How do people living with Multiple Sclerosis in Ireland navigate the illness experience through the lens of critical disability theory?
Abstract

**Background:** Multiple Sclerosis is a progressive illness which can be variable in its course but debilitating in many domains of an individual's life. The unpredictable clinical progression coupled with the psychological and physical symptoms results in disruption to the expected life trajectory.

**Objectives:** The study aims to identify the strategies people living with MS use to navigate the disruption caused by their illness and to explore the outcomes of these strategies.

**Methods:** As part of a larger four year umbrella qualitative study, 5 semi-structured interviews were carried out with individuals living with Multiple Sclerosis aged between 38 and 52 years. Data was analysed using Thematic Analysis as guided by Critical Disability Theory.

**Findings:** The navigating strategies reported by participants are consistent with those reported in the literature. For most participants this has resulted in a positive perspective on living life with Multiple Sclerosis, through adapting their lifestyle to accommodate their additional needs while continuing to participate in meaningful occupations and thereby sustaining life satisfaction and by ultimately reframing the disability role in a more positive way.

**Conclusion:** As the illness progressed participants began to alter aspects of their life accordingly and explore alternative solutions; allowing them to continue to engage in occupations meaningful and thereby supporting overall well-being. This highlights the role for occupational therapy post diagnosis. As individuals are learning to manage their symptoms and are required to adapt their lives, occupational therapy can support to promote and maintain occupational engagement.

**Keywords:** Multiple Sclerosis, Navigating Disruption, Positive Disability Identity
Introduction

Over 700,000 people in Ireland are living with a Neurological condition and this figure is expected to increase to over 800,000 by 2016 (NAI 2010, 2014). The many physical, emotional, behavioural and intellectual changes associated with these conditions result in a significant impact on a person’s daily life. The Neurological Association of Ireland explored the experiences of 600 people living with neurological conditions. Respondents outlined the challenges they face in their everyday lives because of their condition. They described the impact on the areas of employment, their participation in society and on their emotional well-being. The most common condition represented within the study sample, with 27%, was Multiple Sclerosis (NAI 2014).

Multiple Sclerosis (MS) affects approximately 2.5 million people worldwide (National MS Society 2009). In Ireland that figure is estimated at 8,000 people that are affected with 250 people being diagnosed each year (MS Ireland 2012). It is more prevalent in woman than men (Grytten and Måseide 2006, Walker and Gonzalez 2007) with the most common age of onset being between 24 and 30 years of age (MS Ireland 2012).

MS is not considered a terminal illness, but is characterised by an uncertain and unpredictable clinical course and increasing chronic disability (Walker and Gonzalez 2007, Stern 2005). Due to the typical age of onset, diagnosis often occurs at a time when individuals are beginning to form intimate relationships, start a family and/or pursue a career (Erikson 1980). The illness experience can thus prove a significant disruption to the life trajectory.

This project aims to describe how people living with Multiple Sclerosis manage the disruption caused by their illness, identify what strategies they use to limit its impact and explore what is the ultimate outcome of these strategies to their lives.
Literature Review

MS is a chronic inflammatory, demyelinating disease of the central nervous system which is degenerative in its course and characterised by unpredictable exacerbation and remission of symptoms (McPheters and Sandberg 2010, Grytten and Måseide 2006, Driedger et al. 2004, Dlugonski and Motl 2012, Bowen et al. 2011). It is a progressive illness of which there is no known etiology and as yet no cure (Driedger et al. 2004). It is characterised by both physical and cognitive symptoms such as: fatigue, imbalance, pain, paralysis, difficulty with ambulation, weakness and/or loss of function in the limbs, bowel and/or bladder dysfunction, sexual dysfunction, visual disturbance, depression, cognitive impairment, anxiety and stress (Walker and Gonzalez 2007, Driedger et al. 2004, McPheters and Sandberg 2010, Stern 2005, Green 2009).

Illness intrusiveness refers to the extent to which an illness like Multiple Sclerosis and/or its treatment(s) impact on a person’s life (Shawaryn et al. 2002). The impact can affect an individual’s participation in meaningful occupations, activities and interests and a loss or disruption of these activities may contribute to a reduced quality of life. The effect of illness intrusiveness, in this instance due to the progressive nature and unpredictable course of MS, has been examined (Shawaryn et al. 2002, Mullins et al. 2001). It was found that both intrusiveness and uncertainly are associated with increased distress and poor adjustment outcomes. Shawaryn elaborates that an individual’s perception of their MS and of the extent of its intrusiveness to their lives is a major factor in contributing to their perceived quality of life.

