them and God will make up for it with good things from Him, for sure”. Notwithstanding the representation of disabled women as “angels” being so

prominent, none of the participants associated the beauty usually attributed to angels with disabled women.

The representation of disabled women as “angels in our midst” is not only confined to the participants of this study but a few months ago a popular radio host in his 30s also referred to them as “angels” whilst hosting a daily morning radio programme. Similarly, deBono (2016) in a recent article about her journey into disability insights in Malta, claimed that as a child her view of disabled people was that of ‘angels’ and ‘special people’. Contrastingly, a newspaper article published on Saturday 4th December 2023 on Times of Malta quotes a disabled woman stating that she wants to debunk the stereotype of disabled women as angels and does not want to continue being referred to as such (Carabott, 2023). This claim is in fact congruent with the findings from the interviews held with disabled women where none of the participants used this construct to describe other disabled women.

Although at face value the social representation of disabled women as angels may not be considered to be particularly damaging and impactful to the lives and experiences of disabled women, it still limits disabled women from living full lives and can be a cause of oppression (Camilleri & Callus, 2001; Ellis, 2015). Such a representation invokes a certain reverence towards disabled women to the point where they are divested from their humanness. In turn, such a representation does not allow disabled women to be viewed as human beings who want to and can lead normal lives and who can also commit mistakes. Such a representation also diverts the attention from the obstacles that are often created by society and met by disabled women when they attempt to participate in the community at par with everyone else.

Disabled Women as "Fragile"

Disabled women are thought of as being very fragile beings. They are compared to a ceramic or fine bone-China statue that needs to be handled with care. When not in use, like a statue, they need to be bubble wrapped or stored in a safe place in order not to be broken. The representation of disabled women as "fragile" is congruent with a definition of disabled women given by Condillac, an eighteenth-century philosopher of language, who had initially defined disabled women as overly fragile and sensitive (Sacks, 1991). This representation of disabled women was evident in the survey and focus groups, as well as in the repertory grid technique interviews with disabled women, making it a social representation held by all the participants of the study. For instance, Tamara, a focus group participant, claimed that she saw disabled women as fragile because they will always require help to do certain tasks which are considered basic. She said "…she [a disabled woman] will need help herself. For sure she needs help…she cannot do much on her own as she will get hurt" (Tamara, FG 4). Whilst Vanessa (FG2), another focus group participant, claimed that according to her disabled women are fragile because they can get hurt doing certain jobs, "I think there are certain things that they cannot do because they will get hurt, we have to acknowledge that certain jobs can be dangerous for them … they just cannot do them". The adjectives "weak" and "fragile" were also given by the older survey respondents represented in the top two quadrants in the Multi-Correspondence Analysis joint plot.

The representation of disabled women as fragile and as objects which are easily broken could be stemming from the idea that their impaired body offers a challenge to the representation of 'the able body' (Siebers, 2008),

which in comparison is often portrayed as strong and sturdy. This representation is also congruent with Garland-Thomson's (1997, p. 23) arguments when she claimed that disabled bodies represent a "freak-show" to non-disabled people. She explains that, "[d]isability is the unorthodox made flesh, refusing to be normalized, neutralized, or homogenized" (p. 23). The disabled body can be considered as a stark reminder to society of what will eventually happen to all human bodies over time (Wendell, 2013).

Unlike some of the other social representations such as "eternal children" and "angels'' which were only social representations held by the non-disabled participants, some of the disabled women who were interviewed for this study also described other disabled women they knew personally or knew of as "fragile". Maya referred to another disabled woman she knew as "fragile" because, "…she cries easily and cannot take certain words. I see her as very fragile and it's probably because of everything she has been through in her life. I have to be very careful with how I speak to her". The difference is that whereas for the non-disabled participants the fragility of disabled women stemmed from their fragile bodies, according to the disabled female participants, the fragility of other disabled women stemmed from their fragile personalities. According to the disabled female participants the fragility of other disabled women stemmed from not having the strength to endure certain life situations. For other disabled female participants, it was related to other disabled women's lack of agency or a lack of self-confidence. According to the disabled female participants those disabled women with fragile personalities were the ones who allowed their impairment to take over their lives or those who lacked the empowerment to take a decision. Rita, a disabled female

participant, claimed that “fragile” disabled women are the ones who “…don’t fight the obstacles that life throws at them, they let go and they’re always complaining about everything…to me they are fragile and weak”. Whilst Miriam, another disabled female participant, to explain her “fragile” construct with reference to other disabled women she knew said,

> …they are the ones you have to be really careful with how you speak to them, they can’t take any criticism because they take everything you say personally, they’re almost like a bone China cup.

According to the disabled female participants, other disabled women were perceived as fragile for not being strong enough to mentally take on the obstacles encountered because of their impairment as well as other disabling obstacles stemming from the environment.

The representation of disabled women as “fragile” could also be referring to disabled women’s fragile minds, that is, their weak or feeble minds. In fact, “feeble” was another construct used to describe some disabled women by the participants of the repertory grid interviews. The social representation of disabled women as having fragile minds could be influenced by similar representations of disabled women in film and literature (Ellis, 2015). However, the representation of disabled women as weak and feeble and therefore as people who need to be taken care of continues to give rise to a lack of autonomy and choice over disabled women’s own lives. The view of disabled women as weak can have negative effects on their employment and education prospects (Nario-Redmond, 2010). It can also affect their prospects of finding love and having a family of their own (Devkota et al., 2019). In addition, being

viewed as feeble could also increase their chances of abuse or domestic violence (Breiding & Armour, 2015; Ruiz-Pérez et al., 2018).

The representation of disabled women as “fragile” and “weak” is common with other studies (e.g. Devkota et al., 2019; Nario-Redmond, 2010; Moloney et al., 2019) and can also be considered synonymous with views of disability ingrained in the medical model of disability (Cameron, 2014a). However, the representation of disabled women as “fragile” is one of the representations which is very particular to disabled women and one that is not generally used for disabled men. It is a representation which highlights the intersection between disability and the female sex for disabled women. On the contrary to disabled women, disabled men are not viewed as fragile but they are often portrayed as heroes who manage to overcome their impairment and manage to achieve great things (Kafer, 2013; Martin, 2018; McGillivray et al., 2021).

The representation of disabled women as “fragile” objects which need to be taken care of as otherwise they are easily broken is strongly related to the overly popular use of the label ‘vulnerable’ when referring to disabled women. Vulnerability is also related to the charity model of disability because very often that is the image of disabled people portrayed by charity organizations (Anderson, 2014; Anderson & O’Sullivan, 2010; Scully, 2014). Historically, the term ‘vulnerable’ was applied to disabled women because they were one of those groups, like the elderly, children, women, which were considered subordinate to the rest of society (Boyle, 2003). The label ‘vulnerable’ is often used to undermine the rights of disabled people rather than improving them (Sherwood-Johnson, 2013; Yeo, 2020). According to the social model of

disability (Oliver, 1990a; UPIAS, 1976), the concept of vulnerability with respect to disabled people is a socially constructed issue. Boyle (2003) claims that while projecting the vulnerable identity onto others, some people are constructing an opposite identity for themselves which includes components of strength and power. They are thus creating a power dynamic which favours only the creators of such a label and those who are not labelled as vulnerable (Boyle, 2003). This was evidenced amongst the focus group participants such as Christine who said that when a disabled woman is attracted to someone else she is putting herself in a vulnerable position, "…if you're attracted to a person and you're disabled, now again I might be assuming, but I think the disabled woman can be putting herself in a vulnerable situation" (Christine, FG3).

When a person is deemed fragile and therefore vulnerable, they are often thought of as deserving higher levels of external protection which in turn often leads to lower levels of autonomy, personal agency and self-determination (Anderson, 2014; Anderson & O'Sullivan, 2010; Scully, 2014). The representation of disabled women as "fragile" is what often leads to the use of the blanket label of 'vulnerable' even in situations when this is not merited. Such label can perpetuate the representation of disabled women as being 'powerless' and thus should be treated differently from everyone else, even more so than disabled men (Arstein-Kerslake, 2021; Scully, 2014). Very often because of social representation of "fragile", disabled women are denied a number of rights and services, such as the right to vote. It also affects other forms of informed decision-making processes about other important areas in their lives, such as decisions related to their general health, their future and their money, which are not always experienced by disabled men (Arstein-

Kerslake, 2021). This representation and the link to ‘vulnerability’ affects the way that disabled women live and the choices they are allowed to make, often leading to the marginalization of disabled women. In order to combat the use of the unnecessary label ‘vulnerable’ often stemming from the representation of disabled women as “fragile”, in March 2021, two disabled women initiated a campaign to coincide with International Women’s Day. Through their campaign, they encouraged other disabled women to tweet “I’m not vulnerable because I’m a disabled woman, I’m made to be vulnerable by….” and to complete the post with their own personal experience (McLean, 2021).

Disabled Women as “Imsieken”

Disabled women are thought of as being “imsieken”. This is a representation of disabled women which evokes strong feelings of pity which tug at one’s heartstrings and makes people feel the need to treat disabled women differently. The word ‘imsieken’ in the Maltese language is heavily laden with meaning and it is considered highly patronizing. Maria (FG3) used the term “imsieken” with reference to disabled women because to her their use of a wheelchair invoked a sense of pity, “I pity them [disabled women] imsieken seeing them like that. Sitting in a chair”. Rose used the word ‘miskina’ (in the singular) to refer to a disabled woman she knew who was single and made the assumption that the fact that she had remained single was because of her impairment. She said, “I know a disabled woman who remained single. It’s probably because she is disabled miskina. There’s not much to do but she’s probably sad she’s on her own”.

Through this social representation disabled women are viewed as pitiable and pathetic human beings. This social representation of disabled

women is deeply rooted in the local context. According to Aquilina's (2006) dictionary, the translation of 'msieken' to English is pitiable, wretched, and poor. However, the use of the word 'imsieken' in Maltese with reference to disabled women has much stronger connotations related to it. The Maltese word 'miskin' is derived from the Sicilian version of the word 'meschino' or as it is now used 'mischinu'. According to D'Accordio (2015), the word 'mischinu' has entered Sicilian dialect from the Arabic root word 'miskīn'. In Sicilian dialect 'mischinu' is used to refer to those who are in extreme poverty or those who are unhappy, unfortunate, miserable, pitiable and unlucky. It is also operated as an exclamation, which is the equivalent of 'miskin/a' in Maltese. Andrea Camilleri, a Sicilian writer, has often made use of the word 'mischino' in his novels and has used it to evoke strong feelings of pity towards his characters (D'Accordio, 2015). This is the same way it is used in the Maltese language with reference to disabled women. When the word is used with reference to disabled women it is done to evoke a strong emotion of pity for the unlucky and unfortunate women whose lives have been made dreadful to live because of their impairments. The use of the word "imsieken" automatically puts disabled women under the label of 'people who need help' and as persons who are lacking power and agency. It also diminishes the expectations from disabled women. This representation could also be heavily influenced by religion since most of the Maltese translations of religious texts such as psalms and prayers include the word "imsieken" with reference to the poor, suffering and afflicted, with disabled women often falling within that category (Sultana, 2011).

The adjective "imsieken" or its close translation "pitiable" to describe disabled women was a common adjective amongst the survey respondents.

Similarly, the participants in the focus groups often interjected their sentences with the word “miskina” or “imsieken” irrespective of the context. For instance, Claudia (FG 4) referred to a disabled woman as “miskina” to emphasize her argument that the disabled women’s impairment is not her fault, “It’s not her fault, miskina…She was born like that, she’s very unfortunate”. And Abigail (FG 4), another focus group participant said, “…I said to myself, miskina, at least she found one [a romantic partner]” when talking about a disabled woman who was in a romantic relationship with someone who did not have an impairment. Whilst Emma (FG1) used the word “imsieken” to evoke pity towards disabled women in the context of obstacles stemming from inaccessibility they often encounter, “…even in this day and age they [disabled women] still encounter a number of obstacles imsieken”.

Although this representation and other similar words related to pity were common amongst the survey respondents and focus group participants, none of the disabled women who took part in the repertory grid technique interviews made use of the word “imsieken” or the singular version “miskina”. The reason for this is because it is very probable that the disabled female participants do not see themselves as pathetic and deserving of pity as the word “imsieken” implies. The word “imsieken” in relation to disabled women presents them as people who are suffering or as victims which for most disabled women this is not the case. They probably also consider this word to be offensive. This is congruent with a study conducted by Sultana (2011) with Maltese amputees. Sultana (2011) had found that her participants also detested the word “imsieken” with one of her participants saying that, “…if she could, she would erase it from the dictionary” (p. 138).

This representation of disabled women can also be linked to the more dominant social representation of the tragedy model of disability. The view that disabled women need to be pitied stems from the idea that disabled women lead sad and miserable lives (Oliver, 1990b; Williams-Findlay, 2014). Although the representation of women as objects of pity is common with other studies around the world (e.g. Coleman et al., 2015; Connell, 2011; Liddiard, 2014), the use of this particular metaphor with reference to disabled women and the sense of pity that the word “imsieken” evokes seems to be particularly synonymous with some Mediterranean countries such as Malta, Italy and France. This representation of disabled women is used to elicit sympathy towards disabled women but it also leads to feelings of shame and stigma amongst the group of people referred as such (Goffman, 1963). Stigma is found to limit opportunities for disabled women, such as opportunities for employment and romantic relationships (Bartolo, 2017; Savage & McConnell, 2016). In turn, such feelings of stigma stemming from this social representation of disabled women in combination with the lack of opportunities can have a negative effect on the empowerment of disabled women.

Disabled Women as “Immankati”

Another harsh metaphor used by the participants with reference to disabled women is that of ‘immankati’. Anne (FG3) used the term to explain to the other focus group participants the type of impairment that a disabled woman she knew had, “She has a mankament (an impairment) in her arms, I don’t know how to explain it but somehow still managed to drive her wheelchair”. Whilst, Victoria used it to refer to a group of disabled women who lived in a residential home, “They are all immankati (maimed) but I see them going out

with their carers. Sometimes they come to the same supermarket I go to and they do their shopping and they pay".

According to Aquilina's (2006) dictionary, the English translation of the word "immankati" is mutilated, maimed or disfigured. It can also be translated to deficiency and imperfection. "Immankati" is used to refer to people who are "not whole" or those who have a part of their body which is missing or cannot be used. However, like the word "miskina" discussed above, over the years, the word "immankati" in Maltese has managed to gather very negative connotations and is considered to be a loaded word. It does not hold the same meaning as the words maimed and disfigured in English do because through the years, "immankati" has risen to the level of a slur or demeaning slang. When "immankati" is used with reference to disabled women, or disabled people in general, it is considered to be highly offensive. In fact, "immankati" is also used as a way to offend non-disabled people. It is considered offensive because it denigrates the humanity of disabled people and of all those to whom the word is applied to or is used to refer to. Having a "mankament", which is close in meaning to 'having an impairment' but still containing the negative connotation to it, means that you have something missing and thus you are not able to do anything or that you are good for nothing. The word "immankati" is entrenched in the idea that an impairment is one of the worst things that can happen to you and like the previous social representation of "imsieken" can be considered to be an element of the tragedy model of disability. This representation sees its roots in the idea that an impairment is something which is dreadful and that people would rather not have (French & Swain, 2004; Williams-Findlay, 2014).

