

“You just have to shake them awake!” Experiences of tourists with a disability in Malta

by Wim Peumans

A B S T R A C T

Within the rising amount of tourists visiting Malta each year, there has been one type of tourist who has remained unscrutinized by anthropologists and other social scientists, namely persons with a disability. In the spirit of post-colonial and narrative anthropology, the author wants to give a voice to the people under scrutiny and to offer them a forum to express their thoughts, attitudes and emotion. First, the author will look at what barriers and constraints persons with a disability and the persons who accompany them have to cope with when on holiday in Malta. Secondly, he will focus on the interaction between tourists with a disability/ the people who accompany them and other tourists and locals and the perception of this interaction from the viewpoint of the tourists with a disability. From a comparative perspective, he concludes it's striking how one glance at previous research done on tourists with a disability shows similar experiences, barriers and constraints as the ones reported in this research. In this regard, the experiences documented may be indicative for the situation in Malta. In the end, he advises it is the responsibility of the government and tourism industry to facilitate the whole process of going on holiday.

A R T I C L E I N F O

How to refer to this article

Peumans W., “You just have to shake them awake!” Experiences of tourists with a disability in Malta, 2008, Omertaa, Journal for Applied Anthropology, <http://www.omertaa.org/archive/omertaa0033.pdf>

Introduction

Since its independence in 1964, Malta has developed an economy based on tourism and this has not gone without consequences for its society and culture. The influx of tourists brought people of all kinds of people with diverse ideas, habits, norms and values to the islands. Amongst the great amount of persons visiting the archipelago each year, there are also a distinct number of tourists with a disability (TWD).

“Living with a disability poses unique challenges and can influence participation in many activities. Tourism is one activity that many people with disabilities feel must be sacrificed as it requires an orchestrated cooperation of physical, mental, and social capabilities, which are often adversely affected or compromised by a disability. Nevertheless, it is widely accepted that desire to travel is the same for persons with or without a disability.”(Kwai-sang Yau, McKercher and Packer, 2004: 946)

The general goal of this paper is to offer an account of the diverse experiences of TWD and/or the people who accompany them on their travel, be it either their kin or travel guide. In the spirit of post-colonial and narrative anthropology, it wants to give a voice to the people under scrutiny and to offer them a forum to express their thoughts, attitudes and emotions, in order to downplay the 'expert-voice' of the anthropologist. (Abu-lughod, 1993: xvi) Thus, my goal is to make the narratives, not the analysis and interpretation of the researcher, the focal point. Specifically, I will first look at what barriers and constraints TWD and their travelling companions have to cope with when on holiday in Malta. Secondly, I will focus on the interaction between TWD and/or their travel companions and other tourists as well as the interaction between TWD and/or their travel companions and local Gozitans and the perception of these interactions from the viewpoint of the TWD and/or their travel companions. The paper has been divided into several sections. In a first section, I will see what theoretical models of disability are prevalent and what research has been done on this topic so far. Apart from this theoretical framework, I will give a contextual framework of the situation in Malta. Therefore, the second section will focus on some of the history of disability on the island and the contemporary relationship between disability and Maltese society and culture. Finally, yet importantly, I will turn to the results of my research in the third section.

1. Theoretical framework: disability, tourism and anthropology

In the case of disability, two theoretical models are often referred to as way of looking at PWD. These are the medical and social model. To describe the former, I first cite the following definitions by the World Health Organisation in 1980:

"Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function. Disability: Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." (Crow, 1996: 56)

In this medical model of disability, "a person's functional limitations (impairments) are the root cause of any disadvantages experienced and these disadvantages can therefore only be rectified by treatment or cure. This makes the removal of disadvantage contingent upon the removal or 'overcoming' of impairment – full participation

in society is only to be found through cure or fortitude." (Crow, 1996: 57) *It may be clear that the emphasis here is on "the biological impairment, which is considered the problem and cause of the disability. This emphasis is strengthened by stereotypes, which generate pity, stigma, fear, as well as paternalistic and maternalistic attitudes. The focal point is on the disability, not on how the needs of the person can be addressed."* (Bezzina, 2007: 14)

However, in 2001, the World Health Organization argued that this linear, cause and effect relationship between disability and participation, based primarily on disability, is both incorrect and limiting. (WHO, 2001) Inspired by Michael Oliver's *The Politics of Disablement: A Sociological Approach*, scholars have criticized the medical model and proposed a social model of disability instead. (Samaha, 2007: 1252) This model sees disability as a disadvantage caused by the confluence of two factors: a person's physical or mental traits plus the surrounding environment, which is at least partly constructed by others. The individual is placed at the centre, and his strengths and needs are seen as defined by self and others.