While the most recent NAI study examines the issues and challenges experienced by those living with a neurological condition in Ireland, it does so with a with a very side scope (NAI 2014). It fails to address how individuals endeavour to meet and manage these challenges. The wider literature, predominantly from the UK and the US, highlights key factors in supporting life satisfaction in persons living with MS. These include supporting physical and emotional health, maintaining meaningful occupations and leisure pursuits, maintaining valued roles, social relationships and family life (Reynolds and Prior 2003, Nicholl et al. 2001, Stuifbergen and Rogers 1997, A. Hakim 2000). Evidence shows involvement in satisfying social relationships has a direct correlation with enhanced physical and psychological health (House et al. 1988). Specifically supportive relationships are shown to have a direct positive impact on physical disease and illness (House et al. 1988). It is proposed that active engagement in meaningful occupations is required to ensure adaptation to a disease (Bontje et al. 2004) and that in the specific case of individuals living with Multiple Sclerosis in Ireland engaging in alternative satisfying occupations which better
suit their physical needs allows them to adapt to the illness (Cahill et al. 2010). The maintenance of life satisfaction is described as an ongoing process, that evolves both with the clinical course of the illness but also with the personal perspective, preferences and life situation of each individual (Reynolds and Prior 2003).

The literature proves a useful template from which to explore the lived experiences of people living with MS in Ireland; to explore how people living with MS manage the disruption of their illness. Secondly, to indentify the methods used to navigate and minimise this instrusiveness and predominantly to describe the outcomes of these naivagatory strategies to their lives.

**Methodology**

**Research Design:** This qualitative research project is part of a larger multi-year project entitled ‘Building Real Communities’, running from 2011 – 2016 inclusive. It aims to explore how people living with disabilities in Ireland navigate stigma to form lasting relationships at home, work/school and in their communities. All interviews compiled will serve to create a unique database of 160 interviews detailing the shared experiences of persons with various disabilities.

This project is guided by critical disability theory which arose from the belief that injustice and oppression shape the world. It draws attention to those forces that prevent individuals and groups from autonomously making the decisions that shape and affect their lives. Qualitative research framed in this approach is said to produce powerful knowledge which has the power to dispute and challenge the status quo (Kincheloe and McLaren 2002). Critical researchers explore more deeply the complexity of the human experience, in this instance adults in Ireland living with MS. Implications of the use of Critical Theory have been identified. Firstly is the focus of research on vulnerable groups or individuals and the necessary respect warranted for participant expertise throughout this interactive process. Secondly is the clarification of the researchers standpoint as he/she occupies a central place in the research process. It is contended that social frames of reference shape the nature of the research analysis and interpretation and thus the viewpoint of the researcher is notable. The suggestion is that researchers should acknowledge and understand their world and social connections before setting them aside (Kincheloe and McLaren 2002, Kushner and Morrow 2003). In the interest of transparency, the researcher of this study identifies a personal connection with the experience of living with MS. This forms the basis of the interest and impetus for undertaking the project. As the researcher was immersed in both
the process and product of the research in-depth fieldnotes were completed within two hours of each interview, member checking was completed through the use of interview summaries and analytical memos were completed throughout data analysis to ensure reflexivity throughout the process (Hand 2003, Horsburgh 2003).

**Participant recruitment:** Recruitment was carried out through the Irish MS Society who placed an advertisement outlining the project on their webpage. Potential participants were requested to contact the projects research assistant via email. All potential participants were provided with an information letter and recruitment poster. Four female and one male participant were interviewed. All participants have a diagnosis of Relapsing-Remitting Multiple Sclerosis. All were fluent English speakers and willing to speak about their experiences of living with a disability in Ireland.

