Naming and Visualising People in the Discourses of Disability

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A thesis submitted in fulfilment of the
requirements for the degree of
Doctor of Philosophy

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Declaration

I hereby declare that this thesis is my own work, and that, to the best of my knowledge, it does not contain any unattributed material previously published or written by any other person. I also declare that the work in this thesis has not been previously submitted to any other institution for, or as part of, a degree.

This study was granted approval by Macquarie University Human Research Ethics Committee (REF: 5201200832) and conducted in accordance with the guidelines stipulated.

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Abstract

Disability is a multi-faceted discursive construct shaped by diverse motivations and perspectives. To understand this complex construct, this thesis examines the aspects of naming and visualising people in a Malaysian newspaper. Although the focus is on disabled persons, the non-disabled are also examined as they co-construct the discourses.

This study draws on Fairclough’s (2010) dialectical-relational critical discourse framework and Candlin and Crichton's (2011) multi-perspectival methodology. The data sets comprised 863 news texts on disability issues and 1002 photographs accompanying these texts. They were sourced from *The Star*, a mainstream Malaysian English newspaper (July 2008 - June 2011). Corroborative perspectives from 46 interviews with various stakeholders were also used to provide insights into social institutional practices.

On naming practices, the nominal group structure and lexical choice in name phrases, as well as the voices that employed these phrases were analysed. Findings show the multiplicity of voices have different motivations for their choices of names. On visual representations, van Leeuwen’s (2008) visual actor analytical framework was utilised, aided by Garland-Thomson’s (2006) taxonomy of visual rhetoric of disability as well as the analysis of *affect* from Appraisal Theory (Martin and White, 2005). Findings suggest symbolic *exclusion* of disabled actors. Extending from these, this thesis also proposes the *perspectivisation* of disability. It describes the visual framing of disability on a cline of *perspectivising/personising* images and the emotive dimension on the *enabling/disabling* cline. Subsequently, the Visual Discourse of Disability Analytical Framework (VDDAF) is developed as a tool for analysing and understanding the effects of this *perspectivisation*.

By analysing the practices of naming and visualising disabled persons in news discourse, this study reveals discriminatory practices affecting the social standing of disabled persons. To be inclusive, the discourses should reflect dignified representations of the persons as members of society, and disability as part of human diversity.

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CHAPTER 1: INTRODUCTION

1.0 Preamble

Disability is a multi-faceted discursive construct shaped by diverse motivations and perspectives. It is a 'relationship between the environment, body, psyche and participation in interpersonal, social, cultural, economic and political affairs' (Marks, 1999b, p. 611). Based on the literature review presented in this thesis (Chapter 2), disability can be seen as a discourse semiotic construction, co-constructed with the existence of the non-disabled in society. Most studies in disability are articulated as socially-orientated, explicating the marginalisation of the disabled community. To deconstruct this phenomenon in the local Malaysian context, this thesis focuses on the aspects of naming and visualising disabled and non-disabled persons in *The Star*, a Malaysian mainstream English newspaper. It characterises as well as challenges some accepted prevailing discursive and social practices as represented in this news medium. The news medium is an important and powerful site of discursive practice. It constructs a version of social reality related to disability, while disseminating real-life news and issues. As an influential public discourse with ideological consequences for the systems of belief and value in society, journalistic practices in relation to disability should be investigated.

In terms of chapter organisation, the chapter will first situate the research by providing the broad definitions of 'disability' and 'discourse(s)'. It will then identify the research gaps within the critical semiotic framework as well as in the modality under study which is the newspaper. The historical background to disability and its definition from both international and local Malaysian contexts will then be explicated. This chapter then presents some of the key terms and concepts employed in this thesis. With background of study established, the aim, research questions and thesis organisation will then be presented.

1.1 Situating the research

‘Disability’ has been used as an umbrella term to refer to incapacitating conditions pathologically, socially and politically. Commonly, it refers to a pathological or biological condition where something is ‘missing either fiscally, physically, mentally or legally’ (Davis, 1995, p. xiii); this limits a person’s movements, senses or activities. The physical, physiological or neurological disabilities could be congenital or caused by external factors in the environment. However, with the development of studies in the humanities, disability also ‘evokes a marginalised place in society, culture, economics and politics’ (Goodley, 2011, p. 1).

Disability has also been defined in social and political terms. The incapacity or disablement is a result of a non-supportive disabling environment (World Health Organisation and World Bank, 2011). In discursive terms, disabled persons have been institutionally relegated via membership categorisation (Sacks, 1992; Sarangi and Candlin, 2003) in the health, medical, social, psychological, legal and political dimensions. This complex relationship will be further explored in Chapter 2.

Previous research in Disability Studies has included the socio-cultural-political aspects of disability with arguments based on the models (see Section 2.2) and the intersectional characteristics of disability (see Section 2.3). Shakespeare and Watson (2001) argued that the complexity of disability is ‘so variable, so contingent, so situated...’ that it cannot be reduced to any singular definition identity, model, or research project or political programme (see also Goodley, 2011, p.120). Thus, studies in disability have been and should be multi- and transdisciplinary in nature. As such, the study here situates the understanding of disability within a critical semiotic perspective, and explores news texts and photographs. It combines critical discourse, news mediation and social approaches to Disability Studies. Disabled persons and their disability are interdependent and as such they are analysed together. Disabled persons also co-exist with the non-disabled in society. Therefore, the presence of non-disabled is also examined here and understood as co-constructing the discourses of disability (see Section 2.1).

The term ‘discourse’ imparts various meanings for various researchers. Generally, ‘discourse’ (small ‘d’) refers to any stretch of language in use (Gee, 2015, p. 418). Foucault (1972) described ‘discourse’ as individual acts of language or language in action that allows us to make sense of ideas and statements. The term ‘discourses’ is used here to refer to what Gee (1996, 2015) called the big ‘D’ or what Foucault (1984) and Fairclough (1992b) referred to as ‘orders of discourse’. It is the ideological discursive structures that form around particular topics where meanings, subjects and subjectivities are formed, often social and culturally implied (Foucault, 1972) (see Section 3.3). In brief, ‘discourse’ refers to the use of language and other systems of meaning (or semiotic systems) and ‘discourses’ are statements of ways of knowing, being and acting related to social practices in society. To unpack the potential traces of ideological mystification, a ‘critical’ view is employed in this study, in line with the work of Hodge and Kress (1988) in early critical linguistics and subsequently the development in critical discourse analysis by Fairclough (1992a, 2010), van Dijk (2006) and Wodak (1996, 1999). This study also incorporates the perspective of social semiotics and its critical multimodal forms by Hodge and Kress (1988), Kress and van Leeuwen (1996, 2006), van Leeuwen (2008), Djonov and Zhao (2013) and Machin (2013) (see Section 3.3).

1.1.1 Study 1: Naming of people in the discourses of disability

To begin deconstructing the discourses of disability, this thesis identifies and recognises the social actors involved and what they are called. The naming of people with and without disability has been a very highly contested issue in Disability Studies, particularly regarding how they should be addressed in public discourse such as in the media and policy-related decisions and documents (see Chapter 6). Names and labels influence identity and membership categorisation and subsequently the social positioning of these actors.

Although naming has been largely studied, there appears to be a trend and blanket preference, particularly in media guidelines for the *person-first* structures (e.g. *people with disability* and *children with autism*) instead of *disability-first* (e.g. *disabled people* and *autistic children*) (see Chapter 6; see also Burns, 2010, 2011; Haller, 2010; Haller et al., 2006; Snow, 2009). The principle involved here is applicable only to certain languages (most obviously, English), and as has been found by Halmari (2011), the *person-first* structure does not apply in Spanish. In the Malaysian context, issues regarding naming have only been addressed in passing (see Carr et al., 2008). Naming in the Malaysian media has only been analysed in depth with regard to euphemism and politeness by Ang (2010). This thesis examines the nominal group structures and lexical choices involved in naming and referring to impairment, condition and disability in both English and Malay, since Malay terms have been found inserted in the English news texts in the corpus studied here. Apart from identifying the voices that have been quoted in the press to give these names, the analysis also characterises the patterns and effects of choices in naming strategies. Interviews with a range of stakeholders are also used for triangulation. The study on naming sheds light on how social actors are and should be named.

In this thesis, the terms ‘disabled person(s)’ and ‘disabled actor(s)’ will be used to refer to people with disability, and ‘non-disabled’ and ‘non-disabled actor(s)’ to those without. This is based on findings of Ang's (2010, 2014) research into the Malaysian print media, where disability is still largely reported from social and charity perspectives, although awareness of the rights model has emerged recently (Carr et al., 2008; Ling, 2012; P. Tan, 2014; see Section 1.4.4.3). In the social model, the term ‘disabled people’ is used to denote people being disabled by societal and environmental factors (P. Tan, 2014; see Section 2.2.4). However, ‘disabled person(s)’ is preferred in this study as ‘person’ implies respect for individuality whereas ‘people’ is more generic (see Chapter 5). The term ‘non-disabled’ is employed to refer to people without disability. This is currently the preferred term following the *ableist* view and understanding of alterity in discourse (see Sections 2.4 and Section 5.3.5).

1.1.2 Study 2: Visualising disability in press photographs

The representations of disability in the media have been extensively covered in the areas of Media Studies and Journalism, both in the traditional and new media (see Burns, 2011; K. Ellis & Goggin, 2015; Goggin, 2009; Goggin & Newell, 2003, 2004; Haller, 2010, 2015; Huws and Jones, 2010, 2011; S. C. Jones and Harwood, 2009). Studies on images of disability in sites such as literature, sculpture, film and performing arts are also on the rise (see Garland-Thomson, 1996; Garland-Thomson, 1997, 2009, 2015a; S. L. Snyder and Mitchell, 2000). Work in visual journalism and photojournalism has also developed rigorously recently in both print and online platforms (see Caple, 2013; Caple and Knox, 2012, 2015; Knox, 2007, 2009a, 2009b, 2009c; Machin and Polzer, 2015). However, work specific to representations of disability in press photography in the domains of Critical Discourse Studies and Social Semiotics is limited.

Al Zidjaly (2006, 2007, 2009, 2015) did a discourse mediation case study on an Omani disabled person and studied how new media in the form of PowerPoint and social media chatrooms could be used for agency and inclusion of disabled persons. Al Zidjaly (2012) also investigated the images of disability in the covers and advertisements found in a set of magazines published by a disability organisation in Oman. She found disabled persons had been ‘devoiced’ due to policy changes in the organisation. Another paper related to images was identified in a special journal issue on the London 2012 Paralympics in *Prosthet Orthot Int* (Curran, 2012) where the physique and actions of disabled athletes with the aid of technology in disability sports were descriptively, rather than visually, studied. Hence, the current study on representations of disability and disabled persons in press photographs will contribute to the under-researched area of critical studies of visual discourse of ‘disability’, particularly in the Malaysian context.

1.1.3 Why a critical semiotic framework

As stated in the previous section, the present study addresses the lack of critical studies of visual discourse of disability internationally and in the Malaysian context. It does so in the form of a critical semiotic study. Social semiotics is an approach to understanding how people communicate by a variety of means or semiotic resources in particular social settings (National Centre for Research Methods, 2012). For Kress (2010a), different kinds of semiotic resources (e.g. words, signs, pictures, sound, colour, diagram, facial expressions) have different affordances so they can be employed to achieve different kinds of communicative tasks. The mode of communication is not fixed by rules and structures, but dependent upon purposes or what needs to be accomplished (Hodge and Kress, 1988; van Leeuwen, 2005).

Basically, social semiotics is concerned with how people make and use signs in the context of interpersonal and institutional power relations to achieve specific aims (Hodge and Kress, 1988; van Leeuwen, 2005). A concern for this thesis is how such signs achieve certain advantages or disadvantages in the representation of disability in press photographs. This concurs with the notion of 'discourses' in critical discourse analysis which questions 'what goes on in a particular social practice, ideas about why it is the way it is and what is to be done' (Machin, 2013, p. 352). The use of critical discourse analysis would examine these discourses and delineate the kinds of identities, actions, and circumstances which are concealed, abstracted, or foregrounded in texts, pointing to the ideological and political implications (Fairclough, 2003).

In this study, the 'disabled body' is argued as a signifier and site of discursive production and consumption (see Section 2.1). In Disability Studies, disability is perceived as a 'sign system' that marks 'bodies and minds' (Garland-Thompson 2002a, p.5). This 'sign system' is a contention that is discursively constructed, mediated and institutionalised (see Section 2.1). It includes representations in texts and images and thus, this thesis intends to explicate how disability is constructed semiotically, grounded institutionally, and enacted interactionally (Cicourel, 1974, 1992, 2007, 2011). In light of this, a critical social semiotic inquiry is deemed apt as both the theoretical and analytical frameworks in this study. A critical semiotic approach is proposed as a means to unpack the construction of disability as a signifier of the systems of beliefs and practices in society. This is also parallel with the development in the area of Critical Disability Studies (see Section 2.4).

1.1.4 Why study the Malaysian newspaper and *The Star*

Manan (1999, 2008) reported that the discourses in the Malaysian mainstream English newspapers (*New Straits Times* and *The Star*) do not reflect reality in a neutral manner but instead have often been ‘interpreted’, ‘organised' and ‘classified’. Such practices can be attributed to the fact that newspapers in general have to operate within discursive, cultural, political and economic constraints. This mirrors Fowler's (1991) and Hodge and Kress’s (1993) assertion that media texts represent choices made by a selected few. This subjectivity in representation can be applied to the construction of disability where media texts (re)produce meanings that empower the views and interests of certain parties or stakeholders. Baskaran (2004) found that the ways in which disabled citizens are described or ‘packaged’ by the media affect how they are judged by others. She emphasised the plight and effect on this community, particularly those with speech disorders. Alexander (2004) described a similar media effect in the issue of access to mainstream schools and social welfare support for children with autism; Mac also (2004) identified an identical media effect on those with dyslexia. Ang’s (2010) study on the media representation of disability found that disabled persons are positioned in limited ways, and socially conditioned and subjected as the Other through linguistic choices in news reporting. This indicates an oppressive social practice based on biological differences.

News is an authentic ‘way of acting’ (Fairclough, 2003, p. 17) which reflects social practices in the society. Fairclough (2003) claimed that one of the ways of (inter)acting as part of our action in writing and speech is through genre (ways of acting), apart from discourses (ways of representing) and styles (ways of being). Newspapers are a source and genre containing real-life news and issues that allows social reality to be perceived. More critically, news is determined by values in society and how audience feel because they are affected by the way they receive the news (Bell, 1991).

The Star is the newspaper under study here for a number of reasons. Apart from its activism on disability issues which is part of its corporate social responsibility, and its high frequency of publications related to disability issues, *The Star* is the Malaysian English newspaper with the widest circulation and highest readership in both print and online platforms (see Section 4.2.2). What is more crucial is the readers of *The Star* are predominantly middle class, educated, English speaking professionals who are in a position to influence social policies in the country. As such, it is pertinent to investigate how the reporting of disability issues in the *Star* is presented to this specific group of readers. Examining these products of journalistic practices will enable recommendations for a shift in the discourses towards a better recognition of the disabled community in the country.

1.1.5 Previous studies on the discourses of disability

Studies of disability from a discourse perspective are still in their infancy. In Fulcher's (1989, p. 32) seminal work of the 'discourses of disability' in the context of special education needs in the United States, she argued that the politics of disability is more about contests over everyday ways of speaking about disability and disabled persons, as well as institutional decisions. Fulcher identified that apart from the rights discourse, all other discursive models (medical, charity and lay) disempower disabled persons through domination of professionals, and result in poverty and dependence due to the labour market. For Corker and French (1999), working in the context Deafness in the United Kingdom, they found institutions engender the disability discourse. Their anthology provides many instructive examples of how language and other forms of representation (e.g. film) inform and influence the discourse. With a postmodernist perspective, they proposed that the understanding of disability requires an awareness of the relational, mediatory and performative roles of discourse in shaping the politics of disability (Corker, 1999). In another study, employing a feminist and postmodernist analysis, Shildrick (2009) explored what motivates the discrimination, devaluation and alienation directed at disabled people. She argued that disability is a psycho-cultural imaginary that sustains modernist understanding of an embodied subject. All the above studies criticise strong societal and institutional influences on the concept of disability. This confirms discourse as an apt area of study in order to understand disability issues and social practices.

Studies of disability in multimodal sites and new media are also emerging. S. L. Snyder and Mitchell (2000, p. 1) analysed the 'narrative prosthesis' to address meanings assigned to disability as a representational identity in narrative art in the context of the United States. They found pervasive use of disability as a device of characterisation of dependencies in literature and film. A study by R. Jones (2011) examined how development in computer mediated communication for disabled persons has given rise to discourses of accessibility, social levelling and (dis)empowerment. Both studies by R. Jones and Al Zidjaly (2007, 2009, 2012, 2015) (see Section 1.1.2) drew upon mediated discourse analysis (Norris and Jones, 2005; Scollon, 2001a) which focused on social action and the nexus of culture but did not address any ideological motivations that might be present.

Another previous discourse study that is close in nature to the study here, is a corpus study on the UK National Newspaper Disability Corpus (UKDC) by McEnery et. al (2012). It is a report for the British government to measure the impact of the 2012 London Paralympics on the tones and attitudes towards disabled persons and towards the reputation of the UK. UKDC consists of the UK national press articles using 11 key terms related to general idea of disability and disabled persons, and makes references to physical disabilities only namely the *crippled* and *wheelchair users*. It does not extract sources related to other specific impairments which are actually an important concern in Disability Studies. Moreover, UKDC includes non-human or metaphorical use of the words and their social/personal/ideological import as such ‘crippled the operation’, ‘disabled the system’ and ‘turn a deaf ear’. In the current study, these non-human usage and metaphorical expressions are not included, instead, focuses on disability in relation to health conditions as defined in the International Classification of Functioning (ICF) (see Section 1.2.2).

In terms of linguistic studies of disability in Malaysia and specific to the English press, the literature search shows three previous studies. Norazit and Awab (2007) did a corpus study on the collocation of words used in naming disabilities, not the people. They also stopped at phrasal level without analysing the corpus as discourses. Also, Haque (2005) mentioned in passing in his doctoral thesis that ‘disability’ is one of the aspects of exclusionary practices in the Malaysian job advertisements. By failing to mention disability or encourage disabled persons to apply for jobs in a way implies that they are to be excluded. Ang’s (2010) work is regarded as the only critical discourse study on the general representation of disability in the print medium. However, this study concentrated on verbal texts only.

One study on theorising the discourses of disability is done by Grue (2015). It was published when the study undertaken here was at its final stage. Grue’s work (2015), is an extension from his previous work in the Norwegian context. He developed theories on how disability is produced by linguistic, cultural and narrative structures and entities (see also Grue, 2010; Grue, 2011a, 2011b, 2013). Grue (2015) also employed Fairclough’s critical discourse analysis but used the older 3-dimensional framework (1995a). The study here adopts Fairclough’s newer proposition which takes semiosis into account (Fairclough, 2009; 2010; see Section 3.3). Grue (2015) analysed the context of popular media, whereas in this study, it concentrates on the newspaper. His study is also orientated towards narratives and limited to physical impairments, particularly the 'supercrip' and 'cyborg' identity of disabled persons. The present study examines the semiotic representations and disability in general.

On the whole, most of the previous discourse studies in disability are geographically situated in the Global North or socio-economically developed countries such as the US, UK, Norway and economically rich Oman (see Section 1.4.4 for the understanding of Global North and South). E. Kim (2011) cautioned against the representativeness and unwarranted application of the Global North’s understanding of disability in the Global South context. Examining experiences, narratives and stories of disabled persons should be couched firmly within environmental and socio-cultural settings (Barnes, 2003). Current studies in disability in the Global South have also emphasised on a need for specificity to the local cultural context including the characteristics of indigeneity (see Ling, 2007; Meekosha, 2014; Meekosha and Soldatic, 2011; Shuttleworth and Meekosha, 2014). Additionally and more specifically, there is a lack of discourse research in Disability Studies in the Malaysian context. Addressing such concerns, this thesis is locally situated in the Malaysian context, and examines a discourse that addresses a specific, powerful, and relatively privileged audience - the English-literate middle and professional class in Malaysia (see Sections 1.1.4 and 4.2.2).

Generally, this thesis addresses three areas perceived as lacking in the current research. Firstly, the study will add to the pool of the understudied discourses of disability internationally and locally. Secondly, the analysis of discourses of disability using a critical semiotic tool is an original approach to investigating these discourses, and can be expected to bring a new perspective to existing issues, or even to identify issues previously unexplored. Thirdly, within the mode of news and specifically in visual- and photo-journalism, in-depth studies of images of disability are very limited (see also Garland-Thomson, 2002b). Hence, this research hopes to contribute to scholarly research on disability from a critical semiotic perspective and make specific recommendations on discursive practices for media professionals and use in institutional policy documents.

With this, the following section will detail the background, context and definitions of disability from two perspectives. First, from an international perspective of the World Health Organization (WHO) and second, a situated local definition in the Malaysian setting.

1.2 Disability in international setting: World Health Organisation's (WHO) perspective

1.2.1 Prevalence

The World Report on Disability (World Health Organisation and World Bank, 2011) revealed that about 15% of an estimated 1 billion world population have some forms of dysfunctioning. This rate is increasing due to ageing population, chronic health condition and change in the definition of disability which has become broader in scope (ibid). Most impairments are acquired (97%) rather than congenital (3%) (disabled-world.com, 2015). Of the 1 billion world population, 150 million children are disabled (Grech, 2008); 386 million of working age are disabled (disabled-world.com, 2015). About 88% live in poor countries and 90% of these are in rural areas (Marks, 1999b). There are also more disabled persons in the southern hemisphere than the north (Stone, 1999). In fact, disabled persons are the largest minority grouping in the world (Davis, 1995). Therefore, it is pertinent that attention be given to this group of citizens.

1.2.2 International Classification for Impairments, Disabilities and Handicaps (ICIDH)

In 1976, the World Health Organisation (WHO) framed disability in a simple causal sequence of ‘etiology → pathology → manifestation’ referring to the degree of recovery after medical treatment (cited in WHO, 1980, p. 10). This framework which was also known as the *International Classification of Disease*, perceived disability as an individual phenomenon located within the medical model (Barnes and Mercer, 2010; see Section 2.2.2). Parallel to this, there was a growing awareness of social barriers to disability by researchers and disability activists. The Union of the Physically Impaired Against Segregation (UPIAS) of United Kingdom put forward a distinction between ‘impairment’ and ‘disability’ (UPIAS, 1976). This was meant to highlight social exclusion as a form of disablement, instead of incapacitating pathological conditions (Table 1.1).

Subsequently, in 1980, WHO proposed a 3-fold distinction between ‘impairment’, ‘disability’ and ‘handicap’ (Table 1.1) and also described the process of disablement (Figure 1.1). This taxonomy which was also known as the *International Classification for Impairments, Disabilities and Handicaps* (ICIDH) was one of the most influential contributions to international understanding of disability (United Nations, 1983).

	Impairment	**Disability**	**Handicap**
Union of the Physically Impaired Against Segregation (UPIAS, 1976,p.3-4)	*Lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body.*	*The disadvantage restriction of activity caused by a contemporary social organisation which takes no account of people who have physical impairments and thus excludes them from mainstream social activities.*	-
ICIDH (WHO, 1980)	*Any loss or abnormality of psychological or anatomical structure or function (ibid, p.27).*	*Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being (ibid, p.28).*	*A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual (ibid, p.29).*

Table 1.1 Distinctions between 'impairment', 'disability' and 'handicap' in UPIAS (1976) and ICIDH (1980)

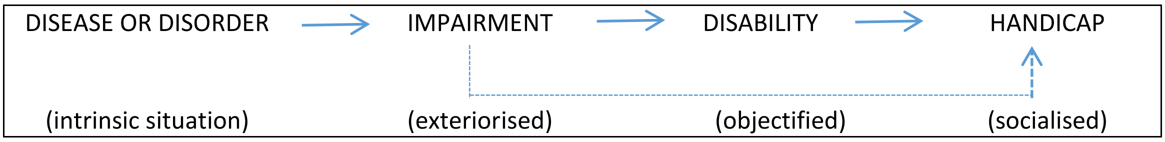


Figure 1.1 The process of disablement according to ICIDH (WHO, 1980, p.30)

Table 1.1 and Figure 1.1 suggest that ICIDH viewed 'impairment' as permanent or transitory biological, cognitive and sensory and psychological limitations. It was an 'exteriorised' pathological form caused by a disease, congenital or acquired disorder. Meanwhile, 'disability' referred to functional activities individuals could not accomplish and as a result, disabled persons became 'objectified'. 'Handicap' referred to the environmentally imposed disablement such as the lack of education and accessible environment. It prevented disabled persons from participating on equal terms. ICIDH had moved the understanding of disability beyond acute anatomical, physiological or mental conditions but also to distinct functional limitation from social handicap in which UPIAS's definition did not differentiate.

However, whether they are ‘impairment’, ‘disability’ or ‘handicap’, these terms seem to be measured against ‘normality’ and social integration (see Table 1.1 and Section 2.1). Bury (1997, 2000) viewed ICIDH as a credential to ‘socio-medical’ model of disability but had resulted in socio-economic advantage. ICIDH was also criticised by disability researchers as being biased towards a social model (see Barnes and Mercer, 2010; Fawcett, 2000; Oliver, 1996; Shakespeare, 1996; Shakespeare and Watson, 1997). Disability became a relationship between disabled persons and their environment; it occurred when there was an encounter with cultural, physical or social barriers that denied access to the various systems in society. Goodley (2011) opined that while ICIDH acknowledged impairment, it had politicised disability. Disability in ICIDH was interpreted as a negative social reaction and act of seclusion of disabled persons by society. It was perceived a ‘form of social oppression involving social imposition of restrictions of activity’ on those with impairments which also undermined them psycho-emotionally (Thomas, 2007, p. 73). This development further gave rise to the following understanding:

a. **Disability**: Recognised as a phenomenon of cultural, political and socio-economic conditions (Abberley, 1987)

b. **Disablism**: Recognised psychological, cultural and structural crimes against disabled people (Thomas, 2007). The relationship between environment, body and psyche served to exclude people from becoming full participants in interpersonal, social, cultural, economic and political affairs (Marks, 1999a, p. 611)

c. **Disablement**: practical consequences of disablism (Oliver, 1990)

From a discourse dimension, ICIDH was an institutional discourse relegating membership categorisation of disabled persons and measuring them against the ‘normality’ of the majority. The concepts of ‘disablism’ and ‘disablement’ also suggest an exclusionary and discriminatory discourses located within the social practices in society. As purported by

Fairclough (1992a, 2010), there is a dialectical relationship between discursive practice and social practice which is hidden or abstracted. As such, the institutional voice of WHO in co-constructing the discourses of disability is one of the perspectives to be drawn on in the present study.

1.2.3 International Classification of Functioning (ICF)

As a response to criticisms on ICIDH, in 2001, WHO introduced the *International Classification of Functioning* (ICF) (WHO, 2001, p. 2). The ICF is the current model adopted by WHO which presents disability an interactive model between impairment, body functions and structure, activity, and participation against a wider context of personal and environmental factors (Figure 1.2) (see also Section 1.4.1).

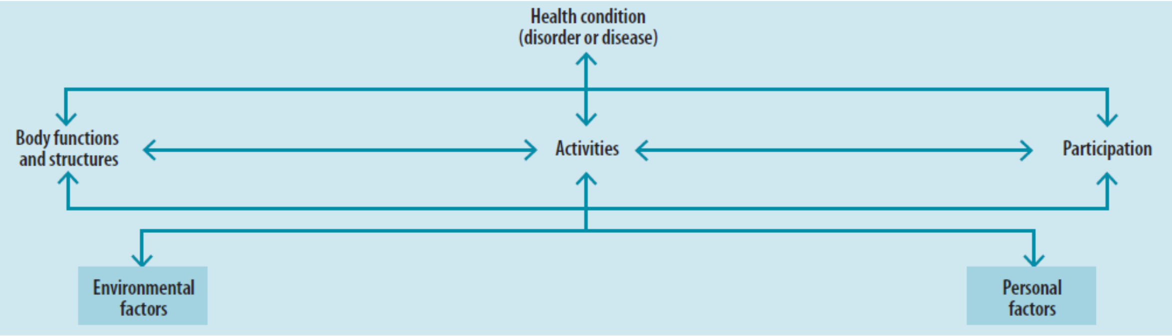


Figure 1.2 Representation of International Classification of Functioning (ICF). Source: World Health Organisation & World Bank (2011, p.5)

In this model, WHO claimed to be neutral, objective and non-categorical because it does not differentiate between mental and physical disabilities but rather disability is viewed as a health condition (World Health Organisation and World Bank, 2011). ICF purports to establish a ‘coherent view of different perspectives of health from biological, individual and social perspectives’ (ibid, p.20). In other words, ICF is intended as a universal model that is able to capture the complexity of disability and one that focuses on the functioning of disabled persons. It is meant to address conditions of biological impairment (bio), psychological (psycho) and social (social) disablement and hence, is also known as the Biopsychosocial model (see Section 2.2.6).

ICF is not without its criticisms. Disability researchers such as Wendell (1996) and Goodley (2011) have criticised that being all encompassing does not address the issue of specificity and the situated condition of disability. Thus, it may not be an appropriate definition of disability. As a vague catch-all model, it fails to capture the complex meanings of ‘impairment’; simplistically placing it alongside social and relational factors like participation (see Barnes, 2006; S. L. Snyder and Mitchell, 2006). Such universalism has the potential danger of ignoring culturally-specific foundations on which impairment, disability and disablism are created. ICF echoes an Anglo-Nordic-North-American context, and hence standards employed by and for people in highly industrialised societies in the Global North (Wendell, 1996). It may not necessarily be appropriate for those in poorer or rural areas as disability also has intersectional characteristics that may differ considerably (see Section 2.3).

Despite all the above contestations, from a medical perspective, ICF has been entrenched as a standard epidemiological tool in many domains of health practice and research – from medicine and rehabilitation therapies to public health, health systems and health policy (Bickenbach, 2011). Accordingly, ICF should be acknowledged as an intellectual achievement and a scientifically valid and scholarly tool employed by WHO. With this, ICF serves as an instrument for the empowerment for disabled persons, a human rights monitoring mechanism as mandated by the UN Convention on the Rights of Persons with Disabilities

(CRPD 2006). It also aims to be ‘neutral’ for international use as a programmatic and clinical definition, fitting for the international role WHO plays.

From a discourse perspective, ICF in itself is heteroglossic; it appears as another discursive formation from various orders of discourse (Foucault, 1972). Both ICIDH and ICF represent the discursive products of the Foucauldian orders of discourse and 'nexus of practice' (Scollon, 2001b) that interpellate disabled persons as ‘us’ and ‘them’. The models are intertexual and interdiscursive, and constitute elements of the medical, rehabilitation, social, psychological, scientific and political discourses. In Bakhtinian terms (Bakhtin, 1986), this multiplicity of voices from various disciplines with various motivations is also present in other models of disability which will be discussed in Chapter 2.

1.3 Disability in the local setting: Malaysian perspective

1.3.1 Prevalence

As of July 2014, the number of registered disabled persons in Malaysia is 506,228 out of an estimated 30 million (less than 2%) of the Malaysian population (Krishnan, 2014). This is less than WHO’s estimation that about 15% of a country’s population are disabled (World Health Organisation and World Bank, 2011). Calls have been made via the media for the registration of disabled persons but this has not been effective due to the lack of awareness of disability and available support, as well as unwanted associated stigma (World Health Organisation and World Bank, 2011).

1.3.2 Department of Social Welfare's definition of disability (2005 & 2008)

We will first visit the three common Malay terms used to refer to 'disability'. This is because social policies and laws in Malaysia are officially constructed in Malay (the national language) as well as in English version. This is also important for understanding the naming practices in this study where Malay terms have also been found inserted in the English texts.

The online Malay Literary Reference Corpus of Dewan Bahasa & Pustaka, the national language authority of Malaysia (Dewan Bahasa & Pustaka, 2015) suggests the followings:

a. **Cacat**: a term conveying physical disability (such as being 'crippled' or 'blind') and mental disability (associated with 'insanity' and being 'spastic'). Early cultural understanding also collocated 'cacat' with stupidity which was also once a belief in early Western custom laws (Sullivan and Vernon, 1979)

b. **Kurang upaya** (the less-abled): encompasses both impairment and disability (no differentiation).

c. **Kelainan upaya** (differently-abled): politically-correct term for disabled persons

d. **Orang Kurang/Kelainan Upaya** (**OKU**): OKU is an acronym to refer to disabled persons similar to People with Disability (PWD) in English.

'Cacat' is a dispreferred term as it connotes negativity and helplessness which is not only derogatory but has inaccurately described experiences of disability. 'Kurang upaya' is then adopted to avoid this connotation but it does not differentiate 'impairment' from 'disability'. Moreover, the term 'kurang' (less) still carries a negative connotation of deficit in itself and does not stop equating disabled as being less. Hence, 'kelainan upaya' (differently-abled) is perceived as a more polite and respectful term and has been largely adopted by disability advocates as well as the media.

In the wider context, the Department of Social Welfare (2005) stipulates a disabled person as:

> "Seseorang yang tidak berupaya menentukan sendiri bagi memperoleh sepenuh atau sebahagian daripada keperluan biasa seseorang individu dan tidak dapat hidup bermasyarakat sepenuhnya disebabkan sesuatu kekurangan samada dari segi fizikal atau mental dan samada ia berlaku semenjak lahir atau kemudian dari itu.
> *Source : Retrieved 17 August 2005 at http://www.jkm.gov.my*
>
> *Translated by the researcher here as:*
>
> "One who is entirely or partially incapable of being self-sufficient or unable to live in a society independently due to a lack of physical or mental ability prior to birth or thereafter."

Even with the legislation of The Persons With Disabilities Act 2008, disabled persons are still defined as those who 'lack the long-term physical, mental, intellectual or sensory abilities, when met with various obstacles, preventing their full interaction with the society' (Department of Social Welfare, 2009, p. 1). In both old and current definitions, one who has a physical or mental impairment that results in the inability to fit into society is considered 'disabled'. These definitions seem to require the disabled to fit into existing social norms and conventions rather than the latter accommodating their conditions. This appears to be similar to ICIDH's definition echoing a social model.

The Malaysian definition also resounds worldwide arguments by sociologists and social scientists that disabled persons are incapacitated by the social construction of the society they live in, rather than the medical or rehabilitation assistance required (Kaplan, 2000). Being unable to blend into the society, one is perceived as an outcast, a stranger, an outsider not belonging to the 'norm' at large (Shakespeare and Watson, 1997). Linguistic choices seem to have become yardsticks to spell out and construct the disabled, their disabilities and eventually their social standing.

The Department of Social Welfare has also further defined categories of disabilities as guidelines for the registration of disabled persons (Table 1.2). On the left of Table 1.2 is the old 2005 version and on the right is the current version effective from 1 January 2010.

	2005		**1 Jan 2010 - current**	
	Category	**Description**	**Category**	**Description**
1	Hearing - impaired	Not inclusive of the deaf and dumb : a) Mild - (20 - < 30 db) b) Moderate - (30 - < 60 db) c) Severe - (60 - < 90 db) d) Profound - (> 90 db)	Hearing	**Hearing impairment/disability** refers to the inability to hear clearly with both ears without the use hearing aids or completely unable to hear with the use of hearing aids. Hearing impairment/disability is divided into four levels, which are:- Mild - (15 - <30 dB) (children) - (20 - <30 dB) (adult) Moderate- (20 - < 60 dB) Severe - (60 - < 90 dB) Profound - (> 90 db)
2	Visually - impaired	**Blind** – Vision less than 3/60 on the better eye with the utility of aids (spectacles). **Limited vision** (Low Vision/Partially Sighted) – Vision less than 6/18 but equal or better than 3/60 of the eye with better vision with the utility of visual aids (spectacles).	Visual	**Visual impairment/disability** refers to the inability to see or experiencing limited vision in both eyes with the utility of visual aids such as spectacles or contact lenses. Visual impairment/disability can be viewed as: **Limited** refers to vision worse than 6/18 but equal or more than 3/60 with the utility of visual aid or visual field less than 20 degrees from fixation. **Blind** refers to vision less than 3/60 or visual field less than 10 degrees from fixation.
3	Physically-disabled	Physical disability for example those with Polio, Maimed, Muscular Dystrophy, Myopathy, Neuropathy, Osteogenesis Imperfecta etc.	Physical	**Physical impairment/disability** refers to the inability of the body parts to function either due to loss or missing limb or loss of bodily function in conditions such as hemiphlegia, paraplegia, tetraplegia, loss of limbs, weak muscles that result in inability to perform basic activities such as self-care, moving or changing body position. This condition can arise from trauma or dysfunctioning of nervous system, cardiovascular, respiratory, hematology, immunology, urology, hepatobiliary, muscularskeletal, gynaecology and others. Examples of dysfunctioning are: a. Limb defects (congenital/acquired), including loss of thumbs b. Spinal cord injury c. Stroke d. Traumatic brain injury e. Dwarfism (Achondroplasia) which is ≤ 142cm for men and ≤ 138cm for women f. Cerebral Palsy Note:

	2005		1 Jan 2010 - current	
	Category	**Description**	**Category**	**Description**
				Individuals experiencing impairment without any dysfunctioning, for example loss of fingers, having more fingers (polydactyly) and without or with imperfect ear lobe will not be considered for registration purpose.
4	Cerebral palsy	**Hemiphlegia** - Cerebral Palsy that involves one side of the body. **Diphlegia** - Cerebral Palsy that involves both legs **Quadriphlegia** - Cerebral Palsy that involves both hands and legs.	Mental	**Mental disability** refers to severe mental illness that results in a person not able to function either partially or completely in personal or social functions. Among the types of mental illness are Organic Mental Disorder which is serious and chronic, Schizophrenia, Paranoia, Mood Disorder (depression, bipolar) and other Psychotic Disorder such as Schizoaffective Disorder and Persistent Delusional Disorders. Note: a.Clients must have received psychiatric treatment for at least two years. b.Psychiatrist will determine the severity level of social dysfunction, cognitive and behaviour control before being considered for registration as disabled person.
5	Learning difficulty	Medical diagnosis under this category includes: a) Global Development Delay (for children below 3 years old) b) Down' Syndrome / Autism c) Attention Deficit Hyperactive Disorder (ADHD) d) Mental Retardation (for children above 3 years old) e) Specific learning disabilities such as dyslexia, dysgraphia, dyscalculia etc.	Learning difficulty	**Learning difficulty** refers to brain development not on par with biological age. Those grouped under this category are slow global development, Down's Syndrome and low intellectual disability. This category also encompasses situations that affect the learning ability of individuals such as autism (autism spectrum disorder), Attention Deficit Hyperactivity Disorder (ADHD) and specific learning disability such as dyslexia, dyscalculia and dysgraphia.
6			Speech	**Speech impairment** refers to inability to speak which results in incomplete communication or cannot be understood by the interactants. This situation is permanent and cannot be corrected. For children, assessment must be based on performance at the age of 5 or more. Should there be any doubt, it should be referred to the otolaryngologist.
7	Others	Medical diagnosis under this category includes disabilities that are not described in this format.	Multiple disabilities	Multiple Disabilities refers to having more than one type of disability and generally not suited to be classified under Categories I to IV.

Table 1.2 Registered categories of impairments in Malaysia

Sources :

a) Department of Social Welfare (2005) Retrieved 17 August 2005 at http://www.jkm.gov.my/statistik.htm (translated by the researcher here from the original Malay version)

b) Department of Social Welfare (2012) Retrieved and translated 3 September 2012 at http://www.jkm.gov.my/images/stories/pdf/(NEW)_BukuPanduanOKU_2012(4).pdf

Table 1.2 shows there were 5 specific and 1 general categories in the 2005 version compared to 6 specific and 1 multiple categories in the 2010 amendments. The earlier version was based on the 2005 definition of disability, while the current list incorporates the 2008 definition as well as ICF's interactive model, where disability is viewed as a health condition.

One significant amendment in the 2010 list is found in hearing impairment. In the 2005 version, hearing impairment category clearly stated that the 'deaf and dumb' were excluded without clear indication as to where they should be placed. It also did not recognise the fact that some Deaf persons may possess some degrees of speech, and 'dumb' is a derogatory term. However, those with deafness have been recognised in the 2010 list under 'completely unable to hear with the use hearing aids' and no assumption is made regarding their speech. This new categorisation acknowledges the biological impairment in deaf persons and would also require social assistance.

A medical/clinical and scientific understanding of hearing impairment is also brought into both the 2005 and 2010 versions via the measurement of frequency in decibel unit. This is an evidence of interdiscursivity where the medical discourse is interdiscursivised within a public policy discourse. Although it is meant as a clinical definition, it is also interesting to highlight that the labelling of the severity degree of impairment suggests and locates those with hearing impairment in a hierarchical order, where some people are more impaired than others.

