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Enabling Counsellors: An Exploration of the Social Construction of Disability among Maltese Counsellors

by

Amy Joan Camilleri Zahra

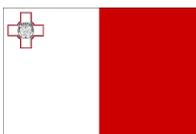
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Centre for Disability Studies
School of Sociology and Social Policy
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Abstract

Counselling is generally recognised by disabled people as a valuable service. Nevertheless, disabled people form a particular client group which is often avoided by counsellors. This research studies the social construction of disability among Maltese counsellors. This study is underpinned by a qualitative methodology shaped by a mild social constructionist outlook to research (Sismondo, 1993). In addition, as a disabled researcher I have attempted to draw on the spirit and essence of emancipatory research and have followed its principles and those of the social model of disability to the maximum extent possible. However, all aspects of emancipatory research could not be fully addressed since this research is being carried out in fulfilment of my Masters in Arts, which meant that I was faced with a lack of resources, such as time and funding. Furthermore, although I am a disabled person myself, I had to take into consideration my pre-existing links with the counselling profession resulting from my first degree in Psychology.

The participants for this study consisted of six Maltese counsellors, one male and five females, who were recruited through the Malta Association of the Counselling Profession, and the Department of Counselling within the University of Malta. The data was collected by means of individual semi-structured interviews and analysed using Thematic Analysis.

The findings of this study indicate that the social construction of disability among Maltese counsellors is influenced by three main forces, namely by the international and national politics of disability, the Maltese social and cultural aspect, and the counsellors' professional training and cultures of practice. The combination of these three forces creates a certain tension, which has led to contradictory discourse throughout the interviews. The over-arching theme that emerges from this study is: 'All the same but different – Contradictory discourse'. This theme is further illustrated by three subordinate themes: (i) Struggling through the politics – with reference to disability politics, (ii) 'The deserving and the undeserving' – with reference to disabled people as

perceived by counsellors, and (iii) Clinging to professional ideology – with reference to the training and cultures of practice of the participants. The first subordinate theme captures how the participants had great difficulty with explaining their understanding of disability. The participants made contradictory statements between claims about disability not being inherent to the individual, but, at the same time, claiming that it is the individual's responsibility to overcome the limitations brought on by the impairment. The second subordinate theme captures how the participants of this study distinguished between 'the deserving and the undeserving' (Fitzpatrick et al., 2006; Garthwaite, 2011) disabled people, by giving various examples of the distinction between the two groups of disabled people. Lastly, the third subordinate theme captures how the counsellors' professional training and cultures of practice have also influenced the participants' social construction of disability, which, in turn, gave rise to further contradictory discourse.

Notwithstanding the contradictions presented in the narratives, all the counsellors claimed, quite sincerely, that

they would have liked to receive more training about disability issues. From the study it can be concluded that these counsellors have not grasped the nuances of disability. Furthermore, although counselling services are guided by good intentions, it seems that counselling training in Malta has not been developing in tandem with disability politics.

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Table of Contents

ABSTRACT	4
ACKNOWLEDGEMENTS	8
TABLE OF CONTENTS	9
LIST OF TABLES	11
LIST OF DIAGRAMS	12
CHAPTER 1: INTRODUCTION	13
COUNSELLING AND DISABLED PEOPLE	14
COUNSELLING WITHIN THE MALTESE CONTEXT	17
A NOTE ABOUT TERMINOLOGY	19
AIMS AND OBJECTIVES	21
RESEARCH QUESTIONS	23
ORGANISATION OF THE PROJECT	23
CHAPTER 2: UNDERSTANDING COUNSELLING, UNDERSTANDING DISABILITY	26
THE PROFESSIONALISATION OF DISABILITY	27
THE COUNSELLING PROFESSION	33
COUNSELLING AND DISABILITY: ESTABLISHED THEORIES	36
COUNSELLING AND DISABILITY: AN ISSUE OF DISCRIMINATION AND OPPRESSION	41
CONCLUSION	45
CHAPTER 3: RESEARCH METHODS	46
METHODOLOGY	46
ETHICAL CONSIDERATIONS	50
METHOD	52
SAMPLE SIZE	52
RECRUITMENT PROCEDURE AND SELECTION OF SAMPLE	53
DATA COLLECTION	55

DATA ANALYSIS	58
CHAPTER 4: CONTRADICTORY DISCOURSE - FINDINGS AND DISCUSSION	62
OVER-ARCHING THEME: 'ALL THE SAME BUT DIFFERENT – CONTRADICTORY DISCOURSE'	64
SUBORDINATE THEME 1: STRUGGLING WITH THE POLITICS	69
SUBORDINATE THEME 2: 'THE DESERVING AND THE UNDESERVING'	78
SUBORDINATE THEME 3: CLINGING TO PROFESSIONAL IDEOLOGY	86
CONCLUSION	92
CHAPTER 5: CONCLUSIONS	94
STRENGTHS AND LIMITATIONS OF THE STUDY	94
RECOMMENDATIONS	97
DISSEMINATION OF FINDINGS	99
REFERENCES	100
APPENDICES	113
APPENDIX A: RECRUITMENT LETTER	113
APPENDIX B: CONSENT FORM	115
APPENDIX C: INTERVIEW GUIDE	119

List of Tables

Table 1 Pseudonym and characteristics of participants	56
Table 2 Themes derived from the data	62

List of Diagrams

Diagram 1 Contradictory Discourse

67

CHAPTER 1: INTRODUCTION

Throughout the years the role of professionals in disabled people's lives has been a long debated and highly researched subject (e.g. Illich, 1977; Davis, 2004; Peckham and Meerabeau, 2007; Barnes and Mercer, 2010). The study of attitudes and perceptions of the caring professionals towards disability and disabled people is also steadily gaining popularity (e.g. Polat, 2001; Pfeiffer et al., 2003; Au and Man, 2006; Parkinson, 2006). Most of the published research on this subject has however focused more on the traditional caring roles, such as, social workers, occupational therapists and physiotherapists. Although in practice there is a strong association between counselling and disability (Kanellakis, 2000; Kanellaki and Kanellakis, 2009), little research has been conducted regarding the role of counsellors in disabled people's lives. This study aims to explore the social construction of disability among Maltese counsellors. It aims to understand how Maltese counsellors construct disabled people and disability.

This introductory chapter will initially provide a background to this research project. It will then go on to provide some information about the Maltese context and the development of counselling in Malta. Subsequently, a note about the terminology which will be adopted for the entirety of this study will be presented. The introductory chapter will then provide a detailed description of the principal aims and objectives as well as the research questions pertaining to this study. Finally, this chapter will conclude with a comprehensive organisation of the whole research project.

Counselling and Disabled People

Meeting a number of different caring professionals tends to be a common occurrence for disabled people (Davis, 2004). The services of these professionals are very often aimed at offering solutions to the problems encountered by disabled people across their different life domains. Professionals play a vital role in many disabled people's lives since, as providers of health and social care, they can have significant influence on policy, and they are also the trainers of future professionals (Basnett, 2001).

The counselling profession is one of the key professions which have long been associated with disabled people (Swain, Griffiths and Heyman, 2003). The United Kingdom's Derbyshire Coalition of Disabled People (DCDP) has in fact identified counselling service as one of 'the seven needs' of disabled people, among: information, housing, technical aids and adaptations, personal assistance, transport and physical access (Davis and Mullender, 1993). Similarly, a large-scale study conducted by Priestley (1999) revealed that counselling is generally recognised by disabled people as one of the core areas of support necessary for disabled people who wish to live independently and in the community. A study carried out by McKenzie (1992) also revealed that almost all respondents felt that they would have benefitted greatly from counselling support in the wake of the onset of their acquired impairment. In addition, disabled people maintain that they want counselling services which are accessible to them and counsellors who are knowledgeable about the social model of disability (Reeve, 2004).

Despite the fact that counselling is considered to be such

an essential service for disabled people, a number of writers, including counsellors themselves, acknowledge that disabled people are a particular client group that is generally avoided by counsellors (McLeod, 1998; Reeve, 2004; Parritt, 2012). Reasons for this avoidance by counsellors might stem from counsellors' beliefs that they have not received the right training about how to provide a service to disabled people which really meets disabled people's needs (Marini, Glover-Graf and Millington, 2012). Parritt (2012) claims that the tendency of counsellors to avoid disabled clients could also stem from the perception that working with disabled clients is a specialist or challenging area to work in. In addition, according to Watermeyer (2002), the majority of counsellors are still prone to viewing disability as a pathology. This perception results in counsellors adopting the medical model approach in their encounters with disabled clients. Parritt (2012) adds that, like most people, counsellors might also be holders of the conventional idea that disability is something which only happens to others, and thus might feel compelled to distance themselves from the issue.

The British Association for Counselling and Psychotherapy (BACP), a major influential international body, has recognised a lacuna in training in relation to disability issues among its counsellors and psychotherapists and has thus instigated the setting up of a committee which particularly focuses on the promotion of disability awareness among its members. The aim of this committee is to facilitate BACP in furthering its Equal Opportunities Policy by incorporating disability issues (Spy and Oyston, 1999; Makin, 2001). In Malta, the Department of Counselling within the University of Malta has also recognised this lacuna in its provision of training to counsellors. In fact, the department is currently working on setting up a new study-unit which would purposefully focus on the subject of counselling and disabled people, with the aim of providing better training to future counsellors (personal communication, D. Mifsud, 2014).

Counselling within the Maltese Context

This study is set in Malta, a small island centrally located in the Mediterranean Sea and a member state of the

European Union since 2004. Malta has an estimated population of 420,000 people. According to the 2011 National Census, disabled people in Malta constitute of 7.23% of the total population.

Counselling is a relatively new profession for Malta, with the first courses for a Diploma in School Counselling and a degree in Psychology having only started to be offered at the University of Malta in the 1990s (Pace, 2007; Meli, 2012). The year 2002 saw the inception of the Malta Association for the Counselling Profession (MACP) with the first general meeting being held in the same year. Today MACP has 80 registered members (personal communication, C. Galea, 2013) and has distinguished itself by providing high quality training to its members and other professionals. More recently, in 2008, a Masters in Counselling started being offered at the University of Malta, with the first cohort of students having graduated in December 2012.

In Malta, 'counselling' was traditionally provided by parish priests (Meli, 2012). Up until a decade ago, sharing

personal and especially family problems with people outside the family, other than a priest, was considered dishonourable by the Maltese (Meli, 2012). However, according to a recent study by Meli (2012), in these last few years this perception has changed and people in Malta seem to prefer to seek help from specifically trained professionals through counselling services.