"The model maintains that it is not the medical condition or the biological impairment of the people themselves which creates the disability, but the various barriers (physical, legal, information and communication systems, and those relating to attitude and culture) which for various reasons are brought about by society." (Bezzina, 2007: 15)

Therefore, the society has to bring about change. The solution exists in a change in the mentality and attitudes of all the members of society. (Bezzina, 2007: 15) (Silvers, 2000: 130-134) Anthropology has contributed in many ways to disability studies. One example of this is the work of the Canadian anthropologist Fougeyrollas, who exerted great influence on the current international classification of the WHO. He considers disability

"as a hindrance to the life habits of a person, as a 'handicap situation', which is a consequence of the interactions process between two series of determinants. On the one hand, there are the medical (the limitations themselves) and other personal features (socio-economic and demographic: racial, class, ...) and on the other hand environmental features (inaccessibility, no assistance, ...) This so-called handicap creation model takes into account the influence of the medical characteristics without exclusively ascribing the origin of a disability to the person himself." (V.Sorée, 2000: 3) (Fougeyrollas, 1995)

Turning to the topic of this paper then, according to Kwai-sang Kwai-sang Yau et al.

“Little research has been published examining tourism and disability. A number of researchers mentioned this idea in the late 80s and early 90s (Driedger, 1987; Muloin, 1992; Murray and Sproats, 1990; Smith, 1987) but then this area of study fell quiet until quite recently (Burnett and Bender-Baker, 2001; Darcy, 1998, 2002; McKercher et al. 2003; Ray and Ryder 2003) Existing literature tends to suggest that persons with disabilities face a number of barriers to participation (McGuire, 1984; Murray and Sproats, 1990; Smith, 1987) and that, because of these barriers, they enjoy less access to tourism opportunities than people without (Turco, Stumbo and Garnarcz, 1987)”

2. The relationship between Malta and disability: a historical, legal and socio-cultural perspective

When one considers the situation of PWD in the Maltese archipelago from a historical perspective, one can state the situation has altered drastically during the past decades. Between the 16th and 18th century, there existed certain practices where new-borns with a disability were thrown off the cliffs. (Savona-Ventura, 2005)

“Up to the late thirties of the 20th century, PWD in Malta were either shut in their homes by their families, or institutionalised in homes for elderly people run by the State or Church. Such strategy, which was, to a large extent, restricted to medical care and physical comfort, resulted not only in relegating the person with a disability to passive observers but, worse still, in marginating them from Society, uprooting them from their environment and separating them from their dear ones and from the customs to which they were attached.” (Troisi, 1992: 43)

One of the explanations for such attitudes can be found in the beliefs that were prevalent at that time. According to Sara Rich, illnesses and disabilities were seen as punishments from God for people's sins. (Rich, 2007: 22)

(Rich, 01.09.2008) Life was regulated around certain taboos. When someone violated a taboo, the consequences could be severe. These taboos were associated with the transitional periods of life: birth, puberty, marriage and death. For example, relating to birth there was a visual taboo, which meant there was a belief that the foetus, trembling in its mother's womb, is vulnerable to external

influences figures predominantly. Whatsoever the mother sees transmits itself through nerve cells which will influence the shape and shaping of the embryo. This belief based on the principles of sympathetic magic and subjects pregnant women to taboos.

Women avoid looking at ugly objects, monstrosities, deformed persons, animals, and all sorts of unpleasant things fearing the possibility of the birth similar offspring. (Zarb, 1998: 30) Zarb cites a conversation he had with two elderly participants during his fieldwork on Maltese threshold customs. He asked them what happens when a pregnant woman looks at something ugly.

One woman answered hesitantly:

“The child would be a monstrosity...No... I do not believe that because...”

