

Doing Difference Differently:

Identity (Re)constructions of Adults with Acquired Disabilities

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Declaration

I, Shawni Botha, know and accept that plagiarism (i.e., to use another's work and to pretend that it is one's own) is wrong.

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Date: 13th February 2020

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Abstract

The acquisition of a disability not only impacts one's corporeality but has been found to destabilise one's sense of personal as well as social identity. This qualitative study set out to expand on a previous investigation (Botha, 2016), by exploring the psychological and behavioural adaptation strategies that are employed in response to resisting, incorporating and/or integrating disability into one's identity. Furthermore, this study assessed the factors that could facilitate and/or impede disability identification. Beyond this, it aimed to investigate the trajectory (stage-wise, pendular, situational or state models) that the process of identity (re)construction takes. Data from seven individual face-to-face, semi-structured interviews were collected from adults with acquired physical and sensory disabilities. Previously as well as newly collected data underwent thematic analysis. Therefore, this study utilised secondary data analytics as part of its methodology. Moreover, to encapsulate the intra-personal as well as inter-personal dynamics inherent in identity (re)construction, the analysis was guided by an interpretative phenomenological lens and Social Identity Theory (SIT). The findings suggest that disability identification is a complex and contradictory phenomenon, as strategies of resistance, incorporation and/or integration can fluctuate by setting and circumstance. The findings also represent a significant departure from SIT literature, as participants predicted to perceive abled/disabled group boundaries as more permeable, made use of more collectivist as opposed to individualistic adaption strategies as previously predicted. Therefore, it is argued that some progress is being made with regards to disability pride, which has opened up a space for more positive and affirming disabled identities. Furthermore, disability identification is largely being facilitated by greater opportunities for political advocacy and social support; online and in the disabled community. However, stigma, both internalised and external, was still found to be a major inhibitory factor to disability identification, alongside female gendered and cultural ideals. Given these findings, recommendations for rehabilitation programs and psychological professionals working with acquired physical and sensory disability are proposed.

Keywords: *acquired disability; adaptation strategies; disability identity; identity politics; secondary data analytics; social identity theory*

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Chapter One

Introduction and Rationale

There is consensus amongst numerous authors that research into disability identity is nascent (Bogart, 2014; Bogart, Rottenstein, Lund & Bouchard, 2017; Dunn & Burcaw, 2013; Johnstone, 2004; Rottenstein, 2013). Due to this limited research, there has been an under-exploration of refined areas of focus into disabled identity (Black & Pretes, 2007). Therefore, disability identity is often positioned as a homogenous and a singular identity category for all the sub-groups within disability (Forber-Pratt, Mueller & Andrews, 2018; Shakespeare, 1996a). The disabled are a highly diversified group, with experiences differing by demographics such as the type, severity and visibility of the impairment, as well as duration and the age of onset (Bogart, 2014; Bogart, Rottenstein & Lund, 2017; Botha, 2016; Stone & Priestley, 1996). Therefore, Shakespeare (1996a, p. 109) calls for a shift in disability research “to move away from a unitary and essentialist disabled identity”. Modern literature also emphasises the need for this shift, as Davis (2013) calls for a second wave in the study of disability identity politics. While the first wave has served a political purpose of unifying the disabled population as a collective minority group; there is a need to expand research into the different subjectivities which comprise the collective to create a more nuanced understanding (Davis, 2013).

In response to these calls in identity politics, this study aimed to explore how individuals adapt to their disabled identity. However, it aimed to do so within a distinct population of in adults with acquired physical and sensory disabilities¹. Acquired disability refers to an impairment² that has “developed during the person’s life course as a result of an accident or illness rather than being present at birth” (Employer Disability Information, 2018, para. 1). Specifically, this research focuses on acquired physical and sensory disabilities such as spinal cord injuries, amputations, nerve damage in the limbs, or acquired hearing loss and visual impairments. However, focusing on the acquired disability sub-population is not to

¹By focusing on the population of acquired disabilities, my intention is not to negate the experiences of congenital disability, rather for the purposes of this study, a single sub-population was chosen. Notably, acquired disability was not conceptualised to include congenital disability, but did include degenerative conditions in this study.

² Impairment will be used to denote the physical or sensory condition, while disability will be used in accordance with the social model of disability to connote systematic oppression and societal disablement (Shakespeare, 2010).

imply that lived experiences of disability for individuals comprising this group are homogenous. Rather, this sampling strategy serves as a means of narrowing the scope of investigation and knowledge claims that can be produced. Therefore, the study aimed to create a more nuanced account of the disabled experience by investigating how a specific sub-group responds to resisting, incorporating and/or integrating disability into their identity.

Persons³ with acquired disability are of interest in exploring disability identity, as previous research implies that this sub-population is less likely to identify as disabled (Bogart, 2014; Botha, 2016; Dziura, 2015; Nario-Redmond, Noel & Fern, 2013; Shakespeare, 1996a). However, this trend is grounded in quantitative research (Bogart, 2014; Bogart et al., 2017; Chalk, 2016; Grewal, Joy, Lewis, Swales & Woodfeild, 2002). As such, there is a need to move beyond the quantification of disability identification and conduct a qualitative investigation into the reasons underlying the aforementioned trends. Thus, this research aimed to begin to address this identified gap by exploring what factors facilitate or impede disability identity integration for persons with acquired disability. According to Forber-Pratt, Lyew, Mueller & Samples' (2017) systematic review, there is a greater need for research to engage with these predictive factors in their investigations of disability identity and how it is affiliated to or resisted.

Research Problem: The Missing Minority

Within disability research, there has been a strong physiological emphasis by the medical sciences (Davis, 2013; Dirth & Branscombe, 2018). As such, research into disability from a social science lens is not as well developed; specifically, when compared to research into identity politics of other minority groups, such as race, gender and sexuality (Dirth & Branscombe, 2018; Grue, 2011; Mollow, 2004; Zhang & Haller, 2013). Yet, this paucity of research is surprising if one considers that the disabled collective comprises one of the world's largest minorities, amounting to approximately one billion lives, or 15% of the global population (The World Bank Group, 2017). As such, there exists a need for further inquiry into the lived realities of this missing minority in a manner that prioritises their previously marginalised voices (Morris, 1992). Moreover, greater exploration into disabled identity

³Person centred language (such as persons' with disabilities as opposed to disabled people) is deliberately employed throughout this thesis given the focus on illuminating the subjectivities of these individuals (Bogart et al., 2017). Person centred language is also in accordance with the APA style guidelines (n.d.) on writing about disability.

formation is of importance, as these insights could help diversify and deepen existing understandings of how minority group members construct and negotiate stigmatised identities. Therefore, this study holds with Davis' (2013) assertion that disability, as the 'new kid' on the minority group block, has the potential to offer novel and greater understandings into identity politics as a whole.

Furthermore, investigations into disability identity experiences from specific disciplines, such as Psychology, have similarly been under-explored (Dunn & Burcaw, 2013; Reeve, 2004; Watermeyer, 2009, 2012). This is partly explained by disability being conceptualised previously through a medical model lens, which confined investigations into disability to the body (Dirth & Branscombe, 2018; Watermeyer, 2009). However, in addition to the physiological transition, becoming disabled does bring about psychological changes which require further investigation (Botha, 2016; Dziura, 2015). Thus, this research hoped to add to existing knowledge in this identified gap through first-person accounts of individuals' personal and psychosocial experiences of their disability. Notably, providing greater depth of understanding into the psychological experiences of individuals with disability is outlined as a goal in the 'Guidelines for Assessment of and Intervention with Persons with Disability' (American Psychiatric Association [APA], 2012).

Therefore, holding with Watermeyer and Swartz (2008, p. 600), this research counter-argues that to "depsychologise" disability works to "delegitimise" the subjective and psychological realities of persons with disabilities. As such, by 're-psychologising' disability studies, this research hopes to promote an awareness that disability acquisition is not only about physical adjustment but also impacts on the metaphysical realm of identity and psychological wellbeing. However, in order to account for this critique, this study seeks to promote the conception of disability as a bio-psycho-social construct, and to answer calls to research disability as such (Dirth & Branscombe, 2018; Olkin & Pledger, 2003; Raver, Murchake & Chalk, 2018). This is achieved by adopting a Social Psychological lens, and through intersecting the disciplines of Disability Studies with Psychology.

Moreover, this research endeavoured to make theoretical contributions to the field of Psychology, through investigating the processes of identity management; or more specifically the psychological and behavioural adaption strategies of individuals who acquire disability. It hopes to do so from an under-utilised perspective in disability investigations, namely, Social Identity theory (SIT) (Dirth & Branscombe, 2018). Knowledge gained from this endeavour

may have the potential for practical utility. Although this study is a modest qualitative investigation, it could contribute to existing information utilised by professionals who assist individuals in processing the presumed impact their disability has had on their identity and psychological state (Bogart et al., 2017; Dunn & Burcaw, 2013). Specifically, knowledge gained about adaptation strategies used to cope with acquired disability could also help promote an understanding and develop the clinical competency of mental health professionals. Having access to these insights may allow them to work more mindfully with a disabled minority group (Forber-Pratt, et al., 2017). Furthermore, psychological adjustment barriers to accepting one's acquired disability have been found to be a significant factor in affecting rehabilitation outcomes (Kendall & Buys, 1998). Therefore, greater insight into disability integration and the trajectory it follows may contribute to knowledge that could aid in the ways in which rehabilitation programmes and support groups are structured and conducted (Bogart et al., 2017; Dirth & Branscombe, 2018; Forber-Pratt, et al., 2017).

Additionally, an exploration into acquired disability is an important research endeavour, as Bogart (2014) proclaims that despite the majority of disabilities being acquired, as opposed to congenital⁴, there is limited research into this sub-population. Moreover, the literature suggests, as mentioned above, that persons who acquire disabilities are less likely to subscribe to a disabled identity (Bogart et al., 2017; Darling, 2013; Raver, Murchake & Chalk, 2018; Shakespeare, 1996a). For example, Bogart (2014) found that in comparison to persons with congenital disabilities, individuals with acquired disabilities are not as likely to integrate disability into their identity. Importantly, it was also found that disability identity integration mediated a relationship with greater self-esteem and satisfaction with life (Bogart, 2014).

Similar findings were uncovered in Chalk's (2016) study, which found no significant difference between the self-esteem ratings of persons who identified with a disabled identity and abled participants. However, persons with disabilities who did not self-identify as disabled expressed poorer levels of self-esteem and greater perceptions of stigma compared to individuals who did self-identify as disabled (Chalk, 2016). Furthermore, Bogart et al. (2017) found that disability identification operates as a pathway to psychological adjustment, psychosocial wellbeing and political advocacy. Current literature has also reported that having a positive disability identity helps one navigate daily and social stressors (Forber-

⁴ A congenital disability is regarded as a structural or functional disability present from birth (World Health Organisation [WHO], n.d.).

Pratt et al., 2017; Forber-Pratt, Merrin, Mueller, Price & Kettrey, 2020). Therefore, given the pro-social and mental health benefits associated with disability identification, further research into the factors which facilitate or impede individuals with acquired disabilities from integrating disability into their identities is warranted.

In South Africa, Disability Studies needs to be further developed. To the researcher's knowledge, no prior qualitative research has been conducted on disability identification and strategies of identity management in the population of adults with acquired physical and sensory disabilities in South Africa. This is surprising as within the South African population, approximately 7, 5% of its citizens are disabled, translating to about 3 million lives (Le Roux, 2018). However, the risk and prevalence of disability appears to steadily increase with age, implying a greater need for more research into adults with acquired disability. This is supported by the data, as Statistics South Africa (2011)⁵ found that in the 20-24 year category, estimates of individuals with disabilities is around 2,4%. However, as age increases in the 50-59 year cohort, the prevalence is estimated at a higher percentage of 15, 6%. Therefore, the present research intends to add to the limited research in this region by focusing specifically on acquired disabilities, given their pervasiveness in the South African context.

A possible connection for the ubiquity of acquired disability in South Africa could reside in the equally high prevalence estimates of motor vehicle accidents, by which twenty persons acquire a permanent disability daily (Nagel, 2016). Alternatively, due to the high crime rates in South Africa, 27, 2 % of spinal cord injuries are acquired due to violence (Sothmann et al., 2015), which may account for high estimates of acquired physical disability. Moreover, illness offers another interesting hypothesis for the increasing rates of acquired disability in South Africa. For example, a report by South Africa's Department of Health (2018) revealed that within the single province of KwaZulu Natal, diabetes leads to 2500 new cases of physical disabilities a year, due to lower limb amputations. Additionally, the endemic of meningitis in the country offers another interesting hypothesis for the high incidence of acquired sensory disability in South Africa (National Institute for Communicable Diseases, 2019). This is because meningitis frequently leads to acquired hearing loss as prevalence rates for contracting the disease peaks in young adulthood (ages

⁵Statistics South Africa (2011) is the most recent census on disability estimates in the country. Thus, the statistics provided in this research may not be an accurate representation of the number of people living with disabilities in South Africa currently (2020). The lack of updated information further highlights the need for the expansion of Disability Studies in South Africa.

15-24 years) (Boyles et al., 2013). As such, the combined impact of high violence, illness and motor vehicle accidents collectively form potential hypotheses which coincide to create a climate in South Africa that is rife with the risk of disability acquisition. Therefore, research which is aimed at gaining insight into how individuals psychologically process and adapt to their acquired disability is incumbent in South Africa, given that potential risk of acquisition is pervasive.

Research Aims

Building on the aims of a previous study of mine (Botha, 2016), the current research set out to expand on an investigation into the psychological and behavioural adaptation strategies employed in response to disability acquisition. It aimed to do so within a specific population of adults with acquired physical and sensory disabilities. Thus, a sub-aim was to create a nuanced account of how this particular population responds to resisting, incorporating and/or integrating disability into their identity. Beyond this, this research sought to investigate the trajectory (stage-wise, pendular, situational or state models) this process takes in the abovementioned sample. Lastly, the study aimed to explore what factors facilitate and/or impede disability identification for this sub-group.

Structure of Thesis

This research report will first provide a detailed overview of the current and seminal literature pertaining to acquired disability and identity construction in Chapter Two. It will then turn to an overview of the methodology employed, followed by ethical considerations and a self-reflective piece on the research process in Chapter Three. Subsequently, a detailed exploration of findings of this research will be presented in a diagram as outlined in Figure 1, as well as will be expanded upon in the various themes and sub-themes in Chapter Four. The report will close in Chapter Five with conclusions, strengths and limitations and recommendations for future research.

Chapter Two

Literature Review

The literature review will begin by conceptualising disability through different theoretical paradigms. Thereafter, the consequences of these differing constructions of knowledge and their impact on the personalised strategies of identity management for persons with acquired physical and sensory disability will be discussed. Following this, a justification will be provided for the theoretical frameworks this research is embedded in, given the need to account for both intrapersonal and interpersonal dynamics in identity (re)construction. Under this section, psychological and behavioural adaption strategies will be explored in greater depth. The various trajectory and typology models postulated about disabled identity will be discussed to help situate the current study in the literature and motivate the need for more updated research. This chapter will close by detailing the research questions guiding this study. However, it must be noted that due to the infancy of disability studies, nuanced and distinct areas of focus pertaining to particular sub-populations of disability have been under-explored (Black & Pretes, 2007; Johnstone, 2004). Thus, the literature review also includes research that centres on disability categories more broadly, as opposed to specific theorisations about acquired physical and sensory disability.

Disability Models: Medical Impairment or Social Construction?

Within the disability discipline, there is contention surrounding conceptualisations of disability (Shakespeare, 2010). Arguably, disability can be re-configured from a multitude of perspectives, such as the cultural model, the charitable model or the minority group model (Retief & Letšosa, 2018; Stadler, 2006). However, the most prevalent conceptualisations of disability within the literature arise from two opposing powerhouse paradigms, the first of which is the medical model. The foundations of this model are embedded in ideologies of essentialism which operate to confound disability with impairment (Barnes & Mercer, 2005). Therefore, the medical model individualises disability by implying that it is comprised of functional or structural bodily limitations (Olkin, 1999; Retief & Letšosa, 2018). Consequently, disability is constructed as a deviance in need of cure or rehabilitation to achieve corporeal wholeness (McRuer, 2006). Conversely, the social model positions disability as social construct resulting from oppressive environmental barriers and discriminatory attitudes prevalent in abled-bodied society (Goering, 2015). The latter

emphasis on attitudinal barriers or what Reeve (2004, p. 83) terms “psycho-emotional disablement” is important; particularly to this study and its’ emphasis on identity formation. This is because including attitudinal barriers extends the social model to encapsulate an understanding of oppression that determines not only what persons with disability *can do* but also who they *can be* (Reeve, 2004). Therefore, this comprehensive understanding postulated by the social model externalises disability, as emphasis is shifted from individual deficits to societal disablement (Shakespeare, 2010). As such, Shakespeare (2010) postulates that this repositioning of disability as a social construct has presented a liberating and alternative narrative that has helped emancipate people with disabilities from the oppressive ideologies promulgated by the medical institution. Arguably in identity politics, the introduction of the social model of disability has provided a foundation upon which positive self-concepts can be built and stigmatised identity traits can be managed and positively affirmed.

Nario-Redmond et al. (2013) suggest that these paradigmatic views impact on both individual and societal perceptions of disability. Therefore, the internalisation of these models can have a significant influence on identity construction and (re)construction⁶ for people with disabilities and the adaptive strategies they may employ to help manage these processes. Specifically, Nario-Redmond et al. (2013) conducted an international survey (n=268) and found that individuals holding with the medical model’s assumptions about disability are more likely to employ individualistic adaptive strategies. Thus, there is an emphasis on minimising, concealing or overcoming one’s disability, in an effort to disaffiliate from the disabled group and the stigma attached to it. Conversely, Nario-Redmond et al. (2013) found individuals who align themselves with the social model hold with more collectivist strategies whereby they claim the disability label and identify with the disabled group. Herein, political activism or disability pride are utilised to buffer the effect of stigma on one’s self-esteem (Bogart et al., 2017).

Similarly, the literature suggests that given their previous able-bodied group status, persons with acquired disabilities are more likely to have internalised ablest⁷ assumptions and hold with the medical model’s ‘personal tragedy’ formation of disability identity (Campbell, 2009; Dziura, 2015). Furthermore, Forber-Pratt et al. (2017) proclaim that due to being

⁶Notably, the current research operates from the assumption that acquiring a disability will have a significant impact on one’s identity. Consequently, ‘identity (re)construction’ was written accordingly to convey the assumption that there is a shift in one’s sense of self and thus one’s identity will need to be reconstructed.

⁷Ableism refers to the oppressive “ideas, practices, institutions and social relations that presume -bodiedness as natural, and by doing so, construct disabled people as marginalised” (Chouinard, 1997, p. 380). Thus ableism’s function is to inaugurate the norm (Campbell, 2009).

surrounded by abled-bodied peers and professionals, persons who acquire disability are less likely to be exposed to alternative understandings of disability. As such, there is an assumption that they will be less likely to integrate their disability into their identity. Therefore, the literature suggests that this population will employ individualised adaption strategies to distance themselves from the disabled group (Bogart, 2014; Darling, 2013; Nario-Redmond et al., 2013). However, research into these trends is tentative and needs to be expanded on qualitatively to add to the paucity of research within this domain.

“Personalising the Political and Politicising the Personal”

Intra/Inter-Personal Dynamics

According to the definition provided by the International Classification of Functioning (ICF) (WHO, 2001), disability is phenomena co-constructed by the physical environment, social context and subjective experiences of bodily impairment. However, Watermeyer and Swartz (2008) protest that the current primary emphasis in Disability Studies on the social and political context, as opposed to individual subjectivities, has resulted in less acknowledgement of the selfhood of persons with disabilities. Subsequently, there has been little intra-personal exploration into lived experiences of the disabled (Morris, 1992). Therefore, the current study hopes to contribute to this under-explored domain by offering an interpretivist phenomenological analysis of how those with acquired disabilities (re)construct their identities. However, this is not to disregard the impact of the socio-political context in constituting subjectivities. Therefore, at an inter-personal level, this research employs SIT (Tajfel & Turner, 1979) as part of its’ theoretical framework to help understand the social psychological complexities of disabled identity.

According to Dirth and Branscombe (2018) SIT is a useful, yet underutilised epistemological tool in disability research that can be employed to identify the interplay between the individual psyche and social reality. As such, conceptualising of disability in this holistic manner is well aligned to the current study’s emphasis on creating a more nuanced account of disabled identity (re)construction, but also answers calls from the literature to engage with the complexity of disability as a bio-psycho-social construct in research (Bogart et al., 2017; Dirth & Branscombe, 2018). Furthermore, investigating disability identity from both an intra-personal and inter-personal standpoint speaks back to the pleas of Stone and

Priestley (1996, p.704) for disability research to engage with a more emancipatory agenda through “personalising the political and politicising the personal.”

Theoretical Framework

Adjusting to a New Disabled Self: A Process of Incorporation or Integration?

Holding with SIT, this study also proposes a relational view of the self in that one’s personal identity is partly constructed in response to one’s social group membership (Dirth & Branscombe, 2018). Therefore, social identity can be understood as the knowledge that one belongs to a particular group and the significance this membership holds for the individual (Forber-Pratt et al., 2020). However, for group membership to impact upon the process of identity construction, it requires identification and group affiliation (Finchilesu, 2006). Therefore, SIT postulates that individuals are driven towards finding and identifying with a positive social identity, while simultaneously ensuring the group’s ‘psychological distinctiveness’ (Treppe, 2006). This drive manifests in a triad of actions, which individuals employ when constructing their identity. This triad entails: social categorisation (group allocation due to similar characteristics such as one’s disability); social identification (allegiance to a disabled or abled⁸ identity); and social comparison (between in and out groups). Consequently, Dirth and Branscombe (2018) contend that intergroup relations largely constitute the psycho-social experience of disability.

