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**From Shame to Pride: The Politics of Disabled Traveller Identity**

By Rosaleen McDonagh

Submitted in accordance with the requirements for the degree of

Doctor of Philosophy

Northumbria University Faculty of Health and Life Sciences

April, 2019

Word count: 79,967

## Declaration

I declare that no outputs submitted for this degree have been submitted for a research degree of any other institution. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this commentary has been approved. Approval has been sought and granted by the Faculty of Health and Life Sciences Research Ethics Review Panel on 8<sup>th</sup> September, 2016.

I declare that the Word Count of this Commentary is 79,156 words

Name: Rosaleen McDonagh

Signature:

Date: 18<sup>th</sup> April, 2019.

## Abstract

Travellers are a marginalised, under-researched group in Irish society. This thesis seeks to add an insider voice to their lived experience. It reappraises a complex and intersectional subset of Traveller identity – that of disabled Irish Traveller. The focus of the thesis is the extent and effect that racism and ableism have on disabled Traveller identity. The data used to develop and support this thesis was drawn from first-hand testimonial material gathered in one-to-one interviews and focus groups with disabled Travellers, disabled settled people and non-disabled Travellers, regarding their perceptions of impairment, racism and identity. It utilises this material and the insights gained from the literature to theorise on the position of disabled Travellers within the Travelling community and the relationship of Travellers with the settled population. It argues that the relationship between Travellers and Irish society is fraught with problems. It further argues that racism and ableism impact pervasively and negatively on the experience of being an Irish Traveller with an impairment. Shame has been mobilised as a means of conditioning Traveller identity and experience. Pride is key in offering a means of resisting the shame and stigma imposed from outside.

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## Introduction

### 1.0 Rationale for this doctoral thesis

Identity “provides us with a sense of who we are, where we have come from, and, more importantly, where we are going. It mediates our personal memory in terms of collective inheritance and provides the platform from which we launch ourselves at an unsuspecting world” (Richard Kirkland, 2002: 2).

Identity anchors us in a context of community, nation, or world by providing us with shared forms of self-expression and self-realisation that both allow us to belong to a given group and to interact with other groups from a secure position. Politically speaking, however, not all identities are created equally. There are those forms of identity, singular or intersectional, which are impacted from above by structural pressures and prejudices that block the person or subject’s ability to experience their identity as a positive thing, to express this and be acknowledged, or to communicate their identity to a receptive audience.

A key impetus behind this doctoral thesis is a desire to account for Traveller experience and compensate for the lack of detailed and accurate material on Traveller life in scholarly writings. A second key impetus is to address disabled identity through the *affirmative model* of disability, as distinct from the, hitherto more influential, medical and social models of disability. An emphasis on affirmative agency is relevant to both Traveller and disabled experience, but drawn on, in this thesis, with primary reference to the affirmative model of disability. This doctoral thesis looks closely at a specific intersectional identity – that of Irish Travellers with impairments – as this identity has been shaped and conditioned by structural, political, and interpersonal oppressions, producing a sense of shame that impacts pervasively and negatively on the experience of being an Irish Traveller with an impairment.

The first point of departure for this thesis of disabled identity is ‘Does Anybody like Being Disabled? A Critical Exploration of Impairment, Identity, Media and Everyday Experience in a Disabling Society’, (Colin Cameron, 2010). The title of this work puts bluntly the conundrum

facing people with impairments, i.e. can impairment be conceived of, phenomenologically and practically, as a positive thing, a source of enrichment and pride? The second point of departure, pertaining specifically to Traveller identity, is an absence or gap: Traveller identity simply has not been conceived of and written about academically by Travellers themselves.

An important aspect of this thesis is that very few Traveller peers have had an opportunity to read or write about our identity and community. In moving forward with my own work, it will be contested and critiqued by a new generation of Traveller scholars and activists. In the context of originality and impairment a huge amount of gratitude is owed to the disabled scholars who developed a disability study, particularly those who identified as disabled feminists. Their work intellectually, culturally, and academically gave me the confidence to write about ableism and racism. To those disabled theorists who move beyond the boundaries of medical and social models, their work was the impetus for my springboard into understanding impairment and racism. Their work encouraged me to focus on what it is we mean when we talk about diversity within disability politics and in academia. My work was built on the words, experiences and realities of those of who speak beyond accessible environments. Embodiment carries with it impairment but it also carries ethnicity. My Traveller ethnicity no longer intersects between my disability or gender, rather it is the scaffolding of bones and muscles that hold it.

The originality if any, of this thesis also comes from a place of opportunity and solidarity with my Traveller peers. Many of my Traveller peers have taught me sharp and painful lessons. Privilege and the opportunity of pursuing an individual journey rather than acknowledging the collective has consequences. My status as a graduate and doctor should not be exceptional or unusual. My peers did not have the opportunities by way of education that I have received. Many of my peers were compromised by the immediacy of racism and therefore worked in Traveller organisations while I indulged in books within the academy. Peers grounded me, they supported me and it was Traveller activist peers who wanted a larger frame for the Traveller canvas. The experiences, conversations and friendships with Lesbian and gay Travellers and Lesbian, gay and disabled friends were by far the most important. It was in those conversations and those categories of queerness that made me feel that the subject of disabled Traveller identity was worth pursuing. Selfishly my thoughts and ideas come from a realisation that

while oppression, discrimination, racism, homophobia may break people, it also creates strength, in ourselves and in each other. If my thesis could be summed up in one sentence it would be- It's too settled, it's too able bodied.

In 1995 The Irish government published the report on the Taskforce for the Travelling Community. The Taskforce conducted extensive consultation with Travellers and Traveller organisations, and commissioned research (Pavee Point, 2013: 15). It should be noted however that for all its endeavours to be inclusive the very title suggests a dedicated team aimed at solving a problem. It was the first time that Travellers were involved in shaping policy. My contribution to the report on the predicament of disabled Travellers sparked my interest in the lived experience of impairment and racism. My thesis is a more thorough extended analysis of the issues raised in that original paper. My commitment to our community and the difficulties we face was sustained and researched in this doctoral thesis. The thesis proposes to make a persuasive original contribution to scholarly and public awareness of disabled Traveller experience and is addressed to both the Travelling community and the settled community. The thesis, then, explores and extends upon Cameron's question – asking, 'does anybody like being a Traveller who is disabled?' and begins addressing a profound lack of employed, personal, first-person testimony on the theme of Irish Traveller identity.

## **1.1 Identity**

As Richard Kirkland (2002) asserts above, identity is concerned with past, present, and future, helping us to consciously and actively decide where we are from, where we are, and where we are going through a process that involves acceptance of circumstance, empathy, and imagination. It is, in other words, not only a political category but an experience or an experiential process that is never completed, and which occurs through what the philosopher Paul Ricoeur (1978) understands as the most essential function of hermeneutical phenomenology. This is a process of comprehension and interpretation, attained between the subject and the world, or the subject and other, which takes place at the level of phenomenology – of everyday experience, interaction, emotional response, stimuli, senses, and interpersonal affect. Thus, identity is both something with a political, structural, textual or symbolic capacity to define us (e.g. as a Traveller, as Irish, as impaired) and an event of the

gut, of intimate experience, negotiated by the emplaced and embodied subject in an environmental context. While the symbolic status of the identity category ‘Traveller with an impairment’ can be traced through material evidence, and particularly evidence of discrimination and abuse, it is more thoroughly developed and explored here through the prism of hermeneutical phenomenology.

Therefore a constellation of relevant categories, experience and issues are explored. These include Irish Traveller identity, disabled identity, scholarly theorisations of identity, shame, pride and self –identification, and different models of disability. Moreover, in doing this, the thesis proposes to make a persuasive contribution to scholarly and public awareness of Traveller experience that is addressed to both the settled and Travelling community, and to begin building a case for a productive and practical form of resistance to shame. This aspect of the thesis, the movement from shame to pride, will draw particularly on personal testimonies and personal experience, speaking directly to the reality of Traveller lives, and making use of existing theorisations of shame and pride to propose a model of affirmative Traveller, disabled, pride.

Thus, the thesis draws on a series of extensive interviews, undertaken with voluntary participants who form part of the Traveller and settled communities, and the disabled and non-disabled communities, to bring substance to the theories and arguments presented.

Considerations surrounding methodology, ethics, process and theoretical framework are also explored throughout the thesis.

## **1.2 Current research on Irish Travellers and the need for insider peer-based research**

A significant amount of literature and theory exists on disability studies and critical race theory. The experience of Travellers, however, is an area, lacking in thorough, and, more particularly, insider-based or peer-based research. As will be outlined here, almost all scholarly material which currently exists on Irish Travellers has been produced by, and is aimed at, a settled academic audience. This thesis represents a rare example of peer-based research, conducted by a scholar who is also an Irish Traveller with an impairment. It is hoped that it will be far from the last work of scholarly intervention which addresses Traveller history and

Traveller politics from an intimate, personal, Traveller perspective. In acknowledging the scholarly work currently available on Traveller experience, my contribution has its limitations and short comings. This thesis intentionally aims to counteract some of these omissions and break through current limitations. For example, the interviews which provide the material basis of the thesis, also partially supplement the lack of meaningful, scholarly material.

The interviews in this research include testimonies of personal experiences of racism and disablism. For some Travellers with impairments, this has been their first opportunity to speak about their lives and experiences, and to have these formally recorded. My own joy and celebration regarding my identity as a female Traveller with an impairment is illuminated by the affirmation model, but also expressed more easily in the words of James Baldwin, when he wrote about racism: “You have to impose ... to decide who you are, and force the world to deal with you, not with its idea of you...” (James Baldwin, quoted in Studs Terkel, 1989: 6).

It is helpful, at this point, to sketch an outline of where and how Travellers fit into Irish history and culture. Given Ireland’s fractured history, many myths have emerged regarding Traveller Identity. Indeed, Travellers were referenced as early as the 11th century by the Cistercian monks.

One of the most prominent false myths which has spun out of control is that Travellers are descended from Irish people displaced during the famine, and this is how we ended up on the road. This myth was used to support assimilationist policies where Irish Travellers were cast as failed, settled people and in doing so Irish Travellers were generally written out of Irish history. A modern example of this is the lack of documentation on Travellers and military service. However, new evidence shows that Travellers have a long tradition of military service, including fighting in World War 1 (David Lynch, 2010). In fact, Lynch’s (2010) family and oral history casts Irish history itself in a new light because until recently, within the Irish Republic, very little acknowledgement was given to the Irish who fought in WW1. There was shame attached to fighting with and/or for the British. Within the Irish State ‘taking the king’s shilling’ was seen as letting the Irish cause of nationalism down and therefore conveniently forgotten or ignored. Clearly, contained within a wider cultural denial, the military service of Travellers, whose separate culture and history was already being overlooked, was obliterated. Moreover, this failure to document Traveller culture and history in Irish history is only now

beginning to be addressed. For example, Richard Bruton, the Minister for Education, recently made a welcome statement at the annual conference of Education and Training Boards (RTE 2018) in which he asked the state's curriculum development body to review the place of Traveller culture and history in both primary and second level schools.

Also, the vocabulary that is often used to describe Travellers predominantly conjures up a positioning of Irish Travellers as the 'other'. Words, such as vagrant, tramp, itinerant, people of the road and beggar woman, are common and prolific, and are at variance with the tale historically spun whereby white, Irish and Catholic is the stalwart of Irish identity. Evidently, as with all questions of identity, essentialism and puritanical fixations are not useful. Certainly, since the 18<sup>th</sup> century, Irish plays have depicted the Irish-peasant as either menacing and dark or as a drunk; or in some instances as both. Now, it's the mad, bad, deviant Traveller that holds the position of the barbarian at the gate. Caricatures of Traveller identity have been woven into Irish literature and theatre. There are often inferences of impairment also attached to that identity. The canon of Irish theatre operates in a vacuum, whereby settled writers, actors, directors and producers perpetuate caricatures of Traveller ethnicity. Regurgitating familiar tropes of 'otherness' as in John B. Keane's 'The Field' (1991), John Millington Synge's 'The Tinker's Wedding' (1904) and Marina Carr's 'By The Bog of Cats' (2002). Baldwin, remarks, "[a]ll you are ever told in this country about being black is that it is a terrible, terrible thing to be" (James Baldwin, quoted by Studs Terkel, 1989: 5). Baldwin's observation is also relevant in the Traveller context because all we hear in the media is negative; somehow it must be awful to be a Traveller. However, it is my experience and contention that 'awfulness' is located not in Traveller identity but in everyday mundane racism.

In recent times while Traveller ethnicity has been recognised by the Irish State there is very little public discussion on Ireland's historical shaming of those of us who were not considered to embody the totality of Irish identity. We have always been part of the fabric of Irish identity and culture, but Traveller identity was never part of the public discourse except in a political context.

Irish Travellers are a distinct ethnic group that have been documented as being part of Irish society for centuries. We have a shared history, traditions, language, culture and customs. Our identity is based on a nomadic tradition which sets us apart from the 'settled' population. There are 36, 224 Travellers in the Republic of Ireland, with a further 3,905 in Northern Ireland (All

Ireland Traveller Health Study (AITHS) 2010). In other words, Travellers make up less than one percent of the national population.

Travellers are one of the most marginalized and excluded groups in Irish society (AITHS, 2010). Travellers are in an atypical or unique position in Ireland, being ethnically separate, as well as culturally different from the settled population, but also being an established ethnic minority and not a recent phenomenon, nor a result of global population movement. Even though Travellers, like most of the settled population of Ireland, are white, Catholic and Irish, Jonathon Mitchell (2011: 8) describes a situation whereby:

*“[S]ince the 1950s [Travellers have] been the most consistently discriminated-against ethnic grouping throughout Ireland, subject to consistent and overwhelmingly negative attitudes that are borne out by surveys (Steve Garner 2004; Jarmen, 2009: 63) among the population, popular media representations, and structural discrimination.”*

Mitchell (2011: 8)

As Mitchell (2011) attests, this culture of discrimination exists not only despite Traveller Irishness, but precisely *because* rhetorical constructions of nationality as ‘racial’, construct Irish nationality as a racial concept to be kept ‘pure’ and essential, and as such it cannot accommodate Traveller identity, and has historically structurally rejected, excluded, othered or refused to acknowledge it (Mitchell, 2011). This context provides specific challenges and nuances, but also opportunities, for revising and enriching both critical race and disability theory through the comprehensive inclusion of a hitherto marginalised or overlooked, ethnic minority group in a way which also has significant and important implications for contemporary Irish culture.

Historically, Traveller identity has always existed in parallel to settled Irish identity, with Travellers documented and identified as existing, and living as a separate group, since premodern times. Their visibility as an object of social policy-making, intervention, assimilation, and formalised discrimination begins with urbanisation and industrialisation, processes which came relatively late to Ireland, in the 1950s. In this period, the kind of employment through which Travellers typically encountered settled people – farm work and seasonal labouring for example, began to decline; finally becoming essentially unviable (Pavee

Point, 2005). This is not to say that, prior to this decline in agricultural work and increased industrialisation of Irish life and industry, Travellers and settled landowners enjoyed an economic relationship characterised by parity of esteem or opportunity for both sides, or that discrimination and exclusion towards Travellers did not exist in Irish society. Urbanisation, however, brought this imbalanced relationship to a head, and made the Traveller population more conspicuous. Traditional accommodation, including barrel-top trailers and roadside or layby encampments, became more visibly conspicuous against the backdrop of modernisation and urbanisation, too.

Some of the consequences of this are made evident from the 1960s onwards, when the situation of 'itinerants' became topical, and an object of increased political and social scrutiny, ostensibly – usually – under the guise of progression and compassion. Travellers were increasingly documented and examined, with policy formulated in the apparent interest of improving their living conditions. Inevitably, these policies and the ideology forming them was assimilationist in every respect. For example, a project towards the improvement of educational opportunities for Traveller children composed in 1979 advises that “[progress] would be more rapid if greater stability in housing could be achieved” (Margaret Dempsey and Roy C. Geary, 1979: 34). Rather than proposing solutions or schemes which would facilitate, or even compliment, the continuation of the Traveller way of life, allowing for the nomadic movement that has been central to Traveller life emphasis was placed on bringing Traveller education in-line with settled models. That is, an emphasis on, “more rigorous control of absenteeism,” as the report bluntly states (Dempsey and Geary, 1979: 34).

As Ireland developed into a modern and urban, first world, country, developing new educational opportunities, normalising an increase in home ownership, and moving ultimately towards the decades of unprecedented prosperity that marked the 1990s and 2000s, Travellers remained outside of this new dispensation. Accommodation provision for Travellers – halting sites or local authority housing – were, and remain, typically sub-par (Brian Harvey, 2013; Dublin Accommodation Coalition with Travellers, 1994).

### 1.3 Traveller and Disabled politics

Thematically the thesis moves between discussions of Traveller and disability politics, while sustaining a commitment to a practical intersectional analysis of these overlapping identities predominately racism and ableism in the context of Irish Traveller ethnicity. It makes use of critical race theory to enable these two political identities to bond; and to explore ways in which intersectionality and critical theory might firstly apply to Traveller experience and secondly cross-pollinate between the different forms of oppression that will be considered here – namely, racism, and disablism.

This thesis, then, looks at intersectional oppressions by drawing on intersecting scholarly fields – Irish history/sociology, critical race theory, disability theory – to illuminate a specific intersectional identity, that of Irish Travellers with impairments. However, in doing so, it must compensate for a lack of evenness or consistency in the existing scholarship that relates directly to the absence of insider-based or peer-based research on the experience of Irish Travellers. Therefore, this thesis will refer throughout, in ways which are sometimes drawn from statistics and legislation but are also sometimes anecdotal to the modern history of Irish Travellers and their place in contemporary Irish society. This may be defined as a position of otherness which shares certain characteristics with other forms of otherness, being culturally and legally peripheral to the dominant, settled culture of Ireland, but which also differs significantly from the othering processes typically applied to non-white or non-national residents in Ireland.

## 1.4 Medical model of disability

Michael Oliver and Colin Barnes (2012) succinctly outline the problem inherent in the medical model:

*“As far as disability is concerned, if it is seen as a tragedy, then disabled people will be treated as if they are the victims of some tragic happening or circumstance. This treatment will occur not just in everyday interactions but will also be translated into social policies which will attempt to compensate these victims for the tragedies that have befallen them.”*

(Oliver and Barnes, 2012: 14).

This thesis rejects the medical model, which is to say a model of disability as ‘tragedy’. Instead, it proposes to examine whether the affirmation model, together with anti-racist strategies, can inform a theoretical and practical framework for modelling disability in a specific context – that of Irish Traveller, disabled, identity. {The medical model will be discussed in more detail in section 2.2.1.}

The affirmation model of impairment and disability, outlined by John Swain and Sally French (2000) and developed by Cameron (2010), departs from the medical model by creating space for pride, self-esteem, and a sense of ownership and autonomy as integral to the self. To apply this model in an Irish Traveller context, this thesis will first explore the nature of shame and pride as these are present in the lived experiences of Travellers with disabilities. Building on this, it will then work towards an affirmative model of Irish Traveller, disabled identity. As will become evident, this process is not a straightforward one, and the affirmation model will prove, at times, to be lacking in scope when applied to an Irish Traveller context. For this reason, the thesis will need to move away from this model, or to supplement it, for the purposes of fully accounting for Irish Traveller, disabled experience.

## 1.5 What are the questions being answered by this thesis?

The first question addressed by this thesis is that of shame, and specifically the ways in which shame has been mobilised as a means of conditioning Traveller identity and experience.

Mitchell (2011) summarises the structural or political logic of endemic Traveller shaming in Ireland:

*“Travellers are no longer complementary to, but incongruous in ‘modern’ Ireland, other to this newly dominant imagined community (Bryan Fanning, 2002): self-sufficient rather than profit-seeking; nomadic rather than sedentary, and thus not attached to a ‘homeland’; communal rather than individualistic. They are, in short, not readily reconcilable with a modernising tendency that prizes order, efficiency and pure urban space.”*

(Mitchell, 2011:6).

Mitchell goes on describe the two options on offer:

*Thus, Irish and Northern Irish State policy alike offered two broad options: assimilation or exclusion (Paul Noonan, 1998). The former has been manifest in housing policy and a disavowal of cultural difference: the Commission on Itinerancy (1963) proposed gathering Traveller communities into camps for re-education. The latter is apparent in practices such as educational segregation or the ‘go, move, shift’ policy (Fanning, 2009) of eviction and displacement, arguably undertaken in the hope that weariness will set in and assimilation ensue.”*

(Mitchell, 2011:6).

The thesis will address the systemic and endemic discrimination that Irish Travellers have faced over the last two centuries. Numerous Irish governments have put great effort via policies relating, for example, to education and accommodation, into assimilating Travellers into a broader, standardised, Irish identity. This assimilationist bias implicitly aims to undermine, and finally eradicate, the separateness of Traveller ethnicity.

There are clear parallels between the medical model, which constructs those with disabilities as abnormal, deviant or defective, and racism with its goal of assimilation or exclusion. Travellers with disabilities or impairments {the interchangeability of these terms will be explained below} therefore experience discrimination as twofold and are subject to a multitude of state

mechanisms which oblige assimilation into a non-disabled and settled identity. Shame is weaponised in this context. To move away from this, and towards an affirmative model of Traveller, disabled identity, we must first examine the operations of shame, and, at the same time, look for all that is not formed or hidden by the imposition of assimilationist models on Travellers with disabilities – which is to say, their sources of pride. An examination of what shame means to the disabled Traveller, and how its negative effects might be counteracted, is key to promoting the well-being of the community. Section 2.4 Defining Shame and Pride will explore the theories of shame and pride in the context of stigmatised groups. Chapter 6 will focus on the dynamics of shame and pride in disabled Traveller identity.

Pride in this dissertation will be located in the personal testimony of Traveller participants and examined through the discourse of race theory and the concept of intersectionality. To identify sources of shame and pride in Traveller and disabled experience, it will make use of the two following central research questions which will guide and shape interview questions:

1. How do disabled Travellers conceive of their identity?
2. How do their material circumstances shape and affect that identity?

The first question is broad but essential because so little academic work exists on the topic of Traveller identity as this is conceived of on a personal, subjective level. The second question addresses context, focusing on how and where the participants' lives take place while adding a further layer to the analysis by revealing the ways in which racism and disablism become visible through social structures.

Finally, this focus on lived experience and personal testimony reflects the fact that, when studying a community and relying on its participation to undertake research, the findings of that research should aim to benefit and empower the community being analysed.

## 1.6 Why are these questions important?

The question of how shame and pride condition, compete, and co-exist in the formation of disabled Traveller identity, and of how an affirmative model of this identity might begin to account for Traveller identity more positively and with integrity is important for several reasons. Firstly, it has not been previously looked at in appropriate detail. In Traveller politics, the area of disability has yet to articulate an experience of racism and disablement. Discourse on diversity is typically limited to gender and sexual orientation, or, at a stretch, to socio-economic status, and perhaps age. The present work, which focuses on issues and experiences faced by Travellers with impairments, proposes to build on existing analyses of racism and impairment and destabilise what is seen, within the context of Traveller politics and Irish social and political life more generally, as the norm. “Able-bodiedness, even more than heterosexuality, still largely masquerades as a non-identity, as the natural order of things” (Robert McRuer, 2006: 208). It is also necessary to cohesively articulate Traveller identity as it overlaps with the sphere of disability politics. The affirmation model offers a possible vector through which people with impairments who identify as Travellers can articulate the experience of impairment and racism simultaneously, and intersectionally. The knowledge and experience recorded in this thesis and generated by Travellers with disabilities as well as the wider Traveller community, can contribute to the strengthening of status and recognition accorded to Travellers with disabilities.

At the same time, this thesis is not about subsuming one identity into another, identifying ‘disabled Travellers’ as a homogeneous subcategory of Travellers, or vice versa. For me, there is no absolute form of Traveller identity. In real life and in real time, theories do not safeguard or conclusively define the essence of who and what we are, or how we are perceived by others. This thesis will attempt to describe parts of the experiences that make up disabled Traveller identity to underline the importance of those experiences. It does not intend to suggest these are in any way uniform, or easily circumscribed.

## 1.7 Personal Narrative and Ethnographic Material

*'Opening my disjointed legs, safely entwined by yours. The slip of a shoulder, tightening the bent / Of my enclosing spine' ('Wasting'); 'I froze. /Aware of the state's hands on my disabled body' ('Untitled').*

(Raisa Kabir, 2017:59)

This section is written from a personal perspective and takes the form of personal reflection. This is necessary to convey my subjective investment in the themes and arguments of the thesis, and to account for the ways in which the thesis is written.

Shame is an emotion that took hold. My response to this emotion was to internalise it. When reflecting on formative experiences, shame is a recurrent theme – where did that shame come from? How did it come to be internalised? How is shame experienced by Travellers, and Travellers with impairments, on a broader scale? Are there ways to prevent or fight these strategies of shame? These questions, and the considerations they invite, became my primary reasons for deciding to research and theorise both shame and pride in disabled Traveller experience.

During childhood whilst living in a residential, special school, my activism and resistance to 'ableism' was a survival mechanism. The early seeds of the independent living philosophy were sown in my consciousness. In this residential environment all forms of abuse took place. Physical, sexual and emotional abuse seemed to me to be embedded in the sexist, racist, homophobic attitudes prevalent in Ireland in the 1970s and '80s. Class, poverty and hierarchal structures relating to impairments determined the level and types of abuse that one might receive. The abuse and degradation were shared equally among various categories of children but children from impoverished homes, from single parent families, with learning impairments and Traveller children were treated with particular contempt. An early experience in this residential setting illustrates this point: a settled member of staff rubbed my nose in excrement stating, "you need to be trained like a puppy in order to be civilised.

While the shame was manifesting itself, denial became a coping strategy. I told myself that it wasn't real, that it was not my experience but something that happened to someone else. During my childhood and adolescence, the word *racism* was not part of my vocabulary; in

special school, there were a small number of Travellers with impairments, and a few people who were black. Our families had no power or influence over the service providers. Being called names such as ‘smelly knacker’ was a normal occurrence. The abuse that staff perpetrated was also emulated by some of the other children resident in the school whilst others, like me, psychologically managed to survive by denying and/or suppressing much of it.

Shaming of Travellers is often associated with hygiene. In the residential school dirt, and its association with Traveller identity, led to a system where bathing with water that was previously used for another child was subsequently used for Traveller children. Also, when returning from visits with my family, staff would publicly strip me and search my hair for head lice, even though my mother had scrubbed me before leaving the campsite. Moreover, for those of us who were not able to go home during all the holidays, regimes were put in place to ensure we would still get up early and do jobs or work for the nuns. The task orientation of these holiday regimes was always focused on cleanliness, be it yourself or the residential centre.

My parents too were judged, found wanting and shamed. Comments and judgements were persistently made about my mother being pregnant and on visits to the special school, my parents, who usually had driven approximately four hours from Sligo, were made sit in the corridor while other families were brought into a sitting room and offered tea. Also, despite no formal education they were expected to understand how to fill out forms and complete other bureaucratic requirements.

In the special school food was typical institutional fare and there was no encouragement or affirmation of individuality or self-expression. My clothes and my hair were very much part of Traveller identity, but my Traveller clothes were taken away and my hair was cut until my parents objected, explaining that hair is significant for Traveller women.

Boys were encouraged to do sports, girls were not. Also, some children, again mostly boys, were allowed attend a local, mainstream comprehensive while the nuns and senior nursing staff believed that there was no point in me going to secondary school. For a great deal of my life, this one act of denial and shaming had a hugely negative impact.

Furthermore, during this period of my life, my family also experienced shaming by the

institutions of the state and from settled people. Institutional shaming, predominantly expressed through segregation and move-on practices, was part of everyday life for Travellers. For example, most Traveller families in receipt of social welfare payments had to travel to Dublin on a specific day to a designated social welfare office. Additionally, the segregated classrooms for Traveller children were a very explicit form of shaming, and harassment by the police for no identifiable reason was the norm. Also, evictions which were traumatic and dangerous, usually took the form of local authorities hiring security firms with bulldozers and other machinery to turn over our trailers/trailers. Meanwhile, settled people also subjected Travellers to more idiosyncratic forms of shaming. For example, using racist language and violence, settled people from the area would watch the evictions. Travellers, like my mother, who had to beg in public or door-to-door suffered shaming usually through the same abusive language and aggressive behaviour.

My first diagnosis of a psychiatric condition would have been at thirteen. To onlookers and indeed, clinical personnel, their interpretation was that having contact with my family was causing confusion. The psychiatrist was a man who had inculcated himself in all the racist, ableist, medical psychology of the time. The fault was with me, not with the hostility and discrimination that surrounded me. The lead-up to my first visit to the psychiatrist was because my sisters had found me in a bedroom at the back of our trailer, having overdosed on my mother's prescription tablets. Still only in my teens, the world seemed too harsh and death appeared to be the only way out. Despite several visits to the psychiatrist, he never learnt that a man who worked in the residential centre was sexually abusing me and other girls. The language for that experience was not within my grasp. Visits with the psychiatrist were mostly silent. A disclosure of abuse would have broken my parents' hearts and brought them shame within the community. Besides, they already knew another form of shame, i.e. that of having a daughter with an impairment. That shame from within the community contained the unspoken knowledge that Traveller children taken into state care usually meant some form of contamination and/or violence.

At eighteen, while waiting on a place in an adult residential centre, my home was back with my family. This was a very difficult time in my life. The emotional and psychological strain was very confusing. This was compounded by the fact that on the site where we were living there was no water, toilet or other amenities. Access was a word that belonged somewhere else. Thus, I was a grown woman being physically lifted in and out of a trailer and having my

sisters help me to wash with a basin of water. Moreover, while using an empty bucket for the toilet was something that most Travellers had learned to live with, having an impairment made everything so much more complicated, physically arduous and dangerous. Nevertheless, the relationship between me and my family remained very strong in these very difficult circumstances. So, as the state, via social workers, did their best to have me fostered by settled families, my instinct was to ensure that these foster family arrangements failed. Thus, while all the foster families were very kind to me, my relationships with them were never easy or fruitful. For me the cultural difference was too enormous. On the other hand, during this period, help and support was generously and lovingly given to me by all the members of my family. My family's gift of love and bravery was incredibly compelling that today sustaining this relationship is my biggest and greatest achievement. Everything positive that life has offered me was built on my relationship with my family. For example, while my first wheelchair was refused because the occupational therapist said that my family would probably try to sell it for scrap, the shame and stigma imbedded in such statements were viewed by our community as an assimilationist strategy.

Also, at this time in my life the cultural expectations of most females of eighteen was that they were expected to marry. However, within the family there was no such expectation of me due to the, by then, familiar, internalised stigma and shame regarding my situation.

Moreover, my peers with impairments seemed to be moving forward in their lives while my circumstances remained as expected on paper. My attendance in a day centre began. While many negative ideologies are caught up with day centres and young people, at that moment in my life the day centre was all that was open to me. Additionally, while there was no intellectual or cultural stimulation attached to the day centre, that service was invaluable to me and are so still for many people with impairments. For example, it provided the opportunity for me to have a shower and use the toilet; facilities unavailable to me while living on the site. Nevertheless, there was shame in admitting that the service was vital to me at the time, and it is important to remember within disability politics that people are forced into all kinds of choices for many hidden reasons.

Following the day centre, two years were served in a private nursing home. The agreement between the owners of the private nursing home and other state services was that my family would not be allowed any visits or contact. It is safe to say that this whole epoch was mentally

and emotionally heart-breaking. At this point in my life my weight dropped to five stone and within a matter of months my first stay in a psychiatric unit was the beginning of what became a familiar pattern. By my early twenties, depression, isolation and alienation had become part of my reality.

Eventually a place was opened up to me in an adult residential centre where my life continued to be shaped by a regime of power and control from staff who worked in all areas of this institution. Autonomy, choice and freedom regarding the basic tasks of daily living were taken from me. Also, racism came to the fore and mistreatment and verbal abuse reached a level that overwhelmed me. Furthermore, the regime had all the mechanisms of my earlier experience in the children's institution. Sharing a bedroom with four or five other adult women was too much. Having toilet times, shower times, bed times, and food times dictated was unbearable. Issues of privacy, individuality, bodily integrity and self-expression were all battles to be fought and eventually won.

This form of resistance/activism, be it individual or collective often goes unnoticed by the wider disability movement but as proved to be the case at subsequent stages in my life, it was my peers with impairments who understood and broke through the inertia which led to change. They were brilliant. We had each other's backs and we were building an analysis of disability and human rights that had yet to be documented. While it may not be academically fashionable to admit to the notion of loneliness, isolation or vulnerability, it is necessary to acknowledge that within the framework of disability studies, as within gender studies, such emotions are real for people. Not everybody can or will overcome such states of being. The presence of loneliness and dislocation continues to remain with me, and activism in all its facets needs to acknowledge these as they relate to collective identity.

Following early, damaging experiences, in my twenties psychiatric services again entered my life. After the nursing home, psychiatric hospital was my next port of call. There was the initial acknowledgement of what had happened to me, and the shame that was felt. However, a big breakthrough in my recovery came from realising that the shame that was in me was cloaked with guilt. That guilt was survivor's guilt. While my survival of the care system brought its own celebrations, there was a particular sadness and guilt at knowing other Travellers did not survive.

In becoming involved in Traveller activism in my late teens my life changed. This was and remains the most significant turning point. This activism, and especially forms of direct action, addressed the lack of human rights and legal recognition afforded to Traveller identity. Plenty of scholarly material had been written about Travellers by non-Travellers, but comparatively little work had emerged from the community itself. Furthermore, the academic work available did not speak to my personal experience or sense of self. This deficit of knowledge left me feeling powerless. Yet, not being permitted to attend secondary school – although my peers had – fuelled my ambition and left me determined to be educated.

For most of my life breakthroughs came in the form of other people, such as those who were gay, from other ethnic minority groups, other Travellers who had a similar history to mine, the children of single parents who were stigmatised at that time in Ireland and people with impairments who were not considered articulate or having potential in any area of life. We supported and loved each other's tenacity in our own individual struggles. One clear memory of my childhood and adolescence is when the adults, be they nuns or nurses, would call Travellers "the dirt of the road". In our own private time, usually at night we would make up songs and poems that included the phrase "we are the dirt of the road". While being called dirt was shameful and harmful there were happy and prideful moments when those chants became a political statement.

Denied educational opportunities in my earlier years, literacy and books became, for me, a strategy of resistance and a survival mechanism. Access to libraries was a small battle that was fought and won within the adult residential institution. Attending night classes, with the support of the Parish of the Travelling People gave me an appetite for further education. In special education the state syllabus was not followed, and while my reading was encouraged by individual teachers, there were no exams, qualifications or indeed recognition of learning. Thus, the experience of 'Special School' carried a certain stigma that was associated with being illiterate or being considered 'stupid.'

However, passing as a woman with an impairment had benefits. Although it was obvious that my impairment was central to my physicality, there were moments as a younger woman when the aspiration was to minimise and contain my impairment. At these times the desire was to lessen the degree to which there was an acknowledgement of being categorised as a person with an impairment. One of the ways this was achieved was by disassociating myself from other people with impairments. Understanding and coping with all the intersectionalities in my life was difficult, and my rationale was, if I could avoid disablism by over-compensating on achievement, by appeasing and emulating a non-disabled identity, life would be a little easier to manage. In third level, the struggle was enormous. After my degree, and while pursuing a Masters in ethnic and racial studies, my emotional, intellectual and cultural self began to melt into a puddle of confusion. The intersectional aspects of my identity – both Traveller and disabled did not fit into any existing theory or discourse. Having read lots of inspiring material from disabled feminists, my consciousness was aware of an intellectual vacuum regarding the impact of racism and disablism on Traveller experience. It became apparent that the only tool available to me in this context was silence and that I used to its full capacity.

The other significant moment of my life took place in a courtroom at the age of twenty-seven. Finally, the government of the time and other sections of the Irish civil service acknowledged the harm and abuse that had taken place in Ireland towards deaf and disabled children who lived in residential or industrial schools from the 1950s up until the mid-1990s. Similar to many women and people with impairments, my day in court was horrendous. There were five men who acted as judge and jury. One of the terms and conditions in entering this process was agreeing not to bring a female companion, a family member or a personal assistant with you. However, my speech impediment is significant so the stress and pressure that this one condition coupled with the nature of other elements of the process, was indicative of the legacy of abuse. The men questioned and undermined me for eight hours. The men who were judges, doctors and psychiatrists all ignored my medical records and my Traveller ethnicity was not considered in the context of the abuse experienced. The day rolled from one hour to the next. After two hours of trying to repeat my words it became obvious that a long hard silence would work in my favour. My strategy was for five hours just to sit and let these men tear me to shreds verbally. Their biggest concern was that there were no tear drops being shed by me. My degree from Trinity College somehow suggested to these men that being denied a formal education had not held me back. In other words, my refusal to perform as a victim or as

someone that would negotiate my Traveller ethnicity made them very adversarial. Rightly or wrongly, again my silence was the only tool at my disposal.

The impasse came around seven o'clock in the evening. They admitted everything that had happened to me was wrong. The next part of the process meant that for me to receive compensation there was a requirement to sign what was in effect a gagging clause whereby the agreement would be to not engage in public conversations or accusations relating to the events in question or the courtroom procedure. In a moment of rage, looking at the men and signing my name, suddenly grabbing back the paper and tearing it to shreds in front of them. That one moment gave me freedom and justice and a sense of triumph. The shame they had put on me was now thrown back onto them. With the paper in shreds my body went into spasm as the tension within me was released as urine. It was exhausting. Those men shamed and humiliated me and others. Indeed, some Travellers who went through the same humiliating process committed suicide by jumping into the river that was adjacent to the courtroom. Nevertheless, that day was the day when my body, my history and my reality became my own. It no longer belonged to the state or any service provider. Although my Traveller ethnicity had yet to be acknowledged, for me there was a sense of taking power back from those who had tried to humiliate, oppress and deny racial abuse.

This synopsis of my life highlights junctures where being shamed in all sorts of ways has driven me to consider the notion that shame in and of itself can and does torment and destroy a person's psyche and self-determined, self-defined reality.

However, there was another side to my adult life. Studying at night for state exams gave me confidence and ambition. This period of my life was happy and fruitful because, along with my education, my growing critical awareness of Traveller and disability politics was empowering. As my consciousness grew around my Traveller identity, so did my politics around disability and gender. One is born with an identity, but developing an ability to analyse and comprehend that identity takes time and reflection. While a person may, for instance, recognise sexism instinctively, it is only through an introduction to feminist theory, discourse and debate that the structural and biological elements of sexism become apparent. Traveller feminism, while emerging, is becoming more prevalent within the Traveller community due to training and educational opportunities, as will be detailed in a later chapter of this thesis. For me, reading feminist race theorists such as bell hooks (2000) encouraged me to reflect deeply on the value

of learning. The possibility of access to third level further transformed my life in a positive way – although guilt, shame, and pride were words and sentiments that still held enormous weight.

At university one of my classmates suggested that my entry into third level was based on something akin to the American ‘affirmative action’, and that this somehow affected the quality of education she was receiving as a settled, Caucasian Irish, non-disabled person. It was in that moment, when there was no time to explain exclusion and discrimination, that the question came into my mind about what my life might be like if my impairment was not obvious or relevant, just my Traveller ethnicity.

After completing my masters, looking at the similarities between black women’s experience and Traveller women’s reality, my curiosity increased when reading critical race, feminist and disabled theorists. Academic literature relating to Travellers felt abstract and distant whilst much of the material about racism came from theorists such as bell hooks (2000), Stuart Hall (1996a; 1996b) and other writers, and the material about Traveller identity and ethnicity centered on policy or health documents. Often when reading definitions or practices seemingly relating to my cultural identity they made no sense to me, but there was also the growing realisation and acceptance that my discomfort was both a legitimate reaction and an accurate assessment of the shortcomings of settled, academic analysis of Traveller culture.

The questioning of Traveller ethnicity was the main tenet of a lot of settled academic writing. As a young woman, there was little in this material that interested or felt relevant to me. Some of the work was useful to the community but most, seemingly written for academic benefit, was not. Due to a lack of confidence and self-esteem, it is not always easy or appropriate for Travellers to challenge settled academics who claim to be allies. They have access to the ‘academy’ which seems to supersede our own knowledge about our community. Whilst the absence of Traveller voices in the academy, settled academics quoting or citing Travellers is better than nothing, it can also be understood as ranking the research as higher, in terms of truth and reality, than the quotes and citations used within it. This positioning, even if it is unconscious, promotes an uneven power balance. Collaborative work, such as this thesis, must address this imbalance of power between researchers and Traveller activists.

My rationale for attempting to look at the dynamics between racism and impairment in a Traveller context comes from a place of personal confusion and, often, dysfunctionality, with respect to my own sense of identity. The confusion is part of my narrative – that of a Traveller with an impairment. The dysfunctionality, or maladaptive behaviour, has been self-induced, or self-sustained – a sense, that is, of pain and isolation which is self-fulfilling and compulsive. This dysfunctionality does not arise from a personal predisposition, rather, my experiences of pain and social isolation were maladaptive responses to unacknowledged, unprocessed, and unexplored experiences of exclusion and suffering in my earlier life.

In addition to this internal or emotional confusion and dysfunction, the status and stigma attached to being a Traveller with an impairment has impacted on my life in deeply challenging ways. Much of this arises from falling between what has been recognised and theorised as separate identities, that of Traveller and disabled woman. Broadly speaking, the Traveller community is uncomfortable with impairment, while the disability movement has shown reluctance to acknowledge racism, or indeed recognise other forms of diversity, within its community, particularly in Ireland. Despite this perceived separateness, however, both the history of Irish Travellers and the history of people with impairments in Irish society have been shaped by service provision and intrusive, even coercive, social policies. The medical model is still the working blueprint for social policy with respect to both Traveller and disabled experience, even if the authors of these policies often attempt to conceal their lack of progressiveness by proposing to follow a social model.

On embarking on a thesis in disability studies, a new vocabulary was made available, which helped to clarify and complicate my personal history and sense of identity. The concepts presented were new and challenging. The most striking element was the similarity between strategies of discrimination applied to disability and the mechanism involved in racism. On encountering the discourse of indigenous methodology, the enquiry presented in this thesis, a possible means of analysing and reconciling Irish Traveller, disabled experience through an intersectional approach.

Indigenous methodology can be summarized as research by and for indigenous peoples, using techniques and methods drawn from the traditions of those peoples. This set of approaches rejects research on indigenous communities which use exclusively positivistic, reductionist,

and objectivist research rationales, remaining sceptical of these approaches as irrelevant at best, typically colonialist, and even pernicious or damaging in many contexts (Mike Evans et al, 2009: 4). Several researchers, including Evans et al. (2009), highlight the drawbacks and implicit ideologies present in traditional research as conducted by members of a dominant, privileged group. Considering this, my choice has been to prioritise peer research and participatory action in compiling my own research. In doing so, I have located myself on a spectrum between the methods outlined in the All Ireland Traveller Health Study, (AITHS, 2010) and the approach of Cameron (2014).

Some of the female race theorists encountered in my third level reading did articulate, in some small way, my experience of racism and gender, and somehow the sense of being short-changed and underrepresented. The other part of my identity, the central part, my impairment, seemed to fit in nowhere. Subsequently, finding disabled feminists' literature, by theorists such as Jenny Morris (1991), Rosemarie Garland-Thomson (2005) and Jane Campbell (1996), as well as male theorists such as Michael Oliver (1996), Colin Barnes (2012) and Tom Shakespeare (2014), provided a possible platform for me to begin my work on ableism and racism. Nevertheless, the disability theorists were read in secret. My impairment is central to my experience, and yet the struggle faced to think and write subjectively while closing the perceived chasm between my impairment and my experience of racism as a Traveller with an impairment remains on-going.

In 2009, working in Pavee Point Traveller and Roma Centre, provided me with the opportunity to be involved in the advisory group for the Traveller All Ireland Health Study, which was published in 2010 (AITHS, 2010). This experience brought me back to academia and, at times, into conflict with settled academics. As part of the procurement team involved in developing ethical approaches to research that would be beneficial and purposeful to our community this process engaged me with the lingering question of ableism and racism. A methodological cornerstone of this ethical approach was, and remains, peer research – a form of research which opened this study up to Traveller participants, ensuring a greater parity of power relations. Traveller peer researchers developed questions and methodologies that were culturally appropriate to our community while remaining cognisant of the historical literacy issues faced by Travellers due to racism and educational exclusion.

About this time, other changes took place in my life, all of which lead me, indirectly, towards the current doctoral thesis. Travelling frequently to London to visit my siblings gave me exposure to the world of disability arts, especially theatre, performance, music, monologue dance, and visual art. Suddenly, it felt more comfortable to talk about my impairment in the context of racism; and in growing more confident, my ability to articulate the dual experiences of Traveller ethnicity and disabled identity became more self-assured. This emerging confidence enabled me to simultaneously respond positively to an advert from Northumbria University regarding a studentship in disability studies and an offer from the Graeae theatre company to undertake a two-day play lab, through which a play was written about racism and disablism.

My studies broadened my knowledge significantly, and helped me to understand discrimination as a reflection of a larger, institutional, political and attitudinal issue in society. It was a revelation to understand that disablism, like racism, is a systemic form of oppression.

Simultaneously, at this point in my life, my own reality continued to be difficult to define and understand. My experiences of intersectional discrimination were not always easy to articulate in public, in academic contexts or even to myself. While reading academic writings on gender and race, the absence of a critique of impairment as it intersected with these identities left a gap, i.e. a sense of disconnect between theory and self, and a sense of ontological confusion. Large parts of my experience and identity seemed absent from the theoretical model that was propelling me forward – or rather, to be suppressed, held tightly in a corner of my stomach, where at any given moment there would be an explosion in the form an exclamation mark.

As an activist in disability politics, there was a familiarity with the ethos and terminology of the social model, and this was the model favoured by my peers. However, once again, the experience of Travellers within this context differed from the usual paradigm, especially in terms of living context and service provision – put bluntly, service provision for Travellers was poor, and service provision for Travellers with impairments practically non-existent.

As a female Traveller with an impairment, in order to take pride in my identity, radical refusals had to be made to identify with the role and expectations that Irish society imposes on Travellers. In flamboyantly displaying my disabled Traveller female identity, my refusal to collude with the role of the oppressor and coloniser gives me enormous pride. The coloniser

and oppressor try to take my agency and autonomy and prescribe roles and feelings of shame. Similar to Reeve's (2014) description of coming out as "Crip", the constant challenge to stereotypical images and narratives of Travellers and Travellers with an impairment means re-telling and re-explaining identity over and over again. This means untangling myself from all kinds of oppressive role-requirements. This situation does not always leave room for energy to imbue the gendered aspects of Traveller ethnicity and disability identity.

The feminist mantra, *the personal is political*, also helps me to articulate shame and pride with respect to my identity, especially in the context of Cameron's (2010) affirmation model. This model crucially situates the subject of analysis – in this case, the Traveller subject – as a subject with agency and articulacy, rather than an object viewed by others. In ways both personal and political, undertaking research in disability studies at Northumbria allowed me to explore Traveller ethnicity within the framework of disabled feminism. This interdisciplinary process helped me to feel less confused or conflicted regarding my intersecting identities. However, work in each respective area has not evolved at an equal rate. Feminist disability studies is a self-consciously, interdisciplinary field, but studies of ethnicity have less to say about disability and are usually less interdisciplinary. For political reasons that are also very personal, the logic is to identify with what Linda T. Smith's (1999) theory has described as a need for the minority subject to re-orient herself within the context of critical discourse written for or by a dominant group or culture. Smith articulates a sense of isolation and frustration engendered by the struggle to locate oneself in a text or methodology. This historical exclusion also calls for affirmative action – specifically, for affirmative commentary and inclusive participation by Travellers, or other ethnic minorities, within academic writing and academic culture.

During this academic journey, the vista that opened provided tools and paradigms that have expanded my vocabulary and helped me to understand various theories relating to disability, race and Traveller identity. Existing and elastic models of research and interpretation assured me that my personal experience was in-line with the universality of intersectionality identities. Hence, my thesis aims to contribute to the work of disability studies by placing Traveller voices within its paradigm.