Notwithstanding the negative connotations associated with the word "immankati", the focus group participants used it as a way of describing the disabled women they were talking about. The word "immankati" did not feature in the responses of the survey and amongst the disabled female participants who took part in the repertory grid interviews. The word "immankati" was particularly used amongst the focus group participants of a certain age, that is, those who are over 55 years old. Most of the participants used it as an adjective to describe the disabled women's bodies. Mary (FG 4) emphasized the severity of the impairment of a disabled woman she knew not only by her words but also by using gestures which were very derogatory in nature,

> I know someone who is 'immankata' (maimed), 'immankata sew' (maimed quite badly). Her hand is like this [she attempted to show the rest of the group by twisting her own arms in imitation of the impairment] and her bottom is like this [she stood up from her chair and twisted her bottom in imitation of the other person]. She is really 'immankata' (maimed)…

Similarly, Ylenia (FG3) used the word "immankata" to describe a disabled woman during the focus group whilst at the same time absolved herself for using the word by saying that it was not the disabled woman's fault, "…for me she [a disabled woman she knew] is immankata (maimed), that's how I refer to her, even though it's not her fault". In addition, Rose (FG3) also used it as a descriptor for another disabled woman she was talking about. Like Ylenia, Rose (FG3) tried to compensate for using the word "immankata" by saying that although this woman had a small body she was still able to "get around" in her

wheelchair. She said, “immankata (maimed) and she has a small body but she is always running around in her wheelchair. I see her everywhere” (Rose, FG3). Whilst Sylvia (FG 4) used the metaphor to emphasize the difficulties met by disabled women due to their impairments in a pedantic manner. She was surprised at the fact that even though the disabled women she knew were severely impaired they could still do a number of activities of daily living. She said, “…because, you know, they [disabled women] are immankati sew (maimed quite badly) so I don’t know how they manage to do certain things…I’m sure some actions are beyond them” (Sylvia, FG4). Although the reference to disabled women as “immankati” by the focus group participants might not have been used with any negative intentions, the representation still gives rise to what Thomas (1999) refers to as psycho-emotional disablism. The use of the word “immankati” towards disabled women directly impacts who disabled women can be, what is expected of them and the relationships they can have.

This social representation is also present in the media even though disabled people find it very offensive. For instance, on 22nd August 2019, a news portal by the name of Newsbook used the word “immankati” with reference to disabled children as a result of the fighting going on in Mali. They claimed that a UNICEF report has shown a dramatic increase in children who are killed, “immankati” (maimed) or captured as fighters by armed groups in the Republic of Mali (Schiavone, 2019). Conversely, the use of the word immankati landed a man in prison because he used it as a slur with reference to a traffic warden. According to an article published on the news portal of the national television station TVM on 26th February 2018, a man was condemned to prison

for six months for verbally abusing a traffic warden. It was reported that his verbal abuse consisted of, “m’intix tajba biex ikollok it-tfal għax joħorġu mmankati (you’re not good to have children as they will come out maimed)” (Agius, 2018).

Over the years, the use of the word “immankati” became similar to the use of the highly offensive word ‘retarded’ with reference to people with intellectual disability. In fact, the journey of the word “immankati” is very similar to the journey of the word ‘retarded’. Johanson-Sebera and Wilkins (2014) argue that the gathering of negative connotations for a particular word shows how fluid languages are. They also claim that although disabled people might be pushing for a particular word to be abandoned as it is the case with the words “retarded” and “handicapped”, and “immankati” in Maltese, it is widely recognized that such a change cannot happen overnight. This is because the relationship between the use of language and attitudes is very intricate. This is evidenced in this research because although disabled people find the word “immankati” offensive, it was still used by some of the focus group participants to describe disabled women, even if it was not their intention to offend.

Disabled Women as “Charity Cases”

Another metaphor that the participants used for disabled women is that of objects of charity. Disabled women are viewed as “charity cases” who need help from society or their families in order to get by in their day to day lives. Vanessa (FG2) claimed that disabled women in Malta still need to seek help from charity organizations for expensive equipment that they might need, “Even though there are some schemes by government, some disabled women still

have to seek help from charity organizations for additional help with assistive equipment". Whilst Mariella (FG1) claimed that there is still a big gap between the employment rate of disabled people and non-disabled people and this leads to disabled women having to rely on family or charity for basic necessities, "a lot of disabled women do not find work … because of a mismatch or because there are some jobs which just cannot be done by them … because of they have to rely on their families to get by". The participants also mentioned different forms of help that disabled women could need from charity organizations, including help in monetary form, help in terms of accommodation or social housing, or help in different forms of physical or mental support such as help related to physical mobility and help to make certain decisions.

The representation of disabled women as "charity cases" is an old and common social representation of disabled people (Hughes, 2015). It came as no surprise that this social representation emerged from this research too. The social representation of disabled women as "charity cases" is very much entrenched in the charity model of disability and the use of this metaphor by participants explicitly shows that the charity model of disability is still a very dominant one in Malta. This representation is linked to disabled women being thought of as either being a burden on society and on their families or as falling within the responsibility of charity organizations for help and benevolence. This representation of disabled women is evidenced in the adjectives given by the survey respondents where a number of them used the term "need help" to describe disabled women. It is also evidenced in the data from the focus group participants. Interestingly, it did not in any way feature in the core categories that emerged from the repertory grid interviews held with disabled women. This

is probably because none of the disabled women who took part in the study view themselves and other disabled women as charity cases.

The representation of disabled women as “charity cases” is one which is widely held by non-disabled people and one where they view themselves as the “saviours” of disabled people (Chennat, 2019, p. 48). Ylenia (FG3) claimed that she always feels compelled to help disabled women,

> …I have always felt the need to help disabled women, whether through my job or voluntary work. It’s the right thing to do and I feel it’s my duty to decrease the suffering that disabled people go through because of their illness or the way they have to live.

Through the charity model of disability, the notions that disability is inherent to the individual and that impairment is something which needs to be eliminated or cured continue to be reinforced. A social representation of disabled women ingrained in a charity model of disability also reinforces the idea that disabled women are innocent victims of their circumstances and of the tragic impairments that they bear (Cameron, 2014b). Jane (FG4) claimed, “…they [disabled women] will always need help and we should do everything we can to help them. They are innocent and it’s not like they asked for the impairment. If we don’t help them, who will?”.

The representation of disabled women as “charity cases” is also related to the notions of caretaking and protection, that is, that disabled women need society or charity organizations to take care of them. Within a Maltese context, this is probably stemming from our strong Catholic roots and from the influence that the Catholic Church has on society. From a very young age through

religion lessons at school and as part of our Catholic formation lessons we are taught to take care of and collect money for the “poor and needy”, for the “less fortunate” and for “those people who need our help”. These vulnerable groups all include disabled people. We are also taught that by doing so we will be preparing for a reward in the afterlife, such as going to heaven. The focus group participants made similar claims about their views of helping disabled women. Mary (FG4) claimed that, “…some disabled women use a wheelchair so they will always require help from someone, to push them or get things for them and we should be the ones helping because that’s what God would want us to do”. Like Jane, other participants also claimed that they believed that they will be repaid for the good they do with disabled women. Rose (FG3) claimed that, “…[she] always feel compelled to help them. It’s good to do so but I also know that God will reward me for the help I give.”

It is very astounding that notwithstanding the many fights for equal rights won by various disability movements across the world, a social representation of disabled women as objects of charity is still prevalent. It seems that in the Maltese context, notwithstanding the setting up of the Commission for the Rights of Persons with Disabilities in 1987, the introduction of anti-discrimination legislation such as the Equal Opportunities Act in 2000 and the more recent transposition of the United Nations Convention on the Rights of Persons with Disabilities into Maltese legislation in 2021 with the aim of advancing disabled people’s rights, disabled women were still viewed as objects of charity by the participants. In a similar vein, Emma (FG1) contended that whilst a lot of work has been done with regards to disability rights and that

there is a lot of awareness about different impairments, disabled women will still require help especially if they cannot work,

> …a lot has been done with regards to disability rights, disability legislation, that we cannot do this or that, and that accessibility, at least I hope that, has increased for disabled women, the fact is that some disabled women just cannot work and will still have to rely on charity.

Whilst this is true, the help required should come from the state and not from charity organizations. Unfortunately, this shows that all the work that has been done by disability rights activists in the past 40 years has had very little effect on the social representation of disabled women as “charity cases”.

One of the reasons that this representation of disabled women is still prevailing and will continue to prevail is because charity organizations continue to spread the portrayal of disabled women as “charity cases” with the aim of raising more funds (Cameron, 2014b). This representation is not always beneficial to disabled women but more often than not it is detrimental to their well-being. It reinforces the idea that disabled women should continue to lie at the mercy of charity organizations rather than coming together and advocating for a better welfare system and equal rights. This representation further encourages the thinking that disabled women and the services they require are the responsibility of charities rather than those of the state (Cameron, 2014b). This could lead to governments thinking that they are absolved from providing services and assistive equipment to disabled women because they are being provided by charity organizations. However, the problem with charity organizations being the sole providers of certain services and assistive equipment for disabled women is that they can decide to stop offering their

services at any time they like, especially if they feel that not enough money to run the services was collected. In turn, this can put disabled women in very difficult positions. Having to rely on charity and family for the most basic things that other people take for granted leads to disabled women feeling devalued and tends to push them to the peripheries of their communities rather than having them included in society (Henderson & Bryan, 2011). Such a representation also fails to recognize that the majority of the difficulties encountered by disabled women are due to negative attitudes, lack of rights and services and inaccessibility. An example of an event where disabled women continue to be portrayed as "charity cases" for the benefit of the charity organization are the ever-popular telethons, further propagating the social representation of disabled women as "charity cases" as it emerged from this study.

Disabled Women as "Losers in the Lottery of Life"

A strong metaphor used by the participants in this study with reference to disabled women is that they are "losers in the lottery of life" because they have been endowed with an impairment they did not ask for. Henry (FG1) claimed that disabled women are unlucky even if having an impairment is not their fault, "they are just very unlucky. No one wants to be disabled, let's face it". Whilst Michael (FG1) argued that he sees having an impairment as having been born under an unlucky star and ironically compared it to starting out life on the "wrong foot". Similarly, Maria (FG3) said, "… They're just very unlucky. It's no joke having a disability and everything is twice as difficult, if not more". Just like some people are considered to be lucky and successful and have been given a "winning ticket" or handed a good deck of cards at birth for the lottery of life,

disabled women are considered to be unlucky and unsuccessful and have been given a “losing ticket” or handed a bad deck of cards for the lottery of life.

The representation of disabled women as being losers in the lottery of life can also be explained with the concept of the “natural lottery” of life originally positioned in philosophy and developed by Rawls (1971, p. 64). Rawls (1971) argues that every person’s starting point in life is the consequence of a natural lottery which is further made up of another two types of lotteries. According to Rawls (1971) these other two types of lotteries are the genetic lottery and the social lottery. The genetic lottery refers to the unchosen biological attributes given to each person at birth. Whilst the social lottery is the unchosen socio-economic conditions into which each person is born. Raoul Martinez, a popular speaker, writer, artist and film-maker agrees with Rawls (1971) and claims that at birth, each and every human being gets a ticket for the lottery of life. The concept of the lottery of life is based on the premise that life is not always fair and no one chooses the circumstances they are born in. In his world-famous TED Talk, Martinez argued that “…we do not choose to exist… [and]…as newborns, we’re not responsible for our own nature. We’re endowed with genes we didn’t ask for” (Martinez, 2013, 0:22, 3:46). According to the participants of this study, disabled women are thought of as being recipients of a disadvantage in life due to their impairment which is beyond their control. They are thought of as being losers in both the genetic lottery and the social lottery of life.

The social representation of disabled women as losers in the lottery of life was common amongst the survey and focus group participants as well as among the disabled women who took part in the repertory grid technique

interviews. However, the same representation had nuanced meanings for different participants. The survey respondents and focus group participants believed that disabled women were losers in the genetic lottery of life whilst the disabled female participants believed that disabled women were losers in the social lottery of life (Rawls, 1971).

The survey and focus group respondents viewed disabled women as losers in the genetic lottery because disabled women have been born in a body or have acquired a body through their life course which is not always compatible with life's expectations. The survey respondents used "unlucky" and "less fortunate" as adjectives to describe disabled women who they considered to be losers in the lottery of life. They are considered unlucky because they have impaired bodies which are not always conducive with their surroundings. This representation of disabled women can be considered as being grounded in the tragedy model of disability (French & Swain, 2004). This representation of disabled women stems from the belief that being impaired is wrong and tragic and it leads to living a dismal, uninteresting and unsatisfying life (French & Swain, 2004; William-Findlay, 2014). They believe that being impaired is equivalent to something that they would not want. According to the survey and focus group participants, disabled women have been dealt a bad card. Peter (FG2) claimed,

> they [disabled women] are just unlucky and this affects their prospects in employment too…you cannot give that person with disability that work if they need to walk up the stairs. You have to give it to someone who has enough power to go up the stairs.

Similarly, in agreement with Peter, Tamara (FG 4) argued, “it’s unfortunate to be born this way...they [disabled women] are just unlucky…not much to do about it”. This further reinforces the understanding that disabled women are losers in the lottery of life because they have been born “this way” and can do nothing about it but accept it. According to the survey respondents and focus group participants, disabled women have picked a bad luck of the draw due to their impairment and there is very little that they can do about it. It portrays disabled women as passive beings with little control over their bodies and their lives.

The disabled women who took part in the repertory grid technique also viewed disabled women as being losers in the lottery of life. However, unlike the survey respondents and the focus group participants, rather than attributing this social representation to pure misfortune because of the disabled women’s impairment, they attributed it to the lack of support services for disabled women. The disabled female participants view disabled women as being losers in Rawls’ (1971) social lottery of life rather than the genetic lottery of life. According to the disabled female participants the *“unlucky”* streak is due to these other disabled women not having the right support network to help them get over the impairment related issues and the disabling effects they encounter on a daily basis. For instance, Davinia, one of the disabled women who took part in the research, used the construct *“unlucky”* to refer to another disabled woman who did not have a support system to encourage her or motivate her to continue with her education.

> She is unlucky, it's not really her fault but unfortunately, she does not have much support. She doesn't have a support network to fall back on when things don't go according to plan (Davinia).

According to the disabled female participants, these disabled women are "losers" in the lottery of life because of socio-economic contexts that some disabled women were born in. Maya used the same construct of "unlucky" to refer to another disabled woman who had no support and thus fell through the nets of the welfare system. Lara used the term "less fortunate" to describe other disabled women who did not have the same opportunities that disabled women have today and argued,

> …the way I see it these two [other disabled women] are less fortunate than others because they were born in a different time because there weren't the same opportunities that there are today but also because they did not know how to look for services which could improve their quality of life…they are less fortunate in that sense"(Lara).

Unlike the survey respondents and the focus group participants, none of the disabled women referred to disabled women as being "unlucky" or "unfortunate" due to being born with or having acquired an impairment.

The social representation of disabled women as losers in the lottery of life also corresponds with the analogy made by Barnes (2016) to explain how non-disabled people tend to view disabled people's lives. She argues that some people played the natural lottery and got lucky and they thus have "lithe, athletic, beautiful bodies" (p. 168) whereas others played the natural lottery and didn't get so lucky. She then refers to disabled people as being on the "lower bound" of the unlucky people and they did not only get unlucky but they actually

lost. She further argues that this narrative is usually used by non-disabled people to show that disabled people can still thrive in spite of their disability. This representation of disabled women is problematic because it frames impairment as being a tragedy and that disabled women are passive instead of active agents in society. It frames disabled women as people who are not capable to make decisions for themselves and are not able to take action but just let things happen to them without them having a say. In turn, the idea that disabled people are passive can lead to severe injustices, such as the decision taken, in some countries, not to resuscitate disabled people during the Covid-19 pandemic (Gulati et al., 2021; Shakespeare et al., 2021).