A Note about Terminology

This study is underpinned by a social interpretation of disability and thus, the terminology used in this study reflects this rationale. Clark and Marsh (2003) assert that the language that people adopt often mirrors their way of thinking and therefore influences their actions and attitudes. For this reason, and for the purposes of this research project, the distinction between 'disability' and 'impairment' as put forward by the social model of disability will be adopted. Therefore, throughout this study, the term *impairment* shall be taken to mean:

“the functional limitation within the individual caused by physical, mental or sensory impairment” (DPI, 1982, p.105),

and *disability* shall mean:

“the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers” (DPI, 1982, p.105).

Furthermore, within this research project, the term ‘disabled people’ shall refer to “people with impairments who are disabled by socially constructed barriers” (Clark and Marsh, 2003, p.2). Thus, the term ‘disabled people’ will be used to particularly emphasize the disabling barriers of stigma, prejudice and discrimination which disabled people encounter. For the purposes of this paper, the term ‘persons with disabilities’ is rejected since the term implies that: “the disabling effect rests within the individual person rather than from society” (Clark and Marsh, 2003, p.2).

As a disabled researcher I feel that I should also point out that, for the purposes of this study, I acknowledge the fact that the effects of impairment itself might also spur on the individual to seek counselling services. However, disabled people may also wish to seek counselling services for a variety of issues which may not always have anything to do

with their impairment, or disability, but, on account of other personal difficulties, such as eating disorders, relationship problems, or career guidance.

Aims and Objectives

The principal aim of this study is to gain an understanding of Maltese counsellors' social construction of disability. This study aims to understand how Maltese counsellors construct the meaning, experience and the psycho-social implications of disability based on their social interactions. It also aims to look at the language that Maltese counsellors use in order to construct their own vision of the reality that their disabled clients inhabit. Although the disciplinary base of this study is within the social sciences, my interest in the subject of counselling and disability has originated from my being a psychology graduate and also from my being a disabled person who has sought counselling services for different reasons.

The results of this study will come in useful when strategies for counselling service provision for disabled people and for counsellors' training are discussed. According to the United

Nations Convention on the Rights of Persons with Disabilities (2006), which Malta ratified in October 2012, the Maltese government is obliged to provide disabled people with counsellors who are adequately trained in the area of disability issues. In addition, emerging from Article 9 Accessibility, and Article 19 Living Independently in the Community, of the same Convention, the government is obliged to ensure that counselling services are accessible to disabled people and that such community services are offered on an equal basis with others.

This study will also coincide with the Maltese government's plan to move a Bill in Parliament regulating the counselling profession. To date, the counselling profession in Malta still lacks a regulatory law and thus a regulatory body. The proposed Bill, entitled: 'The Counselling Professions Bill' (2012) intends to give the necessary recognition that the counselling profession deserves, and, at the same time, ensuring regulated standards in order to safeguard both the client and the professional. The Bill also intends to set up an independent investigative committee in order to handle complaints concerning unprofessional behaviour,

negligence, or incompetence (Times of Malta, 2013).

Research Questions

The following are the research questions which this research project aims to address:

1. How do Maltese counsellors define disability?
2. How do Maltese counsellors perceive their disabled clients in comparison with their non-disabled clients?
3. What is the Maltese counsellor's role in the counselling process with disabled clients?
4. Do Maltese counsellors feel that their training has prepared them for working with disabled people?

Organisation of the Project

Chapter one has provided an introduction to this research project by giving some background to the connection between the counselling profession and disabled people. In this introductory chapter, a background to the Maltese context and a note about the terminology to be adopted throughout the entirety of the study were also presented.

This first chapter has also discussed the aims and objectives and outlined the research questions of this research project.

Chapter two will analyse the literature relating to counselling and disability. Initially, this chapter will put forward a discussion about the professionalisation of disability and how the counselling profession fits within this concept. About the subject of 'professionalisation of disability', particular reference will be made to the British context since Britain is considered to have the most structured critique of professionals (Hilton, McKay, Crowson and Mouhot, 2013). Some literature about the counselling profession and the theories of loss and grief will then be presented. Subsequently, reference will be made to the small amount of literature which discusses the important issues of discrimination and oppression within the counselling profession. This chapter will also include findings from other recent empirical studies about counsellors' perspectives about disability and disabled clients.

Chapter three will discuss in detail the particular methodology and method adopted for this study. This chapter will initially explore the methodology of this study with particular reference to the underpinning philosophy which as a researcher I embrace. Moving on, this chapter will present a detailed description of the ethical considerations adopted for this study. This chapter will then discuss in detail the sample size chosen for this study, the recruitment of participants, and how the data was collected and analysed. Chapter four will present the results of the analysed data and will put forward a critical analysis and discussion of these results. Finally, Chapter 5 will discuss the strengths and limitations of the study and will put forward the recommendations emerging from the study and how the findings of this study will be disseminated.

CHAPTER 2: UNDERSTANDING COUNSELLING, UNDERSTANDING DISABILITY

The main aim of this study is to gain an understanding of Maltese counsellors' social construction of disability. This study aims to understand how Maltese counsellors construct the meaning of disability based on their social interactions. In order to be able to meet these aims effectively, the literature about counselling and disabled people needs to be explored.

In order to frame the focus of this study, some literature about the professionalisation of disability and how this has shaped the construct of disability by professionals, including counsellors, will initially be put forward. This will lead us to some literature about counselling and the counselling profession. In this section, the theories of loss and grief as well as the work on transitions, which are a prominent feature of the literature about counselling and disability will be included. Following on this, reference will be made to the limited amount of literature about the importance of understanding disability as an issue of

discrimination and oppression within the counselling framework. A number of findings emerging from empirical studies about counsellors' perspectives about disability and disabled clients will also be included in this chapter.

The Professionalisation of Disability

Being born with an impairment, or acquiring an impairment throughout your life, often brings you into contact with a large number of different health and social care professionals (Davis, 2004). Britain, being one of the first countries to develop a welfare state and also one of the countries that has the most structured critique of professionals, saw a significant increase in the involvement of health and social care professionals in the lives of disabled people around the year 1945, during the post-war period of reconstruction (Hughes, 1998; Hilton, McKay, Crowson and Mouhot, 2013). In fact, the period of the 1950s and 1960s in Britain was one which saw the creation and expansion of new health care services for disabled people and society at large (Peckham and Meerabeau, 2007).

The significant increase in caring professionals working around disabled people had its positive effects. It brought about an increase in services for the benefit of disabled people. In addition, professionals provided,

“...skilled intellectual services upon which the day-to-day functioning of society depended” (Carr-Saunders and Wilson, 1933, p. 295).

According to Oliver and Barnes (1998), had this significant increase in caring professionals in the lives of disabled people not occurred, most disabled people would still be institutionalised and unable to live in the community. In addition, the birth of the welfare state also saw an expansion in the specialisation of community services brought about by the development of more specialist professionals with the aim of particularly improving the lives of disabled people (Walsh, Stephens and Moore, 2000).

However, some disability activists and writers argue that the expansion of the welfare state also brought about a situation whereby every aspect of a disabled person's life has its counterpart in a specialist service, a voluntary organisation, or a profession (Barnes, 1991). In fact,

Brechin and Liddiard had estimated that in 1980s Britain there were as many as twenty-three different caring professionals involved in the lives of disabled people and their families, including counsellors. The situation in Malta, which is the context of this research, is relatively comparable to that in Britain with regards to the professionalisation of disability. This similarity in the professionalisation of disability between Malta and Britain stems from the reality that Malta's welfare system is considerably similar to the welfare model which exists in Britain (Briguglio and Bugeja, 2011).

The considerable amount of criticism that the professionalisation of disability has received comes from both disabled academics (e.g. Barnes, 1991; Oliver, 1998) and also from other academics who have criticised the dominance exerted by professionals (e.g. Friedson, 1970). One of the strongest criticisms received is that most professionals, unless given the right training, still tend to view disability as a pathology and therefore continue to adopt the medical model approach in their work (Chimetza and Peters, 1999; Watermeyer, 2002). The adoption of

such a view means that professionals have the tendency to focus on the functional limitations of the individual, and thus regard disabled people as helpless victims (Barnes and Mercer, 2005). In addition, the disposition of disability as a pathology by professionals further promotes the medical model of disability, thus reducing the experience of disability to a tragedy which is only borne by the individual and only treatable through the intervention of health and social care professionals (Oliver, 1990). On this issue, Finkelstein (1999), a disabled professional himself, outlines a useful dichotomy between those professionals who are allied to medicine and those professionals who are allied to the community. He argues that those professionals who are allied to medicine are those professionals and non-disabled people who have,

“...invented exclusive professions to cure the deviant, care for the vulnerable and to control perception of appropriate human attributes and desirable personal and social environments” (1999, p.1).

Whilst those professionals who are allied to the community are those professionals who are,

“...constructing systemic forms of help according to our own social model of disability [and] will generate new services and service providers” (1999, p.2).

The view of disability as a pathology also tends to be prevalent among the counselling profession (Oliver, 1995; Parkinson, 2006), which results in counsellors failing to recognise the impact of discrimination and oppression on disabled individuals within the counselling room (Reeve, 2000; Watermeyer, 2002). Examples of oppression within the counselling room include the assumption by counsellors that relationship problems experienced by disabled people are almost exclusively caused by the presence of the impairment, the disbelief held by counsellors that a disabled client would consider turning down surgical intervention to be ‘normalised’, and holding a counselling session in a physically inaccessible room (Withers, 1996). On a similar note, Parkinson (2006), a disabled academic, through a study she conducted with counsellors, found that over half of the participants still viewed disabled people through a medical model lens, and therefore saw them as victims of loss, rather than taking a

social model viewpoint, and viewing disabled people as victims of a system which constructed barriers for them. In addition, Parkinsons' (2006) study also revealed that there is an increased need for counsellors to be both creative and flexible in their service provision.

Another criticism of the professionalisation of disability is that health and social care professionals have the tendency to generate a sense of dependency among disabled people. McKnight (1995) succinctly describes the sense of dependency created by professionals as follows:

“(1) The basic problem is you, (2) The resolution of your problem is my professional control, and (3) My control is your help...” (p.61).

This sense of dependency achieves the reverse effect of what is indeed intended by the provision of services by these professionals (Swain, French and Cameron, 2003). Furthermore, this sense of dependency created by professionals themselves tends to propagate the traditional assumption that disabled people are unable to take charge of their lives with the result of further increasing a paternalistic practice among professionals with respect to

disabled people (Barnes, 1991; Dominelli, 2009). Counsellors are also the recipients of this kind of criticism. Critics argue that the counselling profession tends to contribute to the issue of dependency in relation to disabled people by shying away from using counselling in order to empower disabled people (Seden, 2005). The assumption that 'disabled people need therapy' in order to deal with their 'losses' has further contributed to the oppression of disabled people and further fuelled the pathologising ideas surrounding disability (Watermeyer, 2002). This leads us to the next section, where an overview of the counselling profession will be presented.