## 1.8 Terminology and Themes

This thesis makes use of several loaded terms, including shame and pride, and uses these as thematic touchstones which inform much of the thinking behind the thesis. To contextualise the choices made with regards to terminology and theme, some of the more significant of these will be glossed below.

### Ableism and Disablism

Ableism can be understood as discrimination in favour of able-bodied people, i.e. people without impairment. Disablism is discrimination against people with impairments. While there are differences between the two, they are, for the purposes of this thesis, largely interchangeable.

### Culture

Culture, in this thesis, is understood as a set of malleable, evolving practices attributable collectively, and with a special relevance to identity, to a given group. It particularly regards the differences and interactions between dominant {settled} and minority {Traveller} culture.

### Disability

When undertaking interviews for this thesis, participants identified as having physical impairments, rather than an intellectual disability. This was a necessary condition of accounting, broadly speaking, for the experience of disabled Traveller identity. With respect to one of the focus groups discussed in subsequent chapters, mental health difficulties also featured, albeit less consistently or clearly, under the heading of ‘disability’.

Disability: the loss or limitation of opportunities to take part in community life on an equal level with others due to physical and social barriers (Cameron, 2008: 24).

### Emerging

This term is relevant, particularly, to certain strands of Traveller and disability politics discussed in this thesis. More specifically, the concept of Traveller feminism, which is developed tentatively in the thesis, can be classed as emerging – that is, as a body of thought or phenomenon which is increasingly in evidence at a grassroots level. As with many aspects of contemporary Traveller culture, this is changing.

### Ethnology

This thesis takes some ethnological considerations into account, specifically when considering cultural differences and interactions between Traveller and settled culture in Ireland, as well as between disabled and non-disabled communities. As per the methodology laid out in chapter two, however, this thesis does not identify itself as ethnographic or anthropological in any applied sense. This is an especially relevant point to make considering Traveller studies in Ireland, which have typically been broadly anthropological and occasionally exploitative.

### Exclusion (Social)

Neil J. Smelser and Paul B. Baltes (2001) define exclusion as a chronic state of poverty wherein individuals are denied access to living conditions they can use to fulfil essential needs such as food, education, health and so on. Smelser and Baltes (2001) conception of exclusion is particularly comprehensive as it includes denial from participation in the development of the society in which one lives. Exclusion, here, is therefore understood as a complete prohibition (explicit or implicit) from all activities and resources that can be said to constitute the body of mainstream society.

### Gender

This thesis understands gender as separate from sex, as something assigned, and recognises transgenderism, particularly in accounting for minority identities within the minority identity of Irish Traveller.

## Identity

Identity is experienced as a personal category negotiated between forms of identification or categorisation applied from above – racial, ethnic, national, gender identity – and private experiences of self-definition and self-development, as these experiences interact. This thesis is concerned with specific forms of identity, including disabled identity, Traveller identity, gender identity and intersectional experiences of oppression – or, finally, pride – arising from the interaction between these identities and a dominant, heteronormative culture.

## Impairment

I use Cameron's affirmative model definition of impairment here: 'physical, sensory and intellectual difference to be expected and respected on its own terms in a diverse society.' (Cameron, 2008: 24).

## Ontology

Just as what we now think of as the social construction of race and gender was either invisible or imagined as narrow and marginal in the academic world prior to the 1970s, until recently academia viewed disability as a medical issue or specialized training area peripheral to literary studies or even to "mainstream" consideration in the humanities. The New Disability Studies, however, seeks to overturn what we call this medical model of disability and to replace it with a social model of understanding disability (Garland-Thomson and Stoddard Holmes, 2005: 73)

While this thesis does not favour the social model – emphasising instead the affirmative model of disability – it is engaged in a similar revision, whereby previously marginalised experiences and more creative ways of conceptualising these are made visible and emphasised as relevant extensions of the normal or mainstream.

## Passing

A means of outwardly signalling identification with a social, cultural, or ethnic group. In the context of this thesis emphasis is placed on the performative nature of passing, and on the impact passing has on the subject's existing, authentic or pre-ordained identity.

## Politics

Politics in the context of this thesis refers broadly to power-relations and power-exchange within identity groups, but specifically refers to disability, race or Traveller politics; to both oppressions and to forms of resistance against oppression.

## Prejudice

Prejudice is prejudgement; biased thinking, unfavourable discriminatory attitudes and beliefs about specific groups of people that is not based on actual experience. In this dissertation, prejudice specifically refers to the constructions regarding disabled people and Travellers.

## Pride

Pride may be understood as a response to shame or to being shamed. My pride was formulated in response to my experiences of being segregated in a special school, and then of being put into a special classroom for Travellers: my pride, in other words, arises from resistance, representation, and self-determination in these and similar situations. Knowing, working, and connecting with other people with impairments in the context of antiracist agendas, has instilled a sense of pride. Cameron's (2008) affirmative model proposes to theorise precisely this pride, whether formal or informal, or expressed through disability activism, arts, or academia.

Traveller politics has been developing over forty years, and has, over time, incrementally improved and added to the rights of people within our community. Moreover, a process of community development has brought about the political infrastructure underpinning Traveller politics, and pride is indispensable to this sense of common resistance. Thus, pride, in this context, is a form of recovery.

## Racial discrimination

As defined in international law: "any distinction, exclusion, restriction or preference based on race, colour, descent or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and

fundamental freedoms in the political, economic, social, cultural or any other field of public life” (United Nations, 1969).

### Racism

This thesis draws on critical race theory developed and applied, for the most part, to the experiences of African-Americans and first nation’s people in North America, with additional consideration of European racism towards Roma people. Illustrative correlations and comparisons are drawn between these identities and experiences, which form the subject matter of the established critical race theory the thesis draws on, and the Irish context of anti-Traveller racism in Ireland.

### Shame

The theme of shame is central to this thesis because, in acknowledging my own shame as this has been linked to internalised systems of oppression, the appreciation that shame would also be a key or formative affect in the life experiences of Traveller participants was kernel to the motivation of questioning the journey from shame to pride.

In Irish society, the shaming of Travellers has been legally, socially and politically consistent over the last six decades. It is formalised through social policies which promote an assimilationist model. Interpersonally shame, humiliation and stigma are perpetuated through practices of segregated education and poor accommodation. This discrimination is then reflected in everyday Irish life by a lack of representation of Travellers in social, political, cultural and economic professions. On a personal level, during my research, the lack of written materials from Travellers led me to wonder if academia has also played a part in shaming Travellers.

Shaming methods which impact on Irish people with impairments have been sustained via segregated, special, residential schools, which invariably ignored the national curriculum. Tacit toleration of abuse in these, and other, institutions, along with social deprivation, poverty and poor provision of services and opportunities have also contributed to a public policy towards disability which strategizes shame. The lack of status afforded to people with impairments in Ireland is evident in successive governments’ unwillingness to ratify the UN Convention on the Rights of People with Disabilities (UN General Assembly, Convention on the Rights of Persons with Disabilities, 2007). Finally, in March 2018 Ireland became the last country in the

Eurozone to ratify the treaty.

Traveller specific accommodation

This refers to group housing schemes or halting sites for Travellers.

A further note on terminology

Throughout the interviews several participants, particularly Traveller participants, stated that they did not identify as disabled. As one participant said, “that’s not how I see myself.” They themselves, or sometimes their family, use other terms such as ‘sickness’ and ‘handicap’. In the interests of respecting this choice, while simultaneously being accurate and preserving meaning, participants will be referred to as simply ‘having impairments’, except where they have stated that they are comfortable being referred to as disabled.

The next chapter, Chapter 2, will build on material outlined in this chapter, supplying a detailed literature review. Chapter 3 will outline the methodology used and subsequent chapters will look in detail at the themes of shame and pride, the phenomenon of passing and my findings, combining theoretical frameworks with the lived reality of Travellers, explained predominantly through recourse to interview material. Chapter 7, finally, will draw conclusions and gesture forward to other possible avenues of investigation.

## Literature Review

This literature review outlines the theoretical basis of this thesis, accounting for the ideas, thinkers, and works that will be drawn on. It will outline the theory behind the affirmative model, which is discussed throughout the project, as well as introducing the feminist, disability, and race theorists whose ideas the current work proposes to build upon. This chapter will reflect the breadth of reading undertaken by isolating those theorists, works and ideas which have proved most useful and relevant to the questions and arguments raised in this thesis, as well as serving to locate the reader in the context of disability studies, Traveller studies and critical race theory. All material presented and discussed in subsequent chapters is drawn from both the theoretical framework outlined in this chapter, and the content of the interviews and focus groups, which will be dealt with in more detail in the next chapter. In terms of layout, this chapter is structured around a discussion of models of disability.

### 2.1 Research Strategy

This thesis seeks to conceive of a model of disabled Traveller pride that uses existing models of disability as a point of departure. Models of disability were therefore an essential focus in my literature research strategy. An assessment of existing models of disability exposes the weaknesses and shortcomings of existing frames of analysis, as well as creating space for new developments and contexts, namely that of an intersectional conception of disabled Traveller experience. A discussion of models of disability opens doors to other areas and relevant ideas, including considerations regarding gender and race, and the need for intersectional analysis which was central to my thesis. Keywords from my abstract also guided my literature research strategy. Traveller identity and the nature of racism in Ireland was of particular relevance and my literature research in this area reflects the interventionist aspirations of this thesis to move from shame to pride. Scholarly and popular accounts of Irish Traveller history and identity have come from three areas: 1. settled scholarship; 2. state social policy data-gathering initiatives, legislative proposals and policy documents; and 3. the Irish media. I reject much that has been written by settled academics for reasons that I explain later in this chapter. Shame and pride are central themes in this thesis. Indeed, the need to understand the psychological and societal impact of shame and pride in the context of ethnic minority status and disability was a necessary focus of my research strategy in contextualising the material gathered from personal testimonies of shame.

Throughout this chapter, specific readings on the chosen literature will be referenced and evaluated, and this summary will serve as a review of the relevant literature. The chapter therefore combines an in-depth evaluation of existing models of disability with a scholarly literary review. The literary review is composed of two sections. The first section contains a critical overview of GRT (Gypsy Roma and Travellers) literature written by settled academics. The section focuses on the problematic nature of the literature. It concludes with a brief literary review of existing – relevant – writing on racism and Travellers in the Irish national and diasporic contexts.

*It defines but it does not question, it observes but does not oppose-*

In a thesis on the identity of disabled Travellers, existing GRT literature cannot be ignored. It does however, have its challenges and I would contest much that has been written on the subject by settled academics. To begin with, the acronym GRT (Gypsies, Roma and Travellers) is itself problematic. In the UK literature, as well as in law and policy, ‘Gypsies and Travellers’ is used as a generic phrase to refer to ethnic groups who are/were traditionally nomadic (Rogers and Greenfields, 2017). ‘GRT’ is the preferred term in government documents in the UK (Levinson, 2015). Clark (2007b) lists thirty key websites that contain information regarding the position of Roma, Gypsies and Travellers, including legal status, across the UK and internationally. Kalwant Bhopal and Martin Myers (2008: 7) note that the label ‘Gypsy’ is problematic, since, ‘Gypsy/Gypsies [...] may well not be a term used by the people being described to describe themselves; and yet its use within wider society may be considered both normal and unquestionably valid.’ Margaret Greenfields (2017: 24) observes that even in UK and EU health and associated policy, the three groups are ‘lumped together’, despite the fact that they are, ‘distinct ethnic groups with differing histories and cultures.’ The persistent use of GRT as a category in the literature also presents anti-racist researchers with an additional dilemma. It is part of the strategy of bait and switch that settled society often employ against nomadic communities; distracting focus from outrage against racial discrimination towards debates around ethnic identity. Too fine a focus on the diversity of ethnic identities is accused of reifying race, while its opposite is taken as silent acceptance of the GRT label. Given the racialization inherent in the GRT acronym, researchers follow the self-ascriptions of the ethnic groups they study (Deuchar and Bhopal, 2013; Houtman, 2011; Okely, 2005a).

Gypsies, Roma and Travellers are diverse, minority ethnic groups that share a nomadic tradition. These shared experiences engender a feeling of solidarity between the three groups. In the coinage of GRT, nomadism is used as a floating signifier of difference- the sole signifier- allowing for the grouping together of otherwise diverse ethnic groups within a single racial label. Here, I use the term floating signifier as used by Stuart Hall (1997). Stuart Hall (1997) described race as a system of meaning-making, closer in similarity to language, than the way in which people are biologically constituted. According to Stuart Hall (1997), race functions as a floating signifier of difference which uses any number of characteristics physical or otherwise, to continuously determine the 'other' and differentiate between 'us' and 'them'. The GRT acronym for its part, uses nomadism as a signifier of racial difference to designate all nomadic peoples as a single homogenous racial category. The acronym therefore displays a damaging ignorance of the diversity of nomadic communities.

Ethnicity or all that is speculated or written about it, is specific to the prevailing culture and it is outside my knowledge and the remit of my research to comment personally on GRT as a collective group in the UK. However, it is necessary here to acknowledge, critique and contest literature that has been published on the subject.

The anthropologist Judith Okely has published a significant amount of literature on the Gypsy-Traveller communities from 'the settled gaze'. Her research draws on the fieldwork she conducted in the 1970s, while living among Gypsy-Traveller communities in the UK (Okely, 1998; Okely, 2005a; Okely, 2005b). Okely's (2005c) work examines conflict resolution in Traveller-Gypsy communities, non-Traveller individuals and systems are often called upon to settle internal disputes. Shunning a simplistic comparative analysis of customary law vis-à-vis the national legal system, Okely's (2005c: 691) work, 'demonstrates inter relations of differences with emphasis on agency and institutions of law enforcement as a resource.' Some of Okely's (1998; 2005a) work also focuses on the status and lived experience of Gypsy-Traveller women. However, the general thrust of Judith Okely's (1998: 30) work aims to address the misrepresentation of Gypsy and Traveller communities as existing in complete 'economic, cultural and "racial" isolation', to mainstream society, or as completely hapless victims in the face of encroaching global capitalism. As Okely (1998) notes, the reality is far more nuanced and complex, as nomadic communities can exist only within the context of the

larger economy and the relationships of inter-dependence they develop. In her book 'Own or Other Culture', Okely (2005a) connects her critique of the narrative of the isolation of Gypsy-Travellers from mainstream society, to a critique of anthropology's perpetual fascination and fetishisation of the distant, exotic 'other'. Okely (2005a) points out that until the 1980s, anthropology was exclusively practised in the non-West with the exception of Gypsy-Traveller communities. Isolation, remoteness and the allure of an exotic culture then, were the qualifying characteristics that made ethnographic practice acceptable (Okely, 2005a).

### Racism and Human Rights

This bias towards viewing Gypsy and Traveller communities as isolated sociological fossils, of some sort, in Thomas Acton's (2007) estimation, has held back anti-racist activism. Analysing the discourses employed by Gypsy Council at Horsmonden from 2001 onwards to defend their right to hold 'Gypsy Fairs', Acton (2007) notes that the Gypsy Council employed the language of universal human rights. This, Acton (2007: 2) observes, was in stark contrast to previous attempts by 'Romani groups' whose defence for the continuation of these fairs was voiced in the language of 'ethnic exceptionalism'. Acton (2007: 2) writes that, 'They were defended as a part of tradition, as an exception to the normal rules of modern society, to be tolerated for the sake of an archaic community, rather than as the exercise of a normal human right to social and economic assembly.' Voicing their protest in the language of universal human rights and appealing to democratic sentiments, Acton (2007) remarks, made the Gypsy Council's activism distinctly anti-racist. Acton's analysis fails to recognize family history and tradition as part of resistance and cohesion.

Acton (2016) asserts that the academic literature on Gypsies, Travellers and Roma, in general, is rife with scientific racism. Examining the chequered history of the Gypsy Lore Society (henceforth GLS) and its infamous journal, most of this literature dates back to the 1970s and earlier, and continues to be uncritically cited by so-called GRT scholars as part of the history of GRT studies (Acton, 2016). Acton (2016) writes that from the 1930s to the 1960s, the GLS journal uncritically published the writings of racial scientists such as Eugene Pittard (also a former President of the GLS), Hermann Arnold and Dr Jozsef Vekerdi. All of them drew on and applied Nazi scientific racism to their research on Gypsies, Roma and Travellers. Hermann Arnold's work on the racial genealogies of Gypsies, is a classic example of racist scientific endeavours to fix Gypsies (and other nomadic communities) as eternal racial 'others' to white

settled society (Acton, 2016). As a cautionary aside, Acton (2016) points out that opposition to Nazi scientific racism is relatively universal due to the fact that the Nazi genocidal project was incomplete when it was interrupted. This has led to an academic tendency to fixate on Nazi scientific racism without comparably concerted examinations of the racist pasts of the empires of Europe, Asia and America (Acton, 2016).

The academic Sarah Cemlyn (2008) examines the socio-political contexts within which the rights of Gypsies and Travellers are violated. Cemlyn (2008) argues that Gypsy and Traveller social work cannot be understood outside of a human rights framework. She concludes that for social work involving and for the benefit of Gypsy and Traveller rights, substantial and sustained challenges must be posed to policy, attitudes and practices.

The current reality is that social work operates outside a human rights framework. The very nature of social work is aligned with government policy and services. Services are geared to settled lifestyles and settled perspectives. Child protection is paramount. However, it is important to remember how often Roma and Traveller children were taken into the care system for no other reason than their ethnicity. Cemlyn recognizes that historical experiences and a fear of losing children has led to an atmosphere of fear and suspicion of social workers within Traveller communities.

### Nomadism

David Smith and Margaret Greenfields (2013) examine the inter-generational and gender-based impacts of forced sedentarism on Britain's Gypsy and Traveller population. As most of the estimated 300,000 population have been forcibly moved to permanent caravan sites and conventional housing, Smith and Greenfields (2013) evaluate its impacts on these families and communities. Focusing on the lives and stories of the individuals that make up these statistics, their work rehumanises this discussion. In doing so, their work seeks to redress the lack of research that has been done on Gypsies and Travellers living in conventional housing. Their work also examines how techniques of surveillance and control, along with legislation, social policies and the zoning of land use, have been used to further prohibit Gypsies and Travellers from practising their nomadic lifestyle (Smith and Greenfields, 2013). Smith and Greenfields (2013) observation regarding the state's use of surveillance to eradicate nomadism is quite important, as Giddens (1991) notes:

*'Surveillance ... is fundamental to all the types of organization associated with the rise of*

*modernity, in particular the nation state, which has historically been intertwined with capitalism in their mutual development. Similarly there are close substantive connections between the surveillance operations of nation states and the altered nature of ... power in the modern period. The successful monopoly of the means of violence on the part of the modern state rests upon the secular maintenance of new codes of criminal law, plus the supervisory control of "deviance".' (Giddens, 1991, p 59)*

Smith and Greenfields (2013) analogise the state's concerted attempts to eradicate nomadism to the holocaust; correctly implying that prohibiting nomadic communities from practising their nomadism amounts to ethnic cleansing.

As noted earlier distinct ethnic groups are being conflated despite having different cultures and histories. There is also a failure to recognize diversity within the ethnic groups. Literature on Travellers, exhibits the essentialist tendency of presenting them as a distinct group, when in fact it is important to recognise we are not homogenous (All Ireland Traveller Health Study [AITHS], 2010). The research by Rogers and Greenfields (2017), for example, examines the impacts of societal discrimination on the bereavement process amongst Gypsy and Traveller communities. They observe that, 'Within Gypsy and Traveller communities, bereavement is situated within families where extended kinships are characterised by strong cognate relationships and the cultural practice of not discussing death.' (Rogers and Greenfields, 2017: 95) This analysis is problematic. We are talking about two distinct diverse ethnic groups here. Contrary to the assertion that there is a cultural practice of not discussing death, in my experience as a Traveller woman death is acknowledged, respected and remembered openly. Rituals surrounding death and burial serve to release emotion and are an expression of who we are as a community. In Ireland and England many Traveller families honour the death of family members by marking graves with large, ornate headstones. The conspicuousness of Traveller headstones has been noted as crass by settled observers in the media.

### Inequality in Education and Racism

Educational attainment is important in determining social outcomes. Pursuing full and equal participation for Travellers throughout the education system has for some time been given central importance by Irish Traveller organisations (Pavee Point, 2019). However poor attainment at secondary and third level remains a problem.

In the English context Kalwant Bhopal (2011: 318) points to the disadvantage experienced by

Gypsy and Traveller children in the education system:

*'The data shows that Gypsy and Traveller pupils remain disadvantaged in the education system in comparison to other minority ethnic groups and they are the group most at risk of leaving school without any qualifications and are less likely than other groups to make the transition to secondary school.'*

Martin Levinson (2015) analyses data from a research project on two Gypsy communities (2010-2012) in South West England. Levinson's (2015) work uses inter-disciplinary perspectives on identity assimilation theories to explore the contrasting experiences of these two communities within the education system. Levinson (2015) notes that a significant majority of existing literature on this subject argues that the lack of engagement of 'GRT youth' in school is generally a result of curriculum's perceived irrelevance and apparent disconnection with regards to the pupils' lifestyles and their family occupations. This however, ignores the impact of social and psychological factors such as institutional racism and ostracisation by peers, in the mainstream education system (Levinson, 2015). Some of the students that Levinson (2015) interacted with as part of his research compared school to prison and spoke about the stark segregation between Gypsy and non-Gypsy students; a result of entrenched, intractable hatred on both sides. Gypsy students also mentioned occasions where bus drivers had driven past them on the way to school, without picking them up (Levinson, 2015).

Bhopal (2011: 318) also identifies racism as the predominant issue facing Gypsy and Traveller children in education. Bhopal writes that much has been made of the impact of mobility on the interruption of learning, when it is in fact racism within schools that drive Gypsy and Traveller pupils away (Bhopal, 2011). Bhopal further explains that teacher refusal to believe Gypsy and Traveller students when they report the racist behaviour of their peers serves to compound the problem (Bhopal, 2011). This leads to Gypsies and Travellers doing their best to hide their identity in certain settings (Bhopal, 2011). The universal experience of unchallenged racism also makes Gypsy and Traveller parents unwilling to send their children to school, if they feel that their children are being constantly targeted and bullied (Bhopal, 2011). Bhopal identifies the difficulties encountered in enforcing Race Equality Policies in schools (2011: 318):

*'Research has also suggested that despite Race Equality Policies being in place in schools, schools are unable to deal adequately and effectively with the racism experienced by Gypsy and Traveller pupils in which such behaviour is not identified as racist and consequently not taken*

*seriously*'

Similarly in the Irish context, as noted by Bhopal and Levinson, the social and psychological factors such as institutional racism and ostracisation by peers cannot be underestimated. Historically, Traveller children in Ireland have experienced racism and abuse in schools. Violence, separate classrooms, separate curricula, being washed at school, having hair checked for lice, special segregated school transport have all been part of school experience for Traveller children. These experiences are passed down through families and generations. There is also a history of Traveller and Roma children being diagnosed as having a learning or intellectual disability. Nor are racist ad hoc government policies assigned to history. Structural racism is still evident in schools in Ireland. Currently there is a practice of 'reduced timetables' for Traveller children. Pavee Point highlighted the use of reduced timetables in a submission to the Joint Oireachtas Committee on Education and Skills, March 2019. While we as a community enjoy the state recognition of ethnic status, it doesn't change our position or legal standing. 'Reduced timetables' is a practice where parents or guardians are told their child can only attend school for a set number of hours per school day (Pavee Point 2019). This can be as little as 2 hours of classroom time per day. A reduction of classroom hours discriminates against Traveller children and is a form of institutional racism. This practice echoes the remedial special schools for Traveller children of the 70s and 80s. Assessing Traveller children's educational needs based on ethnicity has serious consequences. Low expectations for children and their families result in negative engagement with education. Inappropriately assessing Traveller children as needing special educational support also impacts on children with impairments where limited resources are already an issue. Educational support should be based on need, not on ethnicity or identity.

The ongoing health and accommodation crisis in Ireland also impacts school attendance, participation and pupil retention. Any analysis that removes education from the context of Travellers lived experiences in terms of housing and our lack of access to sanitation and healthcare is flawed. If you are living in a site that doesn't have amenities or hot water, your priority is staying healthy and warm.

In the English context, participation at school was also seen to conflict with Gypsy identity (Levinson, 2015). Teenage students also expressed a preference to drop out of school, citing, 'Boredom with education (particularly among boys) and the desire to work with adults, to

perceive themselves as full community members, were usual explanations.’ (Levinson, 2015: 1161)

Levinson while sympathetic, fails to consider that within the Traveller community we have to challenge ourselves. Challenges such as gender specific roles, early marriages versus education are but two areas currently being addressed by our community. Given the history of previous generations, it’s important that while the focus is on children’s education, there should also be a focus on adult education and life-long learning where older Traveller men and women have the opportunity to receive education and therefore support their children to see the value in it. It’s a misnomer to equate the idea of formal education as being at odds with Traveller identity, culture and lifestyle. A significant number of Travellers over the years have had the opportunity to learn to read and write, albeit in oppressive, racist environments. That small piece of education; having one reader in the family would have helped the immediate family as well as the extended family.

The education system has to change. Low expectation of Travellers and Roma children among teachers and other educators are part of the hidden biases in schools. It’s important that Travellers are part of that change and that role modeling within the community is encouraged and nurtured. Martin Collins of Pavee Point quoting US Supreme Court Justice Sonia Sotomayor points to the need for a more inclusive learning environment ‘Until we get equality in education, we won’t have an equal society (Pavee Point, 2019)

### Travellers and Roma in Ireland

In Ireland we do not use the GRT acronym. Gypsies are rarely covered in the Irish Literature and are not connected to Roma and Traveller politics in Ireland. Roma in the Irish context refers to the ‘ international Roma community, which is made up of diverse groups throughout the world’ (Ronnie Fay and Caoimhe McCabe, 2015). EU institutions use ‘Roma’ as an umbrella term for people who self identify as belonging to Roma, Sinti, Ashkali, Manush and other groups with a nomadic tradition- including Irish Travellers (Fay and McCabe, 2015). Travellers and Roma share parallel experiences in not being allowed to express our nomadism and parallel experiences also of racism and discrimination. ‘The Roma experience of discrimination and racism in Europe helped Pavee Point to identify common ground with the Traveller experience in Ireland’ (Fay and McCabe, 2015). The Irish Traveller Organisation Pavee Point began working with Roma in the early nineties and both Travellers and Roma

continue to work together in solidarity in Ireland.

### Housing.

Dr Anthony Drummond (2007) has written about Irish Travellers' experiences with the criminal justice system across the island of Ireland. Drummond (2007) analyses the consequences of the Housing (Miscellaneous Provisions) Act 2002 (HMPA, 2002) with regards to 'illegally encamped' Irish Travellers, in the Republic of Ireland. Similarly, Drummond (2007) evaluates the Unauthorised Encampments (Northern Ireland) Order 2005 (UENIO, 2005) and its impact on Irish Travellers 'illegally encamped' in Northern Ireland. He concludes that travellers have been criminalised within the Republic of Ireland due to anti-nomadic legislation. He also points to the irony of criminalising Travellers under the Housing (Miscellaneous Provision) Act 2002 while also failing to provide adequate culturally appropriate accommodation. That Irony was not lost on Una Crowley either (2009: 20-21): *'Travellers are not only despised because they were always on the move but also that they might stay and contaminate sedentary society's social and geographical space'*.

Housing will be examined in depth later in this chapter and also in my findings.

### Racism and the language of the oppressor

Even researchers who supported the struggle for Traveller ethnic status and frequently publish material critical of the Irish government's policies of forced sedentarism, routinely fall short in calling out racism against Travellers. Preferring instead to use the label 'anti-Traveller sentiment' or 'anti-Travellerism', when what they are describing is racism. It is also problematic in that anti-Traveller sentiment has widely come to be used as a euphemism for racism. This concerted blindness to the reality of racism against Travellers is part of appeasing the academy and the dominant Irish culture by avoiding controversy. It distorts, diminishes and dismisses racism and the impact of racism, against Travellers.

In his work, McVeigh (2008: 92) consistently highlights the state's 'genocidal impulses' when 'managing' Travellers; genocidal both in intent as well as language. He highlights the state's consistent use of terms such as 'the final solution' while proposing forced sedentarism as a remedy to the 'Traveller problem' (McVeigh, 2008). McVeigh (1997: 23) analogises the systematic implementation of forced sedentarism to the Holocaust, arguing that:

'Forcing nomads into houses- is at a social, cultural and spiritual level- no different from forcing nomads into gas chambers. Whether the rhetoric is couched in terms of kindness to the

nomad or sedentary necessity, the solution is always the termination of nomadism.’

McVeigh (2008) also deconstructs how the state’s impulse towards ‘managing’ Travellers treats Travellers as the problem when in fact the problem is the racism against Travellers (or ‘anti-Travellerism’ as he also calls it). Some might argue that treating anti-Travellerism as a separate category of racial discrimination is comparable to the widely accepted academic practice of treating discrimination against Muslims specifically as islamophobia or against Jews, as anti-semitism. This argument emphasises that having a separate category assigned to the racism against oneself brings with it recognition of the uniqueness of the discrimination one faces.

In his work, McVeigh (1997; 2008) is supportive of Traveller ethnic status and aware of the racialization Travellers are routinely subjected to, as a minority ethnic group. McVeigh (2008: 92) defines ‘anti-Travellerism’ as a ‘classic example of racist anti-nomadism or sedentarism focused on a specific ethnic group.’ McVeigh is not alone in the use of the term anti-Travellerism. Clark (2007b), and Smith and Greenfields (2013) draw on and persist with McVeigh’s (1997) usage of the term; defining it in similar fashion as a sedentary impulse towards anti-nomadism.

Words, and the connotations they carry, have power. In the Irish context, the shocking levels of dehumanisation that Travellers are routinely subjected to, along with its normalisation means that the label ‘anti-Travellerism’ does not ascribe the same level of censure, condemnation and outrage that ‘racism’ does. Given the context of the racialised divisions between settled and nomadic communities in Ireland, racism against Travellers, in action and discourse, becomes one of the ways in which settled society defines itself. As Ira Bashkow (2006) and Edward Said (1978) argue, societies always define themselves in dialectical opposition to an imagined ‘other’, as ‘more virtuous or more vice-ridden, more primitive or more refined, more natural or more ethereal, and so on — always taking the self as an implicit point of reference.’ (Bashkow, 2006: 240) In this context then, ‘anti-Travellerism’ or rather the pattern of behaviours settled academics choose to classify under that meek label, are part of how settled Irish society defines itself negatively. Discrimination and violence against Travellers then is part of the expression of settled identity. That is to say, ‘anti-Travellerism’ is a normalised, routine sentiment; a ‘proud’ expression of Irish society. To call someone out for being ‘anti-Traveller’, in this climate, rarely causes shame or introspection. To see an example of this, one needs only look at how Peter Casey’s popularity surged in the 2018 Irish Presidential Election, following his

racist remarks against Travellers.

In a society where state policy is predicated on genocidal impulses, where violence against Travellers is normalised in the quotidian behaviour of settled citizens, ‘anti-Travellerism’ merely describes the status quo. It defines but it does not question. It observes but it does not oppose. It compartmentalises racism against Travellers, and in doing so, isolates Travellers and the anti-racism of Traveller activists. The point is not that the racism Travellers face is unique to them (it is, and we know it); the point rather is that the ‘anti-Travellerism’ that is normalised in state policy, which Travellers routinely face as micro-aggressions from everyday people in quotidian situations *is* racism. The point is that all of these policies, all of these discourses *are* racist. The label of racism expresses outrage. It invites censure. It challenges, deconstructs and expels those ideas from the realm of acceptable discourse. ‘Anti-Travellerism’, on the other hand, dilutes this condemnation and leaves that window open. In choosing not to question the shocking levels of normalisation of racism against Travellers, it settles instead for avoiding controversy and appeasing the academy.

## 2.2 Models or Paradigms

Models or paradigms are ways of thinking and developing theoretical frameworks or ideas that are related to an ontological understanding of being. As Bill Hughes (2007) explains, social scientists with an interest in ontology will seek to describe and explain what exists in the social domain and will, consequentially, deal in categories such as social structure, social system and social change and may, indeed, contest the meaning of these categories by adopting realist, empiricist, positivist or postmodern approaches to them. At stake are the boundaries of what is pertinent to a specific field of investigation (Hughes, 2007: 674). Disability studies works from an interdisciplinary format, and has evolved, as a discipline, from disability politics and activism. Sociology and medical sociology, anthropology, feminist studies, queer studies, race and gender studies have added philosophical dimensions regarding the disabled or impaired body. In analysing the gendering of disability and impairment, the question of diversity, rather than homogeneity, enters the equation. Not just diversity in relation to impairment or a specific condition but if models of impairment are required to encompass gender and embodiment, then too the question of ethnicity and race needs to be part of the dialogue. Models, finally, are not fixed, but fluid, flexible and always evolving. In the same way that a person’s identity changes and evolves through the course of our lives, impairment may impact rapidly on those changes.

Identity and its involvements are also relational to a wider context of legislation and opportunity. For example, gay people, women or black and ethnic minority people have benefited from anti-discrimination or anti-racism legislation. Our forbearers, people with impairments, may have lived their lives in very narrow parameters by way of participating in the community or wider society. In contemporary society, disabled people's lives have changed somewhat, but much work remains to be done.

### 2.2.1 *Models of disability: the medical model*

By *medical model*, we are referring to a standardised dynamic of carer and cared-for, where power is accorded to the former, and passivity is presumed to characterize the latter. This model 'involves a gaze which establishes disability as an individual problem' (Cameron, 2014: 99), and locates the origin of that social, political or subjective 'gaze' to be non-disabled. This curative and corrective perspective of disability typically legislates and develops services for disabled people through the lens of charity. It requires the person with an impairment to fulfil certain perfunctory, social and physical tasks, and to be integrated 'from above', rather than encouraging a cultural understanding of impairment in the non-impaired. In other words, people with disabilities are expected to conform to a non-disabled view of society, rather than vice versa. The medical model is, then, predicated on a view of the individual with an impairment as abnormal or wrong, and this pathologizing of disability justifies a rehabilitative, assimilative ideology, whereby disabled people are cast as objects in need of 'fixing'. This paradigm allows negative attitudinal and institutional behaviours to grow.

Despite fifty years of social and political activism criticising and rejecting the reductivity of the medical model of disability, this model is still used to manage, administer and politically represent disabled people in many developed societies, including the USA, the UK, Australia, and Ireland. Against this background of activism, education and progressivism in disability studies and visibility, we might have expected a significant shift in attitude, among service providers and state agencies, towards the ways in which disabled people are catered for and integrated in their countries and jurisdictions. Unfortunately, this has not been the case and the medical model remains influential.

In terms of literature, my assessment of the medical model, and its deficiencies, draws first on Cameron (2014), Crow (1996) and Crow's film, *Resistance Conversations* (2008) to represent

scholars with impairments who cross-over practically into arts and activism, as well as working across different media formats. This dynamism, and the inclusive but acute forms of analysis it undertakes, has been an important jumping-off point for the arguments and considerations of this thesis.

According to the logic of the medical model, which ‘others’ disabled people, it has been deemed appropriate to segregate people with impairments from the non-impaired population, through institutionalisation. This practice of spuriously benevolent segregation was once interpreted as humane, since charity was the premise of this model, and individuals with impairments were constructed as reliant on goodwill, or religious and/or state assistance. The medical model promotes tolerance of the disabled, rather than acceptance or curiosity, and, in this atmosphere, fear, dislike, and even hatred can, and have, thrived, on an equally institutional scale. A more extreme example in recent, western, history, is that of Hitler’s T4 programme in Nazi Germany in 1939, which involved subjecting people with disabilities to degrading, humiliating, and unethical experiments that ultimately led to death in the gas chambers (Resistance Conversations, 2008).

In the lead up to World War 2 people with disabilities became one of the focal points for the Nazi ideology of ‘racial cleansing’. The T4 programme of euthanasia, masquerading as medical procedures, authorised the killing of 200,000 adults and children with various impairments. These included conditions such as mental health and psychiatric conditions under the guise of ‘mercy killings’. “Useless eaters” and “burdensome lives” were phrases used to describe and rationalise ending the lives of people with impairments who were not economically productive. The T4 programme, a precursor to the extermination camps, is often written out of history.

The medical model, which is predicated on what might be considered a divide-and-conquer, or at least control, technique, is overwhelmingly in evidence globally, including western society and culture. For example, in July 2016, a former care worker in Sagami-hara, a small town in Japan, killed nineteen disabled residents of a residential centre. In the international media, a forum with a typically high susceptibility to generating moral panic and news copy, the event received little, if any, coverage. Significantly, discussions of the killer’s possible motive did not take terrorism into consideration, as has been characteristic of other mass- murders in the twenty-first century. Media silence on this atrocity in Japan cannot, arguably, simply be

attributed to geographical distance – in an increasingly connected and globalised world such distance is less and less materially relevant. Instead, we might reasonably point to a sense of disregard for, or lack of interest in, the lives of people with impairments. That all the victims in this case were institutionalised, othered and segregated members of a minority population is likely to have impacted on its newsworthiness.

While the medical model seems, at first, to be an abstract concept, it is visibly, ubiquitously active in popular culture, forming part of recurrent narratives of triumph over tragedy where the disabled body emulating the non-disabled body is lauded. This narrative fetishizes sport and fitness. Regardless of impairment (or, perhaps, *especially* with impairment), one must be active to be considered ‘normal’. McRuer (2006) usefully reflects on and extends the concept of compulsory heterosexuality first proposed by Adrienne Rich (1980) to develop the notion of compulsory able-bodiedness as an imbricated system of discrimination and hierarchisation overlapping with compulsory heterosexuality. Accordingly, the most successful heterosexual subject is one whose sexuality is not compromised by the ‘disability’ of being queer, whilst the most successful able-bodied subject is one whose bodily ability is not compromised by the ‘queerness’ of disability.

### 2.2.2 *Models of disability: the social model*

*Disability*: the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from the mainstream of social activities (Union of the Physically Impaired Against Segregation [UPIAS], 1976: 14).

The above definition emerged from a study of the empirical, ontological, and lived experience of people with impairments. Unlike the World Health Organisation’s definition (“Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)”, WHO, 2011: 4), in the UPIAS definition words such as *abnormality* and *restriction* are absent. The definition moves towards an understanding of impairment which is no longer conditioned by reflexive ideas of faultiness or normalcy, describing an understanding of impairment, not as a flaw in the individual, but rather as a social and cultural construction

of difference.

The social model of disability was developed in the 1970s. It focuses on the collective and social construction of disabled identity and experience, rather than on individual as bearer of pathology or error. It originates as a political response, by disabled activists, against the reductivity of the medical model of disability. The social model, crucially, also acknowledges and includes disabled people's lived reality of exclusion, poverty and marginalisation in its understanding of disability. The model also, as its name suggests, intends the inclusion of disabled people in the fabric of society. Within the medical model, people with impairments were excluded from participation within society due to institutionalisation, but within the social model, exclusion and othering tactics are avoided and counteracted.

Disability studies, as an academic discipline, grew out of those formulations and analyses of disability, impairment and social theory, fomented and made necessary by the social model of disability. According to this approach, impairment is a condition, while disability is a result of the discrimination one experiences. In other words, disability is the prejudice and normalisation of social and cultural barriers to access and participation, due to having an impairment. Unlike the medical model, the social model seeks and arguably succeeds in empowering the disabled subject through exploratory and integrating practices. Furthermore, theoretically this empowerment is reinforced through a philosophy or ethos that articulates the various ways in which the environment socially and politically understood is at fault in its lack of hospitality or rapport with the person with the impairment, rather than vice versa:

*The social model of disability draws an important distinction between impairment and disability, stating that 'impairment' exists in the real physical world, while 'disability' is a social invention, defined through language and practice within a complex system of shared meanings, discourses and limitations imposed by the environment at a particular time and place.*

(Helen Spandler and Jill Anderson, 2015: 84).

However, the social model is not been beyond critique:

*So how is it that, suddenly, to me, for all its strengths and relevance, the social model doesn't seem so water-tight anymore? It is with trepidation that I criticise it. However, when personal experience no longer matches current explanations, then it is time to question afresh.*

(Crow, 1996: 2).

Crow (1996: 15 & 4 respectively) points out that an impairment such as pain or chronic illness may curtail an individual's activities "to such an extreme that external restrictions become irrelevant", while, "for many disabled people personal struggles relating to impairment will remain even when disabling barriers no longer exist". Any model of disability should account for the fact that, regardless of ramps or access, we live with our impairment and its embodied implications on an intimate level as well as a social or political one. This can involve pain and fatigue.

Furthermore, both Crow (1996) and Carol Thomas (1999) identify the social model as male-centred; an issue which will be discussed in more detail below. However, within the framework of the social model, issues of gender, race, ethnicity, sexuality, mental health and learning impairments are not acknowledged or allowed for.

Oliver (1996) also identifies this absence of gendered or sexual conceptualising of disability within the context of the social model, pointing to this as a missed opportunity, and arguing that it remains possible to build upon the social model towards a view of impairment which will allow for broader theoretical and identificatory categories. Regarding the issue of pain, or of embodiment, within the social model – a model which, for all its empowering ethos, still comes down on the side of collective, representative, symbolic enunciation, rather than intimate selfhood – he further explains:

*"[the] denial of the pain of impairment has not, in reality, been a denial at all. Rather it has been a pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatment"*

(Oliver, 1996: 38).

Cameron (2014) expands on this:

*These aspects set feminist Disability Studies apart from other Disability Studies' perspectives – women writing about disability have always asserted the feminist motto that the personal is political, whereas, for instance the social model of disability has traditionally focused more on the physical and social barriers that are experienced.'*  
(Cameron, 2014: 60)

The social model, then, while a positive improvement on the medical model, is not completely satisfactory. As a broad category, it is helpful, but some of its fundamental tenets are too rigid to incorporate diversity, individuality, and particularly embodiment. While we cannot reject it, nor dismiss it as redundant, it does, as many theorists have suggested (including Crow, as well as Swain and French's *Towards an Affirmation Model of Disability* (2000), need expansion or development. A further note of caution should be sounded by the fact that the social model has become increasingly popular and standardised via social policy in disability service provision in many countries. The term 'independent living' is now used in a variety of contexts, such as for those leaving refuges or the care system. The term has been misappropriated and removed from an impairment context. As the concept of the social model becomes institutionalised in this way, its rigidities and deficiencies are even less likely to be acknowledged or remedied. The more broadly and structurally it is applied, the less issues of gender, socioeconomic status, ethnicity, geographical location and sexuality are considered. "The social model", conclude Bill Hughes and Kevin Paterson (1997: 326), "proposes an untenable separation between body and culture, impairment and disability".

While the medical model focuses on a strictly biomedical, de-socialised, view of disability, the social model turns the gaze outwards, onto society itself, and focuses on personal experience, psychology, and emotional life. By contrasting these two models, the impact of the medical model's ideology on the lives of people with impairments can be better appreciated.

The distinction between the medical model and the social model will help to explain how the medical model's ideology affected people with impairments in everyday life. Shelley Tremain's (2006) *Foucault and the Government of Disability* locates the medical model of disability in the context of Michel Foucault's (1997; 2003) influential theory of bio-power and bio-politics, outlining the ways in which power, control and containment are mobilised to

segregate and discriminate, but also to emphasise and normalise the ideology of institutionalisation. Tremain (2006) points to the dominant role of government policy makers and service providers in conditioning, not only the lived reality of people with disabilities, but also the ways in which people with disabilities are received and constructed socially. This strategy of control of experience and of the public narrative often conflicts with the empirical knowledge that disabled people produce, and always overrides personal agency.

*'Foucault introduced the term "dividing practices" to refer to modes of manipulation that combine a scientific discourse with practices of segregation and social exclusion in order to categorize, classify, distribute and manipulate subjects who are initially drawn from a rather undifferentiated mass of people'*

(Tremain, 2006: 186).

Although not directly discussing disability as I am considering it here, Jan Wallcraft and Kim Hopper (2015) take mental health into consideration, but are, nonetheless of peripheral significance in further seeking to contextualise disabled experience amid socio-political segregation and control. They draw attention to the implied acquiescence which is expected of the disabled subject, explaining that the medical model: "works at the political level to ensure the provision of healthcare and rehabilitation services and to manage the expectation that the recipient of the services is 'responsibly sick'" (Wallcraft and Hopper, 2015: 84).

### 2.2.3 *Models of disability: the affirmative model*

*...an affirmative model is developing out of individual and collective experiences of disabled people that directly confronts the personal tragedy model not only of disability but also of impairment.*

(Swain and French, 2000: 572)

Having accounted for and criticised both the medical and social models, it is necessary to establish what the affirmative model can offer us instead. Impairment, in the context of the affirmative model as developed by Cameron (2008; 2010; 2014), has been defined, as noted earlier as "a physical, sensory, emotional and cognitive difference, divergent from culturally

valued norms of embodiment, to be expected and respected on its own terms, in a diverse society” (Cameron, 2014: 6). As this chapter has discussed, the social model, especially when imposed by services and service providers, can become redundant or damaging because it ignores the culturally ephemeral, situated, acute, intimate, or otherwise subjective experiences of impairment. Instead it becomes an instrument or apparatus through which the reality of impairment – negative or positive – is reduced to the concept of ‘independent living’, access to mainstream education, and employment. While these important adjuncts to dignified citizenship have previously been closed off to many disabled people, and while their hypothetical opening-up to minorities is a welcome improvement, the reality of the social model is one of *entry*, not *activity*: it “sites ‘the problem’ within society” but remains resistant to agentic response and activity from people with impairments. By contrast, “the affirmative model directly challenges the notion that ‘the problem’ lies within the individual or impairment’ (Swain and French, 2000: 578). Swain and French emphasise this difference. While the social model is generated by disabled people’s experiences within a disabling society, the affirmative model is borne of disabled people’s experiences as valid individuals, determining their own lifestyles and practicing their own cultures, inhabiting their own identities, in ways which both interact with and transcend social structures.

This shift in emphasis from society to the individual is a key motivation behind this thesis’s examination of shame and pride in the lives of disabled Travellers. For this reason, the affirmative model is the framework from which my thesis departs. The thesis is not interested in merely stating, or restating, that shame is a construct imposed through social structures, and that pride can arise from those aspects of our lives not affected by impairment, rather, its mobilisation of the affirmative model is done in the interests of building and accounting for a concept of identity which contains pride *and* impairment within the context of a minority culture which has been historically denied pride and conditioned politically by shame. The personal, lived and recorded experience of Traveller interviewees will form a large part of this specific, located and affirmative examination of shame and pride.

### 2.3 Feminist Theory

It is important at this juncture to guard against assuming that a progressive and linear programme has underpinned the movement from medical, to social, to affirmative model. The development has instead been uneven, complicated and personal. It is helpful to consider those

groups who have found the social model inadequate, and examine why this was so, if we are to avoid complacency, or the re-making of old mistakes, in our exploration.

Since the 1990s, disabled and feminist women writers have made a considerable impact on disability studies with work that ties in with the affirmative model in viewing disability as a cultural structure, and impairment as a phenomenon that is intimately located on the body. Just as sex and gender can be both biologically and culturally constructed, so too is impairment both embodied and socially constructed. The deficiencies of both the medical and social model, which seized upon either the body or the social body respectively, are made evident in this affirmative, feminist, attention to the presence of both – to the duality of identity. Garland-Thomson (2005) illuminates this point:

*The informing premise of feminist disability theory is that disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune. Rather, disability is a culturally fabricated narrative of the body, similar to what we understand as the fictions of race and gender. The disability/ability system produces subjects by differentiating and marking bodies.*

(cited in Cameron, 2010: 60)

This conception of difference, as Garland-Thomson (2005) outlines, is not a matter of being less, it is, instead, a question of acceptance, and ultimately self-determination and self-identification.