Disabled Women as "Participants in an Obstacle Course Race"

In an obstacle course race, participants must overcome a number of challenges in the form of physical obstacles to get to the finish line. Some of the obstacles include, climbing over walls, walking or running whilst carrying heavy objects, jumping through hoops, moving through monkey bars and crawling through cylinders. The participants in this study used the metaphor of "participants in an obstacle course race" to describe disabled women and their lives. Disabled women's lives are equivalent to participants in an obstacle course race where, instead of jumping through hoops or climbing over walls, disabled women have to constantly navigate through a multitude of obstacles stemming from inaccessibility, negative attitudes, and lack of support and adequate services which do not always allow them to reach their full potential. Ella (FG2) claimed that "They [disabled women] are constantly navigating through obstacles created by society". Whilst Kate (FG1) acknowledged how tiring it must be for disabled women to be always fighting the obstacles they

encounter, “It must be so tiring. I see them through my work. Lack of ramps, lack of lifts, lack of accessible material. It’s a never-ending saga”. The difference between the participants in an obstacle course race and disabled women’s lives is that the participants in an obstacle course race choose to participate in the race and the race is for a limited period of time whereas for disabled women life as an obstacle course race is not really a choice they made and the race is a never-ending one.

This was a metaphor used by all three groups of participants, that is, by the survey respondents, by the focus group participants and by the repertory grid participants. This can be considered as a social representation of disabled women which is not ingrained in a particular model of disability. However, there are similarities between this social representation and the view of disability from the social model of disability perspective where disability is attributed to the lack of accessibility and lack of opportunities at par with everyone else (Finkelstein, 1980; Oliver, 1990a, 1990b). Julia (FG2) used the metaphor of an obstacle race to describe the physical barriers met by disabled women as they are simply navigating a pavement,

> You would be walking in the street and I see a ramp which is supposedly made for wheelchair users, but maybe if they had rockets they would be able to go up as it is way too steep and these things create a lot of difficulties for independence. It’s exactly like an obstacle race.

Whilst George (FG1) used the same metaphor with reference to disabled women with a visual impairment trying to navigate the work environment,

> …there is a reality where for example disabled women who have a visual impairment encounter limitations at work because their needs are not

> considered. They might still make it despite the obstacles but we can't deny the fact that they encounter obstacles.

The majority of the participants of this study acknowledged and showed awareness about the multitude of obstacles that disabled women have to navigate through in their lives to be able to do the same things that non-disabled women do such as pursuing tertiary education and having a successful career, having a family of their own, and achieving a work-life balance. The survey participants showed awareness about the obstacles met by disabled women as they used the adjectives "disabled" with reference to disabled women being disabled by society and "disadvantaged" with reference to disabled women being disadvantaged by society. This awareness was also evidenced amongst the focus group participants who directed their focus on the structural barriers and barriers to information encountered by disabled women in trying to reach their goals and achievements. Anthony (FG 2) was very frank about these obstacles and argued that,

> We don't have a society, we don't have workspaces, we don't have industries that are built to cater for disabled women…what I think we should do is create a system, a system that works for them because as things are we are creating more obstacles for them rather than dismantling them.

Similarly, George (FG1) claimed that, "…we have to face the reality that they may encounter certain obstacles when you compare them to other people, especially ones who are not disabled" and that because of these obstacles that they are constantly encountering disabled women do not progress like everyone else. Whilst Peter (FG2) also acknowledged the double disadvantage

experienced by disabled women due to their sex and disability in comparison to disabled men and non-disabled women, “the first thing that comes to mind in relation to disabled women is the double disadvantage…so for example…men are privileged over women…but in relation to disabled women, they are doubly disadvantaged because they are women and they are disabled”.

The metaphor of an obstacle course race was also used by the disabled women who took part in the repertory grid technique, who apart from mentioning the physical barriers often encountered by disabled women, also referred to the lack of opportunities often encountered by disabled women due to disability. Vanessa referred to some disabled women as strong because notwithstanding their life being compared to an obstacle race, they still manage to make it, “Their impairment and life in general has created obstacles for them but they sought support and made a life for themselves”. Similarly, Ruth referred to another disabled woman she knew as an activist for helping dismantle the constant obstacles that she encounters for her and others who are in her position, “I would describe her as an activist because she is constantly using her own experience of disability to dismantle the constant obstacles she encounters … for herself but also for others”.

The metaphor of an obstacle course race has been applied to all women, whether disabled or not. Non-disabled women feel that they too have to navigate through an obstacle course race as they live in patriarchic societies, as they try to access career paths which are not conducive to having a family, as they try to bring up families where working, school and shopping times are restrictive and often misaligned, and as they come across an archaic social protection system which has not kept up with the times, amongst other

obstacles (Ballakrishnen et al., 2019; Batton & Wright, 2019; Hartman & Barber, 2020). The metaphor of an obstacle course race has also been used to explain the journeys of women pursuing careers in male-dominated industries such as a career in STEM (Coe et al., 2019; Wolfert et al., 2019) or a career in academia (Berlingo et al., 2019; Filandri & Pasqua, 2019). However, the difference between the experiences of non-disabled women and those of disabled women is that over and above all these obstacles mentioned above that are met by women without impairments, disabled women encounter a whole other layer of obstacles that they need to navigate through because of their disability. The added layer of obstacles that disabled women have to navigate through and dismantle originate from being disabled in a society which does not cater for their needs because of the intersection between their female sex and disability (Crenshaw, 1989, 1991) as well as the 'impairment effects' stemming from particular impairments or conditions (Thomas, 1999, 2012, 2019).

This added layer of obstacles met by disabled women is also different from the obstacles met by other women belonging to other minority groups. Whilst these groups encounter obstacles emanating from negative attitudes or circumstantial situations, the extra layer of obstacles met by disabled women, apart from the negative attitudes, often have a price tag attached to them. This is because unlike negative attitudes, removing obstacles for disabled women such as by building a ramp, installing a lift, hiring a sign language interpreter, and buying software for people with a visual impairment, amongst others often require a significant amount of money. In addition, some resources might also be scarce leading to a lack of provision of adequate services which impact the

quality of life of disabled women. One recent example is that of a Maltese seven-year-old child who has been deprived of the services of a speech language pathologist due to a back log within government services. This resulted in the child not being assessed for an assistive device which would enable communication with family and friends (Zammit, 2022).

Living as if you are constantly participating in an obstacle course race takes its toll on the majority of disabled women. These constant obstacles that disabled women encounter in their day to day lives often leave them feeling tired both physically and mentally (Nguyen at al., 2022b; Östlund & Johansson, 2018). This experience has a negative effect on the energy levels and stamina of disabled women. The experience of having to constantly navigate through a myriad of obstacles might also have a negative effect on disabled women's relationships since it can lead them to feeling like they are being a burden on their families or actually impede them from pursuing a romantic relationship in the first place. Instead of using their energy and stamina to fight the obstacles they constantly encounter, disabled women could be using that same energy to pursue other things in their lives such as giving more time to their families or pursuing projects or activities which enhance their well-being. However, unlike some of the representations mentioned above, this representation of disabled women amongst non-disabled people shows an increase in the awareness about the obstacles that disabled women encounter and it might spur non-disabled people to become allies to disabled women. It might also spur non-disabled people to call out injustices experienced by disabled women as well as bring to the authorities' attention problems related to accessibility for disabled women.

Disabled Women as "Equal but Different"

One other metaphor used by all the participants of this study with reference to disabled women is that disabled women are "equal but different". All the participants consider disabled women to be equal, that is, that they are holders of the same rights as everyone else. The majority of the non-disabled participants believe that disabled women can aspire to have the same achievements like other members of society, particularly in the areas of education and employment. However, the non-disabled participants also acknowledged that in order for disabled women to make it they need to have "a special kind of drive" (Henry, FG1) and "they need to overcome the challenges that they are faced with" (Maria, FG3). Disabled women also see themselves as equal to everyone else and they too feel that they have a lot to contribute to society. This is evidenced in the majority of the findings from the Repertory Grid Technique, where disabled women used constructs such as "academically accomplished", "responsible", and "determined", amongst other constructs, to describe other disabled women. Maya, a repertory grid technique participant, claimed, "disabled women are equal citizens in society and that's how it should be, we are not after getting more rights than others, just equal rights". The agreement on the term "equal" to describe disabled women is also evidenced in the survey findings since respondents also used the same term to describe disabled women. However, whilst all the participants agreed on the "equal" part of "equal but different", the non-disabled participants and the disabled female participants had nuanced meanings for the "…but different" part of this metaphor. The "equal" aspect of this social representation of disabled women can be considered another close view to the social model of disability since the

participants agreed that disabled women are equal members of society (Finkelstein, 1980; Oliver, 1990a, 1990b). It can also be considered as a representation of disabled women which is close to the human rights approach to disability (Degener, 2017). However, what makes this social representation unique is the different attributions given to the “but different” part of the representation by the different participants.

The non-disabled participants attributed the difference in disabled women to their impairments or to the physical and visible differences of having “no arms” (Rose, FG3) or “legs or eyes or some other thing that does not work” (Ella, FG2) when compared to non-disabled women. For the survey and focus group participants, the difference between disabled and non-disabled women lies in what can be seen or in what the disabled women cannot do due to their impairments or as they referred to them “shortcomings”. George (FG1) argued that the impairment or “lack of something” is the fundamental reason as to why disabled women are different from everyone else,

> I think how mobile one is or whether one can communicate makes a huge difference even though society considers them equal. If you don’t have sight, you cannot see, it makes a huge difference to your life and the things you can and cannot do. That’s the reality and that is what makes them different at the end of the day.

The disabled women attributed a more nuanced meaning to what made them “different”. They attributed the difference in “equal but different” to the lack of opportunities and the external disabling obstacles that disabled women constantly encounter in their day to day lives together with the effects caused by their respective impairment. For instance, fatigue stemming from a chronic

condition is considered to be an effect of their impairment. According to Ivy, a disabled female participant, the difference in “equal but different” lies in disabled women’s realities. She said, “…although on paper society considers disabled women as equal, the reality of our experiences are very different” (Ivy, RGT participant). For the disabled female participants the difference goes beyond what can be seen but is based on their experiences of discrimination as well as the realities that stem from the effects of living life with an impairment. Ruth, a disabled female participant, argued that,

> the lives of disabled women are different not because Elaine [another disabled woman she knows] uses a wheelchair but because she does not find accessible parking at her workplace or because her workplace does not want to provide her with accessible parking.

The disabled female participants believe that their difference stems from the fact that society often restricts them from having the same opportunities as everyone else.

The nuanced difference between the meaning of “difference” for non-disabled participants and disabled female participants lies in their respective understanding of disability. For the non-disabled participants, the difference between disabled and non-disabled women rests at the physical difference. It lies at that which can be seen by the eye, the paralyzed body, the wheelchair user, the white cane user, amongst others. This shows that the social representations of disabled women for the non-disabled participants are in congruence with the medical model of disability. They still view disability as being intrinsic to disabled women and that the problems encountered by disabled women lie solely due to their impairments. Mark (FG2) claimed,

"…women who are deaf just cannot hear and that makes it difficult for them to do any work and the same goes for other disabilities". This understanding of disability amongst non-disabled people could be due to their lack of experience of disability. Since they have never experienced disability they could not be as profound in their understanding of disability as the disabled female participants. Whilst, for the disabled female participants the difference lies at a much deeper level than what is visible. The reason for this is because the disabled female participants have first-hand experience of their own impairments and their social representation of disability comes from their lived experience rather than from something they have learnt. Miriam, a disabled female participant, explained her understanding of disability with respect to her own experience and that of another two disabled women she was talking about during the repertory grid interview. She said,

> …the disability is not my mobility impairment as such, that has its issues too, mind you because there can be problems with ulcers and other skin issues, but the constant lack of inaccessibility I encounter is what hinders me from accessing the same opportunities as my peers.

According to the disabled female participants, their difference lies in the obstacles created by society such as lack of access to information for blind and deaf women, subtle forms of discrimination at work, and other forms of discrimination in accessing leisure activities, amongst others. The disabled women also acknowledge that their impairments have an effect on their lives and they agree with Thomas (1999, 2019) when they claim that their "difference" lies in a combination of the obstacles they encounter and 'impairment effects'.

This distinction between the meaning of “difference” held by the non-disabled participants and the disabled female participants shows that some of the views of disability as put forward by the medical model are still widespread amongst non-disabled people. It also shows that even though the Commission for the Rights of Persons with Disabilities and some non-governmental organizations working in the disability sector have tried their utmost to raise awareness about the social model of disability, it has had very little effect on the social representations of disabled women amongst people without impairments. However, the disabled women who took part in this study seem to have embraced a social interpretation of disability and they are becoming more aware of their experiences of disability in congruence with the social model. The problem with this representation of disabled women is that although non-disabled participants acknowledge that disabled women are equal, it seems that not enough awareness is being created about the social model of disability and impairment effects. The understanding of disabled women as “different” due to their impairments amongst non-disabled people has a negative impact on disabled women and their lives. It creates low expectations for disabled women. It also leads disabled women to have less independence, choice and control over their own lives. The lack of understanding of disabled women’s experiences also leads to their needs being overlooked. Such understandings amongst non-disabled people, especially amongst professionals who work with disabled people, continue to reinforce negative attitudes, lack of services and lack of accessibility for disabled women.

Disabled Women as “Resilient Warriors”

Another metaphor used by the participants in this study to describe disabled women was that of “resilient warriors”. Disabled women are viewed as individuals who have shown immense resilience through their ability to cope with risk, trauma, and adversity often associated with the limitations and loss brought on by the impairment and by being disabled in an environment which does not meet their needs. Julian (FG1) claimed that “disabled women are so resilient and inspirational because they endure so much throughout their lives” whilst Miriam, a disabled female participant, argued that to her, “all disabled women are resilient because we are constantly swimming against the current”. Just like war warriors are celebrated and honoured for showing bravery and courage when fighting at war, disabled women are viewed with admiration for showing immense courage and vigor due to constantly fighting adverse situations stemming from disabling environments and negative attitudes. Disabled women are in a way looked up to for holding the rare qualities of fearlessness and gallantry when fighting this ongoing war. This particular representation is not ingrained in any of the models of disability. None of the models of disability discussed in chapter two really view disabled people as “resilient warriors”. This representation was particularly common amongst the disabled women who took part in the repertory grid technique interviews, although it also featured amongst the survey respondents and focus group participants. Some studies have reported similar views of disabled women by researchers where certain experiences were attributed to resilience on the part of disabled women (e.g. Aguillard et al., 2022; Crawford & Ostrove, 2003; Shpigelman, 2015).

Resilience is “the ability to persevere and adapt when things go awry” (Reivich & Shatte, 2002, p. 1). Early studies considered resilience to be a personality trait, however more contemporary research highlights the strong role that supportive systems play in the development of resilience (Luthar et al., 2015; Masten, 2015). Resilience is thought to be a multi-faceted concept which is influenced by stable factors such as genetic predisposition and trait optimism as well as modifiable factors such as mindfulness, coping skills and social support (Terrill et al., 2014; Yeung et al., 2012). The concept of resilience in relation to disability is a contested topic and its connotation to disabled people has been met both by criticism and a strong interest. Some scholars argue that it is a problematic topic when used to refer to disabled people whilst others argue that the role of resilience in disabled people’s lives has been overlooked and it deserves more attention.