The Counselling Profession

In comparison to other more traditional health and social care professions, the counselling profession is considered to be relatively new. Counselling is said to have formally begun in America in 1946 (Glosoff and Schwarz-Whittaker, 2013). According to Blocher (2000, p.xiii) counselling was "... born out of compassion, idealism and social concern" of the nineteenth century with a projection of "hope and

promise for a better world” towards a new century. Counselling is a branch of psychology with a particular concern towards understanding people and helping them find the best way to resolve their problems. The origins of counselling exist in the Humanistic and Existentialist approach and it is largely inspired by the works of theorists like Abraham Maslow, Carl Rogers and Rollo May, who view psychology as being founded on the understanding of the “subjective worlds of self and other” (Strawbridge and Woolfe, 2010, p.4). More recently, counselling has also been associated with the writings of Mearns, Thorn, Merry and Lietaer, among others (McLeod, 2007). According to leaders in the field, counselling is defined as,

“...a professional relationship between a trained counselor and a client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature” (Burks and Steffire, 1979, p.14).

Carl Rogers (1951), one of the founding fathers of the

humanistic approach to counselling, claims that the pillars of counselling should always be three: empathy, acceptance and congruence. In addition, another strong principle of counselling is *unconditional positive regard*, which insists on the importance of the relationship between counsellors and clients and is defined as:

“...without reservation, the therapist [is to] experience and communicate a non-judgemental, acceptant warmth, a deep and genuine caring, and a non-evaluative ‘pure’ (‘uncontaminated’) prizing of client’s feelings, thoughts or behaviours ... the acceptance of all expressions – no ‘ifs’ and ‘buts’” (Vincent, 2005, p.29).

Counselling is considered to be an interdisciplinary activity, made up of different traditions and schools of thought, thus lending itself across the discourse of theory, research and practice (McLeod, 2009). Most of the theories within counselling literature which attempt to understand the personal experience and response to disability predominantly assume that the psychological adjustment to coming to terms with an impairment involves a process which is both lengthy and structured (Reeve, 2004). This process stems from what are termed the ‘theories of loss

and grief', as well as the work on transitions, which are a prominent feature in counselling literature about disability, and which will be elaborated below.

Counselling and Disability: Established Theories

Researching literature on counselling, one comes across many books emphasising the need for counsellors to become aware of a number of factors which might influence the counselling process. These factors include, race and different cultures (Roach, 1999; Lago, 2006), ethnic minorities (Alladin, 1999), feminism (Chaplin, 1999; Costigan, 2004) and sexual orientation (Manthei, 1997). However, there is very little literature about disability as a potential factor which might also influence the counselling process (Lago, 2006). Indeed, within counselling literature, most of the theories which attempt to understand disability tend to point towards the theories of loss and grief (e.g. Hopson and Adams, 1976; Livneh, 1986), and the work on life transitions (Robertson, 1992). In addition, in most of the literature about counselling and disability, very often disability is paired with chronic illness (e.g. Martz and

Livneh, 2007; Chan, Da Silva Cardoso and Chronister, 2009). There is very little literature about disability as an equality and political issue within the counselling framework (McLeod, 1998).

Conventional theories about counselling and disability tend to assume that disabled people and their family members will need a process of psychological adjustment in order to come to terms with the impairment (Reeve, 2004). In addition, it is automatically assumed that having a disability implies having an emotional problem, with several areas of distress being attributed to disabled people. The most common of these emotional distresses is grief, which is also linked to loss (Oliver, 1995). According to Webb (1993), a prominent author in counselling psychology, disabled people suffer from grief stemming from the feelings of loss brought about by the consequences of the impairment. In addition, Webb (1993) claims that unless disabled people experience grief, then it will be very hard for them to make more obvious gains. Similarly, Segal (1989) maintains that it takes a disabled person two years to come to terms with their loss, thus meaning that,

emotionally, disabled people are always two years out of step with their physical situation. According to Segal (1989), disabled people initially tend to put the situation out of their minds until they start moving through the stages of loss until they gradually progress towards accepting their situation.

Hanoch Livneh (1986), a prominent counselling theorist, proposed a particular theory for the stages of loss and grief as experienced by disabled people. As part of his studies, Livneh (1986) conducted an extensive literature review of over 40 stage models of adaptation to disability, and then created a unified model based on a combination of these models. According to Livneh (1986), these 40 stage models can be described in 5 broad stages, namely: i) initial impact; ii) defence mobilisation; iii) initial realisation; iv) retaliation; and v) reintegration. The first stage of adaptation, known as *initial impact* is divided in two sub-stages, that is, shock and anxiety. According to Livneh (1986), shock stems from the emergency reaction to the sudden onset of an impairment or illness, whilst anxiety is a reaction related to the panic felt at the initial understanding

of the magnitude of the injury or diagnosis. The second stage, *defence mobilization*, includes the overlapping stages of bargaining and denial, which both involve the expectation of recovery with a high dose of optimism. Following, the third stage, *initial realization*, is a period highly characterised by great emotional turmoil and ambivalence. According to Livneh (1986), this is the first period along the stages during which the traumatic event and its consequences are being processed by the individual for the first time. The fourth stage, *retaliation*, involves externalised anger or aggression, whereby the negative emotions of the disabled individual are projected outwards. This stage is often marked by hostility towards other people and objects. The final stage of adjustment, *reintegration*, is marked by when the individual finally internalizes the functional limitations attributed to his impairment or illness, and includes them in their self-concept (Smedema, Bakken-Gillen and Dalton, 2009). Livneh and Antonak (1997) are adamant that these stage theories can and still do serve as a guide to counselling interventions with disabled people.

A way of understanding the stages of grief and loss as put forward by Livneh (1986) and other theorists of the same position is to understand the work on transitions. According to Robertson (1992, p.134), a transition is:

“...a personal discontinuity in an individual’s life which requires new behavioural responses”.

Furthermore, Robertson (1992) notes that transition is experienced when an individual passes through a series of stages of assimilation, similar to the stages proposed by Livneh (1986), brought about by an acquired impairment. A process of transition involves moving from total preoccupation to total integration. In relation to disabled people Robertson claims that:

“...since persons with disabilities frequently are confronted with many challenges and changes throughout their lifespan, a perspective provided by the work on life transitions would seem to offer a comprehensive framework for understanding persons with physical disabilities” (Robertson, 1992, p.134).

However, research by other academics has suggested that disabled people do not necessarily go through this definitive sequence of stages or transitions, but instead tend to follow their own unique style of dealing with their

particular situation (Trieschmann, 1989; Wortman and Silver, 1989). In addition, in literature generated by disabled people themselves there is little reference to the necessity of dealing with this 'traumatic' event as suggested by these theories. Rather, disabled people feel that their main cause of distress is not the impairment itself but the oppression they encounter as a result of the many obstacles brought about by society (Oliver, 1995). This leads us to a discussion about disability as an issue of discrimination and oppression within the counselling framework.

Counselling and Disability: An Issue of Discrimination and Oppression

In response to the theories of grief and loss as put forward by non-disabled professionals who tend to view the problems encountered by disabled people as stemming from the functional limitation of the impairment, disabled people have argued the contrary. Disabled people argue that the major problems they encounter in their daily lives do not always stem from the impairment itself but rather from the failure of society to take into account the needs of

disabled people and from the social barriers they constantly encounter (British Psychological Society, 1989; Oliver, 1993; 1995). In addition, it is the attitudes and reactions of other people to the impairment that causes frustration, hurt and pain, rather than the impairment itself. It is also the effect that the impairment tends to leave on disabled peoples' relationships with others which also causes concern for disabled people (Wilson, 2003).

Literature, written by disabled activists, shows that a reason for the major cause of emotional distress experienced by disabled people is the unnecessarily passive, powerless and dependent role disabled people are often put into, including within the counselling process (BPS, 1989). Reeve (2004) maintains that the use of the stages of loss and grief as a theory for counselling sessions with disabled people is disempowering. Such theories tend to continue reinforcing the notion that disability is an individual problem caused by impairment, rather than recognizing the role that society plays in creating and maintaining disability. The issue of the need for empowerment by disabled people is also referred to in a

study conducted by Oliver, in 1995, among disabled and non-disabled counsellors. This study aimed at looking at ways in which counsellors work with disabled clients. Findings from this study revealed that disabled people, in particular, tend to bring a shift in counselling since they have an over-arching need to take control of their lives. Thus, in this regard, Oliver (1995) suggests that the focus of counselling with disabled people should be on empowerment.

Abberley (1993) asserts that it is of great importance to the disabled individual and to the success of the counselling intervention that psychological distress is not merely seen as simplistically relating to the impairment, or to a weak personality, but rather as an effect of the oppression experienced by disabled people. In this regard, Reeve (2000; 2004) stresses the importance that counsellors must have a strong awareness of the social model of disability. Furthermore, she asserts that it is important that through counselling, the disabled individual is empowered to bring choice, direction and control into their daily lives. For success to be achieved in this regard it is crucial that

counsellors employ every means at their disposal to remove any imbalance of power and sense of oppression from the counselling relationship.

Watermeyer (2002) writes how the lack of sufficient discussion between disabled people, especially followers of the social model of disability, and mental health practitioners has led to a detachment between disabled people and counselling. A study by McKenzie (1992) found that many disabled people regarded 'mainstream' professionals working in the mental health sector, such as, psychiatrists, counsellors and psychotherapists, as having little understanding of the issues and struggles encountered by disabled people. John McLeod (1998), a renowned professor of counselling, argues that counsellors, like the rest of society, might be bearers of prejudicial attitudes towards disabled people, which could further contribute to the lack of understanding about the struggles encountered by disabled people. Consequently, this gives rise to a strong need for more consciousness-raising, training and research among counsellors, about the nature of disability and disabled people. Parkinson (2006),

a disabled academic, argues that the removal of imbalance within the counselling process can only be achieved by encouraging counsellors to explore their own attitudes and beliefs towards disabled people, with the exploration occurring as part of the training of becoming a counsellor.

Conclusion

Since the post-war period, there has been an expansion of the role of professionals in disabled people's lives. This expansion has brought about a number of advantages to the lives of disabled people, however it has also received a lot of criticism generated by disabled people themselves. Although counselling is considered to be a relatively recent profession, it has not been devoid of such criticism by disabled people. Research has shown that disabled people want counsellors who are knowledgeable about the social model of disability and who are willing to empower disabled people through counselling (Reeve, 2000; 2004). This study seeks to explore the social construction of disability among Maltese counsellors.

CHAPTER 3: RESEARCH METHODS

In this chapter, the methodology adopted to collect and analyse data for this study will be discussed. The objective of the chapter is to explain how the research was planned, designed and carried out in order to achieve its aims. As previously stated, this study aims to understand the social construction of disability among Maltese counsellors.

This chapter will initially discuss the methodology which underpins this study. This will be followed by a discussion of the ethical considerations taken into account in the design and execution of this study. I will then elaborate on the details of the method chosen as well as the rationale for this choice of method. The details of the method will include: the sample size, the recruitment of participants and the selection of the sample, data collection and data analysis.