A similar characteristic of measurement is also observed in the visual impairment category. Apart from measurement based on vision, the 2010 version has also incorporated visual field indication which will more accurately measure the level of visual impairment. It also addresses the variants of functional, limited and legal blindness which recognises the different bodily functions and structures, as well as health condition as stated in ICF (see American Foundation for the Blind, 2008; Iowa Department for the Blind, 2012). Generally, the descriptions in the category reflect a clinical discourse that has been interdiscursively presented alongside public policy discourse.

In the category of physical disability, the 2005 version had only addressed the issue of ‘impairment’. The 2010 version has refined this category more descriptively to differentiate ‘impairment’, ‘condition’ from ‘disability (see Section 1.4.1). It acknowledges the sources and conditions of physical dysfunctioning such as congenital condition, spinal cord injury and stroke. It also highlights that only dysfunctioning that limits ‘activities’ in ICF’s sense will be considered for aid eligibility. This reflects an association of disability with financial responsibilities of a country.

It is also interesting to note that mental health disorder is added and recognised in the 2010 list. It was not in the 2005 list. The speech impairment category is also newly introduced to the 2010 version to accommodate those with speech disability regardless of conditions. On the learning difficulty category, there is no significant change observed except it being refined as a developmental condition. The last category of ‘other’ in the 2005 version was too broad. The 2010 list acknowledges the multiple nature of disabilities and issues of comorbidity.

From a discourse perspective, Table 1.2 suggests disability has to be understood in terms of its general and specific characteristics as it is heterogeneous in nature. Table 1.2 further supports the view that pre-determined, rigid, specific descriptions from the scientific and medical discourse would be crucial for an effective and fair identification. Such descriptions are also important for the dissemination of medical, financial and social welfare assistance to those who genuinely need help. Yet, in policy documents such as this guideline and for the purpose disability registration, language has been employed to formally and lawfully define, label and position a subject as officially ‘disabled’ by the authorities. And these linguistic choices used by the authority have implications. These labels, definitions and descriptions appear to have become the official yardsticks to legitimately spell out and construct the characteristics of disabled persons, their disabilities and eventually their social standing in society. It also allows the authorities to transcend their power, acknowledging the authority as the ‘giver’ and disabled persons as ‘the receiver’. These practices could also possibly risk society reacting to, looking down on and discriminating the disabled (Ahmad, 2004). Such a document has been authoritatively and institutionally mediated, and potentially carries ideological investment of the ‘giver’.

1.3.3 Voices from disabled persons in Malaysia

Reports in the press by both disabled and non-disabled writers have revealed how disabled persons in Malaysia generally experience discrimination, particularly in areas of education, social welfare, finance and economy (see Section 4.4 on the preliminary study). Despite the presence of many recognised welfare organisations, there is still a lack of space and opportunities for disabled persons to speak for themselves, particularly in the print media. Issues of disability are often constructed and mediated by other voices through the heteroglossic nature of media texts (see Ang, 2010; I. Kim, 2007).

The movement for social change for disabled persons in Malaysia was spearheaded by the blind community (Jayasooria, 2000). J. Kim (1991), one of the founding members of the Society of the Blind, ascribed ignorance and negative attitudes by society to the relegation of the disabled people to ‘second-class citizens’ and ‘lesser people’. Thanasayan (1995a, 1995b), another outspoken disability activist and a long-time columnist of ‘Wheelpower’ in *The Star* as well as a disabled person himself, has alleged that:

> “It’s not our disability that we cannot overcome but the establishment that has not provided the facilities necessary for us to grow and function normally”.
> *Source : A.Thanasaysan (1995a, p.10)*

In short, Thanasayan claimed that disabled persons are not paralysed by their own disabilities. Instead, they have been ‘disabled’ by the failure of society and authority to provide the necessary infrastructure for them to function independently. Such a social model discourse is still prevalent in the present day (see Carr et al., 2008; P. Tan, 2014).

Another key spokesperson for the disabled community, Ooi (1991), who has participated in all major dialogues with the government officials, affirmed that disabled persons are deprived of rights due to public apathy, discrimination and prejudice. Ooi stressed that there is a need for a change in the approach to providing social services from one based on charity which implies goodwill and low standards, to one based on social responsibility and human rights. This would enable disabled persons to claim their rights as human beings.

Similarly, Deaf persons in Malaysia are calling for deaf empowerment, especially through sign language. The Deaf (spelt with a capital ‘D’) want themselves and their language to be seen as a distinct linguistic minority group, who are equally capable and independent as they ‘speak’ a language of their own (Majudiri Y Foundation for the Deaf, 2006; Mak, 2009). Sign language has been sidelined, unrecognised as a language as its own right (Ibrahim-Bell and Ho, 2009) and not even as medium of teaching in the education setting (Yusoff and Mohammad, 2009). Empowerment will reduce the cultural biasness on deafness and social behaviour that perceives being deaf as the inability to identify with society rather than a pathological condition (Mak, 2009).

In 2005, a group consisting of 25 persons representing 10 disability organisations in Malaysia put forward a Memorandum on Disability Issues for the 9th Malaysia Plan. They claimed the government should prioritise 4 areas of concern for the disabled citizens (Beautiful Gate Foundation, 2005):

a. Improvement in the overall quality of life for people with disabilities by alleviating their deprivation, hardship and poverty.
b. Education, training, employment, and participation at decision-making levels.
c. Elimination of discriminatory attitudes and practices, as well as information, legal and infrastructure barriers.
d. Increased allocation of resources to ensure the equalisation of opportunities for people with disabilities and their full participation in society.

They called for a need to improve the socio-economic status of people with disabilities, lest they will continue to be excluded from the mainstream development process. They argued that this could be interpreted as a violation of their fundamental rights as citizens as well as a loss to the nation by not harnessing their contributions (Beautiful Gate Foundation, 2005). These 4 statements indicate that there is a lack of visibility of disabled persons in the country; their social rights and ability to contribute to the country’s economy has not been given due acknowledgment or recognition. Though the media space was not mentioned in the memorandum, it is the view of this thesis that the media could be an avenue to provide disabled persons with the rightful attention they deserve. With space given to disability issues (both positive and negative discussions), and to disabled persons in their social and professional roles (i.e. other than simply being 'a person with a disability'), the voices of disabled persons in the country could be heard more often, in more contexts, thus making them more visible as diverse, participatory, contributing members of the society.

The lack of visibility and voices of disabled persons in the Malaysian media space is exemplified in Ang (2010) and Mohd Don and Ang (2014). They observed that generally the media discourse represented attitudes and voices of family members and wider members of the society but very little opportunity was given to the disabled persons themselves. They seemed to have been silenced or perceived as incapable of speaking up for themselves. Where space was given, these silent voices generally were made audible only through voices of others. In news reports on charitable activities for disabled persons, the disabled persons were totally muted. Disabled persons were only represented through the descriptions of their body language when they cheered up upon receiving gifts. No avenue was given to them to express what they had to say for themselves. Often, decisions were made by others and they were expected to be happy and grateful with what was given and continued to remain silent. Here, parallels can be drawn with I. Kim's (2007) subaltern study on disabled persons in the South Korean media. The disabled persons in both Malaysian and South Korean media seemingly 'cannot speak' and their voices were not adequately represented in the discursive spaces. The othering of disabled persons was continuously reinforced by silencing them.

The above sections have highlighted the need to provide more avenue to foreground voices of disabled persons and for them to be heard publicly particularly in the media space. A limit in this kind of space can be 'disabling' in nature vis-a-vis an environment that enact disability in ICF's term. It is thus crucial to examine the space and discursive interpretations and implications of media discourse and practices.

1.3.4 Government Programmes/Social-political effort

1.3.4.1 Malaysian Chinese Association (MCA) Lifelong Learning Programme (2004)

In 1991, the then Malaysian Prime Minister, Mahathir Mohammad called for an aspiration of a caring society as one of the nine challenges of a fully developed and industrialised Malaysia by the year 2020 (Economic Planning Unit, 2006). Despite the intermittent calls from politicians particularly from the Ministry of Women, Family and Community Development, the advocacy activities to reduce discriminations against disabled persons in Malaysia have yet to be prioritised.

The Malaysian Chinese Association (MCA), one of Malaysia's leading Chinese political parties introduced the Lifelong Learning Campaign on 8 October 2004. It identified the *Seven Pillars* (*i.e. Caring Society, Living Skills, Education Revitalisation, Moral Building, Culture & Arts, National Integration and Youth Development*) that aimed to cultivate love for knowledge, particularly in information technology and culture, and ultimately shape a refined Malaysian society (MCA Secretariat, 2005, p. 1). In its booklet, the then President of MCA, Ong Ka Ting wrote:

> 'In our pursuit of knowledge, let us not forget about their [disabled persons'] **mental, physical and environmental plights**. It is our responsibility that social cohesion is achieved and that the existing **knowledge gap** be narrowed to enable them to play their roles in society more effectively.
>
> We sincerely hope that the Caring Society Pillar will provide **equal opportunities** in seeking knowledge for people from all walks of life. Through the programme, may we all be more active citizens and strive to **reduce marginalisation** for a more loving and caring society.'

Source: Caring Society Pillar, MCA Secretariat (2005,p.1)

In the above extract, the political leader openly highlighted and admitted the ‘mental, physical and environmental plights’ and the existence of ‘knowledge gap’, and ‘[un]equal opportunities’ for disabled persons in the country. This called for a reduction in their marginalisation, which is fundamental towards achieving the national aspiration of a caring society. This realisation has perhaps come late after 49 years of the country’s independence and 14 years after the inception of Vision 2020, but at least, this situation has now been identified and given due consideration.

1.3.4.2 People with Disabilities Act 2008 (PWD Act 2008)

The acknowledgement of the rights of disabled persons in the country was only legislated in 2008. The Persons with Disabilities Act 2008 (Akta OKU 2008 or PWD Act 2008) was passed in Parliament on 24 December 2007, gazetted on 24 January 2008 and came into force on 7 July 2008, after the Malaysian Government signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (Department of Social Welfare, 2009). The Convention calls for governments to take steps to ‘ensure and promote the full realisation of all human rights and fundamental freedom for all persons with disabilities without discrimination of any kind on the basis of disability’ (Department of Social Welfare, 2009, p. 1). In short, the Act and Convention acknowledge the rights of disabled persons and move from a welfare-based to a rights-based concept. Although this appears to be a significant step forward, the Malaysian Bar Council criticised it for not being comprehensive nor inclusive enough (Kesavan, 2009). It seems to be purely an administrative act as there are no punitive measures for non-compliance or acts of discrimination. Kesavan (2009) also pointed out that the Federal Government and the public would still enjoy exclusion from any wrongdoing. It casts doubts on the commitment to the rights of persons with disabilities. Furthermore, disabled individuals have little or no recourse to legal remedies if they face discrimination in areas such as public transport, housing, education, employment and health care (Kesavan, 2009). This socio-political agenda while lauded is yet to be further improved.

1.3.4.3 Recent government initiatives

With the signing of the Convention of Rights of People with Disabilities (CRPD) on 8 April 2008 and ratified on 19 July 2010, the government has committed itself to a more rights-based approach for the disabled citizens.

One of the initiatives taken was the establishment of the National Council for People with Disabilities in August 2008 under Section 3 of PWD Act 2008. It consists of 20 members from government agencies and individuals headed by the Minister of Women & Family Development. Three other government authorities included in the council are the Attorney General, and the Finance and Human Resources ministries. This council plays several roles (Ministry of Women Family and Community Development, 2013):

a. advise and supervise implementation of national policies and action plans related to disabled persons
b. develop programmes and strategies to increase awareness of disabled persons
c. collect information and data and encourage research in Disability Studies
d. encourage early and continuous trainings for professionals and those in rehabilitation and rehabilitation services
e. increase in workforce participation

Further commitment from the government is reiterated through adopting the Asian & Pacific Decade of Disabled Persons (1st decade: 1993 – 2002 & 2nd decade: 2003 – 2012), signing of the Proclamation on the Full Participation and Equality of People with Disabilities in the Asia and Pacific Region on 16 May 1994; and recently, adopted the new Asian & Pacific Decade of Disabled Persons, 2013 – 2022 (Ministry of Women Family and Community Development, 2013). These social-political initiatives by the government reflect a commitment of change towards a rights based understanding in the Malaysian setting. Thus, it is also hoped that this study is able to contribute to the pool of information dedicated towards advocacy efforts.

Moving back to a discourse focus, the background and definitions of disability from both international and local perspectives are generally reflected in Candlin (2006) and Candlin and Sarangi's (2011) studies. Both papers highlight the importance of investigating the relevance of as well as the relationship between the macro-scale of social organisation (and processes associated with society at large) and the micro-scale of interactions. As such, further examination into theoretical models of institutional construction of disability would complement the understanding of these interactions and will be explicated in Chapter 2. Before the literature is presented, the following section will describe some key terms and concepts employed in this study.

1.4 Terminology

The section defines the four sets of working definitions/key concepts as seen below.

1.4.1 Condition, Impairment and Disability

Condition is defined in ICF's terms (see Section 1.2.3). It refers to diseases, injuries and disorders that trigger, cause or result in *impairments*. For instance, Multiple Sclerosis, Alzheimer's Disease, polio and stroke (World Health Organisation and World Bank, 2011) .

Impairment refers to the loss or abnormality of physiological, neurological or psychological structure or function according to ICIDH (1980). In ICF (WHO, 2001), *impairment* relates to a decrement in body functions or alterations in body structure for example, paralysis or blindness. In brief, it refers to a 'deficit' within the anatomical structure or psychological condition.

Disability is defined as a restriction or lack of ability to perform an activity (due to an impairment) in the manner or within the range considered normal for a human being in ICIDH's term. In ICF (see Figure 1.2), it refers to difficulties encountered in any or all three areas of *health conditions*, *activity limitation* and *participation restrictions*. *Health conditions* refer to signs and symptoms of *conditions* and *impairments*. *Activity limitations* are difficulties in executing activities such as walking or eating. *Participation restrictions* are issues with in area of life for instance, discrimination and inaccessible environment. *Disability* arises from the interaction of *health conditions* with environmental and personal factors. Environmental factors include products and technology, the natural and built environment, support and relationships, attitudes, services, systems and policies. Personal factors, such as motivation and self-esteem could also influence how much a person participates in society (World Health Organisation and World Bank, 2011, p. 5). In brief, *disability* is a difficulty arising from the interaction between a health condition (*condition/impairment)* resulting in *activity limitation* and *participation restriction* due to contextual factors (personal/environmental).

1.4.2 Representation

Representations are symbols, signs and images that construe thoughts, emotions, ideas and concepts. Language is (in part) a 'representational system' and *representations* are products of the meanings of concepts and ideas in our minds (Hall, 1997, p. 1). Language is inseparable from culture. Hall's (1997) model of Circuit of Culture (Figure 1.3) designates that *representations* are part of production, consumption and regulation of culture in a society.

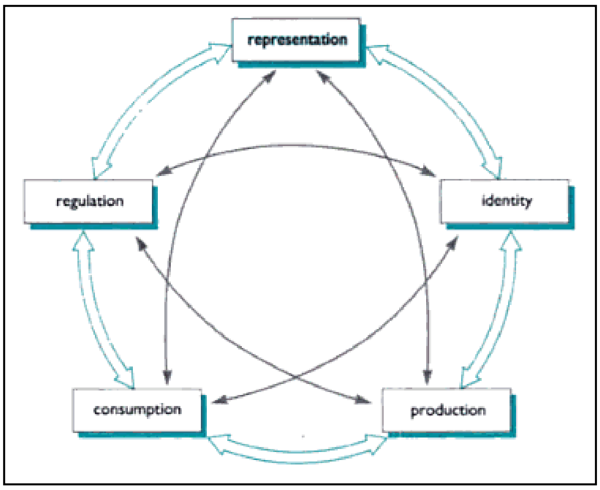


Figure 1.3 Circuit of culture (Hall, 1997, p.1)

Representations involve the process of coding and encoding in meaning making with shared understanding in a particular culture or society. Meaning can construct identity and convey how a culture is then marked to maintain identity within and between groups (Woodward, 1997). Relating this to social construction, *representations* in this study refers to semiotic resources (see Section 1.1.3) including discourse and genre which are incorporated in media texts to construct the social images of disabled persons. The term 'construction', associated with structuralism and post-structuralism, could be used with similar effect to representation (Baker and Ellece, 2011).

1.4.3 Self, Identity and Other

Typically *self* denotes the distinct individuality or the state of being of a person. The idea that the *self* is socially constructed was first elaborated by the symbolic interactionists in studies in psychology (Cooley, 1902; Mead, 1934). This type of interpersonal influence occurs when individuals internalise the values, attitudes, thoughts, feelings, and social roles to which they are exposed. It refers to those aspects of the *self* that are acquired via ongoing interactions with significant others and that become internalised so thoroughly by the individual that 'they seem the natural and inevitable consequences of his or her own thoughts' (Markus and Cross, 1990, p. 582). What these approaches share is an emphasis on the ways in which the *self* is influenced by others' real, perceived, and imagined reactions.

Closely related to *self* is *identity*. Gleason (1983, p. 918) defined *identity* in two opposing conceptions: 'intrapsychic' and 'acquired'. The former comes from within, is fixed and stable and is what people speak of when they talk about 'who we really are'. The latter - *identity* can be 'acquired' in that it is a conscious or internalised adoption of socially imposed and socially constructed roles. Epstein (1998, p. 144) pointed out that Habermas's (1979, p. 74) discussion of ego identity, as a socialised sense of individuality, makes a useful mediation point between the two definitions.

Woodward (1997, p. 1-2) suggested that *identity* provides 'an idea of who we are and of how we are related to others and to the world in which we live in. *Identity* marks the ways in which we are the same as others who share that position, and the ways in which we are different from those who do not'. Often *identity* is marked by difference which is frequently constructed in terms of oppositions (ibid). In this study, binary oppositions can be seen in examples such as disabled/non-disabled, sighted vs blind, hearing vs deaf. *Identity* could be composed of interacting internal and external characteristics by which a person can be defined that change over time. At a particular time, particular aspects foregrounded. For this, Goffman (1963, p. 14) believed that 'stigmatised identities' of particular groups of people need to be constantly managed. This is because according to Epstein (1998, p. 145), all behaviour of people with stigmatised identities will be seen by others as a product of the stigmatised identity and they will be viewed as 'deviant identities'.

In this present study, *self* refers to the existence/being of disabled persons and *identity* as a construction or product in relation to others in society. The *self* or *identity* of a disabled person becomes a social subject often positioned in dichotomy as the Other (Foucault, 1972; van Dijk, 1991). These selective versions of *self* and *identity* entail cultural values. This construction of social *self* or *identity* is associated with specific domains and institutions that are constantly redefined or reconstituted by the social practices in the discourse community (Fairclough, 1992a, p. 137). When this practice is reiterated, a deviant identity will subsequently result in stigmatised *self* or *identity* as purported in Bourdieu's notion of habitus.

Related to the construction of identity is the dichotomy of *self* and the Other (see Section 3.4.3 for the discourses of othering and Section 3.4.4 for alterity in discourse). To provide clarity on the use of terminology in this thesis, the following terms will be differentiated:

a) 'Other' – the constructed social identity through practices of othering

b) 'othering' – general reference to the act and consequence of being sidelined or differentiated

c) 'Othering' – the term used by van Leeuwen (2000, 2008) to refer to symbolic *exclusion*, *distanciation*, *disempowerment* and *objectivation* (see Section 6.1.2)

d) **'Othering'** – a terminology used in the Visual Discourse of Disability Analytical Framework (VDDAF) developed in this study to refer to one of the four social construals of disability, as a result of *perspectivisation of* disability (see Section 6.7)

1.4.4 Global North and Global South

Generally, *Global North* and *Global South* are terms referring to the economic levels of countries and their human development indices (HDI) as indexed by United Nations Development Programme Report (United Nations Development Programme, 2005). The *Global North* refers to the 57 countries with a high HDI of above 0.8 such as Europe, North

America, Australia, Japan, Belgium, Norway and Sweden. *Global South* represents countries that have lower socio-economic development such as Africa, India, China, Brazil, Indonesia and Malaysia itself. It includes countries with both medium human development (88 countries with an HDI less than 0.8 and greater than 0.5) and low human development (32 countries with an HDI of less than 0.5) (Damerow, 2010).

However, in the context of Disability Studies, these two terms refer to the ethnocentric understanding of disability. The *Global North* continues to dominate the agenda on disability and has been criticised by scholars in the sub-area of Critical Disability Studies (see also Section 2.4). The latter question the impact of colonialism and post-colonialism on those outside the metropolis. Invasion, dispossession, war, nuclear testing, mining, the 'export' of pollution through industrialisation and militarisation (supplies of armed forces and arms) contribute to the increasing number of amputees and disabled persons in the *Global South* (Meekosha, 2008, p. 64; Meekosha and Shuttleworth, 2009; Sherry, 2007). The United Nations reported that for every child killed in warfare, three are injured and permanently disabled (United Nations, 2006). This ethnocentric view of disability also intersects with the discourse of racism (see Section 2.3.4) and social class (see Section 2.3.5).

With the background to study and key terms and concepts represented, the following section will describe the aim and research questions of this study.

1.5 Aim of thesis

This thesis aims to critically examine the discursive construction of disability in the Malaysian English-language print media. It does so by examining and characterising how people in the discourses of disability are named and visualised as represented in a popular and influential Malaysian newspaper: *The Star*. It also draws on interviews with the stakeholders to understand their perspectives on how disability has been, could be and should be represented.

1.6 Research questions

This study seeks to address the following research questions:

a. How are disabled persons and disability represented through the practices of naming in the newspaper under study?
b. How are disabled persons and disability visually represented in the press photographs under study?
c. How can the findings of this study inform emancipatory actions?

1.7 Thesis organisation

This thesis is divided in seven chapters. Chapter 1 has provided the overview, background and aim study undertaken. Chapter 2 provides the social and institutional perspectives of disability and argues how concepts, models and intersectional characteristics of disability are a matter of perspectives in discourse. It also explains how the marginalisation of disabled persons are attributed to social-institutional influences. Based on these reviews, Chapter 3 characterises disability in discursive terms, further justifying how critical discourse and semiotic analysis are tools to understand issues of *disablism* and *ableism.* Chapter 4 is the methodology chapter that describes the multi-perspectival approach as well as the data sets employed. Chapters 5 and 6 are the analytic chapters. Chapter 5 examines the naming of disabled and non-disabled persons in terms of their nominal group structures and lexical choices, with reference to international media guidelines. Chapter 6 investigates the visual representations in press photographs and proposes the *perspectivisation* of disability in images. It further develops the Visual Discourse of Disability Analytical Framework (VDDAF) as a new analytical framework for analysing press photographs and other images in which disabled persons and/or disability are represented. Chapter 7 closes this thesis with conclusions regarding naming and visualising the discourses of disability. It also proposes a discursive framework to inform emancipatory actions specifically for media practitioners and generally for communicating public discourse.

With the overview and background to the study established here, the next chapter will present and review the discourses of disability from social and institutional perspectives.

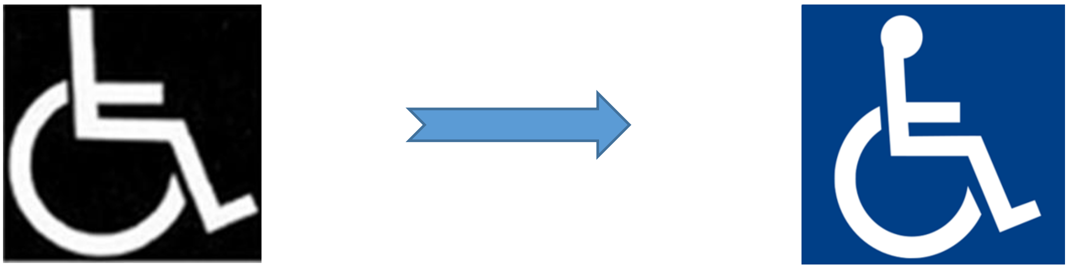
CHAPTER 2: DISABILITY FROM SOCIAL AND INSTITUTIONAL PERSPECTIVES

2.0 Preamble

This chapter provides an overview of the social and institutional perspectives of the discourses of disability. It presents the range and depth of issues surrounding the complexity in defining disability through reviews of key literature in Disability Studies related to models and intersectional characteristics of disability. This chapter then explores how the contestations in the various perspectives and approaches to the understanding of disability could be explained as a discourse semiotic phenomenon. It is one which is grounded institutionally with potential ideological disposition. On the whole, the literature review occasions a fluid and situational conceptualisation of disability with a marginalised identity of disabled persons marked by the impaired body.

2.1 Disability as a discourse semiotic phenomenon

Disability is commonly associated with the classic International Symbol of Access (ISA) (Figure 2.1). The original design by Susanne Koefoed in 1968 was a seated stick figure without a head. Criticised as being inhuman and focusing on disability only, a circle representing the human head was added by Karl Montan in 1969 (Ben-Moshe and Powell, 2007). This new white icon with a stylised wheelchair image and is set against a blue background has since been part of a set of international graphic symbols, which denotes a barrier-free environment (International Organisation for Standardisation, 2007, 2013). However, due to the symbol of a wheelchair as a marker of impairment, this sign continues to be stereotyped to highlight impairments instead of access, and is generally known as the ‘wheelchair sign’ or ‘handicap sign’. Even the blue tone in the sign is often referred to as the 'handicapped blue' (K. Ellis and Goggin, 2015, p. 1). Hence, ISA has universally been perceived as the icon of disability and disabled persons.



Susanne Koefed (1968) – Original symbol

Karl Montan (1969) – International Symbol of Access

Figure 2.1 International Symbol of Access (ISA)

US-based researchers and designers in the Accessible Icon Project rebuked ISA as a passive and less enabling depiction of disabled persons (Hendren and Glenny, 2014). They contended that the body symbol in ISA is reproached as machine-like, thin and bound to the device (wheelchair). The arm is indistinguishable from the armrest suggesting that the person is part of their mobility device. The head is positioned in a passive manner on top of the body; the body is upright and passive, symbolising a lack of engagement with the lived environment. They have proposed a new symbol which represent how all disabled persons could be active and engaged in their lived environment (first right in Figure 2.2). The new proposed symbol has backward pointing arm to suggest dynamic mobility, with the head forward to indicate motion and progress. The body leans forward to symbolise active status in navigating lived environment. They purported that the active accessibility symbol would help reimagine how society and individuals view disabled persons, and as language of disability is changing, so should the icon (ibid).

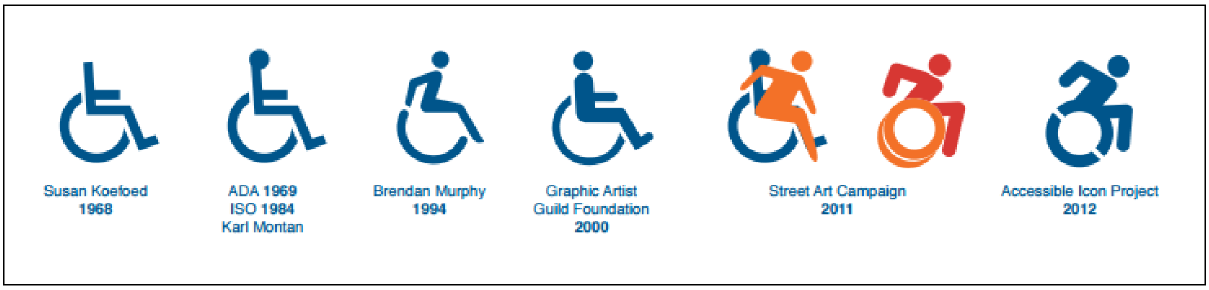


Figure 2.2 Proposed changes in the International Symbol of Access (Hendren and Glenny, 2014)

The sign ‘disabled’ also gathers its meaning through contrast with the sign ‘abled’ (Goodley, 2011, p. 104) which could be typically observed in public toilet signage (Figure 2.3). Figure 2.3 suggests a representation of ‘disabled OR male OR female’. Not only there is a ‘disabled/abled’ dichotomy, but there is also a gendered/non-gendered dichotomy. When the accessible sign (first from left) is co-presented with the two signs representing gender (second and third), the gender signs indirectly denote non-disabled bodies. These produce the understanding of ‘able’ and ‘disabled’ bodies. This dichotomy of ‘abled’ and ‘disabled’ further suggests that disabled and non-disabled persons co-exist in society. The notion of ‘abled’ vs ‘disabled’ also constructs the discourses of disability and hence, will be investigated together.

Figure 2.3 Signage of male, female and accessible toilet

Apart from ISA, the actual disabled body and disability could also be marked by signs of impairments. In instances of visible disability, such signs of impairment include impaired eye(s), deformed limb(s), and facial features related to intellectual disability (see Section 6.6.2 and Appendix 6C). Disability could also be marked by object signs such as the wheelchair, prosthetic leg, hearing aid and white cane (see Section 6.6.2 and Appendix 6D). In images, experiences of disability can be *perspectivised* to make visual impairments salient, or to make invisible impairments visible. For instance, the output of mirror image writing in dyslexia, the 'headclutcher' image in mental health disorder and limb stiffness in cases of cerebral palsy all serve to make invisible impairments visible in an image (see Section 6.6.2 and Appendix 6E). Generally, such signs, including ISA, suggest the disabled body is a semiotic representation. Based on Saussure's (1916) notion of the signifier (*signifiant*) and the signified (*signifié*), 'impairment' could be perceived as a signifier of one's identity and disability. In Barthian semiotics, signs possesses two layers of meanings, namely denotation and connotation. They are not arbitrary but ideological (see Section 6.1). In Disability Studies itself, there is contention of disability as a 'sign system' which differentiates bodies and minds, reflecting a system of social structure (Garland-Thomson, 2002a, p. 5). Disability becomes a signifier that consigns an identity category, signifying disadvantage and oppression (Jung, 2002).

Related to this is Goffman's (1963, p. 10) proposition of stigma and bodily signs. He asserted that the term 'stigma' (Greek origin) was used to refer to bodily signs and designed to 'expose something unusual and bad about the moral status of the signifier'. These bodily signs were cut or burnt into the body bearing a person as a slave, criminal or traitor and they were to be avoided, especially in public places. Today, 'stigma' is widely used almost in its original literal sense, but is seen more as a disgrace rather than to the bodily evidence of it (Goffman, 1963). When a stranger has an attribute that is often of a less desirable kind, he/she is incongruous with our stereotype of what a given type of individual should be. Hence, that person is reduced in our minds from a whole to a discounted one. Studies in experimental psychology study also reveal that our brain is capable of making social judgements based on visual cues. The brain can be distracted by imperfections and when this distraction happens, the brain would process less and thus, gives a weaker social assessment of the person looked at (Aubert in Berry, 2013; Korichi et al., 2011). Such an attribute is a stigma, especially when its discrediting effect causes us to reclassify individuals in terms of their social categories.

Goffman also argued that ‘stigma’ should be seen as a language of relationships between attributes and stereotypes. Words such as ‘cripple’, ‘bastard’, ‘moron’ are used in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning (Lalvani, 2014, 2015). Society constructs a stigma theory, which is an ideology to explain the person’s inferiority, shaming, discrimination or victimisation and account for the danger he represents, sometimes rationalising an animosity based on other differences, such as those of social class. The deviance or this spoilt identity that stigmatises one type of possessor can confirm the usualness of another (Goffman, 1963). In other words, the presence of the deviant body reaffirms the ‘normality’ of non-disabled bodies.

Researches on ‘normality’ and ‘normativity’ and the embodiment of disability as a sign system are highlighted in the work of Garland-Thomson (1996, 1997, 2002a, 2002b, 2005a, 2005b, 2006, 2009, 2015b). This cultural turn provided by Garland-Thomson (2002a, p. 2) posited that disability is a cultural trope that raises questions about the materiality of the body and the social formulations that are used to interpret bodily and cognitive differences. It is constructed as the embodiment of corporeal insufficiency and deviance from the neologism of ‘normate’ bodies (Garland-Thomson, 1997, p. 8). The ‘normate’ is the composite identity position held by those unmarked by stigmatised identifiers of disability. It is the ‘imagined man who has self-determination, independence rational thinking ability and physical sturdiness which makes American democracy philosophically possible'. The 'normate' is also the 'constructed identity of those who, by the way of bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them' (ibid; Goffman, 1963). Premised upon this formulation, Garland-Thomson has also unpacked why the disabled bodies are stared at when signs of disability are present and why other wield the stare (see Section 6.1.1).

Both historically and theoretically, the notion of disability has been constructed in relation to the notion of 'normality'. In social and medical practices, disabled persons are constantly compared to 'normality'. While Garland-Thomson argued that the 'normate' is the perfect imaginary body, Goffman's (1961, 1963) posited that identity and interaction is a cognitive process. Based on Goffman's view, Winance (2007) claimed individuals know what 'normal' is, know the norms and know whether they are normal and conforming to the norms. Normalisation is an illusion created by verifying and managing information and impressions via institutional devices, attitudes and practices (ibid). Recent work by Cryle (2010) and Stephens (2015) also foregrounded 'normal' as originally conceived in medical anthropology in mathematical terms and related to medicalisation of bodies (see Section 2.2.2). Urla and Swedlund (2008) and Stephens (2015) traced the ideal 'normal' body back to the anthropometric models of 'Norman' and 'Norma' (Figure 2.4). They were carved out of white alabaster appearing like Anglo-Saxon gods in 1943, based on composite measurement of 15,000 white Americans (18-25 year olds) (Cambers, 2004; Urla and Swedlund, 2008). Hence, 'Norman' and 'Norma' have become prescriptive ideals of non-disabled bodies linked to the history of ideal white Americans bodies.

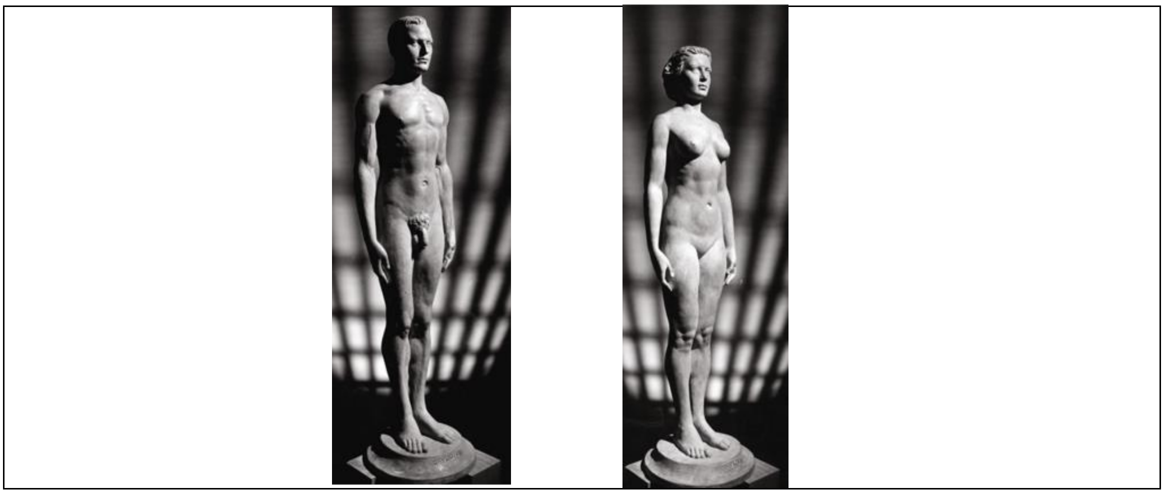


Figure 2.4 Norman (left) and Norma (right) – Sourced from Cambers (2004)

This section has shown how the disabled body is a co-construction with the non-disabled and hence, a complete understanding of disability should include analysis of the non-disabled and understanding of the imagined ideals of the non-disabled. The section has also justified how the disabled body is a signifier, and the discourses of disability is debated as semiotically constructed, mediated and institutionalised (see Fairclough, 2009; Fairclough et al., 2011; Foucault, 1972; see Section 3.3). The disabled/abled bodies are signs in a semiotic system of *disablism* and *ableism* (see Section 2.4). It is a semiotic system grounded institutionally and enacted interactionally in Cicourel's term (Cicourel, 1996, 2007, 2011; Davies and Mehan, 2007). This aligns with the philosophical response tendered by the post-structuralist view, where regulations and conventions in society are reproduced through discourse (Goodley, 2001; Parker, 1992). This proposition is also shared in some recent discourse studies on disability (see Corker and French, 1999; Corker and Shakespeare, 2002; Goodley, 2011; Grue, 2009, 2011a, 2013, 2015; Tremain, 2005). As such, to understand the social and institutional influences, the following section will unpack these perspectives via reviews of theoretical models and intersectional characteristics of disability.

2.2 Discourse features in disability models

As has been established in Chapter 1, Table 2.1 indicates that disability is a multi and transdisciplinary field of study. This complexity is reflected in the various models of disability in social research, definitions of disability, intersectional study within disability issues, cross-disciplinary views and across sites of engagement. Table 2.1 represents concepts and concerns of professional knowledge and expertise in the focal theme of 'disability' (see Roberts and Sarangi, 2005).

Ontology: Socio-cultural-political scenario			
Disability/theoretical models in scholarly studies	**Professional/ philosophical issues**	**Intersections**	**Sites of engagement**
• *Moral/Religion/Charity* • *Medical & rehabilitation* • *Psychology/Psychosocial* • *Social* • *Minority* • *Biopsychosocial* • *Relational/Gap*	• *Social policy (Politics & legislation)* • *Sociology* • *Human rights* • *Morality/Ethics* • *Psychoanalysis*	• *Ethnicity* • *Sexuality* • *Gender* • *Class* • *Age*	• *Education* • *Employment* • *Medical & health* • *Physical environment* • *Charity* • *Business* • *Economy* • *Citizenship* • *Sports* • *Media*

Table 2.1 Summary of multi-faceted ontology/focal theme of Disability

To better organise and understand the overlapping and complex nature of disability, the following discussions will justify why the theoretical models in Disability Studies can be unpacked and viewed as a discursive construction.

According to Shakespeare (2006, p. 52), the most relevant definition of 'model' is the dictionary meaning of 'simplified description of the system'. Models highlight and provide systematic organisations of conceptual elements by representing the relationships between or among concepts within disability studies (Altman, 2001). Diverse background, motivations and social institutional practices are enclaved and recontextualised in models. Thus, it is through the deconstruction of models that the understanding of the discursivisation i.e. how discourses of disability are articulated via discursive formation can be understood.

Social and scholarly researches in disability have adopted various perspectives in their understanding of disability. This can be diagrammatically represented/illustrated by Figure 2.5:

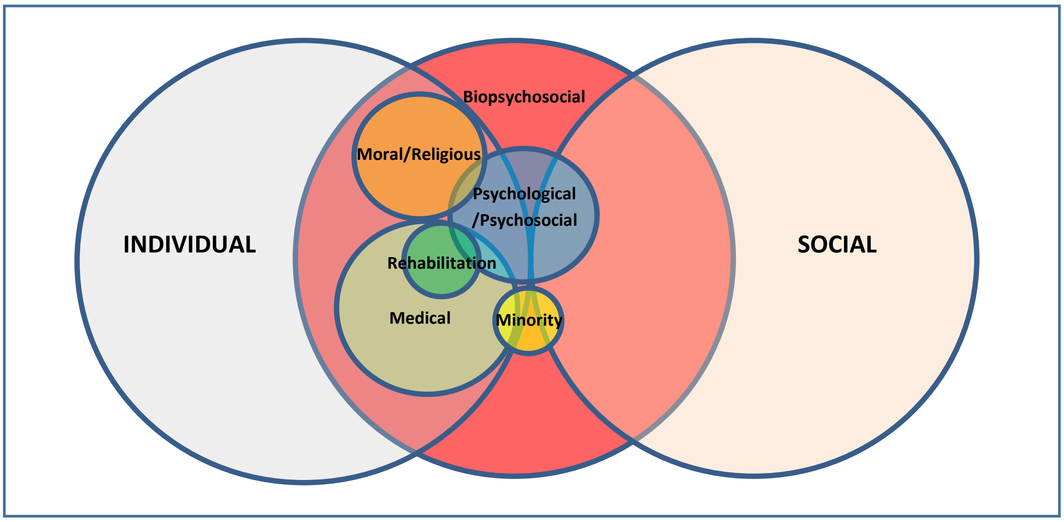


Figure 2.5 Models of disability

Figure 2.5 shows that disability could be viewed from two broad perspectives of the Individual and the Social (see Fawcett, 2000; Oliver, 1983, 1996, 2013; Shakespeare, 1996; Shakespeare and Watson, 1997, 2001). The Individual discourse contends that disability derives from within the individuals and is perceived as a personal event, often a tragedy inflicting a person or family. The Individual discourses are explained within the concept of ‘impairment’ (sees Section 1.2 and 1.4.1) The Social points disablement outward to external factors such as the physical environment, attitudes, practices and structural hierarchies in society.