But the other participant corrected her, saying:

“You should believe because Gangjja had such a monster... She gave birth to a dwarf. He is still alive. Because she went to the circus, she saw a dwarf and was astounded. And she gave birth to one like him. He is still alive. She's had it. Of course we do find such things. I know him myself. Today he is quite old, this dwarf.” (Zarb, 1998: 30-31)

When, during the Second World War, the first polio epidemic broke out, this led to the formation of the first philanthropic organisation for the benefit of polio victims. In 1947 the Catholic Church followed suit and set up a Commission for the Welfare of the Sick and Disabled. (Troisi, 1992: 44) The Black American Civil Rights Movement and the Consumer Movement gave rise to a first wave of disability activism in many Western countries, including Malta. (Cameleri, 2003) Groups such as The Blind, The Deaf, Muscular Dystrophy originated in the 60's and the 70's. Over the years, these organisations would form a Federation of Societies for the Disabled. Since 1984, representatives of the federation collaborated with government officials in the Coordinating Committee for the benefit of the disabled, which was transformed in 1987 into a more rationalised consultative body, namely the National Commission for the Disabled. At present, there is a vast number of legislation to ensure the equal opportunities of PWD. Examples of this are: the Equal Opportunities Act, EU directives and regulations, UN convention on the rights of persons with disabilities, the 1969 Employment Act, etc. The government provided several benefits and services, such as health provisions, special education, allowances, pensions, and so on.

Before turning to what tourists think about the relationship between Malta and disability, let me first focus on the Maltese people themselves. It is not my intention to give a wide and detailed description of the current social situation of PWD on the island; I only wish to give an impression. I will first describe the situation of PWD themselves and then the opinions of the public towards the issue.

The prevalence of disability in Malta has gone from 0,9 per cent of the population in 1994, over 1,6 per cent of the population in 1999 to 1,9 per cent of the population in 2003. (Bezzina & Pace, 2003: 30) A recent survey from 2003 of the National Commission Persons with Disability questioned 7610 PWD. The marital status of the persons aged 18 years or more was the following: 22,7 per cent were single, 34,7 per cent married, 9,8 per cent widowed, 1,3 per cent separated or divorced. (Bezzina & Pace, 2003: 8) In a study from 1992, 90 per cent of the PWD interviewed,

“admitted that a person’s disability does act as an obstacle to getting married, resulting in the fact that a PWD stands at a disadvantage.” (Troisi, 1992: 167-168)

The same study reports, “with only one exception, all of the interviewees had an average of two children, none of whom suffered from any disabilities. In each case, the majority reported that they enjoyed very good relationships with their spouses and children.” (Troisi, 1992: 162)

Also, when it came to social networks, “more than 80 per cent said they had a number of friends at school, place of work, clubs or elsewhere and they deeply enjoyed their company...[...]... Sixty per cent of the males, as compared to 53 per cent of the females, remarked that, though, the majority of their friends were PWD, they also enjoyed the friendship of persons without a disability.” (Troisi, 1992: 170-171)

Bezzina and Pace found that a large majority did not participate in any activities like sport, politics, social organisations, religious organisations or organisations for PWD. As far as employment is concerned, 57,2 per cent of the persons interviewed in the 2003 survey were unemployed, 28,1 per cent were employed and 3,9 per cent worked in a sheltered workshop.

About education the following findings were made in the same year: of the persons aged between 3 and 16, 23,1 per cent didn’t go to school, 26,1 per cent currently attended a special school and the others either went to kindergarten, primary, secondary or post-secondary school. Of the people older than 16 years, but younger than 61 years, the level

of education attained in the past was as such: 5,3 percent had no education, 8,2 went to a special school, 43,5 attended primary school, 35,2 went to secondary school and 7,5 reached tertiary education. (Bezzina & Pace, 2003: 9 – 10)

As Troisi wrote in his book ‘Full participation and equality of the disabled: myth or reality?’: “The disabled have, for some reason or other, not yet benefited from a life-long education and most disabled children are still not integrated in their society’s educational mainstream, with the result that their quality of life is lowered considerably.” (Troisi, 1992: 174)

Turning to the topic of travelling, 42,7 per cent in the 2003 survey could not travel alone (while 27,8 per cent could), around 30 per cent could not travel by car, bus, sea or air (while an equal number could do these things without difficulty). 71,1 per cent of all respondents stated that public transport is not accessible to them. Lastly, let’s focus on discrimination.