Runswick-Cole and Goodley (2013), two of the critics of the traditional psychological understanding of resilience when used with reference to disabled people, argue that when the label of ‘resilient’ is applied to disabled people, it contributes to discrimination and marginalization rather than having the opposite effect. They claim that the term resilient is only used with reference to those disabled people who manage to achieve normal things which are usually taken for granted by non-disabled people, such as driving, going to school etc. Similarly, Young et al. (2008) argue that by focusing too much on resilience in the lives of disabled people, there is the danger of going back to adopting an individual model of disability, that is, by putting the blame on the individual for not having the strength to overcome the obstacles posed by society rather than holding society accountable for creating obstacles for disabled people in the

first place. Hutcheon and Lashewicz (2014) agree with Runswick-Cole (2013) and Young et al. (2008) and claim that the use of the label 'resilient' for people who are impaired reinforces the idea of unrealistic expectations amongst disabled people from non-disabled people with the outcome that those who are not considered 'resilient' enough are left out from accessing certain programmes or services.

Some of the focus group participants seemed to substantiate Runswick-Cole's and Goodley's (2013) claims about resilience in relation to disabled women. They were referring to disabled women as resilient for 'overcoming' their difficulties or for doing normal things that non-disabled people do on a daily basis such as getting out of bed, taking a shower and making themselves something to eat. The focus group participants also used the term "resilient warriors" to refer to those disabled women who had managed to find themselves a partner in spite of their impairment or those who had managed to finish their education or those who managed to find employment even though they have an impairment. The focus group participants thought of the disabled women as brave and resilient for being able to fight the war and overcome the obstacles often created for them by society as well as overcoming the 'suffering' stemming from their impairment. Luke (FG 4) claimed that to him disabled women were resilient because in spite of all the suffering and the obstacles they encounter, disabled women manage to "…push[ing] through difficulty [for] all their life, so they may be better equipped at pushing through difficulty than us". Micheal (FG1) claimed that for him, "…disabled women are so resilient because they are constantly made to dismantle the barriers and still manage to go to school and some even make it to university". Whilst Victoria

(FG3) claimed that to her, “disabled women are resilient because in spite of all the difficulties, this disabled woman who is related to me still managed to find a partner and build a family. If that’s not resilience, what is?”.

The understanding of resilience amongst the disabled women taking part in the study is somewhat different from the understanding of resilience by the survey and focus group participants. According to the female disabled participants, the war that disabled women have to fight are the obstacles created for them by society such as lack of accessible parking, lack of accessible information, the constant battle to access services which are their right, or the negative attitudes towards them, amongst others. The disabled female participants consider other disabled women as resilient because on top of their impairment they are constantly fighting obstacles which are often taken for granted by non-disabled people such as being able to park their car and having access to everyday services. Vanessa referred to the disabled women she considered resilient as those who, “…sought support and made a life for themselves notwithstanding the setbacks often created for them by lack of thought and planning by other people”. Whilst Davina explained the construct of resilience with reference to the disabled women she knew as those, “…who fight the authorities and institutions for what is rightfully theirs. They don’t only fight for themselves but those who come after them will also benefit. To me, those are the resilient ones”. Similarly, Ruth claims that to her the resilient disabled women are those ones who are constantly fighting the stereotypes associated with disability,

> …for me these two [disabled women] are constantly fighting the stereotypes through their activism and their work and I describe them as

> resilient as it's not easy and it can get tiring at times but they continue to do it for other disabled women too.

The female disabled participants used the term resilient warriors with reference to other disabled women who sought support and used their own experiences to help others. This shows a nuanced meaning of resilience between the one adopted by the focus group participants and the one adopted by the disabled women. This fine distinction between the two definitions of resilience shows how disabled women have managed to acquire a more refined language and a more refined definition of resilience with the aim of understanding themselves better and in turn moving forward with their lives.

In contrast to Runswick-Cole and Goodley (2013) and in agreement with the disabled female participants of this study, Aunos et al. (2022) contend that it was resilience which enabled the first author to “fight back” the ableism she was encountering as a new disabled mother wanting to access the same facilities which were available to all other families (p. 15). Aguillard et al. (2022) explain how according to them the concept of resilience is often overlooked in disability studies, and more particularly in relation to the experiences of disabled women. According to Aguillard et al. (2022), by looking at disabled women’s experiences through the lens of resilience, disabled women will not continue to be designated the permanent label of “at risk” or “vulnerable”, which in some cases pushes them further to the margins of society. They claim that by understanding the concept of resilience in relation to disabled women and their experiences, they can help policymakers form interventions and approaches which build further on disabled women’s strengths and resourcefulness. Similarly, Porcelli et al. (2014) in their research with youths with visual or

auditory impairments argue that the concept of resilience in relation to disabled people should be reconsidered so that the unique strategies adopted by disabled people to cope with physical challenges can be further understood.

Conclusion

In this chapter I presented and discussed the ten social representations of disabled women that have emerged from the triangulation of findings from the survey, focus groups and the repertory grid interviews. Some of these social representations were only held by non-disabled participants whilst others were held by both non-disabled participants and disabled women but had nuanced meanings for the different groups of participants. Some of the representations are congruent with some of the dominant models of disability or elements of them, whilst others are not directly related. The social representations of disabled women as “fragile” and as “participants in an obstacle course race” particularly highlight the intersection between the female sex and disability as experienced by disabled women. The next chapter, which will be the concluding chapter, will discuss how some of the negative social representations of disabled women can be reconstructed so that their impact on disabled women’s lives can be reduced.

CHAPTER 6

CONCLUSION: RECONSTRUCTING THE SOCIAL REPRESENTATIONS OF DISABLED WOMEN

6. Conclusion: Reconstructing the Social Representations of Disabled Women

Through this study I sought to find social representations of disabled women in Malta. This was done through two research phases. Phase One consisted of a survey (N = 526) and four focus groups to elicit the representations of disabled women held by non-disabled people, whilst Phase Two consisted of 14 repertory grid interviews with disabled women to elicit the representations of disabled women held by disabled women themselves. Ten social representations of disabled women emerged from the triangulation of findings. In this concluding chapter I will start by discussing the contribution to research that this study has made. Subsequently, I will discuss how I plan to disseminate the findings and I will present a number of recommendations for policy, practice and activism that are evident from the social representations of disabled women. This will be followed by recommendations for future research. Finally, I end this chapter with my concluding reflections on this research journey.

Contribution to Research on Disabled Women

The major contribution to research of this study is that the way disabled women view themselves and other disabled women is very different from the way non-disabled people view them. The disabled female participants describe disabled women in the same way they would describe other women. Disabled women in Malta have become more rights-oriented and more resilient in the face of disabling obstacles. They have also become more resourceful and more vociferous about their needs. Disabled women are willing to use their

knowledge and the information they gather for the benefit of their own lives and of other disabled women.

The social representations of disabled women held by society can be considered rather negative and these can have a negative impact on the lives of disabled women. Some of the representations held by non-disabled people identified through this study were already identified as a problem in the 1980s during the setting up of the National Commission for Persons with Disability and they are still dominant as I write this thesis in 2023. It seems that there was very little change in the way society views disabled women in the last forty to fifty years. These social representations of disabled women held by society need to be addressed so that disabled women are viewed as valued members of society. The more positive social representations held by disabled women, on the other hand, need to be taken into account so that they are reinforced in order to foster a stronger inclusive culture for disabled women. The more disabled women continue to be active in every aspect of life, the less ‘foreign’ they become to society and the more positive the social representations of disabled women become.

Another contribution to research that has emerged from this study is that the non-disabled participants who took part in the survey and focus groups are more accepting of the roles of disabled women in the areas of education and employment whilst less so in the areas of motherhood and relationships. The participants who belonged to the older age groups have more negative representations of disabled women in the areas of education, relationships and motherhood. Moreover, the social representation of disabled women such as “angels” and “charity cases” are only held by non-disabled participants and did

not in any way feature in the ways that disabled women view other disabled women. For instance, none of the disabled female participants made use of the metaphors “miskina” or “eternal child”, but the disabled women who took part in the study view other disabled women as “ambitious”, “determined” and “influential”, amongst other traits. One of the social representations which was common amongst the survey respondents and focus group participants and the disabled women who took part in the repertory grid interviews is the social representation of “losers in the lottery of life”. However, this representation had nuanced meanings for the different groups of participants. The survey and focus group participants believed that disabled women were losers in the genetic lottery of life whilst the disabled female participants believed that disabled women were losers in the social lottery of life.

Another contribution to research is the exploration of the representations of disabled women by disabled women themselves. This topic addresses the gap in the literature related to disabled women, which very few scholars have researched. A further contribution is that the disabled female participants view other disabled women as confident, amongst other traits. This could be influenced by an element of ‘disability pride’ and acceptance of one’s disabled identity leading to a stronger sense of belonging for disabled women. The disabled female participants do not see disabled women as being “unlucky” or “unfortunate” due to being born with or having acquired an impairment. However, some of them view other disabled women as “unlucky” due to the obstacles they constantly encounter stemming from a lack of accessibility. The disabled female participants do not view other disabled women as “charity cases” but as active agents of society. The disabled female participants view

disabled women as being resilient in the face of adversity stemming from the lack of services available and the obstacles they have to navigate through on a daily basis. The disabled female participants also believe that a career is important for disabled women, however they still seem to believe that having both a career and a family remains unattainable for the majority of disabled women. Another contribution to research emerging from this study is that the majority of the female disabled participants did not only show interest in body image but they also showed a strong interest in fashion and clothing. Almost all of the participants used one or more constructs specifically related to fashion and the kind of clothes that other disabled women wear to describe them. In addition, whilst most of the studies on the representations of disabled people come from North America, the United Kingdom or Africa, this study added a new perspective since it gave a Mediterranean perspective of the representations of disabled women.

Through this study I was able to provide insights on the differences in the way disabled women view themselves and the way that non-disabled people view them. Non-disabled participants think of “disability” as being the over-arching identity of disabled women. In contrast, the disabled female participants think of their impairment as only one aspect of their identity. According to them, their impairment does not make them who they are but it is only part of who they are. In the next section, I discuss how findings emanating from this study will be disseminated.

Dissemination of Findings

One of the practical outcomes of my doctoral study will be to use the findings that have emerged from this study for the benefit of disabled women and their lives. An Executive Summary of the findings will be prepared and sent to the disabled women who participated in this study. In addition, an Executive Summary of the findings will also be sent to disabled people's organisations and to non-governmental organisations working in the disability sector. Those disabled female participants who form part of these organisations will be asked to follow up with their respective organisations as a way of empowering both the participants as well as other female members of the organisations.

As members of the highest institution in Malta with the power to enact legislation which can have a direct impact on the lives of disabled women, an Executive Summary of the findings will also be sent to members of parliament. An offer to carry out a presentation of the findings to the members of parliament will also be made. I will also send an Executive Summary of the findings to those professional groups who are in close contact with disabled women such as healthcare and social care professionals, teachers and Learnings Support Assistants. The findings will be sent to their respective representative organisations. Social representations are also influenced by the media. In view of this, I will also send an Executive Summary of the findings to the Institute of Maltese Journalists and to the Malta Producers Association. I will also offer to carry out training or seminars which go beyond 'disability awareness' with a focus on the female perspective of disability to these professional organisations. The aim of this training will be to make these professionals more aware of these social representations and the impact they have on disabled

women's lives with the hope that some of the negative representations are eventually dismantled whilst the positive ones are strengthened. The fact that I already have a good working relationship with some of these representative organisations will make it easier to share my findings. The plan is to involve other disabled women in the process of the dissemination of findings with the different organisations mentioned above.

As a disability rights activist I also plan to be active towards dismantling some of these negative social representations of disabled women myself. My plan is to do this through the creation of a podcast with the aim of inviting women from all walks of live to discuss issues which are considered to be pertinent to women. I do not want to invite only disabled women as I believe that some of our stories are similar. The plan is to have a diverse group of female guests which also includes disabled women for every podcast. My vision for this project is to use story telling as a way of generating more positive social representations of disabled women. As I finish writing this thesis I have also accepted an invitation to participate in a discussion organized in Parliament about motherhood in celebration of Mother's Day. My plan is to share some of these findings during my speech.

Recommendations for Policy, Practice and Activism

The findings that emerged from this study have implications for policy, practice and activism. In this section I put forward twenty recommendations that can be taken on by policymakers, service providers as well as disabled female activists and their allies. Dismantling negative social representations might take years but these recommendations could help in instigating the much-needed

change in the social representations of disabled women (Castro & Batel, 2008). Disabled women must be at the heart of the process of influencing policy makers and service providers. I hope that through these recommendations some of the negative social representations are eventually altered whilst the positive ones are strengthened so that the impact of the negative representations on disabled women's lives is decreased. This will lead to disabled women encountering less obstacles in their daily lives whilst having access to the same opportunities as everyone else.

Recommendations for Policy and Practice

Parliament is the highest institution in Malta's democracy. If we are to see any change in the social representations of disabled women in Malta, we need to start from the country's highest institution. Members of parliament and election candidates can be holders of some of the negative social representations that emerged from this study. In view of this, my first recommendation is that training which goes beyond 'disability awareness' is organized for members of parliament. This training can be done in two ways. One way is to organize training for election candidates so that once in parliament they would have already received the training. The other way is to organize training for the current members of parliament through the Office of the Speaker. In addition, since Malta is a member of the Commonwealth, members of the Maltese parliament have access to the Commonwealth Parliamentary Association which from time to time organizes Professional Development Courses. Thus, a training course can also be organized through this programme. The training provided needs to be focused with the objective of exposing the pernicious effects of these uncontested negative social

representations of disabled women and their impact on disabled women's lives. The aim of this training would be that Malta's legislators are made aware of these social representations and that through their respective duties they can work towards dismantling them. It is imperative that this training is given by disabled women so that the members of parliament get to know first-hand the experiences lived by disabled women.

At the time of writing, in Malta we have only had one woman who identifies herself as a disabled woman being elected to Parliament. In order for social representations about disabled women to change and for other concrete changes to follow in the lives of disabled women we need a stronger representation of disabled women at the highest political institution. At the moment, my data would suggest that the lack of disabled female representation in parliament may stem from the negative social representations that Maltese people have about disabled women together with the physical and structural obstacles that disabled women encounter in their everyday lives. Through the political participation of disabled women new legitimate social knowledge, norms and identities about the lives and experiences of disabled women can be constructed. Thus, in order to dismantle some of these negative social representations of disabled women and construct new ones and with the hope that more disabled female candidates put themselves forward and decide to run for office, my second recommendation is that political parties should ensure that all training programmes provided to their potential candidates about how to run for office are also accessible to all disabled women with different impairments. In addition, the third recommendation is that government launches a scheme to help make the running for office more accessible to disabled women. Such a

scheme could include financial support for disabled women to employ a personal assistant during the electoral campaign. It is also recommended that political parties make every effort to make political meetings not only accessible for the audience but also accessible to potential disabled female candidates. This would allow disabled women to be given the space they deserve to talk and encourage their political participation at all levels within the political strata.

The second highest institution in Malta is the judiciary. The Maltese judiciary is made up of Judges and Magistrates who have been appointed to sit on the Superior and Inferior Courts. Access to justice is critical to the enjoyment of human rights for disabled people, including disabled women. According to a report published by the Office of the United Nations High Commissioner for Human Rights authored by Flynn et al. (2019), one of the key barriers to the lack of access to justice for disabled people is due to the lack of knowledge about disability issues and the experiences of disability amongst the judiciary and law enforcement actors. Members of the judiciary and law enforcement sectors could also be holders of the social representations of disabled women that have emerged from this study. Thus, to overcome this lack of knowledge my fourth recommendation is that the judiciary receives Professional Development Training about the experiences of disabled women. It is recommended that this training is given by disabled women themselves so that they too can hear first-hand about the experiences of disabled women. Law enforcement actors already received Disability Equality Training but it is recommended that a female perspective is also given importance during this training.