Methodology

Being a psychology graduate who works in the disability sector, as well as being a disabled researcher, has shaped and provided me with the ontological stance for this study.

According to Mercer (2002), ontology is the reality of the situation, which in this case is that most disabled people consider counselling as a vital and valuable service (Davis and Mullender, 1993; Priestley, 1999). However, it is also acknowledged by counsellors themselves that disabled people are a client group which is generally avoided by counsellors (McLeod, 1998; Reeve, 2004; Parritt, 2012). In addition, disabled people want counselling services which meet their needs as well as counsellors who are knowledgeable about the social model of disability (Reeve, 2000; 2004).

Mercer (2002, p.230) states that the epistemological position is the “relationship between the knower/researcher and knowledge”. As a researcher I consider myself to be a mild social constructionist in outlook. I am not of the belief that objectivity in its fullest extent can ever exist. Rather, I am of the belief that the world is complex, but also comprehensible. I agree with Andrews (2012) that people’s construction of meanings emerges from their interactions and in the way they present themselves to each other. Social constructionism places great emphasis on the interactions which occur between people in their everyday lives, and on how language is used in

the construct of reality (Andrews, 2012). According to Sismondo (1993), by adopting a mild social constructionist outlook to analysis, a distinction between what the participants believe, or claim, about the social world and what is already known is maintained.

As a disabled researcher I have also developed my understanding of disability as a political issue through the adoption of the social model of disability. This epistemology has also helped me to understand my ontological assumptions about professional hegemony and the need for disability to be understood as an equality issue within the counselling framework. This epistemology has also enabled me to develop a broader understanding of the research problem. In addition, as a disabled researcher I have attempted to draw from the spirit and essence of emancipatory research and I have followed its principles and those of the social model of disability to, what I believe to be, the maximum extent possible. However, as a researcher I am fully aware that all aspects of emancipatory research could not be fulfilled since it is beyond the scope of this dissertation and beyond available resources, such as, time and funding. Furthermore, although I am a

disabled researcher I am also aware of my pre-existing links with the counselling profession emerging from my first degree in Psychology.

Having reflected carefully on the ontology and epistemology of this study, a qualitative methodology was chosen. According to Bryman (2012), the stress of qualitative research is on the understanding of the social world through an examination of the interpretation of that world by its participants. Through this study I aim to seek understanding of the social world of counsellors which will lead me to their own social construction of disability. In addition, I have chosen a qualitative methodology because I believe that it is only by attempting to understand the experiences and perspectives of the participants that I can understand the perspectives of counsellors about disability. A qualitative methodology fits well with my rationale because it gives particular attention to people, and to the fine details expressed in people's words and actions (Packer, 2011). In addition, due to the lack of research in this area and because as a researcher I had, when embarking on this research project, no preconceived ideas or hypotheses as to what theory would be applicable to the social construction of

disability among Maltese counsellors, the ideal choice for exploratory purposes seemed to be a qualitative method.

More specifically, I have chosen to adopt a qualitative approach to this study for three particular reasons. The first reason is that literature about counselling and disability is generally very scarce, but even more so within a Maltese context. Thus, in situations where there is a dearth of information about the topic, a qualitative approach is best adopted (Morse and Richards, 2002). The second reason is that in view of the fact that there is a gap in research about counselling and disability in Malta, the flexibility of adopting a qualitative approach might offer me, as a researcher, an aspect of the topic which I would not have previously thought about (Rubin and Babbie, 2010). The last and third reason is that a qualitative approach, as opposed to other approaches, offers me the opportunity to gain a deeper understanding of the perspectives of counsellors about disability (Willig, 2013).

Ethical Considerations

Ethical issues are an integral element of any kind of research. Ethics is concerned with doing good and avoiding harm (Orb,

Eisenhauer and Wynaden, 2000). As part of the process of taking ethics into consideration for this research project, an ethics application form was submitted to the Ethics Board at the University of Leeds prior to initiating any work in relation to this study. Only once an approval by the Ethics Board was received that work on this study was initiated.

Since the disciplinary base of this study is within the social sciences, the ethical considerations framework supplied to researchers by The British Sociological Association was taken into consideration. These considerations include, voluntary participation, permission, confidentiality and anonymity. In order to meet the standard of voluntary participation a recruitment letter (see Appendix A) was sent to the Malta Association of the Counselling Profession (MACP) and to the Counselling Department at the University of Malta for them to send to counsellors on their mailing lists. The recruitment letter was sent to these two entities after having obtained permission to send a copy of the recruitment letter by the President of MACP and the Head of the Counselling Department within the University of Malta, respectively. In addition, the standard of voluntary participation was also met by providing my mobile

telephone number and email address on the recruitment letter and asking interested participants to contact me themselves, rather than contacting them myself. Furthermore, as stated in the consent form (see Appendix B) given to the participants at the beginning of each interview, participants could withdraw freely from the interview and the study at any time they wanted to, without any after-effects. The standard of permission was met by giving the participants a consent form for them to sign stating the procedure, risk, benefits, confidentiality and rights at the beginning of each interview. The standards of confidentiality and anonymity were met by stating, on the same consent form, that the only person viewing the records would be myself, as a researcher and interviewer, and, if absolutely necessary, the supervisor and examiners. In addition, participants were assured that pseudonyms were going to be used for the presentation of this study.

Method

Sample Size

A qualitative approach is concerned with an in-depth investigation of the participant's experience, thus a relatively

small sample size is required (Krysiak and Finn, 2010). A large sample for qualitative research is not always necessary since it might result in less depth and richness. A large sample size could also lead to the loss of the unique and specific, often ascribed as the strengths of qualitative research (Holloway and Wheeler, 2010). For this research project, based on the researcher's own awareness regarding lack of resources and time constraints, and the fact that participants are professionals it was initially decided that a sample size of ten participants would be sufficient. However, in the end only six counsellors were willing to participate.

Recruitment Procedure and Selection of Sample

The recruitment of participants was carried out through two avenues, with the aim of increasing the possibility of sample recruitment as much as possible. One avenue was through the Malta Association for the Counselling Profession (MACP), which to date, has 80 registered members (personal communication, C. Galea, 2013). The other avenue was through the Department of Counselling, within the University of Malta.

As part of the recruitment process for participants, both MACP and the Department of Counselling were sent a detailed letter about the research project containing my contact details, asking counsellors if they would like to participate in the study. The letter was circulated among the association's members and among the counsellors on the mailing list of the Department of Counselling. Anyone interested in participating in the study was then able to contact me by telephone, or email. Once participants contacted me, the nature of the study was explained to them. In addition, it was also explained to the participants that this research study was being carried out in fulfillment of a Masters degree in Disability Studies at the University of Leeds. Further information about the research, such as details about the study, the interview, and ethical issues of anonymity and confidentiality were also discussed.

The criteria for inclusion in this study was fairly straightforward, namely, that participants had to have a Masters degree in counselling, to work as counsellors in Malta, and that they are Maltese citizens. As a researcher I initially aimed at establishing a gender balance among the participants, however at the end it transpired that only one male was interested in participating,

thus participants constituted five females and one male.

All the participants claimed that their approach of choice when counselling was the humanistic approach. However, some of the participants mentioned that they also like using other approaches and thus preferred to refer to themselves as 'eclectic' or 'integrative', meaning that they like to identify themselves with more than one counselling approach. The participants' clients varied from students, to adults, to families, depending on the context in which they worked. The years of practice for the participants also varied. One counsellor had twenty-five years' experience and another had ten years, whilst the remaining four had two years' experience of working as counsellors. The pseudonyms and the characteristics of the participants are portrayed in Table 1 below.

Data Collection

Data was collected by means of semi-structured individual interviews. This means of data collection was chosen because individual interviewing allows the researcher to discover the participants' "...thoughts, perceptions, feelings, and retrospective accounts of events" (Goodwin and Goodwin,

Table 1 Pseudonym and characteristics of participants

<i>Pseudonym</i>	<i>Gender</i>	<i>Approach</i>	<i>Clients</i>	<i>Context</i>	<i>Years of Practice</i>
Matthew	Male	Integrative with a focus on existential counselling	Various	Hospital Setting	10 years
Gloria	Female	Systemic approach based on Humanistic and Rogerian Values	Various but mainly families	Private Practice	25 years
Martha	Female	Humanistic, Gestalt and Adlerian approaches	Students	School Setting	2 years
Paula	Female	Humanistic, Systemic and Narrative approaches	Adults	Hospital Setting and Voluntary Sector	2 years
Rose	Female	Eclectic with a focus on humanistic approach	Older Adults and Families	Rehabilitation Setting	2 years
Anne	Female	Humanistic approach	Students	School Setting	2 years

1996, p.134). Furthermore, interviewing provides the researcher with a means for exploring the points of view of the participants within a cultural state of reality (Miller and Glassner, 1997). Individual interviews also give the researcher and participant the possibility to engage in deeper conversations, as well as the possibility to elaborate further on certain issues. A semi-structured interviewing guide was constructed in order to aid the researcher during the interviews. Semi-structured interviews are seen as a combination of having both the flexibility of open-ended interviews and the directionality of survey instruments, with the aim of producing focused data (Schensul, Schensul and leCompte, 1999). The interview guide (see Appendix C) consisted of a list of open-ended questions, whose design was based on the research questions and on the literature review. The questions were intended to enable the participants to be as flexible as possible, and to give them the freedom to answer openly and in their own words, thus encouraging participants to give longer, richer and more detailed answers, without the limitations of structured close-ended questions or multiple choice answers (Kahn and Cannell, 1957). Approximately one hour was allotted for each interview. Most of the interviews

were held at the participants' various offices, whilst for two of the participants the interviews were held at another location of their choice. At the beginning of each interview, participants were also informed that the interview was going to be audio-recorded to ensure accuracy of transcription and data analysis.

One-to-one interviews rather than focus group were chosen due to the combination of the nature of the subject and the nature of the participants. Since the participants are all professionals, the researcher was aware that they might not feel entirely comfortable discussing certain issues in front of other professionals. Individual interviews give the participants a more private setting in which they would feel more comfortable answering the questions put forward during the interview. Furthermore, one-to-one interviews in comparison to focus groups might slightly diminish the social desirability bias.

Data Analysis

The recordings of the interviews were transcribed by myself. This method proved excellent in that it helped me to become very familiar with the data (Riessman, 1993). The data was then analysed using Thematic Analysis, as described Braun and

Clarke (2006). Thematic Analysis was used since it is considered to be a very flexible tool through which “a rich and detailed, yet complex, account of data” can be produced (Braun and Clarke, 2006, p.78). In addition, it is argued that thematic analysis can be used within the spectrum of paradigms ranging from realist/essentialist to constructionist. Thus, since this thesis is based on a mild social constructionist paradigm, it was thought that thematic analysis would prove to be useful (Braun and Clarke, 2006).