“The worst damage that can be done to a disabled person is to make him feel that he is ignored, worthless, and, consequently, marginalised and pitied.” (Troisi, 1992: 187)

Forty per cent of the participants of the 1992 research complained that, as a result of their disability, there were instances where they were made to feel discriminated against and that their company was not welcomed. To get a view of the public’s opinion towards the matter, I’ll make use of the Eurobarometer reports. When asked whether the fact of having a disability tends to be a disadvantage, 75 per cent agreed. Thirty four per cent of the persons questioned thought discrimination based on disability was widespread in Malta and 27 per cent said it was more widespread if they compared the situation with five years ago. Of the 500 participants, 56 per cent had friends or acquaintances that had a disability.

Fifty four percent of these people said not enough effort was made in general to fight all forms of discrimination, compared to 47 per cent according to the people who didn’t have friends or acquaintances who have a disability.

3. Experiences of tourists with a disability in Gozo

3.1. Contact, entry and methodology

While I was sunbathing on the rocks in Xlendi, at the point where the two bays meet, I had observed the interaction between a family where one member had Down syndrome and other locals and tourists. This observation brought me

to the idea of doing research on tourists with a disability. Finding such tourists nevertheless proved to be an arduous undertaking. Mainly my strategy existed of walking around Xlendi and Rabat. I also went to touristy places such as the Ggantija temples, but I soon realized my research was going to be based more on luck than on rational thinking. My strategy was to approach someone when I noticed he or she had a disability and looked like a tourist. When I noticed someone, I would first observe the PWD and the persons who accompanied him or her. I would look for the gatekeeper and approach this person. For instance, when the PWD was a child, I would approach the mother or father first. Generally, I would tell the following cover story to the prospect participant:

“Good afternoon. I hope I’m not disturbing you. My name is Wim and I’m a student in anthropology from Belgium. I’m staying here on a summerschool and I’m doing research on tourists with a disability, because it’s something that interests me and the situation of PWD is something that concerns me. I would like to ask whether you (or in case I spoke to the person who accompanied the PWD: your relative/wife/son/...) would be interested in participating in my research. It will only take five to ten minutes.”

In two cases I only spoke with the PWD, in five cases I spoke to both the travel companions and PWD and in the other two cases I didn’t speak with the PWD themselves, but with their kin. In these latter cases, the PWD was either swimming or was not able to express her feelings.

Although all the persons I approached showed reasonable to great interest in participating, it was nevertheless a personal challenge to approach people in such a direct manner. Every time I was afraid they might feel threatened in any way or that they would reject my request, but maybe this had to do with my lack of experience with PWD.

The interviewing took place on the beach, in an outdoor café or a precinct. The difficulty was that although people were on holiday and generally were receptive to participating, most of them hoped it wouldn’t take too long. Therefore, the number of questions I could pose was limited.

Fieldwork was conducted from the 3rd until the 15th of August 2008. The nine participants I interviewed came from Norway, the Netherlands, the United Kingdom (Wales and England), Germany and the United States. Most of them were on holiday, except for one person who was there on a summer school. Six of them stayed in Gozo, the other three were there on a daytrip from Malta. The participants

were from all age groups, inclusive of teenagers to senior citizens. They travelled with family members or a travel organization. Their disabling conditions involved hearing, vision, mobility, intellectual or psychiatric disorders.

3.2. “We are treated as regular Dutch tourists”: participants’ experiences in Malta

“In 1985, Durgin, Linsday and Hamilton, estimated that 13 per cent of all travellers had some form of disability and this figure was predicted to rise, particularly with the ageing of the baby boomers, advances made in medical science that had become more adept at saving lives and with greater access to travel by a range of people.” (Darcy & Daruwalla, 1999: 41)

However, as I noted in the introduction PWD have a significantly different tourism experience than other people.

Yet, they have the same expectations and desires to travel as the rest of the community. (Darcy & Daruwalla, 1999: 41) As this research will show, many constraints and barriers exist, and generally, physical access is still the major constraint encountered by PWD. (Darcy & Daruwalla, 1999: 41) According to Smith, there are three main types of barriers and obstacles to participation: “environmental (including attitudinal, architectural, and ecological factors), interactive barriers (communication) and intrinsic barriers (relating to each person’s own physical, psychological or cognitive functioning).” (Smith, 1987: 376-389)

My main interest as an anthropologist lies in the interaction between tourists with a disability and the persons who accompany them and other tourists and the locals and the perception of this interaction from the viewpoint of the tourist with a disability. In order to know whether their experience on holiday was different than at home, a first set of questions dealt with the situation in their country of origin.