My doctoral research study has shown that disabled women do not perceive themselves to be any different from other women. Disabled women want to and have been taking part in all aspects of life as other women, albeit with difficulty due to the many disabling obstacles they encounter. Yet, my findings have also shown that the social representations of disabled women may be different from those of disabled men and non-disabled women due to the disabled women's lives being intersected by their sex and disability. At the time of writing these recommendations, based on the emergent findings from this research, it is still the case that the Maltese laws which are specifically related to disability or where disabled people are mentioned, make no reference to disabled women and their particular experiences. Examples of these laws include, the Employment (Persons with Disability) Act (1969), the Equal Opportunities (Persons with Disability) Act (2000), the Social Security Act (1987), the Guardianship (Amendments) Act (2012) and the Persons within the Autism Spectrum (Empowerment) Act (2016). These laws continuously refer to disabled people as a homogenous group. The lack of reference to the experiences of disabled women in Maltese legislation will continue to cultivate negative social representations of disabled women. Thus, in view of embarking on or continuing to change some of the social representations of disabled women mentioned above, my fifth recommendation is that a reference to disabled women and their experiences are included in all these laws which have been enacted already. Reference to disabled women should also be made in any new legislation or policies that are drafted. Linked to this, my sixth recommendation is that disabled women are consulted and included during the

drafting process of new policy so that disabled women's authentic voices are included and so that no assumptions about them and their lives are made.

For the purpose of extracting recommendations based on my study, I will be taking the Equal Opportunities Act (2000) as an example of how reference to disabled women and their experiences should be made in this already existing legislation with the aim of changing the social representations of disabled women. The objective of the Equal Opportunities Act (2000) is mainly in relation to the setting up of the Commission for the Rights of Persons with Disabilities. Article 24 lists the Council members making up a Council to aid the Commissioner for the Rights of Persons with Disabilities. It is being recommended that amongst the list of Council members reference to the presence of disabled women on the Council should be made. This will avoid the probability that all Council members are male and that the experiences of disabled women at such a high level are overlooked. The presence of disabled women on the Council will aid in dismantling some of the negative social representations of disabled women mentioned above and it will ensure that disabled women and their experiences are also represented.

One of the findings of this study was that non-disabled participants were hesitant about answering statements related to motherhood and relationships with respect to disabled women. In addition, some of the social representations of disabled women mentioned above, such as disabled women as "eternal children", disabled women as "angels", and disabled as "fragile", have an impact on the sexual and reproductive health services offered to disabled women. At the time of writing, both the National Sexual Health Policy for the Maltese Islands (2010) and Malta's National Sexual Health Strategy (2011)

make little reference to the experiences of disabled people and no reference to the experiences of disabled women, in particular. It must also be pointed out that at the time of writing a public link to Malta's National Sexual Health Strategy (2011) could not be found. In view of these reasons, my seventh recommendation is that in the process of drafting a new policy and strategy regarding sexual health, which are both long overdue, it is made sure that disabled women are included at every stage of the process, that is, at the drafting stage and eventually in the implementation of the policy itself.

One of the social representations of disabled women that emerged from this study is that of disabled women as "charity cases". This particular social representation is ingrained in the charity model of disability. One of the ways how this social representation of disabled women continues to be propagated is through day-long telethons organized by charity organisations. In view of the negative impact that this social representation can have on the lives of disabled women, my eighth recommendation is that guidelines about the portrayal of disabled women on such television programmes and other campaigns embarked upon by these organisations are drafted and implemented. The aim of these guidelines would be to ensure dignity and respect towards the participants of these programmes and their stories. The drafting process of these guidelines should include the participation of disabled people, including disabled women.

Changes in legislation are important as laws can have a long-term impact on disabled women's lives and can also be used as an educational tool, however a number of concrete changes with the aim of dismantling some of the negative social representations can also occur in practice. Although the social

representations of disabled women discussed above are not synonymous with a particular professional group, professionals do not live in a vacuum and they, too, can be holders of such representations of disabled women. Thus, in order to change some of the social representations of disabled women discussed above it is recommended that particular groups of professionals who have direct contact with disabled women and girls, such as healthcare professionals, social care professionals, teachers and learning support educators are provided with training which goes beyond the Disability Equality Training usually given to these professionals as part of one-off projects. If these social representations of disabled women are to evolve so that the representations of disabled women held by non-disabled people become more aligned with those held by disabled women, professional training by disabled women about disabled women's lives and experiences needs to be provided. Thus, my ninth recommendation is that such training is not only offered as an option or on a voluntary basis but that it is made compulsory, as first-aid training is for many of the professions mentioned above. In addition, it is recommended that such training is given by disabled women and that it incorporates disabled women with different impairments and disabled women with different life experiences.

Through the findings of this study, professionals working with disabled women are also being invited to analyse their professional policies and practices from an intersectional point of view, keeping in mind the intersectionality of disabled women. Thus, my tenth recommendation is that instead of grouping disabled people into one homogenous group or overlooking the experiences of disabled women when drafting services for either disabled people or women in general, professionals are being called to analyze their

practices and services by taking into consideration the experiences of disabled women. Some of these professionals are directly involved in setting up services related to women or disabled people. Examples of such services include the number of schemes for independent living offered by Agenzija Sapport which are for disabled people in general or the Perinatal Mental Health Service offered at Mater Dei for women in general, amongst many others. In view of the different social representations held by non-disabled people and disabled women, it is being recommended that during the process of drawing up new services, the perspectives of disabled women are also included so that a more holistic approach is given. In order to do this, it is recommended that disabled women are included as equal partners in the drafting stage of new services. In the cases where services are already being offered, it is recommended that systematic feedback from disabled women is sought with the aim of improving such services.

Social representations can also be produced and sourced through a visual medium (Da Silva et al., 2020). Thus, there is a strong link between social representation of disability and disabled women, and film and television. In view of this strong link and the findings about the social representations of disabled women that have emerged from this study, my eleventh recommendation is that producers should strive to recruit disabled people to play disabled characters in movies and television series. In addition, in view of this strong link, my twelfth recommendation is that more disabled women are invited as guests on television programmes which do not necessarily discuss disability issues. Both these recommendations could help in altering some of the negative social representation about disabled women whilst consolidating

those positive social representations held by disabled women. The involvement of disabled women in the arts sector could also have the same effect. Thus, my thirteenth recommendation is that a funding programme for art by disabled women is created with the aim of seeing more disabled women involved in this sector. The programme could be organized by Arts Council Malta.

Accessibility in its broadest sense, that is, not only physical accessibility for women with mobility impairments but also accessibility to information and knowledge remains one of the biggest obstacles for disabled women. The lack of accessibility prevents disabled women from accessing fora in which they could actively participate in society with the aim of changing some of the above-mentioned social representations. For instance, the room which houses parliamentary discussions in Malta has tables, chairs and microphones which are inaccessible to disabled people using wheelchairs. For a disabled person who uses a wheelchair to attend and take part in a parliamentary sitting, they would have to stay at the side of the table. The way that the tables and chairs are designed do not allow wheelchair users to sit behind a table like everyone else. Thus, in order for parliament to be accessible, my fourteenth recommendation is that some of these tables and microphones are altered so that disabled people can access them in the same way that non-disabled people do. A lack of accessibility, and in some instances a lack of assistive equipment, is also prevalent at gynecologists' and obstetricians' clinics as well as in maternity wards at hospital. This could be an effect of the negative representations held by non-disabled people about disabled women within the context of motherhood as it has emerged from this study. In view of this, my fifteenth recommendation is that such clinics, including the equipment used in

such clinics, are made subject to the Accessibility Standards for all in a Built Environment Regulations, 2019. Moreover, I recommend that Mater Dei Hospital, Malta's only general hospital, invests in assistive equipment such as shower chairs and commodes, amongst others, to make the experience of disabled mothers a more accessible and inclusive one. Another example which is inaccessible for people with a mobility impairment is the office of the Malta Federation of Professionals Associations (MFPA). MFPA brings together more than 17 professional organizations with the aim of promoting the respective professions, maintaining professional standards and to contribute towards the advancement of society, amongst others. However, housing meetings and training programmes in inaccessible offices sends out the message that disabled professionals are not welcome and if offices are inaccessible, disabled women cannot participate in meetings or attend training organized by this organization at par with everyone else. Thus, my sixteenth recommendation is that broad organizations like MFPA and others with similar aims rent accessible venues. In addition, they should also seek to hold meetings and provide services in accessible venues and in accessible formats. Accessibility will enable disabled women to be present and have a seat at the table which in turn helps shift some of these disabling social representations through their participation.

Recommendations for Activism

For a long time, in Malta, most of the non-governmental organizations working in the disability sector had no disabled people on their committees and most of the changes in the sector occurred not through these organizations but through the advocacy by parents of children with disability (Camilleri & Callus,

2001). It wasn't until towards the end of the 2000s that some disabled people's organizations, that is, organizations which are led by a 51% majority or more of disabled people, were formed. To date, there are about 7 registered organizations of this type. Some of the changes that have occurred in the disability sector in the last two decades are through the activism conducted by disabled people's organizations. I hope that my doctoral journey will also be a source of advocacy in Malta. Locally, there are still no specific disabled women's organizations. Ultimately, tangible change in addressing some of the social representations of disabled women mentioned above will only happen when disabled women speak up. Nidhi Goyal, a disabled feminist from India claimed that, "these spaces belong to everyone". Based on Nidhi's claim and on the lack of representation of disabled women in disabled people's organizations, my seventeenth recommendation is that disabled women seek every opportunity they can to speak up for themselves. Disabled women should take every opportunity they are given such as the invitation to sit on boards or to participate in discussions and use these opportunities to voice their concerns and to tell their stories. They should use every opportunity they might come across to highlight the experiences of disabled women and why it is important that these experiences are also taken into account by policymakers. Moreover, in relation to this, my eighteenth recommendation would be for more disabled women to use means which are accessible to them such as social media platforms to spread accurate information about their lives and experiences, which can help in the dismantling of negative representations about them and their lives.

My nineteenth recommendation is that disabled women become familiar with their rights. It is recommended that disabled people's organizations make sure that their members, disabled women and girls in particular, are taught about their rights through specific training programmes for women and girls and through the dissemination of accessible material about rights and citizenship. In order to increase the representation of disabled women in disabled people's organizations, my twentieth recommendation is that the Commission for the Rights of Persons with Disability which is the independent mechanism to the United Nations Convention on the Rights of Persons with Disabilities organizes ongoing projects with the aim of empowering disabled women and girls to give them the necessary tools to become activists.

Recommendations for Further Research

This research aimed to understand the social representations of disabled women. Since there are no studies on social representations of disabled women within a Maltese context, I aimed to explore the social representations held by non-disabled people and disabled women themselves. Some of the social representations of disabled women that emerged from this study could also be held with regards to disabled men. Thus, it would be interesting to find out if the social representations of disabled men are common with the ones that emerged from this study or whether there are social representations which are particular to disabled men.

There is indication that different groups of society have different social representations. Thus, further research with various specific groups of people would give a clearer picture of the social representations of disabled women.

Research investigating the social representations of disabled women amongst professionals such as healthcare professionals, support workers, educators and learning support assistants, amongst other professionals who work closely with disabled women is essential. Some of these professionals are tasked with taking decisions about disabled women's lives such as the services that disabled women can access or the type of healthcare disabled women receive, thus the social representations that they hold have a strong impact on the everyday lives of disabled women. Another recommendation would also be to explore the social representations of disabled women amongst other professionals who are not usually directly associated with disabled women but who through their work still encounter disabled women, and disabled people in general. These include policymakers and legislators, professionals working in the tourism and hospitality sector, architects, engineers, journalists and media personalities.

One of the social representations that emerged from this study is *"resilient warriors"*. As I mentioned in the discussion, resilience is a highly contentious topic within disability studies. Some scholars argue that the topic of resilience is overlooked and there should be more research about it, whilst other scholars argue that it further discriminates and marginalizes those disabled people who are not considered resilient. However, some of the disabled women who took part in this study referred to other disabled women they personally knew or knew of as "resilient". Thus, a recommendation would be to carry more research on this area with disabled women to seek how disabled women are viewed as resilient and how they show their resilience in different circumstances. An emancipatory research design about resilience

amongst disabled women would enable disabled women themselves to lead the research which would give a different perspective to this topic.

The field of psychology has often been criticized for not viewing disability as part of cultural diversity and individual difference as it views other communities such as LGBTIQA+ people or people of colour (Andrews et al., 2019). Through this study I attempted to bridge some of that criticism by applying theories of social psychology to understand the social representations of disabled women. A recommendation for future research would be for psychologists to carry out research in the area of disability with the aim of advancing the human rights of disabled women.

Some of the participants in this research made a distinction between those disabled women who were born with an impairment and those disabled women who acquired an impairment throughout their life course. The people who make this distinction could also be professionals and such a distinction might have a negative impact on a number of policies and services offered to disabled women by these professionals, particularly in employment, health and education sectors. This distinction between disabled women with congenital impairments and those with acquired impairments could potentially split the sisterhood amongst disabled women with the effect that some disabled women are left aside. Thus, it is recommended that this aspect of disability is studied more closely. This could be done by researching the social representations of disabled women with congenital impairments and the social representations of disabled women with acquired impairments held by different groups of professionals. The aim would be to gain a deeper understanding of these social

representations and involving the health professionals in the process of the research.

Since the role of disabled women in the contexts of motherhood and relationships were found to be highly contentious amongst the participants of this study, it is also recommended that future research from a feminist perspective is carried out in these two areas specifically. It is recommended that future research is carried out with disabled women about motherhood in general as well as with disabled women who aspire to become mothers. Further research could aim to find out their lived experiences of motherhood or more specifically about their experience of the pre-natal and post-natal part of their journeys. It is also recommended that research is carried out with disabled women who are or were in a relationship or aspire to be in a relationship. This research could be carried out with the aim of highlighting positive stories of successful relationships experienced by disabled women as well as the obstacles encountered by disabled women in this regard. Such positive stories and experiences could then be used to dismantle some of the negative social representations of disabled women such as those that have emerged from this study.

This research also highlighted the notion that disabled women often live their lives by encountering one obstacle after the other, be it physical as well as structural barriers and negative attitudes. Thus, another recommendation for future research would be to see how this is affecting the wellbeing of disabled women within a Maltese context. There are some studies on this issue within other contexts but researching this subject using a Maltese lens would shed

light on the specific obstacles that Maltese disabled women encounter and how this is affecting other areas of their lives. In addition, the disabling barriers encountered by disabled mothers also have an impact on their children. Thus, a recommendation for future research would be to look into the experiences of children of disabled mothers within a Maltese context. In addition, another recommendation for future research would be to look at the effects that the disabling encounters met by the disabled mothers have on their children.

One of the limitations of this study was that disabled women with intellectual impairments were not included. A recommendation for future research would be to carry out a study about representations with disabled women with intellectual impairments using a method, such as photolanguage, which would guarantee accessibility and hence their full participation. In addition, another recommendation would be to hold similar research with disabled women from specific impairment groups such as exploring the representations of women with a visual impairment or women with a hearing impairment. This would enable researchers to understand whether the hierarchy of impairments still exists and if it does, to come up with solutions to dismantle that hierarchy.