## 2.4 Defining Shame and Pride

Shame has been defined variably in contemporary, psychological literature. Shame is considered a ‘self-conscious’ emotion, evoked by self-reflection or evaluation (Jessica L. Tracy and Richard W. Robins, 2007). Tracy and Robins propose a model where shame consists of internal, stable, uncontrollable and global attributions {“I am a bad person”}, rather than the unstable, controllable, specific attributions {“I did a bad thing”} that lead to guilt. Embarrassment, furthermore, may be stable or unstable, controllable or uncontrollable, global or specific, but only occurs when there is attention on the public self, that is, through the real or imagined

eyes of others (Tracy and Robins, 2007). Furthermore, June Price Tangney and Ronda L. Dearing (2002) contend that shame is associated with an acute awareness of the flaws and inadequacies of the self, which may be disproportionate to or unwarranted by the precipitating event. Moreover, they argue that this leads not to efforts to fix or make reparations for the precipitating event, as with guilt, but to a wish to disappear or hide. Thus, despite variable definitions, shame may be public or private but is defined by the individual's feeling that it is due to something about their self which is persistent or permanent, difficult or impossible to change, and which is generalisable and not only applicable to that one precipitating event.

Self-conscious emotions are defined in contrast to the 'basic emotions', which are felt about 'survival-goal relevance', i.e. whether the eliciting event is relevant to survival or reproduction (Tracy and Robins, 2007). This distinction should not be taken to mean that self-conscious emotions are secondary or irrelevant. George Herbert Mead (1934) argues that the self is a process which exists only as a phase of the larger social organisation of which the individual is a part. It is impossible, therefore, to think of the self, outside of the social experience — even in isolation, the self is reflective, as one always has oneself as a companion, and thoughts also consist of an internal conversation. In this way the self always includes the attempt to take the point of the other. This concept of 'role-playing' in the creation of the self is key to understanding the nature of shame. Charles Cooley (1922) on this concept in his earlier 'looking-glass self' provides a mechanism which connects Mead's role-playing to the 'internal, stable, uncontrollable, global attribution' by the imagined other in the self-reflective action.

Shame then becomes not only a social emotion but one of the fundamental social emotions. Tracy and Robins (2007) consider shame to be those feelings that arise from seeing the self in a negative light. Thomas J. Scheff (2003) uses 'shame' as a class name for the entire family of feelings, considering it the master emotion because it serves more functions than other, even basic emotions. He argues that there are three functions: 1. it is a key component of conscience, a moral emotion; 2. it serves as an alert to threats to a social relationship; and 3. it plays a role in regulating the expression of other emotions. Under this definition, Scheff (2003) expands shame to include Erving Goffman's (1963) use of stigmatisation and embarrassment.

I include both the narrow and broad definitions of shame to account for recent theoretical and empirical work on the concept, as well as to include the myriad of different ways that disabled Travellers may personally experience it. Particularly, it is important to include broad theories such as Goffman's 'stigma' (1963) to counteract the tendency in the psychological research to consider shame only as an emotion in response to an experience and not, as the 'self-conscious' label implies, a response to an identity, whether claimed for oneself or ascribed by others. Travellers can be proud of their Traveller identity but at the same time be a stigmatised group in Irish society who are consequentially subject to discrimination and prejudice.

In a grounded theory study, Brene Brown (2006) found that the area in which her women participants shared an experience of shame was in how groups and individuals, supported by media, enforced shame about "unwanted identities" associated with several categories, including health, sexuality, body image and surviving trauma. These "unwanted identities" were associated with the terminologies others associated with those categories, such as being described as "loud-mouth" or as "pushy". Brown (2006) suggests that shame causes the person to feel trapped, powerless and isolated.

Shame is a clear and present concern for stigmatised communities because it is a fundamentally important emotion associated with social relations which play a significant role in the construction of the self. Furthermore, the experience of shame has several implications. Proneness to shame appears to be associated with vulnerability to psychological illness, and contrary to the assumption that shame motivates individuals to avoid wrongdoing, shame — though not guilt — may be associated with risk-taking behaviours (Tangney et al., 2007).

Shame, then, may specially impact and should be considered important for those groups that Goffman (1963) described as stigmatised. An examination of what shame means to the disabled Traveller, and how its negative effects might be counteracted, is key to promoting the well-being of the community. Brown's (2006) suggestion that shame causes a person to feel trapped, powerless, isolated and vulnerable to psychological illness and risk-taking behaviours (Tangney et al., 2007) will have negative consequences on the psychological well-being of Travellers at both personal and community levels.

Pride, like shame, is a self-conscious emotion. In Tangney and Robins' (2007) model of these

emotions, authentic pride is the converse of guilt. Like guilt, it is an emotion felt of an event without survival-goal relevance, with an attentional focus on the self and relevance to an identity-goal. The attributions are internal, unstable, controllable and specific — that is, pride is felt about something clearly identified, due to or within the control of the self, and does not apply to everything that person does. If these attributions are not met, the emotion that results is hubris, the converse of shame. In this conception, pride in the self, without a specific achievement, is counted as hubristic. However, Tangney and Robins (2007) also account for the pride that can be taken in the actions of another who shares one's own group. In other words, the self can and does include collective self-representations, such as ethnicity.

It is also, like shame, a result of the 'looking-glass self', i.e. an emotion felt when looking upon the self through the imagined other (Cooley, 1922). The imagined other deserves some attention here. Pride in the stigmatized does not get a detailed examination by Goffman (1963), but he does mention that a sign of pride within the group may be a negative to those without. This point is key, in that pride may be experienced differently depending on whether the imagined other is a member of the group or not. As with shame, psychological research may reduce pride to an emotion in response to an action, however, it is also a response to an identity. In Goffman's (1963) book *Stigma*, homosexuality as an example of stigma is seen as a moral 'blemish' on the individual's character. Yet gay identity is now associated clearly with the word 'Pride', and the parades celebrating that identity. Clearly, pride has a key role in counteracting stigma for marginalised communities, and its achievement in these identities may be gained by altering the qualities of the imagined other – often by the imagined other being a member of the community itself, but also by an insistence that it is society, and not the individual, who should change.

## **2.5** Research: race and the current state of disability studies

Existing theoretical intersections of disability studies with race theory are deeply relevant to this thesis. In both cases the concept of *passing* is significant. Thus, in this section, intersectionality and passing, as concepts enmeshed in discourses, will be explored. Jeffrey A. Brune and Daniel J. Wilson (2013) point to the challenge facing disability studies to account for intersecting forms of identity and sources of structural discrimination, including race, class, gender and sexuality. Intersectionality is an approach which considers how all these possible categories interact and impact on one another. It may be described as a way of

analysing the intersections between different and multiple systems of oppression, aiming to understand how these function in collaboration to produce and reinforce structural inequality. This thesis uses Keating's (2015) considerations of intersectionality in disability studies as a point of departure for its application of intersectionality here. Also, it draws on Nirmala Erevelles and Andrea Minear's (2010) interpretations of the distinctions made by Mira Yuval-Davis:

*The point of intersectional analysis is not to find "several identities under one ". This would reinscribe the fragmented, additive model of oppression and essentialize specific social identities. Instead the point is to analyse the differential ways by which social divisions are concretely enmeshed and constructed by each other and how they relate to political and subjective constructions of identities. Therefore, rather than merely adding disability to nuance an intersectional analysis, we will foreground the historical contexts and structural conditions within which the identity categories of race and disability intersect.*

(Erevelles and Minear, 2010: 310)

This approach to intersectional analysis foregrounds the interactions between different categories of identity as these contribute to the holistic experience of identity and lived reality as opposed to fragmenting, compartmentalising or otherwise objectifying selfhood, and constitutes the theoretical point of departure of this thesis.

Feminist scholars of disability studies have identified three concerns which are crucial to current feminist theory: 1. probing identity; 2. theorising intersectionality; and 3. investigating the theme of embodiment. Racism and disablism dovetail and subtend these concerns whilst intersectional analysis focuses on the points of contact between the respective fields. As Erevelles and Minear explain:

*Both [critical race theory] and disability scholars begin with the critical assumption that race and disability are, in fact, social constructs. Thus, as Ian Haney Lopez (2000) explains, "Biological race is an illusion . . . . Social race, however, is not Race has its genesis and maintains its vigorous strength in the realm of social beliefs"*

*(172) [...] Garland-Thomson (1997) likewise, describes disability as "the attribution of corporeal deviance—not so much a property of bodies [but rather] .....a product of cultural rules about what bodies should be or do". At their second point of contact,*

*race and disability are both theorized as relational concepts.*

(Erevelles and Minear 2010: 386)

‘Passing’, which is to say being visibly accepted as a member of a given social group, is an embodied phenomenon which is materially shaped by intersecting contexts of race, gender, class and sexual orientation. This intersectional complexity is foregrounded by Brune and Wilson (2013: 2) but, by contrast, Shakespeare (2014) argues from the assumption that social, civil and political movements all involve a hierarchical process of oppression. According to this interpretation, some systems of oppression are more foundational or pervasive than others. In other words, in the case of Shakespeare’s argument, disability is one such essential category which has, somewhat metonymically, been ascribed to women and ethnic minorities to justify the oppression and marginalisation they face, explaining their “abnormality” and “incompetence”. What this amounts to is, arguably, an effacement of the unique and specific oppressions experienced by women and minorities; if interpreted, in terms of motivation, as arising from a still more severely structural bias against disability. Absorbed under the umbrella concept of ‘disability’, then disability itself comes, in Shakespeare’s (2014) analysis, to be the higher oppressive force. Intersectional experiences are thus hierarchised in such a way as to privilege the general experience of discrimination against disability, to the detriment of recognising the separate evolution and importance of discrimination on grounds of gender or race.

It is possible to argue that the above claim is a dangerous one, and I disagree with Shakespeare’s (2014) argument. Identity politics and oppressive, internalised, discriminatory realities are complex phenomena, and the suggestion that one identity, or set of identities, is more oppressed than another cannot be authentically alleged by someone who identifies with one or more of several possible identities. As a Caucasian male with an impairment, I respectfully contend, that Shakespeare is not qualified to quantify experiences of discrimination on grounds of race and gender as lesser, or less authentic, than discrimination on grounds of disability. Shakespeare’s view appears to be a limiting or blinkered perspective on intersecting identities that fails to appreciate and respect the ethos behind intersectional analysis – which is not to divide, but to fruitfully complicate.

Meanwhile for Tremain (2005), there is, at present, a paradox operating within contemporary identity politics, with which disability studies, and the disabled people’s movement, must come

to terms if progress is to be made. This hinges on the putative exclusivity of a movement which is ultimately founded to broaden inclusivity within society while combatting the proscriptions of able-bodied, patriarchal, heteronormativity. Many feminists have realised ' that a political movement whose organising tools are identity- based shall inevitably be contested as exclusionary and internally hierarchical' (Tremain, 2006: 194). A disabled people's movement that grounds its claims to entitlement in a stable form of identity {"people with impairments", as this operates to level or obscure internal differences}, can expect to face similar criticisms from the growing number of members who feel excluded from, and refuse to identify with, this stable or hegemonic identity. Intersectional analysis is a means of navigating this paradox, finding room for a variety of experiences and overlapping identities even within a strategically homogenised political identity.

Against any such diversification, the medical model of disability manifests what Oliver (1996: 104), calls 'the ideology of normality'. His use of the term *ideology* refers back to the sense in which it is intended by Antonio Gramsci (1999) – as a phenomenon that maintains 'a material existence embodied in the social practices of individuals, and in the institutions and organisations within which these social practices occur': "a conception of the world that is implicitly manifest in art, in law, in economic activity and in all manifestations of individual and collective life" (Oliver, 1996: 634). Moreover, he argues that normality is an ideological imposition that serves to muffle, hide or deny the existence of difference.

Dealing similarly with the ideological weight of 'normality', Lennard J. Davis (1995: 124) points out that the term *normal*, meaning conforming to, not deviating or differing from, the common type or standard only enters the English lexicon around 1840, i.e. a recent occurrence. Disability, too, emerges as a social category around the same time, with the advent of industrialisation, the rapid growth of manufacturing towns, mass movement of population from the country to cities and towns, and the burgeoning ideological grammar of capitalism – the need, that is, for a standardised, replaceable and able-bodied figure of 'the worker' who can meet production requirements within a factory context. While McRuer (2006) cautions that even normalcy is a concept with nuance, its emphatically universal or standardised implications work, as with all ideologies, to appear authentic, non-ideological, and representative.

A historical, ideological, conflation of minority ethnic status with disability in the USA has, Erevelles and Minear (2010) argue, been socially detrimental to people of colour, not only in education, but also through the ways in which the trope of disability, or inherent, genetic inferiority, has been and can, even now, be 'used to justify the brutality of slavery, colonialism and neo-colonialism' (Erevelles and Minear, 2010: 132). One possible response to this pathologizing of race would be to form an alliance, in terms of activism and resistance, between race and disability, but, unfortunately, this has not historically been the case. Instead, Critical Race Theory [CRT] scholars have largely conceived of disability as a biological capacity; an immutable and pathological abnormality rooted in what Simi (1998: 161) calls "the medical language of symptoms and diagnostic categories". In other words, CRT has reflexively adopted the medical model of disability.

Within disability theory, the medical model has been critiqued. Disability is better understood as a socially-constructed category that derives meaning and significance from the historical, cultural, political and economic structures that frame social life – much like race. The impulse to quarantine, underpinning the medical model, in conjunction with the political, economic and social ideology of 'normality', has been the justification for excluding people with impairments from, for instance, employment, and containing them in institutional settings. This assumption of a broadly-defined and stable standard of normalcy works to systematically individuate and medicalise the body and mind of the person with an impairment ( Colin Barnes and Geoffrey Mercer, 1997: 19), implying that this isolationist othering is natural. In fact, all these categories are contingent: individual abnormality only appears as such when normality, as a social requirement, is standardised and weaponised; impairment only becomes identified *as* abnormality when this standardisation and weaponization of 'normality' is policed, managed and administered via processes of social surveillance, as suggested by Cameron (2010: 8).

In the relatively recent past, many disabled people in Ireland, both Travellers and settled people alike, were habitually hidden within families, or sent to live outside of the nuclear family in an institutional setting, due to cultural issues of shame and stigma. In many cases, neighbours were not even aware of the existence of family members with impairments. The 'back room', a secondary or hidden part of the house or family life, was a reality for a great number of people with impairments who were kept out of public view and beyond the reach of support, experience and stimuli. Now, in the twenty-first century, the 'back room' might be

considered a metaphor of ongoing relevance for congregated and residential institutions which, in their administrative and philosophical ethos, accord strictly with the medical model of disability. These locations can be objects of suspicion, fear and concealment for people – for instance, the treatment in residential settings can be poor and even abusive (Commission to Inquire into Child Abuse, 2009). The fear of being subject to ill-treatment or being made helpless is evident and everyone suspects the institution itself as a matter of course.

Anecdotally, or culturally, this also relates to public, personal or cultural memory of workhouses, institutions which, from the nineteenth to the late twentieth centuries, functioned as bio-political asylums, administrative facilities, prisons and industrial institutions where people with impairments – together with other demographics or groups of people who were considered to be undesirable, othered or surplus – were dropped off by families and communities that could not care for them. Due, then, to a long history of enforced segregation and discrimination at a structural level, people with impairments often found themselves in institutions or special residential centres (Commission to Inquire into Child Abuse, 2009). However, as Oliver and Barnes (2012) highlight, these segregated environments often became hubs of social and political activism, facilitating a growing sense of community and self-awareness for many people with impairments. Some of us who lived in children and/or adult residential centres have actively tried to stay connected to other people with impairments afterwards, and to identify with a community of people who share these experiences of discrimination, segregation, shame and pride. Viewed from without, through a non-disabled lens, by outsiders – who significantly are often service providers – a common assumption is that, in choosing to stay socially connected, or to live near or with other people with disabilities, disabled people risk voluntarily ghettoising themselves, and thereby increasing the chances of stigma and segregation.

However, for many disabled people, these decisions are not about stigma, shame or segregation. On the contrary, they are about pride and community: about sharing resources; sharing political and cultural information; forging a unified and empowering sense of identity and belonging; and feeling materially, emotionally and physically supported and safe. Interestingly, a similar logic underpins many of the decisions made by Travellers regarding accommodation. Government policy-makers and authorities may consider this kind of assimilation an accomplishment because, ideologically, these authorities value assimilation

and mainstreaming above the preservation of a distinct Traveller identity, and have historically worked against recognising and respecting this distinction.

### 2.5.1 *Passing*

The concept of ‘passing’ has recently received both political and popular attention in the case of Rachel Dolezal, an activist who worked in critical race studies within the anti-racist movement in North America. Dolezal lived her private and professional life as a black woman until 2016 when she was sensationally outed as Caucasian by her parents. Faced with a frenzy of media attention, Dolezal claimed that she ‘felt black’, and that this identification was what mattered. It must be acknowledged that as a ‘black’ woman she had benefited directly from affirmative action programmes which had been implemented in the US to combat the effects of many generations of structural racism against black people and ethnic minorities. It is, in other words, important to highlight the fact that Dolezal posed as black to avail of the benefits and a sense of belonging accruing to identification with a minority group that may be considered organised and self-identifying. According to Dolezal’s testimony, this sense of belonging was her motivation.

The strange case of Dolezal – of a white person electing voluntarily to identify as both black and structurally victimised – is not unique. There is a history of white, settled or non-disabled people passing as black, Traveller or as disabled respectively – especially white Americans passing as black Americans – to ‘experience’ minority status. For example, in John Howard Griffin’s *Black Like Me* (1961), the investigative reporter used chemicals to darken his skin, purportedly to understand how racism impacted on minority groups. Also, in the 1970s and 1980s, many anthropologists and sociologists attempted to live among Travellers to observe and record cultural behaviour, including Sharon Gmelch (1979). Although not consciously seeking to *pass* as Travellers, these anthropologists attempted to ‘go native’ or to immerse themselves in Traveller culture for their studies. However, unlike actual Travellers, if conflict arose with the state, the police or other emanations of the state, these middle-class academics could revert to their settled identity.

This immersive form of anthropology is an outdated phenomenon {although Dolezal’s case suggests that the practice itself has not gone away}. What is important to take from it is the fact that passing is ultimately, like so many phenomena described in terms of minority

experience, a one-way street. One is born a Traveller, rather than deciding to become one. Questions of choice, tourism, immersion or voluntary entry are not involved.

Frank Keating (2015) conceptualises racially-induced stress, or stress accruing to the experience of belonging to a minority, ethnic group as a socially-constructed sense of distress that is nonetheless located on the self and embodied. This intersection of political construction and personal inherency is also present in the category of racial identity. Race is both constructed from without and intimately experienced from within. Outer behaviour may, therefore, be motivated by a desire to alleviate inner experiences. Thomas (1999) describes a desire to hide or modify an impairment by the person with the impairment, to avoid degrading or humiliating interactions with a social order governed by ideological 'normalcy', and this desire is equally true, it may be said, of racial minorities. It puts a different perspective to that of Dolezal and the anthropologists on the implications of passing as a member of one group or another, where this is a matter of public, political or otherwise social and bio-political interaction of negotiation between self and world. Gendered identity is, as Garland-Thomson (2005: 159) explains, similarly constructed in this space between self and world, and, moreover, "[our] most sophisticated feminist analyses illuminate how gender interacts with race, ethnicity, sexuality, and class systems. This focuses on how identity operates prompted an interest in the relations between bodies and identity."

A further aspect of singularly embodied complexity is involved in the story of Griffin's (1961) passing in *Black Like Me*. As Brune and Wilson (2013) highlight, prior to his experience of 'blacking up', Griffin had a visual impairment. He did not write about or explore this partial blindness in the same way as he wrote about 'being' black. One might suggest that the social cache accruing to the narrative of racism was, and remains, more familiar and accessible to a mainstream audience than that of disablism.

Garland-Thomson (2005:1558) also contends that 'feminist disability studies scrutinizes how people with a wide range of physical, mental and emotional differences are collectively imagined as defective and excluded from an equal place in the social order. Hence, social categories parallel to the "disabled" category, for example "people of color" or "queer," also embrace a wide range of varying physical characteristics, identities and subjective experiences'.

## 2.6 The Traveller model

The Traveller model rejects assimilation into the dominant, settled culture of Ireland, and resists the notion that Travellers are ‘failed’ settled people.

The Traveller model is derived from community development principles of self- determination, participation and empowerment. The community development approach is defined by Community Work Ireland (2017: 2) as:

*‘A developmental activity comprised of both a task and a process. The task is social change to achieve equality, social justice and human rights, and the process is the application of principles of participation, empowerment and collective decision making in a structured and co-ordinated way.’ Community Work Ireland (2017) builds on the principles of participation, collectivity, community empowerment, social justice and sustainable development, human rights and anti-discrimination, to further the work of community development.*

It recognises Travellers as an ethnic minority group, and follows a rights-based agenda rather than a charity model (Fay, R. and McCabe, C. 2015). It acknowledges the history and heritage of Traveller identity in the context of language, nomadism, and culturally appropriate accommodation and service provision. The Traveller model comes from Traveller politics and acknowledges ethnicity as a birth-right not diminished or compromised by material circumstance. Whether one lives in a house or a trailer, one remains an ethnic Traveller. It also recognises the experience of Traveller women, acknowledging the operations of sexism and racism in wider society and within Traveller communities (NTWF, 2017). Furthermore, Gay and Lesbian Travellers, as well as Travellers with a disability, are also included within the Traveller model, with their respective experiences of discrimination or marginalisation within the community, as well as by the wider population.

The affirmation model provides a tool for the lived experience of embracing difference within the community and acknowledges the ontological experience of Travellers with impairments. The affirmation model can be used in a multi-dimensional way, thus capturing simultaneous forms of oppression, discrimination and isolation. Cameron’s (2010) model can also be used to investigate the probability that Travellers with impairments may experience high levels of pride because their community, identity and cultural norms very much relate to impairment as

a responsibility of the whole community.

### 2.6.1 *Gender and the Traveller community*

Traveller women are and continue to be part of the fabric of Irish social and cultural life.

However, it took the 32 years from the Commission on Itinerancy (1963) to the 1995 Task Force Report on the Travelling Community for this to be seen. Indeed, it was Traveller women who were particularly involved in developing that report, with the first chapter concerned with their issues. These issues include health education, employment, training, gender-based violence, addiction, mental health and imprisonment, which were in the 1990s all emerging issues for Travellers.

Moreover, with the growth of Traveller organisations in the late 1980s and early 90s under the philosophical principles of community development, Traveller identity had its baptism in self-identification and self-actualisation. During this time, many Traveller women put their bodies on the line when demanding better accommodation. Simultaneously, with the rise in political consciousness in the community there was a parallel rise of Traveller Feminism. It may not have been formalised but community training and adult education, along with peer- to-peer learning, opened new opportunities for Traveller women. Indeed, as stated by the National Traveller Women's Forum (2013:5), "The majority of development, advocacy workers and volunteer representatives within the Traveller community are women."

There is diversity within our community and among Traveller women. This diversity encompasses views from politics to religion, from tradition to sexuality and early, arranged marriages. We are lesbians, we are single parents, we are separated women, we are older, single women, we are transgender, we are deaf, we are disabled, we are older, we are younger. Where we unite is the struggle against sexism and racism. As a response to racism, Traveller women developed culturally appropriate healthcare programmes that would serve the community. These programmes included training elements for health service providers to obtain training relating to Traveller culture and identity (Fay and McCabe, 2015). For me these are our first wave of Traveller feminists who developed an infrastructure within the community from grassroots community-based activism.

Traveller women developed The National Traveller Women's forum (NTWF). The NTWF was founded in 1998 (<https://www.ntwf.net/about/history>). The NTWF is the national network of Traveller women and Traveller women's organisations in Ireland. The NTWF recognizes that all women in Ireland are subject to systemic and structural barriers to equality, however, the NTWF specifically recognizes the distinctive oppression of Traveller women in Irish society and seeks to address and combat that oppression (NTWF Gender Issues in the Traveller Community). This unique oppression 'ethnically marks' Traveller women by the settled Irish and inflicts suffering upon them from a legion of prejudicial misperceptions of what being a Traveller means. More precisely, it denigrates our culture whilst encouraging us to step away from our menfolk, our brothers, fathers, husbands, etc., and affirm that they are the people who inflict the most violence on us. In other words, Traveller women and our children can be tolerated if we pretend that it is not the racism of settled people that damages our lives but the anger of our men who are caricatured as drunken, ignorant, violent, abusive, criminal louts. If we say we are victimised by our men we might gain admittance to the fringes of settled society as 'recovering from being Travellers'. This is how stereotyping of Traveller culture impacts gender equality for Traveller women.

Furthermore, Traveller women are not accorded the status of adult women due to racist Traveller stereotypes. In modern Ireland we are considered an anachronistic throwback in that we are depicted as lacking in individual autonomy in being married off too young, having too many children, being superstitious, naïve and subservient to an old-fashioned, doctrinaire, Catholic Church. The irony is that settled Ireland speak for us, pity us and seek to rescue us from our Traveller lives yet do not allow us the platforms from where we could assert our own autonomous voices. Clearly, settled Ireland will not hear us as independent women. However, it should be noted that while the church was quite happy with early marriage, it was Traveller women within Traveller organisations who called for an end to it.

When we talk about social solidarity, Traveller women experienced the same lack of choice, bodily integrity and access to safe, legal, reproductive healthcare as their settled counterparts. However, The NTWF made a submission to the Citizen's Assembly calling for the Eighth Amendment to be removed. Clearly, Traveller women safeguard both our culture and identity.

The NTWF was the first national network of Traveller women and Traveller women's

organisations to adopt an intersectional gendered analysis to their work and to use a human rights based approach:

*[...]the experience of a Traveller woman will sometimes be distinctive because she is a woman , sometimes because she is a Traveller and sometimes because she is both.*

(NTWF, 2013: 2)

The organisation is underpinned by community development principles with its key objective to realise Traveller women's full gender equality by supporting them to take leadership roles within their own and the wider community (NTWF, 2017). Traveller activist Anne Burke further explains this triple discrimination:

*“Traveller women face "triple discrimination -- as Travellers, as women, and as Traveller women. Traveller women [...] experience patriarchy in the ways that all women do, ...they also experience particular forms of abuse as Traveller women, when they are brutalised by descriptions in the media”.*

(NTWF 2005)

The primary health care programmes which employ Travellers to work as community health workers are an avenue whereby the experience of Travellers with impairments can be accessed. This is not suggesting that impairment is solely a health issue. Depending on the impairment, there are health issues that are related but within the Traveller infrastructure, the primary health care programmes are a huge source of support for individuals and families with impairments.

Travellers and Traveller organisations work in a partnership framework with government policy. Travelling Through the Generations (Pavee Point, 2013: 15) summarises the main policy decisions that have shaped attitudes in the past fifty years:

- 1963 Commission on Itinerancy Report.

This was the First Government report on Travellers. Its solution to the ‘itinerancy problem’ was rehabilitation and assimilation into the general population.

- 1983 The Travelling People Review Body Report

This suggested the best approach was integration and acknowledged Travellers as a separate group that experienced prejudice and hostility.

- 1995 Report of the Task Force on the Travelling Community

‘The Taskforce for the Travelling Community conducted extensive consultation with Travellers and Traveller organisations, and commissioned research. It highlighted various levels of discrimination being experienced by Travellers on individual and institutional levels.’ (Pavee Point, 2013: 15)

- 2000 An attitudinal Survey (undertaken by Behaviour and Attitudes for the Citizen Traveller Campaign)

This survey found that, ‘97% of settled people would not accept Travellers as a member of their family and 44% of those surveyed would not want a Traveller as a member of their community.’ (Pavee Point, 2013: 15)

- 2000 - 2001 The Equal Status Acts

These Acts prohibited, ‘discrimination in the provision of goods and services, disposal of property and access to education’ (Pavee Point, 2013: 15). They also outlawed, ‘discrimination in all services generally available to the public.’ (Pavee Point, 2013: 15)

- 2010: ‘A study by MacGreil found 60.1% of respondents would still not welcome a Traveller into their family and more than 61% of Travellers have experienced discrimination in shops, pubs and restaurants.’ (Pavee Point, 2013: 15)

## 2.6.2 *Traveller organisations*

This section has discussed the rights-based community development principle underpinning the Traveller model. Values of self-determination, equality, non-discrimination and solidarity form the basis of the community development model. This approach recognises Travellers as an ethnic minority and follows a rights-based agenda (Fay and McCabe, 2015). The community development model approach seeks to counter the assimilationist policies of the 1963 Commission on Itinerancy Report and other policies on areas, such as housing, which fail to acknowledge Traveller preferences. Traveller organisations ensure Traveller perspectives and peer research are accounted for in the state decision-making process and resource allocation.

### Traveller Organizations' Chronology:

- 1982 Committee for the Rights of Travellers
- 1984 Minceir Misli
- 1983 Dublin Travellers Education and Development Group (Pavee Point)
- 1985 Pavee Point
- 1988 National Travellers Women's Forum
- 1990 Irish Traveller Movement
- 2004 Minceir Whidden
- 2008 Traveller Counselling Service

### 2.6.3 *Irish Traveller experience*

To date, scholarly and popular accounts of Irish Traveller history and identity have come from three areas: 1. settled scholarship; 2. state social policy data-gathering initiatives, legislative proposals and policy documents; 3. and the Irish media. In the context of this thesis, all three of these sources of information are, to varying degrees, limited, deficient and potentially damaging.

The media plays an influential role in stoking hostility, prejudice, discrimination and conflict with the settled population. A significant emotional and cognitive toll is taken on the Traveller researcher who must engage with consistently inaccurate, damaging and discriminatory rhetorical strategies presented, often very casually, in Irish print and television media. Partly for this reason, and partly due to its essential irrelevance to gaining and imparting an accurate sense of Traveller experience, Irish media is engaged with in an intermittent and anecdotal manner, where necessary, in this thesis, but not mobilised as a credible source of data or debate.

In a similar way, government documents and policy statements on Traveller administration have proved to be of little use, particularly because of the absence of substantial Traveller input to most of these documents. In more recent times, this tradition of administration ‘from above’ has begun to change, and Traveller peers are increasingly involved in data-gathering and policy formation. The All Ireland Traveller Health Survey (AITHS 2010), Travelling with Austerity (2013) and the National Traveller Survey (2017) are peer-led initiatives which allowed Traveller participants to document their own narratives, and these have been of used in the compiling of this thesis. The interviews conducted for the project, and the focus groups included in this first-hand, data-gathering action, constitute peer-led examples of documentation and first-person testimony, and are drawn on throughout the body of the thesis.

Existing ethnographical research on Irish Travellers is not considered in this thesis for reasons which will be more thoroughly outlined in Chapter 3: ‘Methodology’, but which relate to the study’s wariness at inverse passing or ‘going native’, as described above. In terms of approaching the phenomenon of racism against Travellers in Ireland, my interpretation comes to understand this via two avenues of existing analysis. The first is writings about the racial construction of Irishness as white, and of anti-Irish racism in diasporic contexts; in this respect,

Noel Ignatiev's (1995) *How the Irish Became White* is a canonical example and looks particularly at racism and the Irish in America. In terms of the racialisation of the Irish as a national group, Mary J. Hickman's (1995) work has been crucial. This focused work on anti-Irish racism sits alongside a host of other works on the Irish diaspora, including Liz Curtis's (1998), which engages with racism to a greater or lesser degree. Contemporary Irish writers, including Ronit Lentin (1999) and Jonathon Mitchell (2011), have informed later discussions of both disability and Irish Traveller exclusion.

Finally, the work and example of the Roma scholar Ethel Brooks (2012) is an important precursor to the aims and ethos of this thesis. Brooks' work focuses on the interaction of ethnic minorities, including Romani people, Jews, Muslims and other marginalised groups – in European and American public culture, history and the labour economy, looking at land, industry, labour exploitation and persecution through a transnational lens that is nonetheless rooted in Brooks' distinctive and embodied identity as a member of the Roma community. Although her work is not cited directly here, her influence is crucial to the kind of scholarship this thesis is hoping to practice, encourage, expand and promote – that of peer-guided, situated and relevant sociological analysis which overlaps with activism and speaks from the perspective of the 'insider' who is also 'other' or 'outside' of the traditional academy. In my case, as an Irish Traveller researcher with an impairment, addressing issues pertaining to this intersectional identity in ways which engage with academia, arts, activism, personal testimony and field research equally.

#### 2.6.4 *Relationship with the Irish State*

The relationship between the Irish Travelling community and the Irish State is a founding condition of Irish Traveller experience, and an important, specific and local object for analysis in this thesis. Housing is key, one of the most critical issues facing the community. Studies such as Cecily Kelleher et. al (2012) point to environmental conditions, such as safety and good facilities, as well as closeness to family and the Traveller community, as being more important to Travellers than whether the accommodation is a house or trailer on a halting site. Living in Traveller-specific accommodation – halting sites, group housing or transient sites – is often conceived of as a fundamental and effective means of protecting Traveller culture and identity (AITHS 2010; Kelleher et al., 2012).

Traditionally, Irish governments have approached Travellers via assimilationist models,

whether incentivised or punitive. However, after five decades of evolving social policy in respect of ‘managing’ Irish Travellers, this ethnic group remain problematic to the state, and vice versa.

The government has delegated responsibility for Traveller accommodation to local authorities. The Housing (Traveller Accommodation) Act (1998) requires each local authority, following a consultation process, to prepare, adopt and implement 5-year Traveller Accommodation Programmes [TAPs] to ensure the provision of accommodation for Travellers. Specific targets are set under the programmes and funding is provided by the state. The 2018 figures released from the Department of Housing Planning and Local Government reports that local authorities have consistently failed to meet Traveller-specific targets every year since they were made mandatory 18 years previously. This includes a gross underspend in allocated budgets for Traveller accommodation of €55 million since 2000. Following the Economic crash in 2008, Harvey (2013) reports that between 2008 and 2013, the Traveller accommodation budget was cut by 90%, from €40 million to €4 million, but despite the cuts there was a 36% underspend over the same period (Harvey, 2013: 25). The problem of repetitive underspending in Traveller accommodation budgets was also identified by Dorothy Watson et al., (2017: 78):

*“The fact that funding for this (housing) has been provided but not spent points to a systemic failure in existing processes and structures. In order to achieve the accommodation objectives, further action is necessary”.*

Clearly, the government has failed to ensure that local authorities are meeting their obligations to provide adequate, accessible, Traveller specific accommodation as the following show:

- Travellers make up less than 1% of the national population yet are 7 times more likely than the settled population to live in overcrowded accommodation {56% versus 8% } (ESRI, 2017).
- Travellers make up 9% of the homeless population whilst only accounting for less than 1% of the national population.

Additionally, Travellers also experience the highest levels of discrimination in accessing housing ( Raffaele Grotti et al., 2018) and, in doing so, it is notable that in allocating Traveller accommodation, settled residents have the right to be consulted on the location of Traveller accommodation. Local opposition is a significant factor as noted by Watson et al., (2017: 78): “The challenge clearly goes beyond the funding issue and includes the need to enforce local responsibility and to address local opposition to the provision of Traveller-specific housing”.

This lack of delivery of Traveller accommodation effectively forces Traveller families to become homeless by proxy. It also places Traveller families in precarious living situations as demonstrated in 2015 in Carrickmines where ten Travellers died following a fire on a site. Like other Traveller sites, the Carrickmines site was intended to be a temporary one, yet eight years later it was still occupied due to the failure of local authorities to provide permanent accommodation.

In Ireland we have had four failed Traveller accommodation strategies over eighteen years. Clearly, despite the fanfare regarding these strategies, not unlike the health and education strategies, implementation seems to be a problem. Thus, currently in Ireland, many Travellers are lost in the overall statistics of the accommodation crisis. Many families find themselves back, living on the sides of roads with no amenities while others are in over-crowded sites with no services. Meanwhile, €55 million provided for various types of Traveller accommodation has remained unspent since 2000. Traveller accommodation targets have not been met at any point since they were made mandatory by local authorities 18 years ago (RSM, 2017).

This refusal to accommodate is often reframed as a problem for Travellers, and not for the state, as encapsulated in the cliché, ‘with rights come responsibilities.’ Whilst assimilationist policies have been exchanged for models of policy and management that recognise Traveller separateness, they do not, crucially, accommodate. However, it should also be noted here that the identification of Traveller ethnicity as solely rooted in accommodation is a dangerous one and has falsely led to the identification of Travellers who have moved into houses as ‘settled people’. Travellers, self- identifying as ‘settled Travellers’ seek to resist this assimilationist narrative. No one can disavow Traveller identity. Section 5.5 looks at the concept of ‘settled Travellers’ in greater detail.

It is useful to look at the issue of unaccommodated and othered Travellers in Irish society as a social problem according to the terms outlined by DuBois (1898: 2):

*“[a social problem is] the failure of an organized social group to realize it’s group’s ideals, through the inability to adopt a certain desired line of action to given conditions of life.”*

William Edward Burghardt DuBois (1898) is referring to African Americans, in an article entitled, ‘The Study of the Negro Problems’, but his argument can be applied to the Traveller context too. DuBois views the exclusion of black people from full participation in the national life of the United States as a pressing social problem and, during his career, attempted to use social scientific research to reveal the sources of the race ‘problem’, so that these could be used to guide improved and more effective social policies towards eradicating racial inequality. A key aspect of his approach, as Steward and Sewell (2016: 227) point out, was engagement with the black community itself. Again, his approach is relevant in the Irish Traveller context as engagement with the Traveller community is essential. The research undertaken for this thesis accords with a collaborative and situated approach to data gathering, theorising, and reflecting, and aims to open further possibilities for Travellers to meet, research and participate in social scientific study and policy formation, as subjects rather than objects of a settled person’s academic agenda or career path. To date, much of the literature on the topic of accommodation of minority cultures within dominant cultures has focused, on one hand, ‘on a perceived relationship between the affirmative recognition’ of the minority group and ‘institutional accommodation of societal cultural differences’ (Glen Sean Coulthard, 2014: 13), and, on the other, on the freedom and autonomy of marginalised individuals and groups living in ethnically diverse states. In Canada, for instance, it has been argued that a synthesis of theory and practice in this regard has forced the state to dramatically reconceptualise the tenets of its relationship with indigenous people. Before 1969, federal policy towards Indian populations was unapologetically assimilationist; it is now couched in the vernacular of “mutual recognition” (Coulthard, 2014: 4). This is, perhaps, to be cautiously celebrated, as an example of what progress can be achieved when the minority group is engaged with as a subject with agency, rather than as an impotent/powerless object. Movement from coercive assimilation to mutual regard is only made possible through participation by the minority group. However, in Ireland, a comparative degree of rapprochement has not been evident.

There is an absence of Traveller voices in state policy and management. In the case of Travellers with impairments, the silence is even more striking. Little research exists on Traveller experience, and less on the experiences of Travellers with impairments.

The shortcomings of the state's approach to Travellers, which has privileged the views of outsiders, came to light in 2010 when peer research commenced for the National Traveller Health Study (AITHS, 2010). Researchers and participants found it difficult to work from or with existing methodologies of data analysis because these did not sufficiently acknowledge or reference the issue of Traveller accommodation. Traveller accommodation has a huge impact on how Travellers live their lives and how they perceive themselves, but what has been called NIMBY syndrome {not in my backyard}, remains anecdotally, and sometimes officially, hostile to facilitating Traveller accommodation at all. This is an issue that relates directly to outsider perceptions and stereotypes of Travellers. For Travellers with impairments, struggles around accommodation have more urgency. A National Disability Authority survey (2017, Table: 3.25) recording public attitudes to people with disabilities in Ireland, inadvertently indicates something of Traveller-specific struggles by including Travellers in its content {but not, significantly, Travellers with impairments} – people on average rated their level of comfort with having physically disabled neighbours at 9.3, European migrant workers 8.9, black and minority ethnic groups and those with mental health difficulties 8.8, while their comfort level with Traveller neighbours was 7.5. Clearly, with a comfort scale in which – 1 is very uncomfortable and 10 is very comfortable, Travellers were identified as the group that those surveyed would be most uncomfortable living alongside.

Travellers with impairments live in various types of accommodation, including Traveller-specific accommodation which may or may not be accessible, local authority housing and temporary accommodation. At present, Ireland is undergoing a much-documented, much-debated, and popularly topical accommodation and housing crisis. However, within this discourse, the issue of Traveller accommodation is not typically discussed, and as such the struggles and pressures the crisis places on Travellers is lost, for the most part, on the mainstream media. Despite this lack of attention, a subsequent crisis in Traveller accommodation is also evident. The frequency of 'doubling-up', a practice whereby families living on a site allow, out of necessity, other extended family members to pull an extra trailer into a bay. This can mean many people sharing scarce amenities. Also, this situation is

exacerbated by the fact that sites are often considered temporary accommodation, regardless of how long the family may have been residing there. Obviously, if you have an impairment, the situation is even more precarious.

According to data gathered and published by the Central Statistics Office (2016), there are 643,131 people with disabilities living in Ireland. Irish Travellers have higher rates of disability in proportion to the settled population. Almost one in five Travellers { 19.2% } were categorised as living with a disability in 2016; a figure which has risen from 17.5% as recorded in 2011. A total of 5,963 Travellers self-identified as having a disability of some sort in 2016, with 18,717 disabilities or impairments recorded. The most common types of impairment or condition accounted for was ‘difficulty with pain, breathing or other chronic illness’, with 2,658 people identifying with these conditions. This group were also recorded as experiencing ‘difficulty with basic physical activities.’ These figures have also increased since 2010, the same year, incidentally, in which the All Ireland Health Study, which included a host of recommendations towards improving Traveller health, was published. At the time of writing, few if any of these recommendations have been implemented.

## Methodology

### 3.0.

Qualitative research is difficult to define. Robert Sherman and Rodman Webb (1988: 5-8) describe five characteristics common to different types of qualitative research:

- 1 Events can be understood adequately only if they are seen in context.
- 2 Qualitative researchers want those who are studied to speak for themselves, to provide their perspectives in words and other actions.
- 3 The contexts of inquiry are not contrived; they are natural. Nothing is pre defined or taken for granted.
- 4 Qualitative researchers attend to the experience as a whole not as variables.
- 5 There is not one method. Qualitative methods are chosen based on appropriateness.

As Sherman and Webb (1988) describe above, my research sought to give a voice to a group of Disabled Travellers in the context of their lived experience, from an insider's perspective. Given the two key research questions posed in the Introduction [see Section 1.5] – that is, how disabled Travellers see their identity, and how that identity is shaped by material circumstance, several aims for the practical element of this research were identified. Before the interview questions were drafted, the aims of the interviews and the thesis itself were established. The research objectives were identified as follows:

- To investigate and record the opinions of Travellers and disabled Travellers in relation to pride and self-esteem within the Traveller community.
- To particularly note incidences of racism and bigotry experienced by Travellers with impairments.
- To put these experiences in their context, with respect to service provision, accommodation and access for disabled Travellers.
- To investigate whether the affirmation model of disability is relevant to Travellers with impairments.
- To lay the foundations for further work in this area, primarily that emanating from within the Traveller community.

### 3.1 Choice of Methodology

The research aims are to discern: 1) how disabled Travellers see their identity, and 2) how that identity is shaped by material circumstance.

In deciding on a research methodology which articulates what shame and pride are in the context of disabled Traveller identity, a number of methodologies were potentially available to this project. These will be discussed in this section, along with the methods that were considered, and either discarded or chosen for use.

#### 3.1.1 *Why not ethnography?*

Ethnographic research was rejected early because it focuses on everyday activities and natural environments ( Francis J. Riemer, 2012), and this is perhaps the one lens of observation which has been applied – even over-applied – to Travellers by sociologists and ethnographers working from outside the community. The questions raised by the current research, its concerns and requirements, would not, it was decided, be furthered by analysis of cultural behaviours, especially analysis of the behaviour of my peers. Nor was fieldwork a practical proposition, as this kind of work did not seem to be a useful tool in furthering Traveller rights; rather, it represents another method of observation from without. As the purpose of my thesis is to have Travellers define issues about shame and pride themselves, ethnography was not appropriate.

Auto-ethnography was also rejected. While this approach avoids the problem of studying a culture from the outside, the aim of the present work is to establish how the participants describe themselves, and from that gain an understanding of their personal identity, rather than to infer any of this information from a study of culture ( Tony Adams and Carolyn Ellis, 2012).

### 3.1.2 *Why not phenomenological research?*

Although the phenomenon of racism is directed at, and experienced by, the Traveller community *as* a community, these flashpoints or encounters with racism happen, individually and collectively, in different circumstances. Individuals may describe the same experience differently. As John W. Creswell and Cheryl N. Poth (2018) assert, phenomenology, as an approach, emphasises commonality, seeking to grasp and account for the essence of an experience; however, a key aim of this research was to describe and examine the breadth and range of experiences of disabled Travellers, rather than to concentrate on commonalities. For this reason, the project does not take a phenomenological approach.

### 3.1.3 *Why not grounded theory?*

Grounded theory aims to construct theory from data, using an inductive and iterative method (Robert Thornberg and Kathy Charmaz, 2012). For the purposes of this project, grounded theory was carefully considered as an option because, in many ways, this fits with the intention of the thesis to use collected data to draw conclusions that would be useful for the community. This would represent an improvement on the methods considered previously. However, in considering the research questions that had been settled on, asking, ‘how is this identity conceived?’ and ‘what are the circumstances that create it?’, the scope of these questions did not seem to suggest that any answer would come in the form of a theory. While it is to be expected that theory-supporting concepts will be present in the data, developing theories from the data was not an objective of my study. The focus, instead, was to record, in thick detail, as much experience and reflection as possible. Any theories which arose from this process would be secondary considerations. In terms of models, the models drawn on here have already been established – an anti-racist framework placed within the affirmation model of disability – and, as such, a certain amount of theory had already been brought to bear on my approach. Cameron (2010: 58), whose work inspired my thesis, expresses his own departure from grounded theory as follows: “I maintain that when I began the process adopting a grounded theory approach seemed inappropriate as, in certain respects, my theory was already known.”

### 3.1.4 *Why not participatory research?*

Reviewing Smith (1999), Wilson (2001: 215) observes that, 'Western research brings with it a particular set of values and conceptualisations of time, space, subjectivity, gender relations and knowledge.' For the purpose of the research questions presented by this thesis, 'settled' researchers could be said to bring similar values to their research and commentary on Traveller experience. Prior to the 'Our Geels' All Ireland Traveller Health Study (AITHS, 2012), other studies, such as The Travellers' Health Status Study, Vital Statistics of Travelling People (Joe Barry et al., 1989), have focused on Travellers as the objects of settled, professional research. It could be argued that this is one of the reasons why Barry and colleagues, despite undertaking what were considered detailed surveys and investigations of Traveller health, did not take cognisance of the impact of racism on the health and wellbeing of Travellers. The AITHS (2010), on the other hand, had a very different approach i.e. peers researching peers with Travellers designing and carrying out the study as well as acknowledging racism within our everyday lives. This research was emancipatory, and took cognisance of both researcher and participant in acknowledging ways to work around, in particular, the issue of literacy.

The outcome of this participatory research, in which Traveller participants were involved in data-gathering and testimony, was a generally positive response to the issue of identity and the questions formulated by peer researchers. If posed such questions by a non-Traveller researcher, response would not, arguably, have been so positive, forthcoming or collaborative. Similarly, disabled people, if interviewed or approached by a peer who identifies as also having an impairment, volunteer different, more detailed and comfortable responses than might otherwise be forthcoming. This is not to say that responses are necessarily always positive in content, politically conscious or even suited to the aims of the interviewer her/himself. Rather, the degree of positivity, comfort, and collaboration at stake is determined by the interviewee – this is what is meant by emancipatory. Participatory research, like intersectional analysis, begins by recognising the existence of an uneven power dynamic at the heart of established modes of research and analysis. With this awareness, it seeks to alleviate, balance and mitigate against the conscious or unconscious use of uneven power balances. To approach research and data-gathering in this way is to cede control and input to interviewees on a level that is not possible with traditional modes of research. In my context, it was important to me that participants felt free to share all aspects of what they think about their own identity and recount

their own experience in a safe environment that was not characterised by power imbalance. This process is relevant to my research and my application of the affirmative model, especially with regards to realising positive formulations of identity and self-identification (Swain and French, 2000).