In the Netherlands, according to the mother of Martijn, “children, but even adults tend to stare.” This was also the opinion of the sister of Milly, who came from Norway. The other three Dutch tourists experienced no problems in their country. Beate from Germany said people were friendly in her country:

“Sometimes they look at you and they don’t say anything. Sometimes they ask if everything is ok.”

Experiences within the same country can differ radically, as can be seen from the following statements. Glenda - who’s in a wheelchair and lives in Wales with her husband Paul - told

me people there were good and helpful in their experience. On the other hand, fourteen-year-old Brad who's also in a wheelchair but lives in England recounted: "People look at you. When I go to shops, they don't realize I'm there." His parents added: "Sometimes people look at you, sometimes they're friendly. People sometimes look at his legs thinking 'but he has legs, why is he in a wheelchair then?'" Those people are ignorant. Others can't be bothered."

Judy from the United States has limited motor abilities with pain management due to dislocation and open compound fracture of right leg and ankle. She suffers from osteoarthritis in spine, hips, left knee and right ankle. Her experiences at home are the following:

"I think I do a pretty good job of concealing my disability, because people don't usually believe me when I say I am disabled. When someone witnesses me limping or walking with an uneven gait they think I've just recently injured myself, but in fact it has been five years. Often people think I'm joking when I tell them there is something I can not do, or need an alternative option. Stairs are sometimes difficult for me, walking up and down slopes and hills can be challenging. Colleagues sometimes joke with me, thinking they can tease me into doing whatever they're doing because they don't believe I'm disabled."

When it comes to policies towards PWD, governments from the countries these tourists came from provided all kind of benefits and services. Many participants mentioned the financial aid their government gave. Some mentioned the special schools, the existence of many organizations and foundations offering a place to live and/or work. Generally, they were satisfied with what the authorities did for them. Milly's sister was proud to report how in Norway "they are really part of the community. Until 1999, Milly lived at home, in our village. After our father died, it was difficult for my mother to look after her."

She stressed how important the individual's capacities are deemed in Norway, especially when you have a disability.

"So now she stays in an apartment by herself. There is someone looking after them: for example, cooking is done by someone else and everybody eats together in a common room."

Brad's mother has had some negative experiences with her government: "You have to know, Brad's mum and dad split up. He got everything he needs. The government gives you whatever you require. Now, when you split up, whoever is Brad's second parent, gets nothing. The one who leaves, gets no money. So now we have to fund all ourselves. It's a real difficulty, if the

partner has no facilities to stay. If we have to self-fund, the costs are massive, around 30 000 pounds (around 38000euros) a year. So when he comes to his second home, there are no facilities to accommodate him, so it's really an undignified stay."

Additionally Judy reported that although the United States government has "worked to change and improve the public access for PWD", she still feels "it needs to do more to create public access on a broader scale in public museums and libraries."

None of the people I interviewed had any idea of the relationship between Malta and PWD before they came here. Still, for half of the participants, the situation for PWD was something that had to be taken into account when choosing a holiday destination. For some this involved doing research in advance. As Brad's parents testify: "When we chose a place, we always have to do research: on the property where we're staying. See if the bedroom is on the ground floor, if there's a minimal amount of steps. But when it comes to accessibility, there's very little information available. In the evening, when we go to a restaurant, it's just pure anxiety: we have to look and look at the restaurant first, see how he can get in, and so on. Everything on holiday is anxiety and frustration. It can be an emotional experience."

According to Darcy & Daruwalla this lack of accurate information by providers of tourism experiences is a consistent theme in the constraints and barriers to travel that tourists with a disability bring up. (Darcy & Daruwalla, 1999: 43) Sometimes information may turn out to be disinformation, as Paul and Brenda recounted: "We have to take it into account. We phone the hotel and ask them if they have the appropriate facilities. They say 'yes, yes', but then it turns out not to be fully disabled friendly. We have to be careful and really check beforehand. Some hotels, they don't have a wide bathroom door, even when they say they do."