The following table provides details of the participants in the study:

<table>
<thead>
<tr>
<th>Participant No.</th>
<th>Age</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Employment Status</th>
<th>Time living with MS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinead</td>
<td>38</td>
<td>Female</td>
<td>Married</td>
<td>Unemployed</td>
<td>5 Years</td>
</tr>
<tr>
<td>Amy</td>
<td>40</td>
<td>Female</td>
<td>Married</td>
<td>Employed</td>
<td>20 Years</td>
</tr>
<tr>
<td>Craig</td>
<td>52</td>
<td>Male</td>
<td>Married</td>
<td>Employed</td>
<td>11 Years</td>
</tr>
<tr>
<td>Danielle</td>
<td>40</td>
<td>Female</td>
<td>Single</td>
<td>Employed</td>
<td>10 Years</td>
</tr>
<tr>
<td>Sandra</td>
<td>40</td>
<td>Female</td>
<td>Single</td>
<td>Unemployed</td>
<td>8.5 years</td>
</tr>
</tbody>
</table>

**Data Collection:** Five in-depth semi structured interviews were carried out over a three month period from August to October 2013. The interview guide used includes sections on being out in the community, being treated fairly and being treated differently and includes a weekly planner and friendship network. The interviews were predominantly carried out in the participants' homes, while one interview took place at the University of Limerick campus.

**Data Analysis:** Following the interviews in-depth fieldnotes were completed. The interviews were transcribed and cleaned of any data which may compromise the confidentiality of the participant. Thematic analysis was carried out using Atlas - Ti to analyse the data, indentify
themes, organise and thereby create a comprehensive account (Braun and Clarke 2006). For the purpose of the current project, steps 1 – 4 of thematic analysis were completed. These include: 1) the researcher familiarising with the data, 2) generating initial codes 3) searching for themes and 4) reviewing themes. Coding of the data was carried out with the use of a pre-existing code list which was formulated under the Building Real Communities project. This list was flexible to allow students identify new codes which arose from the data.

**Ethical Considerations:**
The project gained HSE Ethical Approval, was approved under the University of Limerick’s Education and Health Sciences Research Ethics Committee and the Daughters of Charity Services. The main ethical considerations of the project were ensuring informed consent as an ongoing concern, ensuring confidentiality and anonymity of participants and being vigilant to participant’s well-being throughout the interview process. Participants were over 18 years of age, were provided with an information letter, given seven days after initial contact to consider participation and asked to sign an agreement and informed consent form before partaking in the research interview. The consent form facilitated participants to opt in or out of aspects of the project such as being audio recorded. Prior to the interview the researcher reviewed the purpose of the meeting and informed participants of their right to stop or withdraw from the interview at any time, prior to first draft completion in March 2014. No distinguishing features, details or locations were disclosed and pseudonyms for all participants have been used. All data gathered was encrypted and stored securely at the Department of Clinical Therapies at the University of Limerick. Throughout the interview the researcher was vigilant to any verbal and non verbal cues of participants. The opportunity to carry out the interview over 2-3 sessions was available to accommodate experiences of MS related symptoms such as fatigue and/or physical pain or potential emotional distress as a result of describing difficult experiences. The researcher was equipped with a list of contacts and free services to give to the participant should they need to speak with someone regarding any emotional issues raised. Breaks within sessions were also offered to participants.

**Findings**
The strategies identified by participants to navigate the illness experience reflect those cited in the literature, namely: supporting physical health, exploring alternative outlets for productivity and recreation, disclosing their diagnosis, self advocating and gaining experience of their illness. Participants overall found that the outcome of these strategies
was the ability to live a good life with MS through experiencing social inclusion, everyday accomplishments and achieving goals, having a positive outlook on their illness and reframing disability identity in a positive light.

**Navigating Strategies**

**Supporting Physical Health** - This was done by engaging in physical activities such as walking, yoga and aqua aerobics but always with a mind to personal limitations, having a balance of restorative activities in their day and knowing when to ‘take it easy’.

**Alternative Recreation and Productivity** described actively pursuing new avenues for leisure and productivity which allow for their additional needs and continued engagement. For one participant this involved presenting on community radio, using her voice but allowing her to sit whilst presenting and preparing her show.

“I can’t really do sport, am so I thought well I can sit and I can talk and I thought well I always liked, my job kind of up until recently has been sort of PR/communications you know. Am I thought well it’d be interesting doing a radio, you know doing community radio. I just signed up.”

While allowing participants alternative ways to engage recreationally and productively, this also allowed them to find alternative ways to pursue and maintain social inclusion.

**Disclosure and Self-Advocacy** – Disclosing their illness allowed others to understand what living with MS entails, understand additional needs and participants then felt they were better positioned to advocate these needs to others.

Danielle: “I mean I need it. You know it’s by getting the chair and by getting the lift out of the boat that I’m able to compete you know that kind of way so I don’t see that as being...It’s a means to end.”