From the position of SIT, persons with acquired disability are uniquely of interest because after acquiring their impairment, identity may need to be (re)constructed. This is because persons with acquired disability may now become members of the ‘out-group’⁹; a position which they may affiliate with or resist, depending on the identity management strategies employed when interacting with different people and settings. As such, disabled identification should not be confused with impairment incorporation. More specifically, identifying with the disabled group and accepting disability as part of one’s overall identity is aligned with the concept of ‘integration’ in disability research (Forber-Pratt et al., 2020). Consequently, the terminology of ‘identification’ and ‘integration’ are frequently used

⁸The term ‘abled’ is used over a decentralisation strategy. Previously, decentralisation strategies have served to invert dominant and subordinate identities by referring to abled-bodied society as ‘non-disabled’ (Linton, 2010). However, the deliberate use of the term abled in this research seeks to label and demystify the forces of ableism (Campbell, 2009).

⁹According to SIT, in-groups and out-groups are determined by the prevailing social norms and the hegemonic relations these norms promote. Thus, ascribing the disabled group to the out-group category uncovers these power relations and is not a reflection of a personal value positioning on the part of the researcher.

interchangeably in the literature. Conversely, individuals may opt to ‘incorporate’ their impairment into their identities by other adaptive strategies without necessarily identifying with the disabled group. Thus, they may disaffiliate from a disability identity while still having psychologically processed and incorporated their impairments into their sense of self (Dunn & Burcaw, 2013; Nario-Redmond et al., 2013). Therefore, in line with SIT’s claim that group membership connotes one’s social identity, it becomes important to operationalise disability identity as the “extent to which one feels shame or takes pride in disability; the degree to which one has integrated disability into one’s sense of self; and the type of contact, camaraderie and engagement one has with the larger disability community” (Forber-Pratt et al., 2018, p. 120).

Identity Management: Psychological and Behavioural Adaptation Strategies

SIT postulates that groups are ranked according to a ‘hierarchy of differentiation’, and as such not all groups may ascertain a sense of ‘positive distinctiveness’ (Finchilesu, 2006). Thus, groups positioned lower down on this hierarchy utilize differing adaption strategies, aimed at managing stigmatised identity traits and positively revaluing their social identities (Finchilesu, 2006). In SIT, these adaption strategies manifest in the form of cognitive alternatives. For example, ‘social mobility’ refers to an adaption strategy whereby a person adopts the identity of a group member from a higher status in order to achieve a position of greater social standing (Dirth & Branscombe, 2018). As such, disabled individuals may engage in behavioural adaptive strategies where they strive to ‘pass’ as abled-bodied group members by disguising their impairment. They may also attempt to assimilate, whereby disabled individuals seek out a cure or highlight their abilities and downplay the significance of their impairment to distance themselves from the disabled group (Dirth & Branscombe, 2018).

Alternatively, if disaffiliating from the disabled group is not considered a viable option due to the ‘impermeability of group boundaries’ (determined by factors such as the impairment severity, type or visibility), persons with disabilities may revert to ‘psychological mobility’ strategies (Jackson, Sullivan, Harnish & Hodge, 1996; Trepte, 2006). These include a cognitive alternative termed ‘social creativity’, which is a process of rhetorical strategies by which individuals re-define negatively held assumptions about disability as positive (Jackson et al., 1996). This process of re-configuration could manifest in a number of ways, such as utilising de-euphemistic and language reclamation strategies (i.e., moving away from

politically correct language and taking ownership of terminology previously used to stigmatise a disabled individual such as adorning a ‘crip’ identity with pride) (Dirth & Branscombe, 2018). ‘Social creativity’ can also manifest when out-groups propose new characteristics for social comparison such as the strength and life lessons gained from living with a disability (Dirth & Branscombe, 2018). Lastly, individuals may turn to political activism by choosing to engage in ‘direct conflict or competition’ with the in-groups (Treppe, 2006). The cognitive alternatives that members employ will be dependent on their social belief structures (Hoggs & Williams, 2000). This involves one’s personal beliefs about the prevailing social and political ideologies which inform how they come to regard the permeability of group boundaries, the stability of status hierarchy and the legitimacy of the group’s status (i.e., how appropriate and fair one believes the criteria used for discrimination and lower group positioning to be) (Finchileasu, 2006).

Therefore, this research study holds with the epistemology that SIT proposes, in so far as identity construction is considered to be continuous process. This is in contradistinction to opposing paradigms which promote the conception that identity as stable construct that is largely fixed once it has been fully developed in adulthood (Dziura, 2015). Subsequently, identity (re)construction following the acquisition of disability is considered to be personal yet psychosocial process whereby individuals make sense of their subjectivities within their new social world. Arguably, operationalising the self from this theoretical perspective accounts for a more agentic and dynamic understanding of identity construction. In doing so, this research hopes to answer calls to move away from deterministic, homogenous and unitary constructions of disabled identity (Botha, 2016; Shakespeare, 1996a).

Disabled Identity: Theories, Trajectories and Typologies

Forber-Pratt et al.’s (2017) systemic review found that disability identity has been over-theorised. Subsequently, the literature has largely centred on proposed theoretical trajectory models or identity typologies (e.g., Gill, 1997; Johnstone, 2004; Murugami, 2009; Weeber, 2004). Over-theorising disability identity has led to an under-exploration into the lived realities of those with disabilities. Therefore, there is a pressing need to include more empirical investigations into the lived experiences of this minority group to help progress beyond theory into practice (Forber-Pratt et al., 2017, 2018; Reeve, 2004).

Typology Models: The Many Faces of a Disability Identity

According to a literature review conducted by Johnstone (2004), disability identity can be categorised into six distinct typologies. However, half of these typologies are comprised of depictions of disabled identity that are largely premised on ableist and stereotypical constructions of the disabled experience (Murugami, 2009). This may be due to the prominence of the medical model in disability research. Yet these typologies are said to limit the possibility for self-definition, as they stifle disabled individuals' exploration into their identities (Johnstone, 2004; Shakespeare, 1996a). As such, Johnstone (2004, para. 8) describes these typologies as "externally ascribed and disempowering identities." This is because within these typologies, there is an emphasis on normalising, assimilating and subsequently minimising or denying one's disability status. Alternatively, disabled persons might utilise "overcompensating strategies" whereby achievement is measured by abled standards. Particularly, this finds expression in 'supercrip'¹⁰ strategies (Johnstone, 2004, para. 8). To derive greater self-esteem and gain social acceptance, persons constructing a 'supercrip' identity may feel pressured to perform extraordinary feats in order to be perceived as 'overcoming' their disability thereby allowing them to be regarded as able/normal¹¹ (Grue, 2016).

However, Darling (2003) suggests that older typologies which valorise ability and normalcy are becoming less popular. Arguably, this hypothesised shift can be attributed to a change in the socio-political context given the progress made by the social model of disability and disability rights movements (Grue, 2011). It may also be explained by traction gained by Swain and French's (2000) Affirmation Model of disability. This model postulates that disability is gradually becoming normalised within the spectrum of human diversity. Therefore, it has been speculated that a broader scope of identities are now available to the disabled collective (Johnstone, 2004). This assertion is reiterated in the following quotation:

Previously, there was a limited range of narrative devices and themes available to people with impairments. Now new stories are being told and we are creating ourselves for ourselves, rather than relying on traditional narratives of biomedical

¹⁰A 'supercrip' is a term used to describe a disabled person whose achievements are considered remarkable precisely because of their disabled status (Grue, 2016; Haller & Zhang, 2014).

¹¹Able/normal is written accordingly to reveal how normality is frequently attributed to the dominant group (Davis, 2014).

intervention or rehabilitation, of misery, decline and death (Shakespeare, 1996a, p. 95).

As such, the remaining typologies in Johnstone's (2004, para. 8) review allow for more positive identifications with disability. For example, "empowering identities" foreground pride in one's disabled identity. Similarly, persons with disabilities may disavow 'victimhood' and reposition themselves as survivors (Johnstone, 2004). Collective identities promote a sense of belonging, through similar hardships or a cultural experience of disability (Johnstone, 2004). Moreover, collective identities are frequently inspired by a political undertone and are forged to emancipate and empower the disabled group (Johnstone, 2004). In this regard, Anspach (1979, p. 766) notes that political activism is a "symbolic arena in identity politics" wherein the self is "continually created, enacted and dramatised." Finally, complex identities promote the conception of identity as nuanced and multifaceted (Johnstone, 2004). As such, complex identities position disability as a contributing part to a more fully rounded individual (Johnstone, 2004). Therefore, this adaptive strategy prevents the disability from reifying the impairment to a point at which the individual is de-personified.

Notably, while there has been an expansion in the literature to include more empowering disability identity typologies, it is unclear whether or not these disability affirming identities have filtered down into the everyday lived experiences of persons with disabilities. Additionally, it is unclear whether or not they have come to be adopted as identity management strategies in a population who may still hold ableist assumptions about disability. Furthermore, if one considers Swain and French's (2000) theorisations about a shifting climate in disability perception, and takes this in conjunction with the fact that Johnstone's (2004) typologies were proposed over fifteen years ago, there presents a pressing need to update research on how disability identity may be constructed, negotiated and adapted to.

Trajectory Models: A Shift from a 'How to Guide' to Disability Identity

Within the extant literature, there exists some debate with regards to the trajectory the process of identity (re)construction takes following the acquisition of a disability. For example, Gill's (1997) and Weeber's (2004) positional models similarly proclaim that

achieving a positive self-concept after disability acquisition resides in a linear and stage-wise progression towards disabled identification. These stages culminate to a point at which the disabled individual ‘comes out’ and identifies proudly with the disabled collective (Gill, 1997). Yet, some authors contest the assumption that acquiring a disability automatically leads to disability identification. For example, Reeve (2004, p. 91) states that “whilst having an impairment is an important characteristic for someone to be able to identify as disabled, the presence of the former does not always lead to the latter.” As such, stage-wise trajectories such as Gill’s (1997) integration model can be critiqued for disregarding the possibility that there are alternative routes to positive self-concepts, such as successfully passing or assimilating into the abled group (Darling, 2003). Thus, it is argued that disabled experience is not a homogenous one and thus it is improbable that it adapted to, negotiated and incorporated into identity in a set way or with a singular outcome. This understanding is supported by Kendall and Buys (1998) who contend that stage-wise models do not account for the complexity of the psychosocial adjustment process to acquired disability and thus do not encapsulate the daily realities of persons with acquired disabilities.

Adopting a more post-modern lens, Yoshida (1993) posits that identity construction is neither linear nor finite in its process. Rather, she proposes that identity (re)construction is dynamic and dual-directional, whereby there is an oscillation between the former abled and now, disabled self states. Therefore, the pendulum model she proposes is in contradistinction to stage-wise models, as there is no final ‘healthy’ stage of integration. Similarly, Rhodes, Nocon, Small and Wright (2008) speculate that disability identification is not a finite state but rather is a contingent process that can be described as conditional and situational. Therefore, “people may incorporate, reject, stress, defend, deny, downplay or conceal different aspects of their identities at different times and in different contexts” (Rhodes et al., 2008, p. 387).

Similarly, Onken and Slaten (2000, p. 109) postulate that identity (re)construction is a “rather messy” affair. Therefore, these authors propose a fluid model that is comprised of seven transient states as opposed to progressive stages. Nonetheless, these states are aimed at transitioning towards conscientisation and disability identification. Thus, they can similarly be critiqued for disregarding alternative routes to disability incorporation. The first state they propose is termed “pre-awareness: conformity or denial” and is characterised by a passive acceptance of ableist and medical conceptualisations of the disabled experience, and thus the persons with the disabilities are primarily concerned with assimilation into the abled-bodied group (Onken & Slaten, 2000, p. 105). The second state “contact and comparison” challenges

this pre-awareness through exposing persons with acquired disabilities to alternative paradigms of thought. The third state, “confusion and dissonance” is permeated with conflict and is said to involve adaption strategies such as rationalisation and bargaining (Onken & Slaten, 2000, p. 106). The fourth state, “tolerance and connection”, is marked by experimentation with one’s disabled identity (Onken & Slaten, 2000, p. 106). The fifth state, “immersion and resistance”, is comprised of the withdrawal from the abled group and resistance against its oppressive norms (Onken & Slaten, 2000, p. 107). “Acceptance and pride”, the sixth state, is when the individual positively evaluates their disability and comes to accept their new self-image (Onken & Slaten, 2000, p. 107). The seventh, and final state, “introspection and synthesis”, is concerned with the merging of the current and past identity and membership categories into a more integrated and congruent sense of self (Onken & Slaten, 2000, p. 108). However, much of the work on trajectory models of disability identity is outdated. Thus, the relevancy of the stage-wise, pendular, situational and state models in contemporary processes of identity (re)construction needs to be addressed in more current research.

Negating the ‘D-word’ in Identity (Re)construction

According to Rottenstein (2013, p. 1) “the question of self-identification among people with disabilities, is a topic of relatively recent exploration and little consensus.” Moreover, much of this research is situated within the quantitative tradition. For example, a survey conducted in the United States of America, namely the National Organisation of Disability (2000), reveals that only 47% of their sample self-identified as disabled (Darling, 2003). However, it is plausible that this could be an over-estimation of disability identification. This is because some participants may have identified with a collective disabled identity without subscribing to its’ cultural practices and political ideals, due to their assumed positionality as a “fellow sufferer” (Darling, 2003, p. 889). Thus, it is imperative to move from quantitative studies that propose the prevalence of disability identification to more qualitative investigations which provide greater depth of understanding into the meaning making behind identifying as disabled. Furthermore, these low estimates of disability identification necessitate an investigation into the factors which facilitate or impede this process. This is an important area of expansion as a recent systematic review on disabled identity by Forber-Pratt et al. (2017) noted that few studies have investigated predictive and preventative factors to disability identification.

Predicting Disability Identification

The existing literature proposes a compilation of factors that are said to predict disability identification. Bogart et al. (2017) have stratified these factors into three categories. Firstly, these authors suggest that a number of factors surrounding the impairment itself play determining roles. For example, although little empirical research exists on the impact of disability type, there is preliminary evidence to suggest that persons with physical and sensory impairments have an increased likelihood of identifying with a disabled identity (Bogart et al., 2017; Rottenstein, 2013). As such, the current study focuses on adults who have acquired physical and/or sensory disabilities as a means of contributing to this nascent area of knowledge. Furthermore, the duration of time one has lived with a disability, as well as the age of onset are two contributing factors said to play meaningful roles in disability identification (Darling, 2013; Dziura, 2015; Nario-Redmond, 2013). The literature implies that persons who acquired disabilities later on in life are less likely to ascribe to a disabled identity (Bogart et al., 2017; Darling, 2013; Shakespeare, 1996a). Evidence suggests that the longer individuals live with an impairment, the more likely they are to come to integrate disability into their self-concept (Gill, 1997; Hampton, 2004; Nario-Redmond & Oleson, 2016). However, this literature is then based off of stage-wise models which propose that disability integration is a linear and progressive process. Notably, the visibility and severity of the impairment is also said to impact on the self-identification of disabled persons as studies have shown that those with less visible and less severe impairments are more likely to pass as abled-bodied (Bogart et al., 2017; Nario-Redmond & Oleson, 2016; Reeve, 2002). Additionally, the number of disabilities a person has can play a significant role. For example, in a sample of 2764 people with disabilities, Rottenstien's (2013) mixed methods study found that the greater number of conditions a person has (i.e., multiple disabilities), the more likely they are to self identify as disabled.

Secondly, a number of personal factors are hypothesised to shape disability identification (Bogart et al., 2017; Rottenstein, 2013). Arguably, this can be explained by intersectionality theory which postulates that multiple identities can intersect to compound marginalised subject positions (Cole, 2009). Little empirical evidence exists regarding the impact of intersectionality on disabled identification, but it is theorised that persons who occupy positions in other minority groups (i.e., along the lines of gender, race and class) may experience a double oppression (Bogart et al., 2017; Morris, 1991; Rottenstein, 2013).

Therefore, the impact that these intersecting subjectivities may have on the process and agency of disabled identity integration requires greater exploration. Thus, this thesis aims to bring this multi-levelled complexity into the analysis, as it aims to explore if and how intersecting aspects of identity facilitate or impede the process of integration. Arguably, including these personal factors into the analysis is incumbent in the South African context, given the pertinent role gender, race and class play in organising and dividing South African society (The Institute for Justice and Reconciliation, n.d.).

Thirdly, environmental factors such as stigma and social support have been found to significantly affect disability identification (Bogart et al., 2017). Within the seminal literature, there exists some debate with regards to the impact stigma can have on one's social identity. According to Goffman (1963), stigma is defined as a discrediting trait which instigates feelings of shame and experiences of othering, leading individuals to disaffiliate from the minority group connoting that stigma. However, according to Branscombe, Schmitt and Harvey's (1999) rejection-identification hypothesis, rejecting a stigmatised culture and identifying with a minority group can help mitigate the negative effects of stigma and uphold one's self-esteem. Therefore, quantitative data suggests that the more stigma persons with disabilities are exposed to, the greater the likelihood of them self-identifying as disabled (Bogart et al., 2017). Similarly, previous findings suggest that social support can instil a sense of belonging and acceptance that may simultaneously serve as a protective factor against stigma and a propelling force towards identification (Bogart et al., 2017; Raver, Murchake & Chalk, 2018). For example, Nario-Redmond and Oleson's (2016) study revealed that persons who were open to engaging with the disabled group were more likely to integrate disability into their sense of self and identify as disabled.

While the quantitative and theoretic literature supports the impact that impairment, personal and environmental factors can have on disability identification, the processes and manifestations of these trends remain largely unclear from a qualitative standpoint. Therefore, by creating a more nuanced exploration into adaptive strategies individuals with acquired physical and sensory disabilities employ, this study hopes to qualitatively expand on these processes.

Research Questions

1. What psychological adaptive strategies do adults with acquired disability engage in when resisting, incorporating and/or integrating their disability into their identity?
2. What trajectory (stage-wise, pendular, situational and/or state models) does this process take?
3. What factors facilitate and/or inhibit disability identification for persons who acquire their disabilities?

Chapter Three

Methodology

This chapter begins by exploring the epistemological, methodological and value positions this research study is embedded in. It then outlines the characteristics of the sample and details important inclusion and exclusion criteria. Following this, it delineates the procedure through which the data was generated and specifies the methods of analyses followed. Moreover, within this section a justification is provided for the use of secondary data analytics in this qualitative study. The chapter moves to a reflective exploration into the researcher's subject position, its relation to the data collection process and results put forward. Finally, it discloses the ethical challenges experienced and highlights the rigorous strengths of this study.

Research Design

The study is situated within the qualitative tradition. Foremost to qualitative research is the premise that “the research participants’ subjective meanings, actions and social worlds, as understood by them, are illuminated” (Fossey, Harvey, Mc Dermott & Davidson, 2002, p. 717). As such, the flexibility afforded by the qualitative design is well-aligned to exploring these processes of meaning-making (Lewis & Ritchie, 2003), particularly with regards to capturing the participants’ subjective interpretations of how their disability has impacted on their identity. Furthermore, operating within qualitative methodology is advantageous to the exploration of the dynamic and complex processes of identity (re)construction. Therefore, qualitative explorations can produce rich and detailed data, a necessary undertaking given the primacy of quantitative data in this particular field of study.

Additionally, this proposed research study employed an interpretivist phenomenological analysis (IPA), intended to discover the meaning individuals ascribe to phenomena through detailed explorations into the lived experiences of the participants (Leavy, 2014). Thus, IPA is most applicable to the current study’s focus on intra-personal and inter-personal dynamics of identity construction, as it seeks to highlight the interplay between the individual, their social context and their subjective meaning created about certain phenomena (Creswell, 2013). Therefore, it was hoped that an IPA lens would help illuminate how adults with acquired disabilities make sense of their identities. Additionally, this form of

analysis was chosen in response to calls from the literature to prioritise disabled individuals' lived experiences as they make sense of them; and in doing so, this study hoped to give voice to a missing minority (Onken & Slaten, 2000; Shakespeare, 1996a).

The current study was also an expansion project which analysed newly collected data in conjunction with existing data, previously generated over a two year period (2016 and 2018 respectively). Therefore, part of the research design that guided this study was one of secondary data analysis. Hakim (1982, p.2) proposes that secondary data analysis is “any further analysis of an existing dataset which presents interpretations, conclusions, or knowledge additional to, or different from, that which was presented in the first report.” While secondary data analytics is a well-established methodology in quantitative research, the re-use of qualitative data has been under-explored (Heaton, 2000; Irwin, 2013). As such, this research project aimed to add to knowledge claims produced from this underutilised methodology. Specifically, this research falls within the branch of supplementary analytics; as the primary emphasis was on providing greater exploration into previously studied phenomena while simultaneously exploring new emergent themes (Heaton, 2000).

Participants and Sampling

The sample obtained is comprised of previously collected, as well as newly collected data. The previous data was collected as part of the researcher's preceding qualifications. Thus the data set is comprised of three interview transcripts formally collected for a Psychology Honours research report (Botha, 2016), which similarly focused on the impact of acquired physical disability on one's identity. Furthermore, the current study relied on one additional transcript generated from a qualitative methods exam, which was undertaken during a Masters in Social and Psychological Research Degree (Botha & Graaf, 2018). The focus of this previous Masters study was centred on a critical discourse analysis into the strategies of identity management in members of stigmatised minorities, such as persons with disabilities. In addition to this existing compilation of data, the current research study includes data generated from three new interviews conducted in 2019.

This study employed a non-probability sampling strategy termed purposive sampling (for all three data sets), which aimed to target particular characteristics in participants through the use of predetermined inclusion criteria (Laher & Botha, 2012; Marshall, 1996). These criteria helped facilitate detailed explorations into the research phenomena being studied

(Lewis & Ritchie, 2003). Furthermore, this research employed a homogenous sampling strategy by recruiting participants who belong to the same sub-culture of adults with acquired disability. According to Lewis and Ritchie (2003, p. 79), a homogenous sampling strategy allows for “a detailed investigation of social processes in a specific context.” Thus, adopting a homogenous sampling strategy was important to this study’s emphasis of narrowing the scope of knowledge claims to be produced about a sub-population within the broader group of disability.