In this respect, Darcy & Daruwalla note how "unlike the rest of the community who can transfer to alternative venues if not satisfied with their choice of establishment, people with a physical disability do not have this option because of limited numbers of rooms available." And more importantly: "while recognising that all access issues cannot be remedied overnight, the provision of accurate access information by the tourism industry can be addressed immediately." (Darcy & Daruwalla, 1999: 43)

For the other participants, it wasn't something they took into account. Milly's sister, for instance, underlined they never thought about it. Anouk, who was one of the travel

guides of Miep, Rita and Joost, told me her travel organization existed of 600 volunteers. Some of the guides were familiar with the target groups, others weren't.

"We think PWD should be free on holiday wherever they like. We just make sure they have that extra care they need."

Reactions to PWD may vary. In the participant's opinions, the reactions from the island's inhabitants were generally positive. In the experience of the participants, the Maltese were very friendly, helpful and jovial people. As Anouk stated: "We're treated as regular Dutch tourists."

Some compared their reactions to experiences they had on previous holidays. For example, Milly's sister related on the situation in Monte Negro where they had to deal with a lot of staring. Others compared it to the reactions at home. Martijn's mother remarked that in the big city where they lived, "you're nothing but a number."

Judy noted how "PWD seem to be more widely accepted in public at home. Usually any staring that occurs is usually by children because they're curious. At home the PWD don't seem to be in hiding, you will see all different sorts and level of PWD throughout the course of an average day. I only saw a few PWD in Malta, none in Valletta. I saw one man who, like me, had an uneven gait and some sort of physical challenge who appeared to be Gozitan. All other PWD that I saw were from other countries. The Maltese in general seem to be somewhat indifferent to PWD."

The participants dealt with these reactions in different ways. Beate, for example, doesn't notice how people react to her. Others – such as Brad - have changed over time in how they deal with these reactions: "Before I used to get upset about it, but I got used to it now."

Judy thought openness was the best way to deal with reactions: "I invite questions if someone notices. Otherwise, I try to be as open as possible so that people know upfront and the curiosity is left to a minimum. If people ask, I explain as best I can and find that honesty is best."

For some of the participants, the staring of people is a source of irritation. Martijn's mother commented: "I don't always react to other's people's reactions. Sometimes I just look back at them. I find it most annoyingly when people make remarks. But it doesn't trouble Martijn that much. When children come up to him, he says he's born that way. He knows he's different than other people."

Milly's sister noted how she gets irritated when people look, although she forgives children for staring. Her sister has Down syndrome and a visual impairment.

"Sometimes she says 'hello' to them. Milly doesn't see it and she can't explain her feelings. At least, we hope she doesn't notice when people look at her."

The way participants react on holiday can also be different than when they're at home. Brad's mother told the following: "The reactions we get, are the same basically. We just smile back to embarrass them. We say 'hi' or 'hello'. In England we're more sarcastic really."

For instance, in the airport they put you through first because you're in a wheelchair. The looks you get when you pass people in the line. Someone asked me: "How do you get in first?" I answered to him: "You need to have a son in a wheelchair!" (laughs) You should've seen the look on his face!"

Now they've come to Malta on holiday, what is their idea about the relationship between the island and it's inhabitants who have a disability? The general opinion was, as Paul phrased it: "At the moment, Malta has some catching up to do."

Most people complained about the infrastructure, or the lack thereof. Brad's parents: "There's no infrastructure. The ferry was very good, but the older it gets, the harder to move around. Like the pavements aren't well, there are only some ramps."

This may lead to a lot of frustration: "Now he's in an electric wheelchair, but we wanted to rent a lightweight wheelchair to move around easily in the house. Instead they gave us a normal one, because they didn't have a light weight. It's like you need flip flops, but they make you walk around all day in high heels. There weren't any cars to rent that were adapted to his situation, so we have a real difficulty moving around here: it's really taking your dignity away."

This was also the feeling of Milly's sister: "There's a lot to be done on the infrastructure: it seems impossible to move around here in a wheelchair. But for Milly, she has bad eyes, so we have to hold her hand to guide her. Of course, we can't take her anywhere."