However, leading from this emphasis on participatory research, it is important to state here that, in undertaking this research and designing an interview process, this thesis was not seeking to gauge an accurate or scientific depiction of the health of the community but rather, the emphasis was on this community's *self-conception*. The content of this thesis has been generated through asking questions and developing themes in the context of subjective, voluntary interviews. Given that there was not a team of researchers {peer or academic}, I had to both recognise my limits and conclude that such a framework would be inappropriate to my aims. The work was carried out on a small and intimate scale, usually one-on-one. The one-on-one aspect was important. To ascertain honest responses from members of a minority community who are accustomed to discrimination and potentially suspicious in this regard, on subjects which may historically have been taboo or are personally intimate and challenging, the presence of other members of the community would be potentially daunting or counter-productive. There was a strong need for privacy, discretion and a sense of respectful security.

For this reason, it was decided that it was not practical to integrate participatory research into the project's approach. However, it is in-line with the goals of the thesis and more ethically productive than the approaches discounted previously, therefore, I maintained an open mind towards participatory research, ready to make use of it if an opportunity presented itself.

### 3.1.5 *Why critical social research*

Critical social research is a lens of analysis which begins from the assumption that knowledge is structured by existing sets of social relations that implicitly present themselves as organic, but which are, in fact, the substance of ideology. Critical social research engages with these sets of social relations to question, complicate, problematise, deconstruct and generally excavate the forms of knowledge they produce. It is anti-ideological, approaching ideology as a force for meaning that is contingent, arbitrary and reinforced, rather than inevitable.

According to Lee Harvey (1990: 14) the basic tenets of critical social research are

'abstraction, totality, essence, praxis, ideology, history and structure,' deconstruction and reconstruction. In other words, this approach is thoroughly holistic and all-encompassing, where possible, and takes the nuances of context into deep consideration. Clearly, all these elements are relevant to researching an ethnic minority group, such as the Traveller community and Travellers with impairments. For example, the tenets of critical social research engage with the environmental and historical factors at play in the case of Irish Traveller experience, and particularly allow for cognisance of racism and discrimination.

As Harvey (1990: 5) states, "Essentially, critical social research asks substantive questions about existing social processes". This is the case with respect to both systematic processes or political processes, and to smaller-scale, community processes. Also, reflecting on the responses given by Traveller participants during my research towards 'From Shame to Pride: The Politics of Disabled Traveller Identity', I was aware of other elements, layers and implications to the questions and answers elicited in relation to the existing social and historical Traveller context. Critical social research probes beneath the questions being asked without interrogating or intimidating the participants. Practically, it involves a heightened awareness and openness or curiosity. It does not aim to disregard or override participants' answers, but rather strives always to put these answers into critical context. An example might be a question put, in the context of this project, to a Traveller with an impairment – 'do you know settled people with impairments?' On the surface, the answer may be one of 'yes' or 'no', depending on the individual, but the question also implicitly, or indirectly, illuminates numerous other issues and preconceptions about Traveller life, such as segregation, intersections with institutional care systems, the overlap of Traveller experience with settled experience or settled disabled experience. The answer given such as, 'I only meet settled people with impairments at my day centre' or 'at bingo on a Tuesday night' reveal, other spaces, contexts and complexities.

In probing answers given in this way and thereby expanding their content, critical social research does not just illuminate a contemporary context, but also a historical one. It shows, for instance, a sensitivity to the role and context of the participant. For example, a question posed to a Traveller in a leadership position within the community on the status and position of Travellers with impairments might receive a different kind of response to that of a Traveller with an impairment or a Traveller in a different social context or social position. At the same time, there is a broader degree of consensus and common experience between all possible

participants in this instance which is also a factor influencing their experience. Through various policies, most Travellers have experienced public shaming by the state and it could be argued that most Travellers have, to some extent, internalised this shame. Probing deeper into the context, different apparent sources or shades of shame also emerge, and these are both present within the knowledge community at hand {Travellers} and the dominant knowledge community beyond it {the nation or the state}. In conversation and interview, it may come to light that, to members of the Travelling community, to be lesbian or gay is a more visible form of shameful identity or position to hold. Non-disabled Traveller activists, anecdotally, also communicate a sense of protectiveness or care towards peers with impairments. In this instance, looking deeply into the question of how Travellers with impairments are viewed by non-impaired members of the community indicates further, indirect but relevant forms of knowledge. For example:

1. A hierarchy: we value Travellers with impairments more than we value, for example, lesbian and gay Travellers.
2. In their possible responses towards Travellers with impairments, there could be an indication of the infantilisation of Travellers with impairments.

Maintaining a critical awareness of the nuances underpinning responses to questions posed to participants allows these latent contextual implications to be revealed.

In short, critical social research is relevant to the aims of this thesis because it combines personal or subjective information, ascertained, in this case, via interview, with a broader and analytic awareness of both historical and shared context, or shared values. In other words, it is attentive to links between interview answers and testimonies which may reflect wider systems of belief and it helps to paint a bigger picture providing a backdrop to the research. This is especially important because a Traveller with an impairment may assume that the researcher will understand the status of Travellers in Ireland and may not, then, make conscious or explicit reference to the larger vista of racism and discrimination. However, it is this very substantial information that is derived from a critical, theoretical perspective with each form of information supplementing and contextualising the other, deepening the breadth of our understanding by critically interrogating and evaluating it

This is a natural outcome when the approach taken to questions is both critically theoretical in a broad sense and personalised or subjectivised in an intimate sense, located in the life of the individual. Moreover, “[such] questions are addressed in terms of historically specific sets of social relations and as such cannot avoid political issues” (Harvey, 1990: 5).

From an outsider perspective i.e. the viewpoint of a non-disabled participant, certain histories and phenomena are visible. For example, non-disabled participants recognised that there is endemic, systemic abuse towards people with impairments, and that this has been made visible, for example, via public enquiries and testimonies. Critical social research, however, will go deeper, accepting this knowledge at face value – knowledge, that is, of historical and recent existent and persistent abuse in institutions within Ireland – whilst also contextualising, situating and deconstructing it. The researcher, in this instance further asks, where did these abuses take place? Who, primarily, perpetrated them? Is there a connection between the perpetration of abuse and, for instance, a religious and/or charitable ethos? Critical social research both elicits knowledge statements and carefully, without aggression, dissects, explores and unpacks these.

This conscious use of critical social research also facilitates an ethical and practical overlap with what Harvey (1990: 11) describes as: ‘a long tradition of criticism of contemporary social order [...] encompassing Plato, Aristotle, Socrates, Machiavelli, Hobbes, Locke, Saint-Simon and Marx.’ Of these, the last has been especially relevant to the formation of this thesis.

Working from a Marxist perspective, class is factored into social research, along with issues of gender discrimination. It is always necessary to remain critically aware of the patriarchal structure which has conditioned, and which can continue to condition, established forms of knowledge and research findings, both academically and anecdotally. In this thesis, the tools of critical social research allow me to acknowledge that racism and sexism are realities which have conditioned the epistemological and ontological narratives of disabled Traveller lives.

Furthermore, maintaining a framework that encourages constant critical awareness and openness, is vital to opening-up my data to the cultural, historical and topical environments which have shaped it and also condition academic response to it. The tools of critical social research prevent the researcher from taking answers or data only at face value because the

model requires the researcher to interrogate and explore the context and implications of every response and of all data collected. This contextualising impulse is shaped by political awareness and politicises the present analysis. In this way the thesis hopes to contribute to a wider process of interrogative analysis and activism:

*[Critical social research] has [been] behind the endeavours of Marxists, neo-Marxists, pseudo-Marxists, social critics, structuralists, Marxist-structuralists, critical hermeneutists, feminists, black perspectives and radical social scientists of one sort or another ever since [its inception]*

(Harvey, 1990: 11)

Critical social research was chosen as an appropriate model for this thesis because it is suited to three specific aims of the current research. Firstly, this project is interested in examining existing literature as outlined in the ‘Literature Review’ in Chapter 2, and engaging with, critiquing and analysing the theories within from the viewpoint of a Traveller with an impairment. Secondly, the project aims to describe and record the experiences from within this group of Travellers with impairments. Thirdly, the research’s intention is to record knowledge, and to have an epistemological impact, increasing the knowledge available on the lives of Travellers with impairments.

Although minority groups are no longer excluded from the gamut of social realms through legal means, significant disparities in well-being are signs that the complex system of racial inequality still exists. Thus, according to Quincy Thomas Stewart and Abigail A. Sewell (2016), our task as social scientists is to shed new light on the mechanisms used to maintain this system. In this they speak to the need to raise questions and develop methodologies that might uncover what systems and mechanisms are used to maintain social and cultural inequalities, and how these operate. Although a regard for ideological forces and normative culture is key to applying critical social research, this does not mean projecting presumptions about Traveller experience onto the interview subjects. Hence, this study does not begin from a premise of assumptions regarding participants’ experience, but rather its content has been generated by their voluntary articulations of how they live their lives, and how they understand and relate to the concepts of shame and pride in the context of living as Travellers or as Travellers with impairments.

## 3.2 Insider Status

This thesis makes use of overlapping, established frames of theoretical and methodological reference i.e. critical race theory, intersectionality, feminism and disability studies, to investigate and illuminate the lived experience of Irish Travellers with impairments. Irish Travellers with impairments are a population group who have not been subject to situated, internal or self-reflexive analysis. My situated position as a member of this demographic, identifying as an Irish Traveller with an impairment, is crucial to both my authority as a researcher and to the research method itself. The chosen methodology for this thesis is critical social research. An important precondition of this is the belief that the lack of respect, rights, and formal recognition historically awarded to Travellers by the Irish State, cannot be overlooked or ignored as a backdrop to the research presented in this thesis. As Harvey (1990: 5) points out “[such] questions are addressed in terms of historically specific sets of social relations and as such cannot avoid political issues.” This is a natural outcome when the approach taken to the questions is both critically theoretical in a broad sense and personalised or subjectivised in an intimate sense, located in the life of the individual. It critically interrogates and evaluates phenomena. Neutrality is neither achievable nor desirable.

I am a disabled Traveller activist who has first-hand knowledge of racism and ableism. I am not a disinterested researcher. In recognising the methodological inadequacies of her own work, Pat Drake (2010) notes that in a research environment that is also political, the researcher’s neutrality is not achievable. My role as insider researcher is bound up with political and cultural nuances. These philosophical positions are in and of themselves by the very nature of activism imbued with emotions such as rage, anger and selective objectivity. Acknowledging these emotions and the absence of neutrality, this research seeks to empower the community being analysed, a community where discrimination and social exclusion are well documented experiences of everyday life [see Section 1.2]. It seeks to shine a light on oppressive structures and by doing so help to challenge and change that reality.

As a Traveller I understand how Travellers have inbuilt strategies to avoid racism, such as passing. When participants tell me that they are not passing to disavow their Traveller identity but simply ‘letting the police or institution come to their own conclusions as to their Traveller status’, I immediately understand as I too have used this strategy to avoid racism. Research participants say, ‘you know what I mean’ or ‘you know I can’t answer that’.

An insider researcher's inbuilt knowledge has many advantages. However, assumptions of shared knowledge are not without dangers. Lauren J Breen (2007) points out that the interview process is complicated by respondent assumptions that the researcher already knows the answers. In this dissertation for example the respondents might elide unpleasant parts of their experiences because as a member of the community I would already be aware of them or they might only refer to them indirectly. One can argue however that a researcher from outside the community would be even less likely to elicit responses to 'shame' and 'pride'. Diane Reay (1996) identifies another danger of insider research, that of over identification with your own issues in the interviews. She suggests this can lead to a rejection of those parts of interviewee narratives that don't match your own. This can of course lead to the privileging of narratives. On this point, while the participants in my research were Travellers with impairments, my life and theirs are radically different. Their responses to specific questions and circumstances moved through a sway of diverse opinions. One or two of the participants would ask me if I ever hid my Traveller ethnicity? That question came from a place where they may have felt ashamed or embarrassed at revealing themselves to another Traveller. Clearly there is mutual judging between the insider researcher and the participant. In the case of this study, this may be due to a need to mutually affirm each other's identity, circumstances, reality and Traveller ethnicity because as a community we are constantly judged by the settled community for not measuring up to their standards of personhood or citizenship. Questions of integrity and objectivity commonly arise within the perspective of settled, non-disabled viewpoints. Viewpoints, which though apparently neutral, in fact privilege the settled Irish perspective.

As a Traveller with an impairment, I have had access to interviewees from an insider's perspective. This approach means that throughout the argument the thesis moves between established theoretical and methodological frameworks drawn from academic study, and the intimate and situated experiences shared in interviews. This involves both comparative considerations between the experiences of Travellers, people with disabilities and other ethnic minority groups, and between contexts and cultures, and specific, local, contextualised interactions with interviewees. In other words, it moves from generalisations to specificities. Additionally, in several interviews, the 'enhanced rapport' with interviewees due to my insider status as a researcher, was self-evident (John Hockey, 1993). Participants showed a tendency to identify *with* me, rather than feeling I was attempting to identify with them. Participants frequently noted, at various points in the interview process, that they had only consented to undertake the interview itself on learning of the researcher's identity:

*“First, I was suspicious, like talking to settled people about private things. But then when you said who you were and that you were disabled, I felt proud then.”*

*“Yeah, I’m disabled. I’m handicapped. That’s how my family call it, but I just say disabled. Like you, I have what you have.”*

*“I can tell you because you know things, but you know how Travellers are.”*

In one instance, at the end of an interview, my subject voiced a particular anxiety which many participants may have felt in discussing private matters with me: *“Are you sure no-one will see this? Are you really a Traveller? Do you have a settled man?”* Her concern, primarily, was whether the identity and interests of the interviewer aligned with her own, a concern which is well founded when one considers the negative media portrayal of Travellers in Ireland. It is, then, possible to argue that the content of these interviews could not have been generated, nor generated so thoroughly, by a researcher who was not also an insider i.e. a Traveller with an impairment.

My faith in this approach, then, is based on personal experience in interview, but also shares with Coulthard (2014) a suspicion of any kind of essentialism. I do not mean to suggest that my identification with the group, as a Traveller with an impairment, grants access to some essential insight or essential identity. Coulthard argues that concession to essentialism can happen even where a researcher is determined not to homogenise a group or works consciously with a social constructivist model, insisting that cultures are composed from within, by their members, not from above. Even such a constructivist approach can inadequately address the social relations contributing to and worsening cultural practices in their true complexity. What this amounts to is, once again, over-emphasis on the indigenous, or minority group, a lack of awareness of the ways in which this group must interact with the dominant group or the state and apportioning complexity and responsibility solely to the group:

*“[When] constructivist views of culture are posited as a universal feature of social life and then used as a means to evaluate the legitimacy of indigenous claims for cultural recognition against the uncontested authority of the colonial state, it can*

*serve to sanction the very forms of domination and inequality that anti-essentialist criticisms ought to mitigate'*  
(Coulthard 2014: 21)

The essentialism Coulthard (2014) warns against here is not one generated, then, from within, in a constructivist sense, but one projected onto the minority group by an outside researcher who is predisposed to look for stable identifiers of otherness and difference. Thus, my insider status as a researcher, is realistically a means of guarding against any easy concession to essentialism.

As a group, Travellers with impairments have not been subject to situated internal, or self-reflexive analysis. This caused me to reflect on my privileged access as an insider researcher. Insights by writers, such as Coulthard (2014), Breen (2007), Reay (1996), Hockey (1993) and Harvey (1990), on 'insider' and 'outsider' status were helpful in that regard, reminding me to be cognisant of my insider status and the advantages and disadvantages it confers.

### **3.3**            An intersectional approach

Comparative analysis poses risks. In drawing on critical race theory, disability studies and paradigms relating to other minority cultures, it is important not to obscure or override the singularity of Traveller experience. Ethnic groups are diverse and complex, in and of themselves, never homogenous. From the outside, which is to say when viewed through a normative, institutional, dominant lens, they can either appear homogenous or be strategically homogenised for ideological purposes, such as stereotyping. In speaking from a minority

position, then, it is necessary to show regard for and observe the degree of difference and diversity existing within a single group, such as Irish Travellers, people with impairments and Travellers with impairments. At the same time, the process of bringing a hidden or overlooked or misrepresented reality to light – in this case, the experiences of Irish Travellers with impairments, means applying broad theories and critical insights, and comparing them with other minority groups and ethnicities. Thus, throughout the research process, this thesis will remain mindful of this risk.

Smith (1999) demonstrates awareness of similarly problematic or homogenising tendencies when she raises the question of the term *indigenous* at the outset of her research. She acknowledges that this term appears to collectivise what are in fact vastly different experiences. Nonetheless, she is obliged to make extensive use of the word *indigenous* throughout her work. Arguably this obligation to pit ‘indigenous’ against the dominant group, and thereby reduce all categories within ‘indigenous’ to a single term, does risk universalising the multiple experiences of indigenous people and (re)inscribing Western values and discourses on the putative sameness of the other. While it is important to recognise shared experiences, particularly of oppression, between indigenous and, for example, colonised people, ethnic minorities or other minority groups, it is also important to recognise difference. It is possible to argue that it would have been more useful if Smith’s (1999) stated reservations regarding the term ‘indigenous’ had been restated and woven into the body of the text, rather than appearing only, as they do, in her introduction. This research’s sustained wariness of homogenising impulses is one of the reasons why it advocates and uses an intersectional approach in its analysis. This is a deliberate methodological means of guarding against generalisation or homogenisation in this thesis.

When being objectified, exploited or indeed pathologized, Smith (1999) explains, indigenous or minority communities can be over-simplified by the gaze of the dominant group. The dominant lens is also likely to inculcate an inherent bias in the way the minority group is conveyed or interpreted. Hence, when undertaking research as an outsider – in the case of Irish Travellers, as a settled, non-Traveller – the researcher can come equipped with conscious or unconscious preconceptions, stereotypes and expectations. Such approaches can, in turn,

reinforce stereotypes, for instance through an over-sensitivity to, or projection of, set patterns and modes of behaviour within the group being studied; inevitably the settled observer will not be able to identify nuances and differences with the same degree of acuteness and perception that would be available to an insider in the group. Partly for this reason, my membership of the group I am studying, which precedes my later identity as a scholar and researcher, is another methodological means, or predisposition, by which this project will guard against reductive interpretations and stereotyping.

Minority ethnic groups share experiences of racism, as well as experiencing the fallout of systemic discrimination; nonetheless, it is important to highlight that minority ethnic groups and indigenous populations still differ considerably in terms of history, culture, value systems, heritage and tradition. Within groups, there are differences and categories, and the relationship of each group to the dominant social group of the state they are living in, is also a factor.

### **3.4** Participants

Travellers are an over researched group by settled academics. As discussed in Sections 1.2 and 3.2, historically, research on Travellers by non-Travellers has, with few exceptions, reproduced uneven power dynamics. Collaborative research such as that carried out for this thesis, seeks to address that imbalance of power. It does not take the apparent social structures, processes or accepted history underpinning research by non-Travellers for granted. Instead it seeks to excavate, to dig beneath surface appearances to interpret how social and political structures have emerged. In doing so it does not accept the given history as necessarily factual but instead views history as an interpretive process (Harvey, 1990: 28, 29).

I decided to undertake interviews with Travellers with impairments, Travellers without impairments and settled people with impairments to provide a variety of informed perspectives on disabled Traveller identity. Their experience is included in my thesis to provide a basis for discussion, alongside the theory I have read, synthesised and expanded upon, so that both theory and reality are equally accounted for in my considerations of Irish disabled Traveller experience. This first-hand testimonial material gathered in one-to-one and group interviews form the core of this thesis. Travellers are therefore at the centre of this research as the primary source of information.

In critical social research there is no prescribed data collection procedures, rather as Harvey puts it 'it is the approach to evidence that is important' (Harvey, 1990: 31). I decided that convenience sampling was the best method in choosing my participants. By that I mean, I chose participants that would be best suited to provide the knowledge and information to answer my enquiry. Initially my aim was to interview thirty participants. This number was chosen to represent a sufficiently broad reach whilst responding to the limitations of the project and the specifications of my research questions. Following from the decision to interview adult participants within and without, but adjacent to, the main target group of Travellers with impairments, participants were selected to fit one of three categories:

1. Travellers with impairments; 2. Travellers without impairments; and 3. settled people with impairments. They were also selected to represent diverse impairments and gender parity.

The rationale for identifying these diverse groups was that they could provide the information and knowledge that would allow me as the researcher to ascertain how Traveller identity is conceived and described by both insiders and outsiders. Responses from settled people with impairments and Travellers with impairments could be compared and contrasted for the purposes of ascertaining whether racism or disablism featured more prominently in the accounts of identity and experience given by the latter. Meanwhile, significantly, non-disabled Travellers could provide the perspective that describes the position of Travellers with impairments within the community generally. In other words, they could formulate perspectives on Travellers with impairments that deal with the role of stigma and shame as abstracts. Travellers with impairments, on the other hand, could give accounts that personalised the effects of these, and describe their day-to-day operations.

The intention was that the thirty participants would provide a wide range of perspectives, and that the equal size of each group would allow their experiences to be compared in a numerically even way. The disabled settled participants were selected based on having a relationship or connection to disability politics in the Republic of Ireland, and therefore an awareness of activism and disability politics generally.

By contrast, non-disabled Traveller participants were to be from various parts of Ireland, and the above parameters - an association with activism and implied awareness of disability politics were not applied. This cohort represented a wide variety of political views, degree of

engagement and experience. Within the Traveller community, as within all communities, there are different political beliefs and degrees of belief which exist on a spectrum extending from conservative to liberal worldviews. Not every Traveller is an activist. Not every Traveller woman identifies or understands herself as a feminist. No community or population group is homogenous, and Travellers are no exception in this regard. Therefore, in recruiting participants it was important to enlist a range of different people, and approach my chosen topics – discrimination, racism, disability politics, identity, pride and shame – sensitively. I discovered early on that several participants were unable to travel long distances, and therefore, due to mobility and access issues, I decided to recruit disabled participants in Dublin.

Nevertheless, even the modest goal of recruiting thirty participants turned out to be difficult to achieve. While ten disabled Travellers were recruited and interviewed, just two non-disabled Travellers and two disabled settled people responded to the invitation to participate in my research. Therefore, attempting to increase the range of settled perspectives I recruited six non-disabled people who worked with disabled people. The list of questions for the interview was designed specifically to answer the research query. Disabled Travellers, Travellers and disabled settled people were the groups best suited to that aim. On reviewing the interviews there was nothing specific to the collected data that was not already present in the literature. Thus, it proved difficult to see how the interviews with non-disabled settled people could contribute to the research objectives. As Harvey states (1990: 30) “the whole point of critical is that the researcher is prepared to abandon lines of thought that are not getting beneath surface appearances”. Ultimately therefore the content gathered from this group was not used for thematic analysis. However, the difficulty in recruiting non-disabled Travellers was resolved by the inclusion of focus groups [see Section 3.7.]

All participants were adults over the age of eighteen and had agency. They signed the consent form with free will. None identified as having a learning or cognitive impairment, and none were referred by others – all volunteered themselves.

### **3.5 Recruitment process**

Participants were recruited via a number of methods. Advertisements for participants were

communicated through Traveller organisations, Pavee Point Traveller and Roma Centre, Irish Traveller Movement (ITM), National Traveller Women's Forum (NTWF), local Traveller groups, Traveller Visibility Group Cork (TVG), The Parish of the Travelling Community, the Traveller Counseling Service, the Traveller Fostering Service, Exchange House Social Work Service for Travellers, The Money and Budgeting Service (MABS), as well as through e-bulletins within the community and NGO sector, *The Voice of the Traveller* magazine and the Traveller Health Network. Information about recruitment was also disseminated through word of mouth, family members and friends.

### **3.6 Interviews**

The interviews were one hour in length, with break times factored in as participants requested or required. The interviews took place in a pre-booked room, in a venue that was both safe and comfortable, as well as familiar. Pavee Point Traveller and Roma centre was chosen for its accessibility as the building is fitted with a ramp. It was also chosen for its cultural appropriateness to a Traveller cohort, since it is known as a safe space for the Traveller community. Interviews were recorded with a Dictaphone.

Three context-specific requirements conditioned the process of the interviews undertaken. In the first, due to culturally-appropriate standards of conduct I, as a female interviewer, never engaged or was in conversation with a male without having another female present. In the second, my access needs as a researcher involved having a personal assistant in the room.

The personal assistant took notes under my direction. This situation was explained to participants in advance of the interview, and again at the commencement of the interview itself. Arrangements were made to facilitate any participant who expressed fear or a concern for privacy due to the presence of a third person who was not directly involved in the research in the room. In such cases, plans were put in place whereby my access needs were organised so that the personal assistant did not have to be in the room. This only happened at the participant's request. Finally, the language of the interview was altered to suit the register preferred by the participant, particularly participants in the Traveller categories, as many participants in these categories may not have had opportunities to complete formal education.

### *3.6.1 Interview content*

Open-ended questions were favoured to reduce the likelihood of imposing predetermined answers onto questions, and to allow the interview itself to develop more freely and spontaneously (Michael Quinn Patton, 2002). At the same time, the interview format made use of semi-structured interview questions, rather than entirely open and in-depth ones, partly to remain cognisant of the research and theoretical aims, but also due to time constraints. It was decided that this research required several interviews with some participants, rather than one or two, because the study is conscious of exploring and chronicling diversity. This placed restrictions on time and resources, making economy necessary in the formulation of questions. Long interviews would also, potentially, have been difficult for both interviewer and interviewee.

In writing the interview questions, focus was placed on trying to describe the experience of Travellers with impairments who have experienced simultaneous oppressions, in the form of racism and disablism, in ways which facilitated personal input but also recognised the systemic and structural nature of these oppressions. Guidance was taken from Cameron's (2010) semi-structured interview approach, asking participants a series of basic questions regarding self-perception, whether they identify as disabled and how they conceive of this identity. This essential spectrum of questions, focusing at first on identity, then led to more specific and in-depth questions exploring experiences of racism, stigma, shame and pride. Each target group was asked specific questions relating to Traveller or disabled identity [see Appendix D]. Some questions, addressed to separate groups, overlapped or echoed each other. This was inevitable, as non-disabled Travellers and disabled Travellers have a correlation of experiences because they belong to the same ethnic minority group. Settled people with impairments and Travellers with impairment also shared some common experiences and perceptions in relation to their experiences of living with disability. In formulating the questions, flexibility was paramount in the interests of capturing the similarities within each group whilst also accommodating differences in experience between settled and Traveller participants, and Travellers with and without impairments. The data gathered was interpreted via Cameron's (2010) affirmation model, with questions also formulated considering this. This approach enabled the researcher to highlight and develop an analysis of the affirmation model of disability within the context of disabled Traveller identity. The categories of questions and subjects were broad enough to encapsulate the rich texture of Traveller experience, and to allow for creative and participatory

reflection on the participant's relationship with their identity. At the same time, the data was interpreted in such a way as to allow for 'flash-points' at which Travellers with impairments expressed similar opinions to that of settled people with impairments.

In developing and revising questions for participants, the focal point was Travellers with impairments, with emphasis on their ontological perspectives, how they understood themselves and their experiences of impairment and racism. In the All Ireland Traveller Health Study (AITHS, 2010) which was peer led, there was minimal references to impairment. Nonetheless, while developing this area of the thesis, the questions in the AITHS were used as a framework from which to develop questions particularly around access and culturally appropriate accommodation. Immediate environment and accommodation are key indicators of quality of life and they are particularly pertinent in the case of Irish Travellers. During the process of revising questions and speaking with participants over the phone or in email in the form of follow-ups to the main interviews, time passed – eight or nine months between conversations or even, sometimes, a year depending on participants' ability, availability and desire to revisit the topic with me. This long duration allowed for changes, instabilities and challenges regarding accommodation, in the lives of participants, to become even more visible. It is important to acknowledge that, even currently in 2018, the economic crash which occurred in 2008 in Ireland is still reverberating in the form of an ongoing housing crisis. The specific situation of Traveller accommodation is masked, and sometimes lost, in the overall media coverage and public conversation regarding this housing and accommodation crisis. At the same time, budgets allocated for Traveller accommodation in different parts of the country remain unspent (Watson et al., 2017). Thus, accommodation is a significant issue for Travellers, and could not be avoided when formulating questions, or reflecting on Traveller experiences of oppression and systemic neglect. However, when interviewing settled people with impairments, I did not feel it necessary to ask about their accommodation. I felt this line of questioning would lead me on a different trajectory and into a comparative analysis beyond the scope of this thesis. Also, in my opinion, ultimately such a departure was not sufficiently relevant to the aims and theoretical programme of the thesis. Examples of questions regarding accommodation can be found in Appendix C.

### 3.7 The Focus groups

The focus groups were not part of the original design of my research. However, they were a lucky happenstance. As described above, the uptake from the non-disabled Traveller group was low. I decided therefore to include two Traveller focus groups in the interests of capturing more, and broader, perspectives, especially those of Travellers without impairments, and to expand the project's scope and understanding of service provision and issues of access. Susan Short (2006: 110) notes that as participatory research methods such as focus groups, become increasingly popular in mainstream social scientific research, they offer the ability to 'formalize the incorporation of community members in research'. Short (2006: 111) goes on to write about how groups of like members can create 'comfortable venues for expression.' My background in Pavee Point Traveller and Roma Centre greatly influenced the decision to include focus groups. I worked there for several years and I am involved with projects there from time to time. Staff were very generous in their support of my thesis topic and were willing to provide a safe space for interviews within a relaxed setting.

The focus groups were in a way an obvious solution to the poor uptake from the non disabled Traveller group. They could provide a free and relaxed discussion on the research questions with Travellers who were knowledgeable and readily available. I knew of two focus groups planned at the Centre that would coincide with my research. Both groups come together regularly to discuss a variety of topics of interest to the Traveller community. One focus group was made up of primary health care workers, all female; and the other of Traveller men working on a men's mental health initiative. There were ten members in each group. The primary health care programmes which employ Travellers to work as community health workers are an avenue whereby the experience of Travellers with impairments can be accessed. This is not suggesting that impairment is solely a health issue. Depending on the impairment, there are health issues that are related but within the Traveller infrastructure, the primary health care programmes are a huge source of support for individuals and families with impairments. These focus groups were also necessary, in part, because it is difficult to discuss the issue of impairment openly within the Traveller community. While interview participants with impairments were willing and open to talk about their personal experiences, finding non-disabled Traveller men to interview on the subject was challenging. The focus groups addressed this deficit in data collection and had the potential to offer group perspectives, experiences and insights on impairment relevant to the research questions. However, Rachel Baker and Rachel Hinton (1999) caution that researchers

must pay careful attention to the power differentials involved in this context, not just between the researcher and their participants but also the asymmetry of power and hierarchies between the individuals who comprise the focus group. The participation of the community, however representative and inclusive, does not by default produce co-representation (Short, 2006). I was cognizant of the advantages and limitations offered by the focus groups and the need to moderate the discussion to ensure all participants were heard. I was aware also that due to group dynamics, group opinions can appear consistent when in reality individual members of the group may be reluctant to disagree due to the influence of the group.

The focus group on men's mental health was easy to recruit and access. Moreover, while the topic of mental illness itself is difficult and historically taboo, this group, seeking to work towards a change in that regard, were taking part in a wider, ongoing discussion on mental health throughout the Traveller community. This is happening against a backdrop of awareness campaigns and efforts to reduce an inordinately high suicide rate within the community (Kelleher et al, 2012). Due to the nature of mental health support and awareness the individual members of the focus group had ample time to reflect on their own experience of accessing mental health services and had cause to acknowledge the stigma and shame experienced by Travellers who were deaf or had physical impairments. This group were therefore potentially well placed at local level to provide information to answer the structural questions underpinning my research inquiry.

### *3.7.1 Focus group recruitment*

With the help of Pavee Point it was relatively straightforward to co-opt the two focus groups for this research. As mentioned above, the focus groups were already scheduled to take place, so the participants were contacted in advance about the research by word of mouth. As with the other participants, all focus group participants signed consent forms [see Appendix C] and were briefed appropriately. Also, as in the interviews [see Appendix D], these groups were given their questions in advance but took part in group discussions instead of responding to the interviewer alone. The questions which would best answer my research objectives were agreed in advance with the coordinators of both groups. These coordinators are experienced in carrying out peer research within the Traveller community. The questions covered areas of identity, disability, discrimination, housing, access, racism, shame and pride.

As previously stated, the venue for the focus groups was Pavee Point Traveller and Roma Centre. The two focus groups were held during the same period. The focus groups were one hour in length and took place in a safe, comfortable, familiar, pre-booked room. The focus group meetings were not recorded but my personal assistant took notes during the meetings at my request.

The members of both focus groups work in Traveller organisations and know each other well. Both focus groups were insightful, emotional, and, at times, controversial, with differences of opinion and outlook serving to diversify responses to the issues raised and questions asked.

The anonymised content of the interviews and focus groups will be drawn on as illustration in ways that are tailored to the argument and themes. In researching this thesis there were two main objectives. The first was to build on Cameron's (2010) affirmative model of disability: 'Does anyone like being disabled?' The second objective was to incorporate the framework of the AITHS (2010). This framework had a specific remit around gathering data by peer researchers within the community that resonates with me as an insider researcher. From the outset my questions focused on self-perception and speculation regarding relationship to Traveller ethnicity and disability identity. However, in keeping with Cameron's (2010) action research, my participants also discussed broader questions that encompassed the context of their lives. This in-depth conversation located shame or pride in a framework that situated peoples' relationship with their body, their family, other disabled people, other Travellers providers and the wider Traveller community. The participants set and dictated the agenda around the issues, sometimes digressing from the prescribed questions. Nonetheless, the interviews remained within the parameters of the ethics approval and were hugely beneficial to me as a researcher.

The contextual contrast between the focus groups, conducted in a communal setting with several different participants, in the context of a shared and multi-layered discussion that evolved spontaneously, and the interviews, conducted one-on-one in a private setting and dealing with intimate or personal issues, produced different kinds of responses.

### 3.8 Analysis

Further to the decision to make use of critical social research methods in compiling this thesis, a process of triangulation was applied to the collation of data because this method brought certain themes that participants responded to into focus. For Stewart and Sewell (2016: 226) “triangulation in quantitative race research would be most effective at capturing the multiple mechanisms that create and maintain racial inequality – at once a social identity, an institutional force, and a network structure”. Triangulation, broadly speaking, means using more than one means of collecting data, but Stewart and Sewell (2016) particularly draw attention to the value of triangulation when participants themselves identify themes, variously and in different contexts, and personalise these. In this thesis, then, a degree of triangulation is at work in the application of the themes of pride, shame and identity, with each thematic headline serving as a point of departure for the gathering of information from participants, as well as participant reflection on the themes, discussions and examples of how these impact upon or are realised within a given participant’s personal life and linkages between the themes. Although this thesis is not a survey, the triangulation of themes related to participants narratives are valuable, in that certain themes – be they shame, pride, impairment, gender, freedom, independence or Traveller identity – can be extrapolated by the method of triangulation as a way of collating participants’ responses.

To conclude, it is helpful to draw attention or restate the context of peer or insider research with respect to my use of triangulation. Stewart and Sewell (2016: 209) ask, “[how] can we model the complex, multi-level patterns that constitute the social experience of race and reveal the policy mechanisms needed to undermine racial inequality?” My thesis, with respect to racism against Travellers, locates the impact of policy mechanisms and institutional systems in the lived experience of participants. This is illustrated via a peer research combination of triangulated, guided, interviews, discussions and reflections on pertinent themes, from the perspective of an insider researcher who is cognisant, at every level, of the presence of racism as an established reality in the lives of Irish Travellers. Research by non-Traveller academics has underappreciated or understated the impact of racism on Traveller experience; sometimes in research contexts that objectified or exploited the subjects, reinforcing a racist agenda and relying, for instance, on terms like ‘discrimination’ or ‘anti-Traveller sentiment’ to minimise the impact. Language such ‘anti-Traveller sentiment’ and ‘discrimination’ almost placed Travellers outside the racist narrative. This speaks to the need to allow our community to

name our experience as racism rather than anti-Traveller sentiment. This tendency to avoid using the term 'racism' also reflects the long struggle to have Traveller ethnicity recognised as separate in Ireland, thus validating the use of 'racism' to qualify discrimination in a context-specific and relevant way. Outside researchers, even with good intentions, may also fail to recognise how and why Traveller participants themselves may minimise or normalise racism in their own lives.

### 3.8.1 *Thematic analysis*

I chose thematic analysis as the method of analysis for this qualitative research. It is a recognized method of analysis suitable for working within a participatory research paradigm with participants as collaborators ( Virginia Braun and Victoria Clarke 2006). Also, it allows for a social interpretation of the data and was chosen for its flexibility and relative ease of use as outlined by Braun and Clarke (2006).

I conducted my analysis within a constructionist framework which theorises that meaning and experience in the accounts provided by the participants have been conditioned by the socio-cultural and structural conditions of Travellers lives [see Section 3.1.5] and through engagement with the literature prior to analysis.

The data corpus for this research consists of interviews with the research participants, the literature review and first-hand knowledge and experience as articulated in this thesis as a disabled Traveller woman. The coding was carried out manually by printing out transcripts and using colour-coding and annotation. Themes were identified at semantic and latent levels of the data by looking at what was said at face value by the participants {the surface level of the data} and at the latent content by also looking at the meaning underpinning that content.

### 3.8.2 *The coding, interpretation and analysis process*

The interviews were carefully transcribed from audio. In the first careful reading of the transcripts interesting aspects of the data were noted. Observations of a general nature were written down as I familiarised myself with the data. Passages where participants were describing similar phenomena were highlighted and also passages that were relevant in the context of my research questions. These passages were examined by looking at what was

going on in the text with a view to grouping passages and assigning them codes. In identifying codes I looked for repetition, similarity and difference in the participant responses and between the 3 different participant groups. I noted questions that were avoided or that elicited very little reaction. I noted surprises and unexpected answers. I looked for connections in how the participants moved from one topic to the next. I looked at language noting words like 'but' and 'because' which might indicate causal relationships between what was being said and what came next (Strauss, 1984, p. 58). In other words codes were generated from recurring or particularly salient sentiments, describing a concept arising from a single interview or multiple interviews (Braun and Clarke, 2006). Initially, this highlighting of codes involved colour-coding, but I swiftly ran out of colours, and resorted to symbols. Additionally, some categories ended up with subcategories, and were also given codes or codes were renamed to encompass a broader theme (Ely, 1991, p.147).

The data was then reread giving each highlighted passage or data segment equal scrutiny across the entire data set. A similar process was carried out on the data from the focus groups. This involved annotating the passages with words {e.g. 'infantilisation'} or phrases {e.g. 'assimilation for access'} describing a concept arising in single or multiple interviews and ensuring each concept was coded. I made a list of the codes and assigned each one a definition. Annotated passages were then used as flags in helping to collate the research findings into wider, recurrent categories, observing the recurrence of certain themes. As a Traveller activist I am very aware of the issues facing disabled Travellers and Travellers in Ireland, therefore it came as no surprise that the themes generated articulated racism and disablement. It was predictable. However, the data codes also identified unexpected features and a far richer participant articulation in the data that generated several codes, including miscellaneous codes from the grouped data segments, which led to unanticipated themes for analysis. There were contradictions in the data too which were accounted for in the coding and analysis. Codes were also identified from the interview questions. The interview questions set out to examine the phenomena under investigation, capturing how the participants conceive of their identity and how their material circumstances shape and affect that identity. The interviewees and forum participants were asked specific questions in relation to accommodation, access and identity and these became themes for analysis.

All passages that shared the same codes were collated by copy pasting them into files and giving the files titles. (I noted that passages separated from their original interviews and therefore lacking in context offered limited scope for analysis). I then re-examined each code in pursuit of any errors or shortcomings, codes were re-named if they could be described better in terms of concepts on rereading. All the collated data extracts relating to codes were grouped into potential themes.

Themes were considered in the context of the whole data set. This approach required theorizing the broader assumptions and meanings underpinning the views articulated by the participants using critical race theory, the literature review and my own knowledge and experience, while emphasising the multiplicity of understandings which may all be valid (Gary W. Taylor and Jane M. Ussher, 2001, p. 295). Potential themes were then re-examined against the original data again for context and a subsequent pass of the data was performed, to group overlapping themes and collate them into wider, recurrent themes for analysis. There were also several, non-recurrent themes that were grouped in the miscellaneous category. Quotes that captured these themes were used as illustrations in chapters four, five and six.

The data was analysed by first looking at it in a semantic way, what the participants were describing and how they understood what was happening in their lives, in their community and in Irish society. This was done with regard to the critical social research element of “Totality”, which requires an appreciation of the social relations, structural conditions and historical moment in which this phenomenon is occurring (Harvey, 1990: 22). I moved from these descriptions by categorizing them into concepts and by interpreting the broader concepts. These concepts were analysed by applying my knowledge as a Traveller with an impairment, as an activist, in the context of the literature and in the context of the political and social circumstances of Travellers lives. The intention being, not to override the participant’s answers, but to put them into a critical social context. The participant data was mined to answer the research question whilst ensuring the participant contribution shone through, to “present in miniature the essence” of what they said (Ely, 1991: 155).

### **3.9 Ethical considerations**

There were several ethical considerations to deliberate when undertaking this research. Under Northumbria University ethical guidelines Travellers and persons with impairments are considered vulnerable adults. Clear policy guidance was adhered at all times when conducting

this research with this vulnerable group. Northumbria University guidelines on the safety, respect and dignity of all participants were followed. Ethics around transparency was also adhered to. (Northumbria University Research Ethics and Governance Handbook 2016/17) Research on Travellers by non-Traveller researchers, ethnographers, social scientists and academics has historically reproduced uneven power dynamics, with specific suspicion falling on practices of recording, observing and representation. Due to historically high levels of racism, systemic oppression and the, often unstated or stealth-based, nature of assimilation experienced by Travellers in Ireland, there is a suspicion of tape recording and of outside interviewers taking notes in real-time during conversation. Interviewees have historical and anecdotal reasons to fear exploitation, judgment or misrepresentation on the part of the interviewer. Therefore, it was important that my participants felt confident that no dishonesty, trickery, manipulation or falsification would be at work in the interview process. To that effect I sent questions to participants in advance, allowing them to be prepared, and to anticipate the nature of the interview process.

Prior to commencement of interviews, each participant was made fully aware of the purpose of the research, that confidentiality was assured and that the research had received ethical approval from Northumbria University. This information was imparted clearly, to ensure that each participant could make an informed decision. All participants were over 18 years old had capacity. Each participant, voluntarily gave informed consent to be interviewed in full knowledge of, and agreement with, the terms of the project and the process of data collection, anonymisation, storage and use. Participants signed a consent form at the beginning of each interview that included an option to request a summary of the research once the study had been completed. The form also explained that, should a participant request a summary of the research, the researcher would need to keep their contact details on file for that purpose for a longer period, after the completion of interviews and follow-up. Participants were also informed that they could stop and withdraw their data at any time and would have an opportunity to read and revise the transcripts of their interview before it was used for research, in keeping with guidelines derived from Creswell and Poth (2018) and Margot Ely (1991). Participants were also informed that they could choose to end the interview at any point, with no explanation necessary and that all material was confidential. Further culturally appropriate standards of conduct were met, specifically, as a female interviewer, I never engaged or was in conversation with a male without having another female present.

My access needs as a researcher involved having a personal assistant in the room who as mentioned previously took notes under my direction. This situation was explained to participants in advance of the interview, and again at the commencement of the interview itself. Arrangements were made to facilitate any participant who expressed fear or concern for privacy at the presence of a third person, not directly involved in the research, in the room. In such cases, plans were put in place whereby my access needs were organised so that the personal assistant did not have to be present. This only happened at the participant's request. The language of the interview was altered to suit the register preferred by the participant, particularly participants in the Traveller categories, as many participants in these categories may not have had opportunities to complete formal education.

Suicide is particularly high in the Traveller community. Suicide was mentioned in the interviews/forums as a topic affecting the community, however no participant voiced suicidal ideation. Therefore, the strategy in relation to suicide ideation was unnecessary. Taking cognisance of the possibility that some of the participants may have indicated that they were subject to threats, violence, abuse or harmful behaviour, steps were taken for such an eventuality by adhering to Northumbria University ethical guidelines and by discussing these possibilities with my supervisors. Literature with helpline contact details was subsequently made available to all participants.

My own identity as a Traveller also suggests that I too am a vulnerable person. This is not how I see myself. Northumbria University ethical guidelines need to take cognisance of external forces such as racism and ableism that make people vulnerable. However, there is a danger of infantilisation in conflating disability with vulnerability. There is nothing inherent in my identity as a disabled Traveller woman that makes me fearful or vulnerable. It is racism, ableism and indeed sexism which create conditions where I may be fearful or vulnerable.

As discussed in 3:2 my status as an insider researcher with an impairment resulted in enhanced rapport with participants. In interview, participants tended to identify with me. The research enquiry was not neutral. The respondent questions directed the participant's attention at oppressive social structures (Harvey, 1990: 12). The answers to the research questions informed both me as a researcher and the participants also, the intention being that 'this was not a hierarchical process but a liberating dialogical one' (Harvey, 1990: 13). However, notwithstanding my status as an insider researcher I was at all times aware of my privileged

role and the unequal power dynamic present in that researcher participant relationship. I was aware that participants may tell me what I wanted to hear or indeed assume that we both took certain perspectives for granted. This required continuous reflection on how my presence inhibited or facilitated the data collected (Harvey, 1990: 11). My own reflexivity in relation to my connection with and conversations with the participants allowed freedom on both sides. The participants asked questions from personal, professional and political contexts all of which I responded to and felt very comfortable with. We shared family connections. We shared experiences of evictions. We shared experience of being dependent on family. We shared ideas on what it meant to be a Traveller with an impairment. I am a university graduate, my accommodation is adapted to my needs. My access to services is greater than that of any of the participants. As a founding member of the Centre for Independent Living Ireland my Personal Assistance service gives me freedom and autonomy beyond my peers and family. Also, I have benefitted extensively from my participation in Traveller politics at a national level. All these benefits put me in a different position to the Traveller participants with impairments. My position may be perceived as more powerful but that power shifted when I was asked about whether or not I bought into settled values or questioned in relation to settled services. This questioning gave the participants power and knowledge. My answers were not straightforward. The queries raised found my vulnerable spots. The learning from this was overwhelming in that it showed how Travellers and disabled identity cannot be reductive or essentialist. I remained open too, to different interpretations of the data by re reading themes in conjunction with the interviews and my notes and by guarding against one particular interpretation.

Another ethical issue came to light in the recruiting process. As a disability activist and campaigner I failed to realise that non-verbal people with impairments would be part of my research cohort. My own impairment lends itself to having a speech impediment so I was completely remiss in not taking into account participants who used technology or other apparatus to communicate. I raised my concerns with my supervisor Toby Brandon who referred me back to the ethics committee for Disability Studies at Northumbria University. It was agreed that the participants in question could type out their responses to my research questions. Again, as a seasoned activist and someone with a speech impediment my lack of consideration and planning illustrates my own collusion with normative speech and communication. The challenge and learning from this experience will stay with me beyond my thesis.

Finally, all interviews were followed-up on. Initially this was for the purposes of seeking clarification on points and allowing participants to make changes, edit or alter their responses which had been recorded and reproduced on their behalf. Continued follow-up, contact, editing or input after this initial process was only pursued where participants requested it or found it necessary. Historically, both Travellers and people with impairments have, for research purposes, experienced harassment or continued intrusion by researchers following initial interviews, and it was my intention to avoid replicating this or intruding unduly on participants' time.

## Findings

### 4.0 Themes

The first set of interviews undertaken were one-on-one conversations between the interviewer and Travellers with impairments and settled people with impairments. These ask a set list of questions that enable similarities, comparisons and divergences to be visible in responses. From these themes were generated. These themes were conceived by participants through their own lived experiences, the experiences of their family members and a more generalised knowledge of how the issues interact with the broader issue of Traveller identity.

#### 4.1 Accommodation

The themes of accommodation in this context include local authority, Traveller specific and other types of accommodation. Accommodation is one of the most critical issues facing the Traveller community [see Section 2.6]. Travellers can feel compromised when assimilated, in terms of accommodation, because they are placed under threat of a vigilant, settled, gaze. This makes them more vulnerable to micro-aggressions, from apparently small issues, such as being corrected regarding which colour bin to use for which kind of rubbish, to larger opposition and aggression shown towards cultural practices, like visiting extended family members. In the cases of both Travellers and people with impairments, a desire for empowering togetherness and recognition is shared, in the face of assimilation and discrimination.