Inclusion and Exclusion Criteria

In the previous and newly collected data sets, participants were purposefully sampled (Laher & Botha, 2012) from the sub-population of adults with acquired sensory and/or physical disabilities. Furthermore, given that this study aimed to produce a more nuanced investigation into disabled identity, additional inclusion and exclusion criteria were considered for this sample:

-) Legally participants had to be adults. However, this study operationalised adulthood at a later age than the South African legal definition of 18 years of age. This recommended age group is in accordance with research on stages of identity formation (Arnett, 2000; Arnett, Kloep, Hendry & Tanner, 2010). As such, this research sampled individuals who were 24 years and older because these individuals are no longer in the young adult stage of their development, where one is said to grapple specifically with one’s identity formation (Arnett et al., 2010). Subsequently by sampling adults 24 years and older, it was assumed that the participants had greater understanding of their identity (Arnett et al., 2010).
-) Furthermore, the previous studies, as well as the current project, sourced participants with acquired, as opposed to congenital disabilities. This sampling distinction was important as the literature suggests that individuals with acquired disabilities are thought to experience greater difficulties when psychologically processing their disabled identity (Bogart, 2014; Dziura, 2015). Inter-personally, it is theorised that these difficulties are due to a shift in social identity stature (Nario-Redmond et al., 2013), while personally it may be due to the stability provided by one’s former identity and the expectations attached to an abled-bodied future self (Dziura, 2015).

- J) Moreover, physical and sensory disabilities were purposefully sampled because these impairment types may manifest in multiple and diverse forms. Subsequently, these differences in impairment manifestations may impact on the psychological adaptation strategies each participant chooses to present, and whether or not they self-identify as disabled (Bogart et al., 2017). For example, both physical and sensory disabilities exist on a continuum (WHO, n.d.). Accordingly, the impairments sampled may be more visible or concealable. Moreover, they may be more permanent, fixed impairments such as paraplegia or full hearing loss; or possibly be more rehabilitative, due to medical advances such as cochlear implants and prostheses for amputated limbs. Including these nuanced differences was important to this study's research aim of investigating the factors which facilitate and/or impede disability identity integration.
- J) Additionally, part of the rationale for including these disability types specifically, is that there is preliminary evidence which suggests that individuals with physical and sensory disabilities are more likely to self-identify as disabled (Bogart et al., 2017; Rottenstein, 2013).
- J) With regards to exclusion criteria, in order to ensure that the participants were able to ethically provide their informed consent, none of the participants could have a concurrent profound intellectual disability.

Recruitment

During the previous recruitment phase for the existing data (which took place during the years 2016 and 2018 respectively) a number of physiotherapists were contacted and a request was made for the names and contact details of potential support groups for physical and sensory disabilities in the Johannesburg region. Therefore, a purposive sampling strategy was utilized, given the emphasis on contacting participants with specific disability types (Laher & Botha, 2012). Support groups were specifically chosen as their members were assumed to have had some level of engagement with their disability and its presumed effect on their identity. Three support groups were provided by the physiotherapists and these groups were subsequently approached to ask for permission to make contact with their members. The first support group declined. The second consented to disseminating participant information sheets amongst their members. However, no participants contacted the researcher from the second support group. Two members were sampled from the third

support group after they contacted the researcher out of interest in participating in the study. Specifically, this support group was for acquired physical disabilities, such as persons with amputations.

Additionally, in an effort to prevent biasing the sample towards more rehabilitative adaptive strategies promoted in support group programs (Anspach, 1979), the original studies also approached a disability organisation and sampled a further two participants from here (one participant was sampled in 2016 and another in 2018). Given the similar focus of this research on disabled identity (re)construction, the participants previously sampled were thought to be suitable candidates for participation in the current study. Thus, these individuals were re-recruited for the present research via email contact and consent to re-use their collected interview data was requested. It was made clear to the previous participants that they should only re-provide consent should they be interested in the current study along with its new focus; namely the additional emphasis on how other aspects of their identities impact on their understanding of their disabled identities and the adaptive strategies they use to manage their identities. Ensuring that previous participants were interested in being a part of the current study was done to prevent feelings of coercion or obligation. They were also given the option to relook at their data and withdraw sections they were not comfortable with including in the current study. However, none of the participants opted for parts of their data to be discarded. Notably, all participants responded and consented to the re-use of their data in the present investigation.

In recruiting new participants to partake in the current study, the researcher relied on a snowballing sampling technique, whereby previous research participants help in the recruitment of additional participants (Laher & Botha, 2012). Thus, a previous participant sent out a call for participants via email and interested persons responded to the researcher and interviews were subsequently set up. Ethically, it must be noted that the former participant did not identify new potential participants by name or give out their contact details unbeknownst to them. Rather, perspective participants were invited to contact the researcher, and three new participants were recruited in this way. The new participants were recruited to help expand on the repertoire of psychological and behavioural strategies and trajectories previously found (Botha, 2016) as well as to gain new insights into how other aspects of their identity impact on the process of disabled identification.

Thus the final, updated sample includes: Sarah, a 46-year-old white South African Lebanese woman who underwent an amputation of her right leg through the knee due to cancer. The amputation was conducted one year prior to the interview (2016). Grace is a 37-year-old white Afrikaans woman who had a bi-lateral leg amputation at age 35 due to diabetes. Ayanda is a 24-year-old black university student who described herself as “*wheelchair bound*” due to complications from an operation on her joints when she was 18 years old. Reese is a white, 28-year-old gender fluid individual¹² who acquired hearing loss as a child due to meningitis and subsequently uses a cochlear implant. Julia is a 48-year-old white female who acquired a visual impairment (no sight in her left eye and partial vision in her right eye [shapes and colours]) due to a severe allergic reaction to medication at age 42. John is a 61-year-old white male who acquired partial paralysis from his right knee down due to a “*botched operation*” eleven years prior to the interview (2019). Lastly, Mia is a 32-year-old white female who acquired a visual impairment due to an illness at age 14. Initially, she was only blind in her right eye, but she subsequently lost most of her vision (has 5-8% vision) in her left eye at age 27. Thus, the overall sample is comprised of seven participants; with three participants’ data collected in 2016 (Sarah, Grace and Ayanda), one in 2018 (Reese), and a further three participants recruited from the year 2019 (Julia, John and Mia). A sample size of seven can be considered sufficient in qualitative research given the richness of the data sets and the emphasis on personal lived experiences an IPA lens promotes (Creswell, 2013).

Instruments

The original data sets were generated through face-to-face, one-on-one, semi-structured interviews with open-ended questions (See Appendix A for the interview schedule). A similar semi-structured interview schedule was also administered to the three new participants interviewed in the current study to ensure a sense of coherence between the datasets. However, it must be acknowledged that some items were removed and additional questions were added (e.g., Question 7: “Do you feel that any other aspects of your identity [i.e., your age, race, culture or gender] have come to influence how you make sense of your disabled identity?”) (Appendix A) to ensure that the schedule was more topical to the new focus of the current study.

¹²An important finding of this research is that language plays a seminal role in constructing one’s identity. Thus, in order to respect Reese’s gender identification, this study endeavoured to employ non-binary pronouns such as ‘(s)he’ or ‘his/her’ when discussing this participant.

Specifically, the semi-structured interview format was used as it has the potential to delve into the phenomenological perspective that this study engages with (Lewis & Ritchie, 2003). This is because the format prioritises the participants' own understandings, language choices and knowledge paradigms (Leavy, 2014). Furthermore, Fossey et al. (2002, p. 727) postulate that semi-structured interview schedules "guide the interview in a focused, yet flexible manner." Therefore, the semi-structured interview format facilitates a more focused exploration into the topic being investigated, while simultaneously catering for the participants' idiosyncrasies, as it allows for follow up questions which can be utilised to gather more detail or clarify the participants' responses (Creswell, 2013). As such, the flexibility provided by this format was advantageous as it permitted the interviews to fit the individual participants in such a way that optimum data pertaining to their subjective realities was extracted (Creswell, 2013). Lastly, the semi-structured interview was beneficial as it helped engender rapport with the participants, before asking more sensitive questions (Creswell, 2013; Leedy & Ormrod, 2005). Structuring the interviews in this way promoted more depth of exploration into personal issues such as identity construction and disability acquisition.

Exemplar questions from the interview schedule are included below:

-) Has your disability impacted on your identity? In what way(s) has it/has it not done so?
-) Do you feel you have integrated/incorporated your disability into your identity?
-If yes, how have you done so?
-If no, how have you tried to resist doing so?
-) Has your conception of what your disability means for your identity changed over time? Please elaborate.
-) Is your disability more or less salient to your identity in certain contexts or spaces?
-) Do you affiliate more with abled or disabled as a collective identity group, and why?

These questions arose logically through critical engagement with the extant literature and sought to answer the research questions that guided this study. Thus, the questions centred on eliciting the psychological and behavioural adaption strategies participants presented in making sense of their acquired disabled identity. Furthermore, these questions also sought to assess the trajectory this process followed, as well as factors that facilitated and/or impeded disability identity integration.

Procedure

The procedure that was followed in collecting the original data is included to help orientate the reader. Therefore, in the initial studies, potential participants were contacted telephonically (once they had expressed a wish to participate) and the researcher introduced herself and the nature of the research, detailing its aims and objectives. Following this, the researcher explained what participation in her study would entail. If interest was demonstrated, a request for the participants' email addresses was made to send them official documentation (See Appendix B for the initial participation information sheet).

During the interviews, it was reiterated verbally that participation was purely voluntary. Once written consent was obtained, the researcher began the interview process by posing the first question to the participant. It must be noted that the interviews were conducted at a time and place most convenient to the participants. This was important due to some of the challenges and ableist barriers the participants may face when meeting for their interview. Specifically, participants with disabilities may face mobility challenges or problems with building and public transport access. As such, two of the participants noted that it was most convenient for their interviews to be conducted at their work place. For the remaining two participants, the interviews were conducted at a Disability Unit of a Tertiary institution. The length of the semi-structured interviews ranged between 45 minutes to one hour each. Prior to the interviews being conducted, the interview schedule was piloted by my research supervisors in both my Honours and Masters Degrees respectively, to aid in the analytical rigor of the research instrument. Furthermore, a similar interview schedule was employed in the current study and thus it can be argued that the previous studies served as a form of piloting, in so far as their former use had demonstrated that a similarly composed schedule was suitable in length and elicited telling information about disabled identity.

The procedure for the current study involved re-contacting former participants telephonically to request the re-use of their data in this new study. If they expressed interest, they were sent an updated participation information sheet and a letter of informed consent via email (Please see Appendices H and J). Once their consent had been gained by return email, their previously collected data was retrieved from a password protected computer file. Subsequently, these transcripts were subjected to secondary data analytics. Therefore, emphasis was placed on re-analysing the data to investigate the current study's aims.

The current study followed a similar proceeding to the former two studies, as the three new participants were recruited via telephone. If they expressed interest in participating, they were sent an email with the participation information sheet and were formally invited to be interviewed. Importantly, the interview occurred at a time and place most convenient to them. Two participants requested to be interviewed at coffee shops nearest to them, while one participant requested to be interviewed at her personal residence due to her inability to drive. Upon arrival at all three interviews, ethical principles were clarified. Additionally, verbal or written informed consent was gained depending on the participant's impairment type and its impact on their literacy. For example, blind participants were not able to read and sign the written consent forms and thus verbal confirmation was obtained and audio-recorded for these participants. The semi-structured interview was then carried out.

Data Analysis

The complete data corpus underwent a particular type of qualitative analysis referred to as thematic analysis. The research adhered to Braun and Clarke's (2006) conceptualisation of thematic analysis as a flexible analytic tool, which allows for nuanced themes to be revealed from datasets. The analysis was divided up into six stages proposed by Braun and Clarke's (2006) stipulations:

The first stage entailed the author familiarising herself with the data by reading the datasets numerous times (Braun & Clarke, 2006). The second stage involved producing the initial codes. Tajel and Turner's (1979) SIT functioned as the epistemological framework guiding this study. Therefore, this research employed a deductive thematic approach (Braun & Clarke, 2006), as there was a specific emphasis on coding for participants' cognitive alternative strategies presented in the management of their disabled identity. These cognitive alternatives include 'social mobility', 'social creativity', 'psychological mobility' and 'direct conflict or competition' (Dirth & Branscombe, 2018; Trepte, 2006). However, the findings also underwent IPA and thus there was an emphasis on analyzing the participants' meaning making of their disabled experience. Therefore, an inductive approach was also employed, as additional themes discovered outside of the above theoretical codes were also elaborated upon in the analysis (Creswell, 2013). Coding was done manually, and it was aided by tabulation and colour-coding techniques (Braun & Clarke, 2002).

The third and fourth stage of Braun and Clarke's (2002) analysis was comprised of searching for coherence and refining the main themes and sub-themes illuminated by the coded data (Braun & Clarke, 2002). Fifth, the themes identified were named, defined and analysed (Braun & Clarke, 2002). Lastly, in the sixth stage a diagram and write up of these themes was produced, exploring their significance in the literature to create this final research report (Braun & Clarke, 2002).

Ethical Considerations

Adhering to the American Psychological Association's (APA) (2010) principles guiding ethical research practice was of utmost concern. Moreover, due to inequitable power relationships the disabled collective have experienced within research and the politics surrounding their representation (Kitchin, 2000; Morris, 1992; Shakespeare, 1996a; 1996b; Whittington-Walsh, 2002), it is imperative that this research is handled ethically and sensitively. Therefore, the ethical principles of beneficence and non-maleficence were followed throughout the research process, to safeguard the wellbeing and best interests of the participants (APA, 2010). Furthermore, in response to these guiding principles, a detailed description of the ethical precautions which were undertaken when initially generating the data is also included below.

Firstly, the original research study conducted during the Honours research report (2016) applied for an ethical clearance certificate from the University of the Witwatersrand's Human Research Ethical (non-medical) Committee [Ethical clearance number: H15/07/15]. Secondly, the data collected during the Masters qualitative methods project (2018) formed part of a larger class project and methodology exam and thus did not apply for individual ethical clearance with the University. In each study a synopsis detailing the research topic and its' objectives was offered to prospective participants, in order to ensure that they were wholly informed prior to their participation. Therefore, it was clarified that participation was entirely voluntary, by reassuring the participants that they had the right to either accept or decline the offer to participate. This precaution was taken to ensure that participants did not feel coerced. Furthermore, participants were informed that there were no direct benefits to be received from participating. Additionally, with regards to the welfare and protection of participants, assurance was given that there were no foreseen risks associated with participation. However, given that the interview might trigger emotions around acquired disability and identity re-formation, two potentially sensitive topics (Dziura, 2015),

participants were provided with the contact details and location of the Emthonjeni Community Counselling Center, in case they were left feeling vulnerable after the interview. Yet to my knowledge, none of the participants utilised this service. Moreover, participants were informed that they had the choice to decline participation and withdraw themselves and their data from the research at any point, without penalty. It was explained that participants did not have to answer questions evoking discomfort or offense. Participants were assured that declining to answer would not be met with any penalty. These ethical principles were formally documented on the participant information sheets (See Appendices B and C).

Additionally, constraints about full anonymity in the face-to-face interview process were explained to the participants. Yet, final anonymity in this research report was assured. This is because all identifying information has been removed and participants received a pseudonym. Moreover, the participants were assured that confidentiality would be upheld as only the researcher would hear the audio-recordings. To further promote privacy, the interview transcriptions were saved in a password protected computer programme.

Once participants were notified of all that participation could foreseeably entail, they were given or read (if they had visual impairments) the participant information sheet, and an informed consent letter, which requested signatures or verbal consent for participation in the study (See Appendices D and E). Additionally, participants were asked for their consent for their interview to be audio-recorded and for their direct quotes to be used in the research report (See Appendix F). It was re-confirmed verbally that the participants understood the ethical proceedings. Subsequently, participants were given the researcher's contact details on the participant information sheet, which they were asked to keep. For blind participants, these details were provided electronically so that they could be accessed via an automated voicing 'app' on their personal cell phones. Therefore if the participants wanted feedback, they could contact the researcher and receive the results in the form of a summary sheet, upon request only.

The third study making up this project also applied for ethical clearance through the internal ethics committee of the School of Human and Community Development of the University of the Witwatersrand (overseen by the University of the Witwatersrand's Human Research Ethical [non-medical] Committee – see Appendix G). It received clearance under the case number of MCLIN/19/005 IH. Furthermore, as stated above, given that the current study relies on existing data, previously sampled participants were contacted and a request to

re-use their initial data in this ongoing investigation into disabled identity (re)construction was made. It was reiterated that the re-use of their data was strictly voluntary, to prevent any feelings of obligation towards re-participating. The previous participants were given the option to revisit their data and remove any sections of it they did not feel comfortable with including in the current study.

The study recruited three new participants in 2019. Therefore, these new participants who expressed interest were also emailed participant information sheets as well as informed consent forms before the interview took place to ensure that they were fully aware of what participation entailed (See Appendices H, I, J and K). These documents formally explained the focus of the current study, as well as recounted the abovementioned ethical principles to the participants. Alternatively, the researcher called participants and clearly explained the aims of the research and what participation would entail for those who could not access this information via email or voice automated apps, such as blind participants.

Reflexivity and Rigour

Inhabiting an Abled-Body: Reflecting on Power, Privilege and Authorship

Within qualitative methodology, the researcher acts as the research instrument (Shaw, 2010). Inevitably, this may result in subjective interpretations that can introduce bias into the analysis (Chambliss & Schutt, 2010). Subsequently, transparency is incumbent. In this study, transparency required me to continually and critically be reflective about the ways in which my positionality impacted upon the entire research process. Therefore, for the duration of the research project, a reflexivity journal was utilised to take note of any personal biases, interesting insights and value positions which I felt may have affected the data collection and analytic processes. Documenting these reflections was of utmost importance, as I am an abled-bodied researcher conducting research within the discipline of disability (Kitchin, 2000). Therefore, the existing power dynamic between the researcher and the researched is exacerbated by the inequitable social relations between abled and disabled groupings in wider society (Stone & Priestley, 1996). Consequently, it was imperative to detail my subject position, especially with regards to how I make sense of my own identity as an abled-bodied group member. However, my understanding of my identity has become interwoven with my psychological education, as I have been exposed to formative theories which have shaped my understandings of identity. For example, I am a white, female, middle-class, abled-bodied researcher. Yet, my schooling has led me to question the ideologies and the power differentials attached to these categories. Consequently, it has led me to an understanding that my abled positionality is not simply about corporeal categorisation; but rather has granted me particular privileges, access and agency in society that differs from the experiences of persons with disabilities.

As such, my abled positionality posed a potential ethical challenge to this research project, particularly with regards to issues such as voice, authorship and embodiment (Barnes, 1996; Kitchin, 2000; Stone & Priestley, 1996). These challenges manifest in a politics of representation, or what Shakespeare (1996a) terms the traditional domination of the disabled by abled professionals and academics, who speak on behalf of the disabled. Consequently, research in the realm of disability has been critiqued for misrepresenting disabled individuals' experiences (Kitchin, 2000). In an effort to try and distinguish this study from the above critiques, this research was firmly embedded within an interpretative phenomenological methodology; which aims to give voice to participants through privileging

their lived experiences as they understand them (Babbie & Mouton, 2014; Creswell, 2013). Arguably, this methodological approach is adopted to handle issues concerning authorship and embodiment more sensitively by positioning the participants with disabilities as ‘experts’ (Stone & Priestley, 1996).

Thus in the write up of this analysis, I incorporated numerous quotes from the participants and used their wording within my own sentences to privilege their views. Moreover, the interview itself was designed to be reflective about the power differentials between myself as an abled-bodied researcher and the disabled participants. For example, the opening question of the interview provided the participants the opportunity to define their identity on their terms, by asking them the terminology they would be most comfortable with me using throughout the interview. Opening the interview in this way was a precaution taken to destabilise traditional power dynamics between abled and disabled group members. Additionally, this question was also introduced to avoid the superimposition of a disabled identity onto participants who may not identify as such. Furthermore, the final three questions were included as a debriefing exercise as they provided the participants with an opportunity to comment on the identity dynamics present during the interview. The questions encouraged the participants to openly discuss their experiences of the interview with an abled-bodied researcher. Taking the abovementioned precautions is a response to calls from scholars in the disability field to create abled-bodied allies in research, or what Stone and Priestley (1996, p.701) have termed turning “parasites into partners.”

However, I am aware that reflecting on, and trying to account for, power differentials between the interviewer’s and the interviewee’s subjectivities does not necessarily dissipate their saliency in the interview context. Notably these dynamics of identity politics can still be carried over into this analytic space, impacting on the way the interviews are conducted and the data that is collected. This is because I hold with Davies and Davies’ (2007) view that data collected during interviews is to be understood as an account, created out of a specific interchange between the researcher and the participant. As such, I entered the interview room with my abled body; walking, hearing and seeing without assistance or encountering environmental barriers and an ableist gaze from onlookers. I entered the room from a position of privilege, which I became acutely aware of. As such, this hyper-awareness of my abled positioning impacted on my behaviour and manifested in me being overly politically correct at times during the interviews. Notably, some of the participants picked up on my political correctness and may have been less forth-coming and personal in their own responses. For

example, both Reese and John initially provided a legal or statistical definition of disability rather than speaking to their own understandings and experiences of their disability.

Therefore, I understand that it is probable that my abled-bodied positioning impacted on the data collected and affected how comfortable the participants felt to identify as disabled in the interview.

Moreover, adopting a more inclusive and emancipatory agenda does not suggest that the position I hold as the researcher is rendered value-free. Therefore, it was necessary to explore my socialisation as an abled-bodied group member and how this has indoctrinated me with certain beliefs about the disabled experience. This process of reflection was a necessary ethical undertaking, as these ideologies influenced my reading of the data by making certain features of the data more prevalent to me. For example, a difficulty I initially faced in coding was that I was looking for discernible patterns of either negative or positive psychological adjustment to one's acquired disability. Therefore, I had expectations that the participants' adaption strategies would align and fall neatly within those two factions. However, through introspection and supervision, I came to realise that this expectation was a consequence of my intrapsychic defense of splitting (Shakespeare, 1994; Watermeyer, 2006). According to Harvey (2015), when a subject is anxiety-provoking, it activates the psychic defense of splitting to manage these distressing feelings, resulting in dichotomous thinking patterns. As an abled-bodied individual, I have been socialised to regard disability as a 'tragedy'. Therefore, working with a population who were once abled like myself and became disabled through accident or illness evoked persecutory anxieties (Klein, 1946) within me and caused me to initially split in my analysis (Watermeyer, 2006).