Figure 2.5 also shows other minor models are situated within the bigger opposing binary of the Individual vs Social discourses. Overlapping areas suggest the discourses of Disability are interactively enacted; drawing from one or more discourses but each attempts to remain separated or divorced from each other with its own ideological persuasion communicated via a perspectivised discourse (i.e. a discourse that is framed by specific background, histories and motivations). This complexity as highlighted in Section 1.2 has led to WHO's endeavour to accommodate these various discourses to bind both the Individual and Social. As a result of this, the Biopsychosocial model was conceptualised and materialised as the current all-encompassing working definition of disability for international use. However, it is still criticised as of being too broad and does not address the specificity of each condition (see Sections 1.2.3 and 2.2.6). Every discourse has its social, cultural and ideological history, background and motivation, meant for and suitable for different contexts. These are related to particular histories of the discourses and recontexualised as different models as purported by van Leeuwen (2008). In line with this view, the following subsections will detail the discourse elements and motivations in each theoretical model.

2.2.1 Moral/religious discourse

The terms 'moral', 'religious' and 'charity' are used interchangeably depending on the perspectives taken by scholars. According to Goodley (2011) this moral/religious perspective is arguably the most prevalent worldwide. It is still relevant today in many societies, largely as a result of an apparent lack of education, belief in superstitions and ignorance of the nature of disability (Avoke, 2002; Sandow, 1994).

The moral model embraces the discourse of superstitions. Disability is viewed as a sign of association with witchery, evil forces, curses and ill-will befalling the affected families in traditional western families (Haffter, 1968). A disabled child was regarded as a changeling or as a sign of the child's mother's association with sorcery or witchcraft (ibid). Early Christian churches or broadly the Judeo-Christian tradition, viewed disability as a punishment for sins, or attributed it to the power of evil forces (Brocco, 2015; Gupta, 2011). In Ghana, this model contended that evil was placed on an individual from the gods and various forms of disability, and in particular, intellectual disability was considered to be meted out by the gods for the various offences committed (Avoke, 2002). In the Nchumuru community in particular, there was a denial of rights in the participation of communal activities for disabled persons as well as outright killing of them (Gadagbul, 1998). In Tanzania, people with albinism were regarded as a consequence of past misdeeds within the family (Brocco, 2015). As bad omen, killing happened and their body parts were used in potions by witch doctors who believed they would bring good luck instead (*The Star*, 2008). However, for many native Americans and peoples from the South Pacific, humans and animals with albinism were regarded as messengers from divine entities and treated with respect (*The Star*, 2008).

In the Malaysian context, some Malay community members would associate disability with interference from evil spirits, and the family would seek treatment from the *bomohs* (witch doctors) (Baskaran, 2004). Chinese families would relate disability to past misdeeds and bad *feng shui* (Chinese geomancy) (Ling, 2007, 2012). In the Iban community, it is believed a person becomes disabled because his/her parents had broken certain taboo when the mother was pregnant and therefore, cursed (Mamba, 2000). Many of these disabled children are hidden away because of the shame and stigma attached (Ling and Makin, 2014). Apart from the children, mothers of Down Syndrome were also reported to be isolated as well as isolating themselves; they would avoid contact with any other pregnant women. It was believed the sight of them or their disabled children would pass the 'disease' or bad omen to the pregnant women (Chan, 2011; Chan et al., 2014; Ling and Makin, 2014). In the Malay-Muslim community, there is a belief of ‘*kenan*’ which attributes an illness or disability suffered by a newborn to the violation of taboo by the parents during the pregnancy period (Ramli and Marinsah, 2014). Parents should not torture an animal, criticise or bad-mouth a disabled person during the pregnancy period. Pregnant women are also discouraged from looking at disabled persons. Generally, the superstition discourse is institutionalised in social cultural practices deep rooted in antiquity, resulting in many parents and children being blamed for bringing disability on themselves.

Disability is also grounded in theological discourse. It includes a reflection of God’s dismay. In ancient Greece, it was believed as evidence of intimacy with God , and as a divine response to parental wrongdoing in medieval Europe during the Renaissance period (S. L. Snyder and Mitchell, 2001). In Judaism, it perceives impairment and diseases as signs of wrongdoing, uncleanliness and ungodliness (Barnes and Mercer, 2010). In Hinduism and Buddhism, disability is perceived as part of the karmic force. Hinduism believes any misfortune, such as in the form of disability, is a consequence of a bad karma (Dasgupta, 1968; Gupta, 2011; Yamney and Greenwood, 2004). Similarly, Buddhism believes accumulated karma (both merit and demerit) would influence illness, adversity and bodily states (Naemiratch and Manderson, 2009; Schuelka, 2015). Disability is also seen as a bad karma of the disabled persons and their families.

In Judaism and Buddhism, the religious discourse is also intertwined with charity discourse. Judaism preaches charity for the ‘sick’ (Barnes and Mercer, 2010; Merrick et al., 2001). Buddhism preserves the notions of love and compassion (*metta* and *karuna*) that inform appropriate responses to disabled people (Naemiratch and Manderson, 2009, pp. 479-481). In Thailand, where Buddhism is largely practised, the non-disabled must show sympathy and pity (*songsarn*), love (*metta*) and compassion (*karuna*), give or donate to the disabled community in order for themselves to accumulate good karma (ibid). This view of sympathy and pity in this charity model has adversely objectified disabled persons as the pitiful (*somphet*); and for others who express pity, as strategies of their own karmic advantage (ibid).

The Christian and Muslim faiths explain disability as a will of God. In the Malaysian context, Ling (2012) found Muslim families regard disabled children as God’s gift and in Chan (2011) and Ang (2010), mothers regarded having disabled children as tests of God. A review on the *Journal of Disability, Religion & Health* and the *Journal of Disability and Rehabilitation* largely shared findings on how Christianity and Islam also teach about treatment of disabled persons by the community and how those affected by disability could strengthen their faiths and find solace in religions (see Bazna and Hatab, 2001; Gourgey, 1994; Hersh and Hughes, 2006; Miles, 2000, 2002; Morad et al., 2001; Reynolds, 2012). Studies on religion and spirituality in the area of disability have also focused positively focused on how families of children with disabilities draw upon religion to accept and cope with disabilities (Haworth et al., 1996; Poston and Turnbull, 2004; Schmitt, 1978; Skinner et al., 2001). Support providers have also used religion to provide a sense of balance to the negative discourses through surrendering to the will of God (Bersani and Heifetz, 1985; Reiss, 2000; Shaddock et al., 1998). As such, the religious discourse of disability could alternatively provide consolation, solace and acceptance as being the chosen ones by the divine and thus giving such persons and their caregivers a sense of purpose (Goodley, 2011).

Fundamentally, the moral/religious discourse faults the moral lapses of the disabled persons and their family members, in particular of mothers’ as personal tragedies. Specific to print media representations in the Malaysian context, Ang’s (2010) study showed that the print media portrayal of moral and religious discourses of disability result in cultural stigma that constructs the mother as the ‘sinner’ who has to pay her debt, and she should be more ashamed about herself than about her disabled child. Even in the urban areas of Malaysia, families tend to hide and confine their disabled family members in their homes so that they would not be seen by others (S. C. Chong, 2005). There were also reports of disabled children and teens being tied up, locked up or neglected by caregivers at home for this reason as well as other socio-economic reasons (Carvalho, 2010; Singh, 2014; Yuen and Noordin, 2009). As Corbett (1996) suggested, children with disabilities are seen as less than human and are subsequently vulnerable to less than humane treatment. This is also parallel with Shakespeare’s claim (1996, pp. 105-106) that where there is a ‘parental burden of guilt and shame’, families have hidden away the disabled family members, keeping them out of school and excluding them from any chance of having a ‘meaningful role in society’. Such is the implication of membership relegation by society through a moral and religious discourse of disability.

Generally, this subsection has shown how disability is viewed from a moral discourse perspective, bound by institutional and traditional practices in a society or community. Whichever term adopted, disability is viewed here as a defect, a sign sent by the divine, spiritual or a natural force to indicate a consequence of one’s immoral behaviour (see also Barnes and Mercer, 2010; Garland-Thomson, 2006; Goodley, 2011; Oliver, 1996; Silvers, 1995; Stiker, 1999). It is a discourses of deficit and shaming (see Sections 3.4.1 and 3.4.2), a sign that represents and exposes the sinful past and present lives of families (Goodley, 2011). It is often associated with feelings of guilt and shame on the family, even if such feelings are not overtly based on any religious doctrine. The discourse results in experiences of ostracism and social discrimination. For the individual with a disability and their family members, this model is particularly burdensome.

2.2.2 Medical and rehabilitation discourse

Compared to the intangible moral/religious discourse, the medical discourse locates disability within individuals but positions itself as a more modern, clinical and scientific approach to disability (Christensen and Rizvi, 1996; Vehmas et al., 2009). With a history of development in the United Kingdom, disability as a medical discourse came about as modern medicine began to develop in the 19th century, along with the enhanced role of physicians in society (Barnes et al., 1999; Kaplan, 2000; Oliver, 1992, 1996). With ‘medicalisation’, a process where human beings and societies are explained increasingly described in medical terms (Vehmas et al., 2009, p. 2), disability has become a medically recognised phenomenon. It presents disability as pathological; a physiological or mental deficiency due to congenital genetic or biological defect or acquired illness or condition (Barnes and Mercer, 2010; Barnes et al., 1999; Oliver, 1990, 1996; Priestley, 2003; Silvers, 1998; Vehmas et al., 2009). A particular disability condition is clinically explained, for instance, the existence of Trisomy 21 (gene number 21) in the case of Down Syndrome and scientific measurements of varying degrees of visual and hearing impairments (see Table 1.2 in Section 1.3.2). The ICF definition of disability in health terms also draws interdiscursively on medical discourse (see Section 1.2.3).

An offshoot from the medical is the rehabilitative discourse. Historically, it was linked to the reintroduction of many disabled veterans after World War II into society. They needed provisions in therapy, counselling or other services to make up for their deficits (Barnes, 1996; Fawcett, 2000). The current Vocational Rehabilitation system in the United States is designed according to this model (Fawcett, 2000). A search on services and research activities of key Asian rehabilitation centres such as the Department of Rehabilitation of University Malaya Medical Centre (Kuala Lumpur), Faculty of Allied & Health Sciences of Universiti

Kebangsaan Malaysia (Kuala Lumpur), Department of Rehabilitation of National University of Singapore (Singapore), Department of Rehabilitation Sciences of Hong Kong Polytechnic University (Hong Kong) and Rehabilitation Unit of Kyoto University (Japan) suggest that these centres are occupied with physiotherapy, occupational and speech therapies as well as neuroscience and neurological rehabilitation. The discourse of these centres generally refers to deficits of a bodily function or conditions of disability and relegate a ‘patient’ role to their clients. Their research activities largely suggest scientific and medical interests and treatment of disability. Only the Singaporean centre carries the psychological health and social discourses by addressing care for the total well-being of family and caregivers (see also Section 2.2.3 and 2.2.4)

Generally, the medical and rehabilitation discourses have a pre-occupation with scientific measurement and benchmarking of a particular condition as well as the domination of medical professionals and other support service providers. This gives the characteristic of ‘measurability’ to the discourses of disability. They categorise disabled persons to be critical of medical and rehabilitation services and that these conditions could be fixed (Barnes and Mercer, 2010). With the clients positioned as patients and recipients, they fall into an undesirable social category which is associated with sick people and hence, terms such as ‘suffer’, ‘sufferer’, ‘afflicted with’ and ‘affliction’ (Grue, 2013). When doctors use their knowledge, expertise and skills to treat disability rather than illness, this reduces disability to bodily impairment, and they are prescribed with medical treatment and normalisation as appropriate intervention. By imposing ‘normality’ in the physique of a person (Grue, 2011b; Pfeiffer, 1998), it is a contention against the social and psychological discourse of *disablism* (see Section 2.4). Oliver (1983) posited that doctors are trained to diagnose, treat and cure illnesses, not to alleviate social conditions or circumstances. These deficit models are criticised for locating the problem within an individual ‘damaged’ body without considering the disabling systems (K. Ellis and Goggin, 2015).

The medical discourse could also be cross-referred to ethics and human rights discourse. The medical discourse may sometimes frame the disabled entity in terms of assisted suicide, euthanasia and antenatal termination (Vehmas et al., 2009). It echoes the history of euthanasia and Nazi Eugenics where segments of populace which included people with serious medical problems and disabled persons were murdered (Glass, 1999). While such a medical choice is not commonly reported in Malaysia media, it seems to be a common discourse in the western media. This is parallel with the western advancements in medical, scientific and reproductive technologies. Assisted suicide is seen as the rights of patients to die with dignity without suffering or pain, so is the termination of pregnancy upon evidence of a disabled foetus to avoid medical and social problems after birth (Kristiansen et al., 2009). In this context, disability is viewed as undesirable and the human worth of disabled persons becomes questionable. This has given rise to many contestations and debates from philosophical and ethical discourse in disability studies particularly popular in the Nordic countries (see Edwards, 2009; Reeve, 2009; Solberg, 2009). In particular, Garland-Thomson (2012, 2015b) viewed disability as a kind of eugenic world building, striving to eliminate disability through genetic manipulation, selective abortion and medical normalisation. It appears to be a discriminatory discourse justifying elimination of ‘devalued’ human traits in the interest of reducing human suffering, increasing life quality and building a more desirable citizenry (ibid).

Undeniably, medical and technological advances in key services of the welfare state have also improved lives of many disabled persons (Goodley, 2011). However, the medical and rehabilitation discourses have been viewed as scientific and are legitimate to be translated into the public policy discourse. The medical voices are used to support and legitimise claims, and able to propose interventions and support systems seen as desirable from certain (typically powerful) institutional perspectives. It complements the need for programmatic and administrative definitions of disability. These exercises have great influence in welfare, health, disability and social policies today, most notably in the Social Security systems in the United Kingdom and United States (Kaplan, 2000) as well as the Malaysian context. However, the medical and the clinical discourse of disability have also become formalised and have bureaucratic connotations for the concept of disability. As discussed in Section 1.2, benchmarking and measurement is crucial for dissemination of support to the right population. However, such ‘resemiotisation’ of disability in Iedema’s terms (2001, 2003) at various institutional levels could lead to hegemonic constructions of reality that are disadvantageous, discriminatory, or even dangerous to disabled persons.

On the whole, the medical and rehabilitative discourse echo the Foucauldian view of the ‘medical gaze’ in the Birth of the Clinic (Foucault, 1973) to denote the dehumanising medical separation of the patient's body from the patient's person (identity) as a person. Foucault (1973, p.6) uses the term in *genealogy* to describe the creation of a field of knowledge of the body. Foucault explained that the gaze not only expanses the body and the disease but also creates the empirical vigilance of the state. The medical institution is connected with larger social and political structures that operate in society (ibid). It is possible for the disabled body to be constructed as a statistic in modern health information management systems, a number that represents the discourse of a nation-state’s priorities, achievements and incompetence as well as increasing the position a social-political power. Foucault’s (1972) ‘orders of discourse’ warned how power is institutionalised at various levels particularly in a governmentalised world. The medical discourse surrounding disability contains elements of paternalism and pathologisation. It is an intervention on disabled persons rather than with them. It denies agency, reserving power for medical professionals (Grue, 2011b) and subsequently the state.

2.2.3 Psychological and psychosocial discourse

The psychological discourse is also an influence of the medical discourse. It refers to the discourse of internal psyche coming to terms with disability both for the disabled persons and their caregivers. It relates to the individual’s psychological adaptation and adjustment to impairment (e.g. after a stroke) or loss of bodily function (e.g. limb amputation) (Parkes, 1975). Part of the psychosocial journey includes feelings such as shock, horror, denial, despair, anger at others and depression (Kübler-Ross, 1969). This perspective also points to psychological suffering due to external social oppression (Sapey, 2004) which is linked to the moral and social discourse (see Section 2.2.1 and 2.2.4). Hence, this perspective is also known as the psychosocial model. Arguably, the psychosocial discourse is a product of ‘psychological imagination’ of the non-disabled’s assumptions of what it is like to experience impairment (Oliver, 1996, p. 12). This discourse reflects engagements with internalised oppression, psychological experiences of discrimination and an intra-psychic dynamic of environment, body and psyche (Goodley and Roets, 2008). The disabled body and mind once again becomes an identity marker.

The psychological/psychosocial model has increasingly gained prominence with advances in psychology and critical disability studies (see Section 2.4). Drawing on work by Piaget and Ford, Goodley and Lawthom captured the practices of ‘psychologisation’ (Goodley, 2011, p. 78; Goodley and Lawthom, 2005a, 2005b, 2005c). It is a term designed to capture a view of an individual as a ‘unitary-isolated-cognitively-able-rational-developed-innately-normed-consensual being’ (ibid) in the context where disabled persons are held to disrupt the understanding of perfect normative individuals. Psychologisation reduces social problems to the level of individuals (Wright Mills, 1970); it is an institutional view that establishes the otherness and constructs binary descriptions or alterity in identity (Braidotti, 1994, 2002; Candlin, 2002; Goodley, 2011, 2012). Braidotti (ibid) purported a poststructuralist account of the ways in which the preferred individual of psychology and Western capitalism is constructed through discourse and has a reference to its binary opposite. This psychological/psychosocial model initially started as a development from the medical discourse but today it has been expanded to the understanding of disability as an embodiment of a disabling psyche (see Section 2.4). The psychological discourse depends on cultural variations and attitudes towards disability and thus, the following subsection will further discuss this attitude present in the social discourse.

2.2.4 Social discourse

Following UPIAS’s (1976) distinction of ‘disability’ from ‘impairment’ (see Section 1.2.2), Oliver (1990) pioneered the social model definition of disability by proposing exclusionary causes of disability through social, economic, political, cultural, relation and psychological barriers (Barnes and Mercer, 2010, 2003, 1997; Oliver, 1990; Oliver and Barnes, 2012). The causes of disability were located ‘squarely within society and social organisation’ (Oliver, 1990, p. 11).

Historically, a boundary arose between work and home life that increased the institutionalisation of physically and mentally-impaired people (Gleeson, 1999, 2001). Disability was seen as a functional limitation, an expression of failure of environments to accommodate disability characteristics (Nagi, 1976), such as the lack of accessible infrastructural facilities and education to enable disabled persons to function independently. The built environment constructed spaces as dividing population into disabled/non-disabled (Gleeson, 2001; Imrie, 1996, 2001). In the Malaysian context, disabled persons were found to be confined in their own homes due to inaccessibility to the outside world such as school, education, work and built environment (Ling, 2012; Ling and Makin, 2014). With regard to employment, up to December 2012, only 1754 of disabled persons worked in the civil service while 9074 in the private sector (Utusan Malaysia, 2013). This suggests only 2% of disabled Malaysian citizens were employed. Tiun and Khoo's (2013) study further found that the salaries of disabled Malaysians who are employed are much lower than warranted by their academic qualifications; equal employment opportunities for disabled persons are also not a priority for Malaysian employers. It is also estimated that there are 80,000 cases of accidental injuries in the workplace reported each year in Malaysia, and 3000 of the injured experienced permanent disability. In the case of severe accident related disabilities, the affected persons would usually opt out of working often due to the lack of supporting facilities and inaccessible transport and building (Tiun and Khoo, 2013; Tiun et al., 2011). Such are the implications of a social discourse.

Also, in the social discourse, the term 'disabled people' is largely employed and still used today in the British and Malaysian context to define people being disabled by the attitudes and environment (Carr et al., 2008; see Section 5.2.1). Generally, the idea of fit-for-work was constructed around an 'ideal' disabled person e.g. a male wheelchair-user belonging to a dominant ethnic group and suffered no significant health problem because of his impairment (Grue, 2011b). This model is a capitalist view which perceives disability as a creation by society that expects all members to be physiologically fit for social and work life. This socio-economic discourse continues to pursue the ‘normalising and pathologising perspective’ (Shakespeare and Watson, 1997, p. 296). Barnes (1997) considered the social model as a socio-political discourse of industrial capitalism. Parallel with development in political economy, the discourse of the social model reflects a form of social, economic and political oppression enacted on people whose bodies do not conform to the needs of industrial capitalism (Barnes et al., 1999; Oliver, 1990, 1996).

The social discourse suggests reluctance in acknowledging biophysical causation or impairment nor embracing the aspects of disability that are intrinsically embodied. It also appears to ignore deeper social, cultural, bodily and experiential dimensions of disability (K. Ellis and Goggin, 2015). Debates on the social model have gone back and forth (see Barnes et al., 2002; Oliver and Barnes, 2012; Shakespeare, 2006) and since then have developed in different school of thoughts (see also Bolt, 2014; Siebers, 2008; Swain et al., 2014). Goodley (2011, 2015) and Brandon (2015) have posited that disability is politicised via disabling barriers with primary impediments include: discrimination, social isolation, economic dependence, high unemployment, inaccessible housing/infrastructures and institutionalisation. These barriers prevent access, integration and inclusion of disabled persons and hence, break the ‘impairment’ and ‘disability’ link and lead to ‘socio-political, structural and economic minorisation’ (Goodley, 2011, p.14). Many intersectional and cross-sectional areas in disability studies (see Section 2.3) today were born out of this position and linguistically speaking, require further critical discourse deconstruction.

In brief, the social model discourse suggests the construct of negative self-identification of disabled persons is a result of the experience of oppressive social relations. This view of oppressive social relation is also shared by Nordic disability researchers as being exclusionary and anti-intellectual (Traustadottir, 2006; Vehmas, 2008). These researchers have also proposed an affirmative discourse of disability, looking at the positive side of impairment (Swain and French, 2000; Swain et al., 2014). There were births of disabled people movements, disability culture and arts and Deaf culture (Corker and French, 1999) and attention was focused on possibilities for changing society, empowering disabled people, and promoting a different self-understanding. This affirmative discourse aims to translate the discourse of discrimination to the discourse of rights and equality which has given rise to minority and cultural discourse. This shift to a more positive membership relegation of disabled persons in society will be discussed next.

2.2.5 Minority discourse

While all previously mentioned models and discourses of disability appear to silence and relegate negative self-identity to disabled persons, the minority and cultural discourses of disability on the other hand shift voices and positive identity to disabled persons. Disability pride becomes an integral part of movement building, and a direct challenge to systemic disablism and stigmatising definitions of disability (Triano, 2006). Disability is deemed a normal aspect of life, not as a deviance. This perspective rejects the notion that persons with disabilities as defective (Pfeiffer, 1998). This echoes Zola's (1993) proposition that the disabled persons are not denying pain and discomfort they experience, but rather disability pride is about self-respect and diversity of experiences. It rejects any physical, sensory, mental, and cognitive differentiation from the non-disabled’s yardstick.

As part of disability pride, disabled persons further redefine their identity as a distinct social group in society and assert a ‘positive minority identity’ (McRuer, 2002, pp. 223-224). This minority discourse is a different or rather an opposite interpretation to the social-political discourse. Deaf persons (Malaysia included) view themselves as a linguistic minority with Deaf culture (Johnston and Schembri, 2007; Ladd, 2005; Majudiri Y Foundation for the Deaf, 2006; see also Section 1.3.3). Recently, communities with Autism Spectrum Disorder have embraced terms such as ‘neurodiversity’ to reflect diversity and ‘Autistic’ (with a capital ‘A’) as a marker of cultural identity rather than a disability (Antonetta, 2005; L. Brown, 2011, 2012; Ortega, 2009). The minority discourse has been influenced by civil rights of black Americans and queer politics; it appears to be an eclectic approach in socio-cultural formation of disability (Albrecht, 2006; Shakespeare and Watson, 2001). It is a discourse of new activism from ‘minority bodies, behaviours and abilities’ (McRuer and Wilkerson, 2003, p. 6). This socio-political discourse has also given rise a new discourse of political-correctness or the *people-first* language to recognise humanity before the disability label (Haller, 2010; Haller et al., 2006; Linton, 1998).

2.2.6 Biopsychosocial discourse

As presented above, disability has taken many perspectives and stances. To unify these discourses and in an attempt to define and quantify disability in a ‘culturally neutral’ discourse, the World Health Organisation (WHO) proposed the biopsychosocial model to ‘achieve a synthesis’ in the components of health (World Health Organisation and World Bank, 2011, p. 4). It aims to provide a ‘coherent view of different perspectives of health from biological, individual and social perspectives’ (World Health Organisation and World Bank, 2011, p. 20), and address issues raised by both the individual and social models (see Sections 1.2.3 & 2.2; Figure 2.5). It is also a discourse constructed institutionally by a world body, influencing its 173 member states. Criticisms on the convenience of this ‘marriage’ in this model have been discussed in Section 1.2.3. Basically, in searching for universalism, specificity is lost; in particular, the cultural foundations and local relevance on which impairment, disability and disablism are created. Works done by Meekosha (2004) and Soldatic and Meekosha (2014) in the Australian indigenous context and scholars in the Anglocentric models discussed above suggested a need for further descriptions and investigations into context- or country-specific disability discourses. Studies on disability in the state of Sarawak, Malaysia by Ling (2007, 2012) also showed that the aspect of specificity in indigeneity needs also to be considered.

All that said, the discourses of disability ought to be viewed in terms of both general and specific characteristics. For WHO, it has a role of overseeing its 173 member states that have a wide range of multicultural backgrounds and various socio-economic standings. Thus, such generality and neutrality is necessary for operation at an international level.

2.2.7 Relational/Gap discourse

The relational discourse is a reaction by Nordic researchers to the biopsychosocial model (see Grue, 2009, 2011a, 2011b, 2015; Kristiansen et al., 2009; Lundeby and Tossebro, 2008; Tossebro, 2008; Traustadottir and Kristiansen, 2004). Disability is perceived as ‘situational rather than an always present essence of a person’ (Tossebro, 2004, p. 4). It depends on the interaction between the body (impairment) and the context, in short, it is ‘relational’ (Traustadottir and Kristiansen, 2004, p.33). Disability is perceived as person-environment mismatch between individual capabilities and demands of the societal environment. An individual is defined as ‘disabled’ if a limitation, disease or impairment causes one to experience significant barriers in everyday life (Grue, 2011b). This discourse of exclusion from communities can be due to mismatch of expectations, biological needs and environmental opportunities (Tossebro, 2002, 2004; Traustadottir, 2004, 2006). Favouring a social system of a welfare state, the gap between medical and physical environment as well as capacities and opportunities offered by society and institutions can be bridged by policy tools such as medical intervention and anti-discrimination measures (Tossebro, 2004). This acknowledgement of gap has also earned this model another name - the gap model. It is a discourse that attempts to bridge the gaps between models, interactively enacted from the relationship between the individual and social models. It highlights the definition of disability and a disabled identity as situational.

Similar to the biopsychosocial model, the discourse of the relational is all-embracing, ‘lacking specificity about theorisation or empirical elaboration’ (Barnes and Mercer, 2010, p. 41). From the viewpoint of critical realism, the relational model appears to be a weak form of constructionism. It treats ‘social reality as multi-levelled’; each level has its own internal mechanisms while recognising inter-level relationships. There is little inclination to incorporate power relations in theorising disability or a political economy of disability (Tossebro, 2004, p. 6). Barnes and Mercer (2010, p.41) have aptly proposed a need to study the interaction between individuals with impairments, precise influence of physical environment, individual, psychological, political, legal, cultural and societal factors which are important ingredients in defining disability; another instance highlighting disability discourse as one that is socio-institutionally enacted (Cicourel, 1992, 2007; Layder, 1993, 2006).

2.2.8 Models, discourses and identities

The various models presented above have illuminated some observable patterns and further suggests that the characterisation of disability appears to be articulated via discursive formations, which are shaped by diverse backgrounds, motivations and purposes. The discourses vary according to the historical, cultural and social location and the nature of the environment. Different researchers or activists have different interests, motivations and purposes with reference to specific contexts and sites. Each has its strengths and weaknesses and is interactively governed by relevant professional paradigms (e.g. medical and biomedical) and institutional discourses. Disabled groups may flourish in the discourses of disability that allow them to create an identity (e.g. minority discourse). The systems, models and perspectives are discursively realised by contesting the dualism of Individual (internal/personal discourse) versus the Social discourse (external institutional discourse). There is also interplay and mixing of discourses; translation and transformation from one discourse to another (e.g. the medical and public policy; religious to social and psychological discourse). In short, the discourses are recontexualised in van Leeuwen’s (2008) terms and resemiotised in Iedema’s terms (2001, 2003).

Through the understanding of the discourses and intertexuality in the models of disability, the social identities of disabled persons are also found to be intertwined. This complexity of identity is further interwoven by the intersectional characteristics of the discourses of disability. In such discourses, disabled persons could be further socially categorised according to their gender, age, class, race and sexual identities. As such, the following section will outline how intersectional discourse further constitute the disabled identity.

2.3 Intersectionality in disability discourses

‘Intersectionality’ is defined as ‘mutually constitutive relations among social identities’ (Shields, 2008, p. 301; Warner and Shields, 2013). It is aimed at ‘making sense of interlocking societal oppression experienced by subordinated groups’ (Syed, 2010, p. 61). The intersectional understanding is relevant here. The disabled body and mind are semiotic signifiers of race, gender, age, sex and class and these become markers of multiple identities of disabled persons. They create categories of difference, experiences of marginality and forms of political activism (Goggin, 2008, p. 1); they are institutionally constitutive and constituted discourse (Fairclough, 2009, 2010). Adopting the lens of intersectionality enables us to examine the social divisions and power relations that affect the lives of disabled persons due to their multiple social identities.

2.3.1 Disability and feminist discourse

Early studies by feminist disability scholars examined disability from a socio-contextual perspective to challenge the hegemony of the medical model of disability (Morris, 1996; Wendell, 1989). Later work, however, emerged out of the necessity to find a discourse that does not diminish experiences as those of disabled persons, but as those of persons with a multitude of intersecting identities (Knoll, 2012).

Begum (1992) and Emmett and Alant (2007) emphasised a gender lens of disability is necessary to address women’s subjective experiences of disability. For instance, difficulties they may face with family, body image and sexuality unlike male disabled persons. The World Health Organisation (2011) also reported that there are more female than male disabled persons across all countries and there could still be cases of under-reporting due to local socio-cultural practices. Morton (2015) also reported that disabled women experience domestic violence more than other women and those with intellectual disability are more likely to experience sexual abuse. According to Ling and Makin (2014) who compared studies in disability in Malaysia and Indonesia, the gender dimension sees women bear the burden of caring for their disabled children more than men do. Women with disabled children too, experience isolation from society as a consequence of the moral and religious models (see Section 2.2.1). From the narratives of the mothers of children with Down Syndrome, Chan et al. (2014) and Chan (2011) found that these mothers would avoid contact with other pregnant women. This is because the society believed the ‘bad omen’ in the form of Down Syndrome could be passed on to the unborn children. Ling and Makin (2014) also shared narratives of women in Indonesia whose weddings were called off after families of their prospective life partners found these women had siblings with disabilities. In a specific case in a Bidayuh community in Sarawak, Malaysia, an unmarried pregnant woman with intellectual disability was married off to an old poor farmer. This was arranged so that he could have a wife and child, and she could avoid the stigma associated with out-of-wedlock pregnancy (ibid). Such was a gendered bias and impact of disability for women with disabilities or mothers who have children with disabilities.

The multiple roles of women and their social positions could also result in more than two intersectional discourses. This could be witnessed in the intersections of gender, race and class; for instance, the unequal position of black women with disabilities in the job market (M. T. Berger and Guidoz, 2008). Another being the narratives of a white Australian woman with disability in Australia with issues of inaccessibility due to rurality (Bryant and Pini, 2011). Don et. al (2015) also found the lack of education for disabled girls in Iran due to rurality through narratives and voices of these girls.

Generally, disability is also constructed through discourse of gendered norms and sexist practices. In the gendered discourses framework proposed by Sunderland (2004), discourses are identifiable through linguistic traces, particularly through narratives and word choices. Apart from narratives, a classic example of gendered discourse could be observed in the association made between disabled persons and women in relation to the word ‘special’. Corbett (1996, p. 49) questioned that if ‘special’ was ‘so positive’, why did it not add to the power of women and disabled persons? A German philosopher, Theweleit (1994) suggested that it is the supreme and self-love of the male ego which makes men consider women to be ‘special’. This has rendered women ‘nice’ but powerless. Generally, women today resist being idealised and want to be different. The term ‘special’ is not equivalent to desirable if it is accompanied by social or personal weakness. If we portray them as ‘special’ and by implication ‘better’, we deny them their humanity as innocence is retained at the cost of experience. Thus, this image of niceness keeps the women and disabled persons ‘harmless and passive’ (Corbett, 1996, p. 56). Shakespeare (1994) related how women and the disabled are regarded as Others and viewed in need of control and guidance. They have become a devalued grouping by default.

In brief, feminist disability studies engage with what it means to have a dynamic and distinct body which witnesses perpetual interaction with the social and material environment (Garland-Thomson, 2005a). It is against universalised view of functioning body as an autonomous, capable body (Michalko, 2002, 2009) and the ‘normate’ body (Garland-Thomson, 2009) (see Section 2.1). By identifying and naming gendered discourses, particularly the constitutive dimension of discourse, which can either be subversive or traditional, these discourses could be supported or resisted through linguistic choices.

2.3.2 Disability and sexuality discourse

The intersectional study between disability and sexuality is a ‘non-normative construction of sexual identities, pleasures and agency’ that more adequately encompass forms of ‘embodied difference’ (Shildrick, 2007, p. 227). This is another perspective on the body as a signifier related to queer and feminist discourse. A preliminary study of over 1900 news publications on disability undertaken in this study saw only 2 articles on the sexuality of disabled persons, hence it was under-reported. Even then, these were articles written in a western context. Shakespeare (1996) proposed that a disabled person’s sexuality has been ignored, controlled, denied and treated. Their bodies are represented as asexual, unruly, monstrous and unattractive (Goodley, 2011).

The medical discourse is also further used to interfere, validate and legitimise in areas such as sexual autonomy, fertility and right to parent in particular those with intellectual disability (Booth and Booth, 1994, 1998). This appears to be the paternalistic medical hegemony with an emphasis on medical rehabilitations and therapeutic interventions (Shuttleworth and Grove, 2008; Shuttleworth et al., 2012). Goodley (2011, p. 41) termed this the ‘queerness of disability’ linked to the binaries of ‘gay/straight’ and ‘abled/disabled’. Narratives of experiences with regard to the queerness of disability are related to family isolation, stereotyping, emotional trauma, assumed biological aetiologies difference (McRuer and Wilkerson, 2003). It is a perception of compulsory able-bodiedness based on heteronormative values, and incomplete, volatile, vulnerable and incompetent bodies as an alterity to the discourses of deficit (McRuer and Wilkerson, 2003).

2.3.3 Disability and geriatric-medicine discourse

Disability also intersects with geriatric-medicine discourse. There is an association with health and medical discourse in terms of the loss of neurological bodily functioning, becoming less able due to diseases; for instance, stroke, Alzheimer and Parkinson’s Diseases. The degeneration of bodies or body parts of disabled persons and aging bodies are perceived to be lacking in vitality (Waldby and Mitchell, 2006). Frailty has become a central issue for these limiting conditions of the body (Gilleard and Higgs, 1998) and thus, requiring care (Neilson, 2012). The issue of ‘frailty’ has replaced infirmity as a term signifying personal marginality and vulnerability. Frailty can be seen as a residualised state that remains behind after age; disability and chronic illness are affirmed as viable social economic and personal identities (Gilleard and Higgs, 2010, 2011).

2.3.4 Disability and social class discourse

Social class is a derived classification achieved by mapping employment status to class categories, to produce distinct socio-economic groups (Rose, 1997). Acquiring an impairment label such as ‘paraplegic’ and ‘mental illness’ is correlated with a ‘downward drift’ in socio-economic status, associated with difficulties in finding employment (Goldberg and Morrison, 1963). Zaidi and Burchardt (2009) found disabled persons are overrepresented in three measures of economic disadvantage. The first is low income group due to inability to work or exclusion from work and hence, an exclusionary discourse. Secondly, additional costs since it is more expensive to live in an exclusionary society and this is related to social model discourse. Thirdly, it is through constraints where disabled persons are denied the opportunities to become economically viable. Poor, disabled children are excluded from schools due to financial constraints of their families. Braithwaite and Mont (2008) on behalf of World Bank claimed that 20% of world’s poor in developing countries are disabled which means Malaysia is included in this position. Bourdieu’s (1977) work is useful in expanding the concept of social class away from a preoccupation with economic capital, to include other forms of capital, including cultural (e.g. educational credentials, aesthetic preferences, bodily characteristics), social (e.g. networks, group membership) and symbolic (e.g. role, legitimacy, authority, prestige).

2.3.5 Disability and racism discourse

Disability and racism are metaphorically and politically common in experiences. Tangled in the historical discourse of white supremacy and ‘animality’ theory (Connor, 2008), black and disabled persons were viewed as less human, exotic, sinful, uncivilised, savaged slaves (Fanon, 1993). These are negative evaluative discursive representations of black disabled persons. Further, Barker (2008) purported disability as a metaphor for disasters of colonisation. Davis (1995) specifically highlighted the connections made between race and intellectual disability (of mental slowness and racial innocence) as demonstrated symbolically in the case of Down’s syndrome and Mongolism. Historically, these facial features in Down Syndrome were associated with Asians and known as the ‘Mongoloid’ and ‘Mongolism’ (Leach, 2013); these terms imply racial typing and are pejorative (S. C. Tan, 2012) (see Appendix 6C). Also, in the context of Australia, Aboriginals with disabilities are also marginalised as a result of colonization (see also Section 1.4.4). It is a production of disability as a result of invasion of their lands, resources, heritage and representation of the Aboriginals as ‘non-human’ (Meekosha, 2014; Shuttleworth and Meekosha, 2014). Using the Critical Race Theory (CRT), Campbell (2008a, 2009) related how the ‘coloniser’ inherits feelings of superiority whereas the ‘colonised’ and in this case, disabled persons internalise aspects of racism.

The above intersectional discussions could be also linked to subaltern studies. Subaltern is a term for the ‘general attribute of subordination in society’ in terms of class, caste, age, gender or in any other ways (Guha, 1988, p. 33; 1997). With origins from South Asian scholars who studied the colonial and postcolonial historiography on marginalised sectors (e.g. impoverished peasants in South Asia and Latin America), focusing on how and by whom history is written, whose voices are represented or erased as well as knowledge production (ibid). The archetypal concepts in subaltern studies are power and representations; who has power or does not, who gains or loses power through hegemonic representations (Beverly, 1999). Hence, this can be applied in disability studies, where experiences of people with disabilities particularly in the media construction, demand a de-construction. This can be seen in I.Kim’s (2007) subaltern study on the disabled in the South Korean media. The subalterns seemingly ‘cannot speak’ as their voices have not been adequately represented in the discursive spaces (Spivak, 1998). The very discussion about the subaltern (or lack of it) in the mass media constitutes knowledge about the subaltern and continues the process of othering of the subaltern (Beverly, 1999). Thus, the same principles could be applied to disabled persons where de-construction should be done to highlight how they, in many ways, could fall into the category of ‘subalterns’.

Davis and Smith (2006, p. xviii) claimed that disabled persons are the ultimate intersectional subject, the universal image, the important modality through which we can understand exclusion and resistance. They are silenced, perceived to be opaque, intransitive and idiosyncratic (Ghai, 2006, p. 88). It signals that human diversity is not acknowledged. Zola (1993) asserted that disabled persons are not denying pain and discomfort, but rather disability pride is about self-respect and diversity of experiences. They want to be seen as the rest of human population, namely as being diverse, complex and vulnerable. Race, class, and gender are socially, culturally, and politically constructed categories, aimed at maintaining social hierarchies and power relations, so that some groups of persons remain privileged at the expense of others (Alcoff and Mendieta, 2003; Mintz and Krymkowski, 2010; Sewpaul, 2007, 2013). Intersectional discourses further suggest the fluidity of identities of disabled community and document how the identities shifted with time and context (Sewpaul, 2007, 2013).

2.4 Critical disability studies (CDS)

The debates on interdisciplinary and intersectional characteristics of the discourses of disability have led to a critical reflections in contemporary Disability Studies, giving rise to concepts of *disablism* and *ableism*. The term ‘critical disability studies’ (henceforth, CDS) has been increasingly employed in scholarly work over the last decade (see Campbell, 2008a; Goodley, 2007, 2011, 2012; Goodley and Roets, 2008; Meekosha and Shuttleworth, 2009; Meekosha et al., 2013; Shildrick, 2007; Shuttleworth and Meekosha, 2013; Soldatic and Meekosha, 2012; Tremain, 2005). The word ‘critical’ denotes a sense of self-appraisal to reassess where we have come from, where we are at and where we might be going (Goodley, 2012). The declaration of International Year of Disabled People by the United Nations in 1981 raised disability as a human rights issues in the global public discourse. Along this line, for Shildrick (2012), critical disability studies rethink the conventions, assumptions and aspirations of research, theory and activism in an age of postmodernity. CDS has accompanied a social, political and intellectual re-evaluation of explanatory paradigms used to understand the lived experiences of disabled persons and potential ways forward for social, political and economic change. Shildrick (2007, p. 233) noted that CDS:

> "… is broadly aligned with a post-conventional theoretical approach. It seeks to extend and productively critique the achievements of working through more modernist paradigms of disability, such as the social constructionist model."