Highlighting their needs was a strategy to enable them to continue engaging in activities. Those participants who chose to conceal their diagnosis did so to prevent the diagnosis defining them and to avoid it colouring others’ perceptions of them.

**Gaining experience and knowledge of the illness** – Over time participants came to know their own strengths and limitations. Personal experience of living with MS encouraged them to actively develop and use strategies to manage the impact of their illness, they began to adapt their daily lives and to become comfortable in their current life which features MS but is not dominated by it.

Sinead: “I have been feeling heaps better since I have been diagnosed….. I’m
Having a Good Life
In using these strategies the parameters of what it means to live a good life with Multiple Sclerosis were drawn and encompassed the following themes:

Experiencing social inclusion – This was variable and personal to each participant; while some valued being out and accessing amenities within the community, others valued the experience of time spent with family. The importance of continuing to engage in social activities however was common to all participants and this was often prioritised to the detriment of their physical health.

“We had a great party here and it went on for the whole weekend. It, I was wrecked by the end of it do you know what I mean, so I suppose I overdid it and now I know I can’t do that. But I like having parties at home.”

The benefits at times outweigh the physical implications but this is a prioritisation made by the individual.

Everyday Accomplishments and Achieving Goals – Participants spoke about the satisfaction derived from accomplishing small goals within their daily life and also the importance of setting goals and challenges to work towards for example leisure pursuits to maintaining current functioning but also trying new things and occasionally pushing the boundaries of what is expected of them as a result of their MS.. These goals may be more difficult on other days due to the variable nature of MS and as such gave participants a greater feeling of achievement.

“I’d love to be able to cycle but my balance is so bad that my husband said ‘You can’t get on a bike you’d fall off’. But I did cycle a bike the other day and I found out I could cycle. So then I thought ‘this is great’ I felt, I didn’t fall. So that to me was an achievement”

For each participant, the practice setting of goals was depicted as just as important as achieving them.

Maintaining a positive outlook and claiming a positive Disability Identity: Four participants, while acknowledging the unpredictable nature of MS, adopted a positive view of their illness, describing it as something which merely changed their lives as opposed to defining it.

“That I’m able to do so well and have a good life with MS …..it is possible to have a good life because of it and I’ve had good life with it and I’ve adapted my life to, to
make sure that I stay well.”

This outlook benefits themselves and also those around them. Participants spoke of not wanting loved ones to worry about them but of not wanting to dwell on their illness for their own well-being also.

Danielle: “I don’t want to sit around talking about MS you know. I just, good to have it if you need it and to have someone to talk to but I’m not one for let’s all just talk about this to death.”

Participants conceded that living with MS results in very real limitations and in them having different needs to others however they noted that they are not ‘disabled’ as others might view it due to the sometimes invisible nature of their illness.

Craig: “I’m neither disabled as people would view me or I’m not fully mobile”

One participant, when asked what disability meant to her, described it as “kind of a put down, that there is something wrong with you” (Amy) and all made reference to wanting to focus on their abilities rather than disabilities, on the learning experience and new perspective which living with MS has given them.

Sandra: “I’ve got a totally different perspective now than what I did. Before it was working hard, doing loads of over time, going out, travelling, not thinking about what life is about and I’ve had to look like definitely big time into myself and say listen, that’s not your life anymore. Maybe it was never meant to be your life you know? But it has given me so much more than just an illness. I’ve met the best people in the world, yeah I’ve encountered some of bad, some bad situations with friends like but the good still outweighs all of the bad like.”

By articulating that is it possible to live a good life with MS and outlining how they actively construct this life using the strategies outlined, participants begin to reframe the socially accepted view of the everyday reality of living with Multiple Sclerosis.

Discussion

Susan Wendell in speaking of both her personal experience but also of social perspectives of chronic illness describes the paradoxical reality of living with such an illness (Wendell 2001). People living with chronic illnesses are considered simultaneously too young to be ill for the remainder of their lives and not yet old enough to cease fulfilling expected productive and social roles. With a typical onset age of between 24 and 30 years, persons with MS are all too familiar with this reality. The importance of findings ways to adapt and thereby
maintain these roles, both from a social perspective but also to maintain their sense of occupational identity has been shown (Cahill 2010).