This study focused on the intersection between sex and disability, in relation to disabled women. A recommendation for future research would be to focus on other intersections. It would be interesting to look at the intersection between for example, disability and race, disability and sexual orientation, and disability and religion. These could be compared to the findings of this study to see if there are any similarities. Lack of research on the different intersections in Malta is evident so looking at other intersections would contribute to more

local research on the subject.

A relatively innovative tool that was used in this study to understand social representations was the repertory grid technique. This tool proved to be useful in understanding the social representations of disabled women held by disabled women themselves through the elicitation of constructs. A recommendation for future research would be to use the Repertory Grid Technique to elicit constructs about disabled women with different and distinct groups of people such as different groups of professional working with disabled women. Another recommendation would be to use the repertory grid technique to elicit constructs about other minority groups with the aim of further understanding the social representation of such groups of people.

My Reflections on this Doctorate Journey

For this final section of the thesis I will be reflecting on my learning during this doctoral journey. I would like to start this reflective journey by saying that I recognize that the production of my thesis has not been solely an academic exercise. However, I also sought to link my personal and doctoral development in ways which bridge the actuality between the academy and the actuality of disabled women's lives as Mike Oliver and Carol Thomas have taught us is so important for meaningful inquiry. To assist with my personal reflections over the course of this journey I will be drawing on the last paper of the late Professor Carol Thomas published in 2019 titled *Times Change, but Things Remain the Same*. I will be drawing on Carol Thomas' final publication because she was the key female theorist of disability studies, a force to be reckoned with, and she was also one of my inspirations for this thesis. I had

come across work by Carol Thomas for the first time whilst I was reading for a Master of Arts in Disability Studies at the University Leeds. During the course of my studies I remember reading her article *The baby and the bath water: disabled women and motherhood in social context* (Thomas, 1997). Instantly I knew that my next academic journey would have to be related to the experience of disabled women. Carol Thomas' work has shaped my thoughts and my own work within disability studies and I hope that by using her final paper as a foundation for my reflections looking back over the production of my thesis, I will be continuing the legacy of her work. Professor Carol Thomas was very interested in my work and she wanted to discuss it in detail with me but sadly she became too ill for her to be able to do so.

Carol Thomas starts off her final paper by stating that "times have changed" (p. 1040) since the time she had last published any research. She had anticipated that this would probably be her last article before she passed away, as she had moved to a nursing home due to needing more personal nursing care because of her 'impairment effects'. Looking back, I can say that 'times have changed' for me too from the time that I started the journey of this thesis. I had submitted my letter of intent for this doctorate right after the unexpected death of my father. I had a special bond with him from a very young age but more so because 14 years ago he donated me one of his kidneys so that I could have a better quality of life. I poured the grief of losing my father into writing the proposal of this thesis as he had been one of the greatest driving forces of my life. Since the beginning of this doctoral journey I had to learn how to navigate through life without his unconditional love, care and sound advice

which over the years since I acquired my impairment had dismantled so many disabling barriers, including impairment effects, for me.

Times have also changed since the beginning of this journey because through the course of this journey I became a mother to a boy who is now 5 years old at the time of submission. Becoming a mother has completely changed my outlook on life and has made me understand the meaning of the unconditional love that my father has always shown me. Becoming a mother has made me even more aware of the disabling obstacles I now encounter, not only as a disabled woman dismantling disabling barriers which get in the way of my own life, but also as a disabled mum needing to dismantle disabling barriers which threaten to impact my son's life and his wellbeing. Through this journey I have come to realise more than ever before, as has been reinforced by the participants in this research, that I have been participating in "an obstacle course race" littered with barriers that obstruct disabled women trying to juggle work, a doctorate and family life. This is because over and above the ordinary challenges of juggling these three important areas of my life, I have constantly had to navigate through the obstacles of being disabled in an environment which is not always conducive to my needs. For instance, every week since having my son I have found myself constantly checking if venues for children's activities are accessible when planning to attend with my son; for women with impairments disabling barriers are not exclusively our own. Navigating my impairment effects, such as the fatigue that comes from uncomfortable prosthetic legs and managing the lengthy process of acquiring a comfortable pair of prosthetic legs which is taking almost as long as this doctorate, adds

another layer of complexity to the challenges of juggling work, studying and family with which non-disabled women are familiar with.

Certainly, times have changed since the time I acquired my mobility impairment and became a disabled woman 17 years ago. Times changed both for me on a personal level as well as for disabled women in general. On a personal level, one of the experiences that had left a huge mark on me just after I had lost my legs and parts of my fingers was the negative experience I went through in the process of re-obtaining my driving license. At the time, the assessment of whether one was able to drive or not was very much entrenched in the medical model of disability. It was a doctor who decided whether you were capable of driving again without any kind of advice regarding assistive equipment whatsoever. At the time, I now realise, disabling social representations of disabled women such as I have been exploring throughout this thesis meant that I was assumed to be very “fragile” and my application was rejected. Thankfully, right after this negative experience I met Mr Joseph Camilleri, former Chairperson of the Commission for the Rights of Persons with Disability, and Dr Vickie Gauci, an occupational therapist by profession and a disabled woman, who both took me under their wings and guided me towards achieving independence again by accessing a Motability Service in the United Kingdom. Times were changed for me then, by the power of other disabled people’s activism. Since then, because I went on to drive my own car, I am now more mobile and can get from one destination to the other. I can get myself to work, to leisurely activities and drive my son to his extra-curricular activities, amongst others. Times have also changed for other disabled women and disabled people in general since then because in the following five years, Dr

Vickie Gauci, through her work at the Commission for the Rights of Persons with Disability and her doctoral research, worked tirelessly so that other disabled people could also have the same opportunity to access an independent living centre in Malta to learn how to drive and to be guided on the different types of assistive equipment one would need to lead an independent life. And so, as I look back now in the way Carol Thomas had done in her 2019 paper, the importance of disabled women scholars in shaping the future for other disabled women is clear to me and has reinforced my commitment to my own scholarship and activism.

Times have also changed for disabled women in Malta in the past 17 years during which I have belonged to the category. In 2012 Malta ratified the United Nations Convention on the Rights of Persons with Disabilities. This was the first legally binding international treaty which identifies the right of disabled people as well as the obligations of the State Party to promote, protect and ensure those rights. The year 2021 saw Malta transpose the United Nations Convention on the Rights of Persons with Disabilities into Maltese law which means that those rights and obligations have now been strengthened further. This will hopefully continue to reinforce the portrayal of disabled women as “equal” and less as “losers in the lottery of life”, which the participants of this research have revealed are still representations which continue to disable the participation of disabled women in Malta today. The year 2015 also saw Malta increase the disability pension incrementally until it reached the minimum wage. Although not enough, this allows disabled women, and disabled people in general, who are not able to work to live a more decent and dignifying life and eventually will help to eradicate the pernicious social representation of disabled

women as “objects of charity” which my respondents showed is still prevalent and continues to harm disabled women in Malta at the time of writing.

Times have also changed since I acquired my impairment with many more disabled women at the University of Malta than there were 17 years ago when I was an undergraduate myself. The presence of more disabled women in the academy is a strong force for challenging the negative social representations of disabled women my study has shown are still present. In the past seventeen years we have also had two men and one woman who identify as disabled people representing us in the Maltese Parliament who through their own visibility and agency might help in altering some of the negative social representations of disabled women that have emerged from this study. Times have also changed because as evidenced in my study the representations of disabled women held by disabled women themselves are increasingly similar to the representations other women who are not disabled hold for themselves. As disabled women’s visibility and confidence increases, the more disabled women continue to affirm themselves. Disabled women are demanding a place at the table and to be involved in all aspects of life such as education, employment, culture, politics, activism and family life. Disabled women themselves are dismantling the social representation of disabled women as “imsieken” u “immankati”.

In the second part of her final paper Carol Thomas argued that although times change, some things remain the same. She realized that the concepts that she had dedicated most of her academic life writing about, that is, the concepts of “disablism” and “impairment effects” are still relevant and they remain important for research and activism (Thomas, 2019, p. 1040). My

experience and research data lead me to agree with Carol on the enduring relevance of these two concepts.

Like Carol, I believe that some things have also remained the same throughout the course of this journey, like the relevance of intersectionality and social representations to the lives of disabled women. I started this journey with the understanding that experiences of disabled women are different from those of disabled men and non-disabled women. This study has made this belief even more evident because even though some of the social representations that have emerged from this study can be applicable to disabled people in general, some are particular to disabled women such as the social representations of "fragile" and "participants in an obstacle course race". I believe that the theory of intersectionality remains important for research in relation to the experiences of disabled women. In addition, I still believe that social representations can contribute significantly to understanding the experiences of disabled women. Social representations are alive and actively present in society. They are also carried on from one generation to the other as has been evidenced by this study and that makes them a powerful tool in the aspirations of equality for disabled women.

My research journey has shown that things have also remained the same in many aspects of disabled women's lives for decades. Notwithstanding the policy changes that have been introduced, the new services provided, the awareness raising projects and the work of over 40 years of disability activism, the social representations of disabled women remain largely negative. Although I consider myself as an emancipated disabled woman I was still approached at the supermarket, whilst I was minding my own business and doing my

shopping, by a woman I do not know, who told me that she feels sorry for me and referred to me as ‘miskina’. Although I am aware of my rights and consider myself to be an outspoken activist for the rights of disabled women, I still feel that I have to navigate through a multitude of oppressive representations and assumptions which litter my life with disabling obstacles, such as when I am unable to accept an invitation to speak at an event because the organizers have overlooked access requirements for my mobility impairment; or when I was at hospital to deliver my son and I to take my own shower chair in order to be able to have a shower independently; or when I travel with my son and husband and it’s difficult to find an accessible family room in a hotel because accessible rooms are often designed for two people due to the assumption that disabled people will not have children; or when I decide to send my son to drum lessons because he has shown an interest in percussion instruments but the lessons are held in a venue with two flights of stairs and no lift.

Carol Thomas (2019) ends her final paper by saying that she is sharing her concepts of ‘disablism’ and ‘impairment effects’ for others to continue picking them up and to use them as they seem fit. Like Carol, I too, would like to share the findings of this study with the hope that others will also eventually pick them up so that they too can understand the social representations of disabled women and the impact they are having on disabled women’s lives. My hope is that whoever reads this study understands that many of the social representations of disabled women that were prevalent in the 80s are unfortunately still impeding the lives of disabled women in Malta today. However, the silver lining shown through my data is that the disabled women who participated in this study do not subscribe to these social representations

and are working towards deconstructing these representations and eventually creating new ones. My hope for this study is that these findings are picked up by other researchers who might want to continue exploring these social representations further or use them for their research. And ultimately, I hope that these findings are also picked up by disabled female activists and their allies who might want to use them to push the boundaries created by some of these social representations so that disabled women can lead equal and independent lives.

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Appendices

Appendix A: Survey Questionnaire

	Dan is-survey huwa parti minn riċerka li qed issir dwar in-nisa b'diżabilità. F'dan l-istadju mhu qed nagħmlu l-ebda distinzjoni fuq it-tip ta' diżabilita imma qegħdin biss nistaqsu fuq in-nisa b'dizabilita b'mod ġenerali. Inti ġejt magħżul/a biex tipparteċipa f'din ir-riċerka għax inti għandek iktar minn 18-il sena u toqgħod Malta jew Għawdex. *Jiena qed nantiċipa li dan il-kwestjonarju jieħu madwar 10 minuti biex jitlesta. M'hemm l-ebda kumpens jew riskju magħruf għal dan il-kwestjonarju. Biex niżgura li l-informazzjoni tibqa kunfidenzjali, jien mhux ha nkun qed inniżżel ismek. Parteċipazzjoni f'dan il-kwestjonarju hija strettament volontarja u tista tistaqsini biex twaqqaf il-parteċipazzjoni tiegħek f'kull ħin.* This survey is part of a bigger research that is being carried out about disabled women. At this stage there is no particular distinction about the type of disability but we are taking the term 'disability' to refer to disability in general. You were selected to participate in this study because you are over 18 years old and live in Malta or Gozo. I anticipate that this survey will take about 10 minutes to complete. There is no compensation for responding to the survey nor is there any known risk. In order to ensure that all information will remain confidential, I will not record your name. Participation is strictly voluntary and you may ask to terminate your participation at any time.
	Inkun grata ħafna jekk tisma dawn is-sentenzi li ħa jinqrawlek u tgħidli jekk taqbel jew ma taqbilx magħhom. Tista' twieġeb li: taqbel ħafna, taqbel, ma tafx, ma taqbilx u ma taqbilx ħafna. I would be very grateful if you could listen to the following statements which are going to be read out to you and tell me whether you agree or disagree with the statements. You can answer by stating: you strongly agree, you agree, you do not know, you disagree or you strongly disagree.
	**IMPORTANT NOTE FOR INTERVIEWERS:* If for any of the statements, the respondents say 'it depends on the disability', kindly answer with the following statement:

	'Yes, it is true that it depends on the disability, however if you keep in mind the disabled women you know, how would you answer?' *'Iva, huwa vera li jiddependi fuq it-tip ta' diżabilita, imma jekk iżżomm f'moħħok in-nisa b'diżabilita li taf, kif tirrispondi?*' If the respondents still cannot decide then they mark 'do not know'.

		1 *Naqbel ħafna* Strongly agree	2 *Naqbel* Agree	3 *Ma nafx* Don't Know	4 *Ma naqbilx* Disagree	5 Ma naqbilx ħafna Strongly Disagree
1	*In-nisa b'diżabilità huma produttivi fuq ix-xogħol.* Disabled women are as productive at work.					
2	*In-nisa b'diżabilità jistgħu jilħqu livell t'edukazzjoni tajba* Disabled women can attain a good level of education.					
3	*In-nisa b'diżabilità jagħmlu ommijiet tajbin.* Disabled women make good mothers.					
4	*In-nisa b'diżabilità mhumiex studenti kapaċi.* Disabled women are not good students.					
5	*In-nisa b'diżabilita għandhom aċċess għal impjieg f'Malta.*					

	Disabled women have access to employment.					
6	*In-nisa b'diżabilità għandhom jistabbilixxu relazzjoni ma' partner b'diżabilità.* Disabled women should have a relationship with a disabled partner.					
7	*In-nisa b'diżabilità mhumiex impjegati tajbin.* Disabled women do not make good employees.					
8	*In-nisa b'diżabilità għandhom aċċess għall-edukazzjoni u t-taħriġ f'Malta.* Disabled women have access to education and training.					
9	*In-nisa b'diżabilità mhumiex sesswalment attraenti.* Disabled women are not sexually attractive.					
10	*In-nisa b'diżabilità jistgħu jkunu intimidanti.* Disabled women can be intimidating.					
11	*In-nisa b'diżabilità jkunu qed ipoġġu lilhom infushom u lit-trabi tagħhom f'riskju meta joħorġu tqal.*					

	Disabled women are putting themselves and the baby at risk when getting pregnant.					
12	*Huwa iktar faċli għal nisa b'diżabilità li jisfaw vittma ta' vjolenza domestika.* It is easier for disabled women to be victims of domestive violence.					
13	*Agħti aġġettiv li jiddeskrivi n-nisa b'diżabilità:* Give an adjective to describe disabled women:					

Appendix B: Recruitment Letter for Focus Groups (EN)

Dear Sir/Madam,

I am writing to ask for your help in participating in a focus group. I am conducting a series of focus groups as part of my studies in fulfilment of a Masters in Philosophy with the possibility of transferring to a Doctor of Philosophy at the University of Malta, at a later stage. This research is being carried out under the supervision of Professor Mary Anne Lauri from the same university.
This focus group is part of a bigger research that is being carried out about disabled women. The recruitment for the focus group is via volunteer or snowball sampling, therefore a friend of yours has recommended you as an eligible participant for this focus group.
I anticipate that the focus group will take about 1 hour and a half and it will be held at an accessible venue. There is no compensation for attending and participating in the focus group nor is there any known risk. Participation is strictly voluntary and you may ask to terminate your participation at any time before, during or after attending the focus group. The focus group will be both audio and video recorded in order to enable me, as the researcher, to develop a transcription at verbatim of the discussion to aid me in my research.