Therefore through self-reflection, a significant finding of this research is that the strategy choices of each participant can be at times both contradictory and complimentary to how they identify with regards to their disabled identity. This led me to conclude that disabled identification is a "rather messy" affair (Onken & Slaten, 2000, p. 109). Participants who may not identify as disabled may still incorporate their disability into their identity or claim to be disabled under positive circumstances or in different contexts. Documenting this nuanced and ambivalent understanding of disability identity was necessary, given that disabled identification is often regarded simplistically as an 'either or' phenomenon within some of the literature (e.g., Gill, 1997; Johnstone, 2004; Murugami, 2009).

Lastly, a disclaimer needs to be given due to the ideological positioning I hold as the researcher. It must be acknowledged that I affiliate with the social model of disability, which is concerned with challenging the structural and attitudinal barriers which uphold ableist supremacy (Hosking, 2008). Admittedly, my affinity to the social model was strengthened through my interactions with some of the participants. For example, I bore witness to some of their experiences of moving through inaccessible built environments and ableist spaces. Thus, my political views may have influenced how I read some of the data, despite my best attempts to remain objective (Potter & Hepburn, 2005). Notably, my subscription to the social model of disability may have manifested in me making sense of some of the themes in the data as a reaction to stigma. This understanding is opposed to labelling some strategy choices as narratives of psychological maladjustment.

Moreover, holding with the social model of disability has meant that I have paid particular attention to the language used in my research report, as I am aware of my power as researcher to potentially perpetuate disabling discourses through using disempowering terminology. As such, person first language (such as ‘persons’ with disabilities’ as opposed to ‘disabled people’) is adopted to highlight the humanity of the participants and counter the potentially de-personifying power of disability (Bogart et al., 2017). Aiding this endeavour, the participants were provided with pseudonyms and were written about from an experience near perspective to enhance their sense of personhood to the reader.

In conclusion, it must be noted that the above mentioned biases, political affinities and psychic defenses were discussed with my supervisor throughout the research process to help lessen their impact on the results produced in this study. Additionally, these insights and personal reflections are included in the final report to promote transparency and increase the trustworthiness of results.

Analytic Rigour

To ensure the trustworthiness of the data, Lincoln and Guba’s (1985) criteria were adhered to. Specifically, the transferability of the results was established through detailed descriptions of the methodology and a purposefully defined sample, delineated by strict inclusion and exclusion criteria. This information is provided to allow the reader to discern the contexts in which the research findings are applicable (Shenton, 2004). Moreover, to

promote a sense of consensus and consistency amongst the results, multiple quotations from either the same or different participants are provided. Doing so, attests to the dependability of the data.

Furthermore, to ensure that the findings are as objectively produced as possible, the conformability of the data was established through multiple means. Firstly, conformability was achieved at the outset by ensuring that the questions in the interview schedule were carefully worded, open-ended and counterbalanced. These precautions were employed to ensure that leading or loaded questions were avoided and to prevent steering the participants towards the researcher's agenda (Potter & Hepburn, 2005). Secondly, through a process of saturation during the analysis phase, themes were established and supported by repetitive patterns in the data (Shenton, 2004). Thirdly, verbatim quotations are included to ensure the participants' voices are prioritised. Fourthly, a reflective journal was kept for the duration of the research to take accountability for the impact of the researcher's subjectivities and biases on the research process. As stated, the researcher's personal value positioning is outlined in the research report to promote transparency (Shenton, 2004).

Credibility is promoted by embedding the results in both seminal and current disability literature, as well as by adhering to a renowned theoretical framework for investigating minority identities, namely SIT. Furthermore, the researcher adhered to the guidelines for thematic analysis as proposed by Braun and Clark (2006). This renowned form of thematic analysis contributes towards the analytical rigor of this study and the credibility of the results. Lastly, credibility of the findings is demonstrated through subjecting the findings to peer scrutiny, as my research supervisor confirmed or challenged particular interpretations of the data (Yilmaz, 2013). It is hoped that these precautions offer a more ethical, trustworthy and analytically rigorous study.

Chapter Four

Results and Discussion

The discussion opens with an exploration into the negative connotations that are evidently still prominently associated with the label of disability. Thus, the term ‘disabled’ is frequently rejected or omitted by some of the participants. Stigma, both internalised and societal, is proposed as a major inhibitory factor for disabled identification. Subsequently, the discussion turns to the numerous individualistic and collectivist strategies the participants employ in their attempts to evade stigma and manage their social identities. Initially, individualistic strategies that are used to dismiss a disabled identity and arguably, regain an abled-bodied group membership, are explored. These strategies can be described as a form of social mobility and manifest in disguising disability by passing as abled-bodied; or by assimilating as abled-bodied via strategies of neutralising, counterbalancing, rationalising, minimising differences and accentuating similarities. Disability is also decentralised through de-personifying strategies. Additionally, competitive and hierarchical strategies are discussed and are said to result in an intra-group stigma that similarly inhibits disabled identification.

This theme is then followed by an exploration into the politics involved in reclaiming a disabled identity and positively integrating one’s disability into one’s sense of self through de-euphemistic and politicised adaptive strategies. Notably, political activism and social support from the disabled community (particularly online support) were found to play a facilitating role in promoting disability integration. However, this research proposes that integration is not the only path to a positive self-concept, and thus strategies utilised by those to incorporate their disability into their identity, while disaffiliating from the disabled group identity, are explored as an individualistic form of social creativity. The chapter closes with a discussion on the progressive, pendular and/or contextual trajectories disabled integration and incorporation takes in the participants. Lastly, the above themes are represented in a diagram (*Figure 1.*) for the reader to see the nuanced interaction amongst them.

1. Navigating a Stigmatised Identity

Disavowing the ‘D-word’

One need only consider the way in which the history of having been called an injurious name is embodied, how the words enter the limbs, craft the gesture and bend the spine...how these slurs accumulate over time dissimulating their history, taking on the semblance of the natural, configuring and restricting the doxa that counts as reality. (Butler, 1997, p.159)

The opening quotation speaks to the politics of identity and the power inscribed in language to produce certain subjectivities and delineate ‘natural’ and ‘unnatural’ ways of being in the social world. The disabled collective constitute one such minority group who have experienced a problematic history with language and their public representivity, as they have long since borne “injurious names” (Butler, 1997, p.159) such as ‘invalid’, ‘cripple’ or ‘gimp’ (Blaska, 1993; Linton, 2010). Transformation within identity politics for the disabled has been slow; and although less derogatory terminology is utilised today, these negative connotations endure and are arguably still attached to the term ‘disability’. This is poignantly expressed by Julia, who asserts: *“I don’t like terminology like disabled or handicapped or invalid. I don’t like being called these kind of names.”* Furthermore, this claim is supported by Linton (2010) who protests that the definition of disability is still constructed through an ableist lens which associates the disabled experience with loss and deficiency. As such, it seems plausible that some of the participants attempt to navigate bearing a stigmatised identity trait by disavowing the ‘D-word’ and dis-identifying as disabled. Notably, four out of the seven participants interviewed did not identify with the term ‘disabled’. Therefore, the findings of this study are supported by that of the international literature, as quantitative research in the United States of America, such as The National Organisation of Disability’s survey (2000), suggests that 53% of its’ sample did not identify with a collective disabled identity (Darling, 2003). However, more recent research suggests that estimates are even higher, as Chalk’s (2016) study found that 72% of the sample did not self-identify as disabled.

For some of the participants in the present study, the ‘D-word’ was vehemently rejected. Particularly, it was rejected when the disabled classification was externally imposed by abled others, either through their words or their actions; both of which are experienced as

othering by Sarah: *“I don’t like to be seen as disabled, I don’t like people helping me or saying um, you’re disabled!”* Similarly, Julia and Mia recall experiences whereby a disabled identity was thrust upon them by abled others but it felt at odds with how they would position themselves and their social identities. Thus, the disabled label is resisted by these participants, especially when experiencing a loss of agency in self-definition. This resistance is illuminated in the following responses:

When an abled colleague asked me how it feels now that I have become disabled, I was actually so shocked! I never thought of myself as disabled and I hadn’t categorised or labelled myself as such. So it was quite a shock and a bit hurtful...I was like ‘how dare you ask me such a stupid question? Can’t you see that I am NOT disabled, I am dancing?’ (Julia)

A relative who is abled and a medical professional, called me disabled for the first time and I was like almost hurt and taken aback by it because I hadn’t seen myself as disabled yet. (Mia)

But I do admit that society does see this [points to amputation] as disabled, yes they do. I don’t, me personally, I don’t see it as a disability. (Sarah)

The ‘D-word’ was also negotiated by some of the participants through defensively avoiding it via omissions. This is seen in the case of Julia, who struggled to name the whole word ‘disability’ when it was in relation to her newly forming identity. This is demonstrated through the personal pronoun “my” and the tailoring off of the term in the following quotation: *“my disa...”* Consequently, the ‘D-word’ was frequently substituted by some participants through euphemisms which Reese protests *“make disability more palatable”*, such as *“my situation”* (Julia). Disability was also illusively referenced, as evidenced in the following response by Ayanda: *“when I came to accept the fact that, that I was...well my life had changed.”* Therefore, the preceding responses suggest that disability is a difficult trait to take ownership of in the process of identity (re)construction for some of the participants interviewed.

However, an interesting contradiction arose in the data whereby participants would steer away from the term ‘disability’ but still demonstrate incorporation of their acquired impairments into their sense of self; albeit ambivalently at times. For example, while Sarah strongly disaffiliated from the term ‘disabled’ she later went on to demonstrate some

acceptance of her impairment, as she asserted that she has “*accepted this* [her impairment], *it’s a part of me.*” Similarly, when asked about the challenges she faces in incorporating her disability into her identity, Grace grappled with labelling herself as disabled. Yet, she still expressed a sense of pride in her disability, professing that she even “*show[s] off*” her prostheses:

Well to accept the fact that I am disabled, because I don’t see myself as disabled, I have to say, ‘Yes, I am disabled’, even though it’s so obvious, I mean, I don’t have legs. But that to me is the challenge, to call myself disabled, more than anything else.

It’s difficult in saying ‘Yes, I am who I am.’ I like to show off my legs, so I guess I like to show off my disability, but I just don’t see myself as disabled...I didn’t realise this until recently, until very recently, the fact that I am disabled.

This rupture between disaffiliating from a disabled identity, and yet still coming to incorporate an acquired impairment into one’s sense of self, can be postulated to arise as a reaction to society’s predominantly ableist conceptualisation of disability. Arguably, society’s negative construction of disability largely arises due to the hegemony of the medical model, which constructs disability as a tragedy and deficit (Barnes & Mercer, 2005; Swain & French, 2000). Such negative connotations of disability are prominent in what the participants choose to associate disability with, as illustrated by the following terms: “*unable*”, “*in need of assistance*” (Sarah); “*insecure*”, “*affected negatively*” (Grace); “*incapable*”, “*restricted*”, “*different*” (Ayanda); “*shame*”, “*stigma*”, “*broken*” (Reese); “*alienating*”, “*invisible*”, “*infantilised*” (Mia); “*lessening*”, “*chronic pain*”, “*grief*” (John); “*traumatic*” and “*dependent*” (Julia). The participants’ negative associations held towards the disabled category and the subsequent dismissal of the disability label for some, speaks to several authors’ claims that if the societal image of disability is at odds with how the individuals conceive of themselves, they will not identify as disabled (Raver, Murchake & Chalk, 2018; Reeve, 2004; Shakespeare, 1996a; Watson, 2002).

These findings can also be made sense of through an SIT lens, which proposes that identification to a group is largely determined by the ‘positive distinctiveness’ it can provide its members with, and this is determined by how groups are evaluated and ranked socially (Dirth & Branscombe, 2018; Trepte, 2006). Thus, how participants think others conceive of them as disabled may also explain why they struggle to appropriate the term into their

identity (Forber-Pratt et al., 2017). For example, Ayanda believes that her disability renders her “*incapable*” in the eyes of others:

Well, I feel that the general public, that meaning the majority of people, the first thing that comes to mind when they see me is that she is not capable...And I don't blame them because they don't have the knowledge that I have about my disability, so I guess that it is natural for them to have that assumption, as wrong as that assumption may be. That's what I feel, when I walk into a room, people automatically render me incapable and say, she is not able.

Thus, Ayanda does not ascribe to a disabled identity because she believes that the disability label functions to other people who are merely different rather than benignly describing her impairment: “*Well for me, the term ‘disabled’...I think that, that the term is just there to actually, you know, speak to those of us who are different from the rest of society. Rather than speaking to the fact that, I have um, I have...a...a disability.*” As such, Ayanda is hesitant to claim her disability given the stigma she feels accompanies it. Her hesitancy is evidenced by her stuttering: “*I have um, I have...a...a disability.*” Moreover, support for her perceived experience of stigma is further provided in her explanation for why she rejects the term ‘disabled’, as she protests that it positions her as a deviation from the abled norm:

*The term ‘disability’ doesn’t sit well with me, because, you know when you are ‘**dis**’ in something [author’s emphasis¹³] it’s like you are lacking...So the term ‘disability’ to me, kind of like rings the bell to say you are kind of like...incapable, you know? And so that is why I don’t identify with it.*

Disability does not “*sit well*” with her because, as she later goes on to admit, it does not encapsulate “*what [she] can and can’t do.*” As such, claiming a socially devalued term and stigmatised identity trait is difficult for Ayanda, who opts to rather positively reframe her impairment and self-identify as “*differently abled.*” This is expressed in the following quotation:

I prefer to look at myself and think I am differently abled rather than being DIS-abled, because yes, I may be different but it doesn’t mean that I am not able. So for me, the term doesn’t really describe what I can and cannot do.

¹³ Henceforth, all bolded sections of the participants’ extracts will indicate the author’s emphasis.

Holding with Botha's (2016) claim, the above findings affirm that disaffiliating from the disabled group may not be a case of denial or poor psychological adjustment as prior literature would suggest (Gill, 1997; Murugami, 2009; Shakespeare, 1996); but rather this deliberate avoidance of disabled classification may reflect strategies of identity management to avoid stigma (Goffman, 1963). Therefore, contrary to the quantitative trends in the current literature (Bogart et al., 2017; Bogart, Lund & Rottenstein, 2018), the findings of this study suggest that stigma operates as an inhibiting, as opposed to a facilitating, factor to disability identification. This is reiterated by Reese, who theorises about why others would disaffiliate from disability: *"A lot of people also struggle with stigma and thus would prefer not to disclose their disabilities."* Similarly, when questioned why he had felt the need to previously deny his disabilities, John acclaimed that stigma was the primary impeding factor: *"Well, because disability has a huge stigma attached to it."* He later asserts that the *"emotional impact"* of discrimination *"hurts deeply"* and is far greater than the *"physical limitations"* which he can deal with more *"practically."* Furthermore, Mia describes stigma attached to those with disabilities as an *"invisible Perspex"*, which obstructs connection and communication between abled and disabled groups. Therefore, she feels that being *"seen"* as disabled in the eyes of an *"ocular centric society"* has largely been an *"alienating"* experience for her: *"There is nothing more alienating than just a look. You don't even have to say anything."*

Subsequently, the results of this research do not support Branscombe, Schmitt and Harvey's (1999) rejection-identification hypothesis, or Bogart et al.'s (2018) mediation model, which suggest that greater experiences of stigma prompt persons with disabilities to identify with the minority group as a means of protection. The discrepancy of the above findings with the trends found in previous literature may be explained by the specific type of disability group sampled in this study, namely acquired disability. Arguably, persons with acquired disabilities may be more prone to experiencing a particular form of stigma termed 'internalised ableism' (Bogart, 2014; Darling, 2003, 2013; Dzuria, 2015). According to Campbell (2009), internalised ableism is the result of an oppressive social climate whereby the dominant abled-bodied group's characteristics, values and prejudices are internalised and adulated as the norm. This results in what Davis (2014, p.10) terms a "hegemony of normalcy" and speaks back to McRuer's (2006) argument that 'alternative' identities are othered through a naturalisation process whereby dominant group identities are positioned as 'normal'. Arguably, both Sarah and Julia exhibit internalised ableism when they use the

phrase “*like a normal person*” to connote abled-bodiedness as a standard for bodily functionality. For example, Sarah states:

*But the fact that you can't get up **like a normal person** and just go to the toilet **like a normal person** and that there is a whole process that you have to go through sometimes becomes very frustrating. From an emotional point of view, you do get your off days, not being able to do things as **easily as a normal person would**.*

Moreover, Mia exhibits internalised ableism when she speaks to how her previous experiences of being part of the abled-bodied group had informed her expectations for a disabled life:

Because of the way, the way I used to see disabled people treated in public or in movies and in a way as an abled-bodied person, I had also thought about disability before as just this life-ending thing where you can't really do anything and you have to go [to] one of those care homes where you are just left to die.

Thus, as previous members of abled-bodied societies, persons with acquired disabilities may have more of an awareness of how disability is regarded by the in-group and therefore may feel compelled to distance themselves from the disabled label and the social, economic and political oppression which frequently accompanies it. This is poignantly demonstrated by Mia's response to being identified as disabled for the first time: “*I was actually really shocked when someone called me disabled for the first time because I have that internalised ableism.*” Therefore, in concluding this theme, it can be postulated that both societal and internalised stigma are impeding factors inhibiting the participants from identifying as disabled and specifically being labelled as disabled.

2. Doing Difference Differently

Disability is a bit like emigration, you move to a foreign country, in a way you move into exile and you've got to see how you can come back and re-enter the community and re-negotiate your social identity. (Ayanda)

The above quotation highlights how the process of disability acquisition destabilises one's "social identity." As Ayanda succinctly expresses, newly disabled individuals may feel cast out or "exile[d]" from their previous positioning in abled-bodied society. As such, one is now tasked with renegotiating one's social identity as: "you've got to see how you can come back and re-enter the community." The participants attempted to "come back" through various strategies of identity management, some of which cohere with what SIT terms 'cognitive alternatives' (Hoggs & Williams, 2000). These strategies are employed to regain a sense of self-esteem and positive group distinctiveness (Treppe, 2006). Notably, there are both individualistic and collectivist strategy choices present in the data. However, for a number of the participants, there are more individualistic strategies utilised in (re)constructing their social identities. This finding speaks back to Nario-Redman et al.'s (2013) assertion that persons with acquired disabilities are more likely to incorporate their impairments into their identities while distancing themselves from the disabled group. This claim is supported by the numerous individualistic strategies in the sub-themes to follow.

Disguising Disability?

In theorising about disability and other 'spoilt' identity traits, Goffman (1963) proposes that given the chance, members of minority groups will attempt to evade stigma through two important processes. Firstly, they may engage in strategies to disguise the 'spoiling trait', and secondly they may attempt to 'pass' by adopting the identity of a majority group member (Bogart, 2014; Darling, 2003; Goffman, 1963; Johnstone, 2004; Reeve, 2004). Goffman (1963, p. 42) defines passing as the strategic "management of undisclosed, discrediting information about the self." In describing the adaptive strategies used to manage their disabled identity, a number of participants discussed anecdotes of passing. Specifically, the participants engage in a particular type of passing termed 'dissociation'. Dissociation is a behavioural passing strategy whereby individuals' camouflage their stigmatising identity traits (Kanuha, 1999). They may do so by altering their physical appearance or by concealing it with their attire (Kanuha, 1999). For example, during her interview, the researcher

observed that Julia was wearing sun glasses indoors and probed about her reasoning for doing so. Julia's response was indicative of a dissociative passing strategy as she revealed that concealing her visual impairment behind her sun glasses was an attempt to retain her former abled-bodied appearance: *"I try and make myself look as much like myself before all of this[her becoming disabled] happened to me."* Therefore, Julia attempts to pass by disguising her disability. In describing why she feels she needs to pass, Julia asserts that hiding behind her sun glasses serves as a *"barrier"*, shielding her eyes from light but also sheltering her from stigma:

And look the sun glasses are not just there because of the fact that I want to hide, my eyes are light sensitive. But I don't look that great. I mean I have heard that my eyes look disgusting! And a child just approached me and said that my eyes look freaky. That is children for you; they will say it as it is. I can often sense that even adults are uncomfortable with my eyes. So the sun glasses do act like a barrier and I do use the sun glasses to hide my eyes.

Similarly, Sarah covers her prosthesis with clothing as she professes that she no longer wears *"short skirts"* or exposing shoes since the amputation of her leg. However, the group boundaries between abled and disabled are more permeable to Sarah, given that her impairment type is less visible and more concealable. Additionally, her impairment type is also more rehabilitative which allows her to retain more mobility and abled-bodied functionality. As such, Sarah frequently passes as abled through masquerading as only temporarily disabled. This is because she disguises her disability in the hopes that it will be passed off as a mere sprained leg:

I don't like to show it [prosthesis]. I think it makes other people feel uncomfortable, because they don't know what to say. Luckily, most of the time people just think I have sprained my leg.

Moreover, Kanuha (1999) argues that individuals can also engage in dissociative passing by physically and socially distancing themselves from other minority group members. The findings of the current research study concur, and propose that this distancing can be achieved by avoiding technological aids or assistive devices, as these objects can serve as disability identifiers. This claim speaks back to seminal work such as Goffman's (1963) assertion that objects such as hearing aids, wheel chairs and crutches can function as symbols of stigma and thus can be used to mark one as an outgroup member. Julia speaks to symbolic

stigma when she describes her cane as a “*symbol of blindness*.” She discusses how using her cane has made her feel more conspicuous and “*visually self-conscious*” because of the negative attention she feels it attracts:

When I walk with a cane, I wonder what are people thinking? What do people think of me? What are their first impressions? Do they think that I am just blind? Do they think that there is more wrong with me? Or do they see me as person? So I think I am more self-conscious of myself now because I know that the cane draws attention and I don't like that.