During the interviews, the participants described their accommodation and whether they lived alone or with other family members. Some discussed with sadness and regret the everyday psychological issues facing them in relation to accommodation, including separation from family and the community due to a variety of reasons.

As stated previously words, such as ‘sick’, ‘impairment’ and ‘disability’, are used interchangeably. In the context of accommodation and access, temporary sites with no services add additional layers of disability to the lives of Travellers with impairments, rendering the term disabled appropriate. The disabled Traveller participants interviewed live in a variety of accommodation – including social housing (2), with family in group housing on a site (1), independently in their own trailers on official sites (2), with family in a trailer on a site (2),

homeless hostels (2) and in a nursing home (1).

The participants

Two participants described living independently in their own trailers on sites with family and extended family present:

*“In my own trailer, but my family live around me on the site” and another “In a site but I have my own trailer beside my mother’s.”*

Independence for these disabled Travellers should be understood in the context of the importance of proximity to family, extended family and the community. Community, as a concept, is broader than family [see Section 2.6]. Being close to family is very important too for mental well-being. This was borne out in the participant interviews. For example, one female participant expressed sadness at being separated from her husband and family:

*“I miss my family and being with my husband, I’m neither living or dead”, this is no life I’d rather be dead.”*

Confined, due to an acquired disability, to a care home, she grieves the loss of her own home, which once made her proud:

*“I kept my home, my trailer clean. It didn’t matter where we were living.... I still kept my place like a palace.”*

She now describes sharing a room with three other residents in the nursing home:

*“There are three others in the room, no bit of privacy.” “Before I lived on a site, then I fell because the council wouldn’t put a proper bathroom in the bay beside my trailer. They said because the site was temporary that they couldn’t put a ramp for the bathroom in. Suppose, it’s my own fault, they offered me a house and I said no. Now look at where I’m stuck.”*

Often, in Ireland, Traveller families or individuals are forced by necessity, a lack of options and by assimilationist policies into local authority housing or institutions, separate from the wider network of the Traveller community. Given the cultural importance of connection to the extended family among Travellers, the need for Traveller specific accommodation is

significant.

Another participant was sharing a room in a homeless shelter. He describes how his addiction is impacting accommodation and his family life:

*“It’s the drink. When I start my family don’t want me around them and I can’t blame them.”*

This man’s experience of addiction and homelessness was also shared by a female participant:

*“Yes, I’m homeless because of my addiction to drugs. My family ... this is hard to say. Are you sure you’re going to give me another name? My family, they don’t know. They just think I left my husband. Cocaine, over the years, sleeping rough {Homeless} in and out of hostels, women’s refuges, on and off the stuff at different times.”*

Meanwhile, this participant lives in a flat on his own. He is estranged from his family who have rejected him because he is gay:

*“My family lives in a trailer. I live on my own in a flat on the ground floor.” “Over the years, because of my disability, I could hide being gay. Then when the family found out, well that was the end of that. I live on my own now. Have contact with one of my sisters, but that’s all.”*

Another participant lives in a council house with his family. Travellers are typically offered accommodation in poorer areas where there is a lot of competition for resources:

*“House, local authority but it’s in a very poor area”. “No with two brothers, Mam and Dad”.*

Two other participants share a trailer with family:

*“My family live on the site, but I live in a trailer with my mother. Only the two of us. Daddy is dead.”*

*“In a trailer with my family.”*

On a more positive note the final disabled Traveller participant described living in accessible group accommodation on a site with family and extended family:

*“We live in a house, there’s no steps into it. It’s like a small site with all our extended family. About ten families. All the houses are the same I can visit everyone.”*

*“Yes, the ground when I was small, they tarmacked the whole site. The site won an award.”*

This is a rare example of what can be achieved in terms of Traveller specific accommodation when assessed needs are met.

Settled disabled participants

Both settled participants live independently in private accommodation. When asked about accommodation they spoke of other disabled people living in inappropriate accommodation, such as nursing homes and other institutions. Some Traveller participants by contrast, spoke of living circumstances that were not just inappropriate, but actively dangerous or directly antagonistic to their health and wellbeing. Issues of poverty and unemployment overlapped between the two groups of participants. The experience of unemployment and subsequent financial hardship, which are themes discussed later, are also sub-themes in the accommodation context.

Forum participants

Councils are building far fewer homes therefore there is very little accessible accommodation coming available. A few forum participants spoke about the lack of suitable accommodation:

*“There is one house in Finglas. One Traveller girl ended up in it. Only one house in the whole of Finglas custom-built.”*

*“Local authorities need to build accommodation with disabilities in mind. Grannies may be living with families.”*

This disabled Traveller participant points to the lack of support available when Travellers live

in local authority housing with settled people:

*“When you live in settled accommodation amongst settled people you don’t have that type of support. They don’t know you, they don’t really mix. With local authority housing you wouldn’t mix much with your neighbours. I wouldn’t trust them, I’d be afraid of sexual abuse.”*

## **4.2** Access

In one-to-one interviews, all disabled participants spoke about the lack of access to the built environment as a normal, established part of their experience of living with an impairment. Participants in all interview categories, Traveller and non-Traveller alike, spoke of unemployment, of being unemployable or living on social welfare and of a lack or absence of assistive technology and equipment relating to their impairment. There were obvious and conspicuous differences in experience between disabled Travellers and disabled, settled participants on the issue of access. Access to the built environment for disabled settled people were issues of public access. For disabled Travellers access to sites and Traveller specific accommodation were the pressing issues.

The concerns raised by disabled Traveller participants included inaccessible homes, bathrooms, toilets and inaccessible sites. Barriers of access articulated by the participants were not just in relation to physical barriers but also included lack of access to basic amenities and service provision. The story told by the disabled Traveller participants in terms of access was stark. The participants struggled to access necessities of life such as safe, accessible accommodation and sites. Participants described how the Council were often only willing to provide accessible accommodation outside of their communities.

In conversation with the focus groups, it became clear that many members felt disability, impairment, chronic illness and mental health issues were not, generally and appropriately catered for in Traveller-specific accommodation. Sites were described as completely inaccessible or difficult to access with insufficient toilets and refuse services. The reality that most sites are understood as temporary exacerbated the problems as no solutions are forthcoming.

#### 4.0.1 *Temporary sites*

Temporary sites were identified as particularly problematic. Temporary in the context of Traveller accommodation can mean years, decades or in some instances indefinitely.

The participants

One of the participants who now lives in a nursing home described the local authority's refusal to adapt her accommodation on a temporary site to make it accessible:

*“Before that, I lived on a site, then I fell because the council wouldn't put a proper bathroom in the bay beside my trailer. They said because the site was temporary that they couldn't put a ramp for the bathroom in.”*

Travellers who lived in trailers reported experiences of being assessed for equipment, but not receiving this equipment, because local authorities cite overall health and safety issues in relation to living in 'temporary accommodation' as rendering their home environment unsuitable for equipment or adaptations. The severity of the problem of access on temporary sites was emphasised by one participant in the women's focus group:

*“I know a mother who has to carry her child from the site to the bus stop every day.”*

Another participant contributed:

*“I know of someone in Cappagh living on a temporary site with a broken hip.”*

Meanwhile, this forum participant described the futility of trying to persuade the Council to adapt the site to meet the needs of a disabled girl:

*“The council ignores these sites. There was a “special” girl on one of these sites. Her family got politicians, Vincent Browne and others involved to try and get something for her, but they got nowhere.”*

One focus group participant emphasised the need for accessible accommodation:

*"Local authorities need to build accommodation with disabilities in mind" [...] I know a man who had Parkinson's. There were ramps built for him on the authorised site, but unauthorised sites get nothing."*

Lack of future planning for Travellers with impairments was also raised by a participant:

*"When they are building houses, you are never asked if you have special needs."*

The Council's bias comes down to an assimilationist ideology that refuses to acknowledge the home environment of the Traveller applicant as an appropriate or authentic environment in which to live. This means that Travellers with impairments cannot access vital equipment, such as wheelchairs, or have their homes or sites adapted to meet their needs.

The lack of accessible accommodation also affects Travellers in social housing and those on permanent, authorised sites. One participant described how he restricts his toilet needs due to the lack of accessible facilities and the mistrust felt about settled, health professionals:

*"No, the toilet is upstairs. There's no grab rails and sometimes I only go in the morning or at night-time. It's embarrassing saying those things. The OT, people like that, Mam doesn't want them nosing around the house."*

He further described the effect that his progressive condition will have on his mobility in the long-term and that he is three years waiting for a wheelchair:

*"No. At night, I go up the stairs crawling. It's fine now but eventually I won't be able to keep on doing that. The word assessment, sure that means nothing to the likes of me. Three years waiting on a manual wheelchair."*

Another participant describes her environment which is unsafe and a health risk:

*“Muck and rubble, rats and rubbish.”*

This participant described how elderly people must resort to using buckets at night:

*“The older people here, you do see them, emptying their piss buckets in the morning. Then they put down the bleach, for the smell. That’s what you have to do.”*

Another male participant is waiting on the Council for a ramp:

*“There’s steps, we’re waiting on the council to put in a ramp with a bar. In the mean-time my brothers have made a ramp out of wood.” “The council keep saying they are going to fix it up, but they never do. We’re living here about fifteen years.” “We are just lucky to have it. The house I mean and the fact that I can still walk.”*

However, this participant uses a wheelchair and uniquely in the disabled Traveller participant group, both her accommodation and site are accessible:

*“Yes, it is. My Granny, she’s old, and everything is accessible for her as well.”*

When accessible accommodation is raised, the difference between an appropriate, comfortable or adapted trailer, and a neglected halting site is raised by more than one participant:

*“The trailer is fine, but the site is ‘a kip’.”*

For this participant also, the trailer is accessible:

*“It’s grand”. The site is not. “It’s full of rubbish, the council they’re promising to fix up the site for the last ten years but sure that’s not going to happen.”*

Moreover, broken toilets were an issue highlighted by a few participants:

*“We have no toilet. That’s the truth. The ones that are there don’t work, you’re better off going up the field behind the site.”*

*“The toilets are sometimes broken. My sisters bring mammy and me to the wash house, the laundry, to wash and dry our clothes.”*

*“I walk so it’s grand, but the site is a kip. No water, no refuse collection. If I took a fit and nobody had credit in their phones, there’s no public phone in the site.”*

#### *4.2.1 Services and access*

Neglect is not just a source of physical obstacles but also obstructs communication between this disabled Traveller participant and the service provision he needs to access, as a person with an impairment:

*“Sometimes, post, letters to the hospital, don’t get delivered. Then the hospital think I’m not bothered. If I was in a wheelchair, like you, there’s no way I’d manage in that site.”*

The issue of post not being delivered was highlighted also in the women’s focus group:

*“Some of the temporary sites we work in don’t even get post. They have never gotten post in all the time that they lived there.”*

#### *4.2.2 Access to official interpreters*

A non-disabled participant who works with the deaf Traveller community described the uniquely challenging circumstances facing deaf Travellers in accessing services:

*“Unfortunately, they were also caught up in the heroin addiction that was prevalent at that time. So, they were in and out of Jail. In truth, Irish Sign Language was their only real means of communication and offered them their only real point of contact with the world. However, this was also at a time when there was no such thing as an official interpreter, the Deaf had to depend on the good will of people who would make themselves available to sign for them in various situations and circumstances. For Deaf Travellers who found themselves as isolated as the people I referred to above, they would probably not have had any interpreters in Court or*

*in prison, etc.”*

The Irish Sign Language (ISL) Act was signed into law on December 24<sup>th</sup>, 2017. The new law places obligations on publicly funded bodies to provide ISL interpretation when access to statutory entitlements is sought and grants the statutory right to use ISL in court proceedings. The United Nations Convention for the Rights of Persons with Disabilities (UN CRPD) was ratified on March 2018 and is a very important step for the Deaf Community in Ireland. The CRPD is the first international human rights treaty to protect the human rights of people with impairments and deaf people. The CRPD protects the rights of both signing and non-signing deaf and hard of hearing people to have access to information and communication in whatever form is most effective for them.

#### *4.2.3 Broken promises*

Site neglect is an issue which the council or local corporation have acknowledged and promised to amend but failed to do so as experienced by this participant:

*“[...]it’s hard for mammy to walk across the site. The council keep saying they are going to fix it up, but they never do. We’re living here about fifteen years.”*

Another participant no longer believes the Council:

*“It’s full of rubbish, the council they’re promising to fix up the site for the last ten years but sure that’s not going to happen.”*

One man described the council’s reluctance to adapt a bathroom and toilet for his needs on the site, and his family’s successful battle to stay close to their extended family and community:

*“I’m glad we don’t live in a house. The council, they were trying to make us live in a house. That made me feel guilty. Then they built a ramp. A toilet and a bathroom in the bay, so that I can manage. That was important to me. My family fought hard, now everybody uses the bathroom, not just me.”*

Although the previous participant was successful in getting his accommodation adapted, the following woman was not so successful:

*“They said because the site was temporary that they couldn’t put a ramp for the bathroom in.”*

The woman was offered accessible accommodation but that would have required moving into the settled community away from family and her Traveller support network. The woman subsequently had a fall and is now living in a home separated from her husband, family and community.

For disabled Travellers who are accessing homeless services, there is very limited accessible accommodation available:

*“Some of the hostels have one room and bathroom that I can manage, but sometimes if I arrive late, the room is gone to someone else. They are not in a wheelchair, then there is a row a fight. The staff blame me for being late. Then I just sleep in my chair with a blanket thrown over me.”*

This situation, where only one ‘token’ wheelchair accessible space is available, is replicated in other areas, too, such as public transport, restaurants and theatres. There is an assumption that you will always be with an able-bodied person or that you have no disabled friends.

This disabled Traveller participant who is exiled from family by the shame of her drug dependency, explained that she could not access the site where her family live due to the lack of wheelchair access:

*“The site no way[...] wouldn’t be able to get into the trailer.”*

She also stated that her sense of internalised shame prevents her from trying to go back to her family:

*“[...] that makes me feel so ashamed, like that I destroyed my life and that I destroyed my body. I am ashamed that I can’t go back to my family.”*

#### 4.2.4 Shame and embarrassment

This Settled participant described his disabled identity negatively as ‘awkward and slow’. He defined himself in terms of difference and feels shame:

*“I don’t like it. It makes me feel ashamed, like I’m different and awkward. I need help. Everything I do is slow. I don’t like it. It makes me feel ashamed, like I’m different and awkward. I need help. Everything I do is slow.”*

The lack of accessible public transport is a barrier for this participant. He described the difficulties he encounters travelling around in Ireland due to the lack of accessible transport, and particularly the psychosocial disablism of being obliged to crawl onto the bus and the subsequent embarrassment he feels:

*“I have never personally felt shameful, but I have been made to feel embarrassed about being disabled, for example when Ireland had no low floor accessible public transport service such as local busses and in order to travel I would have to get out of my wheelchair and crawl onto the bus and drag my wheelchair behind me. That was always embarrassing but I do not see embarrassment as the same as feeling shameful.”*

The difference between shame and embarrassment was articulated also by this participant from the men’s forum:

*“I’ve experienced different types of shame and embarrassment. Normal shame and deeper shame at not being adequate. That’s personal. Do something wrong and have a laugh about it – that’s normal.”*

#### 4.2.5 Service provision

Accessing service provision itself, in the form of personal care assistance or social welfare, was described as an arduous experience for Travellers with impairments. The focus group comprising of female, community health workers, detailed various ways in which the parents

of children with disabilities are unaware of their legal rights in accessing service provision. One member of the focus group described how parents of children with autism were unaware of the pathway to access services or the consequences that application delays will have on service provision:

*“Parents don’t know their entitlements, don’t know in time to get on the list to get into services.”*

#### *4.2.5 Access as a barrier to inclusion*

The lack of accessible transport is a barrier to inclusion in society. This disabled Traveller participant described how the lack of access limits his independence and opportunities to develop friendships outside institutional settings:

*“Yeah, the day centre, two days a week. I have a friend there, Ian. We talk about football, women, stuff like that. But we never see each other outside of the day centre. No transport and I’m not sure if he knows I’m a Traveller.”*

### **4.3 Identity**

This thesis is concerned with specific forms of identity, including disabled, Traveller and gender identity [see Sections 1.1 and 2.6.1]. Many participants identified as disabled though some did not. They themselves, or sometimes their families, use medical model vocabulary, such as ‘sickness’ and ‘handicap’ to describe impairments. For all disabled Traveller participants, their Traveller identity was a source of pride. However, participants did not always feel positive about their disabled identity. There were several factors which led to a negative view of disabled identity, including ableism, guilt, addiction, lack of access, loneliness, stigma, relationship prospects and feelings of dependence. Within the theme of identity, there were intersecting themes such as family, infantilization, pride and passing. There were also sub-themes, such as relationships, loneliness, masculinity and shame. Family estrangement as described by the disabled Travellers was due to addiction or family rejection

of gay identity. In this small sample, being gay was acknowledged by some as being perceived as a moral failing and people were sometimes judged harshly by family and the community. However, there was acknowledgement too that perceptions and attitudes in Ireland regarding impairment and gay identity were changing, and those changes were also reflected in the Traveller community.

#### 4.3.1 *Identifying as disabled*

##### *The participants*

In this small sample most of the participants identified as disabled:

*“I’m disabled, I use a wheelchair.”*

The medical model of disability was discussed in Sections 1.4 and 2.2.1. Travellers have inherited the language and psychology of the medical model therefore there is a tendency to describe impairment as an illness or being sick. This participant explained that though he himself identifies as ‘disabled’, his family understood his impairment as illness:

*“Yes, I’m disabled. My family call it ‘being sick’, but I’m not sick. It’s just a word we use. I use a wheelchair, but sometimes in the house I can walk around.”*

Again, this participant noted the difference in the vocabulary used between the two generations:

*“Yeah, I’m disabled. I’m handicapped. That’s how my family call it, but I just say disabled. Like you, I have what you have.”*

Another participant rejected the view that she is disabled preferring instead to describe herself as sick:

*“I’m not disabled, I’m sick.” “I’m sick, I go to the hospital. I get locked up for treatment. Everybody knows.”*

For some of the participants the question of disabled identity was a matter of fact:

*“What do you mean? It’s what I am. There’s no choice.”*

For others who can hide their identity ‘passing’ is a way to conceal aspects of their identity and a “way people conceal social markers of an impairment to avoid the stigma of disability and pass as ‘normal’” [see Section 5].

#### 4.3.2 *Hiding identity*

One of the participants takes pride in the fact that he can hide his disabled identity:

*“I’m not being smart, but I can hide it and that’s what I do. Sometimes I’m proud of my own smartness at being able to hide it. Only a clever man can do that.”*

His ability to keep a non-disabled narrative going is a source of pride:

*“Oh, I love it, because it’s a secret. When I’m in the pub I get a few pints. Sometimes the men will start talking about it, but then my brothers and my cousins will quash the conversation. They can’t prove anything.”*

Another participant expressed the view that his impairment is a private matter between himself and his family:

*“No, what I mean is I have been in hospital for treatment. You wouldn’t know there’s anything wrong with me, but my family know. I wouldn’t tell people. It’s not their business.”*

Attempts to minimise disablism and pass as ‘normal’ is also acknowledged by this settled disabled participant who recognises that there are situations where it is more advantageous not to draw attention to your impairment:

*“There are moments when society through its preconceptions of disability would make it easier for me not to disadvantage myself from the start by identifying myself as disabled.”*

Passing is also a means of hiding other identities. This male participant noted that his impairment was not something he could physically hide as he uses a wheelchair, but passing for him was a way of hiding his gay identity:

*“I’m gay as well, and Travellers see that as being handicapped.”*

However, he experienced rejection and exclusion when his family discovered that he was gay:

*“[...], I could hide being gay. Then when the family found out, well that was the end of that. I live on my own now.”*

Passing is a theme I will return to at length in chapter 5.

#### 4.3.3 *Discrimination creates dependency*

A residue of infantilization arises too in social situations when Travellers are challenged by hotel managers or publicans, Travellers are often not seen as reasonable or credible in these circumstances and a settled person is required to validate our presence by speaking on our behalf. The common excuse given by proprietors for refusal of entry is, ‘there’s too many of you’ or ‘there was trouble here last week.’ {Yet, there is no issue with numbers for other groups.}

This woman from the focus groups illustrated this point:

*“Two years ago, we had a wedding booked in the family. A different name was given for the booking in the hotel. The priest who knew us all came along to the hotel after the ceremony. The boss came along and demanded to know “who had served these people?” and “who had let them in. The priest spoke on our behalf, said that he knew us well and that there would be no trouble.”*

The participants expressed a variety of feelings when describing how they viewed their

impairments. Participants spoke about the importance of their relationships with family, describing them both positively and negatively. For some, loneliness and isolation were everyday experiences. Also, several participants spoke about relationship and marriage. The barriers to love and marriage were social and attitudinal. Taboos about relationships and intimacy meant some disabled participants hid their impairments from prospective spouses.

All the Traveller participants expressed pride in their Traveller identity. For example, this disabled Traveller participant feels positive about his disabled Traveller identity and his life.

*“Grand. Respectable. Positive. When I’m not sick, I try to work with my brothers and do all things. Yeah, I feel good about myself. I love being a Traveller if that’s what you mean.”*

A disabled, gay, Traveller participant who earlier described being rejected by his family and the emotional difficulties he experienced has found love and a new life outside the Traveller community with a settled, disabled man. Reflecting on how he views his identity now, he expressed positivity:

*“In a good way, I suppose. I have a nice life. I’m a quiet man, do a good turn when I can. I suppose I’m okay. Yeah, I’m more than okay.”*

#### 4.3.4 Relationships with family and identity.

Family was a source of love and support for most of the disabled Traveller participants. Participants spoke movingly of family relationships – of love, support and a positive sense of self. For example, this participant, in feeling mostly positive about her disabled identity, also describes how her family feel proud of her and that in the Traveller community having a disability can mean having more freedom than non-disabled siblings:

*“It doesn’t bother me. I’ve had it all my life. Sometimes I like it and sometimes I don’t. But mostly I do.”*

*“My family, they were always very proud of me. I went to normal school with my brothers and sisters. I never felt any different, nobody made me feel disabled, especially not my family. [...] Sometimes being like this when you’re a Traveller, well you get more freedom. For*

*example, my sisters, they have to be watched all the time. They can never go to after-school stuff. I have girl guides and dance club on a Wednesday.” “I like who I am. My family made me feel that way. It’s normal.”*

Another participant described feeling protected and cared for by her family, and of the importance of religion in their lives:

*“I feel proud to be a Traveller, like with my family, doing things with my mother and sister. Shopping and chatting, going places, holy places. My family are very religious, I am too. I feel proud with them, like normal. They know me, they mind me. I feel protected.”*

Nonetheless, several participants felt that being dependent on family impacted their quality of life. For the following participant, a blind person, his lack of independence made it difficult manage:

*“Not great to be honest. It’s hard to manage. I’m dependent on my family. My life is halted.”*

For many of the disabled Traveller participants their quality of life is dependent on their families:

*“Sometimes I feel ashamed. The way I am and my family, even though I’m twenty-five they still call me the child. It gets on my nerves. I dream about my own life. You know, like my brothers and sisters being able to go travelling in the summer, but I can’t do that. I’ll never be able to do that, I’ll always be stuck here with my parents.”*

Exclusion and isolation are often part of the disabled experience and significantly impact identity. Disabled people face problems in accessing education, employment, housing and services. Travellers also experience problems in accessing, housing, education and employment. Travellers as noted already have worse outcomes in all measures of social and economic disadvantage when compared with settled people. Disabled Travellers therefore face a double disadvantage. The experiences of disabled Travellers and their unique needs have yet to be identified but there are no culturally sensitive services available.

However, this participant noted that some disabled settled people have overcome barriers to employment and relationships:

*“I know other people who are not Travellers but who have what I have. They go places, they do things, they have jobs, they get married. I can’t do any of that. When they got me my own trailer, that made me proud. But now I’m sick of that. It’s not enough.”*

It can be difficult to develop a positive sense of self and of your own identity when your disabled identity is often negatively framed by others. This disabled, settled participant described how identity changes over time and the challenges of aging:

*“I am proud to be a disabled woman now, but I didn’t embrace my identity until I was in my late twenties. The aging process is physically and emotionally challenging though.”*

For this contributor with an acquired disability, life in a nursing home is difficult and she misses her independence. She draws attention, on two occasions, to the children she ‘gave her husband, making clear the degree to which her sense of pride and self-determination has derived from a clear and fulfilling role as a wife, mother and homemaker – markers of independence and status she feels removed from now:

*“He was a good man. We had fourteen children, I gave him fourteen children.” “Nobody wants to be like this. Your life is not your own. Your body doesn’t belong to you. You can’t wash or clean yourself. I was a very clean woman.”*

She also described the lack of cultural sensitivity or awareness she encounters in the nursing home, specifically identifying the lack of effort staff make in creating a welcoming space when her family visit:

*“When my family come visiting there’s so many of them. The staff don’t like that”. “The doctors and nurses, they know what I am. But sure, they don’t really understand it. You know yourself, our ways. They don’t know Traveller ways. I have to give up all that now.”*

When asked how she feels about her disabled identity she is very clear:

*“I hate it. There’s no other word for it. My life has not been the same since I had the stroke.”*

#### 4.3.5 *The importance of identity and shared experience*

Few participants perceived their disabled identity as wholly negative though some felt isolated and lonely even within the family. Peer relationships and peer support were less evident in this small sample. None of the disabled Traveller participants had a close friend who is disabled. On the other hand, settled disabled participants spoke of the importance of peer relationships.

For this settled, disabled, gay woman, disabled friends and peer support are very important:

*“[...] My identity is very important to me - whether I’m disabled, lesbian, woman, north-sider - all important to me ... I could not imagine my life without friends with disabilities or disabled people and issues as a work focus. I have also worked and socialised with disabled lesbians and gay men throughout my life... important to me in terms of identity and inclusion.”*

A few participants who did not identify publicly as disabled rejected the idea of friendships with disabled people outright:

*“I have none, and I don’t want any.”*

*“No. I’m not one of them, they’re not in my life.”*

#### 4.3.6 *Anonymity*

The Traveller community is a small one. Therefore, for this participant fears that other Travellers she meets will tell her parents of her situation means she has to avoid other disabled

Travellers to maintain her anonymity:

*If I see other Travellers I try and hide. I don't want to mix with them. They only carry stories back to my mother and father and I've already broken their hearts so I just mix with settled people."*

There were few opportunities for disabled Travellers to become acquainted. Most described meeting other disabled Travellers at family social occasions, at school or daycentres:

*"Sometimes I see them at weddings or you'd hear stories about such a one has something wrong with her, or she's in a wheelchair. If I meet them I say hello to them."*

This non-disabled Traveller from the men's focus group described how he perceived the lives of disabled Travellers in terms of loneliness, isolation and exclusion:

*"Besides one of my best friends being a disabled Traveller woman, I don't know much about the lives of disabled Travellers. From the few in my extended family I can only imagine life must be terribly lonely; they live their lives inside a bedroom, not knowing what it's like to take part in everyday exercises or activities."*

#### 4.3.7 Gender and identity

Empathy and understanding around male addiction are universal but the same generosity is rarely afforded to women. This disabled Traveller woman described the gendered experience of addiction:

*"My family – there's fourteen of us. I'm the only one who went wrong. It's worse for a girl. You know that yourself, don't you? A man can do what he wants. That's what happened. My husband, he used to take it. He'd be sitting with men in cars. I knew what he was at. The mood, the atmosphere, the look in his eyes. We never had any money. Then I started, then he got better. His family took him back. He went to rehab and all that."*

Again, this participant made friends in hospital but has not been able to maintain those friendships when he returned home:

*“When I do be in the hospital, sometimes you make friends with people. But then when you leave you never see them again. But they’re grand.”*

Access as well as dependency on family members is an issue for this male participant too:

*“I’d have to ask some of my brothers to drop me off and pick me up. I hate that – they have wives and small children. You don’t want to be causing problems in their family because you always need them.”*

### Guilt and self-blame

Guilt and self-blame have very negative effects on identity. One homeless woman blames herself for her impairment and feels guilty when she sees ‘real people with things wrong with them’:

*“I’m disappointed in myself. You were born with it, you had no choice. I was not in an accident – it didn’t happen by nature. I made this happen to myself.” [...] then my leg had to be taken off. This is my fault and sometimes when you’re getting treatment, or you see real people with things wrong with them, people like you, you feel guilty. There they are in their wheelchairs and here I am with only one leg because I take drugs.”*

### Masculinity

Notions of masculinity and ableism was a source of embarrassment, frustration and shame for some of the disabled Traveller participants. Identity and how disabled participants view their identity can be context specific, and for this disabled participant being in male company makes him wish he was not disabled:

*“It depends how things are, where I am, who I’m with. Sometimes, with my brothers and other Traveller men, I wish I wasn’t.”*

Being dependent on family for assistance, in the company of other men discussing able-bodied male interests, crystallises feelings of shame and embarrassment for this disabled Traveller participant:

*“When my family talks about me being sick. That’s embarrassing. Or when I’m at a family event where my cousins and other feins [men] are there. They’re talking about things that I can’t do. Things that men are supposed to be able to do. Then I feel ashamed, embarrassed in that company, when I have to ask my brother to bring me to the toilet.”*

He described his situation and the frustration he feels:

*“I feel ashamed at my age because I can’t drive and I’ve no woman - wife, I mean. I’m sick of being best man for all my brothers and cousins. I’m too old for that. I want my own wedding.”*

Super-crip narratives are a problem for this disabled Traveller. He resists the ‘super-crip’ narrative espoused by his brothers, who, influenced by the media, expect him to be into sport:

*“Sometimes my brothers want me to go to the gym, you know to be into sport. They see people on the television in wheelchairs playing sport. But I hate it. They don’t understand. I don’t know why I hate it, I just do.” “The rest of them are looking at me, as if to say why can’t you be like one of them?”*

There was also a feeling that men are more likely to hide their disabled identity with one contributor from the men’s forum suggesting that:

*“[...] Men are more difficult. Men feel the need to be macho.”*

#### 4.3.8 Deaf Travellers

Historically, deaf Travellers were isolated even within the Traveller community:

*“I used to hear the families talk about these men in such terms, equating Deafness with some sort of mental inability rather than a lack of hearing. They were on the edge of the Deaf*

*Community due to their Traveller Identity: They were on the edge of the Settled community where they found little or no acceptance and finally on the edge of the hearing community, they had little or no capacity to speak, had basic or no literacy and so unable to communicate with people in that particular world. A rather isolated existence.”*

Isolation and indeed loneliness is a part of the lived experience for all of us with impairments however, for Deaf Travellers the situation was far worse. Their intersectional identity meant they were shut out from the settled and Traveller community. Due to the lack of interpretation services their human rights were undermined and some were denied justice. As noted earlier Irish sign language was signed into law on December 24<sup>th</sup>, 2017. The new law places obligations on publicly funded bodies to provide ISL interpretation when access to statutory entitlements is sought and a statutory right to use ISL in court proceedings:

#### 4.3.9 *Relationships and marriage*

Several disabled Travellers spoke about relationships and loneliness, and how they would love to have a partner and a life of their own:

*“Sometimes the loneliness, that’s the worst of all. Even though you’re with your family, you can feel on your own”.*

This participant described how he would like the same opportunities to make a life with a partner and family that his brothers have, enjoying the same rights as other:

*I’m a fine-looking man. I’d love to meet a woman and have a family, be normal. That’s mostly what I’d love, just to get on with my life, do what my brothers are doing. I wouldn’t care if she was blind or if she was settled, just as long as I had someone – company, my own life, make plans, make a life. That’s all I want. That would make me feel good.”*

However, stigma around impairment was a problem impacting on marriage and relationship for this forum participant:

*“The families would try to cover it up. Other family members would find it hard to marry. Not only women, but women with a learning disability wouldn’t get married. There are drawbacks to arranged marriages, you don’t know who you are going to end up with.”*

Indeed, they proved a barrier to relationships and marriage in some instances:

*“Yeah. Sometimes with women, you know Beoirs. I asked three girls to marry me. Their families wouldn’t let them so now I just go with settled ones. They’ll only last a couple of weeks but still I enjoy myself.”*

This disabled Traveller participant is engaged to marry but he has not told his fiancé about his impairment. He described the exclusion people with impairments could expect to encounter:

*“If people knew, well, they’d see you differently. You wouldn’t be involved, men wouldn’t chat to you. This year I’m getting married. I asked one of my cousins, I’ll tell her after we’re married, not before.”*

Anxiety regarding the barriers presented by disability, whether they are physical or cultural, to intimacy, marriage and procreation were also expressed by participants. This disabled Traveller feels guilty about not telling his fiancé about his impairment, but he feels obliged to conceal his impairment so that his fiancé’s family will allow her to marry him:

*“Sometimes I feel bad not telling her, but her family wouldn’t let me marry her if they knew I had epilepsy. It’s hard – even though I don’t talk about it, it doesn’t feel like I’m trying to hide it.”*

He is the only disabled, Traveller participant interviewed in employment. So, while he conceals his impairment, he is proud of his identity as a Traveller and that he has the economic security that enables him to make plans for a home and family:

*“I feel proud of myself that I got a job, that I asked [name] to marry me, that I’m saving up for a trailer [trailer]. But she might want to live in a house. Whatever she wants, I’ll do it for her. I feel proud to be a Traveller.”*

#### 4.3.10 Experiences of gay Travellers

The experiences of gay travellers were discussed by members of the male focus group and are overwhelmingly accounted for with sympathy and optimism. Nonetheless, these participants explained that gay Travellers had historically endured extreme discrimination, including shunning by family members:

*“Young Traveller men are all out now, but for my age it’s different. Too much history. I grew up in an Ireland where gay people were murdered. Travellers were hated. It’s very hard.”*

Practically every participant who touched upon this theme expressed the opinion that, for Travellers, it was better to be disabled than gay:

*“Absolutely more empathy within the community for disabled Travellers than for gay Travellers. You’d have to leave the county not just the community.”*

This disabled Traveller who hides his impairment articulated the view that gay Travellers were likely to be rejected whereas discovering that someone had an impairment would be met with empathy:

*“It must be a very lonely life. It must be hard having to tell your family, not sure that they’ll accept you. Sometimes I’m glad I have epilepsy, even if people heard or found out, they’d just feel bad for you. I don’t think they’d hurt you. It’s easier to be like this than to be gay. That’s what I think about all the time.”*

However, attitudes to being gay in Ireland have changed dramatically over the past twenty years. We now have gay marriage. This change is also reflected in the Traveller community:

*“I am {proud of being gay} but prouder having come through a stage in life where it wasn’t easy for me to be gay. I now proudly wear my sexual identity in an effort to inspire more members of the community to come out.”*

#### 4.3.11 *Activism and Pride and Identity*

Pride, in practically every instance cited by participants, is derived from Traveller identity. This is expressed in various ways – community activism, family belonging, the practice of communal religious rituals and the playing of music. The members of the focus groups discussed the development of Pavee Point, the experience of organised activism and the pursuit of ethnic recognition as acts and events of immense solidarity and awakening. Travellers were finally granted ethnic status in March 2017 after a long campaign by Traveller representative organisations and repeated calls by human rights campaigners to formally recognise Traveller ethnicity. This male forum participant described how he felt regarding this:

*“The evening of the announcement I was proud. It’s been twenty-five years plus that we’ve been campaigning. It was emotional.”*

This participant, too, felt that the granting of ethnic status was vindication for the hard work by activists and would lead to a more positive future:

*“Twenty-four hours before the ethnicity announcement I thought about what I would say if I was contacted by the media. What does it mean? It is a vindication and validation of Travellers gone before us. Their resilience. It is a testament to current Traveller activists. For future generations of Travellers, it means inclusion and respect.”*

By contrast, most of the disabled Traveller participants interviewed were not involved in Traveller activism. This meant that pride in Traveller identity was more likely to be an extension of pride in family belonging and in the family unity. However, it might equally have meant that isolation prevented participants from feeling fully involved. It is significant that the most negative experiences of disabled life described below (specifically, the participants with acquired disabilities and/ or addiction issues who were separated from their families) are also experiences taking place in non-Traveller contexts i.e. in settled institutions. By contrast, activists with active and deliberate connections to politicised networks of Travellers describe positive experiences. In one case, a disabled participant explained that he was ‘suspicious’ of the interview process itself, until he realised that the interviewer was also a Traveller with an impairment. On realising this, he felt ‘proud’. These flashpoints of community and solidarity

are also moments of hope.

The theme of pride was a strong one with a recurrent concern within the focus groups. In the context of pride, the importance and value of Traveller identity was a foundation assumption that was taken as a given. This served as a positive, affirmative rallying-point in the context of the focus groups, which were communal. However, the theme of pride and its inverse, shame, elicited different responses in the context of the one-on-one interviews. Despite this difference though, it is important to stress that diversity of opinion, experience and approach was also evident in the focus groups, and full consensus was not reached on everything.

#### 4.4 Infantilization and family

The forum participants as community workers were in a unique position to comment on how disabled people were viewed within the family and the wider Traveller community. A forum participant described how he thought people with impairments were viewed in the community and how infantilization and religion contribute to that view:

*“Yes, they are seen as childlike. They are not seen as equals or adult equals. There is a religious perspective ‘God help them’. Cures, religious wells, etc. would still be used. There is a perception of helplessness.”*

Another participant also believes the community locates impairment as ‘something to be fixed’:

*“Cures, priest and Lourdes. When Travellers were younger, family members would have done that, seen the disability as being something to be fixed and not seeing the person”.*

*“Community workers are however, getting away from the medical model to a community development model of health.”*

The theme of religion was evident in conversation with other disabled Traveller participants, too, and overlapped with the medical model in that both view disability as ‘needing a cure’. For example, this participant articulated his mother’s hope that he might be cured while acknowledging the reality that it not going to happen:

*“My mother – sometimes we go to holy places. She wants me to get cured. I want to get cured but I know that’s not going to happen.”*

Another women’s forum participant observed that those with impairments are viewed as needing protection:

*“[...] because on the one hand you have assimilation in play but also they’d be seen as vulnerable. People would talk about “keeping an eye” on whoever it was. They are protected so much that they suffer from low self-esteem and lack of confidence.”*

Similarly, being stifled and under surveillance were feelings expressed by this disabled Traveller participant. She also described how the next generation, in the form of her nieces, have adopted the behaviour and attitudes of the adults in their lives:

*“I’d be fine if people would leave me alone. My family, they’re always watching me, like I’m under surveillance. I have no independence. I’m not like you. I can’t go to the shop or do anything without them watching me. Sometimes my sisters just boss me around. Now their daughters, they’re only teenagers, they’ve started bossing me around. I hate that.”*

#### **4.5**            Poverty

Both settled, disabled participants were gainfully employed and enjoyed the benefits of work in terms of a steady income and the psychological benefits of work. The Traveller participants with impairments described themselves as comfortable, in terms of having enough food, shelter and family support. Those participants with impairments who lived with family explained that they had full autonomy over their own money and contributed to the family’s income by sharing some of their disability allowance.

Simultaneously, two Traveller participants with impairments, both of whom lived in residential or nursing homes, identified themselves as emotionally impoverished by loneliness and isolation.

Some participants described fuel poverty and a lack of access to water, electricity and refuse collections as part of everyday life. In fact, Travellers who lived on halting sites felt, generally, that they had a good family and community environment but suffered from poor access to service provision and assistance.

Generally, the issue of poverty was understood by participants with impairments as a nuanced and complex experience that went beyond economic definitions and limitations, extending into quality of life and emotional health.

In conversation with the women's focus group, made up of primary health care workers, the participants testified to examples of poverty in the cases of people with impairments they assisted and worked with. These arose due to a lack of information about the impairments or financial help which might be available.

Primary healthcare workers also spoke of some Travellers with impairments struggling, or being unable, to obtain or access equipment such as wheelchairs or hoists. There was also an acknowledgment, by Traveller participants with impairments themselves, that they had been unable to access education, training or employment opportunities.

The participants

Most disabled Traveller participants could afford to keep their homes warm and were able to contribute to the family budget:

*“We have the electric, you know where you get the cards and the units. It's grand, I give Mam money.”*

However, even in this small sample, fuel poverty was an issue for several participants:

*“We light a fire. Blankets and keep the door of the trailer closed.”*

Unsurprisingly, open fires and not having adequate heating leads to health problems:

*“I get a lot of chest infections.”*

Living in trailers has other risks too, especially in extreme weather conditions:

*“We’re fine, we look after each other, we break pallets, then burn them. The heavy snow, the trailers, they’re not very warm and if there’s a wind at all, you’re always afraid they’ll turn over.”*

This participant, whose family live on an unofficial site, described a situation that is not only unhealthy but positively dangerous:

*“[...] no official water or electric. Things are wired up. It’s dangerous. What can you do?”*

A participant from the women’s focus group pointed to the lack of awareness or understanding regarding poverty by health professionals:

*“A woman I know who lives on a site was on kidney dialysis. The hospital and the kidney dialysis unit knew the woman lived on a site and had no facilities. A settled woman whom she met in church offered her a wheelchair. An occupational therapist and a social worker suggested that she might like to attend a day centre. They wanted sixty euros a week to cover transport costs and meals. They also suggested that she might have a safety alarm in the trailer. The alarm costs one hundred and twenty euros.”*

#### *4.5.1 Employment*

The Traveller unemployment rate is very high. For those aged 25–64 years, the rate of unemployment was 82% for Travellers in the 2011 Census, compared to 17% for non-Travellers (Central Statistics Office, 2011). Participants identified several factors that impacted on their employment prospects. Many felt that, because of the nature of the impairment or because of their age, their educational experiences had been negative and sporadic:

*“Also, none of our family went to school very long. We never went to college or anything like that. My eight brothers, they’re all unemployed, like most Traveller men. That’s how it is.”*

Moreover, some participants believed that they would never get a job because of their impairment:

*“Sometimes my family call the day centre work. That makes me feel good, like I have a job, even though it’s not a job.”*

Of the ten disabled Traveller participants only one had a full-time job and one found work occasionally with his brothers. Both spoke about the material benefits of work and how it positively impacted on identity. This disabled Traveller participant is proud of his Traveller identity, his economic security and his ability to make plans for a home and family:

*“I feel proud of myself that I got a job, that I asked [name] to marry me, that I’m saving up for a trailer.”*

#### **4.6 Relationships and interactions with settled people**

Relationships with settled people are complex. Due to a history of racism, assimilation and fear that children may be removed from families, Travellers are sometimes cautious and suspicious when it comes to interactions with settled people and service provision.

Some disabled Travellers described very positive relationships with settled people. This disabled, gay Traveller for example has a settled partner and he explained how their relationship has blossomed and the reciprocal nature of friendship:

*“He helped me. He was the only man I was ever with. It happened slowly, like with a friendship. You know how things are. Not every Traveller can be proud. Not every gay person is all happy inside. And sometimes it’s really difficult being disabled but you’re not allowed to say that. You’re supposed to be all independent and strong, but sure that’s not who I am.”*

He further described how his partner has encouraged him to be involved in Traveller culture:

*“He knows more about Travellers than I do. Like he tries to show me things or tell me things I love him, I really love him.”*

A disabled female Traveller participant also described her relationship with her settled friend as a source of happiness:

*“Yes. My friend Lucy, she’s settled. She lives on the estate behind our house. She knows we’re Travellers, but we’re friends anyway. We do everything together. Sometimes on a Saturday morning, dad will drop the two of us off in town at the shopping centre and we do things together. She says she would love to be a Traveller, but I wouldn’t like to be settled. We’ve known each other for ten years. Some settled people are grand.”*

A few disabled Traveller participants described meeting settled people at day centres, school or work, as in this disabled traveller’s case:

*“No, but I mix with settled people because of the job, because of school. Sometimes I play football or in the gym the settled young fellas, there’s no hassle.”*

For other participants there was little opportunity to meet settled people:

*“Not really. Just my family and my cousins. Suppose if I had a job or went to college I’d meet them, but I just like being here with my family.”*

Interactions with settled people can be complicated, Travellers have historical and anecdotal reasons to fear exploitation, judgment or misrepresentation on the part of settled people. For this Traveller revealing his identity depends on the context:

*“But sometimes the Traveller thing, I don’t let on I’m a Traveller. Especially when I’m mixing with settled people. It’s complicated. I’m not saying I’m not a Traveller, I’m just saying I don’t tell them.”*

However, a shared experience of impairment can open-up a conversation:

*“If they find out for themselves, that’s fair enough. But I’m not saying it. Then the odd time you get chatting to someone, say another blind fella. They tell you their story and you tell them. In that kind of situation, I don’t mind saying it.”*

This disabled Traveller questions the sincerity of settled people or whether they are making fun of her:

*“Sometimes I do feel so proud just to hear one of my own on the radio. But then when they’re on the television, the staff ask me, do I know them. I’m not sure if the staff, when they’re asking me those questions, are they just making a laugh at me?”*

Relationships with settled women as noted earlier in this thesis, though transient in nature, are a comfort for this disabled Traveller because he has asked three Traveller women to marry him and has been rejected by the women’s families due to his impairment. As noted earlier in the thesis he stated that:

*“I asked three girls to marry me. Their families wouldn’t let them so now I just go with settled ones. They’ll only last a couple of weeks but still I enjoy myself.”*

Similarly, fear of judgement from family and the Traveller community leads this homeless, disabled Traveller to suggest she is better off just socialising with settled people:

*“Sometimes you’re better off with settled people. They can’t throw things into your face.”*

However, the drawback is that relationships with settled people will not compensate for the lack of relationships with family and the Traveller community:

*“Then you get lonesome. You realise you’ve no one belonging to you”*

#### **4.7 Racism**

Covert and overt racism towards Travellers operates at all levels of Irish society. Racism is widespread and entrenched. Disabled Travellers have no strategic input in service provision. It is also important to note that the Irish media has contributed to racism by stoking hostility, prejudice and conflict with the settled population. The Irish media plays an influential role in how Travellers are viewed. Travellers are rarely made visible except in negative circumstances.

Dealing with racism is an everyday reality for Travellers. Many of the participants experienced racism at first hand. Due to the systemic nature of racism, prejudice and bias are built into the policies and practices of institutions. Professionals in the health and social care services do not necessarily understand the issues facing Travellers with disabilities. It is significant that the most negative experiences of disabled life described below {specifically, the participants with acquired disabilities and/ or addiction issues who were separated from their families} are also experiences taking place in non-Traveller contexts i.e. in settled institutions.