CDS partly emerged as an outcome of the tensions that surfaced as a reaction to the more authoritarian Marxism and economic determinism associated with the social model. Paradoxically, the social model drew directly from critical theory, examining it as the interrelations between the capitalist system of production, class and disability, as well as arguing for an emancipatory perspective within disability studies.

Thomas (2007) defines disability as a transdisciplinary space which breaks boundaries between disciplines, deconstructs professional and lay distinctions and challenges the medicalised views of disability with socio-cultural conceptions of *disablism*. Thomas (2007, p. 73) defines *disablism* as 'a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being'. *Disablism* relates to the production of a set of conscious and unconscious assumptions and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities (Campbell, 2007, 2008b, 2009).

As also expounded in Chapter 1, there is an arcane distinction between 'impairment' and 'disability' in the government of disability (Campbell 2007). Whilst acknowledging the neologism, disability is both culturally and economically constructed, *ableism* is theorised from the state of 'impairment'. Campbell (2001, p. 44) purported that *ableism* is

> "… a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability is cast as a diminished state of being human."

Linton (1998) added the definition of *ableism* should also include ‘the idea of a person’s abilities or characteristics disabled people’. The *ableist* viewpoint is a belief that impairment (irrespective of ‘type’) is inherently negative and should the opportunity present itself, be ameliorated, cured or indeed eliminated. It is a site of social theorisation within CDS associated with the production of able-ness and the perfectible body (Goodley, 2012). Goodley (2014) has aptly summarised the processes of *disablism* as the social, political, cultural and psycho-emotional exclusion of people with physical, sensory and/or cognitive impairments and *ableism* as the contemporary ideals on which the able, autonomous, productive citizen is modelled.

2.5 Chapter conclusion

This chapter has highlighted disability being viewed as an outcome of impairment, a form of ‘biological determinism’, where society focuses on physical difference (Shakespeare, 1996, p. 95). Hughes (2007) noted that impairment and disabilities are associated with the discourses of deficit, which leads to the othering and to creating an ontology of dependency. The discourses of dependent bodies are used to maintain the dominance of those who are constructed as independent and able-bodied. The politicisation of the body and the contestation of the multi-perspectived definitions of disability are perceived as a form of biopolitics (Goodley, 2011), where the disabled body has become a social location or habitus (Bourdieu, 1986). This challenges both the individual and group identity of disabled persons and should be interpreted through the civil and human rights discourses where disability should be perceived as human variation (Garland-Thomson, 2015b).

On the whole, the discussions of the institutional perspectives of disability have suggested that the discourses of disability exist in an interplay, and are interactionally and institutionally enacted. The definition and construction of the discourses as well as the identity of disabled persons have become fluid. Disability and the disabled body have become signifiers of the systems of belief in society. These discourses are semiotically constructed and require critical discourse deconstruction. The following chapter will present how this semiotic system could be understood and unpacked via a critical semiotic theoretical framework.

CHAPTER 3: DISCOURSE ANAYSIS, DISCOURSE AND DISABILITY

3.1 Preamble

Chapter 2 has provided an overview of the theoretical foundations from Disability Studies. It has also established how the social-institutional perspective constructs disability as multi-faceted and polysemic in definition, as well as being ideologically and institutionally grounded. Apart from that, it has also highlighted identity politics and exclusionary practices in speaking about disability and disabled persons. Parallel with this development, it is contended that a critical semiotic approach from Critical Discourse Studies would be another dimension to understand, characterise and critique the representations of disability. As such, this chapter aims to draw out the general characteristics of the discourses of disability and posit how disability can be analysed as a discourse-semiotic construction of system of beliefs (see Section 2.1). In short, this chapter proposes and outlines how a critical discourse focus could offer an additional means to unpack and explain issues raised in Disability Studies.

This chapter will first outline issues of discourse mediation in the media to address the texts under investigation, which are newspaper texts. This will lead to a review of the Critical Discourse Analysis framework, before the discussion is narrowed down to Critical Semiotics. The discursive characteristics of the discourses of disability will then be presented. This chapter closes with the proposition that the discourses of disability have been presented as alterities. This understanding would shed light on how the management and negotiation of alterities in the discourses of disability could be an affirmative emancipatory action to be used by journalistic practitioners and public organisations.

3.2 Mediation in the news

Disability has long had a stigmatising history and stereotyped representations in both traditional and new media (see K. Ellis and Goggin, 2015; K. Ellis and Kent, 2011; Goggin and Newell, 2003; Haller, 2000, 2001, 2010). The United Nation's document for Monitoring the Convention of Rights of Persons with Disabilities (CRPD) has recognised the pivotal role of the media in reflecting, influencing and monitoring society's attitudes towards disabled persons (United Nations, 2010). Societal attitudes represent a barometer of sociocultural values and influence how people choose to act and respond to others. Negative attitudes towards disability and disabled individuals have led and can lead to stereotyping, labelling and discrimination (United Nations, 2010). In other words, discourse is constituted by and can constitute social practices in society (Fairclough, 1992b, 2010).

Media discourse is linguistically and socially constructed (Fairclough, 1995b; Manan, 2008; Simpson, 1993). The media does not report reality but 'encode[s] a particular view of reality' (Fowler, 1991, p. 4). Media accounts are active constitution, ideologically inspired, and interest-bound with transformation of facts (Fowler, 1991). In other words, reality represented by news texts is filtered and manipulated to tailor a particular viewpoint.

Specifically, newspaper discourse is a social construction, which represents a chosen sub-set of events in institutionally valued ways to readers, creating a particular kind of social relationship between newspaper and audience (Knox, 2009a). As such, studies engaging the news discourse have mostly centred on critiquing the objectivity/subjectivity, authority and reliability of news reporting (see Bell, 1991; Fowler, 1991; Richardson, 2007; van Djik, 1998; Zelizer, 1990, 2009). The choice and presentation of news are discursive resources or mediational means (Norris and Jones, 2005; Scollon, 1998, 2001b). Criticisms of the processes of mediation and social action that take place in newsroom practices have also supported the contention that news sources are transformed in stance through the linguistics of newswriting (see Cotter, 2010; D. Perrin, 2012, 2013). In addition to criticisms of processes, the news values carried by the products of mediational means have also been critiqued for their potential detrimental effects (see Bednarek and Caple, 2014; Bell, 1991; Caple and Bednarek, 2015). As news publishing becomes increasingly multi-semiotic, news sources have also ‘resemiotised’ in Iedema’s terms (2001, 2003). The visual-verbal forms of news and their configurations are argued as forms of resemiotisation of particular views and news practices in contemporary visual journalism and photojournalism (see also Caple and Knox, 2015; Economou, 2010, 2014; Knox, 2007, 2008, 2009a; Machin and Polzer, 2015).

Mediation can affect representation of people and events. Through representations in the media, portrayals of disabled people have effects and consequences. They powerfully shape lives of disabled persons through a ‘slippery’ and diffused way and their ideological underpinnings are ‘difficult to trace’ (Sandell et al., 2013, p. 3). As detailed in Section 2.1, the disabled body has been resemiotised and discursivised to represent and constitute particular exclusionary practices. To further deconstruct how these are achieved in the context of the representation of disability in the news discourse, the critical discourse analysis framework is apt as the linguistic theoretical basis for the motivation of this thesis.

3.3 Critical discourse/semiotic analysis

3.3.1 Critical discourse analysis and its development

Critical discourse analysis (CDA) has its history in critical linguistics. Critical linguistics was a movement in the mid-1970s to shift linguistics beyond formal grammar, as well as a basis for social critique (Fowler et al., 1979). Critical linguists interpret grammatical categories as tools of potential traces of ideological mystification. Subsequently, CDA emerged as a new development in the mid-80s, moving away from critical linguistics.

CDA investigates the role of text and talk in creating, maintaining, and legitimating inequality, injustice and oppression in society (van Leeuwen, 2015). It is grounded in critical social theory and articulates the relation between discourse and social practices and how they are embedded. It also embraces an inter- and multi-disciplinary approach. Van Dijk (2001a; 1998) advocates that CDA can be combined with any research approach of the subdisciplines in the humanities and social sciences. It suggests a critical perspective on scholarship that focuses on social problems, specifically on the role of discourse in the production and reproduction of power abuse or domination. CDA pursues ‘solidarity with the oppressed’ ‘with an attitude of opposition’ and dissent against those who abuse text and talk in order to ‘establish, confirm or legitimate their abuse of power’ and defends the dominated group (van Dijk, 2001b, p. 96).

For Fairclough (1992a, 2003, 2010), discourse is a form of social practice where language is imbricated in social relations and processes. It systematically determines the variations in its properties, including the linguistic forms of texts. In Wodak’s (1996) terms, discourse is a form of social and cultural behaviour and must be understood in relation to its historical context. Language can constitute and reconstitute society and as such always carries ideological connotations. Van Leeuwen’s (2008) approach of social action proposes discourses as recontextualisations of social practices. That is, discourses will select, transform and add elements from social practices.

Basically, CDA analyses both ‘power in discourse’ and ‘power over discourse’ to investigate their interpretations and social effects (Titscher et al., 2000, p. 148). This differentiates CDA from Discourse Analysis (DA). Since discourse analysis is interpretative and dynamic in nature, it is argued that CDA would provide a systematic and scientific methodology to link the three elements of social conditions, ideologies and power relations. CDA extends beyond what is found in a text to focus on how the language in text ‘works’ in terms of its social messages, and the effects it creates among text consumers. In simple words, CDA does not limit itself to looking at the ‘what’, but goes on to address the ‘how’, the ‘so what’ and the ‘why so’.

In Fairclough’s (1992a, 1995a) earlier work, the term ‘discourse’ was used to analyse discourse in a three dimensional conception of text, discursive practice and social practice, exploring the relationship between language, power and ideology. However, semiotic elements in critical realism were found to be neglected in this early framework (Fairclough et al., 2004). In a recent development, Fairclough (2009, 2010) refined ‘discourse’ as ‘semiosis’ which is an element of the social process which is dialectically related to social elements. In this dialectical-relational approach, Fairclough addressed the significance of semiosis and its relation with social elements, within the social processes. Social process is an interplay between three levels of social reality: social structures, practices and events (Chouliaraki and Fairclough, 1999). The focus is on structures of social practice and strategies of social agents i.e. how semiosis (verbal and visual) is recontextualised to enact new ways of (inter)acting or inculcated as new ways of being (identities). It aims to clarify how semiosis figures in the establishment and change of unequal power relations and ideological processes.

The development in Fairclough's position on CDA parallels development in social semiotics and multimodality as a form of contemporary semiotics. As discussed in Section 1.1.3, social semiotics is concerned with how people make use of semiotic resources (e.g. symbols, colour, sound, facial expressions) in the context of interpersonal and institutional power relations to achieve specific aims (Hodge and Kress, 1988; van Leeuwen, 2005). It addresses the question of how societies and cultures maintain or shift in de Saussaure's conventional bonds between signifier and signified (Hodge and Kress, 1988). For Hodge and Kress, social semiotics responds to the question and explains how the social shaping of meanings works in practice.

Further, Caldas-Coulthard and van Leeuwen (2003, p. 3) also related semiotic theory to sociological themes, cross-cultural communications and popular culture. Termed as 'critical social semiotics', it suggests that social semiotics also embraces the enterprise of critical discourse analysis. It does not stop at description, but analyses multimodal texts as playing a vital role in the production, reproduction and transformation of the social practices which constitute the society in which we live. For them, 'critical social semiotics' explores differences among current relations and meanings, historicises and contextualises them. It has the main objective of acting on and altering political forces (ibid).

In its construction as contemporary semiotics, multimodality came into prominence with two ground-breaking books by Kress and van Leeuwen (1990, 1996). A multimodality study adopts a functional approach which highlights the importance of taking into account semiotics other than language-in-use, such as image, music and gestures (Jewitt, 2009). It places new emphasis on the multi-semiotic complexity of representations produced in both traditional and digital modes. It is concerned with studying meaning-making potential of the different individual ‘semiotic modes in the design of semiotic product or event’ and also of interaction (Kress, 2010b; Kress and van Leeuwen, 2001, p. 20). Multimodality has decentred language as the favoured meaning-making sign. Since then, the ‘critical’ element has also been applied in multimodal sites to address the potential ideological underpinnings in multi-semiotic texts (see Djonov and Zhao, 2013).

This section has traced the development in the area of critical discourse. It is a comprehensive theoretical framework which explains discourse and social practices analytically, descriptively and above all explanatory, and has, over time, developed from having a singular focus on language to viewing discourse as multimodal.

3.3.2 Relevance of critical semiotic inquiry

As argued in Section 2.1, disability is a discourse semiotic phenomenon. The disabled body is a sign and site of discursive production and consumption, constructed through discursive rules and social practices. Disability is a politics and a psyche (Leonard, 1997), a psyche of disablement (Goodley, 2011) based on ideals of the ‘normate’ and ‘normality’ (see Section 2.1). It subsequently gives rise to *ableism* and *disablism* (see Section 2.4). These are forms of asymmetric power relations, with marginalisation and discrimination of disabled persons.

The construction of disability is thus ideological. It is a signifier representing systems of thoughts and beliefs; it is the orders of discourse in Foucauldian and Faircloughian sense. Disability is perceived as a social construction (Barnes, 1996; Shakespeare and Watson, 1997) based on Goffman’s (1963) notion of stigma. In Althusser’s (2006) terms, disabled persons have been interpellated or subject positioned. It is marginalisation based on biological difference which is a form of paternalism (Corbett, 1996).

The othering of disabled persons is also argued from a psychoanalytic perspective. Pain, vulnerability, silence and isolation are frequently recurring themes in the history of disability and illness (Grue, 2012). Sontag (1977, 2003) purported non-disabled persons would be transfixed at the sight of the vulnerability of the disabled body and become the spectators of suffering in Chouliaraki’s (2006, p. 1) terms. Disability is described by Kristeva (2010, p. 29) as the cause of ‘narcissistic identity wounds’ in the non-disabled. A non-disabled person is inflicted with a threat of physical or psychical death by a disabled person. Similarly, Garland-Thomson (1996, 2002a) challenged the entrenched assumptions that ‘able-bodiedness’ and its conceptual opposite, ‘disability,’ are self-evident physical conditions. For her, in constructing disability as the embodiment of corporeal insufficiency and deviance, the body becomes a repository for social anxieties concerning as vulnerability, control, and identity. In Bourdieu’s notion of the habitus (1977, 1990), the disabled body becomes the social location and is interrelated with the structure of society. Therefore, the management of the body and hence, the ‘sign’ is core to the acquisition of better status and distinction.

All the above point to the disabled body as a sign of meaning-making and hence, this meaning-making needs to be critically analysed. In particular, when discourses are mediated by news practices and disseminated, the symbolic asymmetrical power relationships could be widely circulated (Verschueren, 2015). As such, a critical semiotic inquiry is a relevant and apt tool for the deconstruction of the discourses of disability. The interaction between semiotic resources, news mediations and the wider social practices can be analysed in Fairclough’s (2010) socio-dialectical framework. This can diagrammatically represented below (Figure 3.1):

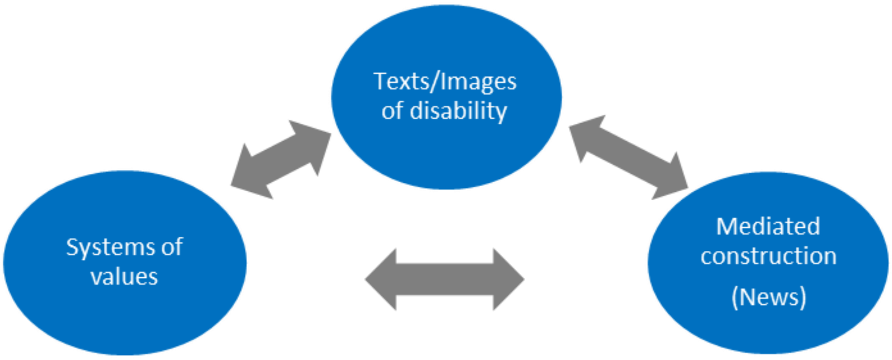


Figure 3.1 Critical semiotic study of the discourses of disability based on Fairclough (2010)

Fairclough's (2010) socio-dialectical framework will also be used in a three-step process of analysing the semiosis (news texts and images of disability), describing their interactions and potentials, as well as explaining the institutional contexts that constitute and re-constitute the phenomenon under study.

This section has described and justified how critical semiotic study is the tool apposite for the aim of the present study. The following section will provide an early observation of the discursive characterisation of the institutional perspective of the disability as outlined in Chapter 2.

3.4 Discursive characteristics of disability

Premised upon the review of theoretical frameworks in Disability Studies in Chapter 2, the following subsections will chart some of the prominent discursive characteristics of the discourses of disability observed from the institutional discourse. This will set up the discursive context for the analytic chapters on naming strategies (Chapter 5) and visual representation (Chapter 6) respectively.

Due to the pluralistic nature of the discourses of disability, they possess characteristics of interplay and mixing of other discourses. All discourses are in fact ‘interdiscourses’ (Candlin and Maley, 1997, p. 203). A discourse may contain several other discourses textured, hybridised or interdiscursivised within it (Fairclough, 1995b; Kristeva, 1986). They arise through the historical interaction among multiple texts, multiple social practices, and multiple communities. Three important related discourses related to the critical framework to be expounded here are the discourses of deficit, shaming and Othering.

3.4.1 Discourses of deficit

Candlin and Crichton (2011, p. 4) defined ‘deficit’ as:

> “… a loss of attributes or capacities which diminish in various ways the life chances of persons, as well as invoking understandings of how such attributes and capacities are ‘normalised’ against what is expected or required of persons in given circumstances.”

The above definition associates ‘deficit’ with loss, lack, insufficiency and failure measured against ‘normality’. As shown in Section 2.1, ‘normality’ is a subjective and ideological notion.

The official programmatic and administrative definitions of disability by WHO and the Malaysian government have propounded ‘impairment’ as a defect or deficit in anatomical, neurological or psychological structures (see Sections 1.6 and 1.7). *Impairment* is constructed as a discourse of deficit referring to a loss of physiological, cognitive, or neurological capacity (see Section 1.8.1). Similarly, the medical discourse also constructs disability as a deficit needing ‘fixing’, cure and rehabilitation (see Section 2.2.2). Generally, often associated with the exercise of expert knowledge, the deficit categorisation carries judgements underscoring it (Candlin and Crichton, 2011). In this case, it is a judgement by the administrative, governmental and medical professions.

Moving on to other models, the moral discourse identifies a lack in the morality of disabled persons and their caregivers (see Section 2.2.1). The social discourse carries the element of lacking responsibility in provision of accessibility (see Section 2.2.4) and respect for the needs of disabled individuals. The psychological discourse also suggests a deficit in the inability to cope with disability. The gap model in itself is a deficit model. It purports a lack or gap in the social welfare system that requires bridging (see Section 2.2.7). Wherever disability is located, be it biological, social, psychological or the social support system, it is constructed as a deficit.

In brief, the discourses of deficit are construed negatively, implicating loss and lack. Deficit could be viewed as a failure, invoking of potential repair and bridging of gaps. The lack or incapacity is measured against a prescribed standard or level of norms. Capacity, be it the lack or the norm can sometimes be scientifically measured as seen in the Malaysian categories of impairments (see Table 1.2 in Section 1.3.2). However, it would also be concerning if biological or neurological capacity is measured against an intangible perceived ‘norm’ or the ideological ‘normate’ as explained in Section 2.1.

3.4.2 Discourses of shaming

The discourses of shaming has been studied in the area of Discursive Psychology on sexuality (see Baker, 2006; McDermott et al., 2008; Taylor, 2014). However, in the site of disability, it has been commonly analysed only as *affect* and emotion, not in discourse analytic terms (DeYoung, 2015).

Shame is a feeling of being ‘disgraced by something that is unworthy’ in one’s own eyes (Isenberg, 1973, p. 366). Aristotle (1984, p. 204) added that shame is ‘pain or disturbance in regard to bad things, whether present, past, or future, which seem likely to involve us in discredit’. Shame could be felt in ‘circumstances, behaviour or self’ which are ‘judged negatively’ or considered to fall short of ‘moral, aesthetic or performance standards’ (Leeming and Boyle, 2004, p. 377). In short, shame is a psychological phenomenon arising from a deficit in certain circumstances experienced by a person.

Shaming could also be regarded as a discourse as it is as social struggle (Houston, 2015). Many who live with disabilities are burdened by a chronic sense of shame that can be as difficult to live with, apart from living with the actual disability (Pierce, 2013). It is a result of a stigmatised and deviant identity of disabled persons as discussed in Section 2.1. The discourses of shaming in disability is interdiscursivised with the moral, religious, psychological and psychosocial models. The moral and religious discourse contain the element of shaming of disabled persons and their parents for past misdeeds (see Section 2.2.1). It results in them being hidden, isolated or choose to be isolated from society due to stigma and taboo in society. In cases of abuse of disabled persons, they also invoke the element of shaming of disabled persons (Morton, 2015). The discourses of shaming is also interdiscursivised with the psychological discourse (see Section 2.2.3). A study on dementia has shown that hurtful embarrassment and shame experienced by families was associated with the diagnostic label given to an old aged loved one (Walmsley and McCormack, 2015). In another study, families of children with autism might limit their appearances or their interactions with the public, fearing themselves becoming defensive when faced with embarrassing situations possibly thrown in by their children (Pierce, 2013).

The discourses of shaming generally points to exterior factors located in prejudices against disabled individuals. It is hybridised with exclusionary discourse, which could be burdensome for the disabled communities and their families, as well as reduce their dignity.

3.4.3 Discourses of othering

Language is a tool capable of grouping people and assigning different semantic roles to each group. In relation to the notion of 'the *self*' (see Section 1.4.3), a disabled self and identity denotes distinct individuality or the state of being in relationship with the social-institutional environment. Sacks's (1992) notion of 'membership categorisation' offers an understanding how the disabled identity is a social categorisation. In membership categorisation, disabled individuals could be regarded as inclusive, exclusive or differential. This has implications on the control of the self/Others in ranking and rescinding membership to achieve social order.

In the area of critical realism, the *self* is a social subject often positioned in dichotomy with the Other (Foucault, 1972; van Dijk, 1991). The idea of othering derives from the presence of different and politically labelled minorities in society (Dervin, 2015). In the area of Psychology, in order to exist, one needs to make sense of the other people, thus one others the other (ibid). From a sociological perspective, the othering refers to differentiating discourse that leads to moral and political judgements of superiority and inferiority between 'us' and 'them'. It is often described through a deficit framework and consequent in a stereotyped representations (Said, 1978).

Siebers (2008) claimed that all models of disability and definition of ‘impairment’ are related to identity politics and unstable identities which create the gap and the othering of disabled individuals. Disabled persons are often socially and culturally represented negatively echoing what Shakespeare (1994, p. 283) called the ‘dustbin for disavowal’. The stereotyping has also led to the politics of collectivisation giving disabled persons a categorical group identity (see Corker, 1999; Meekosha and Pettman, 1999). The spectrum of disability is often reduced to and signified by the wheelchair (McDougall; Oliver and Fonash, 2002). Such a practice of homogenisation is likely to position the disabled community as ‘out-group’ members (ibid) and thus, as the Other. Apart from homogenisation, the othering could also be discursively realised through strategies such as pejoration, suppression, silencing, exclusion, backgrounding, subversion, impersonalisation, abstraction, subjugating and objectivation (see Coupland, 2010; van Leeuwen, 2008).

The othering of disabled persons is the discourses that arise from, as well as cause the phenomena of *ableism* and *disablism*. The disabled and non-disabled membership is socially constructed to achieve a certain pecking order in society. The discourses often constructs dichotomies, or binaries: what is deemed positive or desirable versus the Other, as negative or non-desirable.

3.4.4 Alterity in discourses

The above understanding of the othering discourses through dichotomies could be explained by the concept of alterity in disability (Goodley, 2011, pp. 104-105). Operating from a post-structuralist position, disability is perceived to be constructed with their binary opposites, to ask how one becomes empowered through comparison with, and denigration of the Other. This echoes the Bakhtinian notion of ‘alterity’ (1986). For Bakhtin, the self/Other dichotomy does not emphasise the self alone but that the two exist dialogically. The self and Other co-exist and they mutually define each other.

Further, observed from the theories in Disability Studies in Chapter 2, a binary of the following could be conceived (Table 3.1):

Self	**Other**
Normal	Abnormal
Mind	Body
Healthy	Diseased/Sick/Impaired
Able	Disabled

Table 3.1 Alterity in disability adapted from Goodley (2011)

Also found in the document for the monitoring of the Convention of Rights for Persons with Disabilities (CRPD) (United Nations, 2010), the need to shift from a charity to human rights approach has also been constructed in terms of alterities (Table 3.2).

Social/Charity approach	Human rights approach
Option	Obligation
Fixing impairment	Fixing the environment
External control	Autonomy/Advocacy
Institutionalisation	Inclusion
Segregation	Integration
Discrimination	Equality
Dependence	Independence
Belittling	Dignifying
Disempowerment	Empowerment
Disabling	Enabling

Table 3.2 Alterity in the discourse of charity and human rights. Adapted from United Nations (2010)

The discourses of disability are generally constructed as sets of alterities. Tables 3.1 and 3.2 exemplify the sets of polarisation of attributes and membership categorisation of the discourses in a juxtaposed manner. The dichotomy such as ‘able/disabled’, ‘healthy/sick’ and ‘inclusion/exclusion’ are matters of discourse enactment of alterities. This suggests that to analyse the data sets studied here, the naming strategies and visual representations of disabled persons must be examined with representations of the non-disabled as a co-construction, as they are dialogic as pointed out by Bakhtin.

Alterities can be conflicting in their social meanings. The discourses of disability have been enacted and argued by presenting the ‘disabled *self’* versus ‘normality’, ‘exclusion’ versus ‘inclusion’ as well as ‘deviance’ versus ‘diversity’. So far, this has been observed in the debates on disability in Chapter 2.

Working in the context of the discourse of dispute and resolution, Candlin (2002) proposed that alterities in discourse can be managed. His idea could be applied in the context studied here. For instance, the effect of how disability and disabled identity are defined is dependent upon the alterity one takes, sides or is packed against. To provide an example, in labelling a person without disability, two terms have been commonly employed, which are ‘non-disabled’ and ‘able-bodied’. The term ‘non-disabled’ is benchmarked against the alterity of ‘disabled’ and denotes that one does not have a disability. Simply put, if you are not ‘A’ (disabled), then you are a ‘non-A’ (non-disabled). However, the term ‘abled-bodied’ suggests that if you are not ‘A’ (not disabled), then you are ‘B’ (abled) and vice versa. It is measured against the alterity of ‘normal able’ which favours ableism. This also explains why the term ‘non-disabled’ is or should be the preferred term instead of ‘able’ or ‘normal’. The choice of alterity in discourse changes the stance and affects subject positioning.

Nonetheless, in certain contexts, a particular alterity could obviously be the desired choice or direction as the alternative may inherently be non-desirable (see Table 3.2). For instance, ‘inclusion’, ‘empowerment’ and ‘enabling’ (right column) should obviously be aimed for, instead of their dichotomies of ‘exclusion’, ‘disempowerment’ and ‘disabling’ (left column). Otherwise, as shown in Table 3.1, the identity and discourses of disability should continue to be negotiated to resolve conflicts as per Candlin’s view on the management and negotiation of alterities in discourse. Such a negotiation is already present in the political minority view of disability. The minority discourse (see Section 2.2.5) as well as in Garland-Thomson’s (2002b, 2015b) argument for disability as a diversity is in line with this negotiation of alterity. That said, it is also the aim of this thesis to examine and suggest how alterities in the discourses of disability should be managed or negotiated, for a better recognition of disabled persons.

3.5 Chapter conclusion

Chapter 2 has established the institutional perspective of disability, and Chapter 3 has synthesised these multiple perspectives from a discourse perspective. Chapter 3 has also argued how a critical semiotic inquiry and understanding of alterities could be employed to examine the ideological nature of the discourses of disability. To understand the interactions of these multiple perspectives, Candlin and Crichton’s (2011) multi-perspectival approach (MPA) is the methodology appropriate for this thesis. As such, the next chapter will proceed with the details on the operationalisation of this methodology.

CHAPTER 4: RESEARCH DESIGN

4.0 Preamble

This chapter justifies the multi-perspectival methodology and critical semiotic analytic tools adopted in investigating the discourses of disability in the context of a Malaysian English newspaper. Chapters 2 and 3 have explored the complex construct of disability as a discursive issue, shaped by diverse background, motivations, disciplines and perspectives. Premised upon these theoretical underpinnings, this chapter presents the research design of this thesis. It justifies decisions made regarding methodological orientations, analytical tools employed, data sets engaged and the data collection processes. Broad findings from a preliminary corpus study are also presented. These corpus findings are intended to introduce the reader to the data, to provide an insight into the context under study, and to provide understanding for decisions made in conducting the main analyses.

4.1 Research design

The previous chapters have established that discourses of disability are enacted through multi-faceted perspectives and motivations, and a critical lens needs to be employed in this study. In order to achieve descriptive, interpretive and explanatory adequacy in a critical discourse research as purported by Fairclough (1992a), an integrative methodological approach is necessary. It should be integrated in relation to the institutional, social, semiotic, and participant perspectives, as well as in the socio-historical exploration of discourses (Candlin and Crichton, 2011). This would also address matters of ‘motivational relevancies’ (Candlin and Sarangi, 2004, p. 4) and ‘practical relevance’ (Candlin and Sarangi, 2004, p. 227). That is, there is a requirement to balance the motivation of the researcher of this study and motivations of the participants of study, as well as the relevance of the study to the community under study, at every stage of the research. It should also address the questions of social, personal and institutional relevance. As such, the multi-perspectival approach (MPA) is adopted for it comprises the characteristics of methodology necessary for the current investigation of the discourses of disability, and one which can also inform practical applications.

4.1.1 Multi-perspectival methodology

Candlin (1997, p. xiv; 2006, p. 19) proposed the multi-perspectival approach (MPA) to address the nature and dynamism of interdiscursivity and discursive hybridity (Sarangi and Roberts, 1999). It also addresses the ‘interpenetrating’ nature of discursive and social contexts (Cicourel, 1992; Layder, 1993). MPA also acknowledges and harmonises the distinctive motivational relevancies of researchers and participants in the exploration of such discourses (Candlin and Crichton, 2011; Sarangi and Candlin, 2001, 2003). It is in line with the nature of the interplay and mixing of hybrid discourses of disability as discussed in Chapters 2 and 3.

Since Candlin’s initial proposal, MPA has developed further with five specific perspectives by Crichton (2010) in the discourses of commercialisation, and subsequently applied and expanded to other sites of engagement such as Deficit, Trust, Risk, Creativity in Art and Design (see Candlin and Crichton, 2011, 2013; Crichton et al., 2016; Hocking, 2010). The MPA model proposes five potentials studied as a co-construction of a specific site as represented in Figure 4.1 below:

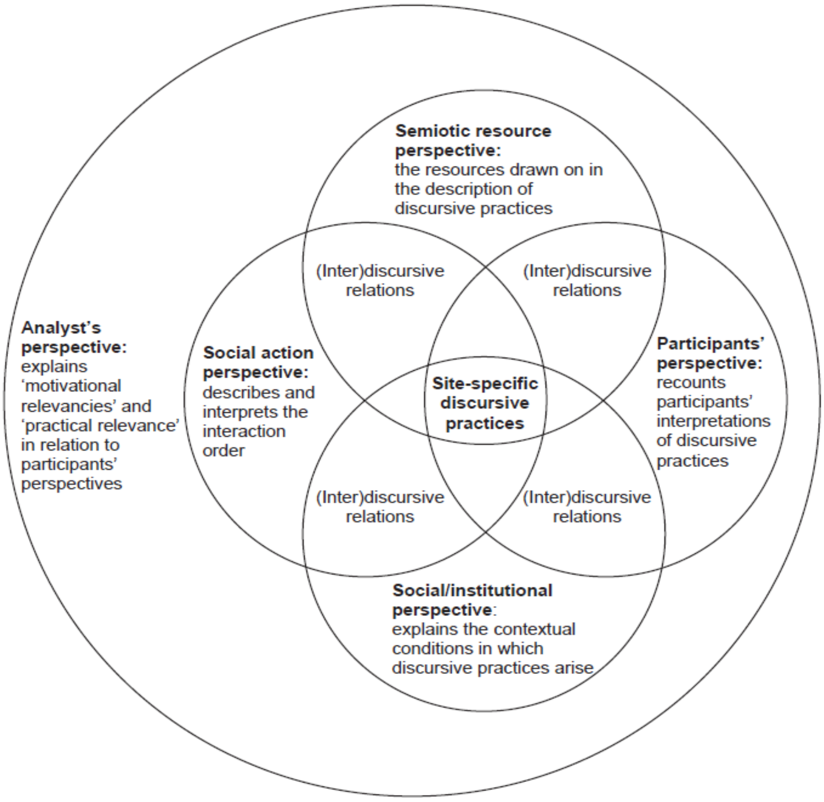


Figure 4.1 Multi-perspectival ontology in Candlin and Crichton (2011, p. 9)

MPA engages a research operationalisation employing an integration of various research methods and tools appropriate to each perspective. This is a commitment to achieve research accountability and ecological validity, namely the understanding on how the locally situated activities of participants both constrain and constitute complex organisational structures (Cicourel, 1996, 2007). As such, it involves a collection and triangulation of data from a variety of discursive practices. Each circle or perspective within the diagram also evokes different ways of understanding, investigating, perceiving and representing but the whole operates as a dynamic combination (Candlin, 2006; Candlin and Crichton, 2011). MPA also provides grounded *explanations*, rather than simply *descriptions* or *interpretations* in Fairclough's (Fairclough, 1992a, 1995a) terms. Therefore, the study undertaken here had been designed and operationalised with the characteristics of the MPA model and the arguments for a critical semiotic study in mind.

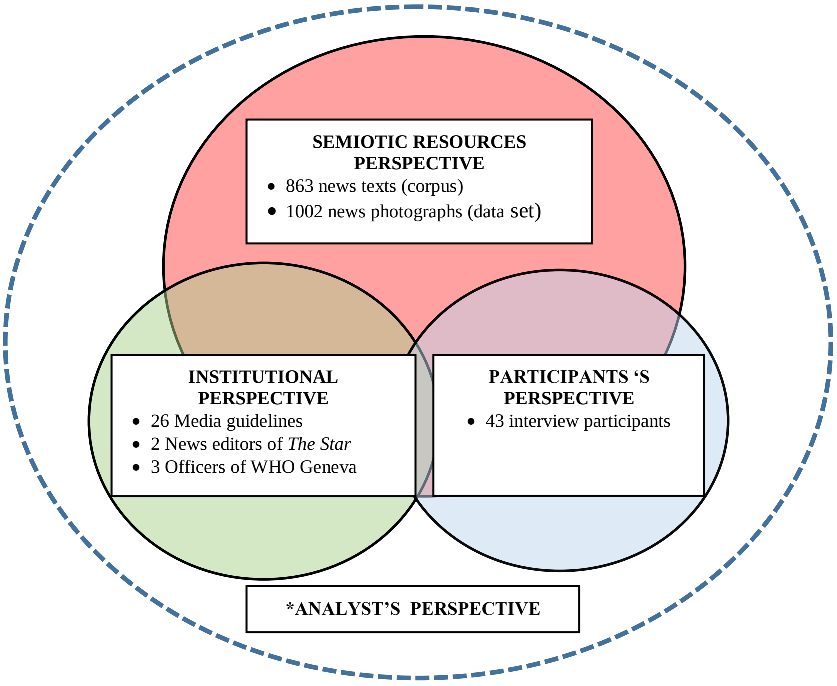
4.1.2 Integrating perspective, data and tool

Tashakkori and Teddlie (2003) asserted that an important consideration in research design is appropriate methodology, or rather what works in relation to the specific research questions being asked in the chosen site of engagement. As such, this section describes and justifies how MPA had been adapted to suit the purpose of this study, as well as how the perspectives, data sets and analytical approaches are integrated as a whole.

Only four perspectives are emphasised in this study which are the semiotic resources, participants' and institutional perspectives and the overarching analyst's perspective. As established in the literature review, the discourses of disability is a discourse-semiotic construction, representing a set of social practices. Hence, the semiotic resources form the primary data sources under investigation (see Section 4.2). For corroborative purposes, views from the stakeholders who consist of the disabled communities, representing Non-governmental Organisations (NGOs), families, key persons engaged in disability advocacy in the country, as well as professional and non-professional care providers were obtained. These views provide the participants' perspective (see Section 4.3.2). To gain insights into the institutional perspective, two news editors of *The Star* and three officers from the World Health Organisation (WHO) Geneva, were also interviewed (see Section 4.3.2). Also as part of the socio-institutional view, 26 international media guidelines in reporting disability and suicide risk are also reviewed in Chapter 5 to understand the organisational and institutional positions on naming practices. The study does not analyse any social actions as they were happening (e.g. production of news texts), and so the social action perspective was omitted.

The analyst's perspective is acknowledged in terms of the motivational relevance of the researcher, and the nature of a critical discourse that requires the researcher to take a particular position. The analyst's perspective, however, is not analysed as a separate section in the analytic chapters but built into the discussion throughout, including the conclusion of the thesis in Chapter 7. The conclusion is the analyst's perspective in corroboration with the participants and socio-institutional perspectives.

The MPA ontology has been modified and can be diagrammatically represented in Figure 4.2:



*The analyst's perspective is acknowledged as influencing the entire study. It will not be analysed separately but embedded in the conclusion of thesis.

Figure 4.2 The multiple perspectival ontology employed in this study

In terms of methodological and analytical tools for each perspective, they are detailed in the respective analytic chapters (Chapters 5 and 6). However, Table 4.1 provides an overview of integration of perspectives, approaches and analytical tools of this research.

Perspective	Data source	Approach	Analytical tool
Semiotic resources	**Chapter 5:** Corpus: 863 news texts	Systemic Functional Linguistics	• Nominal group structure
	Chapter 6: Data set: • 1002 news photographs	Multimodality/Social semiotics	• Visual actor network (van Leeuwen, 2008) • Representation and viewer network (van Leeuwen, 2008)
		Disability Studies	• Visual rhetoric of disability (Garland-Thomson, 2002b)
		Appraisal Theory	• Affect (Martin & White, 2005)
Participant	**Chapters 5 & 6:** Interview data: • 37 face-to-face interviews • 4 email interviews	Content analysis	
Institutional	**Chapter 5:** Media guidelines: • 26 organisational/state /national guidelines **Chapters 5 & 6:** Interview data: • 4 face-to-face interviews • 1 web conference interview		

Table 4.1 Summary of perspective, data source, approach and analytical tool used in study

Generally, this piece of research is qualitative in nature due to its social and discourse nature. Counts are also given to understand how extensive a phenomenon or characteristic under study is, but such numerical data are not analysed using quantitative statistical approaches.

In orientating this research critically, the three stages of examining as purported by Fairclough (1995a) were practised. The first stage involved *descriptive adequacy*. Here, the formal characteristics of text structures and news images were first identified, characterised and categorised. The second stage of *interpretative adequacy* involved scrutinising the interpretation and processing of data sets, particularly with the socio-cognitive processes and views from the interview participants. This, combined with the analyst's perspective using theories of semiotic analysis, helped account for the way naming practices and visual representations frame, shape and reshape the thinking of readers. Finally, the third stage of *explanatory adequacy*. Explanations of the relationships between interaction and the social context were described to connect the micro-macro relationships. These connect the representational forms of the semiotic recourses with factors and reasons that determined the discursive practices, as well as what they said about the culture, behavior and thinking vis-à-vis the social practices in society.