The following outline guide consisting of six phases of analysis was used to analyse the narratives (Braun and Clarke, 2006):

1. The researcher needs to become familiar with the data.
This process may be achieved through transcribing the data, reading and re-reading the data several times and also noting down any preliminary ideas.
2. After the researcher is familiar with the data, initial codes can be generated. This involves looking for interesting features in the data in a systematic way across all the data set.
3. After all the data has been coded, the search for themes

can begin. This phase involves putting the codes into potential themes and also considering how different codes may be combined to form an overarching theme.

4. The fourth phase consists of reviewing the themes. During this phase it may become obvious that some themes are not really themes, whilst others may be combined to form one theme.
5. After the themes are reviewed, an ongoing analysis will provide further refining. At this point, the themes should also be named and defined.
6. The last phase gives the researcher the opportunity for further analysis. Final, vivid and compelling extract examples should be selected and a scholarly report of the analysis should be reported.

Following the steps described above, the transcriptions of the interviews were read several times over. Consequently, preliminary points were jotted down in the margins of the transcriptions, and these later formed the basis for the initial codes. After all the data had been coded, a search for themes began. As the candidate themes were collected, further review was conducted. Finally the over-arching theme was identified,

named and reported. The over-arching theme and the subordinate themes will be presented and discussed in the following chapter.

CHAPTER 4: CONTRADICTORY DISCOURSE - FINDINGS AND DISCUSSION

This chapter presents a discussion and critical analysis, within current literature, of the themes and insights derived from individual semi-structured interviews held with six Maltese counsellors, which interviews were carried out with the aim of understanding the participants' social construction of disability. The data analysis yielded one over-arching theme, further illustrated by three subordinate themes, as presented in the table below. The findings revealed that the social construction of disability among Maltese counsellors is influenced by three main forces, namely: by the international and national politics of disability, the Maltese social and cultural aspect, and the counsellors' professional training and cultures of practice. The combination of these three forces creates a certain tension which has led to contradictory discourse throughout the interviews. The contradictory discourse was present in the counsellors' struggle through disability politics, in the counsellors' distinction between 'the deserving and the undeserving' disabled people (Fitzpatrick et al., 2006; Garthwaite, 2011), and in the counsellors' professional

ideology.

Table 2 Themes derived from the data

Over-Arching Theme: All the same but different – Contradictory Discourse	
<p><i>Subordinate Theme 1:</i></p> <p>Struggling through politics – with reference to disability politics.</p>	<p>Sample of Key Phrases:</p> <ul style="list-style-type: none"> • It [disability] is not the disabled person's problem • Disability is when the person is not independent • This [definition of disability] is getting confusing
<p><i>Subordinate Theme 2:</i></p> <p>The deserving and the undeserving – with reference to disabled people.</p>	<p>Sample of Key Phrases:</p> <ul style="list-style-type: none"> • You want to be good to them [disabled clients] to make up for their suffering • It's not fair that they [disabled people] abuse of their disability • We [counsellors] need to look at our prejudices and attitudes
<p><i>Subordinate Theme 3:</i></p> <p>Clinging to professional ideology – with reference to the training and cultures of practice of counsellors.</p>	<p>Sample of Key Phrases:</p> <ul style="list-style-type: none"> • Everyone has a disability • We [counsellors] need to look beyond the disability • I [counsellor] don't like labels

Over-Arching Theme: 'All the same but different – Contradictory Discourse'

The counsellors' narratives strongly reflected that all six participants were constantly presenting contradictory discourse throughout their individual interviews. This sense of conflict in the counsellors' discourse was a distinctive feature in all the interviews, with all six participants, and throughout the entirety of the interviews. At different instances during the interviews all six participants contended that, "*we are all the same...we all have limitations*", thus stressing that as individuals there is no distinction between those who experience disability and those who do not encounter disabling barriers. However, later in the interview all the counsellors remarked that, "*I think, disabled or not, everyone has different needs*", thus implying that as individuals everyone has some need or other, whether disabled or not, and therefore reducing the significance that disabling barriers have on disabled people's lives. This common feature of contradictory discourse in all the interviews with all six participants gave rise to the over-arching theme: 'All the same but different – Contradictory discourse'.

During the interviews, I could grasp that all six participants were

striving hard to be politically correct by showing that they were aware of the importance of inclusion of disabled people in everyday life. All the participants were relatively keen on wanting to present their views in a way that would be in harmony with what is socially acceptable to the disability movement. However, a few minutes later along the interview, or even in the same sentence, the participants would give explanations and descriptions of certain therapeutic encounters with disabled people which were in strong contradiction to what they would have originally wanted to portray. It was noted that the participants' descriptions were contradicting what they predominantly wanted to achieve in their narratives. The contradictions are further illustrated by quotations from one of the participants who said that she was aware of the importance of accessibility, thus indirectly referring to the meaning of disability as presented by the social model:

*“Yes, where I see my clients...where I have my private practice, it is accessible, I looked at that [accessibility]”
(Paula).*

But then throughout the interview she contended that is it the condition which limits the individual rather than society's

creation of barriers for disabled people,

“...because of this condition, one is limited to fulfill the functions of what they need to do, basically. So the way I see it, yes, it [the condition] limiting me, disabling me from doing my functions” (Paula).

The narratives also strongly reflected that all the participants were having great difficulty with giving an explanation of their understanding of disability. Some of the participants honestly expressed that they had never stopped to think about whom they considered ‘disabled’. In addition, the counsellors were sincere enough to maintain that now that they were asked to think about their understanding of disability, they were finding it very hard to give an explanation, as is illustrated in the quotations below:

“...was he disabled? Today, that you are mentioning this and I remembered him, for me, when I was doing therapy, for me he wasn’t disabled, he was sick. But now thinking about it he was very disabled...I think it was better if you asked me who I think is disabled for you as I don’t know how to answer you...” (Martha)

“...I think it’s a very complex issue, this thing of disability. It’s not as simple or clear cut...” (Anne)

“...disability, how I see disability is...I think I see it quite expansive...” (Rose)

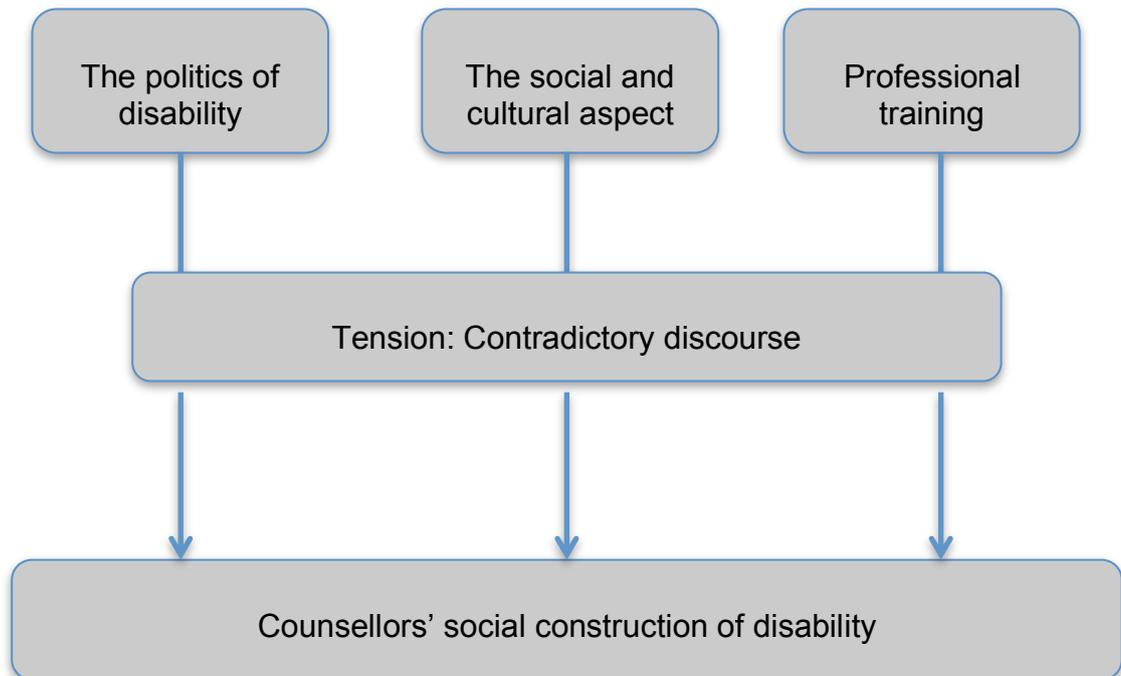
This sense of hesitation at the prospect of explaining the

understanding of disability is also echoed in a study conducted by Callus (2013). Almost three-fourths of the disability organizations' representatives that she interviewed for her study were hesitant before giving her an answer about their understanding of 'intellectual disability'. The fact that the Maltese counsellors interviewed for this study claimed that they had never stopped to think about the meaning of 'disability' and whom they considered as being disabled, could have further led to the common issue of contradictions throughout the participants' discourse.

From the data collected it emerged that various forces influenced Maltese counsellors' social construction of disability. These influences were elicited from the interviews following reading and re-reading of the scripts and through which emerging patterns were identified. In the main, the counsellors interviewed were influenced by the current international and national politics of disability, by the Maltese social and cultural context, and by the counsellors' professional training and cultures of practice. These three major forces were themselves creating contradictory ideologies among the counsellors interviewed, which led to tension within the discourse put

forward by the participants. A diagram illustrating this conflict is presented below.

Diagram 1 Contradictory Discourse



Apart from the conflict arising between the three major forces which influence the counsellors' social construction of disability, the over-arching theme of contradictory discourse was also present within the three separate forces. The contradictory discourse that arose within the three individual forces will be further elaborated and critically analysed below in the subordinate themes, that is, in the counsellors' struggle through disability politics, in the counsellors' perception of 'the

deserving and the undeserving' disabled people and in the counsellors' clinging to their professional ideology.

Subordinate theme 1: Struggling with the politics

Recent years have seen the rise of a disability movement which has advanced the transformation of disability from a purely medical problem to a political one (Oliver, 2004). A pivotal development which has enabled this transformation is without a doubt the establishment of the social model of disability (Oliver, 1981). The ripples of this movement were also strongly felt in Malta resulting in the setting up of the National Commission Person with Disability in 1993 and the passing of the Equal Opportunities (Persons with Disability) Act into law in 2000 (Camilleri and Callus, 2001). However, notwithstanding the fact that the National Commission Persons with Disability was set up over a decade ago and locally it is very vocal, all the participants in this study were still not well versed in the social model of disability and hence they struggled to come to grips with disability politics.