The participants

There was a strong sense among the disabled Traveller participants and the focus groups that racism is widespread:

*“Racism, sure that’s all we know. Discrimination. It never stops, even with this new ethnic status. I’m not sure it’ll make one bit of difference. But then you have to go along with things, don’t you?”*

This male forum participant summed up the experience of racism in the Traveller community:

*“I think every Traveller thought racism was normal. It was encountered on a daily basis. You don’t question it or analyse it. You don’t think to yourself, this is hate, this is racism.”*

Furthermore, one disabled, settled participant expressed the view that racism is as bad as it was forty years ago:

*“Racism against Travellers appears to be as bad now as it was forty years ago. There is little understanding of difference [...].”*

*“I feel discrimination against the Traveller community is the last acceptable form of racism. I wouldn’t advise any young Traveller to read a forum where the topic of Travellers comes up, as the language used against us would be considered criminal if it was about any other community or minority group.”*

Exclusion and isolation can have a profound impact on identity and on self-esteem. Where dominant negative attitudes prevail, there is an increased risk to Traveller identity for those separated from the Traveller community. It was notable that in the limited number of participants who were isolated from the Traveller community, blame was attributed to Travellers. There was a willingness to believe that ‘travellers bring it on themselves’. For example, this homeless disabled woman is isolated from the community and has been influenced by the settled, racist, anti-Traveller narrative:

*“In the jail you meet other Travellers and they tell you things. Racism and discrimination, sometimes Travellers bring it on themselves and I don’t feel sorry for them.”*

Using settled surnames to avoid stereotyping and discrimination is widespread among Travellers. This disabled Traveller participant acknowledged racism but also reflected the view, noted above, that some ‘Travellers bring it on themselves’:

*“Badly. There’s no two ways. The racism – sometimes you have to give a different name, like [...] Then some Travellers, they bring it on themselves, fighting and carrying on, robbing. What can you say? Two wrongs don’t make a right.”*

Nonetheless, for this disabled Traveller hiding his Traveller identity was a step too far:

*“I would never hide that I’m a Traveller or not say it. Even at the interview I said it. When I had to write the application, my brothers told me to put the address of a housing estate, where settled people live. But I didn’t. I wouldn’t.”*

Being excluded because of racism can have a corrosive effect on self-esteem. For some Travellers alcohol and drugs are used as a way of coping with the fall-out of exclusion and discrimination:

*“Being turned away from bars, not being served. Not being equal in school. Alcohol and drugs would be used as a coping mechanism.”*

#### 4.7.1 *Interactions with mainstream service provision - Racism without racists*

Many Travellers distrust health professionals and service providers because of the racist, assimilationist policies of institutions in the past as one participant observed:

*“The racism Travellers have experienced through policies is enormous.”*

This disabled Traveller participant felt the inquisitorial attitude of the psychiatrist was concerned with discovering information on Travellers and Traveller culture and was prejudicial. This resulted in the participant withholding information as a way of resisting settled prejudice:

*“I know sometimes the doctors and nurses think that being a Traveller made me mad. I know they do. That’s how they see us, they don’t know anything about our lives. The psychiatrist tries to ask me things about our family, our culture. But I tell her nothing, or else I tell her things that are not true, things she wants to hear. Then she writes it down. They love writing things down. They don’t know I can read. Sometimes, if they leave my file down and they get called away or the phone rings I have a good look at what they write about me. That’s where the Traveller comes out in me. I can outsmart them.”*

This disabled Traveller whose relations with settled people are generally okay also suspects an even subtler racism in play with the day centre bus driver which is difficult to address:

*“Some settled people are okay, no problem. But I hate the driver of the bus for the day centre. He’s always – I don’t know. When I get into the bus in the morning, he puts the clamps to lock my wheelchair in place, then he gets back into the driver’s seat and before he turns on the van, he sprays air freshener. He does that every time. It drives me mad, but I never say anything.”*

There is a lack of cultural sensitivity training and anti-racism education in service provision. Health practitioners, professionals and researchers often see health issues in the Traveller community as resulting from poor lifestyle choices. They want to locate the blame by pathologizing the community rather than acknowledging racist thinking and racial profiling as the problem.

#### 4.7.2 *Consanguinity*

Consanguinity is another issue subject to the pathologization of Traveller ethnicity. A small number of inherited disorders are more common amongst Travellers than among the general population. This is not necessarily a result of consanguinity or not more so than, say, the increased prevalence of cystic fibrosis in Ireland as a whole. Again, health practitioners often see these disorders as health issues resulting from poor Traveller choices and not simply an aspect of a specific genetic profile. Consanguinity per se is not the issue, but the lack of genetic counselling is:

*“With first cousin marriages, increasingly, more Travellers are speaking about these. I know that some are getting screened beforehand. Travellers are maturing and putting issues on the table.”*

#### 4.7.3 *Acquired impairment and stigmatization*

This disabled Traveller feels that he is judged in a way that settled people are not because his impairment was acquired:

*“It happened in a car crash when I was young, joyriding”– “When you’re a Traveller and you’re like us, they make you feel like it’s your own fault even though there are hundreds of settled people who are blind because they did what I did.”*

Circumstances that surround how an individual acquired their impairment can be a route to stigmatization and attribution of blame. This can negatively impact the rehabilitation process if you are from the Traveller community. The following participant described the racist

comments he must endure in his rehabilitation process:

*“Racism, even some of the support workers, like they’re supposed to be helping me learn how to walk with the cane and the dog. Some of the shit they come out with, and then they say, oh, I’m sorry, I didn’t mean that. Yes, there is racism. You must know what I’m talking about.”*

Meanwhile, a disabled Traveller woman is unsure of the sincerity of the staff in her care home and suspects subtle racism:

*“Sometimes I do feel so proud just to hear one of my own on the radio. But then when they’re on the television, the staff ask me do I know them. I’m not sure if the staff, when they’re asking me those questions, are they just making a laugh at me?”*

#### 4.7.4 *Feuding*

Feuding is often portrayed in the media as the reason why impairment is more prevalent in the traveller community. The men’s focus group were asked whether head injuries were common because of feuding and their shared reply was, *“I’ve never heard of it.”*

#### 4.7.5 *The criminalisation of identity*

As with other countries with ethnic minority communities, Travellers as an ethnic minority are over represented in the prison population (AITHS, 2010). A few forum participants spoke about the disproportionate number of Travellers in the prison system:

*“A huge proportion end up in prison and likely to end up locked up. We don’t have statistics, but my perception is a lot with learning disabilities end up locked up. Travellers are at an educational disadvantage.”*

The Royal College of Psychiatrists review (2007) in England and Wales highlighted that victims were more likely to report a crime if the perpetrator was from a minority, ethnic background and that people from ethnic minorities have a higher likelihood of being detained on remand. This focus group participant explained the consequential effect of having no

address and being on remand:

*“You have no address, there is no bail. More likely you’ll end up in remand than someone with an address. If you are on remand you will be more likely to be found guilty.”*

Whilst another forum participant described the ethnic profiling of Travellers by the Gardai, yet another participant described the perception and experience of ethnic profiling:

*“Lots of people, men could get stopped and searched up to ten, fifteen times a day by the Gardai. A screwdriver in your car could have you arrested.”*

*“Traveller men are searched for any crime that may have been committed up to five miles away. It’s the criminalisation of an identity.”*

It is worth remembering that both Traveller men and women are disproportionately represented in the Irish prison system also:

*Travellers are only 6% approximately of the overall population, the Irish Prison Service estimate that Irish men constitute 15% and Traveller women 22% approximately of the prison population (Rachel Doyle, 2017)*

Doyle also notes the majority of the 12 women interviewed were in prison for non-violent crimes.

Stigmatization was also evident in the education system. Teachers had few expectations of Traveller children. Traveller children were considered backward, and no effort was made to educate them:

*“I could draw all day; no notice was passed on me. I left school at twelve years of age. I didn’t know why I was there.”*

However, this contrasts sharply with a new generation of Travellers who are educated and empowered in the fight against racism and offers hope for the future. For example, a focus group participant described his son’s school experience:

*“J is on the student council. He’s very clued into racism and how it hurts others. They all are. We have rules in the house around jokes and how they can affect others.”*

#### **4.8** Suicide

Travellers are identified as a high-risk group for suicide with suicide accounting for approximately 11% of all Traveller deaths; a rate that is six times higher than in the general population (AITHS, 2010). This figure is reflective of confirmed suicide cases by the General Register Office (GRO). It does not consider external causes of death, such as alcohol or drug overdose, which accounted for almost 50% of all Traveller male external causes of death (AITHS, 2010).

The universal story of racism in its endemic intergenerational presentation tells us that denigration in the form of micro and macro every day racist experiences have detrimental effects on communities. This participant described the effects of racism:

*“If you experience racism, if you are relegated to a thing rather than a person and you find yourself with no work and you are completely excluded, marginalised from society, I think that has an effect.”*

Moreover, suicidology and disability can always be linked. The history of eugenics has left us with a philosophy and language loaded with phrases such as ‘burdensome’, ‘economic cost’, ‘value for money’, ‘worthy causes’ and ‘worthlessness’. The fallout from this is internalised oppression where we as Travellers with impairments feel burdensome to our families and communities:

*“I worry about getting old, when my mother and father die I don’t want to be a burden on my brothers and sisters. I’d probably have to go into a home.”*

Stigma and shame are not just manifested by articulating suicidal ideation but also by behaviours such as parasuicide. Some of the participants talked in terms of devaluing themselves and questioning their value to their families and communities:

*“I tried to kill myself twice. Tablets, and then I swallowed a bottle of bleach. They brought me to the hospital. I thought it would finish me off, but I’m still here, I’m still disabled, I’m still gay.”*

This male forum participant described the isolation, loneliness and shame of addiction, and the ambivalence he felt about life as an addict:

*“I supported Travellers with addiction when I had one myself. Not acknowledging it, I’m very familiar with that. There comes a point when they don’t want to live or to die but wanting to die is very different. Addiction can be very lonely. The shame and embarrassment. People outside of the family think you are doing great and you don’t want to admit that you aren’t.”*

The public discourse around disability and suicide does not lend itself to an analysis of societal failings or the failings of service providers. Rather it’s met with empathetic legal or societal values that suggest that suicide may be a natural conclusion given the circumstances. This public discourse some would say encourages vulnerable people with impairments to look to suicide or euthanasia as a viable option. When you are poor, disabled or from a black or ethnic minority, suicide is again understood as unextraordinary. On the other hand, suicide in white middle-class communities is met with shock surprise and questioning.

Within the suicide data in Ireland there are no specific figures in relation to suicide and disability in general. However, there is evidence of higher rates of suicide recorded for people with specific impairments such as Multiple Sclerosis and Spinal injuries ( Margaret Joan Giannini et al., 2010).

## **4.9**            Miscellaneous themes

### *4.9.1*            *Representations of illness*

There was also a surprising observation made by one forum member in relation to representations of illness:

*“It’s funny, Travellers with Parkinson’s, in wheelchairs, with MS, etc... people don’t believe*

*that we suffer from all these things.”*

Other focus group participants expressed the view that Travellers with impairments, together with their families, who lived in local authority housing rather than halting sites might have better access to facilities, service provision and environmental safety. At the same time, these Travellers, the participants explained, often felt isolated from both the settled community they had been housed among, their extended family and the Travelling community itself:

*“because the families are not around to help and support them. They feel isolated because of the separation as well as the disability.”*

Significantly, the broad lack of accessible facilities in the lives of Travellers living on halting sites and Traveller-specific accommodation did not impact on their personal sense of wellbeing and pride, and the degree to which they felt cared for by their family. A greater sense of negativity was expressed through the fear that they may, one day, be taken from the family context, or separated from siblings, and placed in a settled environment or residential institution. As one participant said, and noted earlier, about being a burden:

*“I’d probably have to go into a home.”*

The participant then added, indicating his concern that:

*“There’s a lot of abuse in those places, you see it on the television.”*

In this way, living with an impairment could be seen to make a Traveller more vulnerable to assimilationist intervention.

#### 4.9.2 *Disability Arts*

When asked, all participants stated that they were not involved in Disability Arts. For some it was “settled people’s business”. Exclusion from the Arts is part of the experience of poverty and in some instances due to environmental barriers.

There is a resurgence of interest by the Arts Council in Ireland in promoting Traveller culture

within the Arts, but as we have seen with other ethnic groups there is also the danger that this may lead to the commodification of culture rather than for the benefit of the Traveller community.

#### 4.9.3 *Music*

Music is very important in Traveller culture and for the following disabled Travellers being good singers is a source of joy and pride:

*“Yes, in school. They were grand, they were like me. No hassle, the girls were my friends. Sometimes they’d know I was a good singer, so I’d always be asked to sing in school and I loved it.” “Sometimes, say at family gatherings, weddings mostly, the men will ask me to sing. I have the name of a good singer [...] My mother loves to hear me sing. That makes me proud. My voice, not my eyes.”*

#### 4.10 Concluding findings

The participant interviews documented a range of views on accommodation, access, identity, racism, suicide and miscellaneous themes. Challenges included lack of access, ableism, exposure to racism and the stigma associated with illness and impairment in the general population and within the Traveller community. Both the disabled Traveller participants and focus groups identified inaccessible, unsafe sites as a serious cause of concern for disabled Travellers. Focus groups were insightful in contextualising the experiences of disabled Travellers. There is a lack of culturally sensitive approaches in service provision. The lack of ethnic identifiers in official data collection systems is a problem. Disabled Travellers are absent from official statistics. Without such identifiers the needs of disabled Travellers will continue to be ignored.

The following chapter, Chapter 5, will deal with the phenomena of passing. The focus will be placed on how participants perceive themselves, and their identities, and what makes them choose to disassociate from their identities, entering the process of passing or engaging with it.

## Traveller Identity and Passing

*'It's funny about passing. We disapprove of it and at the same time condone it. It exiles our contempt and yet we rather admire it. We shy away from it with an odd kind of revulsion, but we protect it.'*

(Nella Larsen, 2004: 216)

Passing was identified as one of the themes in the interview/focus group data. In this chapter, the concept and practice of *passing*, or of outwardly signalling membership of a given social group, will be examined in detail and placed in the context of a political overlap between Traveller ethnicity and disabled identity. It will consider passing as a phenomenon and look at the ways in which it has been discussed and defined, with respect to race and disability, by drawing on theoretical readings and existing debates on this subject. It will focus on the overlap between the areas of race and disability, developing into a consideration of passing in the context of Irish Traveller experience.

As this third, new, context – that of Travellers – is introduced and considered, the content of the interviews undertaken for the purposes of this thesis will also be drawn upon. Views expressed by interviewees, as well as their personal accounts and lived experiences, will be included for illustration and contrast. It is contended that the lived experiences of interviewing participants, specifically here of passing, are especially useful to building a better understand of Traveller experience and of Traveller interaction with the more dominant cultural groups, systems, institutions and infrastructures. This is made particularly necessary because there is a significant lack of research and academic work on this subject.

### 5.1 Defining Passing

*Passing* has been glossed as a means of outwardly signalling identification with a social, cultural or ethnic group. However, in the context of this thesis, emphasis is placed on, first, the performative nature of this, and, secondly, the impact this has on the subject's existing, authentic or pre-ordained identity. In other words, passing is understood as a method or system of situated, habitual or deliberate methods, by which individuals attempt to psychologically

and/or physically minimise, contain, control and perhaps conceal aspects of their prescribed, pre-ordained or psychological identity. It is a strategy which, to various degrees, is made necessary or expedient by assimilationist culture i.e. a way of negotiating the consequences of stigmas imposed from outside. Brune and Wilson (2013: 1) suggest that passing, in the concept of disability, refers to “the way people conceal social markers of an impairment to avoid the stigma of disability and pass as ‘normal’.”

It can be posited that throughout history and across a range of social and cultural contexts, passing in some form has been a strategy for many groups and individuals to manage and minimise racism, homophobia, sexism and other forms of marginalisation or exclusion. Academically speaking, or in terms of theoretical engagement with the concept of passing – an umbrella term encompassing innumerable micro-behaviours – much work has been done on passing as a means by which members of black or minority communities can negotiate entry into or existence within the dominant, usually white Caucasian, group. Despite a proportionate lack of research and writing on Irish Traveller experience, passing is a phenomenon which also has relevance for this group.

In Ireland, there has traditionally been a subset of Travellers identified as ‘settled Travellers’, by both settled people and by Travellers themselves. Broadly speaking, settling – just like other forms of passing – is a method by which Travellers can attempt to avoid or minimise their experiences of racism, shame, stigma and social exclusion, oppressions which are related, by the dominant group, or ideologically, to Traveller identity. Thus, becoming a settled Traveller is one of several ways of passing within the context of the dominant, settled community; a community whose administrative institutions – as has been discussed in earlier chapters – reproduce, sometimes with aggression, the norms and cultural structures of the dominant group.

In the context of this project, the relevance of settlement as a form of passing relates to the experiences of Travellers with impairments. In so doing, it offers a template or paradigm for engagement with service providers, state institutions and the negotiation of racism by a vulnerable group. The interviews and research examined whether Travellers with impairments understood or would describe themselves as ‘settled Travellers’ because they are more likely, by necessity, to have dependent relationships with service providers. Therefore, the question of

settling, or passing as settled, is an especially relevant one to them.

## 5.2 Overview

To begin with, it is helpful to ask how disabled theorists have in the past conceived of and dealt with the question of racism and disablism, where these oppressions overlap, and how they can be theorised in relation to the respective, existing fields of critical race theory and disability studies. Critically reflecting on the social model of disability, Thomas (1999) points to the limitations of the social model on the grounds that it falls short of incorporating the lived experience of people with impairments – a limitation also discussed in the literature review of this thesis– and, as such, also fails to acknowledge, accommodate or anticipate racial, sexual and other forms of diversity within the disabled community. This diversity includes people with impairments who are black or belong to an ethnic minority group and extends to Irish Travellers with impairments. Within the context of the relational model sketched or presumed by the social theory of disability, people with impairments experience discrimination related to their status as a person with an impairment, in interaction with a society governed by a heteronormative and able-bodied ideology. A society which constructs the disabled person as other, but does so from an ideological, inauthentic perspective. While essentially empowering, especially when compared to the reductivity of the medical model of disability, the social model nonetheless fails to extend this conception of discrimination as a societal problem to the simultaneous discriminations and oppressions experienced intersectionally by people with impairments who also belong to minority groups.

It is possible, preliminarily, to work with the social model in moving towards a more thorough and inclusive model for conceiving of disabled Traveller experience. Thomas (2004) draws attention to the point of interaction between the disabled person and a specific hostile environment; this social relational thesis can be applied to a Traveller context. According to this template, and taking disabled Travellers as an example, one can begin to illuminate the intersectional implications of impairment as a member of a dominant group. As a Traveller, one is unlikely to experience racism from other Travellers. However, as a Traveller with an impairment, discrimination from fellow Travellers is a possibility. If so, this discrimination against the individual with an impairment, on the grounds of their having an impairment, is magnified and extended when the Traveller moves beyond the community and engages with non-Travellers. This is especially so with institutions and service providers who design and

deliver services and assistance methods that mirror, and address, Irish settled identity. In this case, the Traveller with an impairment is vulnerable to experiencing both racism and disablism simultaneously, as their relationship to a settled service provider and model of provision localises a power imbalance. Keeping Thomas' (2004) social relational model in mind, it is important to ask, and endeavour to understand, why in certain situations Travellers with impairments would wish to pass or conceal their Traveller identity.

Ayesha Vernon (1997: 4) maintains that, “[as] in other areas of academia and key positions of power, the academic high ground of disability analysis is dominated by men who had focused on the structural aspects of disability such as employment, income, housing, etc” reproducing what is, arguably, an unconscious but insidious emphasis on male, white heteronormativity. Both Liz Crow (1996) and Carol Thomas (1999) argue that the medical model of disability is inadequate because it does not take cognisance of the impact of impairment on people's social lives and sense of identity. Crow points out that even if the environment itself were somehow rendered entirely accessible – with sign interpreters, ramps and disabled facilities, as well as appropriate accommodation, the disability itself persists as a lived, embodied experience, and one which is different from the perceived or dominant norm. Similarly, whilst the phenomenon of settled Travellers may, in certain circumstances, minimise or avoid certain incarnations of racism, it will never eliminate racism towards Travellers altogether. Furthermore, just because one's identity is occluded or displaced due to the demands of a racist or otherwise oppressive norm, that does not mean one's identity or experience of that identity has materially changed or been removed.

### 5.3 Travellers and Passing

Race and disability share tangled histories. David J. Connor (2008) highlights ‘animality theories’ that historically viewed black and disabled people as less than human: the Freak shows of the nineteenth century that displayed non-European and impaired exhibits as ‘exotic’ and ‘repulsive’ attractions; scientific studies of feeblemindedness that fuelled eugenicists concerns about the mingling of races, classes and abilities; segregation of slaves and ‘village idiots’ from the wider breeding populace. Clearly, as Dan Goodley (2011: 37) stated, “Disability is compounded by nationhood and colonialism.”

As Brune and Wilson attest (2013), the practice of passing relates to a desire to avoid the stigma and shame associated with a certain identity – in this case, to have an impairment, and be thus marked as ‘other’ from the ideological norm. If we apply this template to an Irish Traveller context, identifying the process of being ‘settled’ as a variant on passing, it raises the question of why an Irish Traveller would wish to pass and, moreover, why a Traveller with an impairment would wish to pass, particularly, as a non-Traveller. Passing is, as we have seen, about minimising shame, stigma and discrimination. Arguably, in the case of Travellers, having an impairment represents a potentially visible marker of identity even if the simultaneous identity, that of a Traveller, may be concealed or ‘passed’ over. These dual sources of potential stigma, that are interwoven and which on becoming especially fraught at points of engagement with settled institutions and service providers, complicate and possibly thwart the possibility of passing in certain contexts, or in certain ways.

In looking closely at the issue of passing and considering reasons why individuals wish to pass, and what incentivises the process of passing, it is helpful to look at Goffman’s (1963) theory of stigma and shame. Goffman’s theory on stigma is a relatively old body of work, but one which has, Cameron (2014) argues, enduring relevance to the disabled community and to disability studies. Goffman’s analysis, significantly, describes the notion of *spoiled identity*. Spoiled identity is a form of identity, projected onto an individual from without, in the context of a community or group which is considered defective. This spoiled or abnormal form of identity is inherently lesser than the ‘normal’ or unspoiled identity and is always positioned in relation to this ‘normal’ identity. It recreates the individual as one who has a responsibility to the larger population not to cause distress or fear. Thus, projected onto the person, in this case, with a disability is a sense of potentially contagious abnormality in the form of defectivity which is somehow offensive to the norm because it signals otherness and loss. This projection is both indirectly and essentially in-line with the ethos of the medical model of disability – a model which constructs disability as tragedy, and ultimately normalises or structurally reproduces processes of containment and segregation.

Goffman’s (1963) work goes on to look at the development of identity by focusing on personal presentation, impression management and dramaturgy, making use of metaphors taken from acting and theatre to emphasise the performed nature of identity in social and cultural contexts. In spite, or perhaps because of this emphasis on management and performance, those who are outside of the norm – who cannot adequately construct, project, or perform an identity

appropriate to the terms of the dominant cohort – are considered, in this context, negative, or to possess negative attributes. A stigma is ascribed to those who are considered, in Goffman's words, "not quite human" (1963: 5, as quoted in Davis, 2006). This stigma, although projected onto the individual from outside, is learned and internalised, producing personal and embodied feelings of shame, self-hate, self-derogation and self-consciousness; modelling a lack of respect in which the individual with an impairment, formed by context, interprets his or herself as defective too. Passing, in this context, may be interpreted as a means of screening or minimising the day-to-day implications of being in possession of this stigmatised or othered identity. It is a way of managing outward impressions which also reproduces or sustains the sense of internalised shame and self-consciousness suffered by the individual with an impairment.

However, Goffman's (1963) theory has been criticised, for instance by Michael Bury (1997), for its focus on passive acceptance – the subjectivity it conceives of, in terms of disability, is one which accepts labels from without and is conditioned by circumstance, showing what some theorists have identified as a lack of agency in accepting or rejecting these projected impressions and roles. Nevertheless, however stark it may seem, Goffman's theory does reflect and understand the conditioning influence of social roles and oppressions on the individual's experience.

In his chapter on stigma, Cameron (2014) refers to Thomas's (2004) social relational theory to illuminate what might be described as flash-points of counter between 'normals' and non-normals; between the impaired and the non-impaired; the putatively unspoiled and the 'spoiled' identity. Passing is, of course, an activity which is strongly localised in these flash-points of encounter and exchange. In a Traveller context, spoiled identity is a powerful conditioning influence on sensations of pride and shame, and it is also an identifier which superficially encompasses disabled and non-disabled Travellers equally i.e. as a collective. Travellers are conceived of, by dominant or settled academic work, social policy and political institutions as a homogenous group – it is easier to judge and devalue a group, rather than an individual, not least because stereotypes trade in sameness across a broad number of people within a given category.

In contrast to the lack of research and writing on Traveller experience from the inside, a wide range of literature does exist on Irish Traveller identity viewed from outside. This is often

hindered {if unconsciously} by bias or a lack of understanding. In Ireland as noted earlier, anecdotally, a common view prevails amongst the settled population that Travellers are the descendants of displaced people from the Great Famine of the nineteenth century – a relatively recent doctoring of the truth or fabrication which has lately been shown to be wrong. Cant, the Traveller dialect, contains words formed directly from dialects of the Irish language which were used in the twelfth century (Aoife Bhreatnach, 2007), suggesting a significantly older lineage and ethnic separateness from the settled population. To view Travellers as a group of people *who have been displaced* is an example of projecting ‘spoiled’ identity – beginning from a positive position {emplaced, settled, belonging} to a negative or declined position {displaced}.

However incorrect, and despite the dubious nature of other speculative claims about the origin of Traveller separateness and Traveller history, this kind of reasoning or guesswork can have a negative impact on Travellers’ conceptions of their own identity. It results from and reflects an institutional refusal to recognise Traveller ethnicity as rightfully separate. This refusal, implicitly or openly, promotes a view of Travellers as displaced, ‘spoiled’, declined, or defective, as opposed to simply different or worthy of respect. This conception of Travellers as defective works against efforts towards self-realisation, and indeed pride, within the Traveller community. As stated in the introductory chapter, this study takes as a given that Travellers are an ethnic minority group, not only in the UK and Northern Ireland, but also in Southern Ireland. This position remains a contentious one, as will be explored at a later point in the thesis with reference to Ronit Lentin and Robbie McVeigh (2006). However, as the current chapter focuses on passing as a response to discrimination, the separateness of Traveller ethnicity is relevant, and historic state refusal to accept this or administer to Travellers as an ethnic minority may be considered a key source of racist conflict and bad practice at those flash-points of encounter between Travellers and settled service providers. Nevertheless, despite this historical refusal, Travellers were finally granted ethnic status in March 2017 after a long campaign by Traveller representative organisations and repeated calls by human rights campaigners to formally recognise Traveller ethnicity. However, Traveller ethnicity has yet to be enshrined in legislation.

Little academic writing on Traveller identity, by settled academics, is of use to this chapter, but Lentin and McVeigh (2006) – academics who had written extensively on the need to recognise

Traveller ethnicity as separate – are something of an exception and will be drawn on here. However, pre ethnic status Leintin and McVeigh, like other academics also referred to anti-Traveller sentiment in describing what we in the Traveller community understood as racism.

#### 5.4 Motivations for passing as settled

Traveller culture itself has not remained inert over time [see Section 2.7] but has also developed and evolved to adopt modern practices and conventions over the generations. The contentious position of Travellers within Irish society and their experiences of racism, assimilationism and exclusion mean that many of these changes are controversial, or potentially understood as ways of passing, rather than examples of the organic integration of realities and opportunities. This issue, and the question of ‘settled Travellers’, will be dealt with in more detail in Section 5.5.

The practice of passing can be observed in day-to-day encounters with the settled community, and there are many different examples of it. Moreover, they are always in response to the systemic racism which Travellers have historically dealt with in Ireland – in response, that is, to forms of discrimination which can be anticipated. For instance, when trying to gain access to nightclubs, Traveller women, especially young or teenaged women, will often change their dress code, removing visible signifiers of Traveller identity, including jewellery, and/or modifying their distinct, Traveller accent. The social relational model is of continuing relevance here: people want access. They are modifying themselves, momentarily, for a specific reason which is, in this case, the removal or minimisation of the social obstacle that is racist discrimination. Other examples are cases when Travellers wish to book a venue or hotel for an event, such a wedding; often, Travellers will book the venue itself under a settled surname, to avoid racist discrimination from hoteliers. As noted earlier, a participant from the men’s focus group gave an example of a wedding booking where:

*“A different name was given for the booking in the hotel”*

Nevertheless, this attempt at passing was unsuccessful *“The boss came along and demanded to know “who had served these people?” “who had let them in?”*

Passing for Travellers, and for all minorities, is contextually-based and situated. For Travellers with impairments, however, the situation is different. Impairment itself can be used as a means of passing; racism, in short, may be avoided or minimalised due to the proportion of attention accruing to the impairment itself.

This is about denial rather than renegotiation:

*“Passing is not simply about erasure or denial, as it is often castigated, but, rather, about the creation and establishment of an alternative set of narratives. It becomes a way of creating new stories out of unusable ones, or from personal narratives seemingly in conflict with other aspects of self-presentation.”*

(Schlossberg, cited in Brune and Wilson, 2013: 5).

The same can be said of self-representation as explained by one participant explained in looking for work:

*“sometimes you have to give a different surname because employers know Travellers surnames around here.”*

Similarly, in a chapter entitled, ‘I Made Up My Mind to Act Both Deaf and Dumb’, Brune and Wilson (2013) take the example of black slaves in America who improvised deafness and muteness or practised non-verbal communication to avoid obeying instructions from their white masters, thereby passing as unable to process demands. This can be looked upon as a way of avoiding or undercutting one form of discrimination, that of racism and forced servitude, by adopting an identity which still invites discrimination, but differently, that of an impairment. In such cases, of which there are contemporary equivalents and parallels, impairment is mobilised to negotiate racism. Indeed, one disabled, Traveller participant explained her situation with respect to this negotiation as follows:

*“I can deal with racism [...] I know how to hide who I am [...] I can deal with discrimination because of my wheelchair [...] but I can’t cope with two bits of rubbish at the same time [...] If they treat me bad because I’m disabled, there’s no way I’m telling them or letting them know*

*I'm a Pavee.*”

Passing, in this context, can be motivated by a desire to get equal treatment and quality of service from a service provider, or to secure right of entry without harassment, possibly by modifying one's accent to sound settled. Participants in interviews also talked about lying about their names on reservations and changing addresses on job applications to conceal their Traveller identity.

Another modern development, progressing from the conspicuous othering of Travellers in the context of urbanisation and modernisation, is the modification or development of the image of the Traveller as exotic or mysterious. This is particularly sustained in television and media. A notable example is the well-known television show *Big Fat Gypsy Weddings*, first broadcast in 2010. This programme represents or transmits an image of Traveller life and Traveller identity that most Travellers do not identify with. The programme focuses, for audience gratification and effect, on extravagant and opulent weddings, with emphasis on wedding dresses, and fails to put Traveller identity in any other context (Big Fat Gypsy Weddings, Channel 4, 2010). It also fails to acknowledge other aspects of Traveller experience; most specifically, that of a minority group retaining cultural norms in the context of community diversity and dealing with the poverty that results from lack of opportunity.

One participant articulated this diversity within Traveller culture:

*“Look at Traveller identity through the ethnicity lens. All of the people within this group don't need to subscribe to all the same things. Nomadism is important to some. Traveller language is important to others. Church and politics are important to others again. You can't pigeonhole people. Travellers are a diverse group.”*

Other negative stereotypes of Traveller identity, such as the criminal, thief, robber or rogue, have been promoted in literature, music and film. The Traveller as fraudster is also a recurrent trope, associated with gangland and anti-social activity.

For Travellers, passing does not translate into a desire to be or become settled, but concerns staving off possible forms of ridicule, harassment and exclusion. Travellers usually live with

other Travellers, within a family or community group, and identify with other Travellers. Thus, passing is a form of public performance or a public persona that does not transmit into the private and domestic sphere.

Despite assimilationist intervention at a formal and government level, as well as other external oppressions which might be seen to render Traveller identity fragile and at risk of erasure, the distinctness of Traveller identity has been retained and sustained. Travellers who pass typically do it temporarily or even momentarily as a protective strategy. There are some exceptions. Travellers who had committed serious crimes, such as being convicted for paedophilia, and have subsequently been excluded from the community, have been known to cultivate a new, settled identity, but remain in a limbo between settled and Traveller culture. In other cases, Travellers who have been fostered or adopted by settled families in childhood have been exposed to settled culture at a formative age. This is also true of dual-community parentage, where the individual's parents are settled and Traveller respectively. In such cases, elements of Traveller culture will often be preserved, if not the identity in its entirety.

## 5.5 The concept of the 'Settled Traveller'

As Lentin (1999) points out, the term 'settled Traveller' is an oxymoron. Despite this, it is common parlance within media corporations that is often used to describe Travellers who are living in local authority housing. Its connotations are nuanced but fit, implicitly, into a binary of 'good Traveller / bad Traveller', as this is interpreted and mobilised, for the most part, by the mainstream media in Ireland. In reportage on Travellers, especially in cases of anti-social behaviour or criminality, the term 'Traveller' alone will typically be used. By contrast, if the context of the report is an individual Traveller who is perceived to be achieving goals or worthy of merit, the term 'settled Traveller' is more likely to be employed.

The kernel of McRuer's (2006) conception of passing as a strategy for disassociating oneself from the larger group has relevance for Travellers with impairments. This form of passing is less about concealment than minimalization in which identity is not hidden but modified in the interests of the dominant group. If a Traveller subject describes themselves or is given the category of 'settled Traveller', this category lends itself to connotations of respectability and amenableness with respect to settled culture and society. The 'settled Traveller', it is implied, will endeavour to overcome exclusionary boundaries and achieve an element of acceptance by

the settled community. In the medical model of disability, in which disability is presented as tragedy, the equivalent of this would be what has been called the ‘super cripp’, the disabled subject who endeavours to overcome or rise above their implicitly, inferior position in the eyes of the non-disabled. As McReur (2006) emphasises, the implied value in this modified identity is the effort of striving for normality; even if ‘normality’ cannot be achieved or fully achieved, one is proving oneself a ‘good’ disabled person or Traveller.

‘Settled Traveller’ is also a term which is used by the settled community to differentiate between the ‘good’ Traveller and the Traveller who has, by contrast, not been assimilated or rehabilitated. The phrase almost includes this subset of Travellers as part of Irish settled identity. It is a gesture of assimilation which has traditionally been reflected in formal government policies and data-gathering strategies, including national censuses. Despite forming a separate or parallel part of the general Irish population since premodern times, it was only in 2006 that Travellers were afforded the opportunity to identify as Travellers in the state census; previous censuses did refer to Travellers, but in ways which undercut Traveller agency and worked against self-identification as Travellers. For example, when enumerators came upon a Traveller halting site, they would not necessarily dispense census forms to the inhabitants. Instead, they might consult with a local authority and gather figures for the Traveller population from them instead. Where forms were dispensed to households, including local authority housing and other households in which Travellers lived, they did not allow participants to identify as Travellers on the census form. This loophole played out in two ways; either Travellers were presumed to be settled or they could pass as settled. Either way, the distinctness of Traveller identity was elided from official censuses.

Some Travellers, particularly those who live in rural areas, may have lived in the same location over many years, and encouraged their children to identify as settled Travellers. Arguably, this identifier, which disassociates the subject from the larger Traveller community, could be interpreted firstly as motivated by a desire to see children progress and have more opportunities for acceptance, education and employment than their parents have had. Secondly, the term ‘settled Traveller’ is a useful means of disassociation when negative or damaging stories about Travellers or the Traveller community are circulating in national media. When this happens, the term ‘settled Traveller’ can be a nuanced means of saying ‘I am not one of them.’ Motivation to identify as a settled Traveller is also derived from the meanings implied by this phrase when used by settled people – it infers malleability and amenability to

assimilation, qualities valued by an assimilationist model of social organisation.

It is worth examining whether identifying as a settled Traveller can be seen to bring benefits or compromises to the Traveller subject. The why, where and when can be framed by media negativity, stereotyping, othering and promotion of an image of Travellers that is characterised by deviancy. In this context, Traveller identity is understood as something to be overcome. Significantly, media and historical writings on Travellers tend to describe individuals as coming from a ‘Traveller heritage’, another term which is more nuanced or loaded than it first appears; *heritage* is something static and historical, or past. By reverting to the term ‘heritage’ an opportunity is missed or avoided to engage with Traveller identity and culture as fluid, interchangeable, developing or influenced by context.

While passing may be perceived as an opportunity, or as something which potentially opens-up opportunities for education and employment – or just a diminishment in racial discrimination – this opportunity comes, as others have observed, at a significant emotional price. The promotion of ideals of progress and of furthering oneself by keeping one’s head down, or disassociating oneself from other Travellers, has echoes of the 1960s, pre-civil rights era of African American oppression. That stigma, shame and internalised oppression from others can be placated or offset by cooperation and self-concealment is not a new concept. In everyday life and in the media, gay and lesbian people have often felt obliged to pass as heterosexual.

Identifying as a settled Traveller is a form of passing because it does not fully conceal Traveller identity; rather, it modifies this identity, to disassociate it from negative stereotypes accruing to Traveller identity, as this identity is conceived of and projected by the settled community, especially via the media. ‘Settled Traveller’ is a nebulous concept which ultimately functions as a conduit – a corridor to settled access and settled privilege.

In addition to the examples given above, fears regarding a lack of access to service provision, the avoidance of racist encounters and of negative association via the media or public perception, are all likely reasons why Travellers themselves would use the term ‘settled Traveller’ to describe themselves or others in certain situations. On the one hand, occupying the position of settled Traveller opens, as we have seen, avenues of potential access to settled privilege. On the other, it does not wholly conceal or reject Traveller status and therefore keeps

open the possibility of accessing and embracing Traveller ethnicity, identity and culture, in its richness and fullest sense. In other words, *settled* is a prefix that is not fixed. It is an add-on, adopted out of necessity, that can be dropped or erased in a moment, and it does not permanently reshape the individual Traveller's sense of identity. Indeed, 'settled Traveller' can, contextually and to a degree, be considered a sign of resistance to settled identity since it insists on including 'Traveller'. In this way it signals an unwillingness to relinquish or conceal this fundamental identity in interactions with the dominant, settled culture, even if the context requires or demands the prefix 'settled'.

Internally, within the community, practices of passing or practices which are seen to facilitate passing as settled can, in some contexts, be held in suspicion. In the case of formal education, Travellers who enter and stay within formal education were characterised by others within the community as expressing a desire to be settled, or 'acting settled'. Although, this viewpoint is changing, it is significant that education should be a site of such dispute or tension because in Ireland it has been a key place of assimilationist coercion on behalf of state agencies and the government, as was discussed earlier in this thesis. Therefore, arguably, it is this assimilationist association which causes formal education to be linked to settled culture, and to be a sign of some desire to be settled or act settled. In my own childhood, when a large majority of Travellers lived in trailers or even in barrel-topped wagons, those who did live in houses were known as 'estranged Travellers'. Again, this echoes earlier contexts for civil rights struggles, and particularly the lives of black Americans in the 1950s; a time of heightened racial tension, when those people who integrated with or appeared to desire integration with aspects of the dominant culture were put in an ambiguous position by their own community or considered to be acting 'too white'. A similar phenomenon has occurred within the Traveller community.

Within the Traveller community education is, and has been for some time, understood as a possible avenue to further opportunities, one that creates possibilities for overcoming poverty and deprivation. Within the formal education structures of Irish life, however, syllabi from infancy to post-graduate level do not allude to Traveller identity, deal with Traveller ethnicity or include Traveller history, in anything but the most cursory sense. Instead, formal education has been an influential agent of assimilation and serves to standardise Irish culture. It is not surprising, then, that Travellers who engage with academia can find themselves in a precarious position within the family and the community. In recent times, formal education is increasingly

valued and identified as useful and worthy within the Traveller community. Rising levels of engagement and ambition is evidenced. However, attainment in second and third level remains a difficulty, and is, at present, less in evidence. 91% of Travellers leave school at age 16 or younger and 28% before age 13 (Watson et al., 2017).

The retention and redefinition of cultural traits and values within Traveller culture is a complex and nuanced process; passing, as well as progression to education proper {not merely as a means of passing but a form of personal enrichment} are phenomena which must, finally, be placed in the context of a minority culture negotiating with a dominant one. Externally, there are rewards from settled people, in terms of perception and access, when one identifies as a Traveller but behaves 'like' a settled person, engages with settled culture or identifies as a settled Traveller. The 'good Traveller' who will tone down or modify identifying traits, so that the complexity or messiness of cultural identity appears to be, in that instant, uncomplicated, will do so to appease settled friends and co-workers, continuing to negotiate a power dynamic and cultural encounter that is imbalanced.

#### **5.6** How impairment interacts with Traveller identity outside the community

*"But my mammy keeps telling me because I'm disabled to just stick with disabled people. That's how I get on."*

(A Traveller participant with an impairment).

Much has been written by theorists of disability regarding the performance of disability. Most particularly the ways in which performances of disability, sanction physical and verbal expressions of the disabled experience which are recognisable to and can be read by non-disabled people, result from the fact that disability itself as a category or a public or political identity, is a social construction. Impairment, like ethnicity, is embodied; stigma and social conditioning, however, come from outside. In the case of Travellers with impairments, stigma arises from both aspects of the individual's identity and status, and how he or she interacts with a dominant culture from two minority perspectives at once.

Research, analysis and interviews with Traveller participants during this research have produced evidence that, for Travellers with impairments, the aspect of identity which is easiest or most commonly minimised and maintained is that of Traveller status. If one is a Traveller,

stigma arises from infancy regarding one's status and social role. The subject learns, as a result, to modify or contain the role of Traveller, even to the point of seeking to pass, in response to the structural and everyday implications of stigma and exclusion. For Travellers with impairments, disabled identity provides a possible point of emphasis through which to pass in this way or to minimise Traveller identity by making one part of the individual's identity, the impairment, more visible than the other. In many cases, it is simply easier to pass as just another person with an impairment, rather than present as a person with an impairment who also belongs to an ethnic minority. As one Traveller participant put it:

*“When you're blind there's no other choice. But sometimes the Traveller thing, I don't let on I'm a Traveller ... It's complicated. I'm not saying I'm not a Traveller, I'm just saying I don't tell them. If they find out for themselves, that's fair enough. But I'm not saying it.”*

Travellers with impairments represent a category of Travellers who are more likely to have been exposed to settled culture than those without impairments. This is due to their increased experience of residential schools and long-term connections with service providers like day centres or residential settings. The data suggests that Travellers with impairments find themselves in a more precarious position regarding identity, due to both the intersectional or simultaneous nature of the discrimination they may encounter and to the likely possibility of a dependant relationship with settled service provision and settled culture. This precarious position is also reflected in identity or the ways in which travellers with impairments must negotiate their identity in contact with settled culture. The intersectional nature of one's identity makes necessary a shift in emphasis from one aspect to the other, based on needs.

One recurring example of this need-based concession to passing or focusing on one's disabled status, rather than Traveller status, was interaction with service providers who had not, as practitioners or institutions, undergone anti-racist training. These institutions and practitioners do not design or deliver culturally appropriate service plans for Traveller users. In such cases, accessing services as a Traveller posed risks, ranging from racist encounters to a simple lack of acknowledgement. However, the general scarcity of service provision in the Traveller subject's area or within reach of the Traveller subject, means that choosing not to engage with this service provider was often not an option. Participants in interviews felt that they did not have a significant amount of freedom or choice regarding engagement with service provision, and therefore felt inclined to hide or minimise their Traveller identity to access better treatment or

preserve good relations with providers. These participants, as above, described a process of passing as a settled, disabled person, switching from one pole of identity to the other. This strategy was reported casually by participants and seemed to be a natural and habitual form of existing for them – something they were well accustomed to or took for granted.

Until the mid-1990s, Travellers – all Travellers – were ascribed or diagnosed with disabilities, formally or stereotypically, as a racist strategy that was reproduced at an institutional and interpersonal level. This was presumed at point of interaction between Travellers and state medical institutions. In the case of Travellers with impairments, particularly when passing or minimising the Traveller aspect of one's identity, making the impairment the focus of interaction between the individual and institution, racism is, participants suggested, less blatant. This relates in part to the nature of the interaction in such instances. The medical establishment, functionally and ideologically, is curative i.e. there to improve or alleviate difficult symptoms of a given impairment and founded on a presumption of progress. Traveller ethnicity, however, is stable and inherent. Where the medical establishment has traditionally engaged with Travellers in a racist capacity, which is to say with an assimilationist agenda and bias, Traveller ethnicity has also been cast as something which should *improve* or progress. The Traveller subject, in these cases, was often considered to be reverting to their Traveller identity and refusing to progress, assimilate or be 'cured'.

Relatedly, until the mid-1990s – a point which marks a distinction between a more insular, post-independent Ireland, and a globalised, modernised Ireland, medical professionals routinely felt it was acceptable to lecture and chastise Traveller parents of children with impairments. This was licensed by the popular opinion that intermarriage within extended family groups, more common in the Traveller community than the settled community, produced impairments. While there are a small number of specific genetic impairments related to consanguinity, most impairments within the Traveller community are not related to consanguinity. However, a lack of accessible, genetic counselling services in Ireland remains a problem.

As participants in interviews explained, this routine chastisement and blame of parents has become subtler and less common as the medical establishment modernises.

## 5.7 How disability is experienced within the Traveller community

*“No, what I mean is, I have been in hospital for treatment. You wouldn’t know there’s anything wrong with me.”*

(From an interview with a Traveller participant with an impairment).

For Travellers with a disability, negotiating identity, passing and access to service provision or just interactions with the settled community, the medical establishment and the state are governed by three identifiable challenges. The first is the task of avoiding or minimising exposure to racism when engaging with service providers, as described in Section 5.6 above. The second is dealing, on an everyday basis, with the pressures and pervasiveness of ableism i.e. discrimination in favour of able-bodied people; a challenge which is present in the lives of all people with disabilities. The third challenge is to negotiate and cope with the stigma attached to illness and disability within the Traveller community itself. Passing as settled, for the purposes of engaging with the settled community in a relatively harmonious or tolerable way, has been discussed above. In this section, the issue of passing as non-disabled within the Traveller community itself will be considered.

In this case, a shift in emphasis between the two aspects of one’s identity – Traveller and disabled – is seen again, but this time emphasis is placed on Traveller identity instead of the impairment. Passing or denying impairment within the community was described by several participants as a necessary part of their life or something they had had to do throughout their life:

(On disability) *“You wouldn’t know there’s anything wrong with me.... You wouldn’t know there’s anything wrong with me ... I wouldn’t tell people. It’s not their business.”*

(On Traveller identity) *“I would never hide that I’m a Traveller or not say it.”*

(Traveller participant with an impairment)

In some ways, the experience of impairment within the context of a distinct and close-knit, minority community, such as the Traveller community, is not unlike the experience of impairment or another individualising and embodied mark of difference within the context of a nuclear family. Within one’s family, one does not have to constantly refer to being black or

Asian, or indeed a Traveller – the family group, and the Traveller community, share an ethnic context and collective identity that is always present, taken for granted, and functions as a point of unity and bondedness between members. However, even within one’s family group, one may have to ‘come out’ or be made conspicuous, repeatedly, as a gay person or as a person with a disability. Family or ethnic identity is a collective identity, whereas sexual orientation or impairment are usually highly individualised experiences that can serve to mark the individual out as different from other members of the family group. In the setting of the family group or the ethnic community the individual is insulated from racism, but the perniciousness of ableism, and its constructions of normality, nonetheless create layers of physical and emotional challenges, emphasising the individual as different, and giving rise to feelings of self-consciousness and alienation:

*“When someone is given a label – for example, of learning disability or mental illness – this may trigger other negative associations. The phenomenon of ‘identity spread’ means that the person’s individuality – both their personality, but also other aspects of their identity such as gender, sexuality and ethnicity – can be ignored, as the impairment label becomes the most prominent and relevant feature of their lives, dominating interactions.”*

(Shakespeare, 2014: 95)

Identity spread works against the development of maintenance of a positive form of identity as a disabled person because the shame and stigma associated with disability can be the dominant way in which they are perceived by others, and therefore internalised (Goffman, 1963). Moreover, passing as non-disabled is arguably more difficult than passing as settled or as a settled Traveller. Non-disabled Travellers and other members of ethnic minorities might try to pass or to modify themselves according to external interpretations of behaviour or cultural signs. However, a person with an impairment cannot escape their embodied position. They may develop strategies to hide or contain the condition, but they are unable to ever pass {out of it}.

## **5.8**            Moving on from passing

The rewards for people with impairments associated with passing or with minimising the

impairment are enough to motivate it. However, passing has psychological implications as well as practical ones, and these also need to be considered if a clearer picture of what the experience entails is to be established. McRuer (2006) explains that passing involves a psychological impetus as well as reflecting cultural aspirations, and that this experience is divided between body and mind, or body and performance. One can live life in an impaired body, but assume, at least in certain circumstances, a non-disabled identity, as this is publicly or relationally understood. A deaf person, passing as non-deaf in a given situation, experiences a concrete loss in being unable to understand, for example, a conversation; wheelchair users passing or minimising their reliance on wheelchairs, may be faced with considerable physical obstacles, or feel obliged to undergo arduous physical tasks, such as crawling up stairs, to more closely approximate ideas of what 'normal' mobility involves. When impaired, the rewards for passing include being understood as strong, enthusiastic, amenable and adaptable. This involves disassociating oneself from a group which may be negatively stigmatised or condescended to, and which may be constructed as 'other'. The losses are psychological, as passing implicitly devalues or dismisses aspects of one's identity which are real, concrete and authentic and which would otherwise, potentially, be a source of pride and self-awareness to the individual.