Consequently, some of the participants attempt to avoid the ascription of a disabled identity and pass as more abled-bodied by avoiding these stigma symbols, despite the assistance they could provide to their daily functioning:

I don't use crutches, ever, I don't want to! Because I don't like to be seen as disabled.
(Sarah)

I don't like people helping me or saying um... [pauses] you're disabled! I don't even want a disabled sticker on my car. (Sarah)

When I first became blind it took me a very long time to use a cane because then it would be like admitting to myself that I am disabled. It actually took me so long to say those words. (Mia)

Moreover, in addition to avoiding objects which could symbolise one's position in a minority group, this research found evidence to suggest that part of dissociative passing may also encompass distancing oneself from disabling spaces. This is because being seen in these spaces can connote one's social status. Thus, borrowing from Browne's (2004) work on the performative geographies of gendered identity, whereby gender is enacted and policed in particular spaces (i.e., gendered bathrooms); the current study proposes that disabled identity can similarly be spatially constructed. It may be for this reason that both Sarah and Julia physically distance themselves from the disabled group by avoiding spaces which could position them as a disabled group member:

I don't like to be seen as disabled. That is not how I see myself. So I don't even use disabled parkings. (Sarah)

And in certain places, it doesn't have signs with like just 'visual impairment' – it will say abled or disabled. Like disabled toilets for example, I won't use them. (Julia)

However, Reese was one of the participants who displayed an “*unapologetic*” anti-passing strategy, as (s)he exhibited a sense of disability pride by expressing his/her desire to show off markers of disability, namely a cochlear implant. Consequently, (s)he challenged the way cochlear implants are designed to be concealed. Moreover, Reese asserts that (s)he likes to adorn his/her implant with rainbow coloured flag covers. Arguably, this is a symbolic statement of minority group pride, as the rainbow flag also represents pride in diversity in the LGBTQI+ community (Shamsian, 2018). The abovementioned is demonstrated in the quotation to follow:

A lot of the advertising of the cochlear implants has...well it goes along the line of saying: 'oh no, don't worry, we will advertise this is four colours...those are skin colours, to help people hide their implants.' And for me it has always kinda been the case of well no, I really don't have a problem with having one. I don't mind shaving my hair off, I don't mind having rainbow covers over the cochlear implants. It is not something I want to hide. And I respect that some people want to...But for me, I am pretty much unapologetic.

Several authors have made comparisons between the process of identifying as a member of the LGBTQI+ community and coming out of the ‘disability closet’ by self-identifying as disabled (Corbett, 1994; Olney & Brockelman, 2003). Yet, according to Forber-Pratt et al.’s, (2017) systemic review on disability identity, not one of the 41 studies reviewed (1980-2017) included a gender fluid participant in their investigation. Including this gendered diversity into the sample is arguably a notable strength of the current study, as the above findings provide tentative evidence that suggests that proudly identifying with another minority group can precipitate disabled identification.

Passing for Privilege

According to Vaahtera (2012), privileged citizenship, which denotes greater economic, political and social inclusion, is promulgated by hegemonic discourses that idealise ability and devalue disability. Subsequently, it can be proposed that passing as abled-bodied can serve as an effective strategy to evade stigma, as explored above (Goffman, 1963). However, it can also serve as a strategy to gain access to a more privileged form of

citizenry. This claim is supported by Mia who describes her privileged position in being able to pass as a “luxury.” Specifically for Mia, this luxury plays out on an ideological level, as passing allows her the privilege of her identity to be fully recognised in all the complexity that encompasses the human experience (Harvey, 2015). Mia describes being able to pass in contradistinction to her identity being subsumed by the master narrative of disability (Loja, Costa, Hughes & Menezes, 2013; Shakespeare, 1996a).

I know that there is more to my identity than just being disabled and because of my privilege, I know that in certain spaces I have the luxury of pushing that back and then maybe one of my other identities can come to the fore. Mostly, people will recognise my dog as a guide dog but if they don't see it or don't recognise my eyes behind my glasses, there is that luxury of passing as abled at certain times.

Thus, this passing strategy links back to the cognitive alternative SIT terms ‘social mobility’ (Jackson, 1996). According to SIT, individuals who experience disenfranchisement as a consequence of their minority group status may circumvent discrimination by taking on the social identity of a majority group member (Dirth & Branscombe, 2018; Trepte, 2006).

Passing Pressure: Intersecting Minority Identities of Gender and Disability

Disability is a symptom of a society which is uncomfortable with difference, which is uncomfortable with non-conformity. (Ayanda)

McRuer (2006) proposes that dominant identities impose their abled-bodied norms onto marginalised, disabled identities thereby creating a passing pressure in society. Subsequently, there exists a great social pressure for disabled individuals’ physical appearance and behaviour to conform to, and emulate, abled ways of being (Vaahtera, 2012; Vertoont, 2018). Ayanda alludes to this passing pressure in the opening quotation, as she discusses the discomfort “*difference*” and “*non-conformity*” evoke in society. McRuer (2006) succinctly describes this passing pressure as an ideology of compulsory abled-bodiedness. Arguably, the way in which this ideology plays out is through expectations of bodily wholeness, which ostracises individuals who fall short of abled-bodied ideals (Longmore, 1985). Sarah speaks to the ideology of compulsory abled-bodiedness when she protests that she is made to feel different because she does not meet the corporeal standards of an ableist society:

The way society is structured, um everyone is looked at, expected to have two legs, two arms, ten fingers. When you go through an amputation, or any disability, I feel that people look at you differently.

Moreover, Mia addresses how she feels pressure for her physical appearance to be aligned with abled-bodied norms. She feels that this alignment is necessary for her to be accepted and publically seen with other abled members: *“It’s like they don’t want to be seen with me, unless I present myself in certain way.”* Therefore, it can be suggested that a number of participants experience a pressure to engage in the strategy of passing, as a consequence of societal expectations of compulsory abled-bodiedness. However, the results of this study also indicate that this passing pressure is exacerbated by other institutions of power such as Gender. The findings of this research suggest that the subscription to feminine gender ideals may present as an inhibiting factor to disabled identification. This is because disability is said to undermine cultural expectations of beauty and bodily perfection, for females particularly (Dzuiire, 2015; Vertoont, 2018). Thus, some of the participants seem to shy away from ascribing to a disabled identity because their disability may question their feminine identity. For example, Sarah describes how her disability intersects with, and challenges, her gendered identity; both in terms of beauty and bodily standards as well as in terms of her gender role as a wife in her culture:

I told myself I would be positive and I was. But then if you watch TV, all the women have two legs, models have two legs...A part of me is gone and I can’t get used to it. I don’t feel beautiful or attractive or that I am desirable to my husband anymore. I don’t blame him. He loved my legs so I think this [her leg amputation] made it worse.

But society has expectations of beauty, standards, and society looks at women with disabilities as different.

I am very feminine and nothing you do makes you look feminine with a prosthetic leg.

I used to do everything for my husband and I loved doing it because I am Lebanese, it’s the way I was brought up, we serve our men. Then when I lost my leg, I couldn’t do that anymore and he had to look after me which I hate. I hate being seen as weak or unable to do anything.

Thus, the above quotations reveal how disability acquisition has made Sarah feel less of a woman. Both Julia and Mia express similar sentiments. Notably, Julia expresses dismay

with how her disability has impacted on her physical attractiveness, leading her to feel “*self-conscious*” as she believes she now falls short of beauty standards:

Um [long pause] well in terms of my visual appearance. My one eye does not look that great. So I am always very self-conscious of what my visual appearance looks like. Also my upbringing, both my parents are artists and everything revolved around nice things and beautiful works and looking nice. And that has all changed now.

Similarly, Mia describes how she uses “*removable parts*” to pass as more abled-bodied as well as to live up to gendered norms. She explains that she uses her prostheses to be regarded as a person in the eyes of an ableist society: “*So for me, eventually the way I dress became like armour and the gender norms they became very important because I wanted people to see me as a person first. So my right eye is a prosthesis, my bottom teeth are plates and my hair is a wig.*” Moreover, when questioned why she uses a number of prosthetic pieces in creating her corporeal identity, Mia speaks to a passing pressure. This is because she protests that “*people can’t deal*” with her disabilities and their impact physical appearance, which she describes as “*abject and icky.*” Consequently, the responses by some of the female participants in this study attest that women with disabilities may experience a double oppression, due to the intersectionality of their minority identities (Bogart et al., 2017; Morris, 1991; Rottenstein, 2013). As such, feminine beauty ideals may exacerbate expectations of compulsory abled-bodiedness for females, diminishing their agency in the process of disability identification.

Nullifying Differences: Prioritising Ability within Disability

According to SIT, members position themselves into groups based on the saliency of their physical attributes and personal characteristics (Tajfel & Turner, 1979). Therefore, during the process of social categorisation, the accentuation principle comes into being; whereby characteristics which are markers of inter-group differences between categories are embellished, while intra-group similarities are overstated (Trepte, 2006). The accentuation principle finds expression in the data as the participants strategically seek to highlight the similarities they retain with the abled-bodied group and emphasise their difference from the disabled category by minimising the significance of their impairment. Therefore, the participants choose to foreground their ability within their disability, or as Julia phrases it “*I am actually more abled than disabled.*” Trepte (2006) proposes that the accentuation

principle is exacerbated in circumstances where group membership is threatened. Thus, it is probable that the participants exercise minimising and accentuating strategies as a means of retaining and/or reclaiming their abled-bodied group membership (Botha, 2016; Dirth & Branscombe, 2018). This claim is further supported by the observation that these strategies only manifest in participants who do not identify as disabled (i.e., Sarah, Grace, Ayanda and Julia).

For example, Ayanda positions her disability as only a slight variation from her abled self through the use of a minimising strategy, which Anspach (1979) terms ‘neutralising’. Consequently, she would begin by acknowledging her difference: *“yes you are different.”* However, Ayanda would then go on to temper that statement with a counterbalancing phrase (Anspach, 1979) which would absolve the difference she has acknowledged previously: *“but there is nothing that different about you.”* By invoking absolutes, through the use of the term *“nothing”*, Ayanda is disregarding any grounds upon which she could be classified as disabled. Moreover, she also minimises the importance of her disability as an identity marker by trivialising its importance and casting it off into the mundane of demographic data: *“we live in a country where everything is documented...It’s just for the case of stats for an example.”*

Moreover, Sarah chooses to strategically downplay her disability through the use of the euphemism *“slower”*: *“I still consider myself as abled, I am just slower than I used to be.”* Similarly, Grace employs a euphemistic strategy (Anspach, 1979) as she describes herself as being *“more challenged”* rather than identifying as disabled: *“I don’t really see myself as disabled, despite being more challenged than I used to be.”* Julia also engages with euphemisms but bases her minimisation strategy on the reduced severity of her impairment. Therefore, she distances herself from the disabled group by reiterating: *“I am not blind, I am merely visually impaired.”* Julia goes on to assert that she identifies with *“impairment”* as a *“broader term”*, which allows her more space to position herself as abled-bodied; whereas *“blind means that you have absolutely no vision.”* Thus, identifying as blind would not afford Julia the same advantage of liminality to cross group boundaries as identifying as visually impaired does. This is because identifying as *“merely visually impaired”* affords Julia the opportunity to assert her ability within her disability as evidenced in the following claim: *“I still have **partial** vision.”* Therefore in the above two extracts, the accentuation principle is most noticeable in Julia’s strategic word choices, as the word *“merely”* downplays the

severity of her disability while the terms “*still*” and “*partial*” emphasise the ability she retains.

“I am STILL abled.”

“A collection of people, consistently designated by the majority group as somehow different, may begin by not accepting this difference, or by denying its interpretation” (Tajfel 1978, p. 4). As the above quotation suggests, SIT proposes that minority group members may seek to distance themselves from, or deny the presence of, identity markers of difference. Thus, in addition to downplaying the significance of their disabilities, the participants simultaneously accentuate characteristics which can be used to (re-)position them in the abled-bodied group. This can be seen in Julia’s strategy of emphasising her mobility and physicality, characteristics which are usually associated with abled-bodiedness: “*I am still able to move around, I still take part in lots of activities...I am STILL abled.*” Arguably, Julia’s repetition of the adverb “*still*” and its’ emphasised annunciation, functions to retain her social identity as abled. However, paradoxically Julia’s above quotation also reveals that her abled status has come under question given her need to reassert her ability so strongly. As such, Julia defensively denies any change that could be used to position her as disabled: “*I am able to do virtually everything, everything I used to do.*”

Conversely, Grace does not contend that she has retained all of her abilities but rather attempts to position herself as abled through a rationalising strategy (Anspatch, 1979). She points out that she still possesses the basic, fundamental abilities of the majority group: “*I can still do the **basic things** that everybody else can.*” Lastly, Ayanda questions the brackets of ‘normality’ by suggesting that she is very close to being abled, given that she retains “*almost*” all of her functionality: “*Since I can do **almost** everything that a ‘normal’ [makes quotation marks with hands] person does, I don’t see myself as disabled.*” The above findings of this sub-theme speak back to both current and seminal literature in disability identity politics (e.g., Anspatch, 1979; Botha, 2016; Bogart et al., 2017, 2018; Dirth & Branscombe, 2018; Shakespeare, 1996a). Research has found that when attempting to assimilate into the majority group, persons with disabilities endorse abled-bodied norms but are aware of their deviations from that norm (Oliver & Barnes, 2012). Thus, in working with this contradiction in their identities, participants engage in numerous strategy options such as neutralising,

counterbalancing, rationalising, minimising differences and accentuating similarities (Anspach, 1979).

Transcending DisAblity: “Better than” abled.

For some of the participants, legitimating their claim to an abled-bodied social identity encompasses more than accentuating the similarities they retain with the abled-bodied group. As such, rather than positioning their abilities as similar, the participants argue that their abilities may even be superior to the abled group. This exacerbation of abilities allows them to surpass abled-standards of abilities and subsequently transcend their disabled status. Therefore, one participant, Julia, adopts a comparative strategy, whereby she competes with abled rivals or uses her former abled self and her previous abilities as a barometer to determine her new positionality and group status. Competing with abled others for an abled group status is exemplified by Julia when she describes why she is “*better than*” abled. Julia reasserts her abled social identity through inverting the ability/disability spectrum, as she is repeatedly referred to as “*able[d]*” while “*normally sighted*” others are regarded as “*not able[d]*”:

*I was **able** to do things a **normally sighted person** was **not able** to do, like aqua aerobics. And even though I am visually impaired, I was **able** to do all the exercises **compared to them**. So I felt, it was like a wow moment for me, because I was **able** to do the exercises **better than them**.*

Moreover, Julia uses a comparison strategy (Deal, 2003) when she compares her abilities as her current disabled self to that of her previous functioning as her former abled self. She goes on to compete with her former abled self, as she claims that she is just as abled as before, or possibly even more so, as she retains all of her previous abilities “*and then some*”:

A few months after this [disability] had happened to me, I started doing normal things again. The things I used to do. I was striving to do as many things as I could before this happened and then some. Just so that I could be seen as normal.

Notably, this strategy of comparison and exacerbated ability is performed to ensure that she is “*seen*” as “*normal*” and thus abled in the eyes of society. Similarly for Grace, transcending her disabled status is also about being seen as abled through exacerbating her

“normal” abilities. As such, Grace adopts a “*get up and go*” attitude, which allows her to be regarded as an abled-bodied peer by her abled colleagues. Being recognised as abled by an abled group member incites a sense of validation for Grace and affirms that her disability is inconsequential. Thus, her disability cannot be used to determine her status as other as she is just like “*one of them*”:

Like one of my [abled] colleagues said, even they don't see me as disabled. They see me as one of them. Because I get up and go, I still do things normally.

Therefore for the above two participants, transcending their disabled group status was about being recognised as abled by abled-bodied peers (Grace), or about surpassing the abilities of abled others (Julia). However in both instances, disability is nullified through exacerbated abilities, which in turn leaves no room for the recognition of their disability.

Ranking Disability: Hierarchies of Impairment

According to SIT, individuals categorise themselves into groups via processes of ‘social comparison’, whereby one’s suitability to a group, its’ societal ranking, and the benefits attained from its’ membership are compared and evaluated against existing groups (Hoggs & Williams, 2000; Trepte, 2006). However, for groups similar in comparison, the above process incites intra-group conflict and discrimination, as sub-groups compete for limited resources and positive distinctiveness (Trepte, 2006). Deal (2003) argues that this form of intra-group conflict and discrimination constructs hierarchies of impairment. A hierarchy of impairment can be described as a “pecking order” of disabilities based on impairment characteristics, such as disability type, severity or visibility (Deal, 2003, p. 906). The findings of the current research concur with Deal’s (2003) supposition, as a number of the participants attempt to evade stigma by passing it off onto those ‘less fortunate’ sub-groups who are ‘really’ disabled. Therefore, the participants engage in hierarchical strategies of ‘downward comparisons’ (Dirth & Branscombe, 2018; Dovidio, Major & Crocker, 2000).

For example, in explaining how they understand the term ‘disabled’, a number of participants chose to associate the term with impairment types that were not their own. Thus, it is suggested that these participants are attempting to distance themselves from the disabled group through constructing hierarchies of impairments. This is because their specific disability type and severity is positioned higher up on the disability “pecking order” and consequently is more entitled to positive distinctiveness (Deal, 2003, p. 906). Therefore,

constructing these hierarchies strategically operates to circumvent, but also to redirect, stigmatisation through ‘downward comparisons’ against other disabled groups, while simultaneously positioning the participants as more abled (Dirth & Branscombe, 2018; Dovidio et al., 2000; Finkelstein, 1993). This is expressed by Sarah and her belief that there are factions within disability, with some conditions being considered more prominent and disabling than others:

But um, there are differences within disabilities, that’s how I have always seen it. When somebody said disabled, I automatically thought of somebody in a wheelchair.

Disabled to me, means somebody who can’t do anything. They are unable to take care of themselves; they need somebody to assist them, whether it’s a wheelchair or somebody else, they always need assistance. But to me...a disabled person can’t work, can’t walk, can’t talk.

This frequent pairing of disability with wheelchair users is supported by previous findings in the literature. Room, Rehm, Trotter, Paglia and Ustun (2001) conducted research at fourteen medical centres globally and consistently found quadriplegia to be perceived as the most disabling condition. Furthermore, more recent literature suggests that persons with spinal cord injuries face negative attitudinal barriers with regards to their competency and ability (Hosseinigolafshani, Abedi & Ahmadi, 2014). Thus, wheelchair users may be considered an easy target within the collective disabled group to pass stigma onto. Interestingly, both Julia and Grace also choose to equate and confine disability to wheelchair users:

*To me disabled means that...Well, a person that is disabled is wheelchair bound. **And I am not. I am still able** to do many things, more activities than someone who is wheelchair **bound**. (Julia)*

*Not being able to do things, being in a wheelchair on a **permanent** basis; that to me is a disability. (Grace)*

The above two extracts highlight how hierarchies based on impairment types and impairment severity intersect; as words such as “*bound*” and “*permanent*” denote the severity of persons with disabilities who require wheelchairs. Thus, it can be suggested that these terms are used as comparative and distancing phrases, which set Julia and Grace apart from those who are perceived to be more severely disabled than themselves. As previously

explored, assistive devices serve as disability identifiers, and thus wheel chair users may be regarded as more visibly disabled, thus reinforcing their positioning as ‘really disabled’. As Sarah, Julia and Grace have more concealable impairments, they may have the “*luxury to pass*”, allowing them to pass off stigma onto more visible impairment types. Thus, visibility is a noteworthy factor influencing the adaptive strategy choice available to the participants, as well as their disabled de-identification.

Furthermore, Julia and Grace employ hierarchical strategies when they position themselves as yardsticks for ranking disability, as they both suggest that they consider anything below their level of functioning to constitute a disability:

*I think that if you are completely blind, and by that I mean with no sight at all, you are less mobile. You can still be accessible, you could have access to different things. But you would not be as able or manage to do as many things as I can. I just think that life would be more challenging if you were **completely disabled**, whereas with me it is challenging but yet I am still able to do many things. **So I think disabled is someone who is not able to do as much, or as many activities as I can.** (Julia)*

*Being bed-ridden is a disability or being visually impaired is a disability. I think that it is worse, to have your arms amputated, than not having legs. **So anything that is worse off than me is a disability.** (Grace)*

Therefore, it is argued that constructing hierarchies of impairments can set up ‘us vs. them’ group categorisations. Thus, through a process of downward comparisons (“*worse off*” or “*completely disabled*”) to more severe disability types, these participants strategically position themselves as higher up on the abled-bodied spectrum. SIT would propose that attempting to retain access in the abled-bodied group may be because of the material and ideological benefits accompanying membership within an in-group (Trepte, 2006).

However, not all of the participants feel that being placed higher up on the hierarchy of impairment was to their advantage. Specifically, John expresses upset at the way in which the hierarchical ranking of disability based on impairment type, severity or visibility actually “*limited*” his access to resources. Ideologically, it also jeopardises and illegitimises his self-expressed identity as disabled. Therefore, the quotation by John to follow speaks back to a contentious debate amongst disability sub-groups. This debate centres on intra-group conflict

about who the ‘real’ disabled people are, and thus, who is most in need of the limited resources available for the disabled collective (Deal, 2003):

One of the biggest problems I have in people recognising me as disabled is that my impairment is not as visible. If I was in a wheelchair, things would be very different. People would immediately acknowledge my status as disabled and I would not face the abuse that I face trying to access resources. So when I park in a disabled bay, I get abuse for it; whereas if I got into my wheelchair, or was on crutches, or if I didn't have a leg people wouldn't challenge me on it.

