

EXPLORING THE REPRESENTATIONS OF DISABLED WOMEN USING THE REPERTORY GRID TECHNIQUE

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Abstract

This study aimed at exploring the representations of disabled women held by disabled women themselves. Most of the literature available explores the representations of disabled people held by non-disabled people. However, this study aimed to fill a gap in the literature by shedding light on how disabled women are viewed by other disabled women. This study is underpinned by social representations theory, intersectionality theory and the social model of disability. The way disabled women are treated often stems from the representations held about them by society, including other disabled women. The understanding of the representations of disabled women can have significant implications for activism by disabled women. This understanding is also important for the drafting of policies and the development of services aimed at addressing the needs of disabled women. Participants were recruited via a voluntary database of disabled people held by the Commission for the Rights of Persons with Disability. The repertory grid technique was used to collect data from 14 disabled women aged between 28 and 63 years old. The constructs yielded from the repertory grid technique were analysed using an adaptation of the core-categorisation method. The constructs were grouped under three themes, which are: The Power of First Impressions, A Part of One's Identity, and The Dichotomy of Career and Family. This study shows that the disabled women who took part in this study care about body image and fashion, do not think that the impairment represents disabled women's entire identity, and that having a career is important.

Keywords: *Disabled women, social representations theory, intersectionality, social model of disability, repertory grid technique.*

1. Introduction

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 (Soorenian, 2014; Wilde, 2022). I have decided to focus specifically on social representations because the marginalisation of disabled people has often been addressed through sociological or legislative processes, but very rarely through social psychological processes. I have decided to specifically focus on disabled women because their experiences have often been overlooked by researchers and policymakers (Council of Europe, 2022; Soorenian, 2014). Disabled women are still at a disadvantage when compared to disabled men and non-disabled women and men in a number of areas including education, employment, harassment, and family life (Kim, Skinner, & Parish, 2020; Krnjacki, Emerson, Lewellyn, & Kavanagh, 2016).

This qualitative study is underpinned by three theoretical frameworks, namely, social representations theory, intersectionality theory, and the social model of disability. Moscovici (1973, 1984) 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. Firstly, social representations establish an order which enables individuals to orientate themselves with the tangible and intangible aspects of the world they live in (Vaughan & Hogg, 2014). Secondly, social representations are the tools which enable members of a community to communicate with each other. The term *intersectionality* was coined by Crenshaw (1989, 1991) and is defined as being a simultaneous member in multiple social categories due to which one may experience negative discrimination or reinforced marginalization. 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 trying to understand which identity contributes to oppression the most (DeFilippis, 2015). This study is also underpinned by the social model of disability which makes a very clear distinction between the

definitions of *impairment* and *disability* (Oliver, 1990). The social model identifies the social and political domains as the primary causes of disability for disabled people (Smith, 2008).

2. Method

2.1. The repertory grid technique interview

The repertory grid technique was considered as the right choice to collect data for this study because it enabled me to understand how the participants make sense of other disabled women (Fransella, Bell, & Bannister, 2004). Kelly (1955/2002, 1963) 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). A repertory grid technique interview consists of a three-step process. These are: (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 or know of. The constructs are the ‘adjectives’ elicited from the participants to describe other disabled women using the triadic sort method. The constructs are then linked to the elements by means of a rating procedure such as a 5-point Likert scale. In this study, a maximum of thirteen constructs and a minimum of five constructs were yielded from the interviews.

2.2. The participants

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). 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. In all, 14 participants participated in the repertory grid technique interviews. Table 1 describes the demographics of the fourteen participants who took part in this phase of the study.

Table 1. 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 |
| Ylenia | 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 |

2.3. Analytic strategy for the repertory grid data

The fourteen interviews carried out with disabled women living in Malta resulted in a total of 129 constructs. For the purpose of analysis, the emergent and the opposing poles were considered separately, thus resulting in 258 constructs. An adaptation of the core-categorisation method of analysis as described by Jankowicz (2004) was used to analyse the adjectives. All 258 adjectives were written down on separate cards and placed on a large table. The 258 adjectives were reduced to 182 unique adjectives by grouping together the duplicate ones. Similar adjectives were then grouped under a category. When a new category was created, some existing categories were redefined. The process of categorisation continued until almost all the adjectives had been classified. Twenty-one adjectives were deemed unclassifiable and these were grouped under the category ‘miscellaneous’.

3. Findings and discussion

The 182 unique constructs elicited from the participants were grouped under three categories. These are: (i) The Power of First Impressions, (ii) A Part of One's Identity and (iii) The Dichotomy of Career and Family.

3.1. 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”, “fashionable” and “unkept” amongst others, to describe other disabled women they knew. 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”. Heather argues that looking good is important and 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 are 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 (Garland-Thomson, 2011, 2017). 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 social media could have also influenced these positive constructs elicited from the participants. This could also be stemming from the more diverse and inclusive fashion content available on social media through a number of disabled influencers who have a high following reaching into the thousands. The strong interest in fashion shown by the participants in this study is also in line with the very recent vision of inclusion being taken on by a number of fashion retailers who have recently all included disabled models in their advertisements and fashion campaigns (Foster & Pettinicchio, 2022).

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 adjectives such as “fat” and “thin” to describe other disabled women's body weight. 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”. 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 being thin with physical attractiveness. For disabled women having an acceptable body weight could also be related to ‘passing as normal’, that is, as ‘less disabled’ and as a way of fitting in (Roosen & Mills, 2016).

3.2. A Part of one's identity

Some of the participants 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. 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 type of body 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 made the distinction between “invisible disability” and “visible disability”. 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 (Mintz, 2015). 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.

3.3. The dichotomy of a career and a family

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 part in this study and in the lives of the disabled women they knew. Ylenia 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 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".

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 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 (Nosek, 2012).

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" (Ylenia) and "home maker vs career driven" (Mary). This dichotomy shows that for some disabled women having both a career and a family is still perceived to be 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 lack of family related constructs in comparison to the number of other constructs could be because 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 (Heideveld-Gerritsen et al., 2021).

4. Recommendations and conclusion

Through this study I was able to provide insights on how disabled women view other disabled women. Through this study I was able to give a voice to disabled women. In conclusion, the results of this study point to three important findings. Disabled women care about looking good and about fashion. A second important finding is that although the impairment may be congenital, acquired, visible or invisible, it is part of one's identity and disabled women are not afraid to take their impairment in their stride and strive for greater things. The third and final finding is that disabled women in this study believe that having a career is very important but that having a family or both a career and a family for disabled women remains a challenge.

Further research with other groups of people would give a clearer picture of the representations of disabled women. Research investigating the representations of disabled women amongst professionals such as healthcare professionals and educators, amongst others is essential since such representations may have a strong impact on the everyday lives of disabled women.

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