Larsen's (1929, reprinted 2004) novel, *Passing*, set in Harlem and concerning the friendship between two black women, has been influential in establishing the term 'passing' as a way of describing certain practices of self-concealment, assimilation and association with the dominant group. In this novel, the character of Clare, who is mixed race, passes as white in her life in Europe, away from the Harlem neighbourhood in which she grew up. On returning to Harlem, however, and living again amongst her black and mixed-race peers, Clare's life and sense of self begins to be challenged and to unravel, as her identity as black is revealed, and the incommensurability between this blackness and the whiteness she had assumed to pass in Europe are made, forcibly, apparent by the society she lives in. The novel's tragic conclusion encapsulates some of the tragic, destructive or self-dividing implications of needing to conceal oneself and of internalising shame at what one is. Clare's story underlines the point that, although a person may pass as affiliated with a dominant group, or pass as something other than what they are, this is a superficial process; the person cannot 'pass' to themselves. Disassociation creates a psychic and emotional loss that cannot, arguably, be balanced out by possible rewards and acceptance by the dominant group. Passing is, in other words, a fraught process that brings many losses as well as gains.

## Pride and Shame

This chapter will be the longest of the thesis. It builds on and draws from all the arguments and material put forth already, as well as drawing extensively on the interviews conducted for the thesis to broach the issues of shame and pride in detail, and to conceive of possible ways in which pride might be a means of combating shame in the context of an, inter-sectionally-imagined, affirmative model of disability. These themes are central to this thesis. As discussed in Chapter 1, this has been drawn from the work of Cameron (2010) and is grounded in a rejection of negative portrayals of disability as tragedy, and the subsequent embracement of disabled identity as a complex, multi-faceted, but authentic and empowering form of identity. It is, furthermore, an image of pride that is mobilised and engaged actively through arts, activism, scholarship, communication and other forms of social presence and collaboration.

The intersectional aspect of this proposal for an affirmative model of disabled Traveller identity cannot be understated, as it is the key source of all that is new and necessary in this thesis— that is, a detailed emphasis on the context of disabled Traveller experience, a context which has suffered from neglect or misrepresentation by academia, and which has historically been a minority experience subject to structural and social oppressions, physical and psychological, as well as an entrenched official and casual racism and disablism. Throughout this thesis it has been important to keep these intersecting oppressions and modes of resistance, specifically including the contested practice of ‘passing’, in mind, and to restate specific cultural contexts and experiences. It has drawn on race theory and on the comparable experiences of black and disabled people in pre-civil rights America, as well as drawing on feminist theory, and, moreover, basing much of the material presented here on the content of interviews undertaken with disabled Traveller participants. In this chapter, intersectional considerations will continue to be woven into the argument, and conclusions reached.

The first section of this chapter will also do the work of thinking critically about shame and pride in ways that are abstract to begin with, but which become increasingly concrete. This will be laid out in advance of a more practical consideration of the workings of shame and pride in the experiences of the participants, and in the context of Traveller identity. The consideration of shame will range from Saint Augustine (1994) to Goffman (1963), and to the particularities of stigma and appeasement. From the consideration of pride there will develop

an understanding of the ways in which pride may be enacted creatively and pitted frankly against shaming strategies that have been projected onto the individual by society.

The second section returns to the theme of passing and opens up a conversation about specific and localised Traveller experiences, with additional considerations of the theme of homosexuality which forms the rest of the content of the chapter and puts the themes of shame and pride into context.

What is shame? On one level, most of us know it, and can identify it, but this is at an emotional, perhaps visceral, affective level, as described in Section 2.4. Shame is a feeling which gives rise to distress in its acute version, and conditions a limited and negative view of the self in the long-term. The concept of shame has been an important regulating term in Judeo-Christian understanding of human life and human society, and is located, in the writings of Augustine (1994), still a founding, and ongoing, authority behind much theology, especially Catholic theology in the realms of the sexual and corporal. Reading the fall of Adam and Eve, Augustine (1984) interprets lust itself, and especially the perceived wilfulness or ‘shamelessness’ of the genitals, as punishment for Adam and Eve’s disobedience to God. In, *The City of God*, ahead of discussing Genesis itself, he identifies shame and libido as inextricably linked. Lust, in this imagining, is a force which may relate to desire for many things but exists in its purest state as sexual desire. It is thought of as a force that ‘excites the indecent parts of the body’ and ‘overwhelms’ the ‘sentries’ of the mind – which works against mental clarity and self-control, so that its sensational and emotional climax results in ‘an almost total extinction of mental alertness’, a state which is, for Augustine (1984), dangerous. This lack of control is not to be desired or encouraged by any ‘friend of wisdom’, even if lust ultimately leads to procreation. Its inherent danger lies in the lack of control or mental power it involves (Augustine, 1984: XIV: 16). This lack of control, or ceding of control to lust, is, as has been noted, a form of punishment for insubordination. According to (1984: XIV: 16), disobeying God and gaining knowledge of good and evil in the Garden of Eden, condemned humanity to the idea of original sin, or the inherent badness of human nature – a wilfulness or disobedience which must be kept in check. Lust expresses this insubordination in a literal way, by overriding mental clarity, and is therefore both disobedient/sinful and an inevitable or constant result of human weakness.

Lust, in this founding example of Western thought regarding self-knowledge and right behaviour is constructed as a negative and threatening force that must be kept in check consciously. Since lust and shame are united, a failure to contain lust produces shame. Hence, shame is the negative effect of lust. Lust itself is pleasurable, shame is not. Shame, then, helps to motivate the individual to keep lust in check. The reason behind this segue into theology is to make the point that shame, as a motivator for self-control or self-policing, is also an effective social tool or weapon for controlling the individual from outside. Shame is not only something we feel but something which may be used against us.

In, *Some Thoughts Concerning Education* (1693), the seventeenth-century philosopher John Locke – another influential formulator of Western thought – describes the effects of using shame in socialising children:

*“Esteem and disgrace are, of all others, the most powerful incentives to the mind, when once it is brought to relish them. If you can once get into children a love of credit and an apprehension of shame and disgrace, you have put into them the true principle, which will constantly work and incline them to the right (§56)... [C]hildren (earlier perhaps than we think) are very sensible of praise and commendation. They find a pleasure in being esteemed and valued, especially by their parents and those whom they depend on. If therefore the father caress and commend them when they do well, show a cold and neglectful countenance to them upon doing ill,... it will in a little time make them sensible of the difference; and this, if constantly observed, I doubt not but will of itself work more than threats or blows, which lose their force when once grown common and are of no use when shame does not attend them (§57)  
... If by these means you can come once to shame them out of their faults (for besides that, I would willingly have no punishment) and make them in love with the pleasure of being well thought on, you may turn them as you please, and they will be in love with all the ways of virtue.”*

(Locke, 1693: §56 - 58)

This theory of shame and of shame being used to condition children not only to behave but to interpret the world in a certain way {praise is good, disfavour is bad} makes obvious a significant point i.e. the operation of shame as an incentive is connected to being socially

accepted rather than being grounded in ethical behaviour. It stems from what society deems good behaviour and not from the individual. This means that the individual's susceptibility to shame can, in fact, be detached from their behaviour – shame can be placed on things for which the person is not morally responsible, including physical defects, sexuality, family or associates. As Locke (1693) points out, all that is needed for shame and disgrace to function as incentives or threats to a “love of credit”, a love of acceptance, a desire to be valued and cared for by the dominant authority, such as parents or, by extension, society itself. If this love and value is strategically withheld, the resulting feeling for the individual is shame. Shame, then, has two meanings – it is both something to do with ‘right action’ and social responsibility or obedience, *and* an innate or embodied sensation that is unpleasant or distressing. It has a social life and a personal life. It is mobilised by authority figures to impact on our behaviour, but we experience it in a deeply intimate way. A more modern reflection on the theme, John Rawls’ *A Theory of Justice* (1971), differentiates between instances of “moral shame” or shame connected to social disobedience, and “natural shame”, a deeper and more {possibly Augustinian} form of inherent shame that is personal, not social.

In the field of psychoanalysis, shame has been considered at length, particularly as an ‘affective response’, which has considerable influence on the life of the psyche. In that context, it is understood as a response to feelings of failure and inferiority which may be conscious or unconscious, and stem from a sense of the ideal, of good or right behaviour, of good or right existence, of good or right identity, which we consider ourselves to be lacking in. In Sigmund Freud’s *Interpretation of Dreams* (1900, reprinted 1999), as in Augustine and Locke, shame also functions as a regulating force for socialisation. Shame marks the point at which childhood innocence must be dissolved, and social responsibility taken up. In, *On Narcissism* (Freud, 1914, reprinted 1999), shame is further theorised as an internal or internalised defence against unruly behaviour; something the self makes use of to regulate itself. Shame can also be one of the forces underpinning structures of social control, as in anticipated shame (Scheff, 2003). This points to the reduction of shame, potentially, as a site of production or resistance. This view of shame begins to consider how shame might be reclaimed.

More recent understandings of shame focus less on shame as an internal, painful, emotional response to a personal perception of failure to live up to certain standards, norms or ideals that the subject accepts, but on how shame works as a social emotion where we feel ashamed in our awareness of our low regard in public expectations and standards of ‘normality’ – an

internalisation of victimisation. This work follows Goffman's (1963) case studies of people who do not have full social acceptance and are constantly striving to adjust their social identities. He examines the strategies deployed by the stigmatised to deal with the rejection they suffer.

Stigmatisation can be understood as a phenomenon through which an individual with an attribute that is rejected, discredited or devalued by her/his society, is personally rejected because of this attribute – which is to say, *shamed*. It is a process by which, for Goffman (1963), the reaction of other people to this attribute and its implications 'spoils' normal identity on behalf of the person with the attribute. Also, he identifies three types of people or behaviours which are relevant to this, namely the stigmatised, the "normal" or marked and the "wise". The third group are 'wise' or knowledgeable of the condition of the stigmatised, and sympathetic to the hidden pain, struggle, secrecy and coping strategies of the stigmatised. They are, then, accepted, by the stigmatised, as honorary members of the stigmatised group: "[wise] persons are the marginal men [sic] before whom the individual with a fault need feel no shame nor exert self-control, knowing that in spite of his failing he will be seen as an ordinary other" (Goffman 1963: 4). The wise may also be stigmatised for their sympathy with the stigmatised.

Further to this, Goffman (1963: 4) also identifies three types of stigma:

(i) *"blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour."*

(ii) Physical stigma: deformities, disabilities, and ugliness.

(iii) Stigma of group identity that comes from being the abnormal/minority 'race'/ethnicity, religion, class, transmitted by familial heritage.

Throughout his book Goffman refers to the "normal" as "us", even as he makes it clear that we can occupy different positions of 'normal' and stigmatised in different contexts. In describing the common sociological experience of the stigmatised individual, he says:

*"an individual who might have been received easily in normal social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he*

*meets away from him, breaking the claim that his other attributes have on us.”*  
(Goffman, 1963: 15)

Coping strategies that the stigmatised use include:

- (i) Special efforts to compensate for their stigma;
- (ii) Use the stigma as an excuse for lack of success;
- (iii) Use stigma as a learning experience;
- (iv) Use it to criticise “normals”;
- (v) Hide {This leads to isolation, depression, anxiety and a more acute self-consciousness when in public, a fear of showing negative emotions such as anger.};
- (vi) Formation of support networks with other stigmatised people;
- (vii) Using dominant cultural symbols as “dis-identifiers” to pass as a “normal”.

Progressing from this, Goffman (1963) then suggests rules, addressed to the stigmatised, for handling “normals”. These may be considered further strategies for coping or for resisting:

1. One must assume that “normals” are ignorant, rather than malicious;
2. No response is necessary in the case of snubs or insults. The stigmatised should ignore these or refute the evidence and views behind them;

3. The stigmatised should aim to reduce tension by breaking the ice, using humour or even self-mockery;
4. The stigmatised should treat “normals” as if they are wise;
5. The stigmatised should follow disclosure etiquette, using their stigma as a topic for serious conversation;
6. The stigmatised should use tactful pauses during conversations to allow recovery from information or disclosures which may be shocking to them;
7. The stigmatised should tolerate intrusive questions and agree to be helpful;
8. The stigmatised should see him/herself as “normal”, to help put “normals” at ease;
9. The stigmatised should allow intrusive questions and agree to be helped;
10. The stigmatised should see oneself as “normal” in order to put “normals” at ease.

Evidently, these coping strategies, however effective or productive in easing tensions and facilitating social relations, put the burden of easement and communication on the stigmatised.

In a powerful imagining of the psycho-social and deeply embodied effects of shame, the queer theorist Sally Munt (2017) considers shame as so potent an emotion, phenomenon or affect, that its complexity and nuance go beyond mere strategies of containment, management or negotiation. This, too, gestures towards the reclamation of shame, or of certain kinds of shame, as a source of distress that might be rethought of as a point of departure for resistance to social control or to shaming strategies applied by society:

*[Shame] clings like a mildew to certain bodies, it can even be detected upon them like a smell, a few people existing in states of profound shame seem to emit an aura/odour of shamefulness that causes avoidance in those in proximity, through apparent fear of contamination. Shame is perceived as contagious, viral even, and in this extreme mode is collectively averred. Shame has a tendency toward effacement and disguise, mutating*

*into other more visibly expressed emotions like disgust, envy, antagonism and contempt. Shame is a chameleonic emotion, it adapts to the colour of the psychic host, exercising/exorcising tendencies within that host, hence a depressed person who is shamed will turn destructively inward, and an extrovert will extrude vocal contempt. To a significant extent then, shame can persecute the individual, who in turn can project his internal persecution onto his network of peers. Shame that goes unacknowledged is most often the culprit and source of this damage. In the peculiar mutations of shame, we can begin to understand that shame as an affect can be alternately hyper-sensitive, semiotically embodied, and yet also seep invisibly like a gas, sucked into a hospitable host's unconscious often without awareness, experienced merely as psycho-somatic discomfort...*

(Munt, 2017: 203)

This image of shame as a persecutory force, both “semiotically embodied” or recognisable as an objective phenomenon, and intensely personal, encapsulates both the outer and inner workings of shame as an emotion and regulatory tool. It also, significantly, considers the impact of shame on individual self-worth and individual personality, progressing to consider how shame, once internalised, is then destructively projected outwards towards others, especially when shame is unacknowledged and not worked through. Shame, as Munt (2017) envisions it here, has passed far beyond being a tool of self-restraint or of social organisation. Instead, it is considered something pernicious, dangerous and socially destructive. It manifests as other emotions – anger, depression, aggression, discomfort – that confuse the individual or ‘host’ who is beset by these distressing experiences. However, in *Queer Attachments*, Munt (2017) not only dwells on shame and its effects but also on forms of resistance against shame – or, more accurately, against what Rawls (1971), above, called *moral shame* i.e. shame imposed from without as a form of social control. One example Munt draws on has significant relevance to this thesis because it not only links forms of embodied shame, in this case sexual, to femininity and to the experience of being outcasted, but also crucially – to art and to productive, creative work which might reflect on, challenge and counteract moral shame.

Munt’s (2017) example is the British artist Tracy Emin (born 1963), a figure best known for her controversially, confessional, conceptual, performance and sculptural art, and for the degree of positive and negative attention she has received for this work, the most influential of

which was produced in the 1990s. As Munt (2017: 204) writes:

*“Themes omnipresent in her art are typically fucking, anal sex, masturbation, drunken excess, excretion, self-hatred, making it a visceral revelation. Stylistically her art is diverse, ranging from the deceptive immediacy of crude, scratchy and instant monoprints, to large sculptural wooden structures using forms drawn from British seaside iconography, such as rollercoasters and beach huts, to living installations that include herself as a nude, vibrant neons, raw digital videos and carefully sewn fabric quilts strewn with quasi-religious messages wrought with felt letters in primary colours cut out with scissors and individually stitched. Her two most famous pieces are installations: Everyone I Have Ever Slept With 1963-1995 {sometimes referred to as The Tent} which was part of the famous Royal Academy Sensation Exhibition (1995), and My Bed (1998) which was shortlisted for the 1999 Turner Prize.*

*Both achieved notoriety, the first because of Emin’s alleged promiscuity, although in fact its premise is rather sweet because it is not about fucking, but about sleeping – and the second because of the dirty bed sheets, menstrual-stained knickers, used condoms, empty vodka bottles and fag-ends... and the rest of the well documented disgusting detritus strewn around that desolate bed.”*

(Munt, 2017: 204).

It is worth quoting Munt (2017) at length on the subject of Emin’s *Why I Never Became a Dancer* (1995) because her consideration of the artist’s courage and fearlessness offers a concrete and complex example of shame, as a theme and an affect, turned outwards, explored, repurposed, deconstructed and embraced as the artist or individual moves towards reckoning with shame and not only accepting the self, or refusing to be shamed, but also examining the role society itself has to play in creating, sustaining and finally suffering as a result of shame. As Munt (2017: 206-207) writes:

*“Why I Never Became a Dancer (Emin, 1995) was made in an edition of ten. It visually encapsulates the artist’s early teenage years spent kicking against the boredom of the working-class, English, seaside town, Margate, where she grew up. Following experiences of sexual abuse and rape aged thirteen, young Emin experimented with sex until she became disillusioned with the older men she was shagging and turned instead to dancing. The film opens with the title words written large on a wall, then the camera pans around to snapshot views of Margate significant to Emin’s past: the school she*

*attended, the sea front, shopping arcades, cafés and a clock tower. These images are also familiar clichés of a British seaside resort and are cultural icons of working-class leisure. The scenes are overlaid with the voice of the artist narrating her story of sexual emergence although, more realistically, the child Tracey was hauled out of sexual innocence. The story climaxes with her attempt to win the finals of the local disco-dancing competition to escape Margate for London and to compete for the British Disco Dance Championship, 1978:*

*And as I started to dance  
people started to clap  
I was going to win*

*and then I was out of here  
Nothing could stop me And  
then they started SLAG  
SLAG SLAG”*

(Munt, 2017: 206-207)

Shamed and humiliated by a group of local young men {most of whom she had slept with}, Emin discovers their vicious hypocrisy as their cat-calls annihilate her dreams of escape (*Why I Never Became a Dancer*, 1995).

The poignancy of this part of the film is palpable, but the young Emin, still narrating, responds by leaving the dancefloor, running to the sea and deciding that she will leave Margate anyway because, in her words, ‘I am better than them.’ Her response, in other words, is not one of defeat, even if the pain and the humiliation of this moment in her development cannot be denied. Munt (2017) describes the rest of *Why I Never Became a Dancer*, this time introducing a note of personal relation and personal feeling to her recreation of Emin’s artwork:

*The film then shifts to the artist as an adult, twirling around in a large sunlit and empty room, to the song You Make Me Feel (Mighty Real) by Sylvester. Emin’s voiceover continues with a reeling off of their names, a list of shame: ‘Shane, Eddy, Tony, Doug, Richard ... this one’s for you’ as she then spins joyfully out of their orbit, like a Whirling Dervish, liberated and ecstatic. The lines “You make me feel/Mighty real/I*

*feel real” are sung over and over again; they are moving prayers, meditative mantras set to joyful beats. The film is deeply spiritual, its central message – the transformation of shame into joy – is corporealised in the viewer through sound as s/he views it in the enclosed space in Siena, the vivid colour in the darkened room coupled with the reverberating sound, becomes a participatory, physical experience of transformation. Emin’s art has this shamanic quality, to lead the viewer into sacramental spaces of redemption. I sat on the hard wooden floor captivated, and watched this movie repeatedly through several times, until the meaning of Emin’s metamorphosis of shame entered my own psyche, and healed something.*

(Munt, 2017: 206-7)

The story Munt tracks here begins with Emin’s shaming by the boys in Margate and progresses to Emin’s decision, as a young person, to overcome the effects of this shame, resulting – among other things – in her artistic career and self-realisation, of which *Why I Never Became a Dancer* is an example. There is a suggestion that, even if she didn’t become a dancer, Emin became an artist, and, in the film, her dancing and her art occupy a common site of resistance to being shamed from outside, socially, due to things she is not morally culpable for: her femininity, her class, her ethnic background and her desire for victory and self-realisation. The story concludes, here, with Munt’s own healing and her sense that Emin’s ‘metamorphosis of shame’ to what might be called pride, triumph and visible pleasure

{Emin is smiling and laughing as she dances in this film (*Why I Never Became a Dancer*, 1995)}, reflected something of Munt’s own lived reality. Moreover, in the broader context of *Queer Attachments*, this transformation of coercive shame to productive pride is located in queer theory and related to gay identity, themes which will also be dealt with in this chapter. However, for now, this more general context will be suspended. The chapter will return to the specific context of Traveller experience again, remaining cognisant of those generalised or broader theorisations of shame, control, gender and resistance that have been sketched here.

## 6.1 Contexts for shame and pride

In Chapter 5, the phenomenon of ‘passing’, through which people seek to hide or minimise their identity or to disassociate themselves from negative stereotypes, was discussed; here, the environments and encounters that give rise to passing, in the context of disabled Traveller

experience, will be considered in more detail. To begin with, this is an environment conditioned by stigma and shame, where interactions between Travellers and settled culture or state institutions, take place according to what has been emphasised as an uneven power balance. For Travellers with impairments, this environment is experienced as still more difficult, and potentially hostile, because further challenges and additional stigmas come into play. Brune and Wilson (2013) acknowledge that, where theorists discuss intersectionality, impairment or disability is often overlooked, or not taken into consideration. Much of the time, issues pertaining to race, gender and sexuality come to the fore. It is important to emphasise, then, the context of disability as a significant form of intersectional oppression and negotiation in the context of disabled Traveller identity. At the same time, it is also necessary to avoid “the trap of sequestering disability” (Brune and Wilson, 2013: 2), focusing only on this aspect of identity. In this chapter, emphasis is therefore laid on the ways in which different categories of identity interact with each other in the lived experience of Travellers with impairments.

This will be illustrated by drawing heavily on the interviews undertaken with participants. Brune and Wilson (2013) additionally point out that disability studies, as a scholarly topic, has neglected the issue of passing or hiding – in contrast, we might observe, to critical race theory (2013). Passing as it is theorised here is a practice caught in the intersection between racism {passing as non-Traveller, or as a settled Traveller}, ableism {minimising impairment} and circumstance. The last of these will be a focus of this chapter.

Passing responds to stigma and especially to shame, as this phenomenon has been sketched above, and often in the context of what Goffman (1963) calls, as noted earlier, a ‘spoiled’ identity. Precisely what spoils identity is context-specific with context remaining relevant in every instance. Even within the confines of a given spoiled identity, levels of affiliation and stratification exist, leading to diversification and complexity. These shades of affiliation and difference become evident in participants’ interviews.

When it comes to affiliation within the disabled community, Per Koren Solvang (2012) proclaims that “no native homeland of disability exists”, implying a state of permanent displacement. People with impairments are usually involved in various forms of community or collective, including family groups, schools, clubs, leisure groups, geographic communities,

parishes and so on, but these communities are not always defined by disability. It is possible, however, to take issue with Solvang's (2012) claim that no 'homeland' or ultimate community of disability exists, since, even if this is so, communities defined by disability, including activism and disability arts groups, for example, do exist, and such communities recognise and self-identify themselves as collectives separate from the 'outside world'. This form of community collaboration and inclusion has implications for disabled identity.

In the context of Traveller identity, the existence of a shared ethnicity, language, history and experience of organised oppression constitutes a community structure for Irish Travellers, but Traveller identity itself is specifically connected to, and protected by, the extended family – Traveller identity is experienced, first and foremost, as affiliation with a family group. The identity is natal. One is born a Traveller; one does not become one. This typically extends beyond the nuclear family to encompass kinship links with extended family. Traditionally, family networks form the core structure of Traveller community and Traveller identity, and now that new forms of Traveller affiliation and community have begun to develop and flourish, these communities continue to be organised and understood along the lines of kinship or family relationships – new kinds of family. One significant example of this is lesbian, gay and transgender Travellers, a group which has begun to organise and find a place within the broader community, and can encompass members who may have been rejected, ignored or feel alienated from their immediate and traditional family network. Community can, and does, mean different things to different people, depending on identity and life experience, but community itself remains a strong point of reference for understanding Traveller collaboration and connectivity. These different kinds of communities have different experiences of community, and the internal dynamics of community life must be taken into account when considering the role of stigma, pride and shame in the formation of modern Traveller experience and identity.

Due to the strong community ethos and collective identity of Irish Travellers – a structure composed of kinship groups and marked out as ethnically and culturally separate from the settled population – the dominant culture, media or settled institutions can take advantage of this unity to promote broad or stereotypical views of Travellers as a group. This is particularly evident in the media, and especially when an individual Traveller has committed a crime. In such instances, as with the interaction of other ethnic minorities or religious groups within mainstream media, there is a popular assumption that the community must be held accountable

for one person's wrongdoing or criminal offence. In Ireland, a subtler form of stereotyping can be practiced by the police and by service providers who will identify traditional Traveller surnames and make presuppositions or use the appearance of given surnames as a kind of 'dog whistle' to shame the community at large for the transgressions of an individual or few.

## 6.2 Intersectionality

Intersectionality, as envisioned by Kimberle Williams Crenshaw (1991) and other critical race theorists and activists, has two key elements. The first of these is its empirical component; according to this, an intersectional approach is necessary to forming a better understanding of the nature of social inequities and processes that create and sustain these inequities, and to analyse these fully. Secondly, in keeping with the roots of critical race theory as a movement composed of engaged, legal scholars, intersectionality has a core activist component. Accordingly, intersectional approaches aim to generate coalitions between different groups and different identities, with the ultimate intention of resisting, altering and progressively changing the status quo (Gillborn, 2015: 279).

Crenshaw's (1991) original proposed framework for understanding and implementing intersectionality was a basic one, lacking in close detail, but offering an abstract legal concept that allowed for connections to be made between gender, race and class. Since then, and especially in the last number of years, the concept of intersectional identity has expanded beyond its original framework and continues to be developed and extended in its inclusivity. Most recently, it is increasingly mobilised to conceive of intersectional identity and oppression in relation to questions of gender, cisgender and transgender, and experiences of gender-based or gender-fluid embodiment. David Gillborn (2015) provides an updated gloss on intersectionality:

*“Intersectionality” is a widely used (and sometimes misused) concept in contemporary social science. The term addresses the question of how multiple forms of inequality and identity inter-relate in different contexts and over time, for example, the inter-connectedness of race, class, gender, disability, and so on”*  
(Gillborn, 2015: 278)

In the interviews undertaken for this research, gay, male Travellers made use of the concept of intersectional identity in their responses:

*“I never thought I could ‘opt out’ of being a Traveller, or at least the expression of that aspect of my identity and being, but I could have repressed and easily denied being gay. Being in the position not to has made me feel quite proud (at times) and has given a lot of care towards a claiming and ongoing reclaiming of my own sense of identity. While I can mentally conceptualise the difference between my orientation and cultural ethnicity, on a very real and personal level I find it difficult to separate those terms and experiences. I would not see myself as Gay or as a Traveller, but as a Gay Traveller.”*

This participant articulates something important about his lived experience, and this should be emphasised before experiences of pride and shame, with respect to one form of identity or another, are considered in depth. The participant is referring to, or describing, the lived reality of simultaneous oppression (Ossie W. Stuart, 2012). In academic contexts and academic writing, intersectionality might be cited or referred to, but this can often only pay lip service to the intersections between, for example, ethnicity and disability. The lived realities, embodied, located and ongoing, of people experiencing simultaneous oppression in the context of an intersectional identity are less commonly explored. What is being emphasised here is the difference between identity and life; the difference between a political or social identifier, and the thick space of day-to-day interaction and negotiation. Context and circumstance, once again, are key to understanding this.

A further weakness which can be identified in current academic writing on identity and intersectionality is the relatively minor status accorded to impairment and disability. At times, it is entirely absent, with emphasis falling on other categories of identity. Identity politics, as a movement or phenomenon, has been slow to recognise the relevance of impairment and the othering strategies projected by society onto the impaired. The All Ireland Traveller Health Study (AITHS, 2010) inadvertently displays this bias or oversight in considering the theme of homosexuality:

*“The literature suggests that being LBG in any community is experienced differently*

*according to the existing culture in that community and the surrounding society. It is also said to depend upon gender, age, and any disability present and ethnicity or minority group status. The Travelling community data supported this in various ways. One key respondent reported that it is not simply a matter of ROI or NI differences. The data suggest that it is significantly influenced by both gender, family values and the immediate culture experienced by Travellers, which includes discrimination. For example, the degree to which gay Travellers were accepted in the past within a given community was said to be relevant. Accounts offered at interview ranged from where there had always been examples of gay male couples who were known and largely accepted in the community, to cases where homosexuality was denied and had to be hidden.”*

(AITHS, 2010: 55)

Impairment is subtly disappeared in this passage. At first, it is acknowledged that acceptance of gay identity is ‘said to depend upon gender, age, and any disability present and ethnicity or minority group status’, but, further down, data is said to suggest this ‘is significantly influenced by both gender, family and the immediate culture experienced by Travellers’, with any reference to disability dropped. In such an instance, an opportunity is missed to identify a third potential form of intersectional oppression at work in a given identity – Traveller, gay and impaired.

Before beginning to further unpack this, it is worth acknowledging that Travellers and people with impairments do not live in a vacuum; as Gillborn (2015) demonstrates, with respect to critical race theory:

*“For all of its emphasis on the central role of racism in shaping contemporary society, many CRT scholars are keen to explore how raced inequities are shaped by processes that also reflect, and are influenced by, other dimensions of identity and social structure: This is where the notion of intersectionality is crucial.”*

(Gillborn, 2015: 278)

However, even Gillborn (2015) misses an opportunity to name impairment as an example of another dimension of identity and social structure, which can come into play with race and

gender. It is necessary, once more, to guard against sequestering disability and failing to regard the complexities of intersectionality.

In addition to these intersecting identities, larger global events in the cultural or political sphere impact upon the lives of people with impairments, in ways that overlap with non-disabled peers, and in ways that differ. Sarah Woodin (2014) argues that, before the worldwide economic crash of 2008, the common struggle of disabled people, alongside other disadvantaged groups, was a cause for popular and topical debate, with considerable progress being made; after the crash, however, state resources became abruptly scarce, as financial crisis triggered an onslaught of social welfare cuts and the implementation of so-called 'austerity measures' across Europe, and especially in Ireland. As Harvey (2013) observes, this incited a scramble for funding, on a personal and collective or political level, between disabled individuals, disability NGOs [Non-Government Organisations], activist organisations and other minority ethnic groups and minority causes – including Travellers. At the interface between state administration and people with impairments, the question of the severity of one's impairment became an issue. Funding became contingent on the perceived severity of any impairment. Consequently, conscious and subconscious hierarchies began to be formed within the sphere of disabled identity.

In attempting to forward the conversation or dialogue concerning diversity within disability politics itself, it seems appropriate that given the criticisms and failings identified not only in the medical model of disability but also in the social model, that from within the disabled community new models will spring from new realities, articulated by new voices, especially given the latter's limitations in the face of diversity of identity and experience. This is the point at which work by Swain and French (2000) and Cameron (2010) on the affirmation model offers rich potential, especially for individuals from ethnic minorities, including Travellers, who have impairments and may be experiencing additional intersectional categories of identification and oppression, including being gay or transgender. The affirmation model begins from a point of self-determination and refusal: the refusal of racism, public shaming, social proscription and stereotyping. Consequently, it is inherently structured to allow for diversity of identity and experience because it rejects fixed notions of behaviour and encourages self-realisation and self-expression. A response to oppression encapsulated neatly and optimistically, perhaps, in Tracy Emin's triumphant dancing. In a practical sense, the

affirmation model offers an alternative lens – or diversifying prism – on the world, allowing individuals to ignore, block, discard, question, deconstruct and refuse demands or obligations which require them to fit into society according to the stable, often overbearing, blueprint of the representative person – the white, able-bodied, cis-gendered, settled, heterosexual, western male.

Intersectionality, which arises from the interface of critical race theory, class and gender theory, complements the affirmative model of disability in opening-up considerations of diverse, intersecting and overlapping forms of experience and identity. If the affirmative model of disability is inherently receptive to diversity, the relative conservatism of intersectional analysis so far, and its failure to consistently include disability as a category of intersectional oppression, is now evolving beyond its original, set, categories. Scholars are increasingly situating impairment as a pivotal part of intersectional discussion, although there is more work to be done in this area.

With respect to the experience of minority ethnic identity, Gillborn (2015) emphasises the primary and conditioning influence of racism itself on the experiences and identities of ethnic minority individuals:

*“I set out the arguments for understanding the primacy of racism, not as a factor that is the only or inevitably the most important aspect of every inequity in education, but in terms of racism’s primacy as an empirical, personal, and political aspect of critical race scholarship.”*

(Gillborn, 2015: 278)

The primacy of racism and, relatedly, ableism, has been a force for the prevention of increased attention to both intersectional complexity and lived experience in academic surveys of identity politics. In Ireland, for instance, negative encounters with the education system have led to Traveller exclusion, while the medical model of disability has resulted in quarantine and institutionalisation for generations of people with impairments, impeding access to education. This means that those best equipped to discuss the lived reality of intersectional oppression have, due to these oppressions, been unable to take part in the discourse. This is changing, but while this research is a gesture towards such progress, further cultural shifts and changes are

needed. This is true of academic analysis and public understandings of Traveller identity, racism and ableism.

### 6.3 Shame and Stigma

*“...Me and [name] walked into the bar and I went up to get drinks. The barman wouldn't serve me, he told me it was a private party. He knew we were Travellers. He knew [name] from Pavee Point. He looked at two Traveller men, probably thought we might be trouble. It was embarrassing. That was a Friday. On Monday I typed a letter and I walked down with it to the pub, hoping he'd be there. There was a woman on behind the bar. I gave it to her and I haven't heard a word back from him, he didn't contact me.”*

Discrimination against Travellers attempting to gain access to social amenities, including hotels, pubs and restaurants is casual and endemic in Ireland. Even using a laundrette brings with it the possibility of refused entry. For people with impairments, access is typically also a challenge, but for different reasons and in different ways. In bars and restaurants, for example, a corner will be allocated for a limited number of wheelchairs – one or two – or a limited number of people with impairments, and these are usually designed for the comfort and benefit of other patrons as opposed to the person with an impairment. Where disabled facilities, such as parking bays or designated toilets, are made available, a certain irony underpinning ableist stigma can be made apparent in the fact that, in signalling these facilities as separate, different and apportioned for people with impairments, attention is drawn to the exclusionary nature of most ‘normal’ amenities, buildings and vehicles. To return to the participant below, he articulates the difference – as he sees it – between feeling shame and being shamed:

*“I have never personally felt shameful but I have been made to feel embarrassed about being disabled, for example when Ireland had no low floor accessible public transport service such as local busses and in order to travel I would have to get out of my wheelchair and crawl onto the bus and drag my wheelchair behind me. That was always embarrassing but I do not see embarrassment as the same as feeling shameful”.*

This articulated difference reflects the difference denoted by Donna Reeve's (2014) concept of psycho-emotional disablism or internalised oppression. The participant, against the grain of psycho-emotional disablism which seeks to foment or oblige a sense of internalised shame in response to external discriminations and oppressions, understood the root of the possible shame he would or might otherwise feel at being impaired. He was not ashamed but understood that there were efforts in train to 'make' him feel ashamed. That the situation, a lack of accessible facilities on busses, presumed shame or negative affect within him. In recognising this, the participant could guard against internalising this shame. Also, he understood that pride was a more essential component of his identity, while the shaming was an external force entirely related to the lack of accessible facilities in public services.

This disabled settled participant explained:

*“Well there are moments when I don't want to cause a fuss - or when other people cause fusses on my behalf and that embarrasses me a lot. There are moments when many people don't want to identify me as a disabled woman. Those moments are more frequent than any 'issues' I might have myself.”*

Performing disability often means being given a role that involves being patronized and shamed in public. This participant also distinguished between embarrassment caused by others and her own shame, or rather between a perceived obligation to be patronised or embarrassed and her personal identity; between other people's desire for 'fuss' or discomfort with identifying her as a disabled women, and her own sense of self.

The experience of stigma and shame is, arguably, harsher or more acute in instances when the individual is alone in facing the stigma. In the context of a group, a degree of dilution or protection can be afforded. In the context of the Traveller community or family network, the person with an impairment will belong to a Traveller collective, but experience impairment as an embodied reality, and a marker of social status and individualising identity. Moreover, in interactions with settled service provision and institutions, Travellers are often expected, or practically obliged, to prioritise their care and access needs above their cultural or family needs, leading, as the previous chapter indicated, to increased levels of passing as non-Traveller in interaction with service providers. This form of passing, obscuring or minimising

Traveller identity, is less possible in interaction with other Travellers. Travellers always know another Traveller.

Life at the intersection of minority groups places people with impairments in a position in which their politics, values and ethnicity may need to be compromised in the interests of accessing service provision. Participant interviews and experiences suggest that this is true of many Travellers with disabilities. The impairment, in many cases, is the most significant aspect of their lived reality, the one which most conditions interactions with others and with social institutions and amenities. Access needs, as above, trump community affiliation and incentivise passing although not without psychological and emotional consequences. With respect to race and disability, Woodin (2014) explains:

*“Black disabled people may be marginalised by both the disabled people’s movement due to racism and the anti-racist movement due to disablism, a point that has been made in relation to other identities such as women and lesbian, gay, bisexual and transgender (LGBT) disabled people, where disablism and homophobia result in exclusion from both groups. (Rainbow Ripples and Butler, 2006). Despite common experiences of oppression therefore, not all oppressed groups identify with one another. (Priestley, 1995).”*

(Woodin, 2014: 89)

Thus, internal different and overlapping oppressions can challenge, compromise or threaten solidarity within the disabled community. Both the affirmative model and intersectional analysis work to counteract this compartmentalisation or division within groups experiencing common oppressions, and this will be returned to, shortly, here.

However, returning to the theme of stigma and focusing precisely on the Irish Traveller experience, historical and ongoing issues with service provisions relevant to or aimed at Travellers with impairments reflect entrenched racism and echo broader, historical, cultures of abuse and exploitation within Irish carceral and caring institutions. With regards to the issue of child sexual and physical abuse in state- and religious-run institutions throughout the mid- to late-twentieth century, the authoritative Ryan Report (Commission to Inquire into Child Abuse, 2009) provided a legal overview:

*“The Committee heard oral evidence of abuse in 216 different settings including; Industrial and Reformatory Schools, primary and second-level schools, Children’s Homes, hospitals, foster care, schools and residential facilities for children with special needs, hostels, residential group homes, novitiates, laundries and other settings where children were placed away from their families. There were multiple reports of abuse in relation to many of the identified settings.”*

(Commission to Inquire into Child Abuse, 2019)

The location and nature of these institutions were many and varied but common themes of incarceration and quarantine prevail; and the Ryan Report makes clear that the medical model of disability was reflexively at play in state service provision and institutions for children with impairments. It is also worth noting that not all abusive institutions administered by the Irish State made it to the list of named locations in the Ryan Report. Two that specifically housed Traveller children are absent from the report, and one of which will be discussed below. These homes for children were not necessarily tailored to Travellers with impairments. Traveller children who were diagnosed with learning or ‘behavioural’ problems were sent there. Others Traveller children were sent to these ‘homes’ for begging on the streets, since their parents were deemed unfit to care for them. One of these homes was Trudder House, County Wicklow.

Trudder House was set up in the mid-1970s to house boys from the Travelling community who had been living rough and were exposed to substance abuse. Almost immediately, as later inquiries revealed, it became a representative example of the kind of ‘house of horrors’ described by media sources in the wake of child abuse allegations that are confined to institutions or homes. In the 1990s, nineteen of its then-young residents made allegations of sexual abuse against several people connected with the home, including allegations against its then-director. These latter allegations extended to multiple counts of aggravated rape, sadistic beatings and torture. This individual, who was never charged, had fled Ireland in the 1980s, and was later reported to be working in childcare establishments in Scotland – he died in the early 1990s. In 1996, the Dail was informed that Trudder House would be subject to an inquiry by the Eastern Health Board, a body entrusted with the task of chronicling, verifying and reporting on the abuses carried out there. The report, as Mary Raftery (2009) records, was never published, it is not known if it was completed, what it entailed, if it made recommendations or if any of the Dail’s recommendations were implemented. As stated above,

it is also excluded from the Ryan Report (Commission to Inquire into Child Abuse, 2009) which, is to say from the state's own, wide-ranging and putatively thorough, investigation into organised child abuse and abuse cover-ups.

Given the resources, energy, impetus, and indeed coverage into other prominent abuse cases, and the Ryan Report overall, the question of the unresolved and unpublished investigation into Trudder House raises suspicions that discrimination remains in play. What this case of organised child abuse, facilitated, covered up, and later under-reported and under-investigated highlights is that because the children involved were Travellers, lacking in access to representation or legal credibility, their lives and experiences were devalued, and underdefended. Thirty years on from Trudder House, there remain former inmates who can remember what went on. It is a piece of Traveller history, but also a piece of Irish history, caught between the public culture of atonement that surrounded the Ryan Report and the denial or minimising of Traveller oppression by the settled establishment. Shame and stigma, in a case like Trudder House, are multi-layered and deeply personal experiences involving sexual and physical violation, social exclusion and official disregard. In a separate but related sense, the case of Trudder House also raises the question of 'segregated services' for Travellers – of service provision that works, traditionally and currently on the basis that Travellers should be kept separate from the rest of the population. From a Traveller perspective, the question of segregated services remains a disputed one. On the one hand, it is possible to argue that segregation and separateness promote a strong sense of Traveller culture and Traveller identity by fully resisting assimilationist models of administration. On the other, the history of segregated services of which Trudder House forms a part, is one in which institutions and services can localise and conceal strategies of shaming and abuse that are damaging to Traveller culture and self-esteem. The same can be said, and the same questions raised, of segregated services for people with impairments.

### *6.3.1 Internalized Oppression*

Both DS and CRT purport to be against all manifestations of oppression, yet one of the most difficult issues to acknowledge in liberatory movements is oppression within. Forms of internalised oppression contradict the very foundations on which a movement stands. Hierarchies within DS and CRT exist, and by virtue of being hierarchies position some aspects of disability and race below others. For example, oftentimes invisible disabilities are not

understood to be as serious or severe as visible ones. Similarly, in the hierarchy of race, stereotypic assumptions of Asian-Americans may paint them as not particularly oppressed (Robert T. Teranishi, 2002). To give another example, darker skinned people may be subject to racism by others of lighter “Black” skin. These instances exemplify internalized oppression as each form of discrimination is based upon an *approximation of assumed normalcy* - with the unspoken idea of normalcy constituted as able-bodied whiteness (Connor, 2008: 461).

Internalised oppression was a feature that surfaced in some of the interviews undertaken for this project. As noted earlier one Traveller participant explained:

*“ Racism and discrimination, sometimes Travellers bring it on themselves and I don’t feel sorry for them.”*

This participant expressed an opinion that members of the Travelling community can hold other members back or contribute to negative stereotyping. Her response was formulated regarding negative messages circulating within society and the media and may be interpreted as a form of internalised oppression. Shame was not, in this instance, something which related to Traveller ethnicity or identity itself, but rather it was something that followed from media perceptions, racist encounters and, in some cases, members of the community considered to be “letting us down”.

Internalised oppression also extends to disability politics, for instance in relation to people who live in residential institutions or attend day services. Often, disability politics ignores or devalues, explicitly or implicitly, the lives and contributions of these people with impairments for reasons which are not dissimilar to the above participant’s ambivalence towards other Travellers. It can, that is, be seen as expressing a sense of disturbance or unwillingness to identify with symbols of negative or historical versions of our identity.

#### **6.4**            Intra-community oppression

An issue raised by Connor (2008) is that of intra-community oppression, or oppression enacted by members of a minority group, in this case, Travellers against members of the group who may simultaneously belong to another minority group. This is distinct from the internalised

oppression described above, because it does not reproduce forms of oppression and discrimination against the wider group as these are practiced by the settled community. Instead, intra-community oppression responds to an internal hierarchy perceived to be present within the community. This can mean oppression against members who belong to an overlapping minority, who are gay, or impaired or who have identifying features that differentiate them from the wider group, such as skin colour, or, in the case of intra-community oppression within a disabled community group, a degree or type of impairment. It is a form of oppression which occurs because of diversity within an already oppressed or minority community; or rather because of an entrenched intolerance to diversity within the community, beyond family groupings. This hierarchisation and intolerance for diversity can result in rejection or ridicule for individuals and categories that are targeted. Alexandra Oprea (2005) discusses the operations of intra-community oppression in the context of Romani culture, focusing on attitudes towards women within the community that respond, in turn, to media stereotypes:

*“The dynamics involved in critiquing intra-group oppression are obviously complicated when the group in question is a minority facing state imposed domination, as is the case of non-territorial nations such as Roma. Often, practices that are harmful to women within such groups are either ignored in the name of preserving cultural autonomy or criticized in a way that portrays the entire culture as primitive.”*

(Oprea, 2005: 140)

In an Irish Traveller context, the position of gay Travellers within the Traveller community reveals examples of intra-community oppression and resistance. In recent times, Travellers who identify as gay have become more visible and accepted, but homophobia, as one participant suggests, has been modified or reduced, rather than eradicated:

*“[on the comparison between the experiences of gay and disabled Travellers] It’s tough. It’s one of the challenges that we face as a community. We need to be equipped and empowered to deal with it. They need to accept it. My nephew is gay and he has had a torrid time. His mother hasn’t spoken to him in eight years. His father is speaking to him thankfully.”*

As this anecdote illustrates, things have changed, but not much. In addition to this, the existence of gender division and sexism within the community has made it more difficult for

lesbian Travellers to be acknowledged and accounted for, in comparison with gay male Travellers:

*“With gay Travellers it’s a moral issue – they are dirty and there is no place for them. More men are coming out, less women, why is that? I don’t know, the media love the gay Traveller man. Maybe women are more passive? There is an acceptance of the inequality. That’s the reality of life, no matter what your background. There will be burdens placed on your disclosure by religious or moral mores.”*

Some changes have become visible with time. Linking the marginalization and stigma experienced by Travellers and people with impairments with the gay community was to some extent inevitable. At the time of this research, the referendum on gay marriage was taking place. Thus, homophobia became a topic of discussion within participant interviews and focus groups. Over the course of the last twenty years, I have taken part in gay pride marches in Dublin and throughout Ireland, walking behind a Traveller banner with two fellow Travellers who are gay. On our journeys, there were often many Travellers who cheered us from the sidelines but felt it was too dangerous to be associated with the Travellers participating in the march. With the passage of time this fear has lessened because, as with all cultures, Traveller culture has been impacted – both positively and negatively by globalisation. In a positive way, images of gay people began to become more normal in our lives, and the existence of gay, lesbian and transgender people also continues to become normalised and accepted by the wider culture in Ireland and by the Traveller community.

Also, discussions about culture and morality took place in the focus groups and in participant interviews, particularly, in the wake of a growing awareness of high suicide levels and violent attacks against lesbian and gay Travellers. The marriage equality referendum of 2015, moreover, had a significant impact on gay pride within the Traveller community leading to over one hundred Travellers participating in the Dublin gay pride parade that year – some gay, some not, but all walking as a collective and in solidarity, expressing pride not only in Traveller identity, but in the diversity that exists within the community. Stigma around homosexuality has not gone away but its impact on people’s lives is lessening.

Within the Traveller community, divisions and intra-community oppressions exist and are specific to context. As Woodin (2014: 89) points out, “marginalised people also participate in

oppression when they form alliances with some groups against others and the form of this is linked to the social context of the time.” However, change and progress can, and does occur. On Friday 22<sup>nd</sup> May 2015 Ireland overwhelmingly voted to extend civil marriage rights to same sex couples. The progress made by the gay community serves to inspire other minorities who are also stigmatised and discriminated against.