Moreover, the current research study found new evidence to support novel criteria utilised in the construction of hierarchies of impairment (Botha, 2016). Firstly, it is proposed that attitudinal hierarchies of impairment may exist amongst disabled individuals. For example, both Reese and Grace boast superior attitudes held towards their disability and compare these with what they consider to be inferior stances held. Thus, stigma is passed onto ‘those kind of disabled people’ who either deny their disabilities (Reese) or succumb to their limitations (Grace):

By saying differently abled, it says to me, almost that people are afraid to talk about a disability. It's like, no ah, you have a disability. But you know what, don't worry...You don't actually have a disability, you are just differently abled. It's all good [giggles]. (Reese)

You have to be strong, do not go and sit in a wheelchair and pity yourself and think that your life has ended, because it hasn't. (Grace)

To the researcher's knowledge, there is no published literature that proposes attitudinal hierarchies of impairment. This gap in the literature may be due to the paucity of research into disability identity (Bogart, 2014; Bogart et al., 2017; Dunn & Burcaw, 2013; Johnstone, 2004; Rottenstein, 2013). More specifically, it is argued that investigations into intra-group stigmatisation processes may be lacking in disability studies, as the disabled collective have long since been regarded as a homogenous group (Botha, 2016; Deal, 2003; Forber-Pratt et al., 2018; Johnstone, 2004; Shakespeare, 1996a; Watson, 2002).

Decentralising Disability: Negotiating a De-Personifying Identity

“Disabled? That’s not all I am!”

According to Goffman (1963), stigmatised identity traits often result in a spoiling process, whereby an individual’s identity is engulfed and tainted by the said stigmatising trait. Longmore (1985) protests that this spoiling process is most noticeable in the way in which impairments are positioned syntactically first when describing persons with disabilities (i.e., the blind man). As such, disability is said to take on a de-personifying role in the perception of one’s social identity. Notably, the de-personifying power of disability is evident in the data of this study, as a number of participants express dismay with the ways in which their disability has enveloped their sense of self. John believes that his disability has come to define him as a person: *“There are times where it does define me. It does.”* Contrarily, Grace resists this superimposition of a defining disabled identity when she remarks: *“Disabled? That’s not all I am!”* However, she goes on to acknowledge that her disability functions as a stigmatising and *“conspicuous”* element of her identity which categorises her as different: *“I think in a way it is a very visible and conspicuous element of who I am, so the conspicuity is an important thing. One is physically marked as different.”*

Moreover, the de-personifying power of disability results in a simplification of identity, as additional identity traits are eclipsed by disability (Loja et al., 2013). Mia echoes this claim when she points out how abled individuals are seen for their full complexity as human beings, a phenomenon which she succinctly describes as the *“more”* quality to abled-identity. However, she goes on to juxtapose this with how disability becomes a master identity which reduces an individual’s identity and confines it to their impairment (Loja et al., 2013; Shakespeare, 1996a). As such, Mia protests that acquiring her disability has denied her agency for self-expression to identify and be seen as *“more”*:

They [abled society] just see the disability, yet I am so many things! There is just so much more and why do abled people get to be that ‘more’? And suddenly this one thing about me means that everything has to change and I am only seen in relation to that?

Consequently, having her identity reduced to her disability is described by Mia as a very *“dehumanising”* experience, where she feels *“invisible”* and *“invalidated”* in the eyes

of abled society. However, Mia describes how moving from using a cane to a guide dog had a re-humanising affect for her identity and resulted in her recognition as an individual by abled members:

But when I got Betty [guide dog] people didn't just see the blindness anymore, they just saw a cute dog and a person, and they came up to talk to me and everything changed, I can't describe it. It was so weird, kinda relying on an animal to give me back my humanity in the eyes of others.

Similarly to Mia, Ayanda speaks to how disability can be experienced as a reifying trait which results in an objectification process of one's identity (Shakespeare, 1994). As such, Ayanda resists being reduced to a symbol of disability, namely her wheelchair, and reasserts her identity as an individual: *"Just because I am wheelchair bound, doesn't mean that I am the wheelchair itself. It means that I am just an individual living life, who uses a wheelchair to make life a bit easier."*

Consequently, given the power of disability to engulf one's identity (Longmore, 1985) the participants navigate this stigmatising trait of disability by decentralising it. Arguably, this decentralisation strategy is achieved through invoking what Johnstone (2004) terms a 'complex identity', whereby individuals with disabilities promote a person-first approach to their identities. Therefore, the participants seek to emphasise what Mia regards as the *"more"* quality of their identities. For example, both John and Ayanda decentralise their impairments from being perceived at the forefront of their identities, by asserting that they are just people *"living with a disability."* Thus, disability is seen as an accompaniment to their social identity and not the central aspect of it. This interpretation is further supported by Ayanda's reiteration of her individuality, and side-lining of her disability, through her juxtaposition of the all-encompassing term *"am"* with the term *"with"*:

They [abled society] see my disability more than they see me. They see disability more than they see the individual who has the disability, you know? It's like to them, I AM my disability. When in actual fact, I'm just an individual WITH a disability. There's a huge difference between those two things. It's different when you are something and when you are living WITH something.

Additionally, some participants utilise a decentralisation strategy to emphasise how acquiring their disabilities has only resulted in a change externally in social identity or in

physical appearance, but has not significantly impacted on who they feel they are internally. As such, both Sarah and Julia distinguish between their inner and outer selves, or between “looks”, “identity” and “personality”:

I am still me, I am still the same person inside it's the outside that bothers me.
(Sarah)

I changed my whole look, because I thought I had to change my identity, I had to...to suit this [disability]. But ultimately, my personality hasn't changed but my look has. (Sarah)

I think fundamentally, I am the same person. So my personality hasn't changed but my identity has. (Julia)

However, in order to preserve this inner self that is ‘unaffected’ by the change in their physicality, the participants dissociate their identity from their impairments through strategies of disembodiment (Watson, 2002). For example, Julia emphasises how her disability is securely located in her body and thus only affects her corporeal identity and not her social identity as abled-bodied. Thus, she specifies where in her body the “actual impairment” is located, confines it to this area (i.e., “just the eyes”), and subsequently uses this strategy of disembodiment to reassert her abled social identity:

No I don't think I would then ascribe being disabled as part of my identity. Even though a lot of damage has been done to my body, um...I am still abled. It is just really the eyes that are the actual impairment. I am still able to do things.

Further support for decentralising disability through strategies of disembodiment can be seen in how Grace and Sarah both confine the impact of their disability to their bodily impairments. Thus, they protest that this change in corporeal identity should not result in shifts in status, social identity or their treatment in society:

I know that I am able. It doesn't mean now that you lose your legs, you are disabled.
(Grace)

I just want to be treated the same as I always was. I still believe that I am the same person, just missing half a leg, just like someone who has lost their hair and is now wearing a wig. (Sarah)

For the above participants utilising a decentralisation strategy, identity reformation is about reasserting their positionality in the abled-bodied group. However, it is contested by the paradox of having a disabled body (Watson, 2002). Consequently, in the process of identity (re)construction, personhood is centralised and corporeality is side-lined, as identity becomes disembodied (Watson, 2002). Giddens (1991) attests that a mis-alignment of one's identity and one's body creates a false sense of selfhood. Yet, this claim is countered by Watson (2002, p. 519) who proclaims: "for many, whose bodies are not universally accepted, part of the biographical narrative appears to be about constructing a self that allows for a separation of bodily image." Moreover, borrowing from feminist theory, Bourdieu (1990) attests that the body is site of power and physical capital, delineating who is assigned social, economic and political resources in society. Therefore, taking the above literature into consideration, it is argued that the participants' strategies of disembodiment are not a sign of poor psychological adjustment to their acquired impairments. Rather, this strategy choice needs to be understood within the context of a society which devalues and disenfranchises persons with disabilities (Loja et al., 2013; Reeve, 2004).

3. Reclaiming the ‘D-word’

The Politics Involved in Self-Definition

In stark opposition to the above participants’ attempts to distance themselves from the disabled category, three participants navigate a stigmatised identity through deliberately identifying as disabled. As such, some participants rely on language reclamation strategies and de-euphemistic rhetoric whereby they take ownership of, and deliberately identify with, ‘disempowering’ terminology through acts of disability pride (Dunn & Burcaw, 2013; Nario-Redmond et al., 2013; Putnam, 2005). In doing so, these participants empower themselves and seek to create more positive distinctiveness for the disabled minority group by reconfiguring the stigmatised meaning previously attached to the term (Anspach, 1979; Longmore, 1985; Zola, 1993). Therefore, the participants positively reframe the ‘D-word’, and arguably in the process, they perform politicised disabled identities.

For example, when asked what terminology (s)he identifies with at the start of the interview, Reese provided the following response:

*Disability works for **me**...Um I think it is important **for me politically**, to kind of position **my** disabilities, on **my** terms. So for **me**, kinda looking at disability is useful in...[pauses] a holistic way. And in that, **I** don’t think that disability is necessarily a negative thing to live with.*

The above extract demonstrates that Reese self-identifies as disabled. However, (s)he remarks that (s)he does so as a political statement: “it is important **for me politically**.” Moreover, the use of numerous personal pronouns such as “me”, “my” and “I” are suggestive of a reclamation strategy, as Reese is positioning (x)self as disabled on his/her own “terms.” Further evidence for a political reclamation strategy is provided in Reese’s clarification of his/her claim to a disabled identity. (S)he uses the specifying phrases “and in that” and “necessarily” to distinguish between his/her understanding of disability and the prevailing conception of society: “And in that, I don’t think that disability is necessarily a negative thing to live with.” Therefore, Reese is aware of how disability carries “negative” connotations in society, but (s)he is choosing to reclaim the disabled label on more positive and “holistic” grounds. Therefore, Reese’s strategies speak back to assertions in the literature that individuals with disability do not identify with the negative associations attached to the

term ‘disability’, but rather choose to identify with disability for a multitude of positive reasons: “Disabled people do not have to identify in terms of impairment and deficit, but can identify in terms of resistance to social oppression, solidarity and pride” (Shakespeare & Watson, 2001, p. 562).

Reese couples his/her strategy of language reclamation with de-euphemistic rhetoric when (s)he confronts how disability evokes discomfort in others; and thus (s)he challenges how disability is made to be “*more palatable*”, or is spoken about more ‘politely’ through the use of euphemisms (Botha & Graaf, 2018). This is demonstrated through the juxtaposition set up by Reese’s “*deliberate*” self-identification and others’ evasive language choices:

For me it is important to just be deliberate and say, I do have disability! For me...it's not useful to kind of work around this saying...hmmm I'm handicapped...or I am partially-disabled or whatever.

Similarly, both John and Mia self-identify as disabled and engage in de-euphemistic strategies in their positioning as such. When asked what terminology John felt comfortable using in the interview, he was very dismissive of euphemistic terms: “*Well not differently abled because that is just a horrible euphemism.*” Moreover, Sarah finds euphemisms to be amusing and discredits them through her use of humour: “*I am always so entertained by all the politically correct stuff people feel they have to use [laughs].*” Arguably, both language reclamation and de-euphemistic strategies are politically transgressive acts, as the participants deliberately appropriate labels which have previously been used to ostracise and discriminate against their minority group, and reconfigure their meaning through self-definition (Longmore, 1985; Nario-Redmond et al., 2013; Zola, 1993). Anspach (1979, p.773) supports this interpretation and asserts that language reclamation and de-euphemistic rhetoric constitute a direct affront to ableism, as these strategies illustrate “a subtle mastery of the language game of the ‘normals’.”

Arguably, Reese takes mastering the abovementioned ‘language game’ even further when (s)he chooses to self-identify as “*neuro-divergent.*” Dissatisfied with terminology which positions the disabled experience as defective or “*broken*”, Reese opts for a creative new name which positively reframes his/her disabled identity and celebrates difference as diversity (Botha & Graaf, 2018; Forber-Pratt et al., 2018):

My identities in terms of being neuro-divergent do tease into being somebody with a disability. Um I like to deliberately choose to use the term 'neuro-divergent.' Because to me, it is a positive way to buy into the idea that not everybody's brains are the same. As opposed to well, you're broken...

Additionally, Reese also self-identifies as a “ciborg”:

So for me, the location of my disability and identity has been fascinating, particularly for someone who has hearing loss and uses cochlear implants. I have never resonated with the term 'd/Deaf'. Irrespective of it being a capital D which denotes Deaf culture or the lower case d, which denotes typical hearing loss. I don't identify with either, specifically because of the groupings and the people I have met in those spaces are not experiences I resonate with. So I identify as a ciborg. I mean I kinda write it as 'c-i-b-o-r-g', which is a twist on the original cyborg term. This is a reference to people who are cyber genetically human, in that their bodies are removed or replaced by a technical machine. For me, the 'C' would then represent cochlear and the 'I' implant.

The above extracts illustrate that identity construction is a malleable process whereby individuals' subjectivities can be constructed and reconstructed through language reclamation (Longmore, 1985). As such, Reese positively reframes his/her disability by aligning (x)self with the extraordinary and the superhuman. Thus, disability takes on a new meaning in Reese's identity and comes to positively connote innovation and advancement in human genetics (Botha & Graaf, 2018). Therefore, the above participants engage in a psychological mobility strategy, which SIT terms 'social creativity' (Jackson et al., 1996). Social creativity is a rhetorical strategy which minority group members utilise to re-define negative assumptions held about their group through positively reconfiguring stigmatised labels or attributes (Trepte, 2006). Moreover, Zola (1993, p. 167) attests that there is politics involved in this type of self-definition as it implies a “wrestling for definitional control” from the majority group. This is reiterated by Anspach (1979, p.773) who remarks, “identity politics, then, is a sort of phenomenological warfare, a struggle over the social meanings attached to attributes.”

Politicising Disability

It can be proposed that in addition to engaging in the above analysed language reclamation and de-euphemistic strategies, Reese, John and Mia are performing a politicised

identity. This interpretation is supported by an examination of their footing in the interview (Potter & Hepburn, 2005), as all three participants chose to end the interview with a political statement (when asked in the final question if there is anything that they would like to address). Each participant had their own political affinity which they advocated for, whether it be for dismantling normative standards and promoting inclusivity (Reese), or appealing to abled society for more understanding (John), or advocating for resources for disability as a minority group (Mia):

I mean just to say, as I have said earlier, that we need to work towards having systems that defy what we understand to be 'normative'. Um, that we need to consistently be challenging that being abled is the only way to be in this space. And I really think that that is really a fundamental part of shifting where we are at, to get to more supportive and more engaging spaces which honour people with disability and push for inclusion and integration as opposed to separation. (Reese)

There is a massive tension out there for people who live with disabilities. I think the difficulty with acquired disabilities is that many people land up having disabilities that are quite subtle. So societies and communities do not provide enough understanding to persons with disabilities. (John)

So abled-bodied people just don't get this...But it is almost like race and gender, especially in South Africa, almost get top priority. Especially, when it comes to resources because they are so much more visible than disability. Disability matters too. (Mia)

Therefore the results of this study are consistent with previous findings as political advocacy has been found to be a facilitating factor in disabled identification (Bogart et al., 2017; Dunn & Burcaw, 2013; Putnam, 2005). Advocacy work is said to promote a sense of pride in one's disability, resulting in an increase in personal self-esteem as well as greater positive distinctiveness for one's minority group through challenging the legitimacy of discrimination and the stability of the status hierarchy (Dunn & Burcaw, 2013; Putnam, 2005). The way in which political advocacy promotes disabled group identification is reiterated by Mia in her explanation for why she self-identifies as disabled and is evidenced in her use of the collective pronoun "we": *"It is also a way of thinking where you identify with a certain group of people and a paradigm and you feel like we can achieve something together."*

Moreover, political advocacy speaks back to the cognitive alternative in SIT termed ‘direct conflict or competition’ and is said to be invoked when group boundaries are determined to be impermeable (Jackson et al., 1996; Tajfel & Turner, 1979). Thus, minority group members challenge and seek to dismantle the social order of the majority group through campaigning and lobbying for change (Dirth & Branscombe, 2018; Treppe, 2006). Interestingly, the results of the current study differ from that of the theoretical underpinnings in SIT, as there was little evidence to support that the perception of the permeability of group boundaries impacted on the cognitive alternative chosen by these specific participants. This is because Reese, John and Mia all arguably have more rehabilitative disabilities that are not so severe and visible. For example, Reese uses a cochlear implant and therefore (s)he retains some of her/his hearing abilities and is able to speak as opposed to sign. Similarly, John has partial paralysis in his leg from his right knee down, which, with rehabilitation, has meant that he maintains his mobility and ability to walk. Moreover, Mia describes her acquired vision impairment as “*circuitous*”, because the percentage of her vision retained constantly changes. Therefore for these participants, the boundaries between abled and disabled groups should theoretically be regarded as more permeable given their impairment types and severity. Thus, SIT would theorise that they would be more likely to employ more individualistic strategies such as social mobility or passing as abled-bodied (Bogart, 2014; Dirth & Branscombe, 2018; Jackson et al., 1996; Nario-Redmond et al., 2013). However, these participants choose to employ more collectivist strategies through deliberately identifying with the disabled group, engaging in political advocacy and celebrating, or embracing, their disability.

In hypothesising about this divergence between the findings of the current study and the theory proposed in SIT (Tajfel & Turner, 1979), it is possible that it may be due to temporal differences. Firstly, temporal differences may manifest due to a shifting climate in the way disability is being socially perceived. This explanation ties in with Swain and French’s (2000) Affirmation Model of Disability, which postulates that due to political advances gained by the Disability Rights Movement, disability is no longer regarded solely as a personal tragedy or medical malformation. These authors suggest that while ableism is by no means abolished, there is evidence that disability is increasingly celebrated as a form of human and cultural diversity by those with disabilities (Swain & French, 2000). As such, there may be greater opportunity to identify with a disabled identity on more positive grounds than there has been in earlier times. Subsequently, some individuals with disability may

experience a reduced pressure to pass and identify as disabled, despite the permeability of group boundaries being more open to them.

Moreover, given the advent of social media, there is arguably more opportunity for disabled individuals to create networks of social support, albeit online (Braithwaite, Waldrone & Finn, 2009; Wright & Bell, 2003); whereas, previously those with disabilities were kept segregated due to poorly accessible built environments. This is reiterated by Mia: *“Before this [social media], disabled people were kinda hidden away. The really big difficulty for disabled people is mobility and accessibility. How can you have a community when you can’t be in the same space?”* Therefore, online forums overcome these access challenges and create virtual communities and “safe spaces” (Reese) for individuals with disabilities to receive social support. Notably, social support has been found to be an integral factor in facilitating disability identification (Bogart et al., 2017). Therefore, due to the enabling role of social support, persons may identify as disabled, despite the permeability of group boundaries and opportunities to be regarded as abled-bodied. Reese, John and Mia spoke to their experiences of social support received in online spaces and in the disabled community at large, as addressed in the quotations to follow. Moreover, these participants emphasise that identifying with the disabled collective provides them with “support” as well as a sense of belonging and “affirmation”, as evidenced through terms like “community”, “at home”, “tribe” and “my people”:

Being a part of disabled community speaks to me because these are people whose experiences I resonate with and we share collective terms and collective identities.
(Reese)

I just really believe that at the end of the day, you need to ascribe to a term that resonates for you. And for you [to] go to community spaces for people with disability and describe yourself as a person with disability, at like conferences or in online spaces...it’s not just about ascribing to a term, but it’s also about buying into a community. (Reese)

I kinda found my ‘people’ and it has been an incredibly affirming experience. (Reese)

Recently I went to a conference for disability and I felt at home in amidst those with disabilities. (John)

So with social media a lot of disabled people are starting to speak up for themselves and define themselves. So it does seem like all the rage to find your tribe and it does provide a place where you have support. (Mia)

Therefore, this theme has found support for the findings presented in Johnstone's (2004) review which argues that more positive, empowering and collective identity types are becoming available to those with disabilities (Bogart et. al, 2017). However, this finding does not discredit the very real experiences of stigma and internalised ableism described in the first theme, but rather suggests that some of the politic progress made in disability rights is spilling over into the realm of identity politics. As such, this has opened up space for the 'D-word' to be reclaimed and positively connotated in politically transgressive acts of self-definition. Moreover, the findings of this theme suggest that political advocacy and social support facilitates the above process of self-identifying as disabled, as proposed by the literature (Bogart et al., 2017; Putnam, 2005; Raver, Murchake & Chalk, 2018).

4. Incorporating the ‘D-Word’

As this research has demonstrated, there is an important distinction between integrating one’s disability into one’s identity, whereby one identifies with the disabled collective through strategies of language reclamation, pride and political activism, and incorporating one’s impairment into one’s identity through individualistic strategies (Bogart, 2014; Nario-Redmond et al., 2013). Therefore, although a number of participants (Sarah, Grace, Ayanda and Julia) initially did not self-identify as disabled, this study found evidence that supports the claim that disability identification may not be an ‘all or nothing’ phenomenon (Rhodes et al., 2008; Yoshida, 1993). Thus, it is proposed that when disability can be constructed as a more positive identity trait, even participants who disaffiliate from the disabled group come to take ownership of their disabilities and incorporate their impairments more positively into their sense of self.