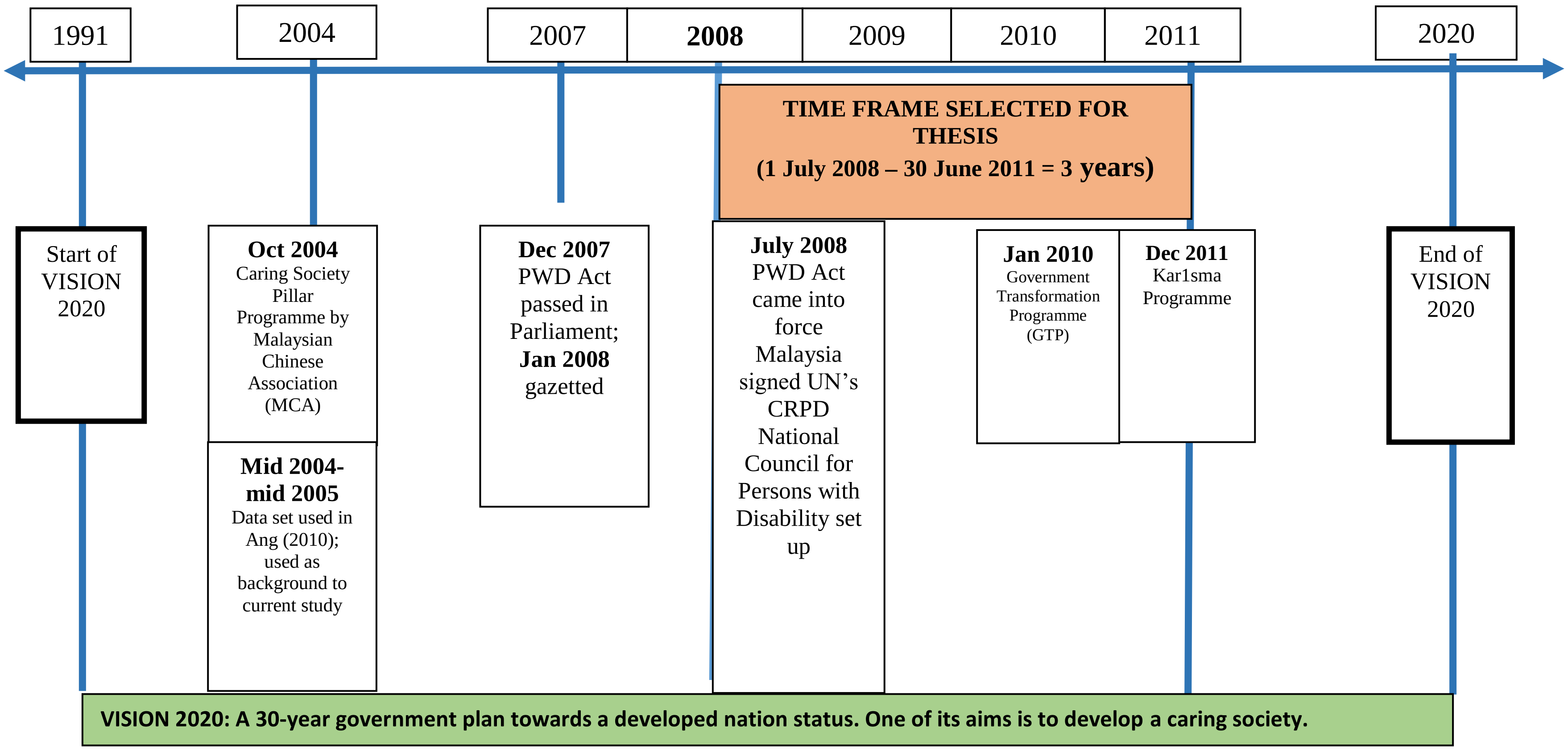
4.2 Semiotic resources

As shown in Table 4.1, the two sources examined here comprised 863 texts (henceforth, corpus) and their 1002 accompanying photographs (henceforth, data set), taken from *The Star*, an English mainstream newspaper in Malaysia. The time frame of study is 1 July, 2008 to 30 June, 2011 (see Section 4.2.1). The following subsections will provide the justifications for the time frame of study as well as for analysing *The Star*. It will also describe the process of news texts/photographs collection.

4.2.1 Rationale for time frame of study

As stated above, the time frame of the sources studied is 1 July 2008 to 30 June 2011. The justifications for this are related to the socio-political and historical events related to disability issues in Malaysia (see Section 1.3 and Figure 4.3). The People with Disability Act 2008 came into force on 7 July 2008, and the National Council for People with Disabilities was established in August 2008 as part of mobilisation of programmes and commitment towards the Convention of Rights for People with Disabilities (CRPD) (see Sections 1.4.4.2 and 1.4.4.3). As such, it would be important to investigate news published at the time of these two significant events. A three-year period was decided for the study due to practical reasons.

TIME FRAME OF STUDY: JUSTIFICATION



1991

2004

2007

2008

2009

2010

2011

2020

TIME FRAME SELECTED FOR THESIS
(1 July 2008 – 30 June 2011 = 3 years)

Start of
VISION
2020

Oct 2004
Caring Society
Pillar
Programme by
Malaysian
Chinese
Association
(MCA)

**Mid 2004-
mid 2005**
Data set used in
Ang (2010);
used as
background to
current study

Dec 2007
PWD Act
passed in
Parliament;
Jan 2008
gazetted

July 2008
PWD Act
came into
force
Malaysia
signed UN's
CRPD
National
Council for
Persons with
Disability set
up

Jan 2010
Government
Transformation
Programme
(GTP)

Dec 2011
Kar1sma
Programme

End of
VISION
2020

VISION 2020: A 30-year government plan towards a developed nation status. One of its aims is to develop a caring society.

Table 4.2 Justifications for time frame of study in relation to socio-political programmes and historical background of disability in Malaysia

4.2.2 Rationale for *The Star*

Of a total of fifteen English language dailies in Malaysia, only two are considered mainstream newspapers with nationwide print circulation. They are *New Straits Times* or more locally known as 'NST' and *The Star*. NST is oldest newspaper in Malaysia, established originally as *The Straits Times* in 1845. It was a broadsheet before adopting the tabloid format beginning 7 April 2005. *The Star* has been a tabloid since its establishment in 1971. For both newspapers, their content is also available on new media platforms, including the online homepage edition (includes RSS) and e-paper format for mobile devices. For the purpose of this study, sources were obtained from both print and digital sources due to discrepancies found (see Section 4.2.3). The photographs presented in Chapter 6 are taken from the online version for aesthetic reasons. There are also images in their original black and white in Chapter 6. This is because their coloured versions were not published online.

In deciding between NST and *The Star*, the first consideration was the readership and circulation of both newspapers. This is represented in Table 4.3.

	Circulation				Readership			
	2008	2013	Difference		2008	2013	Difference	
	N	N	N	%	N	N	N	%
The Star	295,479	338,368	+42,889	+14.52%	1,082,000	1,286,000	+204,000	+18.85%
New Straits Times	120,770	118,012	-2,758	-2.28%	308000	277,000	-31000	-10.07%

Table 4.3 Comparison of daily circulation and readership of The Star and New Straits Times

According to the Audit Bureau of Circulations Malaysia Report (2014), *The Star* controlled the widest newspaper circulation of approximately 340,000 copies and a readership of about 1.3 million daily in the year 2013 (Table 4.3). This is significant when compared to NST which only commanded about 120,000 copies in daily circulation and 280,000 in readership during the same period. This further suggests that the demand for *The Star* was almost triple that of NST in terms of circulation and approximately quadruple in readership. The figures for 2008 and 2013 were also compared for indications on the popularity of both newspapers. The year 2008 is related to the start of the chosen time frame of study, while 2013 is the time when this study was at the analytic stage. Comparing the statistics available for 2008 and 2013, Table 4.3 reveals that there was a significant increase of almost 15% in the circulation of *The Star* as well as approximately 20% increase in its readership. However, NST appeared to have experienced a drop of about 3% in circulation and 8% in readership. This is one of the reasons of *The Star* is the preferred source of data.

The second reason selecting *The Star* is it is also the most visited digital/online news website in Malaysia (Table 4.4).

	The Star	*New Straits Times*
Top 30 Local websites	• Overall ranked No. 2 • Online newspaper category ranked No. 1	• Overall ranked No. 20 • Online newspaper category out of Top 30 list
Top 30 Local and International websites	• Overall ranked No. 9 • Online newspaper category ranked No.1	• Out of Top 30 list • Out of Top 30 list
Unique Browser	• 2.2 million	• Less than 500,000

Table 4.4 Online news website viewing ranking 2011/2012. Source: Malaysian Digital Association (2013)

The Malaysian Digital Association (MDA) is the apex representative body for Online Publishers, Advertising Agencies and Digital Service Providers in Malaysia (Malaysian Digital Association, 2013). MDA measures the digital world viewing and releases monthly ranking of Malaysian web activity. In its 2011/2012 Top 30 websites report (Figure 4.4), *The Star* online edition was ranked second in the Top 30 local website list and *NST Online* was positioned at No.20. In the online newspaper category, *The Star Online* was the most visited online newspaper while *NST Online* had fallen out of the Top 30 list. In the Top 30 local and international websites combined, *The Star* was ranked ninth but was still the most visited online newspaper website. *NST Online*, however, was not in the Top 30 list in either category. *The Star Online* also recorded 2.2 million unique browser (based on Internet Protocol or IP address) but *NST Online* had less than half a million. With these statistics in the online medium, *The Star* is the most popular online English language daily in the country.

In brief, Tables 4.3 and 4.4 verify that *The Star* is Malaysia's English language daily with the widest circulation and readership in both print and digital versions. Accordingly, we may assume that this newspaper would potentially influence more readers, particularly its main target audience of middle class educated professionals. The middle class are the largest group of population in the country in terms of socio-economic status. They are also the educated professionals who would be in the position to criticise, influence and moot changes to social policies in the country (see Section 1.1.4).

The third reason for selecting *The Star* is there are also more columns dedicated to disability issue compared to NST (Table 4.5). Other than by line news and feature articles, *The Star* also dedicates specific columns for disability topics. Prior to September 2013, such columns included *Parent Thots, One Voice, Wheel Power* and *Crazy, Sexy, Honestly.* After September 2013, *Wheelpower* was reduced to a monthly column after a decade of weekly publication, to make way for a new column called *Beyond Barriers*. The new column is open to members of the public who have stories of disability to share. Another column known as *The Doctor Says* on health and diseases also occasionally covers health issues related to disabilities (see Table 4.5 below for descriptions of columns). NST, on the other hand, has no specific section for disability but occasionally covers special needs issues under its *Education* section. Furthermore, a study done by Ang (2010) on media representation of disabled persons in the same newspaper (*The Star*) found that out of the 225 news stories and articles collected within the time frame of 1 July 7 2004 to 30 June 2005, only 46 (20.44%) were published by NST whereas *The Star* published 179 (79.56%) within the same period. This also supported that more data from *The Star* would be accessible for analysis, thus would help increase the reliability of findings.

No.	Column name	Columnist/Contributor	Description
1	*Parent Thots*	Various contributors from journalists of *The Star*, professionals and caregivers	Parent Thots was *The Star*'s parenting portal. It has now been subsumed under Family and Lifestyle section.
2	*One Voice*	Public but moderated by Dignity & Services, an NGO providing services to those with learning difficulties	A column served as an informative platform for professionals, parents and care providers of children with learning difficulties.
3	*Crazy, Sexy, Honestly*	Ida Nerina (Celebrity & wheelchair-user)	Ida wrote about her daily observations on her surroundings. Made frequent references to her feelings and treatment received as a wheelchair-user.
4	*Wheelpower*	Anthony Thanasayan (Wheelchair-user)	Anthony Thanasayan champions the rights of disabled persons, and provides insight into living with a disability.
5	*Beyond Barriers*	Contributions from readers who have a disability or any special needs, caregivers, advocates of disability groups, or anyone living with any chronic medical condition	A platform for sharing and raising awareness on disability issues.
6	*The Doctor Says*	Dr Milton Lum *(Member of the board of Medical Defence Malaysia).*	Health & diseases

Table 4.5 Descriptions of columns related disability issues in The Star

Also, during the data collection period of this study, a daily online tracking on the most viewed news in *The Star Online* and NST homepages was conducted from 8 May 2012 to 7 May 2013. During this period of a year, there were only 10 instances of news related to disabled persons/disability which made it to the 'most read' list but none in NST online. On one hand, this suggests that the discourse related to disability has at least gained some attention in *The Star* online. However, on the other, these 10 instances also reflect the disability issue has gained little public interest or not newsworthy at all. Such a conception needs to be challenged.

The fourth reason for opting for *The Star* is the commitment of its stakeholders to disability issues. As part of the company's Corporate Social Responsibility, *The Star* in 2012 launched the *Do Good Volunteer* programme. *The Star* has been partnering with individuals, organisations and corporate bodies to extend assistance to the needy including NGOs advocating for disability. *The Star* also publishes articles on these voluntary activities such as tutoring children with dyslexia, raising awareness of disability types or cleaning up premises. The rigorous dedication to disability by *The Star* could also be traced back to 2005 when the biggest Chinese political party in Malaysia, the Malaysian Chinese Association (MCA) launched the *Caring Pillar* for disabled persons, under its *Lifelong Learning Campaign* (see Section 1.3.4.1). *The Star* is owned by Huaren Management Holdings Berhad, an investment arm of MCA (The Sun, 2008).

However, it is unclear if disability reporting in *The Star* has had any political influence. Nonetheless, certainly *The Star* is the main Malaysian English Language daily which has demonstrated great concern for disability issues, and has the widest circulation and readership both in print and digital modalities. These are the justifications for examining the discursive practices of *The Star,* how these practices represent, mediate and influence the status of disabled persons in the country. That said, it is also a limitation of this study for not investigating newspapers in other languages in Malaysia, which will certainly highlight different discourses due to cultural differences and different demographic groups of readers.

4.2.3 Data collection process

The texts and images collected for the research were freely available texts in the public domain, and therefore, no ethics approval was required to collect them. The collection process started with building a specialised corpus, to provide an insight to the local context under study as well as getting an overview of the discourse patterns in the data. This specialised corpus is known *Corpus of Disability Issues in The Star* (CODITS) (see Section 4.4).

To build CODITS, all news articles were crawled using 41 terms in keyword search, in *The Star Online* website (*www.thestar.com.my*) and the Lexis Nexis online news aggregator search engine. It was an ongoing online search conducted over 25 months (Dec 2011 to Dec 2012). Despite a constant updating process, this crawling method has its limitations. The Lexis Nexis database was found to have an incomplete collection, particularly of Malaysian English newspapers. On the other hand, *The Star Online* had set a limit of 100 articles per viewing and not all articles in the regional pull-outs published by *The Star* were available online. Moreover, in mid-2012, *The Star Online* migrated its web system and archived its older publications. Some technical issues occurred at the early stage of the process and resulted in the old archive not fully migrated to the new system. Those stories that were migrated were re-categorised under new headings and tabs; this disrupted the way the articles were sourced earlier.

Subsequently, a search on the digital collection of the print version had to be conducted at *The Star Archive* at the Head Office of *The Star* in Petaling Jaya, Malaysia. This search was conducted for 50 hours over seven working days in January 2013. The list of articles was also re-checked against the e-newspaper tablet version (personal subscription) to ensure no relevant publication had been missed. This cross-checking across four sources revealed there were over 400 articles (particularly those published during the system migration period) were not available online. Subsequently, these articles were traced individually through the archived site of *The Star Online*. Figure 4.4 below illustrates the four sources utilised to ensure all relevant publications have been obtained to ensure a total representativeness of disability news in CODITS.

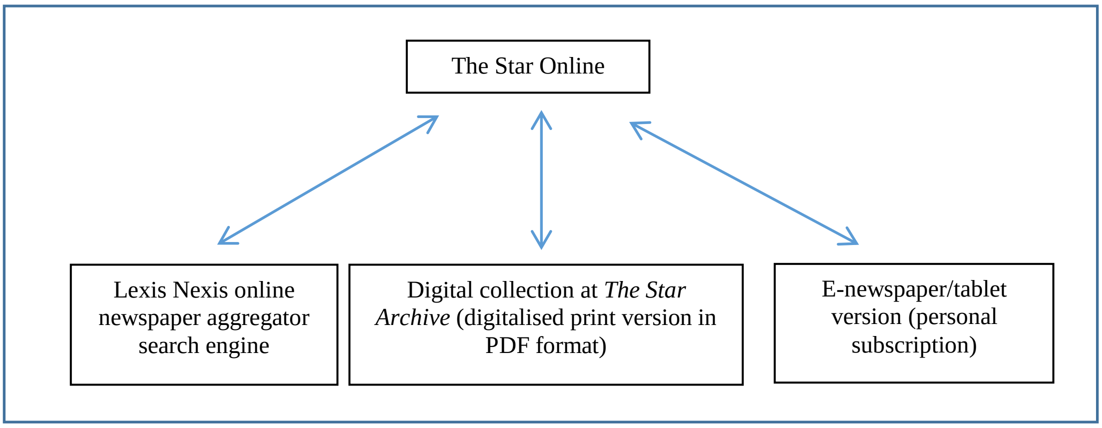


Figure 4.3 Sources explored to exhaust all relevant texts published within the time frame of study.

All the texts from *The Star Online* were downloaded in *Hypertext Mark-up Language* (HTML) format. Each text was then saved as an individual file and encoded in the UTF8 format to ensure compatibility with AntConc Version 3.2 and WMatrix concordancers. The dateline and by-line in each news text file were deleted as they were not important data for the corpus search. However, repetitive paragraphs stating the objective of a particular column or identity of the authors are retained as they are statements of the professional discourse interdiscursivised within the news discourse.

Upon the completion of this sourcing process (Figure 4.4), a total of 863 texts with 1002 accompanying photos were found for use in this study.

4.3 Interviews

Interviews were conducted in order to collect data that would specifically address the participants' and the social/institutional perspectives. These data also served the purpose of triangulation with the semiotic resource perspective (see Section 4.1).

4.3.1 Ethics approval

This study received ethics approval from Macquarie University Human Research Ethics Committee (REF: 5201200832) (see Appendix 4A). The interviews were conducted in accordance with the guidelines stipulated. All interviewees gave informed consent and signed the Information and Consent form required (see Appendix 4B for English version and Appendix 4C for its Malay version).

4.3.2 Interview participants

A total of 46 interviewees were recruited in this study. As seen in Table 4.1, they could be divided into two groups representing the participants’ and institutional perspectives (see Appendix 4D for their profiles and codes used as references in this thesis). Recruitments were made via email correspondence and telephone calls to individuals, as well as through the various national non-governmental bodies advocating for the disabled communities in Malaysia.

In the participants perspective, the 41 participants also represent a range of disabilities and conditions under investigation (see Appendix 4D). They comprise disabled persons, heads and staff of NGOs, parents, key disability advocates in the country, professional and non-professional caregivers. Most of the interviewees also play multiple roles. For instance, Interviewee I-01 is the Chairman of a regional body advocating for Autism Spectrum

Disorder in South East Asia. He is also a parent and had been a member on the local National Council for Persons with Disabilities.

As for the institutional perspective, five interviewees participated in the study. Of these, two represent *The Star* newspaper. One of them is the editor for health and family news, while the other holds a Deputy Chief Editor position overseeing the pull-out section of *Star2*. As for views from an international perspective, three public health and technical officers from the World Health Organisation (WHO) Geneva gave contributions to this study as well.

4.3.3 Fieldwork in Kuala Lumpur & Geneva

As part of fieldwork preparations, several steps were taken. The first was researching and speaking to experts within Macquarie University, regarding how to communicate effectively with disabled persons of different levels of functioning. The researcher here also undertook two levels of the Australian Sign Language (Auslan) courses to gain some insights into the Deaf culture and mainly to understand the nature of sign language communication.

The second preparation relates to interview questions and a set of photographs from the data set collected. The set of questions were also constructed based on the preliminary corpus findings (see Section 4.4). For the participants representing the participants' perspective, generally, the areas covered in the interviews were the definition of disability in general, definition of specific impairments, misconceptions of disability, issues and challenges faced by the disabled communities, and how disability had been and should be represented in the news media (see Appendix 4E for interview questions). They were also shown a set of selected photographs from the data set. These photographs were shown without their captions to check whether impairments or disability captured were visible to them. The photos also acted as reference points for discussions during the interviews sessions (see Appendix 4F for selected samples of a total over 50 photos shown).

For the institutional participants, the editors of *The Star* were asked about their principles and practices in editorial activities. They were also shown a similar set of photographers to understand how and why certain angles or kind of shots had been the choice. For the three public health and technical officers of the WHO Geneva, the questions were related to the WHO’s definition of disability, the development of the International Classification of Functioning (ICF) and advocacy programmes (see Section 1.2.3; Parts A and B in Appendix 4G). The questions on media images of disability were only posed to Interviewee I-46 as he was in-charge of a set of photographs of disability, which were part of an international photography competition organised by the WHO (see Part C in Appendix 4G).

The interviews in Kuala Lumpur, Malaysia were conducted between 29 September and 2 November 2013. Out of the 41 interviews, 37 were done face-to-face while three via interview emails due to their unavailability at the time of interview. The interviews were generally conducted in English with occasional code-switching and mixing with Malay and Chinese dialects. This is a natural intercultural linguistic characteristic in Malaysia. Two interviews were conducted in Malay as that was the preferred language of the interviewees. One particular interview with the Head of a Deaf NGO was done with the aid of a sign language interpreter. The interviews with the WHO were conducted in Geneva, Switzerland on 5 and 8 September 2014 respectively, while a third interview was conducted via web conference on 15 September 2014.

4.4 Preliminary study: Corpus findings

The specialised corpus, CODITS (see Section 4.2.3) is a 400,000 word corpus comprising 863 texts. It carries a total representation of the verbal data set within the time frame chosen for this study. It also meets the technical requirements of a corpus as set out in various literature (see Hunston, 2002; Hunston, 2011; McEnery and Hardie, 2012; McEnery and Wilson, 2001; McEnery et al., 2006; Thompson and Hunston, 2006). The section presents some broad findings from the corpus study to provide contextual background to prevailing issues related to disability in the Malaysian context, particularly for the purpose of constructing interview questions. It also allows an insight into the discourse patterns that aided decisions made prior to analysing naming practices and visual representations.

Both AntConc Version 3.2 (henceforth, AntConc) and WMatrix concordancers were used in the corpus study. This is because AntConc allows specialised lemma and word family lists be uploaded. WMatrix, on the other hand, has features of automatic parsing of semantic tagging, as well as having inbuilt corpora and the function of ‘normalising’ for the purpose of investigating keyness. AntConc is a free open software, whereas for WMatrix, permission was obtained from Dr Paul Rayson of Lancaster University for online access.

4.4.1 Social actors

The first common step in corpus analysis is to explore the frequency word list to obtain a general overview of discourse patterns. The top 50 occurring words was generated from this step (Table 4.6).

RANK	FREQUENCY	WORD	RANK	FREQUENCY	WORD	RANK	FREQUENCY	WORD
1	23770	the	19	2473	it	37	1338	has
2	13517	to	20	2434	from	38	1315	this
3	12065	and	21	2424	be	39	1296	were
4	9302	of	22	2408	on	40	1282	will
5	9011	a	23	2210	their	41	1275	can
6	7694	in	24	2196	i	42	1211	an
7	5812	for	25	2023	they	43	1192	**special**
8	4511	with	26	2017	by	44	1168	had
9	4450	is	27	1996	who	45	1161	but
10	3686	that	28	1917	have	46	1155	**people**
11	3241	was	29	1773	his	47	1139	them
12	3176	**said**	30	1773	**not**	48	1136	**centre**
13	2940	at	31	1750	we	49	1103	when
14	2933	**children**	32	1747	she	50	1031	**more**
15	2888	as	33	1586	or			
16	2772	s	34	1479	also			
17	2740	he	35	1479	**disabled**			
18	2561	are	36	1420	her			

Table 4.6 Frequency list of the top 50 occurring words in CODITS

Only eight lexical words were found (in bold); the rest were grammatical functional words. The frequency list shows ‘said’ as the highest occurring lexical word which reflects the social and discursive practice of reporting the language of others in news texts, and therefore the intertextual nature of news reporting. The other highlighted lexis are ‘children’, ‘disabled’, ‘special’, ‘people’ indicating CODITS represents issues related to disabled persons (people and children more specifically), and suggests that ‘special’ may be a popular euphemistic term for 'disabled'.

The word family list had also been uploaded to AntConc and the following patterns on ‘people’ were observed in the top 500 rank (Table 4.7).

RANK	FREQUENCY	RELATED WORDS	CATEGORY
16	3370	child(ren), kid(s)	Disabled persons
38	1691	people(s), person(s)	
62	788	student(s)	
81	836	old(er)/elderly/aged	
93	511	community(ies)	
100	485	group(s)	
120	421	member(s)	
142	358	patient(s)	
213	255	woman(women)	
216	252	son(s)	
340	171	man	
353	167	boy(s)	
450	130	daughter(s)	
52	870	parent(s)	Family
70	658	family(ies)	
171	310	mother(s)	
377	158	father(s)	
420	142	caregiver(s),carer(s), care provider(s)	
95	509	dr	Medical/Rehabilitative experts
319	181	doctor(s)	
103	480	teacher(s)	Educator/NGO
204	265	president(s)	
300	191	staff	
152	336	government(s)	Authorities
181	291	department(s)	
262	207	minister(s)	
125	402	public	General Public

Table 4.7 Top 500 words related to people in CODITS

Table 4.7 shows that the group of people in the discourse could be divided into 6 categories. In the disabled persons category, ‘children’ has the highest frequency. This suggests that *The Star* may report more on children (Rank 16) compared to other age groups in the disabled community, particularly the elderly (Rank 81). In terms of gender representation, there are more male (‘son’, ’boy’, ‘man’) than female (‘woman’, ‘daughter’) terms. There is also a tendency to present people as groups through tokens such as ‘members’, ‘community’ and ‘group’. In terms of identification of the role, ‘patient’ and ‘student’ are observed, perhaps suggesting that ‘learning disability’ and ‘education’ are some of concerns in the discourse. Otherwise, ‘patient’ depicts a sick role associated with the medical discourse (see Section 2.2.2).

In the family category, 'mother' gets more attention than 'father' highlighting a significant maternal role in the discourse. In the medical/rehabilitative category, experts with the title 'doctor', either as a medical doctor or with a PhD qualification are also mentioned frequently in the news. The authority category suggests the roles of the 'government', 'ministers' and 'departments' are also predominant. NGOs and educators are also important social actors in the discourse as well as the 'public'.

Table 4.7 suggests the important groups of social actors in the discourse. Thus, in analysing names in Chapter 5, these are the group of voices analysed with regard to naming strategies.

4.4.2 Impairment, condition, disability

The top 500 word list was also examined in terms of impairment types (Table 4.8).

RANK	FREQUENCY	RELATED WORDS
23	2448	disabled/disability(ies)
53	864	autism/asd/autistic
90	522	blind/blindness
132	381	wheelchair (user) (bound)
147	346	dyslexia/dyslexic
156	328	deaf/deafness
178	295	hearing (impairment/difficulty)
182	274	cerebral palsy
220	249	physical
251	219	speech
254	218	visual
256	216	syndrome (down, william, etc)
282	199	language (impairment)
299	191	mentally
347	170	stroke

Table 4.8 Impairment types highlighted in the top 500 word list from CODITS

Table 4.8 depicts that a general reference to 'disability' and 'disabled' is the most common. On the whole, Table 4.8 also suggests that 'general–specific' characteristic of disability is an element to be given attention in the discourse. Within the 'specific' category, 'autism' tops the list, followed by ‘blindness’ and ‘wheelchair-users’. The ranks suggest that more attention has been given by *The Star* to these three conditions. However, this study will only concentrate on the general representation. Future studies may be conducted to understand the specific representations of these specific conditions.

4.4.3 Theme of ‘deficit’

With reference to Section 3.4.1, there are also words related to the theme of ‘deficit’ in the top 500 word list (Table 4.9). This confirms the existence of the characteristic of deficit in the discourse. It is linked to ‘diseases’, ‘lack’, ‘loss’, ‘problems’, ‘disorder’, ‘symptoms’, ‘suffering’, needing help and care.

RANK	FREQUENCY	RELATED WORDS
23	2448	disable(ity)(ities), disabling
36	1223	special
41	1077	need(s)(dy)(needful)
77	598	care(s)(d)
108	458	treat(s)(ted), treatable
164	317	problem(s)
166	316	impair(ed)(ment)(s)
191	271	handicap(ped)(ing)
208	259	challenge(s)(d)(ing)
219	250	disorder(s)
225	245	disease(s)
228	243	condition(s)(ed)(ing)
326	177	suffer(s)(ed)(ing)
428	140	symptom(s)
506	113	lack(s)(ed)(ing)
513	111	loss(es)

Table 4.9 Words related to the discourses of deficit in the top 500 word list from CODITS

4.4.4 Theme of ‘finance/money’

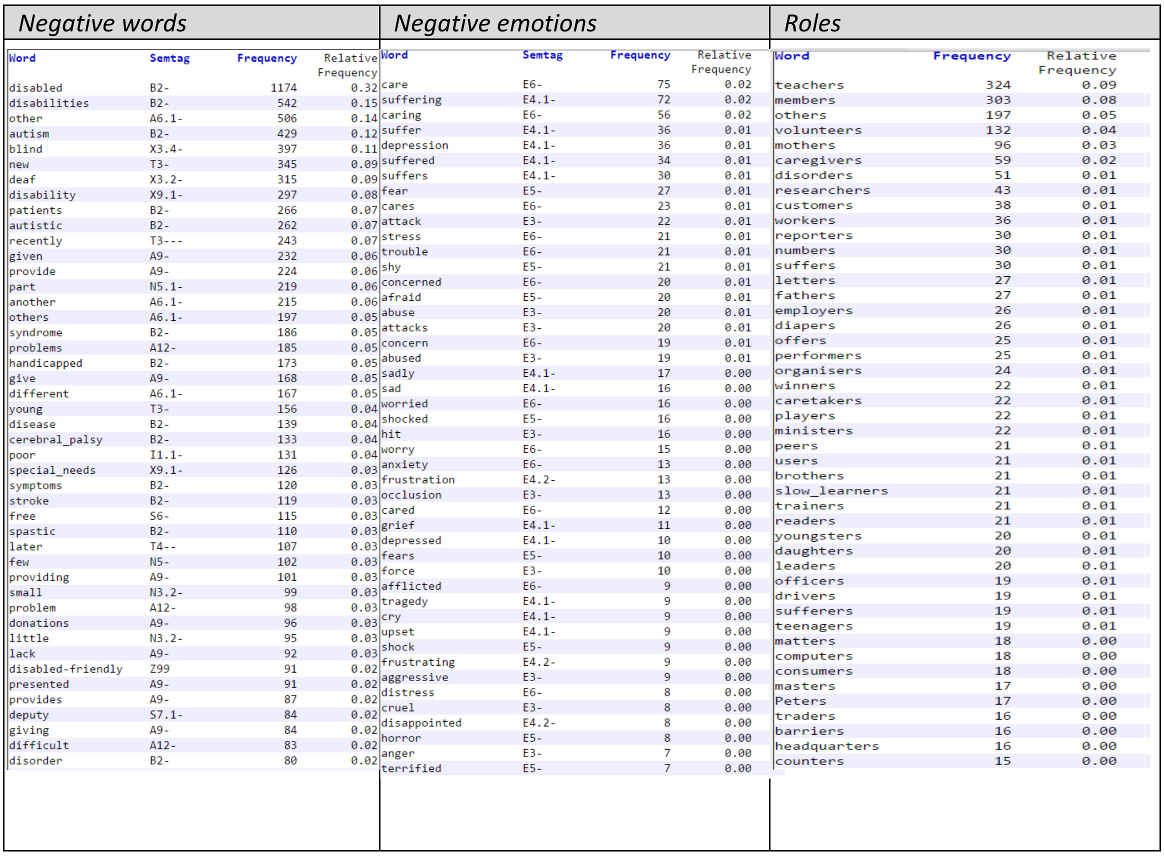
The top 500 word list also carries theme of finance and money (Table 4.10). This is not uncommon as disability is related to financial costs. Many terms also echo ‘charity’, ‘donation’, ‘welfare’, ‘aid’, ‘sponsor’, ‘gift’ involving ‘corporations’. These suggest that the charity and social welfare discourse is predominant in the context under study.

RANK	FREQUENCY	RELATED WORDS
58	831	rm (ringgit malaysia)
149	339	charity
158	323	fund/funded/funding
167	314	hand/handed
185	281	welfare
197	268	aid/aids/aided
335	172	donation(s)
349	169	poor
375	159	corporate/corporation
425	141	money/monetary
431	139	sponsor(s)(ed)
494	116	spend(t)(ing)
512	111	gift(s)

Table 4.10 Words related to 'finance/money' in the Top 500 list from CODITS

4.4.5 USAS semantic word lists

Broad semantic patterns were also examined in CODITS. This was done by using the USAS Semantic Analysis automatic parsing in WMatrix. Based on the frequency list, USAS automatically generated the three most frequently grouped words in terms of their semantic meanings. They are ‘negative words’, ‘negative emotions’ and ‘roles’ (Table 4.11).



Negative words

Word	Semtag	Frequency	Relative Frequency
disabled	B2-	1174	0.32
disabilities	B2-	542	0.15
other	A6.1-	506	0.14
autism	B2-	429	0.12
blind	X3.4-	397	0.11
new	T3-	345	0.09
deaf	X3.2-	315	0.09
disability	X9.1-	297	0.08
patients	B2-	266	0.07
autistic	B2-	262	0.07
recently	T3---	243	0.07
given	A9-	232	0.06
provide	A9-	224	0.06
part	N5.1-	219	0.06
another	A6.1-	215	0.06
others	A6.1-	197	0.05
syndrome	B2-	186	0.05
problems	A12-	185	0.05
handicapped	B2-	173	0.05
give	A9-	168	0.05
different	A6.1-	167	0.05
young	T3-	156	0.04
disease	B2-	139	0.04
cerebral_palsy	B2-	133	0.04
poor	I1.1-	131	0.04
special_needs	X9.1-	126	0.03
symptoms	B2-	120	0.03
stroke	B2-	119	0.03
free	S6-	115	0.03
spastic	B2-	110	0.03
later	T4--	107	0.03
few	N5-	102	0.03
providing	A9-	101	0.03
small	N3.2-	99	0.03
problem	A12-	98	0.03
donations	A9-	96	0.03
little	N3.2-	95	0.03
lack	A9-	92	0.03
disabled-friendly	Z99	91	0.02
presented	A9-	91	0.02
provides	A9-	87	0.02
deputy	S7.1-	84	0.02
giving	A9-	84	0.02
difficult	A12-	83	0.02
disorder	B2-	80	0.02

Negative emotions

Word	Semtag	Frequency	Relative Frequency
care	E6-	75	0.02
suffering	E4.1-	72	0.02
caring	E6-	56	0.02
suffer	E4.1-	36	0.01
depression	E4.1-	36	0.01
suffered	E4.1-	34	0.01
suffers	E4.1-	30	0.01
fear	E5-	27	0.01
cares	E6-	23	0.01
attack	E3-	22	0.01
stress	E6-	21	0.01
trouble	E6-	21	0.01
shy	E5-	21	0.01
concerned	E6-	20	0.01
afraid	E5-	20	0.01
abuse	E3-	20	0.01
attacks	E3-	20	0.01
concern	E6-	19	0.01
abused	E3-	19	0.01
sadly	E4.1-	17	0.00
sad	E4.1-	16	0.00
worried	E6-	16	0.00
shocked	E5-	16	0.00
hit	E3-	16	0.00
worry	E6-	15	0.00
anxiety	E6-	13	0.00
frustration	E4.2-	13	0.00
occlusion	E3-	13	0.00
cared	E6-	12	0.00
grief	E4.1-	11	0.00
depressed	E4.1-	10	0.00
fears	E5-	10	0.00
force	E3-	10	0.00
afflicted	E6-	9	0.00
tragedy	E4.1-	9	0.00
cry	E4.1-	9	0.00
upset	E4.1-	9	0.00
shock	E5-	9	0.00
frustrating	E4.2-	9	0.00
aggressive	E3-	9	0.00
distress	E6-	8	0.00
cruel	E3-	8	0.00
disappointed	E4.2-	8	0.00
horror	E5-	8	0.00
anger	E3-	7	0.00
terrified	E5-	7	0.00

Roles

Word	Frequency	Relative Frequency
teachers	324	0.09
members	303	0.08
others	197	0.05
volunteers	132	0.04
mothers	96	0.03
caregivers	59	0.02
disorders	51	0.01
researchers	43	0.01
customers	38	0.01
workers	36	0.01
reporters	30	0.01
numbers	30	0.01
suffers	30	0.01
letters	27	0.01
fathers	27	0.01
employers	26	0.01
diapers	26	0.01
offers	25	0.01
performers	25	0.01
organisers	24	0.01
winners	22	0.01
caretakers	22	0.01
players	22	0.01
ministers	22	0.01
peers	21	0.01
users	21	0.01
brothers	21	0.01
slow_learners	21	0.01
trainers	21	0.01
readers	21	0.01
youngsters	20	0.01
daughters	20	0.01
leaders	20	0.01
officers	19	0.01
drivers	19	0.01
sufferers	19	0.01
teenagers	19	0.01
matters	18	0.00
computers	18	0.00
consumers	18	0.00
masters	17	0.00
Peters	17	0.00
traders	16	0.00
barriers	16	0.00
headquarters	16	0.00
counters	15	0.00

Table 4.11 The three semantic groups generated via USAS automatically parsed in WMatrix

Despite the presence of technical errors in the list due to automatic parsing, nevertheless, the first two sets of words of ‘negative word’ and ‘negative emotions’ strongly suggest the tone of negativity and deficit underlying the corpus. The third set has also drawn out the importance of the roles played by the various social actors in the discourse.

On the whole, the preliminary study from the word list and USAS semantic categories point out certain important aspects of the discourse. First, it highlights that the discourse is about people and hence, the social actors need to be analysed. Therefore, this study first investigates who the social actors are and what they are called with reference to disability. Secondly, the corpus has representations of both general and specific impairments. This characteristic will be addressed in both analytic chapters. Thirdly, the themes of ‘deficit’ including ‘financial’ deficit, as well as the ‘negative word’ and ‘negative emotion’ lists suggest there is the negativity underlying the discourse. These confirm the need for a critical approach and suggestions for emancipatory purpose for the social actors under study. These findings were also utilised to help construct the areas to be covered in the interview questions for fieldwork purposes.

4.5 Actual study

4.5.1 Naming strategies (Chapter 5)

The first aspect investigated in this thesis is the naming of people with reference to disability. As established in Section 3.4.4 on the alterity of discourse, as well as the need to understand the representations of all social actors as found in the preliminary corpus study, both disabled and non-disabled persons are analysed as a co-construction. In terms of structure, Chapter 5 is divided into four parts. It starts by outlining the relevant literature and reviewing 26 media guidelines on language used in reporting disability and suicide risk. Based on these, names of people that are related to disability in the corpus of 863 texts were coded using a qualitative analysis package software, Nvivo10. They were then analysed in terms of their nominal group structures and sorted in Microsoft Excel. A total of 906 name phrases with a total of 4197 in frequency were found to name people with disabilities. For people without disabilities, there were 79 names phrases with a total of 219 in total instances. The voices that had employed these terms were also individually tagged to understand who had been quoted to give names and in which contexts. A total of 46 interviews were also brought in for triangulation purposes. Further information on the processes involved are detailed in Section 5.3.

4.5.2 Actual study: Visual representations (Chapter 6)

Chapter 6 analyses the visual representations of disabled persons and disability as well as addresses the presence of non-disabled actors in the news photographs. A total of 1002 photographs were found in 863 texts under study. Of these 1002, 332 images were images without disabled actors; only 670 included disabled actors. The 332 images without disabled visual actors were first examined, before concentrating exclusively on the remaining 670 images. The analytical frameworks adopted in this chapter are van Leeuwen's (2008) 'Visual Actor Network' and 'Representation and Viewer Network'. The analyses were also interpreted together with Garland Thomson's (2002b) taxonomy of visual rhetoric of disability and *affect* in the Appraisal Theory by J. R. Martin and White (2005). Building on findings obtained, the chapter has also proposed the notion of the *perspectivisation* of disability and subsequently, has developed the Visual Discourse of Disability Analytical Framework (VDDAF) to offer news professionals and public organisations a tool in making informed choices when capturing, selecting, editing, and publishing photographs of disability. Other considerations in processing the data set and analyses are detailed in Section 6.2.

It also has to be noted that during the fieldwork, the sets of photos shown to the research participants contained images published beyond the time frame of study (see Section 4.2.1). The decision to limit the time frame to a 3-year data was made after the fieldwork period. As such, the statistical counts shown in Chapter 6 only pertain to the sets of images that were published within the time frame of study. However, there are also images used as exemplifications in Chapter 6 that go beyond 30 June 2011 as these were the images shown to the participants.

4.6 Chapter conclusion

This chapter has described the research design and operationalisation of this piece of research. Following this are the two analytic chapters on naming practices and visual representations of disability.

CHAPTER 5: NAMING PEOPLE WITH REFERENCES TO DISABILITY IN NEWS TEXTS

5.1 Preamble

Naming has ramifications for the self-perception of disabled persons and how the public perceives them (Dajani, 2001; Haller, 2010; Haller et al., 2006). This chapter focuses on the terms employed in naming people with references to their impairments or disability in the corpus under study. The terms ‘impairment’, ‘condition’ and ‘diagnosis’ will be used interchangeably to refer to a biological or psychological condition; ‘disability’ refers to a restriction experienced arising from an impairment (see Section 1.4.1). The analyses and discussions here encompass both references to general and specific impairments as well as the naming of people without disability. The latter group is necessary as the naming process takes place in relation to the larger 'norms' (see Sections 2.1 and 3.4.4). It is also crucial to identify the multiplicity of voices that are quoted to employ these terms for a complete understanding of who are using which terms, how naming is done and what these strategies imply for the social position of disabled persons and understanding of disability in society.