The characteristics which society ascribes to disability may not fit those to whom that label is applied and as a result people are viewed as disabled though they do not identify as such (Wendell 2006). The level and extent of an individual’s impairment is often less influential than the extent to which they themselves indentify as disabled (Linton 2006). Within the represented MS community there is a reluctance to subscribe to the social depiction of what it means to be disabled. Participants spoke about not wishing to speak at length about their illness, of wanting to engage socially and productively to the very maximum of their abilities but also of recognising that there is a very real distinction between the concept of disability as society sees it, and of the reality of living with what is typically considered an invisible disability (Grytten 2005).

Linton highlights the medicalisation of disability and the collusion of the medical model in treating a condition and the individual presenting with a condition rather than addressing the social processes that limit person’s lives. This sentiment was reflected in the present study when Sinead spoke of her decision to conceal her diagnosis of MS lest it begin to define her. Linton also explored the issues around what qualifies one as ‘disabled’ and she concluded similarly to Wendell, that an individual is disabled if they say they are. While this draws parallels with the concept of illness intrusiveness and expected outcomes determining illness course, it also prompts a query on the other side of this issue; what if an individual who is living with a chronic illness such as MS does not identify as disabled? Participants in this study described the term ‘disability’ as a put down and as having negative connotations and described actively concealing their diagnosis at various times to prevent the label of MS from defining them as a person. This approach is consistent with experiences documented in the literature. Some people find it difficult to disclose an MS diagnosis as they fear negative reactions from others (Edwards et al. 2008).

While no one desires the social stigma which is sometimes enmeshed with disability (Goffman 1963), the label in itself can be a necessity as social recognition of one’s disability determines the pragmatics of treating and managing the illness such as medical treatment and insurance implications. Wendell draws attention to those who may be considered the ‘healthy disabled’; those with invisible symptoms or those who have physical conditions that result in functional limitations but who are medically stable and are expected to remain so for the foreseeable future, much like the unpredictable course of MS. To be recognised as disabled, are people required to regularly highlight and draw attention to their limitations in an effort to advocate for their needs? This study highlights the belief of individuals living with MS that to advocate their needs is a means to an end and is an active strategy to having
their needs met. Danielle conceded that while she is a bit different from others on her sports team and that she does require a little more assistance but with this assistance she is capable of competing. Craig reiterated the point when he described that when people know about your illness, they can begin to understand your needs. He believes it is when people do not understand that difficulties may arise.

As indicated previously an individual's perception of their MS, it's intrusiveness and the impact of this on their life is a major factor in contributing to their quality of life (Shawaryn et al. 2002, Mullins et al. 2001). Therefore a perception that MS results in many negative disruptions has been linked with increased levels of difficulty in the illness experience. Conversely, a more positive perspective on expected clinical course will result in more favourable outcomes. This concept of illness representation is a useful framework for endeavouring to understand the complex psychosocial effects of this chronic illness (Vaughan et al 2003). While this project does not seek to quantify this concept, it does outline how an individuals' chosen method of dealing with their illness impacts on their life; in essence the outcomes of the navigating strategies used. Participants overall presented with a positive outlook to living with Multiple Sclerosis and described a positive disposition as something which would be inherent in their personality. This positivity in itself proved as a strategy for navigating the disruption of the illness.

The Neurological Alliance of Ireland study reported that 54% of participants felt that living with a neurological illness had a big impact on their overall quality of life and 52% felt that it had a big impact on participating in social activities (NAI, 2014). Certainly this was mirrored in the early experiences of participants. They spoke of being unable to continue with activities which they enjoyed before they began experiencing symptoms but also of finding alternative ways to engage in recreation and to seek out social participation. In this study, limiting the impact of MS on participants' lives involved using strategies to navigate the illness which allowed for participants to construct a life which they were satisfied with. Participants utilised a number of strategies which they described as an ongoing process which develops and evolves over the course of their illness and which may take many years of learning personal limitations and accepting support. These strategies involved adapting many aspects of their lives with the ultimate aim of maintaining engagement in occupations. Those participants who spoke of seeking out and finding alternative outlets for recreation and productivity spoke generally more positively of living with their illness.

The strategies identified are supported by the literature which highlights the importance of supporting physical health, maintaining meaningful occupations, roles and family life;
engaging in meaningful leisure pursuits, mutual relationships, valuing positive life experiences, good emotional health and more satisfaction with life and thereby providing for greater quality of life (Reynolds and Prior 2003, A. Hakim 2000, Nicholl et al. 2001) While those living with MS concede that their diagnosis results in significant limitations and functional impairments, they have actively sought ways to navigate these difficulties to reprioritise and to reconstruct a normal life, a life with bits of MS in it. They are, in their view, living a good life with MS. While they recognise that they are living with a disability they have over time disrupted the social perspective of disability as a negative notion. While they have not entirely rejected, they have resisted the socially accepted characteristics of disability and have adopted a positive disability identity.