At the start of the interview, all the participants were clearly doing their utmost to make sure that what they were saying was

in conformity with what they considered to be socially acceptable for disabled people and to the disability sector. Initially, some of the participants made implicit references to the notion that disability is something which is created by society and not necessarily inherent to the individual. Anne remarked that the fact that as a counsellor she did not know sign language was an example of how society created barriers for disabled people:

“eh the person who is hearing impaired it’s not her problem, it’s mine because I, I need to learn her language, you know” (Anne).

Similarly, Gloria compared the disability movement to the feminist movement, and claimed that the onus of responsibility is on society rather than the disabled individual:

“...a society thing, some societies help, some societies don’tbut I think the, the thing that set the ball rolling to me, politically...was feminism.” (Gloria)

Matthew took his claim further and said it should be the counsellor’s responsibility to decrease the barriers disabled individuals faced:

“...I mean I think the problem doesn’t lie...the challenge is not posed by the person with the disability but it’s the way the counsellor is...sees the person. I mean people tend to...I mean, but it’s not the disabled person’s

*problem, I think it's our problem that we have to get over.”
(Matthew).*

These claims show that the participants are aware, albeit not deeply, of the discourse created by the disability movement. In addition, such claims also show that the counsellors have an implicit understanding of the social model of disability, therefore that disability refers to the lack of opportunities and restrictions created by society for disabled people. However, no direct reference to the social model of disability by name was made by any of the participants throughout the interviews.

The struggle through disability politics arose when during the individual interviews, further to the previously mentioned claims, the participants went back to making contradictory claims such as the following:

“...I mean ‘cos like I say, there is, obviously there are going to be limitations, there are going to be challenges... It's inevitable that you are going to meet somebody that somehow their life has been, you know, limited by the illness or limited by an accident or something”. (Matthew)

“So, so I think for me disability is when the person is un-independent...(sic)” (Gloria)

“...a person has limitations to fulfil a function or more than one functions of daily living, basically...because of the condition, limited to fulfil the functions of what I need to do, basically” (Paula).

Thus, that disability is intrinsic to the person and the limitations pertain to the individual bearing a disability. Such claims gave way to contradictory discourse among all the interviewees, which reflect the participants' struggle through the politics of disability. In addition, such contradictions in the participants' discourse also reflect the counsellors' lack of knowledge about the explicit distinction between impairment and disability as put forward by the social model of disability.

More confusion within the interviewees' narratives arose when the participants were presenting contradictory discourse about whose responsibility it was to remove barriers for disabled people. When giving an example regarding the needs of disabled students Anna was unsure whether the responsibility lay on the school, or on the student:

“...a second, ‘cos I’m getting a bit confused...because, because that is one thing how I...one way of seeing it but and then I know that for example then there is the society thingy, in the sense...and then certain disabilities are...I’m not sure if they’re, they are...of the person or else eh that for example I know that, for example when we had a student who had a wheel...who was wheelchair bound...there were certain things that the school had to do to make places accessible for the student because before the school did not have the...you know these, these eh needs so like, anyway...there I go, the school did not have these needs, see? So, so there, there

are all these issues you know...” (Anna)

Similarly, during the interview Matthew argued and put forward the question about who is responsible for making the necessary changes to create an accessible environment. Matthew asked whether it is society’s responsibility to make the necessary changes to accommodate disabled people or whether it is disabled people’s responsibility to accept the limitations imposed on them by their impairment:

“Ehh, and you know, there seems to be this thing, who’s going to make the change? You know, like I said before, is it the disabled person who has to come up to our standards or do we have to go, you know, to the...? I mean ‘cos like I say, there is, obviously there are going to be limitations, there are going to be challenges...but those are challenges which are going to have to be faced, you know...” (Matthew)

This confusion about disability politics resulting from lack of knowledge about the social model of disability, among the Maltese counsellors interviewed for this study is echoed in another study. Swain, Griffiths and Heyman (2003) report that according to a number of counsellors they interviewed for a study, conducted in Northumbria, disability is not imposed on people with impairments by a disabling society but disability is

something which belongs to the person and built into the self as defined by the individual. Writing about the subject, Reeve (2000), a disability researcher, reports that there is a considerable need for counsellors to be aware of the social model of disability. She argues that there needs to be a new counselling approach which incorporates the social model of disability as one of its foundations. Similarly, Swain, Griffiths and Heyman (2003) argue that an approach in counselling which explicitly recognizes the social model of disability is imperative if a social change is to occur. According to a study by McKenzie (1992), the need for counsellors to be aware of the social model of disability is further strengthened by disabled people's request for counsellors who are knowledgeable about disability politics and of the struggles experienced by disabled people.

Notwithstanding the confusion and struggle through the politics of disability, all the participants made specific reference to the importance of physical accessibility, as did Matthew, Anne and Rose in the quotations below:

“A lot of times, let's put it this way, it's not the disabled person. A lot of times it's our refusal to...you know, I mean it's funny nowadays I get so mad when I'm walking

in the street for example and...you know we've, now you know we're getting more sensitised and aware you know, now they've made the pavement in a way so at the end of the road, they've made the pavements with a ramp on one end so somebody with a wheelchair can actually get down, cross the road and get up on the other end...and when cars just park, you know.” (Matthew)

“...if there are particular needs related to a particular impairment...I don't know, for example, I'm thinking of even the physical environment, for example my room is upstairs....if I had to see someone who is wheelchair bound I can't see the person upstairs, you know” (Anne).

“I also know of a clinic, know, that they don't have room for wheelchairs so how...if you are offering services and you are limiting the people that you are able to see...what services are those?” (Rose)

Such claims show that the participants were determined about voicing their own awareness about the importance of accessibility for disabled people. However, the participants were less forthcoming in their examples about accessibility in relation to people with a hearing or visual impairment. In fact, upon being questioned about whether they would have problems with offering counselling services to people with a hearing or visual impairments, the participants expressed feelings of fear and anxiety and claimed that:

“Hearing impairment, obviously then it will, it will, there's the communication issue. I will have to, to, to inform myself on, on how I am going to communicate with

this person and I will have to know, 'how much does he hear?', 'how much does he not hear?', 'how do the teachers communicate with this person?'... the hearing impairment is different because the hearing impairment, I would need to know the person, 'How can I? How can I? What do I do? Is it enough if I shout?'" (Martha).

"...I could not keep eye contact with her, for example in the beginning it used to annoy me that this person used to wear black glasses, understand?...So in the beginning it used to be a bit frustrating for me because I use a lot of eye contact..." (Paula).

Interestingly, there was no mention of offering counselling services to people with intellectual impairments. This could have stemmed from a greater fear experienced by the counsellors when compared to giving counselling to people with mobility, hearing or visual impairments.

The over-all struggle through disability politics among the participants could have stemmed from the social desirability effect, which in research is recognised as the tendency of some respondents to give a socially acceptable answer rather than what would be their 'true' answer. According to Callegaro (2008) this is done in order for participants to project a favourable and acceptable image of themselves. In this case the participants probably wanted to make socially acceptable

claims about disability because that is what is expected of them as professionals. However, the contradictions in their discourse could also be attributed to the lack of knowledge about the social model of disability.

The social desirability effect could have been exacerbated further by the fact that I am a disabled person and as I was conducting the interviews myself, they were being faced with a constant reminder of disability. Interestingly, it was also noted that throughout the interviews some of the participants were giving amputation-related examples, when it was obvious that I am an amputee myself. The mention of amputees was a common feature which further contributed to the contradictory discourse presented by the participants. It reveals how the participants seemed to be preconsciously over-riding their discourse. Examples of these descriptions include:

“...again we go back to that question, I mean like for example if you have a double amputee and he’s saying to me, ‘you know, I want to run the marathon’, ok fine, it’s possible...in time. But, you know, don’t you think you need to be thinking about other steps first?” (Matthew)

“...the impaired, the, the deaf, the hearing impaired, the visually impaired and all this, and the amputees and the disabled and the inspire [a service provider] and equal partners [a service provider] and somebody has to be a

voice for these children and I think that is a political movement and maybe people who can't or don't feel happy in society, at least they have a society, a small society" (Gloria)

".... the issue of equality, whether that they're not seen in the same eyes as a two legged person, maybe...." (Rose).

Berzoff (2011) explains the above-mentioned phenomenon, of when the preconscious over-rides the discourse, in her description of Freud's topographic theory. Berzoff (2011) explains that the preconscious mind is that part of the mind that is largely out of consciousness, but it is also the part that can be brought to attention. As an example Berzoff claims that 'slips of the tongue' (2011, p.44), similar to what happened to the participants in their examples of amputees, are evidence of the preconscious process surfacing. It could be very probable that the participants' preconscious surfaced even though they might have been trying very hard to portray different narratives.

Subordinate theme 2: 'The Deserving and the Undeserving'

'The deserving and the undeserving' is an expression which was initially used to refer to the poor. In the United Kingdom, the expression originally entered the vocabulary in the 1930s during the debates aimed at bringing reform to the Poor

Law (Fitzpatrick et al., 2006). Sociologists and social researchers have made use of this expression to draw a distinction between those poor people who were deserving of assistance because they were poor through no fault of their own and those poor people who were undeserving of assistance because they were poor through their own 'failure' (Abel-Smith and Titmuss, 1974; Kelso, 1994; Mamelli, 2001; Levine and Abu Turab Rizvi, 2005). The 'deserving' label was generally reserved for people who had a positive attitude towards work but were incapable of working due to reasons which were beyond their control, such as widows, men who were seeking but unable to find employment, and disabled people. Conversely, the 'undeserving' label was reserved for those people who were capable of working but who seemed to prefer to remain paupers, and whose poverty was seen as being the result of their inherent laziness (Fitzpatrick et al., 2006; Kelso, 1994). The narratives of this study strongly showed that the participants were making a similar distinction with reference to disabled people. Thus, distinguishing between those disabled people who were deserving of support and empowerment and those disabled people who were

undeserving of help and support because of feelings of anger towards their own situation, or because of their sense of “self-righteousness”. This distinction between the deserving and undeserving disabled people has created contradictory discourse among the same individual participants.

The notion of ‘the deserving disabled’ was alluded to by the participants in their reference to the importance of giving disabled people a counselling service which meets their needs. Gloria, one of the participants, said that it is very important that counsellors are constantly aware of their attitudes and prejudices in order for them to be able to be as objective as possible, and to be sensitised to the problems encountered by disabled people:

“And attitudes to, to not be afraid to be able to challenge disabled people not to have pity and not to say somebody is taking care of them so I don’t need to do this. This is equality for me.” (Gloria)

Similarly Anne claimed that she strives to be constantly aware of her own prejudices in order for her to be able to give disabled people a good counselling service as they deserve:

“...I am not saying that I am perfect, not at all but at least I would have made a small step, that yes I am aware of my own prejudices and that I need to work on them. That

[awareness] yes, that [awareness] yes” (Anne).