This chapter starts by outlining the relevant literature before reviewing and analysing 26 media guidelines on reporting on disability and suicide risk. It then describes the methods used in the processing of the corpus. This chapter then presents the analyses of naming in 863 texts in the corpus under study, and later the perspectives from 46 interview participants. Weighing the perspectives of semiotic resources, participants and institutional establishments, this chapter closes with the view that in naming, considerations should be given to both structural and lexical choices. The multiplicity of voices in the discourse influences the naming processes. This chapter proposes a reconsideration of the ‘unrecognised discrimination and unfairness' against disabled persons (Reah, 2002, p. 53) that ensues from naming practices.

5.2 Naming persons and media guidelines

Names are attributes, roles and qualities of groups or their members in both 'credited' or 'discredited' forms (Reah, 2002, p. 62). Naming strategies are surrounded by social rules and practices and have become a means of expressing attitudes towards certain groups. As a group, disabled persons were traditionally named as the *disabled*, *handicapped*, *crippled*, *moron* or *retard* (Ang, 2010). These terms suggest a negative tone underlying the discourses of deficit, shame and stigma in the discourses of disability. Being labelled for a stigma creates bias and influences expectations and reactions towards disabled persons.

Labels depend on different perspectives on a particular concept or event, the roles played the social actors, what needs to be achieved in a particular discourse and motivations of the speaker or writer. Darrow and White (1998) defined 'labelling' as:

> '… a process of creating descriptors to identify persons who differ from the norm. Normal is a broad relative term. Everyone is different in some way from someone else.' (p.81)

Darrow and White's (1998) definition proposed that the discursive practice of labelling of disabled persons is measured against the relativity of 'normality'. Although the ideals of the 'normate' and 'normality' have been defined and traced by Garland-Thomson (2002a) and Stephens (2015), the value of 'normality' is still relative according to cultures and individual yardsticks (see Section 2.1).

People are socially named based on their disabilities and how they are different from the ‘norm’. As such, following views of *ableist* culture (Campbell, 2007, 2009) and reactions towards the deficit denotation in the prefix *dis*- in the words *disabled* and *disability*, disability scholars seem to have opted for the orthographic forms of *(dis)abled* or *dis/abled* (i.e. prefix *dis*- in parenthesis or a slash punctuation after the prefix) (see Goodley, 2011, 2014; Goodley and Runswick-Cole, 2010, 2011). This preference could be semiotically interpreted as representing the binary of the *disabled* versus the majority *abled.* This position concurs with Goodley’s (2011) proposition of the psychologisation of alterity in disability and Candlin’s (2002) recognition of an option of ‘alterity’ in discourse to address the inevitability of difference of people (see Section 3.4.4).

In brief, a name for a person with impairment is presented as an opposite or alterity of the term for a person without impairment. Therefore, it is necessary to also analyse names for people without impairment to understand how naming is co-constructed. Naming practices have particular effects in the discourse, be it in the way a disadvantaged group in a society ‘take control of the naming strategies’ or that ‘society takes towards them’ (Reah, 2002, p. 60). How the media use these strategies in their dissemination of news to the public matters as it influences how they could be interpreted. Being aware of this implication, various institutional bodies have issued media guidelines on reporting disability in mitigating any perceived discriminatory effects.

5.2.1 Media guidelines on reporting disability and suicide risk

With the above understanding, various levels of establishments have issued guidelines governing the codes of ethics and reporting of disabled persons and disability in the media and journalistic practices. After an extensive literature search, Table 5.1 summarises and provides an overview of the 26 guidelines in English made accessible to the public.

	Document producer (Level)	Guidelines/Document name	Document producer (Country)
1.	Media organisation	Associated Press (AP) Stylebook (AP Press, 2014)	USA
		Fairfax Media General Conditions of Use (Wilcox et al, 2010)	Australia
		Xin Hua guidelines for political correctness (Xinhua, 2006)	China
		Guidelines on Language & Terminology Persons with Disabilities: A manual for news professionals (Canadian Assoication of Broadcasters & Radio-Television News Association of Canada, 2015)	Canada
		Guideline: Identifying a person with intellectual disability (Australian Press Council, 1987)	Australia
		Standards: Suice reporting (Australian Press Council, 2011)	Australia
2.	Association/ Non-governmental organisation/ university	Words Matter: PDCN language guide (4th Ed) (Physical Disability Council of NSW, 2010) (N.B. Adopted by NSW government)	Australia
		Watch Your Language: Guidelines for Non-Discriminatory Language 2nd Ed (Melbourne University, 1996)	Australia
		Media guidelines for reporting suicide (Canadian Psychiatric Association, 2009)	Canada
		Media guidelines for reporting suicide and self-harm (Irish Association of Suicidology & Samaritans, 2013)	Ireland & Northern Ireland
3.	State	A Way with Words Guidelines for the Portrayal of people with Disability (Queensland government, Australia, 2010)	Australia
		Reporting it right: Media guidelines (Victorian government, Australia, 2012)	Australia
		Reporting on Disability, Words that work guideline for media (Disability Services Commission WA, Western Australia, 2015)	Australia
		Words Matter: PDCN language guide (4th Ed) (NSW Disability Council, 2010)	Australia
		At a glance: Safe reporting on suicide (Suicide Prevention Resource Centre, MA, 2001)	USA
		Suicide contagion and the reporting of suicide (New Jersey Department of Health, NJ, 1991)	USA
4.	National	A Way With Words Guidelines and Appropriate Terminology for the Portrayal of Persons with Disabilities from Canada (Social Development Canada, 2002)	Canada
		Commonwealth of Australia Style Manual	Australia
		Guidance on inclusive communication (Office for Disability Issues and Department or Work and Pensions, 2014)	UK
		Samaritan: Media guidelines for reporting suicide (Samaritan UK, 2013)	UK
		Recommendations for reporting on suicide (American Foundation for Suicide Prevention, 2012)	USA
		Suicide and the Media: Recommendations on suicide reporting for media professionals (University of Hong Kong, 2015)	Hong Kong SAR
		Japan recommendations on suicide reporting for media professionals (Takahashi, 1998)	Japan
		Suicide prevention: Information for media professionals (Gururaj & Isaac, 2003)	India
5.	International	The International Labour Organisation International Media Guidelines for Portrayal of Disability (ILO, 2010). This document has been also translated into Thai, Indonesian, Vietnamese and Mandarin (ILO, 2010)	International/United Nations member states
		Preventing suicide: A resource for media professionals (World Health Organisation, 2000 & 2008). Also translated into Norwegian Language (WHO, 2008)	International/United Nations member states

Table 5.1 Media guidelines on the reporting disability and suicide prevention

Key:		
	□	*Portrayal of disablity and persons*
	░	*Related to suicide reporting*

With reference to Table 5.1, it is worthy to note that there are generally two types of guidelines. The first relates to reporting various impairment types or conditions including mental health; but the second is only specific to suicide and self-harm, a form of mental health disorder (see shaded rows in Table 5.1). As far as the literature search shows, there is no explicit reason given for this specificity. However, a review of these documents reveals while the first set broadly refers to persons with congenital or acquired impairments, the second underscores a more serious tone pertaining to persons and their mortality. The former is mainly aimed at using respectful language and avoiding the perpetuation of stigma while the latter is specifically aimed at raising awareness and preventing suicide (Irish Association of Suicidology, 2013). Copycat suicide had been proven contagious and a direct result of substantial level of public interest through media sensationalisation particularly on celebrity suicides (Pirkis & Blood, 2001; Stack, 2005; Yip et al., 2006).

It is also not surprising that the producers of these media guidelines are mainly those from the Global North as disability is co-related and intersects with economy (see Section 1.4.4). Also, countries with high suicide rates such as South Korea, India, Japan and Hong Kong and average rates such as the USA, most European countries and Australia (World Health Organisation, 2014) have appeared to be the nations which have taken the initiatives to establish specific national guidelines on reporting and preventing suicide. The better awareness of disability in these countries has led to institutional regulations and monitoring of the language choices in reporting persons and their disabilities in the media and in government documents.

Institutional voices have been involved in regulating media publications regarding the naming of disabled persons, reporting their conditions as well as on suicide prevention. Media organisations are monitored at various levels - at the level of media organisation itself, non-governmental bodies and further governed at state, national and international levels. This reflects that not only naming is established from an institutional perspective, there is a further complex regulation at the various sub-levels within the institutional perspective itself. This affirms that there is an interplay of horizontal and vertical intertextuality and hierarchical discourse meditation viz-a-viz the orders of discourse.

To narrow down the context of study, Table 5.2 provides an overview of guidelines adopted by several Asian countries, situated geographically close to Malaysia. It should be noted that there are some overlaps with Table 5.1 as countries such as Hong Kong, Singapore and Japan have their own country-developed documents.

No.	**Country**	**Media guidelines referred to: Reporting on disabled persons & disability and suicide**	
		Country-developed guidelines	**Borrowed guidelines from foreign sources**
1.	Hong Kong	• The Broadcasting Authority of Hong Kong has set a generic code of conducting refraining any material which is …likely to encourage hatred against or fear of any person or group on the basis of … social status, physical or mental disability or anything which is in contravention of the law (Stewart et al, 2012). • Suicide and the Media: Recommendations on suicide reporting for media professionals (University of Hong Kong, 2015)	
2.	Japan	• JICA Thematic guidelines on disability (Japan International Corporation Agency, 2009) • Japan recommendations on suicide reporting for media professionals (Takahashi, 1998)	
4.	Singapore	• Media Development Authority of Singapore (MDA) has guidelines prohibiting careless discriminating references to any class or group of people, whether based on race, gender, **disability** or occupational status (International Disability Alliance, 2011) • Samaritans of Singapore (SOS) media guidelines (SOS, 2014)	
5.	China	• Xin Hua guidelines for political correctness (Xinhua, 2006) • Restricted speech is covered by the broad definitions contained in the lists of prohibited content contained in PRC media legislation (Stewart et al, 2012).	• The International Labour Organisation International Media Guidelines for Portrayal of Disability (Mandarin translation) (ILO, 2010).
6.	Malaysia	• Ministry of Health, Malaysian Psychiatric Association & Befrienders guidelines on suicide reporting (Beaustairs et al, 2008)	• Associated Press (AP) Stylebook 37th Ed (AP Press, 2013)
7.	The Philippines		• Associated Press (AP) Stylebook 37th Ed (AP Press, 2013)
8.	Cambodia		• The International Labour Organisation International Media Guidelines for Portrayal of Disability (ILO, 2010).
9.	Indonesia		• The International Labour Organisation International Media Guidelines for Portrayal of Disability (Indonesian translation) (ILO, 2010).
10.	Thailand		• The International Labour Organisation International Media Guidelines for Portrayal of Disability (Thai translation) (ILO, 2010).
11.	Vietnam		• The International Labour Organisation International Media Guidelines for Portrayal of Disability (Vietnamese translation) (ILO, 2010).

Table 5.2 Media guidelines referred to by countries in the Asian region.

Table 5.2 depicts countries in the Asian region generally adopt a general statement by their media authorities prohibiting discriminating references to disabled persons such as the Broadcasting Authority of Hong Kong and Media Development Authority (MDA) of Singapore. There is also a reference to general media guidelines such as the Associated Press (AP) (2002) and Xin Hua guidelines (2006), as well as the internationally established document by the International Labour Organisation (ILO) (2010). Efforts have also been made to translate the WHO (2000 & 2008) and ILO (2010) recommendations into local languages such as Vietnamese, Thai, Indonesian and Mandarin. On reporting suicide risk, countries have developed their own local resources and disseminated them to media professionals in particular South Korea, China, Hong Kong, Japan and India where suicide rates are highest in Asia (Beautrais et al., 2008; Takahashi, 2004; Wu et al., 2012). All of these manuals provide recommendations about media reporting of suicide in general. However, SNEHA in India has taken a more targeted approach, focusing specifically on the reporting of suicides related to exam failure observed to be particularly likely to lead to copycat behaviours (Beautrais et al., 2008).

Turning our focus to Malaysia, Table 5.2 shows Malaysia is in the middle ground with both country-owned and adopted documents. To date, Malaysia has no specific media guidelines for reporting disability and disabled persons and this has been confirmed by UNICEF Malaysia via an email correspondence with the researcher on 23 February 2015. However, there is a general code prohibiting offence on the grounds of physical and mental disability by the broadcast media and adherence to the AP Stylebook by the print media (Stewart et al., 2012). The closest type of manual for the Malaysian context would be a list of ‘new language of disability’ in the Malaysian Disability Equality Training (DET) Manual Series No.1 (Carr et al., 2008). This DET document was built upon the understanding that disability is socially constructed and developed for the purpose of training and disability awareness, not specifically for the media. As for suicide reporting, Malaysia has its own set of guidelines. Various stakeholders were involved in its development process. The guidelines were collaboratively developed in 2004 by the Ministry of Health, the Malaysian Psychiatric Association and the Befrienders (NGO), with input from senior editors of relevant newspapers (Beautrais et al., 2008). On the whole, similar to its other counterparts in the Asian region, the Malaysian print media are governed by the media authorities – Malaysian Communications and Multimedia Commission as well as Communications and Multimedia Content Forum (Stewart et al., 2012). The media are also overseen directly by the government via the Ministry for Home Affairs and Ministry of Information, Communications and Culture (ibid).

The section has established how the labelling and naming of disabled persons are mediated by the authorities at various institutional sublevels from organisational, national to international levels. There is a complex interaction of the orders of discourse negotiating and influencing naming practices of disabled persons intertextually communicated both horizontally and vertically (Kristeva, 2006). Hacking (1986, p. 236) described this phenomenon of labelling as a '*dynamic nominalism*' where there were numerous kinds of human acts and attitudes being articulated together to invent the different categories labelling. With this established, the following section will outline these categories of naming by reviewing the terms and structures proposed by media guidelines on naming both people with and without impairment.

5.2.2 Naming people with references to impairments in media guidelines

The battle between those who feel comfortable with certain words versus those who express unease has led media guidelines to warrant non-discriminatory language. Terms have been recommended as alternatives to '*dispreferred expression(s)', in order to avoid possible loss of* *face* (Allan and Burridge, 1991, p. 11). It is a linguistic strategy that deals the concept of face saving, used for limiting the damaging of face based on politeness or tact theory (P. Brown and Levinson, 1987; Goffman, 1967; Kasper, 1990; Leech, 1983). With this understanding, many media manuals have presented lists of appropriate and inappropriate terminology.

A review of the content of the 26 documents listed in Table 5.1 indicates that 15 documents have presented the terminology in binary sets using a semiotic representation of a table. The phrases used as columns headings are summarised in the Table 5.3:

	Phrases used as column heading in table		**Document**
	Inappropriate	***Appropriate***	
1.	‘X’	‘✓’	• Physical Disability Council of NSW (2010)
2.	Avoid	Convey	• Canadian Psychiatric Association (2009)
3.	Avoid (phrase like)	Use (phrases like)	• Office of Disability Issues UK (2014) • ILO (2010) • Chinese, Thai, Vietnamese and Indonesian translations of ILO (2010) • Irish Association of Suicidology (2013)
4.	Don’t say	Do say	• University of Kansas (2008)
5.	Instead of this	Do this	• American Foundation for Suicide Foundation (2012)
6.	Not recommended	Recommended	• Canadian Association of Broadcasters (2015)
7.	What to do	What not to do	• WHO (2000)
8.	Words to avoid	Acceptable alternatives	• Queensland Government, Australia (2012)
9.	Do use	Instead of	• Victorian Government, Australia (2012)

Table 5.3 Format/layout of recommended terminology in media guidelines

In this chapter, the terms *Recommended* and *Not Recommended* are used to refer to this binary set. These terms do not suggest a fixated demand on writers but allow the nuance and flexibility of working in a constrained context. For example, the word the *disabled* fits better with the norms of journalism due to its shorter word formation compared to *people with disabilities*. This often happens as a cut particularly in headings during the sub-editing stage of news production of space-sensitive newspapers (Haller et al., 2006).

On recommended terms, there were similarities and differences found as summarised in Table 5.4:

DOCUMENT TYPE	COMPARISON		REFERENCE TO A PERSON WITH IMPAIRMENT	REFERENCE TO A PERSON WITHOUT IMPAIRMENT
Media guidelines on portrayal of disabled persons and disability	Similarities (in all documents)	Not recommended	• crippled/lame/imbecile/invalid • handicapped • spastic • retard/(mentally) retarded • autistic • epileptic • learning disabled • mute/dumb/deaf-mute/deaf and dumb • mongoloid/mongol/down's • dwarf/midget • psycho(tic), lunatic, mental patient, schizophrenic • invalid • victim • fits/spells/attacks • defect(ive) • deformed • vegetative • afflicted with/suffers from/stricken with … • confined to wheelchair/wheelchair-bound	• normal • able-bodied
		Recommended	• person with/person who has/person who is … • wheelchair user • seizure • short-stature (person)	• non-disabled • people without disabilities
	Variations in some documents	Not recommended	• mentally-/physically-/intellectually-/vertically- challenged [euphemistic] • differently abled [euphemistic] • special [overused] • patient [except in doctor-patient relationship]	
		Recommended (collective term)	• disabled (people/person) [social model understanding] • blind (people/person) [social model understanding] • deaf (people/person)/Deaf [as linguistic minority] • burn survivor	
Media guidelines on reporting suicide	Similarities in all documents	Not recommended	• suicide victim • suicide prone person • suicide tourist	
		Recommended	• person at risk of suicide • the deceased	

Table 5.4 Similarities and differences found in media guidelines for portraying disabled persons and suicide reporting

The analysis of terminology in these manuals discloses the institutional voices are not unanimous in valuing what deemed as appropriate or inappropriate in naming disabled persons and non-disabled. This could be due to the different understanding of disability models and perspectives taken by each institution (see Section 2.2). The terminology listed in Table 5.4 also comprises a mix of lexical items and grammatical phrases. There are more references to cater for the diverse physiological conditions to address the specificity of each impairment. This complexity has likely led certain quarters to adopt uniformity and hence a blanket preference for the *people-first* structure only such as the ILO document (2010) and its 4 translations. Consistencies are only exhibited in naming people without disabilities and specific references to persons related to suicide risks.

All manuals generally characterise the *disability-first language* as depersonalising and identifies stereotyping and derogatory slang (e.g. '*cripple'*, '*invalid'* and '*imbecile'*) as discriminatory (Commonwealth Style Manual, 1994, p. 142). This type of *disability-first* language positions a condition in an adjectival form or pre-modifier (*classifier* or *epithet*) in the English structure. By fronting an impairment, disability comes first before a person. Most documents discourage the descriptions of people by their impairments such as '*an epileptic'*, '*autistic person*', '*Down's kid*' or '*suicide tourist*'. It is viewed as a discourse of deficit which suggests lacking, 'subjugates people and presents them only in terms of their disability, rather than multidimensional people' (Haller et al, 2006, p.70). Disability should be viewed as natural part of human experience (US Developmental Disabilities/Bill of Rights Act, 1990) and people are diverse in their abilities (Garland-Thomson, 2015b; Goodley, 2011) (see also Section 2.1).

As a response to the *disability-first* view, the *people/person-first* expression is propagated. The *people/person-first* structure is a type of linguistic prescription in English to avoid perceived and subconscious dehumanisation when referring to people and their impairments or disabilities. It imposes a syntactic structure that names a person first and followed by the condition (e.g. '*people with disability', 'person with autism'* or *'person who has a learning disability'*). This *people/person-first* expression was first suggested by advocacy groups in the United States (US) and officially adopted by the American Psychological Association (APA) in the 1990s (Burridge, 1998). Snow (2009, p. 2) who wrote extensively on the *people/person-first* language contended that the language should describe what a person has, not what a person is. She asked:

E.g. ‘Are you myopic? – Do you wear glasses?
Are you ‘cancerous’ – Do you have cancer?
Is a person handicapped/disabled – Does he or she have a disability?

Disabled persons should be regarded as persons first rather than be defined by their diagnoses. Disabled persons are people first, with feelings, emotions, desires, aspirations, frustration and needs just like anyone else (Physical Disability Council of NSW, 2010), based on Hume (1994). Their disability is perceived a secondary attribute and not characteristic of the identity. By focusing on the persons first then their impairments, would give respect and dignity to disabled persons (CT State Department of Education, 2007; West et al., 2015) and increase sensitivity to the needs of these citizens (Ohio Department of Education, 2015).

This general movement towards the use of *people/person-first* language also prompted certain quarters to employ a blanket application of this structure across the names of disabled persons for all impairment types. The documents produced by the state governments of Victoria (VIC), New South Wales (NSW) and Western Australia (WA) of Australia, Kansas of the USA, the Canadian government as well as the ILO (2010) have opted for this blanket preference. This structure has also been consistently translated in all of the ILO translations. The Chinese translation uses *ren* (person/people) and *ren shi* (human being); the Thai translation adopts *khon* (person) or *khon thee* (person who); the Indonesian version favours *penyandang* (holder) and *orang* (person) while the Vietnamese document employs *nguoi* (people). Furthermore, it is also interesting to note that in all the English documents, the term *person* is preferred over *people* when making references to particular impairment or disability type. The term *person* is specific, refers to individuals and recognised in law as having rights and obligations (Sinclair, 2011). This term connotes respect for disabled persons as human beings with rights, compared to the general referent of *people*. The term *people* only appears in the collective reference of *people with disability* which fits the grammatical and semantic function of genericity.

Negative terminology that renders a sick role and medicalisation of the disability identity should also be avoided. Expressions such as '*suffering from', 'stricken with', 'afflicted with', 'sufferers'* and *'victims'* are rejected by the media guidelines. '*Patient'* is only acceptable in a doctor-patient relationship (Queensland Government, 2012). Stereotyped phrases such as *'wheelchair bound'* and *'confined to wheelchair'* would be inappropriate as they grant more power to the wheelchair than person. Overused terms such as *special* and euphemistic expressions such as '*mentally challenged', 'intellectually challenged'* and '*differently abled*' are considered disrespectful (Queensland Government, 2012).

It is also further observed in the media guidelines that the institutions that reject the *disability-first* language have also avoided collective terms such as '*the disabled', 'the blind'* and *'the Deaf'*. The only establishment that has called for an exception is the Office for Disability Issues and Department for Work and Pensions, United Kingdom (UK) (2014). This is an influence from the Social Model understanding of disability which has its root in the UK (Barnes and Mercer, 2010; see also Section 2.2.4). In this social constructionist view, disabled persons perceive themselves being disabled by attitudinal and environmental barriers rather than their own physiological conditions (Snow, 2009) and hence '*disabled people*'. However, the said office also warns that many who need disability benefits and services may not necessarily identify with this term.

There are also other members of disability groups who would prefer *disability-first* language to the *people/person-first* such as the blind, Deaf and Autistic communities. Blind persons believe that it is respectable to be *blind* without taking any pride nor shame in it (Corbett, 1996; Jernigan, 2005). The National Federation of the Blind, US (1993) had also issued a resolution that ‘the blind’ or ‘blind person’ was to be adopted. This is because the *people/person-first* language resulted in the opposite of the purported aim as it was overly defensive, implied blindness as a shame instead of being on equal terms with others (ibid). Deaf people (with a capital ‘D’) regard themselves a linguistic minority with their own variety of language (see Sections 1.3.3 and 2.5.5). In the Deaf culture, being a Deaf person is a source of positive identity and pride (Johnston and Schembri, 2007; Ladd, 2005; Majudiri Y Foundation for the Deaf, 2006). They reject the phrase ‘hearing impaired’ as it emphasises what they cannot do rather what they can do. In addition, in the US, some Autistic people/Autistics and advocates have also expressed opposition to the *people/person-first* structure. They claimed autism is an inherent part of their identities similar to other markers of identity as such ethnicity, religion and citizenship and thus the *disability-first* structure is preferred (L. Brown, 2011; Sinclar, 1999). L. Brown (2011) alleged that the *people/person-first* structure is a hypocrisy, a fear of difference or fear to offend by the non-disabled. The blind, Deaf and Autistic persons consider their disabilities to be inseparable from them. Separating the ‘person’ from the ‘trait’ or impairment implies the ‘trait’ being inherently bad or inferior (Collier, 2012a), which Vaughan (1993, 2009) claimed could call for attention to a person as having ‘marred identity’ in Goffman’s term (1963). Also, adherence to the *disability-first* structure by pushing the mention of a disability or disease after the person may actually be adding stress to those words; the end of a structure is often the new information which often gets the most attention (Halmari, 2011). Critics of the *people/person-first* language also claimed that in terms of language use, the *people/person-first* language is awkward, repetitive and caused tiresome reading and writing (Collier, 2012a; National Federation of the Blind US, 1993).

The debates between the proponents and opponents of *people/person-first* structure are grounded the Whorfian (1956) notion of 'linguistic relativism'. It purported that language restricts our thinking and that when language changes, a desired outcome would follow. Halmari (2011, p. 839), however, argued that this view is altruistic but 'semantically naïve'. Leech (1981) claimed that even with the introduction of new words to old concept, associations would still be made to the referents intended to be hidden. Social views and perceptions on disabled persons would not change with a change in naming practices. Penn and Nowlin-Drummond (2001) who did a quantitative study on study 90 participants on 3 terms - '*person with schizophrenia', 'person with severe mental illness'* and *'schizophrenic'* found effects of these three terms were similar and that the attitudes on stigma against the person with this form of mental health condition had not changed. There is also no evidence that *people/person-first* terminology enhances sensitivity or reduces insensitivity (Collier, 2012b).

On the whole, this subsection has disclosed that 'word formation, in grammar, in the organisation of a text or in the structure of discourse' could contribute to discriminatory portrayals (Commonwealth Style Manual, 1994, p.123). Also, as argued by Halmari (2011) and seen the review of terminology in media guidelines, the semantic load of the word or lexis used within the structures also requires a reconsideration. Both *people/person-first* and *disability-first* are ideological in their own ways (Collier, 2012b). They could be perceived as a tool of marginalisation based on biological difference (Corbett, 1996) and become 'statements' associated with systems of ideological positioning (Fairclough, 1992a; Michel Foucault, 1980). The naming of a group of people depends on the collective identity of that group, and their social history as a community (or not). A blanket prescription on grammatical practices of naming is no more suitable for groups of disabled persons than it would be for all groups of people. Having said this, by establishing formal media guidelines, the various organisational, governmental and international institutions have also been shown to have discursively exerted their power and also institutionalised how naming of disabled persons should be done.

With the above media guidelines and institutional views established, the following section will present the analyses of naming of disabled persons in the Malaysian context based on findings from the review of these guidelines.

5.3 Naming disabled persons in *The Star*

This section describes the naming strategies from the semiotic resources' perspective derived from the examination of 863 texts from *The Star*. Using a qualitative analysis package software, Nvivo10, the keyword search function was used to search for terms and coded as nodes. The names of disabled persons were categorised according to the structures of nominal and adjectival groups. Each phrase or group was then double-coded against the voice that had employed each term. The matrix coding function was then applied to tabulate each term against voice and further re-categorised and quantified in Microsoft Excel.

The nominal group structure from Systemic Functional Grammar (SFG) is adopted as the linguistic analytical tool to analyse the structures of names. SFG expounds that language is a system of meaning making. Its *systemic* view asserts that we make choices in language from available options rather than rules, and the *functional* position assumes the choice is made to fulfil a communicative purpose (Halliday and Matthiessen, 2014). As such, the choice of structure or nominal group adopted in naming people with or without impairments (*participants* in discourse) could imply the writer/speaker attitude and produce implications on the represented *participants*.

In terms of the structure of a nominal group, the head is known as *thing* and it could be pre- or post-modified as exemplified in Table 5.5:

Structure of nominal group	**Pre-modifier (e.g.)**	**Head (e.g.)**	**Post-modifier (e.g.)**	**Type of language**
thing+qualifier		people	with disability *(preposition phrase)*	*people/person-first*
		people	who have a disability *(relative clause)*	
		people	living with a disability *(non-finite clause)*	
		PWD *(abbreviation)*		
thing (only)		sufferer/patient		*disability-first*
classifier+thing	disabled	people		
	autistic	children		
epithet+thing	severely disabled	people		
	mildly autistic	children		
deictic thing	a/the	disabled		
	a/the	autistic		
adjectival group	is/are disabled			
	is/are autistic			

Table 5.5 Structure of nominal group and examples

With reference to Butt et al. (2012) and Coffin et al. (2013), Table 5.5 shows the head of structure could be post-modified by a *qualifier*. A *qualifier* gives more details about the head noun and could take the forms of *preposition phrase*, *relative clause* or *non-finite clause*. The *people/person-first* language in English adopts the *thing+qualifier* structure. Here, the *qualifier* describes and modifies the qualities of the *thing* or person as exemplified in 'person with disability' or 'people living with Parkinson's (Disease)'. In the corpus studied here, the *people/person-first* name phrases are also found to be reduced to abbreviations such as 'PWD' and 'PwP' respectively.

On the other hand, the *disability-first* language takes a pre-modification of the head noun. The *head* could stand alone as *thing* only such as 'patient' or 'sufferer'; or modified by a *classifier, epithet* or *deictic*. A *classifier* delimits a subcategory of a head, typically ungradable adjectives or nouns. It categorises people distinctively as a group. An *epithet* describes a quality of the *head*, typically gradable adjectives. The difference between using a *classifier* versus an *epithet* could be seen in the outcome of the word 'special'. 'Special' as an *epithet* describes the child who is special and could be made gradable such as 'very special child'. In this case, the *epithet* carries a positive denotation. However, 'special' as a *classifier* in 'special children' is non-gradable and it functions to categorise the children as a disabled group, differentiating them from non-disabled children. It packages them according to their social standing. On *deictic,* the article 'a' or 'the' precedes the head such as in 'a disabled' or 'the blind'. It genericises the *head* and hence, personalisation is diminished in this structure. *Disability-first* could also be described through adjectival groups without the *head*. In this case, the *participants* are described by their disabilities, for instance, 'the child is autistic' and 'they are handicapped'.

As established in Section 5.1, the identification of voices is necessary in order to understand who are using which terms and reasons for the chosen names. A total of 15 categories of voices of social actors have been identified in the data set (Table 5.6). These categories were derived from USAS semantic tagging of 'roles' identified in the corpus using the WMatrix concordance programme (see Section 4.4). However, the category of *Disabled Person* were further split into 4 other categories of *Disabled Child, Disabled Teen, Disabled Adult* and *Disabled Columnist* (categories K to M in Table 5.6). This could shed light on the age groups or role among the disabled persons who are given voices to name, or the extent of them being named by the other voices.

No.	Categories	Code	Descriptions
A	Authorities/Political figures	*Authority*	Related council/government bodies and politicians
B	Medical/ Allied Health professionals	*Medical*	Clinical professionals as such doctors, speech and language therapists and clinical psychologists
C	Researcher	*Researcher*	Researchers such as IT and engineering technologists, epidemiologists and those from pharmaceutical laboratories.
D	Educator/Trainer	*Educator*	Academicians related to education, teachers and trainers of educational programmes (non-profit making bodies)
E	Business/Private service provider	*Private Service*	Business or private entities providing services for disabled persons such as early intervention and rehabilitation programmes (profit-making bodies).
F	NGO/ Advocate	*NGO*	Personnel representing Non-governmental Organisations and disability advocates
G	Family member	*Family*	Immediate family members
H	Carer/Volunteer	*Carer*	Carers at home who are non-family members; unpaid staff volunteering at intervention and rehabilitation centres
I	Charity sponsor/giver	*Charity*	Personnel representing sponsors and donors of charity for disabled persons
J	Disabled child	*Disabled child*	Disabled children below 10 years old
K	Disabled teen	*Disabled teen*	Disabled persons between 11 and 18 years old
L	Disabled adult	*Disabled adult*	Disabled persons above 19 years old
M	Disabled columnist	*Disabled columnist*	References to Anthony Thanasayan and Ida Nerina as two frequent article contributors in *The Star*. Both are wheelchair users who wrote from the perspective of disabled persons.
N	Journalist	*Journalist*	By line/voices of journalists or editors of *The Star*.
O	Public	*Public*	General public

Table 5.6 Descriptors of voices identified in corpus under study

As an overview, the analysis of texts reveals a total of 906 types of terms/phrases (both nominal and adjectival groups) with a total frequency of occurrence of 4197 employed in naming disabled persons. As for people without disabilities, 71 types of terms/phrases are evident with a total occurrence of 219. Further observations show the following breakdown (Table 5.7).

No.		**Categories of naming**	**Types of terms/phrases**	**Frequency of occurrence**	
Naming of disabled persons					
Set	***Category***			***Frequency***	***%***
A	1	Disabled persons with general reference to disability (English)	116	N=918	21.87
	2	Disabled persons with general reference to disability (Malay)	11	N=101	2.41
		Subtotal (general reference to disability)	*127*	*N=1019*	*24.28*
B	3	Disabled persons with reference to specific impairments (English)	773	N=3162	75.34
	4	Disabled persons with reference to specific impairments (Malay)	6	N=16	0.38
		Subtotal (references to specific disability types)	*779*	*N=3178*	*75.72*
Total (Naming disabled persons):			***906***	***N=4197***	***100***
Naming of people without disabilities					
C	5	People without disabilities (English)	71	N=219	100
	6	People without disabilities (Malay)	0	N=0	0

Table 5.7 Summary of types and frequencies of occurrence of terms/phrases in naming disabled persons and people without disabilities

Table 5.7 demonstrates that generally there are 3 main sets of names found in the data sets (Sets A, B & C). Set A concerns naming disabled persons with general reference to disability; here disabled persons are referred to collectively as a group of people. Set B involves naming disabled persons with references to specific impairments. This set has a total frequency of occurrence 3 times more than the general reference [N=3178 (24.28%) in Set B versus N=1019 (75.72%) in Set A]. This suggests that *The Star* addresses people with specific conditions 3 times more compared to collective references. There are also Malay terms identified in both Sets A & B. Although they only represent a mere 2.79% of total occurrences, nonetheless, it would be important to delineate the contexts in which Malay terms are used and why they are used in the English texts. In naming people without disabilities (Set C), only English terms are identified. This gives a total of 5 categories of naming (Categories 1 to 5 in Table 5.7) to be further discussed (see Sections 5.3.1 to 5.3.5). On suicide reporting, only indirect references to suicide risk are made (see Section 5.3.7).

In terms of voices that give names, overall, *Journalist* is the most frequent, followed by voices of *NGO* and *Disabled Columnist* in all 5 categories of naming (Figure 5.1). This suggests the mediations and decisions on naming are largely in the hands of news practitioners including contributions from columnists.

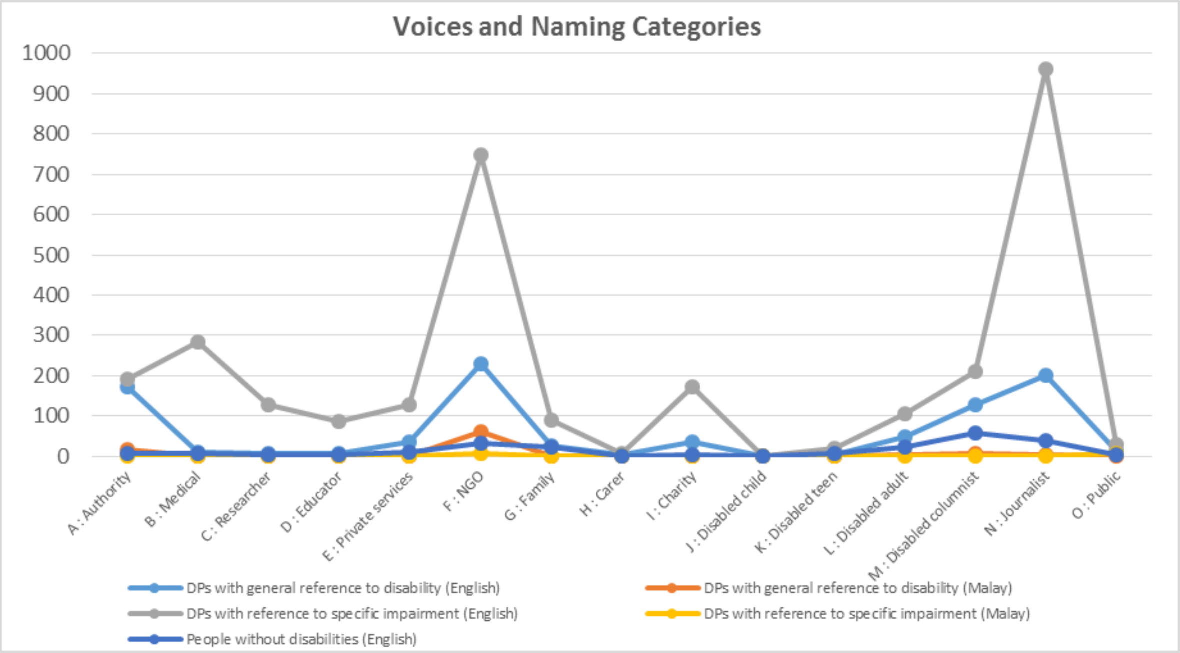


Figure 5.1 Voices that had given names of disabled persons in The Star in the 5 categories of naming

With the general representations presented, the following sections will further unpack each category of naming.

5.3.1 Naming disabled persons with general reference to disability (English)

This subsection examines names of disabled persons in English with reference to their disability in general. There are 116 types of phrases found with a total of 918 in frequency of occurrence (N=918) (see Appendix 5A). Table 5.8 provides a summary of structures and frequency of occurrence observed in this category.

	Structure	**Types**	**Occurrence**	**%**
People/person-first language	*Thing + qualifier*	24	248	27.02
	Abbreviation	4	76	8.28
Disability-first language	*Classifier + thing*	80	320	34.86
	Deictic + thing	4	255	27.78
	Adjectival group (AG)	4	19	2.07
TOTAL		***116***	***918***	***100.00***

Table 5.8 Structure and frequency of occurrence of naming disabled persons with general reference to disability (English)

The *people/person-first* language comprises 35.3% or about a third of total references to naming while about two thirds or a total of 64.7% for *disability-first* language. This reflects a preference for *disability-first* language which would be considered inappropriate by most of the media guidelines reviewed with exception of 'disabled people' in the British guideline.

The *people/person-first* language is realised in 2 structural patterns which are '*thing+qualifier'* and use of *abbreviation* as discussed above. *Qualifier* mainly takes the form of preposition phrases of '*with'* and *'of'*. There are only 2 instances of structures with *relative clauses* which are 'children who have disabilities' and 'adults who have disabilities'. As for those with *preposition phrases*, examples found include 'person with disability', 'people with special needs' and 'children of special needs'. On the whole, the most used phrase is '*thing with* disabilities' (N=142) which is employed most by the voice of *Authority* (N=60). Examples of phrases are 'women with disabilities', 'persons with disabilities' and 'adults with disabilities'. This is followed by '*thing with* special needs' (N=98), preferred most by *NGO* (N=25) and '*thing who have* disabilities' (N=4) also most quoted from *NGO.* The lexical choices of 'disability(ies)' and 'special needs' in *qualifier* to name a disability represent 26.58% (N=244) in total occurrence and these are in line with media guidelines.

The rest of the lexical choices of *qualifier* found are those not recommended by the media guidelines for instance, '*thing with* handicaps', '*thing with* disorder' and '*thing with* special ability'. The respective examples are 'Malaysian with handicaps', 'children with disorder' and 'people with special ability'. 'Handicap' has a negative appraisal, 'disorder' is a clinical term whereas 'special ability' mocks the *supercrip* power (Haller, 2000; see Section 6.1.1). The meanings carried by these lexical choices defeat the positive intention of the *people/person-first* although the total occurrence for these 3 phrases is only N=4.

As for *abbreviation,* 'PwD' and its plural form of 'PwDs' (used interchangeably) to stand for *people with disability(ies)* (N=76). These are the only 2 abbreviated forms observed in this category. Representing 8.28% of occurrences, it is adopted most by *Authority* (N=28) followed by *NGO* (N=25) and *Journalist* (N=10). *Abbreviation* is not mentioned by media guidelines nor used in any of the formal documents by the World Health Organisation (WHO) or the Malaysian People with Disabilities Act 2008. It appears largely to be used by the authority to speak about disabled persons but not in written documents. Scholars have also advised against using abbreviations for reasons of politeness and clarity (Carter in Practical English Grammar, 1773; Tieken-Boon van Ostade, 2006). Based on Brown and Levinson's (1987) model of politeness, abbreviation is a negative politeness strategy or a face threatening act as the speaker or writer would appear disrespectful and too familiar (Tieken-Boon van Ostade, 2006), particularly when a name is reduced to only as set of letters (B. Perrin and Nirje, 1985; Valentine, 2002). As such, *abbreviation* would be taken as a non-recommended term despite it being practical and economical in terms of time and space in journalistic writing.