**Implications for Occupational Therapy**

Occupational Science highlights the importance of engagement in occupation to the health, survival and overall well-being of humans. From an Occupational Therapy perspective, the well-being of those living with MS is contributed to by satisfaction and fulfilment from engagement but also an individual’s ability to continue those meaningful occupations into the future (Wilcock 1993, 2006, Hocking 2009). Occupational Therapy for Multiple Sclerosis has been identified by a Cochrane Review as supporting individuals’ optimal functional capabilities to enable their participation in self-care, leisure and work activities traditionally through techniques including energy conservation, efficient body mechanics and often with the provision for assistive technology (Steultjens et al. 2003). The 2014 NAI study has highlighted that 50% of those living with a neurological condition have an as yet unmet need for Occupational Therapy. The findings of this project show the need for occupational therapy to address specifically the psychosocial elements, alongside traditional interventions, during the time after diagnosis as an individual begins to navigate the disruption of their illness by constructing positive ways of interpreting the experience, setting clarified and informed goals and experimenting with different lifestyles (Steultjens et al. 2003). This study also highlights the importance for practitioners to be aware of a client’s sense of identity and how this is impacted upon with the onset of a chronic illness. This approach is advocated and legislated for in the UN Convention for the Rights of Persons with Disabilities (NDA) which calls for the promotion of positive perceptions and greater social awareness towards people with disabilities. Similarly Ireland’s premier Mental Health policy document, A Vision for Change (HSE) promotes the achievement of well-being, enablement and enhanced quality of life for the general population.
Conclusion

The findings of this project reflect the literature in detailing strategies used by those living with Multiple Sclerosis to navigate the impact of the illness in an Irish context. As individuals progress through the illness experience they find ways of navigating which work well for them and which allow them to engage in occupations meaningful to them and maintain social roles and relationships. Engagement has an impact on the participant’s life satisfaction but also on their view of MS as just one part of their lives rather than a domineering force controlling all aspects of it. By learning to limit the impact of the illness allowed the participants to live a good life with Multiple Sclerosis and ultimately to adopt a more positive disability identity. Participants in the study spoke of MS just being a normal part of their life, of their ability to live a good life with MS and their desire to inform people that this is possible and also of the new perspective and lessons that living with this chronic illness has brought to their lives.

In light of the results of the NAI study (2014) which highlights 50% of those with a neurological condition in Ireland as having an unmet need for occupational therapy, the need for intervention is vital. Traditionally the role of Occupational Therapy with MS provides for assistive technology, seating and postural support and various educational techniques (Steultjens et al. 2003). This project highlights the need for occupational therapy input with people in the early stages post diagnosis. As an individual begins to revaluate their current occupations based on personal value and expected clinical outcomes, client led, goal oriented therapy to promote continued participation is key. This study particularly sheds light on the disparity between social perceptions of MS as always presenting as a chronic debilitating illness and of the possibility for people to live well with MS, to continue to engage socially, productively and to live a good life for many years post diagnosis.

Limitations

In evaluating the significance of this research the limitations of the research must be acknowledged. While it may be considered a strength that the participants all present with the same form of MS as this allows the exploration of the issues within that subset, it does not account for the experiences of those presenting with more progressive forms of MS, for whom the illness experience and their adaptation to it would differ significantly. Further research on a larger scale is required to assess the interpretation of disability identity adopted by those living with Multiple Sclerosis as the course of their illness progress, to explore the evolving nature of this disability but also an exploration on the disability identity adopted by those living with more progressive forms of Multiple Sclerosis. Similarly a
limitation of the study was the small sample size used as the experiences noted do not necessarily reflect the 8,000 people in Ireland living with MS (MS Ireland 2012). Lastly as only stages 1-4 of thematic analysis were completed before progressing to stage 6 of writing, a more critical analysis of the data will be required before the project is moved forward for publication.

Acknowledgments
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References


MS Ireland (2012) ‘*Multiple Sclerosis & MS Ireland Media Fact Sheet*’ [Online], Available at: [http://www.ms-society.ie/pages/living-with-ms](http://www.ms-society.ie/pages/living-with-ms) [accessed on 28 April 2013].