Homophobia is not the only form of intra-community oppression present within the community. Travellers with impairments have also been looked upon as compromised with regards to identity, or as not ‘real Travellers’, due to their increased exposure to service provision, social services and therefore settled culture. Such intra-community oppression is not exclusive to Travellers but has been identified within other minority cultures. Accusations in the African-American culture of identities and behaviours that are ‘not black enough’, are also evident. Exclusion on the grounds of being insufficiently authentic as a Traveller, an ethnic minority member or even a disabled person can be justified by a person’s choice of hobby or lifestyle, choice of home, mixed heritage, interaction with a dominant culture or even their perceived status as ‘not disabled enough’, in the case of invisible disabilities:

*“The oppressed, therefore, because of values, perspectives, and beliefs, located in a network of interconnected systems that support constructions of identity according to ability, race, ethnicity, class, gender, age, sexual orientation, and so on are also, in turn, oppressors.”*

(Connor, 2008: 461)

While acknowledging and remaining cognisant of Connor’s (2008) analysis of internal oppressors within an oppressed category or grouping, it is important not to lose sight of the original and overarching form of oppression – the oppressive force from which language, rituals and strategies of humiliation and shame are learned and replicated.

Reeve (2014) discusses the role of self-disgust in motivating and sustaining internalised oppression and argues that disgust itself is at the root of ableism, functioning as an unspoken but powerful tool for enforcing discrimination and exclusion. She particularly considers moral and interpersonal disgust, linking these to psycho-emotional disablism – both through the emotional consequences of facing structural disablism and in interactions with others – and hence to internalised disgust or self-disgust. She also discusses hierarchies of disgust within

the disabled community itself, thus pointing to disgust as a motivating factor in both internalised oppression and intra-community oppression. It can be argued, too, that disgust and internalised oppression within the Traveller community are formed in response to racism, exclusionary tactics and assimilationist practices. This is especially significant when one considers the statistics for suicide within the community, to look at disgust as a motivating factor in racism and disablism is to consider the psychological or unconscious associations underpinning discrimination, as well as its historical scope (Goodley, 2011). The equating of black or minority ethnic communities with feeble mindedness also holds true in the Traveller context. Traveller children were assumed to have learning disabilities. The low status and stigma associated with learning disabilities reduces minority identity to the lowest rung of a heterosexual, white patriarchy. As one identity is reduced, another is elevated. In the Irish context white settled identity is elevated and privileged. It is worth mentioning too that acquired impairments associated with non-disabled identity are prioritised. This ties in with the idea of essentialism. The closer you are to white privilege {access to social cultural and economic capital} the more likely you will be accepted or embraced ( Kalwant Bhopal, 2018). People with complex needs are further away from the centre of privilege. There is also the irony that categories of impairment that are hidden or invisible have much more potential to pass and not be stigmatised by the disability category. This could also be considered in the context of ‘settled’ Travellers where the individual is rewarded in their effort to attain settled identity and therefore settled privilege.

Connor (2008) illuminates these tangled histories of race, ethnicity and disability, and gives a clear picture of the ways in which certain categories of people were marked apart and made use of for medicine, science and entertainment, especially in the case of black people and members of ethnic minorities who were put on display or otherwise shamed and dishonoured for the white, usually colonial, gaze. To link this with Reeve’s (2014) work on psycho-emotional aspects of internalised shaming, the fact that entertainment industries subsequently became one of few means of making a living for minorities in Western culture means that a degree of collusion with one’s oppression can take place. This can mean internalising or performing a projected image, a projected narrative, recognisable to the dominant group, and has correlations in Traveller and gypsy culture – the stereotype or myth of joining the circus, for instance, which, in contemporary times, has become the performance of ethnicity for reality television.

## 6.5 Honour, Shame and Sex

Issues of honour and shame are closely associated with ideas of ethnicity, race and national identity, especially in opposition to racism and negative stereotyping, and the crux of this discourse has traditionally been gender-specific typologies. This becomes heightened in the context of femininity, particularly as women can be charged with the task of representing or preserving honour and purity through their conduct. It presents a conundrum for minority ethnic women, who potentially face pressure or oppression from without and from the community, in the sphere of cultural identity, national identity, resistance and representation. As Bahar Davary (2009: 48) elucidates:

*“For women, shame and honor are often closely related to their dress and display of hair and eyes, while such is not the case for men. Indeed, whether we are covered or not, as women, we are still defined by our bodies. As Howard Eilberg-Schwartz and Wendy Doniger point out, the ways in which women’s heads (and bodies) are imagined in religious texts, myths, and stories, and how these symbols are reenacted in various practices, affect women’s power, subjectivity and identity”*

(Davary, 2009: 48)

This extends to women with impairments but is particularly significant to women with impairments who also belong to ethnic minorities, including Travellers. The conflict between agency and family or traditional values is often managed by pushing and negotiating cultural boundaries through the negotiation or reshaping of these boundaries and traditions.

An especially visible example of this is the veil or hijab, interpreted by many Western women as a symbol of patriarchal oppression, but interpreted and worn by a proportion of Muslim women as a sign of resistance to secularisation, Christianity and liberal values concerning modesty, sexuality and commodification. “In the mind of a particular Muslim woman, the veil – and whether she wears it or not – may mean a number of different things, which can vary greatly from one phase of her life to the next” (Davary, 2009: 50). Although Traveller women do not have an official or religious dress code, certain cultural markers of Traveller identity expressed through dress and adornment exist, including style of dress, earrings and hairstyles. These markers of difference can make Traveller women visible and allow state and state

bodies, or the police and security presence in, for instance, shops and public spaces, target and follow or harass Traveller women. This forms part of an unofficial racial profiling agenda. Within the community, however, certain dress codes and modes of self-representation make statements of resistance to the settled gaze, and challenge what is considered appropriate, modest, respectful or normal. Generally, or traditionally speaking, Traveller women follow a code of value whereby virginity is considered the norm before marriage; this is a general comment, and many women find ways to adapt to their own individual circumstances, negotiating this within the periphery of Traveller culture and identity. This shares some similarities with Muslim women, those who decide to wear the veil and those who do not. The effects and repercussions of such choices are associated with

Sexual activity. A female Traveller participant with an impairment, answering a question on self-perception:

*“I know other people who are not Travellers but who have what I have. They go places, they do things, they have jobs, they get married. I can’t do any of that.”*

Another female Traveller participant with an impairment, answering the same question:

*“I feel ashamed for my husband. We’ve been married nearly thirty years. He can’t look after me. I wouldn’t want that, not a man. Now we’re apart I’m ashamed because of that. I’m ashamed for him having no wife with him.”*

Traditional values, whether sexual or relating to family, conduct or dress, can be of value and importance to individuals, and being excluded from traditional roles can also be painful for Travellers with impairments. Honour and shame have traditionally, within the community, been related to obedience and disobedience in the context of Traveller values. Shame is usually associated with deviant sexual behaviour or deviance from sexual mores, and in the case of women particularly, with behaviour that deviates from prescribed expectations of behaviour within the family or in relation to family values. This deviance can take many forms, and disability can be one of them. This male participant feels the need to hide his impairment from his *fiancée’s* family:

*“Sometimes I feel bad not telling [my fiancée], but her family wouldn’t let me marry her if they knew I had epilepsy.”*

The repercussions of perceived deviance may be familial or come from the larger community. If a woman is considered shameful from this perspective, judgment and possible punishment originate within the immediate family first, from there, involvement may extend to the wider family network or to the community network. In a similar way, gay, lesbian and transgender Travellers can be shunned or feared by the community as a collective, but there are immediate risks of repercussion within the family unit, including ridicule and possibly violence. For this reason, gay, lesbian and transgender Travellers may seek refuge and support outside of the community. In more recent time, Pavee Point has provided a safe, sensitive and respectful forum and space for Travellers to come together and explore their issues and experiences of homophobia, isolation, exclusion or violence ( Fiona McGaughey, 2011).

Gay, lesbian and transgender Travellers live under simultaneous oppressions, encountering discrimination on the grounds of their sexuality or identity from settled culture, and experiencing intra-community discrimination and exclusion too. Such simultaneity of oppressions and intersectionality of identity is also true of Traveller women, and of Travellers with impairments. Within Pavee Point and via the networks established there, connections have been made between different marginalised sub-groups of the Traveller community, making comparative reflections and considerations possible. Disablism and homophobia are oppressions which originate in the same essential impulse against perceived deviance but the dynamics of how these different forms of discrimination operate are different. Minorities within ethnic groupings share a common history of oppression and concomitant suspicion of deviancy. As one participant stated, as noted earlier:

*“When I’m in the pub I get a few pints. Sometimes the men will start talking about {my impairment}, but then my brothers and my cousins will quash the conversation.”*

As has been discussed, family networks, the nuclear family and extended family relationships are at the heart of Traveller culture, forming the main framework within which Travellers locate themselves. For this reason, weddings and marriage connections are significant social rituals, and the position of a ‘deviant’ family member, in this context, can be a source of intra-community stigma and shame. Such stigma and shame can, in turn, have serious consequences

for the marriage opportunities of the ‘deviant’ person’s siblings. As Tobin Siebers (2008: 98) highlights when talking about shame and impairments: “[some] people keep secrets, other people are secrets. Some people hide in the closet, but others are locked in the closet.” Moreover, this kind of shame falls most prominently on women and can extend to a rejection of second relationships or second marriages by both the family and the wider community. However, in recent times, this rigidity is beginning to loosen, and more tolerance is becoming visible within families and within the community. This has not had an extensive influence or reach yet, however.

## 6.6 Pride

*Prideful behaviour occupies public space, or more simply, involves public display. Clear and powerful public discourse, a steady gaze and even public demonstrations may be taken as indicators of pride ( Lory Britt and David Heise, 1997: 3).*

In their analysis, Britt and Heise (1997) emphasise the value and effectiveness of public demonstrations of pride in counteracting enforced or coercive discourses of shame. Within Traveller politics, pride and self-esteem function in this way to form part of a recovery process whereby the community can rediscover itself as a prideful unit, rather than only a grouping excluded or formed by the settled gaze of shame and rejection. Opportunities and locations for the experience of performance of pride can be surprising and are rarely simplistic. In the case of intersectional oppressions – being both impaired and a Traveller, for example, the nature and source of pride, distinction or personal freedom is still more complex. For a short period of my life I attended a day-centre for people with impairments; at this time, I also lived on a site in north County Dublin. On the site, many of my peers, and especially the women, had not had opportunities to get education or training, and did not have access to a day-centre, as I did. In comparison with their situation, the pride associated with having somewhere to go each day, with getting on the special designated bus and meeting with other service users who knew me, gave me a degree of agency which was, paradoxically, not available to my non-disabled peers. At the same time, from the outside, the day-centre and special bus might have marked out my impaired peers and I as stigmatised – as segregated people who required special, accessible, transport and were different from the norm. The nuances of freedom and stigma in this instance are not clear-cut but can change with context. Interviewees suggested that I was not

alone in this experience:

*“Sometimes being like this when you’re a Traveller, well you get more freedom. For example, my sisters, they have to be watched all the time. They can never go to after- school stuff.”*

Once again, the amenities I had access to, and to which the above participant had access, were not political rallies, political meetings or places where disabled leaders were talking politics, resistance and even revolution; they were, ostensibly neutral, facilities provided for people with impairments but managing, through this, to extend a sense of pride regarding freedom, liberty, movement and opportunity, which was not available to non-disabled Traveller peers. At the same time, viewed differently or placed in a different context, the peer with an impairment is the excluded one, the individual potentially on the outside of the collective, unable to access certain privileges sustained by the collective. Before progressing further on the complicated theme of pride and identity, with respect to the experience of Travellers with and without impairments, however, it is necessary to take a short detour and look, more pessimistically, at the ways in which pride can be misconstrued as well as twisted, misrepresented, and even exploited or commodified.

#### 6.6.1 *Commodification and Spectacle*

*“Another cultural sphere in which race and disability often overlapped or merged was the popular world of sideshows. For a small price, the "deviant" body was paraded for the world to see. Coexisting with people of short stature, limb- less performers, obese women, and conjoined twins, [were] ethnographic "freaks" from far-flung "exotic" places like Melanesia, the Philippines, and Africa [...] As public spectacles, such individuals served to allow the public to see what they themselves were not. Blurring the lines between disability, intelligence, animality, and race, the "freaks" simultaneously served to buttress widespread notions of racial and able- bodied superiority.”*

(Connor, 2008: 457).

The culture of sideshows described by Connor, above, presents a crude and even cruel example of ‘othering’ for entertainment purposes, and points to the psychological messages underpinning this idea of racial and able-bodied superiority. Although contemporary examples

of Traveller exploitation in the media are less obvious, the settled public's consumption of Travellers – of certain images of Traveller culture – follows the same essential logic, facilitating voyeurism but always marking the Traveller subject and way of life as other, different and lesser. Even rituals as solemn as burial and commemoration can trigger derisive comparisons. For instance, in response to the Traveller use of ornate headstones to mark graves. The conspicuousness of Traveller headstones and funereal ornaments comes in for criticism as gaudy or crass by settled observers, but the expression of colour characteristic of Traveller graves is interpreted, by the community, as a means of honouring the dead whilst sharing family pride within the family and wider community. It shows care and esteem for the legacies and memories of dead family members. However, the very things which signify pride to the Traveller community can be grounds for mockery, ridicule and shaming from outside it.

On television, recent documentary analysis of Traveller life has tended to focus on Traveller women or Beoirs, in ways which are exploitative, voyeuristic and potentially dangerous. It is also formatted deceitfully and reflects an uneven power dynamic masked as collaboration between television producers and Traveller participants. Typically, young Traveller women are persuaded to allow their ornate and traditional weddings be televised for crucially, a settled audience, often under the guise of cultural exchange or celebration. The fact that the programmes are tailored to a settled audience, however, means that the logic of Connor's (2008) sideshow is not far behind. This situation also reflects the dilemma of personal and collective shame in a Traveller context, suggesting shades of complexity. The bride and her family may, for instance, be proud to have the wedding televised, and its Traveller traditions, attributes, and regalia displayed in what *claims* to be a positive way. However, this emphasis on the exotic otherness of the Traveller way of life is intended for a settled audience and has the effect of enforcing a single, simplistic view of Traveller life and Traveller values which can be interpreted or represented as negative in a different, settled context.

Power is an indispensable tool of shaming strategies. Whilst the original footage which may have appeared neutral, the combination of editing and voiceover serve to mediate and construct a distorted, manipulative version of 'reality'. Those who control editing, control the 'menage' sent to an audience, which may, of course, be understood in a number of different ways. This kind of media, particularly when it influences young people, suggests that this is the only way to look and act like Travellers – pinned down by the settled gaze in this way, judgement is once more projected onto Travellers from outside, with the same settled, televised gaze, failing or refusing to take account of diversity within the Traveller community:

*“I feel ashamed of negative stuff. Fighting, feuding, crime. Traveller doesn’t mean fist fighter. I’ve never been involved in fighting or feuding. I feel ashamed of the media’s portrayal of Travellers.”*

The above quote captures internalised shame quite clearly. The participant recognises that being a Traveller is not reducible to fist fighting, and that they themselves have never been involved in this or in feuding. He recognises, then, that this is an image being projected onto him from without. At the same time, the participant feels shame about it. Even in recognising that the stereotype does not describe him, he is obliged to suffer shame because of it.

This stereotype – that of the fighting, feuding or otherwise violent, Traveller male represents a hyper-masculinised inverse of the hyper-feminised Traveller woman. Documentaries like *Knuckle* (2011) present Traveller culture through the narrow lens of feuding, an area of life which the community would not consider to be representative of them, but which is presented as a quintessential element of Traveller life for, again, a settled gaze. This is not to say that members of the community do not identify with or see these portrayals as positive in some instances; there is no consensus across the community and diversity exists. The point, however, is that settled media emphasis is on a small number of phenomena, ornate weddings and fist-fighting which promote and re-emphasise narrow stereotypes that do not seek to serve the community, but to entertain a settled audience. The stereotypes resorted to, especially hyper-masculinity and excessive femininity, also form part of shaming techniques applied to other ethnic minorities, particularly black people. Boxing and other aggressive sports controlled, monetised and watched, predominantly, by white people also come in for attention in a narrow, stereotyped way.

Television programmes claiming to deal with the reality of life for people with impairments show similar tendencies towards exoticisation and ridicule. Channel 4’s *The Undateables* (2012) is a prime example of this kind of sensationalism. The programme’s premise and structure are inherently stigmatising and shaming, identifying the disabled individual as abnormal and dysfunctional, unable to behave normally, which is to say, to meet a romantic partner and form intimate relationships without help. Once again, strategies of which inform

the way the programme is presented and advertised, and, once again, the intended audience is not disabled. Stereotypes which potentially gratify a non-disabled audience, which present those with impairments as inherently flawed or helpless, are offered to this audience instead of any coherent challenge to the barriers and disablism that actually prevent many people with impairments from accessing mainstream venues or environments, places where they could potentially meet romantic partners independently. This aspect of structural discrimination and exclusion is ignored, even though the programme claims to be about pride. Thus, it seems, that this pride is only related to the revelation of those aspects of a participant's life and personality that are not 'undateable' or anomalous.

This misrepresentation of disablism as pride is common in other forms of media, too. We have seen Brune and Wilson's (2013) account of the 'triumph over tragedy' narrative in media and advertising. This narrative can focus on an impaired body which has been modified or 'improved', with a tendency towards the commodification of this body. A visible example of this has been the South African athlete, Oscar Pistorius, whose status as an impaired man with a powerful prosthetic leg, and career as a runner, allowed him to be sponsored and marketed by cosmetic companies. This kind of commercial endorsement only attends upon impaired people or athletes who are active and seen to resist or challenge limitations in acceptable ways. Most of the time, the rhetoric and wording around their image is careful not to mention the actual impairment at all. Pride in this kind of instance is only accessible through a performance of 'triumphant' over impairment aimed, again, at a white and non-disabled crowd. As repeated from earlier and recontextualised in the context of triumph over adversity, this participant resists that trope:

*"Sometimes my brothers want me to go to the gym, you know to be into sport. They see people on the television in wheelchairs playing sport. But I hate it. They don't understand. I don't know why I hate it, I just do."*

Cameron's (2014) discussion of stigma also emphasises the role of power relations in stigmatising categories of people, including people with impairments:

*"Disgrace is not a quality of an attribute but of the way the attribute is regarded by others. Stigma does not reside in the 'discredited' or 'discreditable' bodies (Goffman, 1963), but in the social relations which mark some bodies as superior and others as inferior."*

(Cameron, 2014: 47).

### 6.6.2 *Reaffirmation and Recognition*

Britt and Heise (1997) state that 'first, social movement writings and activities clarify that someone with a stigma is not an idiosyncratic individual but rather is a member of a definable plurality. There are others with the characteristic, and all can identify with their commonality when they get together. For example, the first halting steps of the Gay Rights Movement involved making individual gay men and lesbians known to one another':

*"For people who are invisible, overcoming invisibility is a major step in improvement of self-image, in coming to grips with who you are. Think of all the isolated gay people for whom the sheer existence of groups of their own, that they could turn to, was an enormous improvement over the old situation where they felt totally cut off."*

(Britt and Heise, 1997: 10)

In my own experience, the acknowledgment of commonality, solidarity and community identified by Britt and Heise (1997) has been instrumental in cultivating a sense of personal pride and identity. When I met and spent time with other travellers who had an impairment, it transformed my sense of being. The experience was politically and culturally formative, but equally very personal and emotional, affecting me on public and private levels. The company of Travellers with impairments provided a source of affirmation because it allowed us to share and validate our common experiences of oppression and struggle, and our belonging and self-realisation. Jonathan Ned Katz's (1976) analysis focuses on gay and lesbian experience and identity, but is applicable outside of this sphere, and relevant to the context of Travellers with impairments. It recognises the role of hurt, pain, shame, stigma and exclusion in the formation of one's identity, but also reveals this identity to be a shared one i.e. a group identity, which, allowing for diversification within it, affirms each individual member's experience and reality while also providing support and recognition. Realising that one or another person in a group has, in the past, sat in the same segregated classroom or shared the same life experience is a source of recognition and validation that becomes a celebration.

This note of celebration, following from the recognition of a shared identity and experience, was repeated throughout the interviews and focus groups. Many participants, disabled and non-disabled, took pride in their Traveller identity, but especially tended to link this pride back to family units and home surroundings, locating their pride and wellbeing in a community and group context:

*“I am proud of being a Traveller and I’m proud of the Traveller culture. I’m proud of my mother and father being Travellers on the site.”*

This positive response was most confidently expressed by participants under the age of forty. Regardless of their impairment or where they were living, their relationship with their Traveller identity was affirmed in celebratory tones and linked repeatedly to family and community:

*“I feel proud to be a Traveller, like with my family, doing things with my mother and sister. Shopping and chatting, going places, holy places. My family are very religious, I am too. I feel proud with them, like normal. They know me, they mind me, I feel protected.”*

As is evident from these testimonies, a sense of pride in shared identity was an ongoing source of strength and confidence for many participants. In keeping with this emphasis on togetherness and belonging, the formal recognition of Traveller ethnicity by the Irish State in 2017, was mentioned by several participants in the focus groups. The interviews had, by March 2017, when Traveller ethnicity was officially recognised, been concluded, while the focus groups were held afterwards. Whether or not this official stamp of approval by the Irish government will have a long-term impact on the wellbeing of the Traveller community remains to be seen, and will take time to measure, but the immediate impact of the event on participants in the focus groups was visible, and celebratory:

*“The evening of the announcement I was proud. It’s been twenty five years plus that we’ve been campaigning. It was emotional. I was thinking of my father. He never ever compromised. He was a great mentor, he didn’t realise it though. When Enda made the announcement I remembered the year 1979. Mr Sweeney, the principal of my school stood at the gates. My father had pulled up and parked there. Every summer we’d go travelling and he was collecting us. He told my father that Michael, my brother and myself couldn’t be going off*

*like that. I was about ten years old and it was the first time that I noticed settled vs. Traveller culture being played out in front of my eyes. I was proud and emotional.”*

Other affirmative benefits gained from recognising community in this way are the solidarity and learning exchange that can take place, both between members of the oppressed group, and between this group and other oppressed groups and communities:

*“Movement literature that describes cases of persecution of the oppressed by the oppressor allow a secluded reader to identify with other oppressed individuals and to anticipate a sense of empathic solidarity that might be felt in assemblies. Literature that is effective for this purpose involves clear portrayals of typical actions of the oppressor toward the oppressed, vivid descriptions of emotions - such as fear or anger - felt by the oppressed, and details of common, non-heroic reactions enacted by the oppressed. Thereby the reader realizes that he or she feels and reacts the same as others in the oppressed group, when encountering the oppressor.”*

(Ed Jackson and Stan Persky, 1982: 10)

Shared solidarity not only implies a shared struggle but also a shared learning. This is true, for instance, of the relationship between Irish Travellers and the Roma community, particularly with respect to shared politics, and the knowledge and organisation that Traveller politics have unearthed, gathered and developed over thirty years of political representation.

*“Each time I extend a casual greeting to an unknown gay man and receive the same in return, we both affirm that which joins us together and come away from the exchange newly knowing that it's good to be gay. We have added to the bond of gay community. And, in both of us, fear and shame, the wounds inflicted on us while we were too young to protect ourselves, heal a little more. Three or four years ago, I got little positive response to my necessarily tentative gestures of solidarity. Now I find that gay men smile more readily.... Whether we've been active in it or not, the gay movement has touched us all.”*

(Jackson and Persky, 1982: 73)

While Jackson and Persky's (1982) work is now over thirty-four years old, much has changed

for the gay community, particularly in Ireland, and this has been especially energised and made visible by the introduction of same-sex marriage in May 2015. The notion of an underground or deviant gay movement no longer exists and, while homophobia is still prevalent in a lot of gay and lesbian people's lives, and continues to structure aspects of heteronormative society, the public discourse of shaming gay people is now, officially, frowned upon.

However, when Jackson and Persky (1982) describe a friendly wave or an acknowledgement in a public arena from one lesbian to another, they are documenting an epoch that still exists for Travellers and to some extent for people with impairments. While informally or culturally Travellers will and do acknowledge each other outside of a Traveller setting, this is often dependent upon safety and whether there are just two people involved or there is a larger grouping. Also, if a Traveller is with a group of settled friends, family or colleagues, because of racism that results in stigma, that individual Traveller may ignore the cat's chorus or the wave from other Travellers. Jackson and Persky's (1982) casual wave can often translate in a nod or a wink from one person with an impairment to another, which can create an adrenaline rush of pride. This is the affirmation model in practice.

## **6.7** Where to from here?

The content of participants' interviews, together with the theoretical backdrop this thesis has provided and, hopefully, contextualised, gives an indication of where we currently are. Shame, as a theme and an experience, was more often expressed and described in one-to-one interviews than in the focus groups. It is a difficult subject to talk about in a group, and the privacy and intimacy of one-to-one interviews proved more appropriate. The sources of and manifestations of shame varied, were context-specific and overlapped with different aspects of identity.

Participants expressed the fear that their impairment had, potentially or at certain points and in certain contexts, brought shame on their wider family, or invited stigmatisation, particularly with respect to the marriage opportunities open to their siblings. This kind of shame was related to the impairment, dependency and vulnerability the impairment made necessary. Some participants did not like having to depend on family members for support –

this kind of shame, also, was not related to Traveller ethnicity or identity, since it related to realities and experiences within the community group. Some participants with impairments, for instance, felt ashamed at attending family weddings, christenings and funerals because they were more dependent on family members to get there. Male participants particularly expressed shame at knowing the wider community had information about their illness, and therefore their private life, and this was especially true in cases of mental illness. Shame, experienced as sadness and regret, was spoken of by some older participants who had not had the same opportunities for courtship, love and marriage as their siblings and peers. Gay Travellers spoke about shame experienced in the community if their identity affected their family name, but also compared the oppressive treatment they had received for being gay with experiences of being disabled. In the focus group for men, shame was emphasised because of being associated in the media or by the settled gaze, or anecdotally, with feuding. There was also a form of shame which related to being involved or implicated in feuding or threatened by feuding. For example, in more recent times, certain feuding families might use disability, impairment or chronic illness as ways of publicly humiliating and ridiculing another family.

The above experiences of shame within family or community life must, then, be considered in the broader context of racism and oppression. Within the community, Travellers with impairments can struggle to access resources due to prejudice, and, outside the community, access to resources can become contingent on the individual giving up or minimising key parts of their identity and life – submitting, that is, to assimilationist policies and impulses, or feeling obliged to ‘pass’. Traveller pride is not something which has or can be affirmed and awarded by the settled community, or by the structures of a settled society. On the contrary, Traveller pride is often built on resistance to oppression and assimilation and must be sustained and developed in the face of oppression and forced assimilation. There is a huge sense of personal satisfaction, accomplishment and pride in combating and resisting any form of shame or shaming in the context of racism. Examples include when Travellers such as Francy Baret and John-Joe Nevin who have won medals at the Olympics identify themselves publicly in the sporting arena as Travellers. Within the Traveller community the Citizen Traveller Campaign, an initiative by the government to encourage a better understanding between the Traveller and settled community through public awareness and education programmes was set up in 2001. It was wound up in 2003 after a value for money audit found it had not achieved its purpose of healing between the two communities. In more recent times, Traveller pride awards celebrate Traveller achievements and the contributions that Travellers make to their own communities

and to Irish society. It is difficult to be critical of these government, PR initiatives because they raise morale. However, as a past winner I can say that they are no substitute for adequate funding of services.

Traveller pride is expressed in collaboration and mutual support, intra-community acknowledgment and affirmation, rather than in a search for validation or acceptance by the dominant culture. The same is true for disabled pride.

Concluding thoughts

*“Will I lose myself entirely if I lose my limp?”*

(Barbara Kingsolver, 1998: 499)

Adah Price, the so-called ‘crippled’ daughter of the missionary Price family at the heart of Barbara Kingsolver’s, *The Poisonwood Bible* (1998), is a hemiplegic whose lifelong disability has meant that, in childhood, she has been ‘left behind’ by her parents, her sisters, and, it sometimes seems, by ‘normal’ life. Adah doesn’t speak until late in the narrative but when she does, it is clear that in the midst of her more talkative and mobile family she has not been existing as an ‘it’, a ‘thing’ or a person without agency; rather, she has been reading {reading books back-to-front, sometimes, and finding a place for everything; nothing, to Adah, is without a place, nor does she see herself as *without a place* in the world}, forming opinions on the world and nurturing a sophisticated inner life. When her domineering father dies, she travels from the Congo to the United States to train as a medical student; there, she meets a neurologist convinced he can cure her ‘limp’. The limp, he claims, is a ‘falsehood’, an error in diagnosis that has become a habit, something psycho-somatic, something curable. For Adah, this comes as a shock: ‘I was unprepared to accept that my whole sense of *Adah* was founded on a misunderstanding between my body and my brain’ (Kingsolver, 1998: 496). Adah’s personhood and sense of self has not, we might argue, been eroded or compromised by her disability, even in the face of lifelong discrimination and designation as the family and community ‘other’. The insistent neurologist – who not only wants to cure Adah, but also seduce her – effectively obliges her, via physiotherapy and experimental techniques, to ‘correct’ the limp. There is no redemption narrative at the end of this, but no tragedy either, because, despite what her neurologist and family thing, Adah has not lived a half- {hemi-} life; she has simply led a life that has been considerably less noticed and less valued than the lives around her. She is ambivalent or ironic about this: ‘I made plenty of my own mistakes. I just

made them on the inside' (Kingsolver, 1998: 497).

Adah's position in, *The Poisonwood Bible*, which is considered one of the most significant and troubling works of contemporary fiction, is elusive and complicated: as a 'crippled' or defective person, her role in the novel is to be attentive to other forms of exclusion, diminution, damage, abandonment, rejection and compromise. In becoming a doctor, she works with children who are born with impairments and records the despair of their parents – her position towards this, and towards herself, is ambivalent, and does not fit easily into any redemption or heroic narrative. In this, arguably, she encapsulates much of the richness and strangeness of subjectivity when it is presented as at odds with a dominant culture, or with dominant presuppositions about the self, the body and impairment: 'Will I lose myself entirely,' she asks, 'if I lose my limp?' (Kingsolver, 1998: 499).

This thesis has been concerned with the affirmation model of disability, a model which takes seriously and celebrates the idea of disabled subjectivity as complex, relevant, 'normal', authentic, and not to be considered lesser {hemi-, or half} than able-bodied subjectivity; an idea of disabled identity which neither reduces itself to disability nor accepts the 'heroic' narrative of triumph over adversity. This is a form of identity which, like Adah's personal development in, *The Poisonwood Bible* (Kingsolver, 1998), allows for strength, failure, weakness, humour, complication, solidarity, choice and growth. In inter-sectionally looking at Irish Traveller experience, remaining strongly cognisant of feminist and LGBT issues, and drawing on personal testimony instead of applying generalisations, this thesis seeks to extend this acceptance of complexity, self-determination, ambivalence and potential to Irish Traveller, disabled identity.

In interpreting the data that related to my research questions, on how disabled Travellers conceive of their identity and how their material circumstances shape and affect that identity, a number of issues came to the fore. These issues included the need for disability studies to scope further into the area of racism and impairment. While there is an acknowledgement by disabled theorists including Thomas (1999), Crow (1996) and Morris (1991), that the social model falls short of acknowledging diversity within the experience of impairment and disability, disability politics has to continue to make space, elevating leaders and activists from Traveller, black and other ethnic minority groups into positions of power and influence. In my

journey researching shame and pride in Traveller identity, there was hope and ambition that the affirmative model of disability would become the leverage from which Traveller identity could find a springboard to jump. The affirmative model is a more a theoretical concept than a practical one; this means that the affirmative model is useful for self-empowerment and in moments of crisis, where racism or ableism is impacting systematically on one's life. Overall, the affirmative model is a mantra, not a tool that can be applied anywhere, or can be used as a practice. Nonetheless, as a way of extending the social model, the affirmative model does allow for a wider scope of inclusion with regard to the lives and experiences of people with impairments.

The social model is, at some levels, operational, though not always at the behest of people with impairments. Nonetheless, the closing down of institutions and congregated settings, as well as the ambition of many young disabled people to live independently and engage with mainstream education and employment tells a story that, on some levels, the social model is working, albeit in a way which has been misappropriated by the state and service providers. Within disability politics and disability studies, the social model, for all its shortcomings, does and can provide an opportunity for Travellers, black and other ethnic minorities with impairments to find independence, choice, freedom and protect their bodily integrity. Often, the responsibility of extending the hand of friendship must come from the mainstream disability organisations that are predominantly white and settled. Nonetheless, it is up to us Travellers, black and ethnic minority people to respond to that hand and find our space within the collective. Similar to the way in which women with impairments struggled to move into spaces that were predominantly preserved for men. Women with impairments are now using their experience of disability politics and studies to critique the social model. This practice may also become relevant for Travellers, black and other ethnic minority groups.

## 7.1 Conclusion

*“Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past. The tradition of all dead generations weighs like a nightmare on the brains of the living” (Karl Marx 2000: 7).*

The two central questions of this research set out to discover how disabled Travellers view their identity and how their material circumstances shape and affect that identity. Using critical social research as a theoretical framework my research unearthed how the social and political structures and processes in relation to Travellers and the accepted Traveller history emerged. It recognises these social and political structures as oppressive. This thesis rejects the given Traveller history as factual. It makes explicit the presuppositions that form the knowledge generated by my enquiry into disabled Traveller identity. In doing so, it unearthed flawed assumptions underpinning much of the government policy toward Travellers. Historically, racist and assimilationist assumptions underpin Traveller policies and service provision. Policies which identified Travellers as a ‘problem’ in need of rehabilitation and assimilation such as the 1963 Commission on Itinerancy Report. It further examined how that structural history has evolved over time.

Racism and ableism though abstract concepts were located in the wider historical and contemporary context of State policy and manifest in the experiences articulated by the participants in the thesis findings. Disabled Traveller identity has been shaped and conditioned by structural, political, and interpersonal oppressions, producing a sense of shame that impacts pervasively and negatively on disabled Traveller identity. Racism, prejudice and discrimination are built into the policies and practices of state institutions. Policies which have led to exclusion and isolation. The Irish media too, play an influential role by fuelling hostility, prejudice and conflict with the settled community. Negative, dangerous portrayals of Travellers are common. Shaming strategies have been mobilised as a means of conditioning Traveller identity and experience. This thesis examined how shame and pride condition, compete, and co-exist in the formation of disabled Traveller identity.

Pride plays a key role in counteracting stigma and shame in the Traveller community by resisting the shame and stigma imposed from outside and in combating overt and covert racism that is part of the everyday oppression experienced by the participants in my findings.

In counteracting shame, Traveller pride as articulated by the participants was built on resistance to oppression and in combating and resisting shaming strategies. The Traveller and Roma Inclusion Strategy 2017-2024 has left the assimilationist policies of the past behind, however, in accessing suitable accommodation disabled Traveller participants in my research findings describe how they are expected to move away from their families, support networks and the protection that cultural capital affords individual disabled Travellers, in order to find

suitable accessible accommodation or service provision. A majority of Traveller participants expressed pride in their Traveller identity and located that pride and wellbeing in their families and also in their community. Disabled participants who had moved away from family and community to access suitable accommodation articulated feelings of low self esteem, isolation and loneliness.

The Irish state has failed to address the serious problem of racism which underlies the failure of local authorities to meet their obligations in providing appropriate accommodation for Travellers and for Travellers with impairments. There have been four failed accommodation strategies over eighteen years. The main obstacle at the implementation stage is racism. Strategies for housing and education all continue to encounter similar problems at the implementation stage. Gaps between policy and implementation remain. In the meantime deaths from despair, from suicide, drugs and alcohol continue to rise. There is more work to be done.

## **7.2**            Limitations

There is much work that still needs to be done for Travellers, especially disabled Travellers. This thesis aimed to provide an academic account of the lives of Travellers, and has succeeded at that goal within its parameters. The interviews were undertaken with an understanding that the accounts of just a few individuals cannot capture the experiences of a whole community. Additionally, these individuals are not a representative sample, and will not have been able to adequately show the range of responses to these questions that could have been given by those in the many different circumstances in which Travellers live.

Of necessity, interviews were unable to include questions about every aspect of Traveller life, and many of the questions may have been leading insofar as they intended to elicit thoughts on pride. The participants' awareness of the political and social context of my research and the wish on behalf of some to present the Traveller community positively is acknowledged. Additionally, I have my own perspective on the disabled Traveller experience, and this will have strongly influenced the interviews as well as my own interpretation. These limitations mean that this research should not be taken as accounting for all possible perspectives on the community, but rather as a limited account of one set of questions about the community, and as

a call for more academic work to represent the Traveller community and their perspectives.

### 7.3 Implications

Any analysis of social structure is a political act which engages those oppressive structures in order to transcend them ( Harvey, 1990: 22). There has been notable progress over recent years in terms of rights for Travellers and for Deaf and disabled people, Travellers were finally granted ethnic status in 2017, the United Nations Convention for the Rights of Persons with Disabilities (UN CRPD) was ratified in 2018 and the Irish Sign Language Act was signed into law in 2017. Notwithstanding these successes however, there remains work to do.

Those best equipped to discuss the lived reality of intersectional oppression have, due to these oppressions, been unable to take part in the discourse. This is changing, and this research is a gesture towards progress, but further cultural shifts and changes are needed. With the growing number of Traveller individuals finally moving through third-level education, disabled Traveller identity needs to be part of any on-going research that relates to Traveller health, accommodation, education, training and employment. Issues concerning the Traveller community at large, such as access to service provision, ethnic identifiers, census data, need to ensure that diversity within the Traveller community is respected.

Disabled Travellers are an invisible group when it comes to policy. Government policy does not acknowledge intersectional identity. The National Traveller and Roma Inclusion Strategy is developing a much needed methodology for an ethnic identifier on all data sets to facilitate the monitoring of access to services. Data disaggregated by ethnicity, gender and disability should be collected across all departments.

Disability organisations and state bodies, such as the National Disability Authority, need to carry out urgent research in the area of Travellers with impairments. Accessing service provision as a Traveller poses risks, ranging from racist encounters to a simple lack of acknowledgement of Traveller ethnicity. Participants in interviews felt that they did not have a significant amount of freedom or choice regarding engagement with service provision, and felt inclined, therefore, to hide or minimise their Traveller identity to access better treatment or preserve good relations with providers.

The Traveller community is not homogenous. When Traveller leaders and organisations talk of diversity within the community they need to include disability. Traveller organisations, in all community work, programmes and policy documents, need to be cognisant of access issues for deaf and disabled Travellers. Traveller-only forums and the Traveller community must continue to give voice and space to deaf and disabled Travellers.

There is no mention of disabled Travellers in the Traveller and Roma Strategy except under the heading of ‘Education’ where there is mention of free pre-school places for children with disabilities. This is a serious omission, as mentioned previously almost one in five Travellers were categorised as living with a disability in 2016.

The National Traveller and Roma Inclusion Strategy (Department of Justice, 2017) must be implemented and disability proofed. All service provision needs to ensure that Traveller identity is protected and respected by anti-racism policies and respect for diversity within service provision. There is a need too for cultural sensitivity and awareness training for staff as well as anti-racism training in all service provision.

State bodies, such as the Health Service Executive and The National Disability Authority, need to collect ethnic, disaggregated data to identify systemic or indirect discrimination and to ensure that inequalities are addressed, monitored and evaluated in policy and planning (Pavee Point, 2015).

This thesis concludes that the affirmative model is a useful tool for self empowerment. The affirmative model, as developed by Cameron (2010), and French and Swain (2000), offers a means of resisting stigma and amplifying pride by insisting that the personal is political, that impairment is normal, and that collective identity that differs from the norm – be it Traveller identity or disabled identity – can provide opportunities for self-realisation and growth, and combat shaming and stigmatising strategies imposed from outside. Pride is, and should be, infectious.

Finally, I would like to again thank all the participants in my research – particularly Travellers and Travellers with impairments. Your stories, journeys and ideas are very important.

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## Appendices

### Appendix A: Advertisement Copy

#### Advertisement for Participants

Seeking to speak to Travellers over the age of 18 who are interested in or willing to participate in an interview as part of research into Traveller identity, conducted by Rosaleen McDonagh, who is a PhD student, Northumbria University.

The title of this research project is, 'From Shame to Pride: The Politics of Disabled Traveller Identity', which attempts to explore issues of self-esteem, confidence and self-determination amongst Travellers with impairment. Illness or sickness are also part of the criteria.

The interview will take up to an hour. Standard ethical procedures will be adhered to, with particular reference to confidentiality and anonymity.

For more information please contact: Rosaleen McDonagh  
mcdonagr@icloud.com

Principal Investigator: Rosaleen McDonagh

## Appendix B: Information Sheet

### INFORMATION FOR PARTICIPANTS

We are inviting you to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve.

Please take 20 minutes to read the following information carefully. At the interview I as the researcher will also be available to go through this information sheet with you. You are welcome to get in touch with me and talk to others about the study if you wish.

#### Part 1

What is the purpose of the study?

To gain your views on and experiences of oppression, discrimination and racism that you might experience. This data can then be used to highlight issues concerning the intersection of Traveller identity and identity as a disabled person, should there prove to be any people with learning disabilities will not be included for the purposes of this study.

Participants who indicate interest in responding to the question of ‘Shame and Pride: The Politics of Disabled Traveller Identity’, should understand that their experience and their data will be useful in exploring the experiences of Travellers with impairments.

Why have I been invited?

You either are a member of the Irish Traveller community or you are a disabled member of the Irish settled community. As a member of the Travelling community in Ireland and a person with an impairment who is active in Irish disability politics, my rationale of picking a subject matter, such as *From Shame to Pride: the Politics of Disabled Traveller identity* is deeply influenced by my life experience. In total 30 people will be invited to participate in the study.

Do I have to take part?

It is totally up to you to decide whether you wish to join the study. If you agree to take part we will ask you to sign a consent form at the interview. You are still free to change your mind at any point without having to give a reason and with no effect to the services you receive.

What will happen to me if I take part?

If you agree to take part myself, the researcher in Dublin will interview you. The interviews will take place in the summer of 2015. Each interview should take up to about an hour, in order to give you sufficient time to share your experiences. With your permission interviews will be tape recorded so we get all the detail of what you say. We will then follow this up with a letter to confirm the arrangements.

What will I have to do?

You will be asked to discuss your views on and experiences of the intersection of Traveller identity and disabled identity. Please note that we may use anonymous quotations of what you say in our final report. When the first draft of the data is written, the researcher will

contact you to clarify or share analysis. If you want to provide feedback, that would be most helpful. Accordingly, if you decide that although anonymity and confidentiality will be respected, you do not want to engage beyond an hour-long interview that is also acceptable. You will be able to see your personal data and will have every opportunity to change or withdraw at any stage.

Payment?

There is no payment for participation. Should you respond to the advertisement you should know that your participation is voluntary. When conducting the interview, you will be reminded that they will not be paid. On the initial meeting of the participants, before the interview, the researcher will outline costs such as transport, childcare, Pas (personal assistants) or other forms of support, which will be provided.

Will my taking part in the research be confidential?

Yes. We will follow ethical and legal practice and all the information about you will be handled in confidence. All the information that is collected about you during the course of the research will be kept strictly confidential, and any information about you we use will have your name and address removed so that you cannot be recognised. The information you give us will be looked at by a researcher within Northumbria University who is a disabled member of the Irish Traveller community and stored carefully on a password protected computer and all the information will be destroyed three year after the study has ended. During this time, the data will be stored in a safe place. Data, within the context of anonymity and privacy, may be used in journals and academic fora. Anonymity and confidentiality will be respected and protected by changing names and locations.

What are the possible advantages and disadvantages of taking part?

The advantage of being involved is that your comments will go towards better understanding and illuminating the nature of how people's identities as members of the Traveller community and as disabled people meet and are formed. The research will benefit the community by building a body of academic writing from Travellers rather than having settled academics writes about the community from an outside position.

I do not consider that there are any disadvantages to taking part except that you will be giving up your time and we may touch upon sensitive issues in your life in terms of your personal story. However if the interview causes you any distress we will help you to contact appropriate services for support.

Part 2

What will happen if I do not wish to carry on with the study?

If you withdraw we will destroy all the information you have given us and remove you from our records.

What if there is a problem?

If you have a concern about any aspect of the research please contact Rosaleen McDonagh at the email address below. She will do her best to address your concerns. If you tell her something that involves criminal activities or potential abuse or harm to yourself or others she will be obliged to share this information with appropriate professionals.

Rosaleen McDonagh  
Northumbria University  
Disability Studies  
Faculty of Health and Life Sciences  
Newcastle upon Tyne  
United Kingdom

Email: [rosaleen.mcdonagh@northumbria.ac.uk](mailto:rosaleen.mcdonagh@northumbria.ac.uk)

What will happen to the results of the research study?

The research is for my doctoral thesis. I would like to rework it and publish it after submitting the work.

Who is organising and funding the research study?

The research is being funded and organised by Northumbria University. Dr. Toby Brandon (0191 215 6672) and Dr. Colin Cameron are my research supervisors (0191 215 6350)

Who has reviewed the research study?

The Northumbria Research Ethics Committee.

Who will be interviewing you?

Rosaleen McDonagh, the doctoral student.

Additional support

If you would like support to take part in this research please tell us how we can help you.  
(e.g. any mobility issues, translator, someone to attend with you)

Other Information and Contact Details:

During the research if there is anything that is not clear please ask us for more information.

Appendix C: Consent Form

An Exploration of the Relevance of the Affirmation Model in Relation to Traveller Identity:  
Is There Pride or Shame in Identifying as a Disabled Traveller?

## CONSENT FORM TO TAKE PART IN RESEARCH

Please initial box:

Yes

No

1. I confirm that I have read and understand the information sheet dated .../.../2016 for the above study. I have had the opportunity to consider the information and ask questions and they have been answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and this will not affect the treatments I receive or my legal rights.
3. I understand that the interview will take approximately 45 minutes to complete.
4. I'm aware and do not object to the interview being recorded on paper.
5. I understand that individuals may look at the information collected during the research, from Northumbria University where it is relevant to my taking part in this work. I give permission for these individuals to have access to this information.
6. I understand that if I you tell you something that involves criminal activities or potential abuse or harm to myself or others that you are obliged to pass this information on to someone in authority.
7. I agree to take part in the above research project.
8. Rosaleen McDonagh has discussed the above points with me. I have been given assurance as regards all data produced through this interview. I give my consent to this data being used as part of this research project.

Participant:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Interviewer:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Thank you very much for agreeing to take part in the research.

## Appendix D: Interview Questions Questions for Disabled Travellers

- In terms of the way you think about yourself, how important to you is your identity as a Traveller?
- Tell me about how you think settled people regard you as a Traveller. Do you think they see you as a disabled person first or as a Traveller first? How do you feel about that?
- In terms of the way you think about yourself, would you describe yourself as having an identity as a disabled person? How would you describe that identity? How do you feel about that identity?
- Do you think you are treated differently by other Travellers because you are disabled?

Tell me how you feel about this.

- Tell me about any relationship you might have with settled disabled people.
- Do you think you are treated differently by settled disabled people because you are a Traveller? Tell me how you think about this.
- Tell me about how you think about other disabled Travellers.
- In terms of the way you think about yourself, would you describe yourself as having an identity as a disabled Traveller? How would you describe that identity? How do you feel about that identity?

In terms of the way you think about yourself, how important to you is your identity as a Traveller?

### Questions for Non-disabled Travellers

- Tell me about how you feel settled people regard Travellers generally.
- Tell me about any contact you have with disabled people in the Traveller community.
- Tell me about your feelings about disabled people in the Traveller community.
- Tell me about how you feel settled people might view disabled Travellers.
- Tell me about how you might expect disabled Travellers to view themselves.

### Questions for Settled Disabled People

- In terms of the way you think about yourself, would you describe yourself as having an identity as a disabled person? How would you describe that identity? How do you think about that identity?
- Do you think you are treated differently by other people because you are disabled? Tell me how you think about this.
- Tell me about how you think Travellers are regarded within Irish society?
- How do you think about Travellers?
- Tell me about any relationship you might have with disabled Travellers.
- Tell me about how you might expect disabled Travellers to view themselves.