Should you have any questions about the focus group, do not hesitate to contact me by phone on 99467226 or by email on [redacted]

Yours sincerely,

Amy Camilleri Zahra

Appendix C: Recruitment Letter for Focus Groups (MT)

Għażiż Sinjur/a,

Qed nikteb biex nistaqsi għal għajnuna tiegħek dwar il-parteċipazzjoni tiegħek f'*focus group.* Dan il-*focus group* ħa jkun qed jiġi organizzat bħala parti mill-istudji tiegħi f'livell ta' Masters fil-Filosofija bil-possibilita` li din tiġi trasferita għal livell ta Dottorat fil-Filosofija ma' l-Universita` ta` Malta, iktar 'il quddiem. Dan l-istudju qed isir taħt is-superviżjoni tal-Professur Mary Anne Lauri mill-istess Universita`. Dan il-*focus group* huwa parti minn riċerka ikbar li qed issir dwar in-nisa b'diżabilita`. *Focus group* huwa laqgħa bejn tmien jew għaxar persuni fejn issir diskussjoni dwar suġġett partikolari. Ir-reklutaġġ għal dan il-*focus group* qed isir permezz ta' snowball sampling, jiġifieri meta ħbieb u nies li jafu lil xulxin jirreferu lil xi ħadd ieħor li jista jkollu l-kriterji li hemm bżonn biex jipparteċipa fil-*focus group*. F'dan il-każ, ħabib jew ħabiba tiegħek irrakkomandatek għax taħseb li inti eliġibbli biex tipparteċipa.

Jiena qed nantiċipa li dan il-*focus group* idum madwar siegħa u nofs u se jsir f'post li huwa aċċessibli. M'hemm l-ebda kumpens għal parteċipazzjoni tiegħek fil-*focus group* u lanqas m'hemm l-ebda riskju involut. Il-Parteċipazzjoni tiegħek hija strettament volontarja u għandek id-dritt li twaqqaf il-parteċipazzjoni tiegħek qabel, waqt, jew wara li jkun sar il-*focus goup*. Id-diskussjoni ser tkun rekordjata kemm għal vuċi u anke viżwalment biex b'hekk jiena bħala riċerkatriċi nkun nista niżviluppa transkrizzajoni ta` dak kollu li jkun intqal biex tgħini fir-riċerka tiegħi.

Jekk għandek xi mistoqsijiet dwar il-*focus group*, tista` tikkuntattjani permezz ta telefon fuq [redacted] jew permezz ta` l-emejl fuq [redacted]

Tislijiet sinċieri,

Amy Camilleri Zahra

Appendix D: Consent Form for Focus Group Participant (EN)

CONSENT FORM

Project Title: A study about the social representations of disabled women

Researcher: Amy Camilleri Zahra

Introduction/Purpose

You are being invited to participate in this research study which is seeking to explore the perceptions that the general society has of disabled women. You are being invited to participate after having read the information letter about the research and because you are eligible to participate in accordance with the selection criteria listed in the information letter.

Procedure

Your participation in this study involves participating in a focus group lasting about one and a half hours whereby questions about disability and disabled women will be put forward for discussion by the whole group. With your permission, the discussion will be audio and video recorded so that I can remember what would have been discussed during the focus group. If you do not wish to be audio and video recorded, unfortunately it will not be possible for you to take part in the focus group.

You may decide to withdraw from the study at any stage, that is, before, during or after the focus group and no more information will be collected from you. If you decide to withdraw during the focus group, the interviewer will ask if the material already collected can be used for the purpose of this study. Your participation in this study will involve no cost to you and you will not be paid for your participation in this study.

Risk

Your participation does not involve any risk other than what you would encounter in daily life. If at any time you wish to stop taking part in the focus group, you can let me know that you are not able to continue. If you do not wish to answer a particular question, you may skip it and not participate in the discussion.

Benefits

There may be no direct benefit to you by your participation in this research study. However, your participation in this study may aid in increasing the knowledge about what society thinks of disabled women. In addition, the findings may also assist in the drafting of better policies for the benefit of disabled women and society at large.

Confidentiality

The persons viewing the study records will be the researcher and the supervisor, and the examiners, if requested. They are required to maintain confidentiality regarding your identity. Pseudonyms will be used for the purpose of presentation of this study.

Subject's Rights

Your participation in this study is voluntary and you are free to withdraw at any time. Choosing not to participate or withdrawing from this study will not have any effect.

CONSENT

1. I confirm that I have read and understand the information sheet dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any adverse consequences. ☐
3. I understand that I have the right to not answer particular questions and not participate in the discussion if I do not want to. ☐
4. I am aware that the focus group will take about one and a half hours. ☐
5. I am willing for my comments to be video and audio recorded. ☐
6. I am aware that my name and details will be kept confidential and will not appear in any printed documents. ☐
7. I understand that the data will be destroyed at the end of the project. ☐
8. I agree to take part in the focus group. ☐

I would like further clarification on question…….. above and would like you to contact me before I complete the consent form [ ]

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Appendix E: Consent Form for Focus Group Participants (MT)

FORMOLA GĦAL KUNSENS

Titlu tal-Proġett: Studju dwar ir-rapreżentazzjonijiet soċjali tan-nisa b'diżabilita`
Riċerkatriċi: Amy Camilleri Zahra

Introduzzjoni/Skop
Inti qiegħed tiġi mistieden biex tipparteċipa f'dan l-istudju li qiegħed jesplora il-perċezzjonijiet tas-soċjeta` dwar in-nisa b'diżabilita`. Inti qiegħed tiġi mistieden biex tipparteċipa f'dan l-istudju wara li qrajt l-ittra t'informazzjoni dwar din ir-riċerka u għax inti eliġibbli li tipparteċipa skont il-kriterji ta` selezzjoni li qegħdin imniżżlin fl-istess ittra.

Proċedura
Il-parteċipazzjoni tiegħek f'dan l-istudju jinvolvi l-partecipazzjoni f'*focus group*. *Focus group* huwa laqgħa bejn tmien jew għaxar individwi fejn issir diskussjoni dwar suġġett partikolari. Huwa ppjanat li din id-diskussjoni ddum madwar siegħa u nofs u s-suġġett li ser ikun qed jiġi diskuss mill-grupp huwa d-diżabilita` u n-nisa b'diżabilita`. Bil-permess tiegħek, id-diskussjoni ser tiġi rrekordjata kemm għal vuċi u kemm b'mod viżwali. Dan ser ikun qed isir biex jiena nkun nista niftakar xi jkun intqal waqt id-diskussjoni. Sfortunatament, jekk ma tixtieqx tiġi rrekordjat b'dawn iż-żewġ metodi, mhuwiex possibli li tipparteċipa fil-*focus group*. Inti tista tiddeċiedi li ma tipparteċipax fil-*focus group* kemm qabel, waqt jew wara li jkun sar il-*focus group*, u l-ebda informazzjoni oħra ma tiġi mistoqsija lilek. Jekk inti tiddeċiedi li ma tkompliex tipparteċipa waqt il-*focus group*, min ikun qed imexxi l-*focus group* jistaqsik jekk tridx li l-informazzjoni li tkun inġabret sa dak il-ħin tiġi użata għar-riċerka. Il-parteċipazzjoni tiegħek f'dan l-istudju ma tinvolvi l-ebda spiża u lanqas mhu ser tiġi mħallas għal partecipazzjoni tiegħek.

Riskju
Il-parteċipazzjoni tiegħek f'dan l-istudju ma tinvolvi l-ebda riskju minbarra dak li forsi tista tiltaqa miegħu fil-ħajja ta` kuljum. Tista tinfurmani li ma tridx tkompli bil-parteċipazzjoni tiegħek f'kull ħin jew stadju ta` dan l-istudju. Tista wkoll tiddeċiedi li ma tirrispondiex għal xi mistoqsija partikolari billi ma tipparteċipax fid-diskussjoni għal dak il-ħin.

Benefiċċji
M'hemm l-ebda benefiċċju dirett għal parteċipazzjoni tiegħek f'dan l-istudju. Iżda l-parteċipazzjoni tiegħek tista tgħin biex jiżdied l-għarfien dwar dak li taħseb is-soċjeta dwar in-nisa b'diżabilita`. Is-sejbiet ta' din ir-riċerka jistgħu jwasslu wkoll biex jiġu miktuba *policies* għal benefiċċju tan-nisa b'diżabilita u s-soċjeta b'mod ġenerali.

Kunfidenzjalita
Il-persuni li ħa jkollhom aċċess għal informazzjoni li tkun inġabret waqt il-*focus group* huma r-riċerkatriċi u s-superviżur, u jekk ikun hemm bżonn, l-eżaminaturi. Iżda dawn kollha huma marbutin li jżommu l-kunfidenzjalita dwar l-identita` tiegħek. Psewdonomi ser jiġu wżati għal għan ta` preżentazzjoni ta` din ir-riċerka.

Id-Drittijiet ta' l-Parteċipant/a

Il-Parteċipazzjoni tiegħek f'dan l-istudju hija volontarja u inti ħieles li twaqqaf il-parteċipazzjoni tiegħek f'kull ħin jew stajdu. Mhu ħa jkun hemm l-ebda effett jekk inti tiddeċiedi li ma tipparteċipax jew jekk tiddeċiedi li tieqaf milli tipparteċipa waqt xi ħin.

KUNSENS

1. Nikkonferma li qrajt u fhimt l-ittra t'informazzjoni bid-data ta` _____ dwar l-istudju msemmi hawn fuq. Kelli wkoll l-opportunita` li nikkunsidra din l-informazzjoni u nistaqsi mistoqsijiet, u ingħatajt tweġibiet sodisfaċenti. ☐
2. Nifhem li l-parteċipazzjoni tiegħi hija waħda volontarja u li jien ħieles/ħielsa li nwaqqaf il-parteċipazzjoni tiegħi minngħajr ebda raġuni u minngħajr ebda konsegwenza. ☐
3. Nifhem li għandi d-dritt li ma nirrispondiex għal certu mistoqsijiet partikolari u li ma nipparteċipax fid-diskussjoni jekk ma rridx. ☐
4. Jiena konxju li d-diskussjoni fil-focus group ser tieħu madwar siegħa u nofs. ☐
5. Jiena naċċetta li l-parteċipazzjoni tiegħi tiġi rrekordjata bil-vuċi u b'mod viżwali. ☐
6. Jiena konxju li ismi u d-dettalji tiegħi ser jiġu miżmuma b'mod kunfidenzjali u mhux ser jiġu jidhru fl-ebda dokument pprintjat. ☐
7. Nifhem li l-informazzjoni li ser tkun qegħda tiġi miġbura ser tkun qed tiġi meqruda fit-tmiem ta` dan il-proġett. ☐
8. Jien naċċetta li nipparteċipa f'dan il-*focus group*. ☐

Nixtieq iktar informazzjoni u kjarifija dwar mistoqsija numru ____ hawn fuq u nixtieqek tikkuntattjani qabel ma nispiċċa din il-formla tal-kunsens.

_____	_____	_____
Isem tal-Parteċipant	Data	Firma
_____	_____	_____
Isem tar-Riċerkatriċi	Data	Firma

Appendix F: Focus Groups' Semi-Structured Interview Guide

Introductory Question
1. What do you think of 'disabled women'?
Key Questions
Education and Disabled Women 2. Do you think disabled women are good at school? *Prompts* a. Do you think disabled women are good students? b. Do you think disabled women can attain the same level of education as their peers? c. Do you think disabled women have access to education and training?
Employment and Disabled Women 3. Do you think disabled women are employable? *Prompts* a. Do you think disabled women make good employees? b. Do you think disabled women are productive? c. Do you think disabled women have access to employment?
Relationships and Disabled Women 4. Do you think disabled women make good partners? *Prompts* a. Do you think disabled women should have a disabled partner? b. Do you think disabled women are sexually attractive? c. Do you think disabled women are found to be intimidating? d. What are your thoughts about domestic violence and disabled women?
Motherhood and Disabled Women 5. Do you think disabled women can be good mothers? *Prompts* a. Do you think disabled women are putting themselves and their babies at risk when getting pregnant? b. Do you think they can cope with having an impairment and rearing a baby/child?

Appendix G: Recruitment Letter for Repertory Grid Interviews (EN)

Dear Madam,

I am writing to ask for your help in participating in a one-to-one structured interview for my research. I am conducting interviews with disabled women living in Malta as part of my studies in fulfilment of a Doctor of Philosophy at the University of Malta.

My research study is seeking to explore the social representations of disabled women in Malta and its purpose is to explore how disabled women are perceived by Maltese society. This research is being carried out under the supervision of Professor Mary Anne Lauri from the same university.

The recruitment for the interviews is via the list of disabled women held by the Commission for the Rights of Persons with Disability and via volunteer snowball sampling.

The eligibility criteria for inclusion in this research is the following:

- Female sex;
- Living in Malta;
- Having a physical or sensorial impairment.

I anticipate that the interview will take about 1 hour and it will be held at an accessible venue of your choice. Participation is strictly voluntary and you may ask to terminate your participation at any time before, during or after attending the interview without any penalty or effect whatsoever. There is no compensation for attending and participating in the interview nor is there any known risk.

The interview will be audio-recorded in order to enable me, the researcher, to develop a transcription at verbatim of the discussion to aid me in my research. Names will not be recorded at any phase of the research but pseudonames will be used throughout. The data collected will be viewed by myself and my

supervisor and we will both maintain confidentiality. All forms of data collected will be stored safely.

Your rights under the General Data Protection Regulation and the Malta Data Protection Act 2018 will be protected.

Should you wish to participate in this study or have any questions about the interview, do not hesitate to contact me by phone on [redacted] or by email on [redacted]

You may also contact me via the gatekeeper.

Thank you for your consideration.

Yours sincerely,

Amy Camilleri Zahra

Appendix H: Recruitment Letter for Repertory Grid Interviews (MT)

Għażiża Sinjura,

Qed nikteb biex nistaqsi għal għajnuna tiegħek dwar il-parteċipazzjoni tiegħek f'intervista għar-riċerka tiegħi. Qed nagħmel numru t'intervisti ma' nisa b'diżabilits li joqgħodu Malta bħala parti mill-istudji tiegħi f'livell ta' Dottorat fil-Filosofija ma' l-Universita` ta` Malta.

Ir-riċerka tiegħi huwa li nesplora r-rapreżentazzjonijiet soċjali tan-nisa b'diżabilita f'Malta u allura l-għan huwa li nesplora kif in-nisa b'diżabilita jiġu mħarsa mis-soċjeta Maltija. Dan l-istudju qed isir taħt is-superviżjoni tal-Professur Mary Anne Lauri mill-istess Universita` ta' Malta.