As for *disability-first* language, 3 nominal group structures are noted which are '*classifier+thing*', '*deictic+thing*' and '*adjectival group*' (AG). In '*classifier+thing*', 5 lexical items are used as *classifier* which are 'disabled', 'special', 'special needs', 'handicapped', 'differently-enabled' and the abbreviation of 'PwD'. Examples of phrases are 'disabled people', 'special child', 'special needs boy', 'handicapped students', 'differently enabled people' and 'PwD employees'. The most used phrase in '*classifier+ thing*' structure is '*disabled+thing*' (N=151), employed most by the voice of *Disabled Columnist* (N=42). For instance, 'disabled community', 'disabled adults' and 'disabled persons. This suggests the two *Disabled Columnists* are orientated towards the Social Model understanding of disability. The second most popular is ‘*handicapped+thing*’ (N=111) mostly employed by *NGO*. Examples found are ‘handicapped children’ and ‘handicapped people’. However, about half of the occurrence of this term refer to the names of associations (N=52). Although ‘handicapped’ is a term known to be inappropriate, most NGOs have not re-registered their associations due to bureaucratic reasons (see Section 5.4.1.). As a consequence, stigma continues to perpetuate in the names of these associations. The third most used term as *classifier* is ‘special’ (N=36), mainly employed by *Journalist* (N=14) and *Charity* (N=7). For example, ‘special kids’, ‘special student’ and ‘special scouts’. The term ‘special’, which is considered overused by media guidelines, occurs 38 times (4.14%). As explained in Section 5.3, ‘special’ as a *classifier* is dispreferred as it classifies *thing* as a social group. From the preliminary corpus study (see Section 4.4), ‘special’ has a high frequency, collocated with ‘children’ and overused to express endearment. The corpus shows it is a term most heard from *Charity*. ‘Special’ to express fondness of children in the activity type of charity which adopts a *classifier* position could further divide the charity giver and children as ‘us’ and ‘them’.

The corpus also reveals that ‘special’ is overgeneralised to refer to any context or ‘*thing’* related to disabled persons. A total of 26 types of phrases with a total frequency of 97 of these ‘offshoot’ phrases are found. For example, ‘special school’, ‘special class’, ‘special performance’ and ‘special mission’. These terms are employed mostly by voices of *Journalist* (N=30), *NGO* (N=13) and *Authority* (N=10). Originated from ‘special needs’ in special educational needs (SEN) context in the UK (Corbett, 1994), this phrase has been reduced to ‘special’; and over time it renders ‘special’ a meaning of endearment which has been criticised as portraying disabled persons as weak (see Section 5.4.1 for more discussions from interview data).

In the nominal group of '*deictic+thing*', a collective reference is made to disabled persons through the use of article 'a' or 'the', followed by lexis. *Classifiers* such as 'disabled', 'handicapped' and 'differently-abled' are used as *thing* in this structure. The most popular phrase is 'a/the disabled' (N=251) employed most by *NGO* (N=62) followed by *Journalist* (N=62) and *Disabled Columnist* (N= 46). The term 'the handicapped' is only used in 3 instances by *Journalist* and 1 instance of 'the differently-abled' by *Disabled Teen*. As a collective reference, this structure has a total occurrence of 255 (27.77%) or almost a third of total occurrence found in this category. Such a structure genericises and also collectivises the representation of disabled persons.

In terms of *adjectival group* (*AG*), only 2 terms are found. 'Disabled' is used to describe a person in 2 instances by *Journalist*. The word 'handicapped' occurs in 17 instances and used by a range of voices from *NGO* (N=5), *Journalist* (N=3), *Disabled Columnist* (N=3), *Disabled Adult* (N=3), the *Authority* (N=2) and *Charity* (N=1). This linguistic choice of *AG* which represents 2.07% (N=19) is also be deemed inappropriate by the media guidelines as it refers to people by their disabilities.

This subsection has shown that apart from the *people/person-first* and *disability-first* discussions, lexical choices of *qualifiers*, *classifiers*, *classifiers* as *things* as well as *adjectival groups* affect the appropriateness of names. While '*thing+qualifier*' is a recommended structure, lexical choice in the qualifier would affect the appraisal of the terms. In *disability-first* structure on the other hand, 'disabled+*thing'* and 'special needs+*thing'* may be acceptable by the British model, but they categorically place the *thing* or *participant* as a social group. Considering all these, only 5 phrases would be considered acceptable which are '*thing* with disability(ies)', '*thing* who have disabilities', '*thing* with/of special needs', 'disabled+*thing'* and 'special needs+*thing'* of which 3 employed the *people/person-first* structure and 2 using the *disability-first* language. On the whole, these terms represent 44.77% (N=411) of total terms found which leave the other slightly more than of half or 55.23% (N=507) falling into the non-recommended category.

In terms of voices, the top three voices that have employed terms in naming disabled persons in ways consistent with the media guidelines are *Authority* (N=96), *NGO* (N=83) and *Journalist* (N=77). As for inappropriate terms, they are most frequently used by *NGO* (N=147), *Journalist* (N=123) and *Authority* (N=75). This pattern is expected as *NGO* and *Authority* generally address social issues and policies related to disabled persons as a groups, and the voice of *Journalist* is often inserted in reporting and mediation of texts. More importantly, this pattern also signals that these 3 voices are those who have been quoted the most to name disabled persons as well as be in the positions to make a difference discursively.

5.3.2 Naming disabled persons with general reference to disability (Malay)

This subsection describes the Malay terms found in the English corpus under study, used in naming of disabled persons with general reference to disability. A total of 11 phrase types (N=101) are evident, representing only 2.41% of total number of terms found in data set (see Appendix 5B). Table 5.9 provides the summary of structures and frequency of occurrence.

	Structure	Types	Occurrence	%
People-first language	*Thing + classifier*	6	51	50.50
	Thing + epithet	2	16	15.84
	Abbreviation	2	33	32.67
	Adjectival group (AG)	1	1	0.99
Disability-first language	(Nil)	0	0	0
TOTAL		***11***	***101***	***100.00***

Table 5.9 Structure and frequency of occurrence of naming disabled persons with general reference to disability (Malay)

No *disability-first* structure is found in the Malay terms used, only *people/person-first*. This is due to the syntax of the language itself where Malay does not take pre-modifiers but only post-modifiers. As such, *thing* is fronted in the nominal group structure. In the *people/person-first,* 4 structures of '*thing+classifier*', '*thing+epithet',* '*abbreviation'* and '*adjectival group'* are evident.

The nominal group structure of '*thing+classifier*' encompasses half of the total occurrence (N=51 or 50.50%). The 5 phrases found are 'Orang-orang Istimewa' (special people), 'Anak-anak/Kanak-kanak Istimewa' (special children), 'Orang-orang Cacat' (handicapped people), 'Kanak-kanak Cacat' (handicapped children) and 'Warga Istimewa' (special citizens). When referred to the contexts, 50 out of 51 instances come from registered names of associations in the form of proper nouns. This is also a similar case in the single instance of *adjectival group* uncovered in corpus, where the term 'cacat' appears as part of a registered name too. This emerges as the reason for the inclusion the Malay terms in the English corpus. There are only 2 lexical choices used as *classifier* which are 'cacat' (handicapped) (N=44) and 'istimewa' (special) (N=8). 'Cacat' is a stigmatised and derogatory Malay term (Dewan Bahasa & Pustaka, 2015; see also Section 1.3.1) and hence 'istimewa' has become the preferred alternative, directly translated from the English understanding of 'special'.

The nominal group structure of '*thing+epithet*', which carries 15.84% or N=16, is also unique to Malay terms in this corpus. The only lexis that forms the *epithet* is 'kurang upaya' (less abled). This appears to be a polite form in place of the traditional 'cacat'; an *epithet* of 'kurang' which means 'less' is used for subtlety purpose, to tone down the harsh semantic load of 'cacat' (handicapped).

Following the '*thing+epithet*' structure, 2 forms of *abbreviation* occur which are 'OKU' (N=32) and a pluralised form of 'OKUs' (N=1). These are equivalent to the English 'PwD' and 'PwDs' (see Section 5.3.1). The *abbreviation* is employed as a collective reference to disabled persons in Malay language. Together, they comprise 32.67% (N=33), a third of total occurrence of the Malay terms. This term is quoted most from the voice of *Authority* (N=13) followed by *NGO* (N=7) and *Disabled Columnist* (N=6). 'OKU' is an *abbreviation* for Orang Kurang Upaya (less abled people) which was mooted by the former Prime Minister of Malaysia, Mahathir Mohamad in 1996 (Mohamad, 1996). 'OKU' is also a term used in the Malay version of the People with Disability Act 2008. However, there are still contestations today whether the letter 'K' in 'OKU' should stand for 'kurang' (less) or 'kelainan' (different) as in 'Orang Kelainan Upaya' (Differently-abled People). This debate between 'kurang' and 'kelainan' will be further examined together with opinions from interview participants (see Section 5.4.1.).

The English media guidelines could not be used to gauge the appropriateness of these Malay lexical choices. However, if based on dictionaries published by the Malay Language authority, Dewan Bahasa & Pustaka (DBP), the *classifier* 'cacat' is impolite where 'istimewa' is acceptable (Dewan Bahasa & Pustaka, 2015). 'Kurang Upaya' is a term used by policy makers. As such, slightly more than half or 55.45 (N=56) of terms used in Malay to refer to disabled persons in general would be considered appropriate by DBP but the remainder 44.55% or (N=45) would not. In terms of voices, the top 3 that employ recommended terms are *NGO* (N=18), *Authority* (N=15) and *Disabled Columnist* (N=8). For the non-recommended ones, there are quoted only from *NGO* (N=44) and *Disabled Adult* (N=1).

In brief, *The Star* has again quoted voices of *NGO* and *Authority* the most in naming collective references to disabled persons in Malay, similar to the ones in English (see Section 5.3.1). More importantly, this subsection has highlighted that 'OKU' is uniquely a Malaysian-coined term as a collective reference to its disabled citizens. It is used interchangeably and made equivalent to English *abbreviation* of 'PwD' in *The Star* to refer to Malaysian citizens with disabilities.

5.3.3 Naming disabled persons with reference to specific impairments (English)

This subsection focuses on naming of disabled persons with reference to specific impairments in English. A total of 773 phrase types are found with a total frequency of occurrence of 3162. Of the 5 categories of naming, this is the largest in terms of types of phrases and highest in terms of frequency. This reflects that *The Star* addresses a wide range and specificity of impairments (see Appendix 5C). Table 5.10 summarises the structures and frequency of occurrence found.

	Structure	**Types**	**Occurrence**	**%**
People-first language	*Thing + qualifier*	300	925	29.25
	Abbreviation	3	29	0.92
Disability-first language	*Classifier + thing*	336	1091	34.50
	Deictic + thing	48	639	20.21
	*Thing (*only*)*	12	146	4.62
	Adjectival group (AG)	74	332	10.50
TOTAL		***773***	***3162***	***100***

Table 5.10 Structure and frequency of occurrence of naming disabled persons with specific impairments (English)

The *people/person-first* language encompasses one third of total occurrence (30.18% or N=943) while the *disability-first* language dominates two thirds of total occurrence (69.82% or N=1876). This trend is similar to the one found in Section 5.3.1 (naming disabled person general in English).

Referring to the *people/person-first* language, 2 structures are found. They are the nominal group of '*thing+qualifier*' and *abbreviation*. The '*thing+qualifier*' structure appears in 925 instances (29.25%) or almost a third of the total occurrence. The *qualifiers* are realised in 3 forms of *preposition phrase, relative clause* and *non-finite clause*. The '*thing+preposition'* phrase takes the prepositions 'with', 'on', 'in' with examples such as 'persons with mental disability', 'children on the autism spectrum disorder' and 'people in wheelchairs'. This structure of *qualifier* appears to be the most preferred with a very high occurrence in 736 instances (79.57%) in this category. Apart from the expected high occurrence voices of *NGO* (N=162) and *Journalist* (N=111), the voices of *Medical* (N=107), *Researcher* (N=83) and *Private Service* (N=68) are quoted with preferences for *preposition phrase* as *qualifier*.

The '*thing+relative clause*' structure appears in 127 instances or 13.73% of total occurrence *qualifiers*. These phrases appear in 3 grammatical forms which are '*thing+who is/are/was/were*', '*thing+who have/has...*' and '*thing+who use/suffer…*'. Examples are 'adults who are physically disabled', 'babies who are born floppy', 'people who have bipolar disorder', 'student who has suffered from low vision', 'children who suffer from cerebral palsy' and 'people who use walking sticks'. Other than the voices of *Journalist* (N=53) and *NGO* (N=15), occurrences are also quoted from the *Authority* (N=14), *Charity* (N=14) and *Medical* (N=12). The 6 examples presented here echo findings in Section 5.3.1. The *people/person-first* structure could be employed, however, the lexis 'suffer' or 'suffered' that depicts a sick/patient role defies the intention of *people/person-first*.

Similar effect is also observed in the '*thing+non-finite clause*' construction. This nominal group only comprises 6.72% (N=62) of total occurrence of the '*thing+qualifier*' structure. The 3 grammatical forms and lexical terms observed in the *non-finite clauses* are ‘*thing+suffering from…*’, ‘*thing+born/afflicted with…*’ and ‘*thing+having/living with…*’. Examples are ‘children suffering from ADHD’, ‘people suffering from spasticity, ‘anyone born with cleft lip’, ‘children afflicted with Down Syndrome’, ‘children having learning difficulties’ and ‘people living with Parkinson’s Disease’. The participle ‘suffering’ and ‘afflicted’ connote agony while ‘having’, ‘living’ or ‘born with’ carry more subtlety in semantic load and infers disability as part of the persons rather than misery. The voice of *Journalist* (N=26) is quoted with the highest frequency, followed by *Charity* (N=9), *NGO* and *Authority* at (N=6) respectively.

The *people/person-first* language is also realised in the form of *abbreviation* which is seen in 3 examples of ‘PwP’ and its pluralised form ‘PwPs’ as well as ‘PHL’ and ‘PWAs’. ‘PwP’ or ‘PwPs’ which stands for ‘people with Parkinson’s (Disease)’ is the most popular with a total occurrence of 17, with 16 coming from the voice of one particular *Disabled Columnist* and 1 from *Authority*. ‘PHL’, as the *abbreviation* of ‘people with hearing loss’ occurs 6 times but mainly come from *Journalist*. ‘PWA’ which stands for ‘people with albinism’ also occurs 6 times with 5 instances coming from *Medical*. *Abbreviation* are employed for the purpose of shortening technical term or diseases which will be discussed later in this subsection. On the other hand, because they appear to be terms preferred by particular voices only, these abbreviated forms appear to the stylistic choices adopted by particular writers perhaps due to economy of words.

In terms of *disability-first* language, the nominal groups come in 3 structures; they are ‘*classifier+thing*’, ‘*deictic+thing*’ and ‘*thing* only’. The ‘*classifier+thing*’ structure has the most phrase types and frequency representing 34.5% of names found in this category of naming. There are 336 phrase types with a total of occurrence of 1091 out of 3162. Examples of ‘*classifier+ thing*’ structure are ‘mentally disabled person’, ‘MS sufferers’, ‘physically challenged kid’, ‘learning disabled children’ and ‘bipolar patients’. The five most frequent sources of voices using this structure are *Journalist* (N=405), *NGO* (N=306), *Medical* (N=63), *Authority* (N=53) and *Charity* (N=51).

The second nominal group structure observed in the *disability-first* language is ‘*deictic+ thing*’ (48 phrase types, N=639) or 20.21% which represents one fifth of total frequency of names with specific impairments. This structure makes collective references to disabled persons as a group based on the name of impairments preceded by an article ‘a’ or ‘the’. For instance, ‘a slow learner, ‘a schizophrenic’, ‘the visually impaired’, ‘a/the paraplegic’, ‘the mentally ill’, ‘the intellectually challenged’ and ‘the dyslexic’. Similar to the argument in the first category of naming (general reference to disability in Section 5.3.1), this structure groups and stereotypes disabled persons by their impairments by employing *classifier* as *thing*. Only ‘the disabled’, ‘the blind’ and ‘the Deaf’ would be acceptable by the British guideline (see Section 5.2.2). Referring to voices, besides *NGO* (N=219) and *Journalist* (N=153), this structure comes from *Disabled Columnist* (N=68), *Authority* (N=51) and *Disabled Adult* (N=39). It suggests that the disabled communities including representing NGOs are comfortable with these collective references.

The third nominal group structure observed is ‘*thing* only’. A total of 12 lexical items with a total frequency of 146 are observed. Although this structure only represents 4.62% of the overall occurrence in this category of naming, nonetheless, they could not be ignored as all the words are found carrying negative appraisal. For instance, ‘sufferer(s)’, ‘patient(s)’, ‘midget(s)’, ‘lunatics’, ‘mongoloid’, ‘sociopaths’ and ‘schizophrenics’. The five most frequent voices identified employing these terms are the *Medical* (N=62), *Journalist* (N=41), *Researcher* (N=12), *Authority* (N=10) and *Disabled Columnist* (N=6). When checked in context, the *Medical* employs 52 instances of ‘patients(s)’ which would be regarded appropriate when employed in a doctor-patient relationship but would be questionable when they become the choices other voices.

The final structure found in this category of naming is the *Adjectival Group* (*AG*). It comprises 74 types of phrases with a total of 332 in occurrence or 10.50% of the total occurrence in this category. This structure uses lexis related to specific impairments to describe the condition of a person with the lexis preceded typically by the *verb-to-be*. The phrases identified are for instance, ‘is/was wheelchair-bound’, ‘are/were paralysed’, ‘is/was suffering from muscular atrophy’ and ‘is/was dyscalculic’. The four most frequent voices found to have utilised these descriptive words other than the expected Journalist (N=168), NGO (N=37) are *Family* (N=22), *Medical* (N=19) and *Disabled Columnist* and *Disabled Adult* at (N=18) each. It is interesting to note that family members and disabled adults including the disabled columnist themselves are represented as using, and as being comfortable identifying themselves with these descriptive phrases.

Moving on to overall choice of lexis for *things* as *participants* or actors, there appears to be a groups of frequently used terms. The term ‘patient(s)’ are overall used by *Medical* (N=90), *Journalist* (N=55), *Researcher* (N= 20); *Authority* (N=16) and *Disabled Adult* (N= 6). The use of ‘patient(s)’ (N=90) would only be appropriate in a doctor-patient relationship or medical context. However, the rest of the non-medical voices comprising slightly more half of total voices found (N= 97), would be considered an inappropriate use of the term ‘patient(s)’. The term ‘patient(s)’ renders one in a sick role. As for the term ‘sufferer(s)’, 20 out of a total of 25 instances found come from *Medical*. Again, although this is acceptable in the medical context, it could be misconstrued by the general public that all disabled persons experience pain and discomfort. Also noticed is the term ‘victim’ used to describe ‘polio victim’ in 3 instances used by *Journalist* and a *Disabled Adult*. ‘Victim’ reduces disabled persons to being helpless and passive social actors. The term ‘survivor(s)’ is also observed to refer to those who have stroke and mental health conditions. Only a total of 4 instances are found with 3 examples from *Medical* and 1 from *Private Service*. Although the Canadian media guideline accepts ‘survivor’, this term construes a person’s past ordeal as their identity.

Negative lexical choices are also seen in naming impairments and diseases. Some of the questionable terms are found in *qualifiers* and *classifiers*. In *qualifiers,* examples identified are ‘*thing*+who are retards/handicapped’ to refer to mental and physical disabilities and ‘*thing*+who are/were born floppy’, referring to Down Syndrome. In *classifiers,* instances of lexis observed include ‘mentally-retarded+*thing’*, ‘deaf and mute+*thing*', ‘crippled+*thing*’ ‘handicapped+*thing’*, ‘mentally challenged+*thing’* and ‘intellectually challenged +*thing’*. These terms are derogatory. There is also use of *abbreviation* as *qualifiers* and *classifiers.* Examples of ‘*qualifiers’* are ‘*thing*+with ASD/ADHD/CP/MS/CVRO/RVO/PD/LD/PD/OCA’ and ‘*classifiers’* in the example of ‘AD/ADD/ADHD/CP/LD/MS/SCI + *thing’*. Most *abbreviations* are standard technical or scientific terms such as ‘Attention Deficit Hyperactive Disorder’ (ADHD), ‘Multiple Sclerosis’ (MS) and ‘central retinal occlusion’ (CRO). Also found is a non-scientific ‘LD’ which stands for ‘learning disability’ or ‘learning difficulty’. LD is an umbrella term for specific learning impairments such as ‘autism’, ‘dyslexia’, ‘dyscalculia’ and ‘slow learner’.

Inappropriate verbs are also observed in *relative* and *non-finite clauses* within the '*thing+qualifier*' and the *adjectival group* structures. Evidence found in the *relative clauses* are '…who suffer(s) from…', '…who has suffered from…', '…who are/were stricken with…'. In the *non-finite clauses* and *adjectival group*, examples observed are '…suffering from…', '…afflicted with…' and '…stricken with…'. Verbs such as 'suffer', 'stricken' and 'afflict' are discouraged by the media guidelines as they denote extreme tone of negativity and experiences of pain as have been discussed earlier in this subsection.

Considering all the above, 1398 (44.21%) of terms found in this category appear in line with recommendations from the media guidelines while slightly more than half or 55.79% (N=1764) are found to be inappropriate. The top 3 voices that have appropriately employed terms are the NGO (N=390), Journalist (N=284) and Medical (N=151). On the other hand, for the unsuitable ones are also used most by the same parties – Journalist (N=677), NGO (N=359) and Medical (N=132).

Also on the whole on voices, there is an important difference between the first two categories of naming disabled persons with general reference to disability (English and Malay) and this third category of reference to specific impairments (English). In the first two categories, the top 5 voices dominating naming are the *Journalist*, *NGO*, *Authority*, *Disabled Columnist* and *Disabled Adult*. However, in this third category, the top 5 were the *Journalist* (N=961 or 30.42%), *NGO* (N=749 or 23.69%), *Medical* (N=283 or 8.95%), *Authority* (N=191 or 6.04%) and *Charity* (N=171 or 5.4%). Medical and allied health professionals appear to have a more significant role in naming people with specific impairments. This concurs with the understanding of the medicalisation of disability (medical model). Medical professionals have been constructed as the expert power in diagnosing and naming conditions hence the power of naming persons with specific impairments. The *Authority* and *Charity* are closely behind the *Medical*; these could also suggest that the institutions with financial capacities also have the opportunities and power to be heard and give names.

5.3.4 Naming disabled persons with references to specific impairments (Malay)

This subsection describes the naming of disabled persons with specific impairments in Malay which are found in the English corpus under study. Only a total of 6 phrase types and frequency of occurrence of 16 are found (see Appendix 5D). Table 5.11 summarises the structural patterns and frequency of occurrences.

	Structure	Types	Occurrence	%
People-first language	*Thing + classifier*	2	2	12.50
	Thing (only)	3	6	37.50
	Adjectival group (AG)	1	8	50.00
Disability-first language	(Nil)	0	0	0
TOTAL		***6***	***16***	***100.00***

Table 5.11 Structure and frequency of occurrence of naming disabled persons with specific impairments (Malay)

Similar to the second category of naming (see Section 5.3.2 for general reference to disability in Malay), no *disability-first* language is found in data set. Only *people/person-first* has been identified for naming people with specific impairments as the Malay nominal group structure does not take pre-modifiers, only post-modifiers.

In terms of *people/person-first* nominal groups, 3 structures are found, namely '*thing+classifier*', '*thing* only' and '*adjectival group'*. Under '*thing+classifier*', only 2 phrase types are identified which are 'orang gila' (lunatics) and 'Orang Cacat Anggota' (physically handicapped people). When referred to context of use, 'orang gila' which is a Malay term for 'lunatics' is inserted in one particular news article on the first mental asylum in Malaysia. This institution, located in a suburb of Tanjung Rambutan in the Ulu Kinta district, opened with the name ‘Federal Lunatic Asylum’. It was then changed to ‘Central Mental Hospital’ and subsequently to a Malay name ‘Hospital Bahagia Ulu Kinta’ (literally translated as ‘Blissful Hospital of Ulu Kinta’) (S. T. Chong et al., 2013). This was meant to uplift the image of psychiatric treatment and the asylum itself. Despite 3-time changes in name, in the local culture, ‘Tanjung Rambutan’ remains synonymous with ‘orang gila’ (Wikipedia Melayu, 2015). This appears to be the historical and cultural explanation for the inclusion of this word in this particular article.

The other term, ‘Orang Cacat Anggota’ appears as part of the registered name of an NGO. This is also the case of the last structure found in this naming category - *adjectival group* (AG). The 8 occurrences of ‘Cacat Penglihatan’ (visually handicapped) appear as part of the registered name for a school for the blind. These two terms when translated into English, would be considered inappropriate according to the English media guidelines. However, in Malay, both terms would be regarded as appropriate and more polite compared to *classifiers* ‘cacat’ (handicapped) and ‘buta’ (blind).

Moving on the ‘*thing* only’ structure, 3 lexical items are evident. The terms ‘kerdil’ (midget) (N=1), ‘Pendek’ (N=3) and ‘Param’ (N=2) appear in 2 articles reporting on short stature persons. ‘Kerdil’ is a Malay term for ‘midget’ but derogatory in meaning as it is often associated with dwarfs or magical elves. ‘Pendek’ and ‘Param’ were stage names of two famous Malaysian actors with short stature. They used to play comic roles on television and stage, jobs regarded typical for people with short stature (Lal, 2012). ‘Pendek’ which means ‘shortie’ or ‘short’ was part of the stage name of ‘Ibrahim Pendek’ whose actual name was ‘Ibrahim bin Hassan’ (National Archive of Malaysia, 1999). The nickname ‘Pendek’ (short/shortie) which has a negative appraisal was associated with his visible physical disability. The other term, ‘Param’, was a short name for another famous Malaysian comedian. Although his stage name has no association with disability, his small stature was visible and prominent and hence ‘Param’ too is also synonymous with any Malaysian with small stature. What is more interesting is all 6 instances found in naming ‘kerdil’, ‘Pendek’ and ‘Param’ are quoted from the voice of *Public*, suggesting the public stereotyping of these terms with persons with small stature.

Overall, in this subsection, 9 instances (56.25%) of terms employed by NGO (N=8) and Authority (N=1) respectively are considered appropriate while 7 instances (43.75) quoted from Public (N=6) and Journalist (N=1) are not. Also, the existence of Malay terms in the English corpus to refer to specific impairments appears to be due to them being part of registered names. Nonetheless, the negative terms of ‘orang gila’, ‘Param’ and ‘Pendek’ have their social-cultural histories which would not carry the same nuance if translated into English and hence left in their Malay forms in the English news texts.

5.3.5 Naming people without impairment (English)

This subsection focuses on the naming of people without impairment in English only since no Malay term is found in the corpus for this purpose. This naming category is important to understand how naming of people with impairment is done in relation to people without impairment (see Section 5.1). A total of 71 phrase types with a total frequency of occurrence of 219 are identified (see Appendix 5E). Table 5.12 summarises the structures found and their frequency of occurrence.

	Structure	**Types**	**Occurrence**	**%**
People-first language	*Thing + qualifier*	5	6	2.78
Disability-first language	*Classifier + thing*	57	156	72.22
	Deictic + thing	4	39	18.06
	Adjectival group (AG)	5	18	8.33
TOTAL		***71***	***219***	100

Table 5.12 Structure and frequency of occurrence of naming people without impairment (English)

The *people/person-first* language is only realised by one nominal group of '*thing+qualifier'*. This structure is also the lowest in frequency and represents only 2.78% of the total occurrence of terms in this category. There are 3 forms of qualifiers identified with a total of 6 occurrences. The first is '*thing+preposition phrase*' as seen in the examples of 'people with normal vision' as an alterity of 'the blind' or 'visually impaired persons'; 'child with normal facial features' to compare with children with intellectual disability who might have facial signs and 'children who have normal hearing' compared to those with hearing impediment. The term 'normal' is employed in the *qualifier* to mean they are non-disabled. These 3 examples show the nominal group structure used to construct the non-disabled are 'thing+with' followed by a positive lexis, or 'thing+without' followed by a name of an impairment. In the former, naming is packed against what the person possesses and in the latter, it is packed against what a person does not. The third form of *qualifier* takes the *relative clause* in '*thing+relative clause*' structure. Only a single example of 'children who have normal hearing' is located. It adopts the term 'normal' to denote no impairment. The above instances reflect that the naming of people without impairment are generally appraised as 'normal'. As put forward in Section 5.2, the yardstick of 'normality' has to be cautioned as it could suggest that having a disability is abnormal or inherently bad.

Moving on to *disability-first* language, it seems to dominate this category of naming people without impairment (97.22% or N= 213). It comes in the nominal group structures of '*classifier+thing*' and '*deictic+thing*'. The former has the highest occurrence of 156 or 72.22%; more than a third of total occurrence in this category. Examples observed are 'able-bodied+*thing'*, 'normal+*thing'*, 'non-disabled+*thing'*, 'typical+*thing'* and 'sighted/hearing+*thing'.* Next, in the '*deictic+thing*' structure, the *classifiers* act as *thing* with a total occurrence of 39 (18.06%) or one fifth of the total occurrence. The 3 examples found are 'the able-bodied', 'non-disabled' and 'the sighted'. On *adjectival group,* the occurrence is low comparatively (N=18 or 8.33%) with terms such as 'abled-bodied', 'normal', 'physically normal' and 'sighted'.

Moving on now to voices and choices of lexis. In collective references, the lexis most used is the lay term 'normal' (N=68), mainly heard from the voice of *Family* (N=20), besides *Journalist* (N=12) and *NGO* (N=7). The next popular term is 'abled-bodied' (N=74), utilised most by *Disabled Columnist* (N=31) besides *Journalist* (N= 17) and *Disabled Adult* (N=7). 'Non-disabled' (N=31) is a preference by *Disabled Columnist* (N= 20) and *NGO* (N=7).

In terms of lexical choice to refer to people with specific impairments, the followings are observed. The first is related to sight from examples such as 'sighted' (N=20) and 'normal vision' (N=21). The voices utilising the terms are *Disabled Adult* (N=7), *Journalist* (N=6) and *NGO* (N=6). The second is related to hearing from evidence such as 'hearing' or 'normal hearing' (N=15). The voices quoted are *NGO* (N=7), *Journalist* (N=3) and *Disabled Teen* (N=2). The third impairment is related to cognition from an instance of '…without cognitive impairment' as an alterity to 'with impairment'. For this, there are only 2 instances, 1 each by the *Medical* and *Researcher* respectively. The fourth term found is 'typical' (N=3), heard from *NGO* and *Family*. 'Typical' is generally observed used in the context of 'intellectual disabilities'. The fifth is related to physique as seen in 'physically normal'. There is only 1 instance used by *Family*.

In general, this section has shown that naming people without impairment also comprises both names of persons with general and specific impairments. The *disability-first* structure is more popularly employed (97.22% or N=213) than *people/person-first* (2.78% or N=6). The lexis of 'normal' and 'typical' be they being used either as *qualifiers* or *classifiers* render disabled persons as 'abnormal' or 'atypical', with 'normality' being a subjective measurement (Darrow and White, 1998). Moreover, the terms 'able', 'hearing', 'sighted' denote that 'the have' or 'able' language continue to reiterate that disability is a deficit or lacking; this form of language accords with *ableism* that discriminates against disabled persons. Attempts to normalise disabled persons concurs with the view that disability is a 'spoilt' or 'marred identity' (Goffman, 1963, p. 15). As such, when a term is packed against a disability or impairment such as 'non-disabled' or the preposition 'without (an impairment)' as a *qualifier*, this discourse shifts the perspective and comparison to a disabled person. The alterity is one who is non-disabled, instead of 'normal' or 'able-bodied'. This explains why 'non-disabled' is a better name for those without disability (see Section 3.4.3).

5.3.6 Naming people in suicide reporting

In terms of suicide reporting, there are only 6 instances of the term 'suicide' in 6 texts out of 863 texts under study. This under-reporting, as purported by the World Health Organisation (2014), could be due to stigma and illegality of suicidal behaviours that result in those affected not being identified as they do not seek help. Poor quality of mortality data could also be due to misclassification of suicide as other causes of death (ibid).

As for naming, there is no specific term noted in the corpus for persons who attempt or at risk of suicide. Reference has only been made indirectly to descriptions of actions as seen in phrases such as ‘resort to suicide’, ‘contemplate(d) suicide’, ‘tendencies towards self-injury or suicide’ and ‘risk of suicide’. This kind of hedging is in line with recommendations made by suicide reporting guidelines.

Overall, Section 5.3 has described the naming strategies of disabled and non-disabled persons by various voices reported in the news texts. Discussions surround the structures and lexical decisions in naming and their appropriateness are evaluated based on the media guidelines reviewed in this chapter. Findings generally disclose that the majority of names phrases in the corpus adopt the *disability-first* language (see Table 5.13 in Section 5.5). While, *people/person-first* is preferred by media guidelines, findings have also presented some arising issues. The *qualifiers* in this structure seem to echo descriptive processes attempting to hide or deny differences of the minority or deviant groups (B. Perrin and Nirje, 1985). The desired intention of *people/person-first* also becomes questionable when this structure contains non-recommended lexis. Moreover, the notion *people/person-first* is also not applicable in Malay due to its different syntactic structures and thus, appearing to be restricted to the grammar and syntax of English (and languages that are typologically similar in this regard). Also located in the corpus but not in the media guidelines are the abbreviations of *people/person-first* structures and lexical choices in naming impairments, diagnosis or diseases. As discussed, abbreviations are polite strategies of the speaker/writer but they diminish the dignity of disabled persons to names as sets of letters (see Section 5.3.1).

In terms of voices, *Journalist, NGO* and *Disabled Columnist* are the voices most reported to give names in the news texts. This strongly suggests that media practitioners and NGOs are both the sources of misnaming as well as be in the positions to advocate a difference.

With findings from analyses of naming established, the next section presents opinions from the participants and institutional perspectives to better understand these stakeholders' views on naming disabled persons.

5.4 Opinions of interviewees on naming disabled persons

Data from the participants' perspective were obtained from 41 interviewees in Malaysia and coded as I-01 to I-41 here. Generally, disabled persons, key persons in disability advocacy in Malaysia, NGOs as well as professional and non-professionals were interviewed. As for the institutional perspective, the two news editors of *The Star* interviewed were I-42 & I-43. The three personnel of WHO (Geneva) are coded as I-43 to I-46 in this thesis (see Section 4.3.2 and Appendices 4D to 4G).

5.4.1 Interviews with participants

One of the interview questions was a direct query on the acceptance/appropriateness of the general term 'people with disability(ies)'. Only four interviewees (I-01, I-15, I-32 & I-39) gave a direct and definitive 'yes'. There were two (I-34 & I-37) who claimed that since 'people with disabilities' and 'PWD' had been internationally accepted, it should be accepted locally too. Another three interviewees (I-09, I-10 & I-29) opined that 'lumping' or generalising terms were inappropriate and that naming should be specific to each impairment. Similarly, another three participants (I-11, I-21 & I-26) pointed out that the phrase 'differently-abled' which had been used to substitute 'people with disability(ies)' would also need to be made more specific. For a grandparent to a child with Down Syndrome (I-16), this general term was ‘more for physical disability’ rather than intellectual disability; he seemed to imply the use of this term and its abbreviation was inclined towards a visible physical impairment.

Also as a general reference, three interviewees pointed out that society also employed terms such as ‘people with extra ability’ (I-07), or ‘people with special ability’ (I-40 & I-41). Often, these would associate disabled persons with being inspiring figures and able to cope or do more than the non-disabled i.e. a *supercrip* depiction (see Section 6.1.1). On this, I-07 argued that this had mocked disabled persons as if they could ‘fly’ and I-41 claimed that non-disabled thought disabled persons could ‘be elevated’. I-41 viewed these terms came from the non-disabled, not from disabled persons. It was not an agreeable term for these disabled persons as the ‘power’ of the *supercrip human* is false identity (Haller et al., 2006).

On Malay terms, 33 out of 41 interviewees referred to Malay terms despite all interviews being conducted or interpreted in English (sign language interpreting) with occasional code-mixing, except 2 interviews fully done in Malay. According to I-14, the most accurate translation for ‘people with disabilities’ was ‘Orang dengan kecacatan’ following the ‘*thing+qualifier*’ structure in *people/person-first* language:

> “… the term… ‘people with disability’ in English…In Malay, it would be ‘Orang dengan kecacatan’…coz for us, is like, is polite… But for Dewan Bahasa dan Pustaka… (the term refers to) the body of the disabled, we cannot use that kind of language… they said (it) is improper.... I asked around…among … people with disability, it’s like it doesn’t matter what they use… ‘ [quoted from I-14]

According to I-14, while disabled persons accepted the term ‘cacat’, Dewan Bahasa dan Pustaka (DBP), the Malay Language authority in the country had decided that it would be improper; the root word ‘cacat’ (handicap) refers to the disabled condition of the body and hence, is disrespectful to disabled persons (see Section 1.3.1).

As such, the most commonly used term had been ‘Orang Kurang Upaya’ taking the ‘*thing+epithet*’ nominal group structure. I-14 & I-32 highlighted that this term was mooted by the former Prime Minister, Tun Mahathir to replace ‘Orang Cacat’ (handicapped people). Four participants (I-06, I-08, I-16 & I-38) clarified that most disabled persons accepted the term ‘Orang Kurang Upaya’ and its abbreviation of ‘OKU’. ‘Orang Kurang Upaya’ and OKU were terms used in the Malay version of the People with Disabilities Act 2008 and officially, these were references to disabled persons in Malaysia. Highlighted in the interviews was also the ‘Kad OKU’ (OKU Card), a card given by the Department of Social Welfare to each registered person. These official documents (the Act and the card) had been recognised as the sources that formally labelled disabled persons with this name and its abbreviation.

On the question of whether the letter ‘K’ in OKU should be ‘Kurang’ (less) or ‘Kelainan’ (different), two interviewees (I-33 & I-41) revealed there was a meeting where the former Minister of Women, Family and Community Development, Dato’ Sharizat Jalil had asked disabled persons and their representatives about this contestation. The majority of disabled persons confirmed they preferred ‘kurang’. Another three interviewees (I-07, I-14 & I-32) added that disabled persons admitted that ‘kurang upaya’ would mean ‘less able’ but the term made no difference to them. A prominent blind interviewee (I-07) was quoted:

> "Maybe but I'm not speaking on behalf of entire community, but I would rather stick to the word 'kurang' instead of 'kelainan' because I do acknowledge and admit that we are not able, we are not as able as others, maybe my blind friends might not like it, if they hear me saying that, but I, as a blind person for the past 40 years and I have like 100 of blind friends, I know that *memang kita kurang (translation – indeed we lack something)* ..." [quoted from I-07]

There were also parties who disagreed with 'Orang Kurang Upaya'. Some of the reasons cited were it constructed disabled persons as 'less able' (I-01), a 'deficit', a 'lack' (I-02, I-20, I-38 & I-04) or persons who could 'not do anything' (I-39). As a general term, 2 interviewees (I-03 & I-09) felt 'kurang' was inaccurate and must be made more specific. To a parent (I-21), it sounded harsh. An administrator of an NGO (I-19) pointed out the full term 'Orang Kurang Upaya' would 'sound softer' and tone down the harshness of the abbreviated term. Despite this view, 2 NGO heads (I-19 & I-23) regarded the abbreviation 'OKU' as problematic, particularly where the social identity of disabled persons was defined by the OKU card. I-23 conveyed that in fact, even some disabled children questioned such a label:

> "Even the child themselves you know… Because he said, you know, what my mother is crazy… Giving me the OKU card… Then she ask [sic] me, 'Do you know what is OKU, teacher?' He asked me … I said, 'I don't know', I just pretend [sic] I don't [sic] know… Then he said it is 'Orang Kurang Upaya'… 'you see anything wrong with me?' he asked me… So I said, 'Of course not…'. 'So why is my mother so crazy give [sic] me that card… Why?'… You can't explain to the child…" [quoted from I-23]

Due to labelling and effects it could have on children, some parents particularly those with children with dyslexia did not register their children as OKU including I-21 and I-22 themselves. They felt dyslexia was 'correctible' and the OKU card came with ramifications on the children's social status and future.

A disability equality trainer and advocate (I-40) also strongly opposed the term 'Orang Kurang Upaya'. He said this term:

> "…clearly states that the person is the problem. This brings up the question of whether disabled people are people who are less able. On what basis do we define the abilities or lack of abilities of a person? Again in this matter, let us not lose sight of the location and the cause of the problem, and that disability is participation restriction caused by barriers as defined in the Act and the Convention…" [quoted from I-40]

His view concurred with the Social Model and that 'kurang' redirected disability to the individuals rather than restrictions from participation in society although he admitted that at the moment, there was no equivalent Malay term for 'disabled persons'. Another 2 interviewees, I-37 and I-41 also indicated the translation issue in referencing to environmental barriers.