On a similar note, Paula argued about how important it is to empower disabled people in order for them be able to make their own decisions,

“...these people need...they need more empowerment, they need to be more empowered, they need to, they need more support sort of, to a certain extent, to take a decision.” (Paula)

Rose extends the notion of the ‘deserving disabled’ to her work ethic by saying that she feels compelled to be “so good” to disabled people in order to make up for the difficult situations they would have experienced,

“...there is the fear of incompetence because you want to be so good with him, because maybe life, because what he is suffering from, post-trauma I’m saying, that sometimes it’s, it’s, it’s a big challenge to help you to overcome that to be able to give...” (Rose)

The idea of the ‘deserving disabled’ among the participants in this study could stem from the cultural context. In Malta, maybe more than in the United Kingdom, disabled people have long been associated with feelings of pity and acts of charity, which is often referred to as the ‘charity model of disability’ (Rieser and Mason, 1992; Swain, French and Cameron, 2003). To think

of disabled people in other terms other than people who are 'deserving' is almost unheard of and goes beyond question (Sapey, 2004). To date, in Malta, notwithstanding the tireless work carried out by the National Commission Persons with Disability to bring to attention and to teach society about the social model of disability, a number of charity organisations, television shows and telethons still continue to portray disabled people as objects of charity and as people who are 'less fortunate' (Cardona, 2013). Such portrayals further fuel the view of disabled people as part of 'the deserving' group. As a confirmation to this, Martha and Paula maintain that:

"People who have a disability are the pitiful and the poor ones...what we call a collective unconscious ... it is something that we carry as a culture aspect and, and we can't do without it, it's like, whatever the pity or the...and I think it remains within you, a bit in you, it might be....I think I do have this sense of pity within me somewhere because I lived in Malta I am Maltese like everyone else and I imagine that I might have started with it [the feeling] that, as soon as someone sat here [in her office], maybe there was that feeling of, 'poor' or 'pity' or..." (Martha).

"I think in a culture, in a culture like ours, clients have to, have to see what's coming from them, and what's coming from the culture as well uh..." (Paula)

The notion that disabled people are perceived as pertaining to 'the deserving' group could also stem from the fear ingrained in non-disabled people that it could very easily be them "sitting in that chair". Rose was sincere enough to acknowledge this fear and said:

"...and although you're there talking and bla bla bla, you say tomorrow it could be me on that chair...and it gets you really, it pins you down to the meaning of life and that's something..." (Rose)

This kind of fear is explained by Fisher (1973), a professor of psychology, as the fear which is instilled in non-disabled people upon meeting someone with an impairment and is brought about by the implication that, "...the same loss could potentially afflict any person's body" (p.88).

In contrast to the claims about disabled people as pertaining to the 'deserving' group, the narratives of some the participants conveyed otherwise. Gloria was very assertive in her statement about the subject and claimed that "self-righteous" disabled people made her "sick", thus giving rise to the notion of 'undeserving' disabled people:

"If self-righteousness comes in, it destroys like...I've met a couple of people who are in a disabled situation and they have a self-righteousness which makes you sick, you

know.” (Gloria)

In addition, Gloria also made similar remarks of disapproval about disabled people who abused of their disability or exaggerated the role of the victim:

“...they get annoyed if, if, if the disabled person abuses of their disability because then, ‘listen, if you’re equal, you’re equal’, you’ve been given your time, you’ve been given your toilet, you’ve been given your ramp, now sit down and enjoy the meal, you know, you don’t have to claim that you need a waiter on a one-to-one basis because you have a mouth like me. So then it comes to this point and I think the disabled societies or...have to educate people for this as well. It’s not fair, but it’s not fair to abuse of your disability.” (Gloria)

Similarly Matthew, although saying that it is a “dangerous mentality” to have, went on to make an honest remark about how at times he might actually entertain the idea that:

“... you know that disabled people should just be put in a little box you know, boundaried (sic) off and shipped off somewhere, you know and, and that is a very dangerous mentality, you know...” (Matthew)

However, adding to more contradictions in his discourse, straight after Matthew continued by saying that:

“...whereas you know like we’re saying nowadays, listen, I need disabled people around me in the sense you know, in the sense because they keep me grounded, in, in you know, in my work, in my personal life you know...”

(Matthew).

The claims made by the participants regarding their perception of disabled people as 'undeserving' is supported by literature. Erkulwater (2006), a professor of political science, suggests how the distinction between deserving and undeserving disabled people is a common distinction made by non-disabled people. In addition, Erkulwater (2006) explains how very often people in wheelchairs are regarded as more 'deserving' than people with intellectual impairments, behaviour problems and learning difficulties. Such a distinction is made because the latter impairments are poorly understood, perhaps because they are hidden, and thus might elicit more scepticism than they do empathy. Burleigh (1991) argues that distinctions between deserving and undeserving disabled people might also stem from the stereotypes portrayed in the media which perpetuate the image that some disabled people are only a burden on society since they do not contribute to the benefit of society in general. McLeod (1998), a renowned counsellor, points out that such perceptions are a result of the fact that counsellors are also part of society and thus might be subject to the same attitudes, stereotypes and misunderstandings about disabled

people as the rest of society.

Subordinate theme 3: Clinging to professional ideology

From the participants' narratives it emerged that throughout the interviews the counsellors were clinging to their professional ideology. All the counsellors interviewed said that their core training had been based on Carl Rogers' work, an influential psychologist and one of the founders of the humanistic approach to counselling. Rogers is well known for developing a person-centred approach to counselling which has been used as a starting point for many training courses (Burnard, 2005). According to McLeod and McLeod (2011), the person-centred approach to counselling has a strong individualistic bias since its main focus is on how the individual client thinks or feels. In addition, a humanistic approach to counselling makes a strong emphasis on the need for counsellors to be aware of their own prejudices, stereotypes and attitudes and to refrain from using any labels (McLeod, 2003).

Matthew and Martha illustrate how for them the definition of 'disabled' is relatively broad and that rather than labelling anyone as 'disabled' they preferred to claim that "everyone has

a disability”,

“I mean again, you can take disability and you can broaden it, you know at the end of the day I could claim everybody has a disability, at one level or another, physical disability, mental disability, you know. I mean I can be disabled simply by the fact that I’m a selfish person, you know...” (Matthew)

“I don’t know how to answer you because I think we all have a form of disability, there’s...all of us have limitations, isn’t that true? Some are...some you can see and some you can’t.” (Martha)

Such statements come in stark contrast to the definitions put forward by the social model of disability, which might have been excluded from the counsellors’ professional training. However, such claims could explain the counsellors’ viewpoint stemming from their own work experience based on the notion that anyone who seeks counselling would have experienced some form of shortfall, whether physical, emotional or psychological, and can therefore be defined as disabled, as is further illustrated by Martha in the following statement:

“...there are people who have everything and they feel the greatest disability...the greatest disabled person, you know...because emotional to me is more distressful than physical especially in our job, you know, that’s the area we tackle ... I had a student, you see her, she’s like a model, a 16 year old, beautiful, she’s got nothing

[no impairment or disability], everything perfect and she wants to commit suicide. Isn't that a disability? Is that an emotional disability? But then you've got somebody...we have someone who is really sweet, he has cerebral palsy, nothing all the time speaking about the future and what he is going to doyou know, you see the two, who is disabled?" (Martha)

Although the counsellors argue that “everyone has a disability”, some said that they were not comfortable with using the word “disability” because they consider it to be a label and a word which is heavily laden with negative connotations:

“I don't like the word 'disability'. It, it eh...it jars with my... Because I don't like labels, you know. Emm the minute we put labels on people and I know they are all society emm, eh, constructed you know because if we didn't have all these labels then eh ... but, but obviously the truth is that eh in life it's not that simple, you know. Unfortunately there are, there are a lot of emm, categories and labels and...which don't sit comfortably with me. That is a personal issue that I have.” (Anne)

Similar findings about contradictory discourse between claims that “everyone has a disability” and the reluctance to label anyone as “disabled” were reported by Swain, Griffiths and Heyman (2003). In a study they carried out in Northumbria with counsellors who mainly worked in primary health care, they found that their participants were also reluctant to label a

person as “disabled”. Swain, Griffiths and Heyman (2003) argue that counsellors tend to take this stance because counselling is concerned with the counsellor seeing the client and themselves as individuals of action, thus membership of any social group or collectivity is encouraged to be overlooked and not feature within the practice. In addition, the reluctance to label anyone as disabled could also be stemming from their understanding of disability as something which is inherent to the individual rather than as a problem created by society. Swain, Griffiths and Heyman (2003) argue that the difficulty with labelling anyone as ‘disabled’ which arises within counsellors could also be because “labelling” is viewed as inciting presumptions, prejudices and expectations, which throughout their training they would have been taught to eliminate or work on, through supervision. In confirmation to this, Matthew claimed that:

“...counsellors need to learn, to learn to look beyond the disability. I’m, I’m trying, whenever I have a person, I’m trying to look beyond the disability and to help the person look beyond their disability, to, you know, their potentialities and what they can do” (Matthew).

According to McLeod (1998), a renowned counsellor and academic, this conflict about ‘labels’ arises because counselling

has been heavily dominated by the principle of individualism and that the over-individualised response to personal problems has ignored the social aspect that might have ultimately produced such problems. In addition, McLeod (1998) suggests that there now seems to exist a tension between the social model of disability and,

“... seeking social change through a medium [counselling] which individualizes and ‘psychologizes’ social problems” (p.26).

A reason for this contradictory discourse among counsellors could also be due to the lack of training received by counsellors about disability issues and the social model of disability. In fact all of the participants in this study claim that they would have liked to receive more training about disability issues, especially training which involves disabled people telling them about the kind of counselling service they would like to receive. This is illustrated in the quotations below:

“I would have liked perhaps more to, to listen or to have more contact with people who live with a disability and they can share a bit what life is like for them because I think rather than reading...that’s ok you can do but...but having actually eh...people telling you listen...when I come to you I would like...or I would not like ...or be careful how to...I think that would have helped a lot. I think that would have helped, I would have preferred

something like that. I think.” (Anne)

“...because lectures and reading there is a lot and we can do that, I believe that it has to be a hands on experience especially in our work...exposure, meaning like...or someone that has worked with them as a counsellor and, and can come and tell us, ‘listen...’ or show us, I don’t know therapy done with a person with disability and how it’s, how it worked and what worked and...that would have, would help.” (Martha).

The issue of lack of training is also echoed in a study conducted by Reeve (2000) titled ‘Oppression in the counselling room’, where she maintains that the results of her study show that there is an urgent need for Disability Equality Training for counsellors as well as a need for new counselling approaches which have the social model of disability as their foundation. In a chapter on the same subject Reeve (2004) claims that counselling courses are expected to cover a lot of theory and practice in a relatively short time with the consequence that little time is devoted to issues concerning equal opportunities. In addition, Reeve (2000) argues that counselling approaches should place a strong emphasis on the development of anti-discriminatory practices which incorporate both social and political processes.