Dan il-*focus group* huwa parti minn riċerka ikbar li qed issir dwar in-nisa b'diżabilita`. *Focus group* huwa laqgħa bejn tmien jew għaxar persuni fejn issir diskussjoni dwar suġġett partikolari. Ir-reklutaġġ għal dan il-*focus group* qed isir permezz ta' snowball sampling, jiġifieri meta ħbieb u nies li jafu lil xulxin jirreferu lil xi ħadd ieħor li jista jkollu l-kriterji li hemm bżonn biex jipparteċipa fil-*focus group*. F'dan il-każ, ħabib jew ħabiba tiegħek irrakkomandatek għax taħseb li inti eliġibbli biex tipparteċipa.
Ir-reklutaġġ għal dawn l-intervisti qed isir permezz tal-Kummissjoni għad-Drittijiet tal-Persuni b'Diżabilita u permezz ta' *snowball sampling*.
Il-kriterji biex tkun eliġġibli li tipparteċipa f'din ir-riċerka huma:

i) Li inti tas-sess femminil
ii) Li toqgħod Malta
iii) Li għandek nuqqas fiżiku jew sensorjali

Jiena qed nantiċipa li din l-intervista iddum madwar siegħa u li ssir f'post li huwa aċċessibli u li hu ta' l-għażla tiegħek. M'hemm l-ebda kumpens għal parteċipazzjoni tiegħek f' din l-intervista u lanqas m'hemm l-ebda riskju involut. Il-Parteċipazzjoni tiegħek hija strettament volontarja u għandek id-dritt li twaqqaf il-parteċipazzjoni tiegħek qabel, waqt, jew wara li jkun saret l-intervista. Id-diskussjoni ser tkun rekordjata kemm għal vuċi u biex b'hekk jiena bħala

riċerkatriċi nkun nista niżviluppa transkrizzajoni ta` dak kollu li jkun intqal biex tgħini fir-riċerka tiegħi. L-ebda isem tal-parteċipanti mhu ha jkun qed jiġi rrekordjat jew miżmum imma ismijiet fittizzji ser jiġu wżati. L-informazzjoni li tiġi miġbura ser ikollha biss aċċess għaliha jiena u s-supervisor tiegħi u ser inżommu l-kunfidenzjalita. L-informazzjoni kollha ser tiġi miżmuma b'mod sigur.

Id-Drittijiet tiegħek taħt il-*General Data Protection Regulation* u l-*Malta Data Protection Act 2018* ser jiġu protetti.

Jekk tixtieq tipparteċipa fl-intervista jew għandek xi mistoqsijiet dwar l-intervista, tista` tikkuntattjani permezz ta telefon fuq [redacted] jew permezz ta` l-emejl fuq [redacted]

Tista wkoll tikkuntattja lill-Kummissjoni.

Tislijiet sinċieri,

Amy Camilleri Zahra

Appendix I: Consent Form for Repertory Grid Interviews (EN)

CONSENT FORM

Project Title: The intersection between disability and sex: The social representations of disabled women in Malta

Researcher: Amy Camilleri Zahra
I understand that this research study is seeking to explore the social representations of disabled women in Malta and that its purpose is to explore how disabled women are perceived by Maltese society. I understand that my participation in this study will include a one-hour structured individual interview about my perceptions of disability and disabled women using a grid system. I understand that with my permission, the interview will be audio recorded so that the researcher can remember what we would have discussed during the interview. I understand that if I do not wish to be audio recorded, unfortunately it will not be possible for me to be part of the study.

I understand that my participation in this study is voluntary and that choosing not to participate in this study will not have any effect. I understand that if at any time I wish to stop the interview, I can let the researcher know that I am not able to continue and no more information will be collected from me. I also understand that if I do not wish to answer a particular question, I may skip it and go to the next question.

I understand that I may decide to withdraw from the study at any time I want without giving a reason and without penalty. I understand that if I decide to withdraw, I will be asked if the material already collected can be used for the purpose of this study. I understand that should I not wish for any of the material to be used, this will be discarded and deleted permanently.

I understand that I will not be paid for my participation in this study and that there will be no direct benefit to me by my participation in this research study. I understand that my participation in this study does not involve any foreseen risk other than what I would encounter in daily life.

I understand that the persons viewing the data collected will be the researcher who is also the interviewer and the supervisor. I understand that examiners may also ask to see the data collected. I understand that they are required to maintain confidentiality regarding my identity. I understand that the data collected, that is both digital data and hard copy data, will be stored safely in a password encrypted hard-drive and in a locked filing cabinet, respectively. I understand that pseudonyms will be used throughout the interview and for the purpose of presentation of this study, so that I will remain anonymous with those who will be reading the study.

I understand that under the General Data Protection Regulation (GDPR) and the Malta Data Protection Act 2018, I have every right to access, rectify and erase any data concerning me.

I confirm that I have read and understand the information sheet for the above study. I agree to be interviewed for the above-mentioned study.

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Details of the Researcher:

Name: Amy Camilleri Zahra

Email address: [redacted]

Mob: [redacted]

Appendix J: Consent Form for Repertory Grid Interviews (MT)

FORMOLA GĦAL KUNSENS

Titlu tal-Proġett: Studju dwar ir-rapreżentazzjonijiet soċjali tan-nisa b'diżabilita`
Riċerkatriċi: Amy Camilleri Zahra

Jiena nifhem li din ir-riċerka qegħda tesplora r-rapreżentazzjonijiet soċjali tan-nisa b'diżabilita f'Malta u allura l-għan huwa li nesplora kif in-nisa b'diżabilita jiġu mħarsa mis-soċjeta Maltija. Jiena nifhem li l-parteċipazzjoni tiegħhi f'dan l-istudju tinkludi intertista ta' madwar siegħa dwar il-perċezzjonijiet tiegħi dwar in-nisa b'diżabilita. Jien nifhem li bil-permess tiegħi, l-intervista ser tiġi rrekordjata biex ir-riċerkatriċi tiftakar dak li nkunu ddiskutejna waqt l-intervista. Jien nifhem li jekk ma nixtieqx li niġi rrekordjata, mela sfortunatament ma nistax nieħu sehem f'din ir-riċerka.

Jiena nifhem li l-parteċipazzjoni tiegħi f'din ir-riċerka hija volontarja u jekk nagħżel li ma nieġux sehem mhu ħa jkollu l-ebda effett. Jiena nifhem ukoll li jekk jiena niddeċiedi li nieqaf mill-intervista fil-ħin li nixtieq jien, kemm ngħid lir-riċerkatrici li rrid nieqaf u l-ebda iktar informazzjoni mhu ser tiġi mistoqsija minni. Jien nifhem ukoll li jekk għal xi raġuni ma nixtieqx nirrispondi xi mistoqsija partikolari, nista naqbizha u ngħaddi għal mistoqsija ta' wara.

Jien nifhem ukoll li jekk niddeċiedi li għal xi raġuni nixtieq nieqad mir-riċerka, nista nagħmel dan minngħajr ma nagħti raġuni u bl-ebda penali. Jien nifhem ukoll li jekk niddeċiedi li nieqaf matul il-proċess tar-riċerka, nista niġi mistoqsi jekk il-materjali li diġa ġie miġbur jistax jintuża għal għan tar-riċerka. Jiena nifhem jekk ma nixtieqx li ebda materjal ma jiġi użat, dan jiġi mneħħi u kkanċellat b'mod permanenti.
Jiena nifhem li mhux ser niġi mħallsa għal parteċipazzjoni tiegħi f'din ir-riċerka u li m'hemm l-ebda benefiċċju dirett għal parteċipazzjoni tiegħi. Jiena nifhem li għal parteċipazzjoni tiegħi m'hemm l-ebda riskju iktar milli nista niltaqa miegħu fil-ħajja ta' kuljum.

Jiena nifhem li il-persuni li jistgħu jaraw l-informazzjoni miġbura huma r-riċerkatriċi u s-supervisor tagħha. Jiena nifhem li dawn huma obbligati li jżommu l-kunfidenzjalita. Jiena nifhem li l-informazzjoni miġbura, kemm dik diġiitali u anke dik f'hard copy, ser tiġi miżmuma b'mod protett permezz ta' password encrypted hard-drive jew f'kexxun li jinqafel, rispettivament. Jiena nifhem li ismijiet fittizzji ser jiġu wzati kemm matul l-intervista u anke għal għan tal-preżentazzjoni tar-riċerka, ħalli jiena nibqa annonima ma dawk li jaqraw l-istudju.

Jiena nifhem li taħt il- General Data Protection Regulation (GDPR) u l-Malta Data Protection Act 2018, jiena għandi kull dritt biex naċċessa, nibdel jew inħassar kull informazzjoni miġbura minngħandi.

Isem tal-Parteċipant	Data	Firma

Isem tar-Riċerkatriċi	Data	Firma

Appendix K: Form 1 and Form 2 for the Repertory Grid Interviews

	Form 1 (To be kept by Participant)	
	Actual Name of Disabled Woman	*Alias*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

	Form 2 (To be given to Interviewer)
	Alias
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Appendix L: Final List of Recoded Adjectives from the Survey

Adjective	Frequency	Percent	Valid Percent	Cumulative Percent
Amazing	1	0.2	0.2	0.2
Believers	1	0.2	0.2	0.4
Blemished	1	0.2	0.2	0.6
Confident	1	0.2	0.2	0.8
Deserve respect	1	0.2	0.2	1.0
Different	1	0.2	0.2	1.1
God’s creation	1	0.2	0.2	1.3
Inner beauty	1	0.2	0.2	1.5
Naive	1	0.2	0.2	1.7
Protected	1	0.2	0.2	1.9
Sick	1	0.2	0.2	2.1
Special	1	0.2	0.2	2.3
Tolerant	1	0.2	0.2	2.5
Attractive	2	0.4	0.4	2.9
Caring	2	0.4	0.4	3.3
Fragile	2	0.4	0.4	3.6
Angels	3	0.6	0.6	4.2
Disadvantaged	3	0.6	0.6	4.8
Kind	3	0.6	0.6	5.4
Depends on Disability	4	0.8	0.8	6.1
Honest	4	0.8	0.8	6.9
Less fortunate	4	0.8	0.8	7.6
Need help	4	0.8	0.8	8.4
Hardworking	5	1.0	1.0	9.4
Disabled	6	1.1	1.1	10.5

Unlucky	6	1.1	1.1	11.7
Pitiable	7	1.3	1.3	13.0
Challenging	8	1.5	1.5	14.5
Intelligent	9	1.7	1.7	16.3
Amiable	10	1.9	1.9	18.2
Strong	16	3.0	3.1	21.2
Determined	17	3.2	3.3	24.5
Equal	18	3.4	3.4	27.9
Courageous	34	6.5	6.5	34.4
Normal	39	7.4	7.5	41.9
Able	49	9.3	9.4	51.2
No answer	104	19.8	19.9	71.1
Don’t know	151	28.7	28.9	100.0
Total	523	99.4	100	
Missing	3	0.6		
Total	526	100.0		

Appendix M: Classification of Constructs and Number of Times Each Construct was Elicited from the Repertory Grid Interviews

Theme 1: The Power of First Impressions

Sub-Theme	Construct	Number of times construct was elicited	Construct	Number of times construct was elicited
Disabled and Fashion Conscious	Basic (fashion)	1	Laid Back (fashion)	2
	Fashion Conscious	1	Relaxed (outlook)	1
	Fashionable	1	Sensible Fashion	1
	Feminine	1	Trendy	1
	Frumpy	1	Well Dressed	1
Body Image Matters	Fat	1	Phsyically Strong	1
	Looks Healthy	1	Thin	1
	Neutral in Beauty	1	Unkept	1
	Normal	1	Well groomed	1
	Physically Beautiful	1	Well Kept	1

Theme 2: More than Skin Deep

Construct	Number of times each construct was elicited
Acquired Disability	1
Congenital Disability	1
Invisiblel Disability	2
Regressing Disability	1
Stable Disability	1
Visible Disability	2

Theme 3: Having it All! Can they?

Construct	Number of times each construct was elicited	Construct	Number of times each construct was elicited
Ambitious	3	Meticulous	1
Academically Accomplished	1	No Qualifications	1
Academically Driven	1	Self-Driven (Career)	1
Career Driven	1	Serious	1
Career Oriented	1	Successful	2
Cautious (career)	1	Upcoming (career)	1
Goal Oriented	1	Work Driven	1
Hardworking	2	Workaholic	1
Intelligent	3	Home Makers	1

Leader	1	Motherly	1
Limited (academically)	1	Family Oriented	2
Hands On	1		

Theme 4: Opposite Ends of the Spectrum

Sub-Theme	Construct	Number of times each construct was elicited	Construct	Number of times each construct was elicited	Construct	Number of times each construct was elicited
Weak or Resilient?	Angry due to impairment	1	Needs assistance	1	Content (with disability)	1
	Cautious	1	Needs reassurance	1	Determined	4
	Constant self-pity	1	Panicked	1	Disability confident	1
	Demanding	1	Passive	2	Disability proud	1
	Demotivating	1	Pessimist	2	Emotionally fulfilled	1
	Dependent	7	Protective of herself	1	Energetic	1
	Difficult (perspective of life)	1	Psychologically afflicted	1	Extremely active	1
	Disability conscious	1	Resigned	1	Fighter	1
	Disability focused	1	Secretive (about condition)	1	Fortunate	1
	Disgruntled with impairment	1	Self conscious	1	Good support network	3
	Frustrated	1	Self defensive	1	Happy	1
	Feeble	3	Self doubting	3	Independent	5
	Gives up easily	2	Still striving (emotionally)	1	Optimistic	1
	Gullible	1	Traumatized	1	Perseverance	1
	Hesitant	1	Unenthusiastic	1	Persisting	1
	Lack of access to opportunities	1	Unlucky	1	Positive (about life)	3
	Laissez-faire	1	Victim	1	Resilient	2
	Left alone	2	Weak (emotionally)	1	Risk taker	1
	Less accepted (due to disability)	1	Inspiring	2	Strong willed	4
	Niaive	1	Mature	2	Stubborn	1
	Adapt	1	Motivated	1	Survivor	1
	Adventurous	2	Not defined by disability	1	Young at heart	1

	Assertive	2	Open (about condition)	1	Happy with what she has	1
	Content (in general)	1	Opportunities in life	1		

Sub-theme	Construct	Number of times each construct was elicited	Construct	Number of times each construct was elicited	Construct	Number of times each construct was elicited
Timid or Confident?	Approachable	2	Easygoing	2	Intovert	3
	Articulate	1	Extrovert	3	Low self esteem	1
	Cheerful	1	Good sense of humour	1	Media shy	1
	Confident	4	Cold	2	Private	1
	Open to criticism	1	Relatable	1	Reserved	6
	Opinionated	1	Secure	1	Sensitive	1
	Outgoing	5	Warm	2	Timid	1
	Outspoken	1	Quiet	3	Conservative	1
Activists or Followers?	Activist	7	Influential	1	International recognition	1
	Compromiser	1	Complacent	2	Local recognition	1
	Diplomatic	1	Follower	3	Public figure	2
	Forthright	1	Indifferent	1	Public speaker	1
	Responsible (towards disabled community)	1	Uninvolved	2	Works for herself	1

Appendix N: List of Uncategorized Constructs from the Repertory Grid Interviews

Uncategorized Constructs	Number of times each construct was elicited
Abrupt	1
Impatient	1
Impulsive	1
Trusting	1
Trustworthy	1
Liberal	1
Not trusted	1
Unreliable	1
Careless	1
Aggressive	1
Risk Averse	1
Not sports oriented	1
Developing (outlook on life)	1
On her own terms	1
Crazy	1
Attention seeker	1
Abstract Thinker	1
Reflective	1
Thinker	1
Thoughtful	1
Unknown	1