Battling Disability: From Victim to Victor

I look at disabled people and I think nobody knows how brave you are! We are not victims! What battles disabled people have faced. (Ayanda)

Four out of the seven participants (Sarah, Grace, Ayanda and Julia) choose to construct the acquisition of their disability as a “*battle*”, which they have to endure and overcome in order to derive more positive conception of their disabled identity. Therefore, it is argued that the participants construct disability acquisition as a “*battle*” in order to reposition themselves from victims to victors, or, in the participants’ words, to be regarded as “*survivors*” (Julia and Sarah). Positioning themselves as such may be a reaction to how disability is commonly associated with misfortune and tragedy in society (Sunderland, Catalano & Kendall, 2009). This claim is supported by Shakespeare (1996a, p. 99) who protests that the identities of persons with disabilities are subsumed, as they are frequently “*fetishised as medical tragedies.*”

Consequently, in order to retain their self-esteem, some of the participants reject the superimposition of identities of victimhood and (re)construct their biographies around the narrative of a survivor. Realigning themselves with traits of endurance, bravery and heroism associated with survivors may be a strategic attempt to evade stigma (Johnstone, 2004). Thus, it can be postulated that the participants are engaging in similar strategy to what SIT terms

‘social creativity’, whereby they attempt to redefine the negative assumptions commonly held about the disabled group by proposing new criteria by which to be evaluated (Jackson et al., 1996). However, it is important to note that some of the participants utilise social creativity as an individualistic, and not a collectivist, strategy. Thus, they redefine negative criteria about the disabled group to bolster their own self-image and not as a political act for the benefit of the disabled collective (As seen in theme three). Arguably, individualistic strategies of impairment incorporation are evident in Sarah, Julia and Grace’s repetition of the person pronoun “I”. The following quotations demonstrate how employing the survivor strategy facilitated Sarah, Julia and Grace to take ownership, “*identify with*” or even “*show off*” their disabilities:

In a lot of ways, I think that I am special and I identify with this[disability acquisition].I think that people see me as someone who went through this battle...I went to war and these are my battle scars and I survived and beat cancer. To me my [prosthetic] leg is a trophy, that’s how I try to look at it. (Sarah)

And I think that is just part of being a survivor. I try and be as positive as I can be about my life with a disability, even though I am in a negative situation. (Julia)

*I love wearing short pants and painting my [prosthetic] toe nails. I show off my [prosthetic] legs because to **me**, I am a survivor! I have overcome things which other people may not have. (Grace)*

The above participants propose that they are in fact “*special*” because they have “*beat[en]*” or “*overcome*” their difficulties through battling disability in ways disabled others “*may not have*”. Under circumstances where their disabilities can provide them with more self-esteem, their impairments are not shamefully hidden (as seen in the sub-theme entitled ‘Disguising Disability’), but exalted with pride as “*troph[ies]*”. Thus, it is proposed that disabled identity is re-embodied through this strategy, as the participants’ (Sarah and Grace) impairments and medical aids (such as their prosthetics) come to symbolise their strength as “*survivors*” of disability, as opposed to operating as signifiers of a stigma. Arguably, the survivor identity overlaps with a well-known trope in disability literature termed the ‘*supercrip*’ (Grue, 2016; Haller & Zhang, 2014; Harvey, 2015; Johnstone, 2004; Ljuslinder, 2014), to be explored in the subsequent theme.

To conclude this theme, self-identifying as “*survivors*” strategically functions to distance the participants’ personal identities from stereotypical conceptions of the disabled group, where they may be regarded as tragic and pitiful victims. Moreover, it simultaneously permits them to stake a claim to a more positive evaluative criteria and empowering identity traits of the victor (i.e., strength, bravery etc.). Therefore, this research presupposes that subscribing to a ‘survivor’ identity functions as a facilitating strategy for disability incorporation, as it allows the participants who initially did not self-identify as disabled to reconstruct and claim their disabilities on more positive grounds.

The ‘Supercrip’:

I can’t run...but I’ll do it one day, I am going to! [holds arms up with fists and flexes like a superhero]. (Sarah)

The opening quotation and accompanying superhero-esque body language displayed by Sarah can arguably be described as a ‘supercrip’ identity. According to Grue (2016), a ‘supercrip’ is an inspiring individual with a disability, whose abilities are glorified and accomplishments valorised due to them having an impairment. The ‘supercrip’ biography speaks back to Johnstone’s review (2004) and his proposed typologies of ‘empowering identities’. However, there exists some debate within the literature about the ‘empowering’ propensity of the ‘supercrip’ identity (Grue, 2016; Haller & Zhang, 2014; Harvey, 2015; Johnstone, 2004; Ljuslinder, 2014). Particularly, what has come under scrutiny is the ableist values the ‘supercrip’ identity is said to perpetuate, in so far as the successes of persons with disabilities are benchmarked against abled-bodied standards (Nario-Redmond et al., 2013). Mia engages with the ‘supercrip’ debate when she confesses her reluctance to draw on ‘supercrip’ identity, but still professes that it has a certain appeal to provide her with positive affirmation of her disabled identity: *“I know I should encourage the ‘supercrip’ stereotype but people are like: ‘You’re a blind artist, that is amazing!’ so like I kinda of like milk it. If you got it, use it.”*

Thus, the results of this study indicate that the ‘supercrip’ identity is adorned by a number of participants and empowers them to identify with their disability on more positive terms. Arguably, this is because serving as an “*inspiration*” to others helps bolster their self-image precisely because of their disabilities and not in spite of them (as seen in the strategies explored under theme two: ‘Doing Difference Differently’). Thus, the participants are more

likely to claim their disabilities when they are regarded as inspiring or tenacious. For example, the opening quotation and the proceeding one to follow demonstrates how Sarah constructs her ‘supercrip’ identity around a “*never give up*” attitude:

Right after I had it done [her amputation], I was back at work. I said that nothing is going to keep me down, nothing. I came straight back to work and I was myself, even though I was on crutches for weeks, on one leg at work. I was not going to let it bring me down. And I'm proud of that.

For her strength and determination shown in the face of adversity, Sarah not only restores her sense of pride in herself but also receives the respect and admiration of others. Sarah implies that serving as an inspiration to others helps her incorporate a more positive disabled identity:

People always tell me that they admire my strength, they do all the time...And that I inspire them which helps. That's what I want to be...an inspiration.

I'm proud of my scars because, I think...I think that it is quite a big thing, to have your leg taken off, it's not an easy thing to go through. So I think, because people come up to me and they say: 'I am so brave and wow, I admire you.' That kind of stuff helps.

A similar tenacious attitude is displayed by Grace in her ascription to a ‘supercrip’ identity. This is demonstrated in her assertion that you have to “*embrace*” and “*fight*” through the challenges life ‘throws’ at you. Adorning the ‘supercrip’ identity arguably allows Grace to feel like she has a choice and thus the agency to empower and redefine her identity in disempowering circumstances:

No matter what the challenge is, embrace it. You can choose to fall flat on your face and let it get to you, or you can choose to fight through it...You need to become a stronger and more positive person, you need to believe in yourself and then know that you can overcome anything.

Subsequently for Grace, adopting this ‘supercrip’ strategy was largely about embracing her disability and using it to inspire others, and in doing so she was able to come to “*embrace*” herself more as a disabled individual:

Well I am one of the first female bilateral amputees to have done a motorbike trip throughout the country, to raise awareness for the [Name of] Foundation...So like I

have said, I have embraced my disability to help others, and in doing so, I keep myself inspired and motivated. Seeing the response from the public, in general, how they come to me and say: 'Thank you, you are an inspiration to me', that keeps me going and is what is pumping me full of adrenaline.

The findings of the current research speak back to international and South African literature, as both Grue (2016) and Harvey (2015, p. 299) propose that “heroic status” is bestowed upon the achievements of individuals with disabilities. Thus, given that the ‘supercrip’ biography can be utilised to promote more positive conceptualisations of disability, both Sarah and Grace were more likely to claim and even “*embrace*” a disabled identity through this adaptive strategy.

5. Trajectories of Disabled Identification

A Progressive or Pendular Process?

Two out of the seven participants feel that they have come to incorporate/integrate their disability with time or “*maturity*.” Therefore, they described their trajectory as a “*process*”, which is elaborated on as a linear and “*gradual*” progression to an end “*point*.” This is a stage-wise trajectory (Gill, 1997) as it is described in finite terms given that the process results in acceptance, either of their condition (Ayanda) or of their new disabled self (John):

...I would be lying if I said that I just automatically came to terms with it. That would be a lie. For me it was a process, you know, an everyday process. A process whereby I, I had to, gradually accept my condition. But now...now that I have accepted it, I have gotten to a point where...because with acceptance comes maturity as well, so I have come to a point where, I don't view it as this curse that I have. (Ayanda)

I have rehabilitated to a point where it is pretty stable now. I am not going to get a lot better. So, I have come to accept that part of my identity now is living with disabilities. So there are times when I have resented it. But ultimately, there is largely an acceptance of it. I have been through the grieving process, so there are times where there was anger or I was bargaining with myself and fantasising about if it [disability acquisition] did not happen...how would my life be? But I am pretty much through it. I have gotten used to the new me. (John)

Ayanda's account that disability incorporation comes with “*maturity*” could provide some support for the predictive role of time spent living with a disability on disabled identification. However, given that Ayanda does not self-identity as disabled, support for this factor is weakened. Moreover, John's experience of disabled identification via a stage-wise trajectory can be attributed to his years of rehabilitation, as these institutions are said to promote models of psychological adjustment (Anspach, 1979; Forber-Pratt et al., 2018). As such, rehabilitation programmes depict the acceptance of one's disability as a series of linear and consecutive stages and impart models of grief (Yoshida, 1993).

Contrary to Ayanda and John, the five other participants felt stage-wise trajectories promote a false dichotomy between their abled and disabled selves. Furthermore, they felt that this concrete distinction is incongruent with their disabled experiences and identities:

I had this lady from the Department of Disability, she came to visit me in the hospital and she said to me that I need to come to grips with the 'new me'. I am no longer the 'old me'. The new me cannot see, she cannot do this, this, and that. And it was very hard to...to, I mean I am still trying to understand why she said I need to come to terms with the 'new me', because I still feel that parts of me are still the old me.

(Julia)

For a person with an acquired disability, there is an expectation that there is this huge stop, a full stop and a-whole-other thing has to start. And everything that came before it has been erased. People give you this new identity but you have not moved on in your head. It does not happen that quickly. (Mia)

Subsequently, some of the other participants subscribe to pendular trajectory models of identity (re)construction. Therefore, the findings of this study also concur with Yoshida's (1993) and Darling's (2003) assertions that the process of identity (re)construction, following disability acquisition, is not always a straight forward progression towards disability identification; but rather individuals can oscillate between abled and disabled self states. This is exemplified by Mia who claims: "*My disability, it left me in this weird liminal space.*" Forber-Pratt et al. (2020, p. 8) support this liminal understanding of disabled identity when they assert that the "acceptance of disability and internalization of disability community values is not conceptualized as a simple 'on and off' switch." Consequently, disability identification is described as a process that is in constant flux (Onken & Slaten, 2000; Yoshida, 1993).

Notably, Reese describes his/her process as "*ever-changing.*" Moreover, Grace describes the process as "*circular*", as her disabled identity may be handled differently on a daily basis: "*So it's an ongoing thing for the rest of my life and you just have to take and deal with it as it comes. So it's, ah, you take it day by day.*" For both Reese and Grace there is not a final stage of acceptance, or what (Gill, 1997, p. 47) describes as "coming home"; but rather disability identity identification is considered a personal, dynamic and perpetual process.

Moreover, Rhodes et al., (2008) speculate that disability identification is not a finite state but rather is a contingent process that can be described as conditional and situational.

Similarly for other participants, disabled identification could be described as situational, as certain circumstances, places and people result in them either rejecting or identifying with a disability identity. Therefore, there are different reasons for why persons may identify as disabled that may “*fluctuate*” by circumstance and setting. This research supports Rhodes et al.’s (2008, p. 387) speculation that “people may incorporate, reject, stress, defend, deny, downplay or conceal different aspects of their identities at different times and in different contexts.” The above claim is supported by the following participants’ responses:

*But it **fluctuates** with different people, with my family for instance, I don’t like it when people...say ‘sit down, sit down’, and I want to stand, or ‘I’ll get it for you’, I don’t like when people do that. I like to do it myself...But at other times, in other situations, I get cross if people push me in the lifts, and I think, gee you know, I’m disabled. Which is a bit unfair because sometimes I’ll say I’m not disabled, but then when somebody is pushing me around then I am disabled, which is not right [laughs]. So it depends on where I am or who I’m with. (Sarah)*

...again it is dependent on who you are with and where you are. (Reese)

Moreover, the results of this study suggest that disabled identification is precipitated by circumstances whereby disability can prove advantageous to the participants, either by providing positive affirmation or environmental access:

Again it depends on the space I am in and with the people I am with. It just depends. So on some days I gladly step into that box [of disability], especially if it can like benefit me and I suppose that is only kinda with certain disabilities and privileges. (Mia)

So for certain things, I will self-identify as disabled if it is at an advantage to me. (Julia)

Within certain spaces I am more aware of my impairment and in certain spaces I actually take advantage of my impairment. Like with standing in the queue I will say: ‘Yay! I am disabled, I can finally get pushed to the front of the queue because of my

impairment.' I'll take advantage of it because why not [laughs]. And um, obviously some other situations like shows, school events. I am very aware of, and frustrated that, I have got this impairment. (Julia)

Therefore, the findings of this research study suggest that disability identification may not only be quantified by its' extent (integration vs. incorporation) but perhaps may be better understood as a contextual process (Onken & Slaten, 2000; Rhodes et al., 2008). Thus, the positive and negative circumstances which inhibit or promote disabled identification may require further elaboration in future research. For example, this study found that exposure to different groups of people who hold different knowledge paradigms which promote positive disabled identities can facilitate disabled identification. One of the ways this exposure to positive knowledge paradigms does so is through promoting a greater sense of agency for the participants:

I do feel that initially, a lot of the words and spaces I had were shaped by other people, and particularly people who are abled, and that for me was very hard. Especially, you know, growing up in spaces where I wasn't around other people who had disability. But meeting people who are like yourself, helps you to build on the way you identify, to learn different kinds of ways to talk about yourself and to find out more about different identities. And this is created additionally, through online communities. So agency is shared with people who share your identity. (Reese)

Only when I started getting more involved with disability theory and groups and reading, or hearing other people's stories and how they resonated with me, that is probably when it started to make a difference. (Mia)

As such, the above responses attest to Onken and Slaten's (2000) findings that disability identification is precipitated by conscientisation, whereby persons who acquire disability may go through a process of 'unbecoming'. As such, with more interaction with the disabled community and greater exposure to alternative knowledge paradigms, the participants come to challenge and dismantle their previous ableist perceptions and become conscientised to a new understanding of the disabled experience. Therefore, in conclusion, while there is evidence that disability identification can take on a linear and stage-wise trajectory, the current study found that contextual and pendular experiences of disability identification were more popular amongst the majority of participants. Importantly, finding greater evidence for contextual and pendular trajectory models can serve as a potential

explanation into why limited support was not found for previously proposed predictive factors of age of onset and years spent living with an acquired impairment (Bogart et al. 2017). This may be because for a number of the participants in the study, identity (re)construction is regarded as non-linear and without an end point.

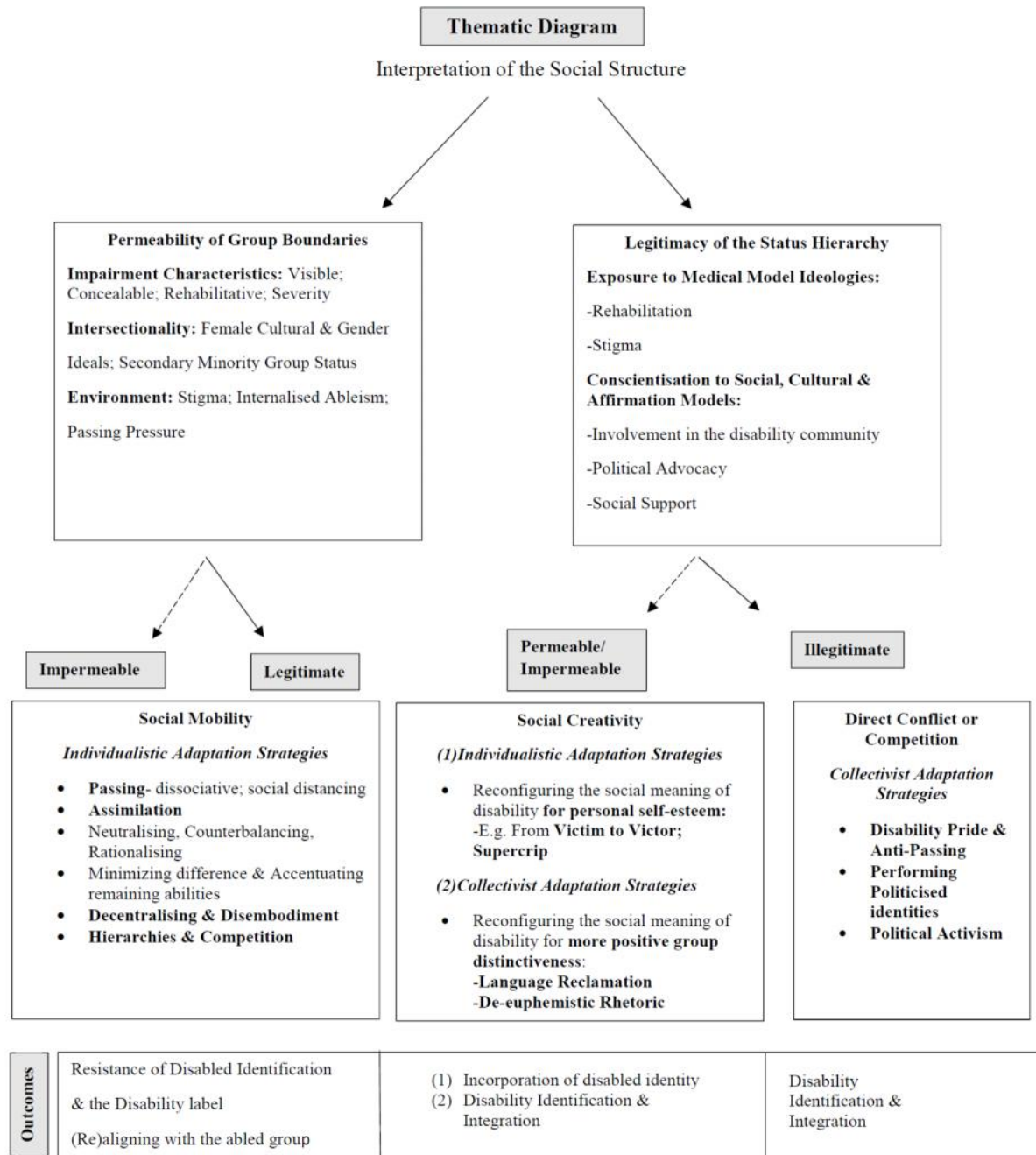


Figure 1. Depicts a visual representation of the interaction between predictive factors (and their impact as understood from SIT), psychological and behavioural adaptation strategies, and the subsequent outcomes for disabled identification. The findings of this thematic diagram are identified by the participants and are explored in the themes above.

Chapter Five

Conclusion

The findings of this research indicate that the acquisition of a physical or sensory disability can destabilise one's sense of personal and social identity. Subsequently, it is argued that a renegotiation of identity is required, whereby psychological and behavioural adaption strategies are employed to reconstruct a more stable sense of self and create positive distinctiveness for one's group identity (Dirth & Branscombe, 2018; Hoggs & Williams, 2000; Trepte, 2006). Notably, the current study found that four out of the seven participants interviewed did not identify with a disabled identity. For these participants the disability label, or what this study has termed the 'D-word', was vehemently rejected, defensively avoided through omissions, or made more palatable by euphemisms. Therefore, this study found greater evidence for the use of individualistic strategy choices in these participants' responses (Nario-Redman et al., 2013). Arguably, the individualistic strategies present in the data are aimed at reconstructing abled social identities for the said participants, which speaks back to the cognitive alternative in SIT termed 'social mobility' (Jackson et al., 1996; Trepte, 2006). Thus, in order to evade stigma, as well as gain access to a more materially and ideologically privileged form of citizenship (Vaahtera, 2012), disability is disguised through dissociative passing strategies (Goffman, 1963; Kanuha, 1999).

Moreover, it was proposed that the participants attempt to assimilate as able-bodied by accentuating their remaining abilities and minimising their disabilities through neutralising, counterbalancing and rationalising strategies (Anspach, 1979). However, when they are unable to assume an abled-bodied identity, some participants either compete with abled others or create hierarchies of impairment and compete within the disabled group to gain greater access to resources and privilege (Deal, 2003). Importantly, the current research found evidence for new evaluative criteria to be considered in the hierarchy of impairment, namely attitudinal hierarchies. It was argued that these new criteria were found because intra-group stigma has not been widely researched in disability studies, given that the disabled are frequently regarded as a homogenous group (Botha, 2016; Deal, 2003; Johnstone, 2004; Shakespeare, 1996a; Watson, 2002). Therefore, this study holds with previous authors' (Shakespeare, 1996a; Watson, 2002) calls to move away from unitary constructions of disabled group identities. Additionally, it was found that acquiring a disability can result in the de-personification and reification of identity. Thus, a number of the participants counter

the master narrative disability can impose, by promoting a ‘person-first’ approach (Johnstone, 2004). Therefore, the informants utilise decentralising and disembodiment strategies to promote the ‘more’ quality to their complex identities.

Collectively, these findings indicate that disability is a difficult trait to take ownership of in the process of identity (re)construction for some of the participants. However, both societal and internalised stigma forms were found to be inhibitory factors to disabled identification. Similarly, gendered and cultured ideals of femininity were found to intersect with disability, and exacerbate the passing pressure for the female participants; due to factors such as compulsory abled-bodiedness, corporeal wholeness and beauty ideals. Thus, this study found that female gender similarly inhibits disabled identification in the participants interviewed. Taking the above into consideration, it was argued that the participants’ individualistic strategies are not a sign of poor psychological adjustment to their acquired impairments. Rather, this research advocates that adaptive strategy choices need to be understood within the context of a society which devalues and disenfranchises persons with disabilities (Loja et al., 2013; Reeve, 2004).

In stark opposition to the above participants’ attempts to distance themselves from the disabled category, three participants navigate a stigmatised identity through deliberately identifying as disabled. As such, some of the participants rely on more collectivist strategies and invoke language reclamation strategies and de-euphemistic rhetoric; whereby they take ownership of, and deliberately identify with, previously ‘disempowering’ terminology. In doing so, it was argued that these participants positively reframe the ‘D-word’, and perform politicised disabled identities. Therefore, it was found that these strategy choices reflect what SIT terms ‘social creativity’ and ‘direct conflict or competition’ (Dirth & Branscombe, 2018; Jackson et al., 1996; Trepte, 2006).

The findings of these three participants (Reese, Mia and John) reflect a shift from prior literature, which suggests that persons with acquired disability are less likely to integrate their disability into their identities due to their former abled-bodied societal positioning (Bogart, 2014; Dziura, 2015; Nario-Redmond, Noel & Fern, 2013; Shakespeare, 1996a). The findings also reflect a departure from SIT literature, as the participants who deliberately identify as disabled have more rehabilitative disability types that are less visible. Thus, it was predicted that they may engage in more individualistic strategies such as passing or assimilating as abled-bodied, because the boundaries between groups were expected to be

more permeable to them (Jackson et al., 1996; Trepte, 2006). As such, the findings of participants' deliberate identification of a disabled identity were made sense of through a shifting temporal, political and social climate in the disability arena. While stigma is by no means abolished, advances in disability rights and research has meant that there has been more opportunity for disability to be celebrated as a form of diversity (Darling, 2003; Johnstone, 2004; Swain & French, 2000). As such, it was found that more positive, empowering and collective identity types are becoming available to the participants in this study.