Judy hadn't seen many local persons with a disability, and thought this was due to the infrastructure: "Since I saw only one person who appeared to be a PWD and also might have been Gozitan, it seems that the PWD's in Gozo and Malta are kept secluded, or hidden. That is the only thing

I can figure. It is possible that they don't have many PWD, but unlikely that is the case. I find it curious though, and it could be as a result of the fact that sidewalks and public access are not user friendly to PWD, especially in wheelchairs and with motor issues. They don't have street lights at stop signs with talking cross walk signals for the hearing impaired like we do at home. Also there doesn't seem to be immediate access for braille or other types of access for the hearing impaired, though I did see Gozo has an association for the deaf in Victoria or Munxar."

When comparing it to her own country, Anouk said: "in the Netherlands we're more modern. In here, it's underdeveloped. The roads are bumpy, in many village you can't go about in a wheelchair."

The solutions to all these matters were simple, according to Miep: "You just have to shake them awake!"

This brings us to the question of how the situation for persons with a disability may change and who is responsible for this change. Funding was commonly addressed as an important issue, though, as Paul presumed, "the EU will help a lot here."

For others, it was the responsibility of both the government and the foundations themselves. Some, like Anouk, thought the reasons for the current situation were deeper situated and culturally inclined: "Of course, it's also part of the culture here: the families take more care of the people with disabilities, in the Netherlands foundations take care of them."

However, in Judy's opinion, "ultimately the change is everyone's responsibility. I think the only way it will change is by accepting the needs of PWD in the construction, repair and replacement of public access so they can be used by everyone. Acceptance is the first step, and perhaps the most difficult to overcome."

Nevertheless, the elimination of physical barriers is only one part of the issue. Unless appropriate enabling environments are facilitated and the individual is empowered to take advantage of these environments, people may still not have access to tourism. (Kwai-sang Yau, McKercher and Packer, 2004: 948) For a PWD, going on holiday is more than overcoming these physical barriers. According to Kwai-sang Yau, McKercher and Packer, tourism represents "a metaphor of recovery. Being able to travel is a meaningful task through which a person with a disability can demonstrate to others that they have recovered or started to regain their control over destiny and to assert their future quality of life." (Kwai-sang Yau, McKercher and Packer, 2004: 958)

A case in point is what Martijn's mother recounted: "Sometimes he feels frustrated and we don't know why. But you know, like now, we just bought him a snorkel. We were out swimming the other day and he was trying to snorkel. And we finally managed to do it, he's so proud of himself."

Conclusion

As all anthropological research, to paraphrase Manalansan IV, "this study does not purport to give a complete picture, nor does it pretend to represent all experiences of tourists with a disability at all times and spaces. As in any ethnographic project, the views and ideas are always partial and highly specific." (Manalansan IV, 2003: viii)

Or in Bourgois' phrase: "...it's fragmented and multiplicitous." (Bourgois, 2002: 19)

This said, from a comparative perspective, it is nevertheless quite striking how one glance at previous research done on tourists with a disability shows similar experiences, barriers and constraints. In this regard, the experiences documented here may be indicative for the situation in Malta.

Even nowadays, many barriers and constraints exist which can make holidays stressful and strenuous experiences. In my opinion, it is the responsibility of the government and tourism industry to facilitate the whole process of going on holiday.

As I mentioned in the introduction, the general goal of this paper is to offer an account of the diverse experiences of TWD and the persons who accompany them. In this sense, it only wishes to be an introduction to the situation of TWD and their travel companions in Malta. Further research on this matter thus is necessary. This will shed more light on the experiences of TWD in the Maltese archipelago and may lead to a deeper understanding of their situation.

Acknowledgments

I owe many thanks to the people who participated in this project. Without them, this paper could not have been written.

If this work is deficient in any way, the author takes full responsibility for its shortcomings. Its shortcomings would be even greater without the deeply appreciated reading of the first drafts by Jessica Hopper and the peer reviewers of Expeditions. The author also wishes to thank

Sara Rich, Jori de Coster, Elvira van den Branden, Sean O' Dubhghail, Sam Janssen, prof. dr. Marc Vanlangendonck and the other staff members of Expeditions. Last but not least, my heartfelt gratitude to all my fellow students at the Expeditions Summerfield School 2008 for an unforgettable summer in the Maltese archipelago.

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