A further contradictory discourse in the participant's ideas about training emerged when some of the participants claimed that they perceived counselling for disabled people, or rather counselling for people with particular impairments, to be a specialisation:

“There was place for more [training], I think there is, there should be like, the training remains, general training remains as it is but then there should be a kind of specialised training...” (Paula)

“I mean if they're hearing impaired and I have an interpreter with me, yes but not a one-to-one thing...so there are things, but then I, I wonder whether that would be then a specialization you know, it would be...but then again I don't know then if that's an excuse for us to avoid certain things, you know” (Matthew).

In confirmation to the issue Simon Parritt (2012), a counselling psychologist who has written about disability and counselling, argues that counsellors might be holders of the perception that working with disabled clients is a specialist or challenging area to work in.

Conclusion

From the foregoing analysis it can be concluded that the social construction of disability among Maltese counsellors is

influenced by three forces, namely: by the politics of disability, by the social and cultural context, and by the counsellors' professional training. However, all these influences present a tension between them leading to contradictory discourse about disability, among the counsellors. This chapter presented the over-arching theme 'All the same but different – Contradictory discourse' and three subordinate themes: i) 'Struggling through politics', ii) 'The deserving and the undeserving', and iii) 'Clinging to professional ideology' elicited from the narratives of this study. Recommendations that arose from this analysis will be presented in the following concluding chapter.

CHAPTER 5: CONCLUSIONS

The findings of this study indicate that the participants need to become more aware of disability issues and the social model of disability, and that they would greatly benefit from Disability Equality Training (DET). In addition, this study also indicates a great need for counselling approaches which would have the social model of disability as their foundation and which would help disabled people to become more self-empowered. This final chapter will put forward the main strengths and limitations of this study. Finally, in this chapter I will also present potential recommendations for future research and practice as well as indicate how the findings of this study shall be disseminated.

Strengths and Limitations of the Study

As a researcher I am aware that no research project is devoid of both strengths and limitations. Primarily, this study was useful since there is little research about the relationship between professionals, including counsellors, and disabled people within the Maltese context. The counselling profession is relatively new in Malta so it was interesting to explore the social construction of disability among Maltese counsellors. In

addition, this study was useful as it demonstrated that Maltese counsellors would like to receive Disability Equality Training as part of their professional training. As one particular participant pointed out, this study has enabled the participants to reflect on disability issues and about how they can make counselling services more accessible to disabled clients, as is illustrated in the quotation below:

“...through the study itself, awareness is being generated with the hope of leaving positive repercussions on the participants and eventually a positive ripple effect on the clients” (Paula).

In addition, the findings of this study also show there is a great need for a counselling approach which incorporates the social model of disability and which would help to develop self-empowerment among disabled people.

Since this is a dissertation at Master's level and therefore a study without access to any resources, or funding, and with the perennial constraint of having to conduct this study within a very limited time-frame, certain limitations are inevitably in-built. Whilst the small number of participants proved to be appropriate, another three or four participants could have added a better representative sample of Maltese counsellors.

Originally, I had aimed for ten participants, however since the participants are professionals I was aware that due to time constraints only a small number of them would probably come forward to participate and thus, with this in mind, I later aimed for seven participants. In the end, due to poor response only six counsellors were willing to participate. In addition, I had originally aimed at having a better gender balance among participants, however this was not achieved since only one participant out of six was male. A better gender balance, together with a larger number of participants, could have added to a more varied representation of counsellors working in different settings, which could have led to a different perspective to the study.

Another limitation of the present study is that four out of the six participants had a relatively short working experience of working as counsellors. The short experience is attributed to the fact that in Malta the Masters degree in Counselling only started being offered at the University of Malta in 2008, with the first cohort of students only graduating in 2011. A longer working experience in counselling services among the participants could

have added different viewpoints to the study.

Another possible limitation to the study could be attributed to the fact that I am a disabled person, thus possibly giving rise to the social desirability effect during the interviews with the participants. However, this effect was taken into consideration during the writing of this dissertation. Moreover, reference to this effect was made in the discussion of the findings by attributing the social desirability effect as one of the reasons why the participants presented contradictory discourse and as a reason for the participants' struggle through disability politics.

Recommendations

Whilst conducting this study I could recognize that Malta still lacks research about disability studies and the disability sector within a Maltese context. Up until a few years ago, in Malta, most of the research about disability and disabled people was mostly carried out by the National Commission Persons with Disability. One hopes that this lacuna in research will greatly improve with the foundation, in 2012, of a Disability Studies Unit within the University of Malta's Faculty for Social Wellbeing.

Research about the role of professionals in disabled

people's lives within a Maltese context and within a social model framework is lacking. Exploring the social construction of disability among other different professionals would be beneficial to the disability sector and to disabled people in Malta. This could lead to the development of new policies with the aim of offering disabled people a service which better meets their needs. Another suggestion for future research is to study the experience of disabled people who would have made use of counselling services at some point in their lives. This would give a more comprehensive picture of the needs of Maltese disabled people with the aim of including these needs in policy and training of professionals.

A concrete recommendation which has emerged from this study is the importance of counsellors receiving Disability Equality Training either as part of their training at Masters level, or as Continuous Professional Development (CPD). As Gillespie-Sells and Campbell asserted in 1991, Disability Equality Training is developed by disabled people with the aim of addressing the need for information about the reality of disability. This kind of training would enable counsellors to feel better equipped when giving counselling services to disabled

people.

Dissemination of Findings

This study has explored the social construction of disability among Maltese counsellors. It is hoped that the findings and recommendations from this study will encourage further research on the subject and in turn provide the information needed for counsellors to provide disabled people with a counselling service which meets their needs. In order for the findings of this study not to remain solely for the purpose of this dissertation I plan to disseminate the findings with the Malta Association for the Counselling Profession and the with Counselling Department within the University of Malta. In addition, I will also ask for permission for the findings of this study to be included on the National Commission Persons with Disability's website.

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Appendices

Appendix A: Recruitment Letter

25th March 2014

Dear Counsellors,

I am writing to ask for your help in participating in a research study that I am conducting as part of my studies in fulfilment of my Masters in Disability Studies at the University of Leeds, United Kingdom.

The study is about disability and disabled clients in relation to counselling. I am interested to explore how counsellors understand disability and disabled clients in their practice. I am also interested to know to what extent counsellors feel their training prepared them for working with disabled people.

Your participation in this study will consist of a one-hour individual interview held at a place of your choice. I will use a semi-structured interview schedule, which aims to explore key themes, but affords you the opportunity to contribute any ideas that you think are important and which have not been covered in that schedule. The information you provide me with will assist me in completing my dissertation in this area of interest. All information provided will be anonymised, data will be safely stored and disposed of after the research has taken place. All research exchanges will be dealt with in a strictly confidential manner.

The criteria for inclusion in this study is having a Masters in

Counselling and working as a counsellor in Malta.

Should you accept to participate you can contact me by email on amyzahra@gmail.com or on mobile number 99467226.

Yours sincerely,

Original Signed by myself

Amy Camilleri Zahra

Appendix B: Consent Form

Project Title: The perspectives of counsellors about disability and disabled clients.

Researcher: Amy Camilleri Zahra

Introduction/Purpose

You are being asked to participate in a research study which is seeking to explore the perspectives of counsellors about disability and disabled clients. You are being asked to participate since you are a counsellor and contacted me, the researcher, after a recruitment letter reached you through the Malta Association of the Counselling Profession (MACP) or through the Department of Counselling at the University of Malta. There will be 6 or 7 individuals taking part in this study.

Procedure

Your participation in this study will include a one-hour semi-structured individual interview, consisting of questions about your perspectives about disability and disabled clients. With your permission, the interview will be audio recorded so that I can remember what we would have discussed during the interview. If you do not wish to be audio recorded, unfortunately it will not be possible for you to be part of the study. After the interview, the audio-recording will be transcribed and a written copy will be sent to you for review.

At any time in the study, you may decide to withdraw from the study, and no more information will be collected from you. If you decide to withdraw, the interviewer will ask if the material already collected can be used for the purpose of this study. Your participation in this study will involve no cost to you. You will not be paid for your participation in this study.

Risk

Your participation does not involve any risk other than what you

would encounter in daily life. If at any time you wish to stop the interview, you can let me know that you are not able to continue. If you do not wish to answer a particular question, you may skip it and go to the next question.

Benefits

There may be no direct benefit to you by your participation in this research study. Though, your participation in this study may aid in providing disabled people with a counselling service that meets their perceived needs. In addition, the findings may also assist in providing better training to counsellors in relation to disability and disabled clients.

Confidentiality

The persons viewing the study records will be the researcher who is also the interviewer, the supervisor and the examiners. They are required to maintain confidentiality regarding your identity. Pseudonyms will be used for the purpose of presentation of this study.

Subject's Rights

Your participation in this study is voluntary and you are free to withdraw at any time. Choosing not to participate or withdrawing from this study will not have any effect.

CONSENT

YES NO

1. I confirm that I have read and understand the information sheet dated _____ for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any adverse consequences.
3. I understand that I have the right to not answer particular questions if I do not want to.
4. I am willing to be interviewed.
5. I am aware that this interview will take about an hour and that I will be given the possibility of validating the data collected during the interview.
6. I am willing for my comments to be audio recorded.
7. I am aware that my name and details will be kept confidential and will not appear in any printed documents.
8. I understand that the data will be destroyed at the end of the project.
9. I agree to take part in the above study.
10. I would like further clarification on question..... above

and would like you to contact me before I complete the consent form []

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix C: Interview Guide

Title: Exploring the Social Construction of Disability Among Maltese Counsellors

Aims:

- To gain an understanding of Maltese counsellors' perspectives about disability and disabled clients
- To find out whether counsellors use a specific approach or strategy with disabled clients, different to what they would use with non-disabled clients, and whether such specific strategies have any effects, if any, on the clients.
- To find out whether Maltese counsellors feel that their training has prepared them enough for working with disabled people.
- To see whether disabled clients represent a particular counselling challenge
-

INTERVIEW GUIDE

Overarching Question: How do you view disability and do you see there being particular challenges/processes/positive outcomes in counselling disabled clients?

1. How do you understand/define disability?
 - a. Do you view mental health problems as a disability?
 - b. Do you view learning/developmental difficulties as a disability?
2. What do you imagine are the main reasons for disabled
3. From your experience, do the needs of disabled clients differ from non-disabled people? How do they differ?
4. What are the challenges of counselling disabled people?

5. Are disabled people different in counselling terms?
6. How do you feel (e.g confidence, well prepared, out of your depth) when you have disabled clients?
7. How has your professional education prepared you for working with disabled people?
8. Can you envisage disabled people being good counsellors? If yes, does this relate to counselling other disabled people?