Moreover, given the advent of social media, there has arguably been more opportunity for disabled individuals to create networks of social support, albeit online (Braithwaite, et al., 2009; Wright & Bell, 2003). Thus, this study adds to existing evidence that suggests that social support promotes feelings of acceptance, belonging and a sense of community (Bogart, 2014; Bogart et. al, 2017; Chalk, 2016). Social support was also found to be a facilitating factor which precipitates disabled identification (Bogart et. al, 2017; Putnam, 2005). In light of this evidence, it is argued that more awareness around online disability support forums is created and provided by hospital and rehabilitation centres for persons who acquire disabilities.

Importantly, this study documents a significant sense of ambivalence in disability identification. Thus, it can be concluded that the participants' strategies choices are myriad and at times, contradictory. Subsequently, it was proposed that when disability can be constructed as a more positive identity trait, even participants who disaffiliate from the disabled group come to take ownership of their disabilities and incorporate their impairments more positively into their sense of self. This process of incorporation was evidenced in social creativity strategies, such as the 'supercrip' and survivor identity. Therefore, while there was evidence for stage-wise trajectories present in the data, this study argues that it is the situational and pendular conceptualisations of identity (re)construction that will further our understandings of the disabled experience for individuals with acquired physical and sensory disabilities (Rhodes et al., 2008; Yoshida, 1993). This is because disabled identification was found to fluctuate by setting, circumstance, and whether it can be constructed positively or beneficially for the participants. Based on this evidence, this study proposes that rehabilitation centres, as well as medical and psychological professionals move away from linear, stage-wise trajectory models and are trained to incorporate more bi-directional and situational understandings of disability identity (re)construction into their work. This

recommendation is supported by current research, as Forber-Pratt et al.'s (2018, p. 120) literature review concluded: "The most well-developed models are not linear, have no endpoint and emphasize that disabled people exhibit different responses in different areas of their lives, in different contexts."

Strengths and Limitations

This research has a number of noteworthy strengths. Theoretically, it is proposed that this study contributes to under-explored areas of research, both in terms of investigating subjective accounts of disabled identity and in terms of exploring a missing minority group in identity politics (Bogart, 2014; Bogart et al., 2017; Dunn & Burcaw, 2013; Mollow, 2004; Rottenstein, 2013). Notably, these under-explored areas of research were also explored through an underutilised theoretical framework in disability studies, namely SIT (Dirth & Branscombe, 2018; Nario-Redmond et al., 2013). Therefore, one of this study's strengths resides in it accounting for both intra-personal and inter-personal dynamics in identity (re)construction of adults with acquired physical and sensory disabilities. Taking on this layered lens answers calls to investigate disability in a more nuanced and dynamic way and promotes the understanding of disability as bio-psycho-social construct (Dirth & Branscombe, 2018; Olkin & Pledger, 2003).

Furthermore, it is suggested that this study helps modernise disability typologies and trajectory models, by adding more contemporary findings to the body of literature (Gill, 1997; Johnstone, 2004; Murugami, 2009; Onken & Slaten, 2000; Weeber, 2004; Yoshida, 1993). Updating this body of research was a necessary undertaking, given the shifts in disability rights and the advent of social media offering more supportive structures, and the opportunity for disabled identity to be integrated and reclaimed on more positive groups. This research also contributes to sorely lacking investigations into disability studies in South Africa. Adding to local literature on acquired disability and its impact on one's identity is important, given the ubiquity of acquired disabilities in the South African context (Statistics South Africa, 2011). Admittedly, the researcher faced challenges in finding South African literature on the topic of disabled identity. Thus, a drawback of this study is that while its findings are embedded within a South African context they are still largely understood through international disability theory.

Moreover, a notable strength of this research is its' use, and development of, innovate and under-utilised methodology. Secondary data analytics is a well-established tradition in quantitative, but is lacking within qualitative, research (Heaton, 2000; Irwin, 2013). In addition to being novel qualitative methodology, it is argued that secondary data analytics is beneficial methodology. This is because it is a time and cost effective means of collecting data (Irwin, 2013). However, secondary data analytics did present with some challenges, such as ensuring consistency amongst the data sets and the instrumentation used, and avoiding coercion. Furthermore, utilising secondary data in addition to newly collected data may also be limited by temporal inconsistencies between the data sets. This is because the interviews were conducted over a three year period. Arguably, temporal inconsistencies in the data sets may not be as much of a concern in disability studies, as the social and political climate of disability is sadly slow-changing (Linton, 2010). Thus overall, secondary data analytics was a tricky terrain to navigate both methodologically and ethically. Notably, there was also a paucity of research detailing guidance on these matters. It is hoped that by utilising secondary data in qualitative research, this study has made a knowledge contribution and will be valuable to future researchers looking to engage with this methodology.

A limitation of this study is that the interviews took place in a number of very different settings. Given the findings of this research that disabled identification is largely context dependent, it must be acknowledged that some of the settings could have primed the participants to identify with a more disabled or abled group identity given the saliency of that identity in the interview space. For example, Reese may have adopted a disabled and politicised identity given that her/his interview took place in a Disability Equity office. Similarly, Sarah and Grace may have identified more on the abled spectrum given that their interviews occurred at their work place, where they were surrounded by abled-bodied colleagues. Thus, there may have been a greater passing pressure in this professional context to appear more 'capable'. Subsequently, in hindsight the interviews should have taken place in a more standardised setting. Yet this may not have been feasible, given the mobility and transport constraints persons with disabilities face, as a consequence of inaccessible built environments.

Further, while the sample is quite diverse in terms of disability types, severity and visibility, notably it lacks diversity in terms of predictive factors such as gender (one male participant and one gender fluid individual) and race (one black participant). Therefore, while including a gender fluid individual into the sample was a significant strength (Forber-Pratt,

2017), it must be acknowledged that the transferability of the results mainly pertains to adult white, females' experiences of acquired physical and sensory disabilities. This lack of diversity could be a limitation of the snowballing sampling strategy employed in this study, as the participant may have referred other participants within her immediate social circle, and thus they may have only referred members with similar characteristics of social identities. Lastly, while this study tried to account for the impact of demographics, impairment characteristics, intersectionality of identities and environmental interactions; a limitation of this research is that it did not consider the effect of personality on disability identification and the subsequent adaption strategies employed.

Recommendations for Future Research

Methodologically, it is proposed that future studies utilise secondary data analytics to help expand its' usage in the qualitative tradition. Doing so may also allow this methodology to be more fully developed. Moreover, given the drawbacks of the current study, it is recommended that future studies seek to include more racially, culturally and gendered diverse samples. This will potentially facilitate a different understanding of the predictive role that race, culture and gender play in disabled identification. Notably, racial, cultural and gendered diversity is incumbent to assess in the South African context, given the pertinent role these factors play in organising and dividing South African society (The Institute for Justice and Reconciliation, n.d.). Additionally, sampling for more male participants may produce some interesting findings, as hegemonic ideals of masculinity, such as strength and autonomy, may inhibit identifying with a disabled identity (Linton, 2010). The influence of male gender on inhibiting disabled identification is hypothesised as this study found that disability is still predominantly regarded in terms of weakness and deficiency which oppose masculine ideals. Thus, a male perspective is lacking in the current study, as this research unintentionally predominantly produced data which explored how female gender roles and ideals intersects with disabled subjectivities.

Moreover, given the preliminary findings in this study, it is recommended that the following research areas are explored in greater depth in future studies. Firstly, it is recommended that more LGBTQI+ individuals are sampled in disability research. This is needed to help confirm the study's preliminary findings pertaining to how intersectional minority group membership can precipitate disabled identification. Secondly, technological advances in social media are making for an interesting shifting climate of virtual

communities of support amidst disabled groups. Thus, future research should investigate the supportive role of online community forums of disability and their subsequent impact on disabled identity and/or mental health. Additionally, given the novel findings that hierarchies of impairment can manifest at an attitudinal level, it is proposed that future research explore the dynamics of intra-group stigma amongst sub-populations of disability.

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APPENDICES

APPENDIX A: INTERVIEW SCHEDULE

Demographics:

- A. What is your age?
- B. What gender do you identify with?
- C. What race do you identify as?
- D. What type of impairment do you have?
- E. What circumstances lead you to acquire your disability?

Interview Questions:

1. What terminology would you feel comfortable using throughout the interview? (E.g. disability, impairment, differently abled or handicapped? Or any personal terms?)
2. Are there any terms aforementioned that you do not feel comfortable using? If so please elaborate.
3. How do you understand the term 'disabled'?
4. Do you self-identify as disabled? Please elaborate.
5. How do you understand the term 'normal'? Would you describe this to your identity?
6. Has your disability impacted on your identity? In what ways has it/has it not done so?
7. Do you feel that any other aspects of your identity (i.e., your age, race, culture or gender) have come to influence how you make sense of your disabled identity?
8. Do you use any medical aids? (i.e., wheel chair, prosthesis, crutches, cochlear implant etc.) Have the use of these aids have affected how you interact with your disabled identity?
9. Can you recall a time where you first realised that you were disabled (if applicable)?
10. Can you think of a moment where you experienced your disability as empowering or positive? If so, could you describe this to me?
11. Can you think of a moment where you experienced any sort of discrimination because of your disability? If so, could you describe this to me?
12. Do you feel you have integrated or incorporated your disability into your identity?
 - If yes, how have you done so?
 - If no, how have you tried to resist doing so?

13. Have you ever tried to hide or conceal your impairment in anyway?
14. Has your conception of what your disability means for your identity changed over time? Please elaborate.
15. Is your disability more or less salient to your identity in certain contexts or spaces?
16. Which do you attribute to the 'cause' of disability? Your impairment or the way society is structured? Please elaborate.
17. How do you think others see you in relation to your disability? Do you agree with this view? Why/why not?
18. Do you affiliate more with abled or disabled as a collective identity group and why?
19. How do you feel about being interviewed about your disability?
20. How do you feel about being interviewed about your disability by me (as an abled bodied person) specifically?
21. Is there anything you would like to add, say or ask?

APPENDIX B: PARTICIPANT INFORMATION SHEET (HONOURS RESEARCH REPORT)



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



Disability Matters: An Exploration into how Adults with Acquired Physical Disabilities Incorporate their Disability into their Identity

Dear Madame/Sir,

Good Day, my name is Shawni Botha and I am conducting research in the discipline of Psychology at the University of the Witwatersrand. My research aims to explore strategies in response to disability identity within a specific population, namely, in adults with acquired physical disabilities, to create a more nuanced account of how this specific subgroup respond to incorporating disability into their identity. This research is being conducted under the supervision of Clare Harvey. We would like to invite you to participate in this study.

Participation in this research involves being interviewed by myself, at a time and place convenient to you. The interview is approximately 45 minutes to one hour in length. With granted permission, this interview will be audio-recorded in order to assist in ensuring the accuracy and authenticity of your responses in the transcription process. No one other than myself, the researcher will hear or have access to the tapes and transcripts. They will be kept on a password protected computer programme. Due to the nature of the face-to-face interview, only partial anonymity is assured. However, during the write up of the results, anonymity can be assured as I will ascribe you a pseudonym (for example, Participant 1 will be used). Additionally, what is said in your interview will remain confidential.

Participation in this study is strictly voluntary, as there are not direct benefits associated with participation. Moreover, there are no foreseeable risks associated with participation either. You may choose to withdrawal yourself and your data at anytime during the research process.

Additionally, you may retain the right to refuse to answer any questions without any negative consequences. If you are left feeling vulnerable after this interview, you may receive free counselling at the Emthonjeni Community Centre, situated at the University of the Witwatersrand. They can be contacted at 011 717 4513. You are encouraged to detach and keep this sheet. Should you desire any feedback, it will be provided in the form of a summary sheet, upon request only.

For any further information I can be contacted telephonically on 072 741 3780 or via email at shawnibotha@gmail.com. My research supervisor can be contacted at 011 717 4509 or at Clare.Harvey@wits.ac.za.

Sincerely,

Shawni Botha

Clare Harvey (Supervisor)

APPENDIX C: PARTICIPANT INFORMATION SHEET (MASTERS QUALITATIVE PROJECT)



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



Disabling Discourses: Discursive Strategies of Identity Management in Adults with Acquired Disability

Dear Madame/Sir,

Good Day, my name is Shawni Botha and I am conducting research in the discipline of Psychology at the University of the Witwatersrand. As part of my training in my Masters degree in Social and Psychological Research (MASPR), I need to collect data for a course in Qualitative Methods. Therefore, as part as on overall class topic on Social Identity, my research partner and I, aim to investigate how disabled people identify with their impairments as members of society.

Participation in this research involves being interviewed by myself, at a time and place convenient to you. The interview is approximately 45 minutes to one hour in length. With granted permission, this interview will be audio-recorded in order to assist in ensuring the accuracy and authenticity of your responses in the transcription process. No one other than my research supervisor and I will hear or have access to the tapes and transcripts. They will be kept on a password protected computer programme. Due to the nature of the face-to-face interview, only partial anonymity is assured. However, during the write up of the results, anonymity can be assured as I will ascribe you a pseudonym (for example, Participant 1 will be used). Additionally, what is said in your interview will remain confidential. However, please take note that this research forms part of a larger class project. Therefore confidentiality may extend to other members of the MASPR class as data may be shared.

Participation in this study is strictly voluntary, as there are not direct benefits associated with participation. Moreover, there are no foreseeable risks associated with participation either.

You may choose to withdrawal yourself and your data at anytime during the research process. Additionally, you may retain the right to refuse to answer any questions without any negative consequences. If you are left feeling vulnerable after this interview, you may receive free counselling at the Emthonjeni Community Centre, situated at the University of the Witwatersrand. They can be contacted at 011 717 4513. You are encouraged to detach and keep this sheet. Should you desire any feedback, it will be provided in the form of a summary sheet, upon request only.

For any further information I can be contacted telephonically on 072 741 3780 or via email at shawnibotha@gmail.com. My research supervisor can be contacted at Peace.Kiguwa@wits.ac.za.

Sincerely,

Shawni Botha

Participant

APPENDIX D: INFORMED CONSENT TO BE INTERVIEWED IN THE HONOURS RESEARCH REPORT



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



I _____ hereby consent to being interviewed by Shawni Botha in her study exploring disability identity.

I understand that:

- ☐ Participation in this interview is strictly voluntary.
- ☐ Refusal to answer any questions that evoke discomfort is permitted.
- ☐ Withdrawal from the study at any time is permitted, without any negative consequences.
- ☐ No identifiable information will be included in the research report, and responses will remain confidential.
- ☐ Direct quotes from this interview may be used in the research report
- ☐ Participation involves no direct benefits or risks

Signed _____

Date _____

APPENDIX E: INFORMED CONSENT TO BE INTERVIEWED IN THE MASTERS QUALITATIVE PROJECT



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



I _____ hereby consent to being interviewed by Shawni Botha in her study exploring disability identity.

I understand that:

- ☐ Participation in this interview is strictly voluntary.
- ☐ Refusal to answer any questions that evoke discomfort is permitted.
- ☐ Withdrawal from the study at any time is permitted, without any negative consequences.
- ☐ No identifiable information will be included in the research report, and responses will remain confidential.
- ☐ Direct quotes from this interview may be used in the research paper
- ☐ The data generated from this interview will be distributed to the MASPR 2018 class
- ☐ Participation involves no direct benefits or risks

Signed _____

Date _____

APPENDIX F: CONSENT TO BE AUDIO-RECORDED (PREVIOUSLY UTILISED IN BOTH THE HONOURS RESEARCH REPORT AND MASTERS QUALITATIVE PROJECT. ALSO TO BE USED IN THE CURRENT STUDY).



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



I _____ hereby consent to be audio-recorded for my interview with
Shawni Botha and her study exploring disability identity.

I understand that:

- ☐ The tapes and transcripts will only be seen, heard and processed by the researcher.
- ☐ All tape recordings will be destroyed after five years, according to university policy.
- ☐ No identifying information will be used in the transcripts or the research report.
- ☐ The transcriptions will be kept in a safe place, specifically in a locked draw, throughout the research process
- ☐ Direct quotes from the interview may be used in the research report

Signed _____

Date _____

APPENDIX G: ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT)

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: MCLIN/19/005 III

PROJECT TITLE:

Doing difference differently: identity (re)constructions of adults with acquired disabilities

INVESTIGATORS

Betha Shamsi

DEPARTMENT

Psychology

DATE CONSIDERED

05 July 2019

DECISION OF COMMITTEE:

Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 05 July 2019

CHAIRPERSON
(Dr Esther Price)



cc Supervisor:

Dr Claes Harvey
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and one copy returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2021

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX H: PARTICIPANT INFORMATION SHEET (PREVIOUS PARTICIPANTS)



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



Doing Difference Differently: Identity (Re)-Constructions of Adults with Acquired Disabilities

Dear Madame/Sir,

Good Day, my name is Shawni Botha and I am a student conducting her Masters degree in Clinical Psychology at the University of the Witwatersrand. Permission was previously obtained to use your interview for the study titled 'Disability Matters: An Exploration into how Adults with Acquired Physical Disabilities Incorporate their Disability into their Identity'; I am requesting permission to use your interview data in a new study exploring how individuals make sense of their disability identity. It further aims to create a nuanced account of how this process occurs, by exploring the trajectory this process takes as well as the factors which could facilitate or impede disabled identity incorporation. This research is being conducted under the supervision of Dr Clare Harvey. We would like to invite you to participate in this study.

Participation in this research involves the reuse of your previously collected interview data. It must be noted that this data has been and will continue to be kept on a password protected computer programme. Due to the nature of the face-to-face interview which we previously conducted, only partial anonymity can be assured in the current study. However, during the

write up of the results, anonymity can be assured as I will re-ascribe you a pseudonym. Additionally, what has been said in your interview will remain confidential.

Participation in this study is strictly voluntary, as there are not direct benefits associated with participation. Moreover, there are no foreseeable risks associated with participation either. You may choose to withdrawal yourself and your data at anytime during the research process. You are encouraged keep this sheet. Should you desire any feedback, it will be provided in the form of a summary sheet, upon request only.

For any further information I can be contacted telephonically on 072 741 3780 or via email at shawnibotha@gmail.com. My research supervisor can be contacted at 011 717 4509 or at Clare.Harvey@wits.ac.za.

Sincerely,

Shawni Botha

Dr Clare Harvey (Supervisor)

APPENDIX I: PARTICIPANT INFORMATION SHEET (NEW PARTICIPANTS)



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



Doing Difference Differently: Identity (Re)-Constructions of Adults with Acquired Disabilities

Dear Madame/Sir,

Good Day, my name is Shawni Botha and I am a student conducting her Masters degree in Clinical Psychology at the University of the Witwatersrand. My research aims to explore how individuals make sense of their disability identity within a specific population, namely, in adults with acquired physical and sensory disabilities. It further aims to create a nuanced account of how this process occurs, by exploring the trajectory this process takes as well as the factors which could facilitate or impede disabled identity incorporation. This research is being conducted under the supervision of Dr Clare Harvey. I would like to invite you to participate in this study.

Participation in this research involves being interviewed by myself, at a time and place convenient to you. The interview is approximately 45 minutes to one hour in length. With granted permission, this interview will be audio-recorded in order to assist in ensuring the accuracy and authenticity of your responses in the transcription process. No one other than myself, the researcher, will hear or have access to the tapes and transcripts. They will be kept on a password protected computer programme. Due to the nature of the face-to-face interview, only partial anonymity is assured. However, during the write up of the results, anonymity can be assured as I will ascribe you a pseudonym. Additionally, what is said in your interview will remain confidential.

Participation in this study is strictly voluntary, as there are not direct benefits associated with participation. Moreover, there are no foreseeable risks associated with participation either. You may choose to withdrawal yourself and your data at anytime during the research process. Additionally, you may retain the right to refuse to answer any questions without any negative consequences. If you are left feeling vulnerable after this interview, you may receive free counselling at the Emthonjeni Community Centre, situated at the University of the Witwatersrand. They can be contacted at 011 717 4513. You are encouraged to detach and keep this sheet. Should you desire any feedback, it will be provided in the form of a summary sheet, upon request only.

For any further information I can be contacted telephonically on 072 741 3780 or via email at shawnibotha@gmail.com. My research supervisor can be contacted at 011 717 4509 or at Clare.Harvey@wits.ac.za.

Sincerely,

Shawni Botha

Dr Clare Harvey (Supervisor)

APPENDIX J: INFORMED CONSENT TO REUSE PREVIOUSLY COLLECTED DATA IN THE CURRENT RESEARCH REPORT



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



I _____ hereby consent to the reuse of my previously collected data by Shawni Botha in her study exploring disability identity.

I understand that:

- ☐ Participation in this study is strictly voluntary.
- ☐ Withdrawal from the study at any time is permitted, without any negative consequences.
- ☐ No identifiable information will be included in the research report, and responses will remain confidential.
- ☐ Direct quotes from this interview may be used in the research report.
- ☐ This data may be reused in future studies or within future publications.
- ☐ Participation involves no direct benefits or risks.

Signed _____

Date _____

APPENDIX K: INFORMED CONSENT TO BE INTERVIEWED IN THE CURRENT RESEARCH REPORT



Psychology

School of Human & Community
Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559



I _____ hereby consent to being interviewed by Shawni Botha in her study exploring disability identity.

I understand that:

- ☐ Participation in this interview is strictly voluntary.
- ☐ Refusal to answer any questions that evoke discomfort is permitted.
- ☐ Withdrawal from the study at any time is permitted, without any negative consequences.
- ☐ No identifiable information will be included in the research report, and responses will remain confidential.
- ☐ Direct quotes from this interview may be used in the research report.
- ☐ This data may be reused in future studies or within future publications.
- ☐ Participation involves no direct benefits or risks.

Signed _____

Date _____