In response to concerns about 'Orang Kurang Upaya' (less abled persons), there was also a group of interviewees who had expressed preference for 'Orang Kelainan Upaya' (differently-abled persons). They opined that 'kelainan' was a better term as disabled persons were not less (I-01, I-15, I-24, I-25 & I-18) and thus, 'less harsh' (I-21). This phrase would recognise the different characteristics of disabled persons (I-05) and being 'different' would motivate disabled persons (I-04). It is interesting to note that generally the voices that had expressed this preference were the non-disabled.

On the contrary, most of the disabled persons interviewed were not inclined towards this term. For instance, I-08 felt that the meaning was different'; I-37 said it was 'funny' and 'too mouthful to say'. I-40 had a strong opinion on this term:

> “I dislike the term 'Orang Kurang Upaya' but I dlislike it even more when some smart alecks think 'Orang Kelainan Upaya' is a better alternative. What different abilities do disabled people have?” [quoted from I-40]

Another disabled person I-41 added:

> “Of late, there is an initiative to soften the meaning of OKU even more by redefining it to ‘Orang Kelainan Upaya’ or differently abled people. The logic was that disabled people have different abilities; what those abilities are I do not know…The fact is that humanity is diverse and everyone has different abilities. If that is the case, calling disabled people ‘differently abled’ is of no meaning. It dilutes the problems that we face and devalues the advocacy efforts that we have been working on…” [quoted from I-41]

In short, disabled persons view using ‘differently-abled’ would not solve the discrimination faced by disabled persons. Moreover, there were also non-disabled administrators and advocates who disagreed with this term. It was criticised as being ‘too confusing’ (I-32), ‘too general’ and needed to be more specific (I-02 & I-20). A particular example came from the head of an NGO (I-23) who felt that those with dyslexia were not disabled but people with ‘just learning difficulty’. To other non-disabled professionals (I-15 & I-12), it made no difference and ‘differently-abled’ was a ‘matter of masking’. Indeed, I-26 thought this was a term ‘just to please ourselves (the non-disabled), better than using ‘handicapped’.’ All these views point to the disabled persons interviewed comfortable with ‘disabled’ in both senses in English and Malay while the euphemistic ones came from non-disabled in the name of politeness.

Next, on the differing views of the use of another general reference of impairments - ‘special’ and its Malay equivalent of ‘istimewa’. A volunteer at an NGO (I-38) and only 1 disabled young adult (I-39) expressed personal likings for ‘special’ or ‘istimewa’. One parent (I-27) and only a teacher (I-20) associated them with fondness. For a teacher (I-35), a child would be regarded as ‘istimewa’ as s/he was God given in line with the religious model perspective. Another parent (I-22) said ‘special’ was the only positive term she could think of to refer to her daughter's condition. To three administrators and professionals working with children with autism (I-02, I-04 and I-26), they said in their contexts, 'special' would refer to 'savants' or 'the gifted', only those with special talents in art and music generally.

For another five other participants (I-09, I-17, I-19, I-21 & I-29) however, 'special' was term associated only with children not adults and this concurs with the corpus finding of 'special' collocating with children (see Section 4.4). In fact, I-23 cautioned that 'older kids don't like it, young kids don't know'. There were also participants who expressed stronger uneasiness over 'special' and 'istimewa'. I-07, I-33 & I-41 said there was 'no need' for 'special'. A disabled person (I-37) claimed he had 'no feeling' for this word and did not 'want to be treated as a VVIP'. I-36 perceived them as derogatory and in fact, I-09 and I-03 claimed that 'special' was sarcastic and 'ridiculing'. An occupational therapist (I-04) was quoted:

> "Macam mengejek sedangkan kita tahu dia adalah ... dia cacat...dia kurang upaya... then tapi kita panggil 'istimewa'… tak ke rasa ... 'ejek aku ke?" [quoted from I-04 in Malay]
>
> Translated as:
>
> "Like ridiculing them. We knew s/he is… s/he was disabled…less abled… but we called him/her 'special'…don't you think s/he would feel… 'Is s/he ridiculing me?" [translation - quoted from I-04]

An NGO head (I-23) related that even some disabled children detested 'special':

> "Special *lagi* they don't like it (*translation: They dislike 'special' even more*)…Why am I special? Is there something wrong with me or something better with me you know, they will ask you that you see…I also feel that special, sometimes it's just not right, the meaning..." [quoted from I-23].

Further on the same question, a blind person (I-10) viewed that 'special' was 'used to underestimate the expectation for success' and thus lowering the expectation of a disabled person succeeding or underestimating his/her capability. A teacher (I-24) viewed 'special' as negative by inducing unnecessary 'special attention' to disabled persons. I-32 further confirmed that parents generally were ‘not happy with ‘special’’. A parent (I-22) commented that ‘special’ made no difference to her child but her husband would mind the term ‘special care’; he felt that his daughter ‘looked normal’ and there was nothing was special. Another parent (I-28), felt very strongly that the ‘teachers should be special’ instead, not her child. She had expressed dissatisfaction over how teachers in government schools did not know how to handle children and their specific learning impairments. Almost half of the interviewees (17 out of 41 participants) strongly stated that these ‘special’ and ‘istimewa’ must be understood in relation to ‘special needs’ or ‘(ber)keperluan khas’ in Malay. Two key persons in disability in the country, I-01 and I-29 said special needs need to be recognised and further refined as ‘what kind of needs’; then the professionals would then know ‘how to help’ and educate these children.

Taking a stronger stand, I-40 felt for equality to exist, there was no need for special treatment and as a disabled person himself, he challenged his disabled counterparts to give up their special rights to compete on equal terms as seen below:

> “…If you want to be treated equally, I don’t think to use the word something like special, is either special or… er… when I talk about rights, some people (disabled persons) er… cannot picture it, cannot understand… They still want things like free bus ride, free parking, free this free that… I said if you want to have accessible bus, and then you want to have free bus ride, who is going to provide that service for you… They want the equal right and then they want to have extra privilege as well… Is that equal?” [quoted from I-40]

Concurring with the above view, I-12 also felt that ‘special’ was a refined term but ‘used only by non-disabled’. Further, according to I-40, be they ‘special’, ‘istimewa’ or ‘khas’, these terms were simply another means of segregation against disabled persons by the majority non-disabled.

The above has shown the varying perspectives on terms for disabled persons with general reference to disability. Generally, disabled persons were comfortable with terms such as ‘disabled’ or ‘kurang’, admitted there were some forms of lacking or deficit in them but would detest any form of ‘special’ identification. They would prefer to be respected as citizens with rights, on equal terms with their non-disabled counterparts.

On naming people with references to specific impairments, preferences, particularly on structures, seemed to differ from one impairment to another. Generally, on question regarding the *people/person-first* structure, I-40 pointed out that this structure was only appropriate for specific reference to impairment. He said it should be ‘people with impairment, not (people) with disability’. His view echoed the Social Model and WHO’s ICF where disability arises from the interaction between an impairment and participation in society; an impairment on its own may not cause disability (see Section 1.2.3). For this interviewee, the *people/person-first* structure should be used only when naming people with specific impairments. Otherwise, the general reference should be ‘disabled people/persons’ in the *disability-first* form as disabled persons are disabled by social, attitudinal and environmental barriers.

Next, specifically for Parkinson’s disease, the *people/person-first* with the ‘*thing+non-finite clause*’ structure was preferred. The national body for Parkinson’s Disease in Malaysia was very clear on their preferred terminology. Its head who was a caregiver herself (I-36) was quoted:

> “…in (the) early years and some of the countries…still do, they call themselves Parkis…but people don’t like it… a lot of Pakistanis in Malaysia… So, we ruled them out totally…if you call them ‘patient’, it’s like they are sick all the time but maybe (if) they are in hospital (they are) called “patient”… so it’s like, not too encouraging. So, we rather call them ‘PWP’, people with Parkinson’s… We registered our association with (the term) ‘Parkinson’s’, although grammatically funny with (an) apostrophe... we tried to drop the (word) ‘disease’, call (it) ‘People with Parkinson’s’… Because ‘disease’... is kind of like err, not encouraging… But we don’t like, you know, sometimes the newspaper, they put

> ‘Parkinson’s sufferer’, we don’t like to call them ‘sufferer’… We do see people…suffer, I mean probably we mention that ‘he is suffering from Parkinson’s disease’, but it’s rather that we say ‘he is having Parkinson’s Disease’… word is very important because it defines a person… (when) they say ‘sufferer’ then it’s like ‘oh you know, I’m suffering’…” [quoted from I-26]

In the earlier days, the name ‘Parkis’ had been objected to as it was associated with the group of Pakistanis living in Malaysia and this term itself was regarded racist and derogatory to that particular nationality. Although there was no denial that there were experiences of suffering, the term/phrase ‘sufferer’ and ‘suffering from’ should be avoided as they would discourage the affected parties. Even the term ‘disease’ was to be avoided as ‘disease’ connoted Parkinson’s as contagious and would create fear. For this reason too, this word had also been deliberately dropped in the registered name of the association – Malaysian Association of Parkinson’s (MAPD). Another commonly used term ‘patient’ was only perceived appropriate in the medical setting. That said, MAPD recommended ‘People living with Parkinson’s’ or its abbreviation of ‘PwP’ which clearly embraced the *people/person-first* structure.

For professional caregivers working with children with intellectual and learning disabilities, 12 out of 14 interviewed expressed preference for the *people/person-first* structure in naming ‘children with autism’, ‘children with dyslexia’ and ‘children with Down Syndrome’. However, it appeared that this structure was a choice only when referring to children. As commented by an occupational therapist (I-04):

> “Saya tak pasti ... sebab...kalau Pn Pei Soo (penyelidik) ingat Vince (pseudonim)... dia suka ‘Saya autistik tau’...bila kita gaduh dengan dia...so, dia boleh bezakan ‘autistik’ tu untuk lawan kita ...(ketawa)… tapi macam kalau ...kanak-kanak yang belum faham bahasa tu, saya tak pasti .Tapi mungkin...golongan autistik yang lebih dewasa dia orang boleh faham. So I think... terpulang pada dia punya relationship hubungan dia…” [quoted from I-04 in Malay]

Translated as:

> "I am not sure…because…if Mdm Pei Soo (interviewer) remembers Vince (pseudonym)…he likes 'I am autistic, you know'…when we argue with him… so, he can differentiate and use 'autistic' against us…(laughter)… however, … children who do not understand language, that I am not sure. But perhaps…autistic adults will understand. So I think…it depends on the relationship…" [translation - quoted from I-04]

This interviewee (I-04) indicated that the *people/person-first structure* was decided for children because children did 'not understand language' and as also asserted by I-25, she said 'polite terms should be used at all times to be respectful though a child may not know.' However, a disabled adult could have a different view. I-04 highlighted a disabled young adult called 'Vince' (pseudonym) who would use the *disability-first* or *adjective* 'autistic' to refer to himself as well as knowing how to manipulate it to his advantage. This echoed some similarities with the term 'special' where in this case, the *people/person-first* structures were used with children but not with disabled adults. In short, when children were involved, others gave them names of endearment.

The question on specific terms was also posed to parents. All the NGO administrators interviewed perceived parents as their clients and their views must be respected. Other than for medical and diagnosis purposes, parents generally begged to differ when asked about specific terms for their children's conditions. They regarded their children being special only as their children, not because of their impairment. For instance, to I-03 and her teenage son, whether 'with autism or autistic, no difference, still the same.' She meant it made no difference and life moved on regardless of the terms used to describe son. For I-25, she accepted the name of her child's medical condition but when asked about perceptions, she replied:

> "I don't really care but it helps that the public recognise my daughter's disability and renders assistance and not pity." [quoted from I-12]

Caregivers generally were not too concerned about terms being used on their children. However, when the technical or medical names were given negative social meanings, protests arose. For instance, a parent (I-17) commented on ‘Down Syndrome’:

> “Because when … you say ‘Down Syndrome’…, I mean because the, the guys [sic] who found it…Mr Down (laughter)… there is one… article in the blog… (laughter), they should have changed it to either ‘Up Syndrome’ or something nice lah… there’s a blog, Einstein syndrome. Because they (children with Down Syndrome) actually, are smart. But calling them ‘Down Syndrome’, um… they got [sic] the stigma in, in our society. Even the *Mat Salleh* (*translation – Caucasian/Westerners*) also don’t like it, they are the one[sic] who created that ‘Einstein Syndrome’…” [quoted from I-17]

There were other non-medical lexis in naming intellectual disabilities deemed inappropriate by all interviewees such as ‘mentally handicapped’, ‘retard’, ‘mental retardation’ and ‘mentally challenged’. For example, I-37 claimed that the word ‘challenge’ was impolite. I-32 and I-26 further asserted that ‘mentally challenged’ was vague as ‘everyone face(d) challenges’ and would prefer ‘learning disabilities’ or ‘global development delay’. When two administrators of an association were questioned on the term ‘Mentally Handicapped’ in their registered name, I-26 and I-32 responded that they had moved on from the original term ‘mentally retarded’ but ‘whatever it is, work goes on’ despite the negative term registered.

As for the blind, they were unanimous about the name to refer to themselves and their condition. All 5 interviewees with blindness representing the oldest and biggest national body for the blind in the country accepted ‘blind’ in all grammatical forms of *thing*, *classifier* and *adjectival group* including the Malay term of ‘orang buta’ (blind person). I-06 added that in fact, blind persons like the term ‘blind’. He reiterated:

> “… a lot of people (are) very uncomfortable with the word ‘blind’, I don’t know why but actually for us blind people, we accept it as nothing… blind means blind lah you know…” [quoted from I-06]

Interviewee I-06 could not understand why the non-disabled refrained themselves from using ‘blind’ knowing or not knowing the blind accepted the term. I-09 also added that society preferred the Malay form of ‘cacat penglihatan’ (visually impaired) instead of ‘buta’ (blind) because they felt they ought to be sensitive to the blind persons. For the three senior blind persons (I-06, I-07 & I-09), they admitted that they were ‘cacat’ (disabled) and comfortable with this term although it would be more difficult for those who acquired blindness rather than those who were born blind like themselves. They had also added that using ‘visually impaired’ as a polite term to replace ‘blind’ was inaccurate. I-06 said:

> “… a lot of people tend to equate ‘visually impaired’ with ‘blindness’… But ‘visual impairment’ actually means ‘low vision’ because it means you are only impaired, it means you (have) only lost some of your sight… But a lot of people used it synonymously… I don’t think it’s correct because I think we are blind, we are really blind, we are not visually impaired because we are [sic] total loss of vision…” [quoted from I-06]

The above quote suggested that medical term of ‘visual impairment’ had been misconstrued in the act of politeness and sensitivity by the non-disabled. As explained in Section 1.3.2, there are various degrees of visual impairment or loss of vision. Similar misunderstanding had also occurred in Malay. I-08 pointed out that there were three categories or degrees of blindness in Malay that ‘need to be differentiated’. They were ‘kurang keupayaan penglihatan’ (reduced vision), ‘rabun’ (blurred vision), ‘tak nampak’ (vision loss). Further, according to I-08, a blind person who graduated with a degree in Malay Language, Malay Language had limited vocabulary to describe the medical categories. Furthermore, Malay Language emphasised politeness and hence the translation or backtranslation of Malay terms into English would result in confusions between impairment and total vision loss and subsequently, the names of persons with conditions of various degrees.

An almost similar issue was also observed in the debate between deafness and hearing impairment and thus, between the Deaf and ‘persons with hearing impairment’. I-13 clarified that ‘hearing impairment’ was a medical term, not a polite form for ‘deafness’ though some parents preferred ‘hearing impairment’ since ‘Deaf’ was associated to being a ‘person with disability’. Although hearing disability had evolved and most Deaf communities around the world had embraced the linguistic minority identity, it appeared to be a challenge still in the Malaysian context. A Deaf linguist (I-11) related:

> “I could not say that every Deaf person understands themselves as a deaf person, in terms of linguistic minority. Most of the Deaf in Malaysia viewed them [sic] as having hearing disability. I may be wrong about it and, however, based on my experience and conversation with them, they are seeing themselves as people with hearing disability…They may say they are proud of sign language, however, they don’t seem to grasp the meaning of linguistic minority…many Deaf does [sic] not understand themselves, (how) we could expect the Malaysian public to understand them?...” [quoted from I-11]

This Deaf linguist (I-11) revealed there were members of the Deaf community who had not come to terms with embracing the identity of a minority. Other than the members themselves, the media had been alleged as another source of the inaccurate terms. I-11 commented:

> “We try to tell the media not to label us as ‘hearing disability’, ‘hearing impairment, ‘deaf-mute’ and other words than ‘deaf’. However, according to the policy they are bound, they could not do it sometimes and the translation into different language has its limitations…” [quoted from I-11]

The head of the national body for the Deaf who was a Deaf person himself, also asserted that both the media and non-disabled were sources of misunderstanding. He alleged:

> “… they just, know, want some of the stories, to look good…also to make people look bad. That’s how it look [sic] like on the papers but for us, we say, ‘please use the Deaf’, but... they are the one [sic] come out [sic] with …‘deaf and dumb’, they are the one come out [sic] with the word ‘hearing impaired’, who says that? We didn’t even mention to them…

> When they say ‘OKU’ or ‘Orang Kurang Upaya’, they want to be polite, but before this, we use [sic] the word “Orang Cacat”… actually for us, ‘Orang Cacat’ is something that we accept. But of course it’s not perfect…for us is like, ok, I am, I am cacat. Or I am disabled in my own way… If I’m deaf, then I’m deaf… being too polite if we use ‘kelainan upaya’…But if they can give us this kind of terms…why they can’t [sic] accept the terms we wanted [sic] to use?
>
> …It’s not us, we have to ask the majority, why they come out with such a word, why are they changing it, why are they not following it…Because it doesn’t matter what kind of the term [sic] that they use on us, we are still disabled… It has to be the non-disabled people that you should ask the question not us...” [quoted from I-14]

In brief, Deaf individuals did not deny that they had limitations. However, the media and non-disabled had been identified as the sources that had been creating names for the Deaf without consulting with the Deaf community and despite preferences had been made known. Moreover, to all the four interviewees consulted on deafness, the use of negatively appraised coupling of ‘deaf and dumb’, ‘deaf and mute’ or ‘deaf mute’ and the overused term of ‘kelainan upaya (differently-abled)’ would add to the misconception and association with stupidity. ‘Deaf’ would be the most accurate term for people with total hearing loss both congenital and acquired. To the Deaf, ‘Deaf’ is a term of pride and this forms part of their identity and this could be seen carried in their social media names (I-14).

Turning now to the next category of naming for people without disabilities. The term preferred by the participants interviewed were very straightforward. With reference to physical disability, ‘non-disabled’ was preferred over ‘able-bodied’. I-40 justified this by asking:

> “When we look at the Paralympian, what’s his name, the historian, that sprinter, (*referring to Oscar Pistorius*), he can run faster than most of us, so who is more able-bodied?... Also when you use ‘able-bodied’, what about people who are blind, how do you define able-bodied, are they disabled-bodied, because when we use ‘able-bodied’, it’s usually with, referring to wheelchair users…” [quoted from I-40]

For those without intellectual disability, ‘typical’ would be the preference. For I-19, all children with a condition should be treated the same as the typical, not ‘normal’. There were no other references as binaries to other specific impairments by the interviewees.

Some participants opined that no label was ‘really needed’ (I-28 & I-34) to name people with or without impairments and that disabled persons should be just be known by their personal names (I-41). I-33 admitted that naming depended on the relationship of the interactants but ‘we should be focusing on diversity’, ‘getting around the issue’ and ‘gaining acceptance’ rather naming conditions. However, to I-40, a name would still be needed:

> “Given a choice, I would rather be known just by my name or as a regular person. Nevertheless, identifying ourselves as ‘disabled persons’ is a political stand my colleagues and I of the same school of thought make, in order to further our agenda for an equal and just society… Agreeing to be labelled as ‘orang kurang upaya’ is an admission that the problem that we are facing is the result of our impairments. It weakens our arguments against the injustices that we face every day because we are ‘less able’… and are therefore a part of the problem.
>
> There is no politically correct replacement for OKU at the moment. We need to take a strategic position on this matter…the disability movement in the country needs to come together to coin one term in Malay that succinctly states our position as a community of people who are still experiencing discrimination and oppression. Only when we are able to clearly define our stand on who we are, can we have the confidence to demand for what we rightfully deserve...” [quoted from 1-40]

As seen above and based on the issues surrounding the lives of disabled persons as found in the preliminary corpus findings in Chapter 4, a name would still be needed for the purpose of identification of this community, to fight for their rights and status in society. Disabled persons generally do not want naming based on their impairments or disabilities but to be known as individuals or by their names. However, as rightly pointed out by I-40, labels for groups are still needed to advocate common support and civil rights of the disabled community. A general term for disabled persons in the country had yet to be unanimously accepted. As had also been found in the previous chapter, there were underlying inter and intra group issues among the disabled community and thus as lauded by I-41, disabled persons needed to be united so as they could give their community an acceptable collective term.

5.4.2 Interviews with institutional stakeholders

Interviews were conducted with a news editor and a deputy chief editor of *The Star* to understand their journalistic policies and practices as well as three officers responsible for issues of disability at the World Health Organisation (WHO), Geneva.

One of news editors interviewed, I-43 confirmed that *The Star* had no ‘advocacy practice’ for terms related to disabled persons but generally observed ‘politically-correct terms’ using *qualifiers* such ‘living with or has’ and avoiding certain terms such as 'normal' and 'able-bodied'. When there were terms to be avoided, generally writers and editors would ‘work around the terms’ or ‘reconstruct sentences’. She was fully aware of the preferred collective name by the blind and Deaf. However, as an editor and a caregiver herself at a personal level, she felt that names for certain conditions ought to be made more specific in order to better understand the specificity of each condition. She cited an example of ‘learning difficulty’ being broad and should be further specified as ‘slow learner’, ‘autism’ or ‘high functioning’ for instance.

Another Deputy Chief Editor interviewed (I-44), stated that ‘OKU’ was a term ‘associated with stigma’ particularly the term ‘Orang Amat Kurang Upaya’ (severely disabled person). She explained that in her professional practice, choices of terminology were situational, dependent on contexts and flow of ideas. Often, she said:

> "… we are just getting around the issue. Ya, I know sometimes we are tackling the issue. I mean sometimes, we try to be sensitive to, to individuals, to, you know, carers..."

Editors of *The Star* also took suggestions from a particular disabled columnist writing for *The Star* and also cues from press releases by NGOs. When questioned on how the editors knew what was appropriate, she replied 'correctness is based on context, judgement and experiences'. This suggests that news personnel relied heavily on their experiences and ongoing on-the-job training to decide what would be suitable for dissemination. Despite the availability of media guidelines, journalistic practices generally depend on the professional experiences and on-the-job situations in the news room.

Moving on to terms used by the World Health Organisation (WHO). An officer (I-45) shared that WHO employs 6 major UN languages, one of which is English. In practice, linguistically, terminology is field-tested in a variety of situations. There is requirement for WHO to be politically correct, maintain an internationally neutral perspective, respect client relationships and preserve its reputation. As such, polite language as such the *people/person-language* would often be a choice for these purposes. I-45 also revealed that all representatives of WHO are also trained in communication particularly the standard ways of referring to health communication.

Another officer, I-46, clarified that 'PWD' and 'people with disability' were terms occupied by state orders and groups and thus, there was a need to speak to the disability communities on a term for themselves. Personally, he preferred 'people with functioning problems' which he deemed more inclusive and in line with ICF which proposes disability as arising from functioning issues in society (see Section 1.2.3).

Further, according to I-44(W), as an international body, WHO needs to meet international standards and maintain a positive vision. As such, terminology has to be ‘neutral wording’, away from ’negative wording’ ‘to express domain functions and components of ICF’. WHO is also aware of the issue involving translation into local languages of its 174 member states and thus it is currently working on issuing translation guidelines including ‘protocol for linguistic evaluation’ (e.g. provide translation report and do backtranslation of problematic terms). His office is also currently working on networks of translation at country level. WHO gives particular attention to terminology as ‘terminology comes with entitlements, benefits and identity for social assistance’ and hence affects the finances of a country.

In brief, for the purpose of international public health policies, as an international body, WHO is aware of linguistic consequences in naming disabled persons socially as well as the consequences leading to costs of welfare benefits. The body generally adopts the *people/person-first* structure with the perception that it is more neutral.

In general, this section has highlighted some of the principles and professional practices related to naming disabled persons from the participants and institutional perspectives. The interview data highlight the need to recognise that naming strategies are dependent on the membership categorisation of, or perspectives taken by the social actors in the multi-perspectived discourse at play. Each actor in society has their roles to play and constraints to address. For the institutions such as the authorities and international body of WHO, terminology has to be polite, neutral, applicable in multiple contexts, promote a positive vision, and retain a positive image of the institutions. In journalism, choice and forms of words are affected by experiences and considerations of time and space. To medical professionals, medical terms are crucial for professional efficiency and accurate diagnoses and interventions. Some disability groups have also reclaimed terms once considered negative terms, for instance ‘deaf’, ‘blind’ and even ‘crip’ (Linton, 1998). However, words that are accurate for certain parties may not be comfortable for others. As cautioned in the language guide by Disability Cultural Centre of Syracuse University (2015), while it may be appropriate for someone who is a member of a group to use a term in a reclaimed way due to having the personal experiences that allow them to understand when, why, and how to use such a term, it may not be appropriate for someone outside of the group to do so due to different identifications. As such, it appears that due to membership categorisation and multiple perspectives in play, there will be continuous circumlocutions in naming.

The following section will further consolidate these multi-perspectival views of participants and institutional perspectives with findings from the semiotic resources from *The Star*.

5.5 Findings & discussions on naming practices

Sections 5.2, 5.3 and 5.4 have analysed and mapped out the naming strategies of disabled and non-disabled persons in three sets of data sources which are 26 media guidelines, 863 texts from *The Star* and interviews with 46 participants. The first reviewed the recommended and non-recommended terms by media guidelines used internationally. The second was then analysed to understand the naming strategies used in the news medium under study. The last data set, comprising voices of participants on the ground as well as governing institutions was also reported. This was crucial to discern whether the terminology employed in the press aligned with recommendations from international media guidelines, the governing body of WHO and most importantly the perceptions of the stakeholders particularly the disabled communities themselves. By merging these, the analyses would also disclose how these perspectives co-construct and influence the directions of naming disabled persons in the country.

Considering media guidelines recommendations including variations proposed in the British document (see Table 5.4), Table 5.13 reflects how far the structures and lexical choices adhere to these documents.

No	**Naming category**				**With reference to media guidelines (structure and lexis)**			
	English terms	**Structure**			**Adherence**		**Non-adherence**	
		Type	**N**	**%**	**N**	**%**	**N**	**%**
1.	Naming persons with general reference to disability	*People-first*	324	35.30	411	44.77	507	55.23
		Disability-first	594	64.70				
2.	Naming persons with references to specific impairments	*People-first*	954	30.17	1398	44.21	1764	55.79
		Disability-first	2208	69.83				
3.	Naming persons without impairment	*People-first*	6	2.78	32	14.61	187	85.39
		Disability-first	213	97.22				
					With reference to Dewan Bahasa & Pustaka (DBP) (lexis)			
		Structure			**Adherence**		**Non-adherence**	
	Malay terms	**Type**	**N**	**%**	**N**	**%**	**N**	**%**
4.	Naming persons with general reference to disability	*People-first*	101	100.00	56	55.45	45	44.55
		Disability-first	0	0.00				
5.	Naming persons with references to specific impairments	*People-first*	16	100.00	9	56.25	7	43.75
		Disability-first	0	100.00				
6.	Naming persons without impairment	(*Not found in data set*)						

Table 5.13 Adherence and non-adherence by The Star (news texts) to terms in naming disabled persons as recommended by media guidelines (English terms) and Dewan Bahasa & Pustaka (Malay terms).

Media guidelines generally encourage the *people/person-first* structure except the *disability-first* terms like ‘disabled people’, ‘the blind’ and ‘Deaf’ adopted in the British document. In the corpus analysed, the opposite is observed (see Table 5.4). The *disability-first* structure appears to be predominant. For the English terms, this structure type encompasses two thirds in both categories of general and specific references and a close to 100% for people without impairment. This prevalence or preference for *disability-first* could either reflect that *The Star* does not adhere to recommendations by international media guidelines or disability in Malaysia as represented by *The Star* is largely influenced by social-cultural model.

When the *people/person-first* structure is combined with non-recommended lexis, this results in demeaning phrases such as ‘people suffering from mental retardation’, ‘children who are handicapped’, ‘children afflicted by Down Syndrome’ and ‘people who are stricken by Parkinson’s’ found in the English terms. Media guidelines seem to have presented grammar and lexis as separate entities without explaining how both are intertwined or how they should be combined and hence, producing erroneous and inappropriate names. As for the Malay terms, they exhibit a total adoption of the *people-first* structure as *disability-first* does not exist in the Malay typology. As such, in this study, the Malay structure is not a consideration in deciding the appropriateness of terms; it solely depends on lexical or semantic denotations as recommended by Dewan Bahasa & Pustaka (DBP).

Weighing both syntactic and lexical choices used in *The Star*, it is found that overall, slightly less than half of the terms in the categories of general and specific references to impairments in English adhere to recommendations by media guidelines with percentages of 44.77% and 44.21% respectively (see Table 5.13). In the category of naming people without impairment, only less than one fifth (14.61%) are considered suitable. As for the Malay terms, an opposite is observed. Slightly more than half of the terms found are in fact appropriate according to DBP’s proposals. Although the English and Malay terms are not comparable, nonetheless, they both suggest that half of the terms employed in corpus would be contextually and semantically considered inapt. This needs to be cautioned and it affects how disabled persons are perceived by the readers.

Analyses have also shown that there is a flaw in the proposal of the *people/person-first* structure being more sensitive and respectful towards disabled persons. It might be applicable in English but not Malay. The proponents of this structure have neglected issues of language typology. Any motive towards politeness and sensitivity should not be above preference over syntactic forms as has also been found by Halmari (2011) on Spanish terms for disabled persons. While *people/person-first* takes away emphasis from impairments, it seems to suggest the hiding of difference and deviance or marred identity (Goffman, 1963). What is post-modified in fact, according to Halmari (2011, p.839), shone ‘extra light on what it (sought) to conceal’ and thus could defeat the positive intention of *people/person-first*.

Despite this, it does not mean that *disability-first* is automatically improper. The analyses of this structure have also demonstrated that grammar is not the only determinant of the appropriateness of a term; the lexical choice in the positions of *thing*, *qualifier*, *classifier*, *epithet* and *adjectival group* describing the person and impairment have more influences in determining the positivity, neutrality or negativity (appraisals) of given names. A word in any of this grammatical category defines, describes, qualifies and classifies a person’s identity. A *qualifier*, *epithet* or *adjectival* modifies the characteristics of person. However, a word in the *classifier* position categorically situates a person in a particular group or rank. A negative term used as a *classifier* or a *classifier* in the position of *thing* further effects in the othering of disabled persons.

Moving on to perspectives from participants and institutions. Idiosyncrasies have been observed among the interview participants due to different positions taken and roles played by them in the discourse, in short, the membership categorisation of individuals and the institutions they represented (see Section 3.4.3). Simplistically put, naming practices is about who is using which term in what circumstance, for whom and why that way in a particular discourse.

In the disabled community, the blind and Deaf persons are definitive about the terms for their respective communities perhaps due longer and earlier histories of awareness of these impairments. The blind community identified that the non-disabled had been cautious about the term ‘blind’ and as such had wrongly used the medical term ‘visually impaired’ under in the name of politeness. Similarly, Deaf persons highlighted their struggles with a Deaf identity versus as persons with hearing disability or hearing impairment. These, they contended as implications of personal (un)identification among deaf persons themselves, interference and unacceptance from hearing parents, media practices and perceptions of the non-disabled. The participants representing the Deaf community and wheelchair-users had also unveiled an intra and inter group unity issue among disabled communities which had also contributed to the lack of representation for themselves on what they should be known as. It has also appeared that groups of disabled persons with physical impairments were able to express themselves better and thus be heard more, compared to their disabled counterparts with cognitive or developmental impairments.

For those representing cognitive disabilities, voices were mostly heard from their professional and non-professional caregivers as well as parents who were generally non-disabled. The analyses of the news data have discerned how the *people/person-first* structure was used to name minors such as children and babies. However, intellectually high-functioning disabled persons, both children and young adults, were aware of and sometimes rejected *people-first*, and typically rejected euphemistic terms such as ‘special’ or ‘istimewa’ and ‘differently-abled’, ‘kelainan upaya’ but approved adjectivals such as ‘autistic’ and ‘disabled’. Three adult disabled persons with intellectual impairment of average level functioning (as informed by their NGOs) were also interviewed. It was found that in terms of topic, they only spoke about their immediate contexts and daily routines but did go not beyond that. It is feared that those who have severe cognitive and speech impairments might not be able to express themselves eloquently and thus, likely to be more reliant on others to speak on their behalf. For those who are 'lower functioning', it appears that paternalistic practice by their non-disabled carers including family and NGOs would continue to persist.

In the news corpus and as reflected in the graph (Figure 5.1), findings reveal the five most frequent voices that had given names to disabled persons in the corpus were *Journalist* followed by *NGO*, *Authority*, *Disabled Columnist* and *Disabled Adult*. As for names with references to specific impairments, again *Journalist* and *NGO* were the two most frequent positions followed by the *Medical*, *Authority* and *Charity* voices. What is significant here is institutional voices seem to have dominated the naming practices in both categories. Judging by total occurrences of terms employed by the voice of *Journalist*, news producers would be regarded as the most influential in propagating terms. The second highest in both categories came from the voice of *NGO*. As found in the two interviews with the news editors, *The Star* took cues from NGOs and their disabled columnists and perhaps that explained this second highest position. NGOs are the most important agencies of voices as they represent disabled persons and their caregivers, and act as collective voices and spokespersons when dealing with the authorities. As such, it is perceived that at the national level, NGOs should be the agencies for initiating, using and advocating for the right terminology given their mediator role in the discourse.

In both categories of general and specific references, the frequencies of terms utilised by *Authority* were seen in the third and fourth positions respectively. Due to the authoritative power, this voice as well as through nationally used documents such as People with Disability Act 2008 and OKU card had officially constructed the identity of disabled persons. Hence, terms employed by *Authority* formally dictate and describe the status of disabled particularly in relation to public policy matters. Next, the *Disabled Columnist* and *Disabled Adult* were heard in general references. This suggests direct voices from disabled persons were only heard with reference to general issues but not specific conditions. *Disabled Teen* and *Disabled Children* were less heard of or rather been overpowered by paternalistic voices speaking on their behalf. For naming with references to specific impairments, the voices of *Medical* including Allied Health professionals seem to dominate this category. The news medium has enacted these voices as experts and reliable sources in naming people with specific impairments by intertexualising medicalisation of disability within the news discourse. Charity givers also had a say in naming people with specific conditions. With reference to Chapter 6, through genre hybridity, many business entities had objectified disabled persons under the pretext of charity and constructed disabled persons as ‘the have-nots’ and ‘do nots’ at the receiving ends. On the whole, it appears that those with power, expertise and financial resources (*Authority, Medical, Researcher, Charity* and *Private Service* providers) had been given more opportunities to name than family members and young disabled persons. Disabled persons should be given more opportunities to speak for themselves and make full use of the NGOs representing them as their voices. Policy makers too should actively include the disabled communities in the labelling process (Mueser et al., 1996); otherwise, the patriachical practices of policy makers would perpetuate.

The analyses of lexical choices have demonstrated that the naming of disabled persons in the news texts ranged from broad categorisations to specific impairments. Most interview participants opined that broad names such as ‘disabilities’, ‘differently abled’, ‘special needs’, ‘kurang upaya’, ‘kelainan upaya’ and even umbrella terms such as ‘learning disability/difficulty’ or ‘visual impairment’ and ‘mental disability’ were criticized as ‘lumping’. The news texts and interview data have also shown that it is not uncommon for a disabled persons to experience multiple disabilities or co-morbidity. For example, a child with Down Syndrome could also have mild to severe autism as well as attention deficit and speech disorders; persons with albinism are legally blind and another lesser known group with a double condition of ‘deaf blind’. Often, a term for a person in social policies is based on the terminology for the most predominant characteristic as described in medical diagnoses. Broad names need to be further refined for accurate intervention, education and assistance and other needs to fulfil and respect the civil rights of disabled persons. The use of medical and disability descriptors would be appropriate and necessary in the service systems such as medical, legal or policy settings. However, as purported by Hume (1994, p. 3) when ‘couched in medical jargon’, these terms could become condemnatory, judgmental and disabling.

In the context of the media and mediation of discourse (see Section 3.2), naming strategies are useful to slant a text towards a desired direction or promote a particular response from audience. Linton (1998) maintained that the control of language and reassigning the meaning of terminology used to describe disability and disabled persons is vital to show how language has reinforced the dominant cultures’ views of disabilities. Journalists are trained to avoid stereotypes and exclusionary language. However, often these are ignored or forgotten during the production stage of news (Haller et al, 2006). Haller (2015) also observed that journalists, despite being aware of media guidelines made no effort to refer to these documents perhaps due to the constraints in the news room and in the context under study, the editors had admitted that correctness was based their contexts, personal judgements and their own experiences. As such, inexperiences and lack of empathy from writers would manifest in the rearticulation and perpetuation of normative, orthodox and familiar renditions of disability (Fox, 2011; Ross, 1997).

The analyses on naming people without impairment has also presented the issue of alterity; how disabled persons have been measured against the *ableist* ideal. Campbell (2009, p.17) asserted that alterity is empty for disabled persons and the alterity is further emptied as captured in common terms and couplets and their exclusion from the symbolic, such as 'suffering from', 'afflicted with', 'vegetative', 'mentally unstable' or 'abnormal'. Similarly, the journalistic trend of saying 'differently abled' or 'special' for instance, might seem on the surface to convey that someone with a disability have positive qualities about them. Terms like these have been criticised as demeaning (Corbett, 1996), tend to be euphemistic, not frequently used by the people to whom they refer to and do not represent the lived experiences of disabled persons (Linton, 1998, pp. 14-16). 'Special' has been linked to disability with feminist struggle of 'weakness', 'secondary', 'possession', 'fondness' (see Corbett, 1996 and Section 2.3.1). Being treated 'special' does not equal 'desirable' and this image of niceness keeps the disabled 'harmless and passive'; this innocence is retained at the 'cost' of their experiences such as physical pain and perceived lack of civil rights (Corbett, 1996, p.56) Hence, language that retains a metaphorical suffering, pathos and dependency needs to be challenged.

Analyses have also disclosed that the discourse of politeness disguises the power of naming, emphasising the relative powerlessness of disabled persons rather than conferring them respect and dignity. It becomes a means of labeling and bracketing them into marginalised sectors reflecting a paternalistic practice. As Campbell (2009, p.17) argues, instead of embracing disability at the level of beingness (as an intrinsic part of the person's *self*), the processes of *ableism*, like those of racism, could induce an internalisation or self-loathing which devalues disabled persons themselves. In short, 'normality' and 'normalcy' is achieved through an unsaying - an absence of descriptions of what it is to be normal. While it is necessary to 'speak the right language' for face-saving and pragmatic purposes, politeness should not be a matter of 'agonising' (Mouffe, 2005, p. 20) over delicate sensibilities and sensitivities. There is a need to recognise the forms of exclusion that they embody instead of disguising them under the veil of politeness, rationality or morality (Mouffe, 1999, 2000).

5.6 Chapter conclusion

Both *people/person-first* and *disability-first* are found to be ideological in their own ways (Vaughan, 2009). Perhaps *person-central* language would be more accurate rather than *people/person-first* or *disability-first* considering structures of noun phrases across different languages. Also, naming should be about the inclusion of persons in society, not as people with impairments or disabilities. Principled guidelines with principled exceptions in consultation with each subgroup in the disabled community need to be established. Principles should also be set up that other than for reporting a group, labels related to disability are generally not required in reporting about individuals if the stories are about them, not their disabilities. This would require a change in newsroom culture and practices - viewing and reporting on disabled persons as members of society involved in newsworthy events, reporting on them as members of society, and naming them as individuals - as desired by a number of the interviewees as reported in Section 5.4.1 above - rather than classifying them by disability.

As seen in the examples above and discussions in Section 5.5, naming practices could be manipulated to promote attitudes towards particular social groups. Disabled persons should be respected and valued as citizens and newspapers should move away from language that devalues them (Snow, 2009). We need to recognise and caution that the linguistic sentimentality in the discourses of disability could be perceived as both the cause and implication of society's discriminatory practices against disabled persons. The multi-perspectival methodology employed here has also discerned that the multiplicity of voices, in Bakhtinian terms, would continually influence the naming of disabled persons. Even if institutions and the disabled community were able to come together to decide on agreeable terms, naming would continue to evolve. However, those groups empowered to do the naming should consciously employ enabling discursive strategies that respect disabled persons as members of the community, and their disability as an aspect of human diversity.

CHAPTER 6: REPRESENTATIONS OF DISABILITY IN NEWS PHOTOGRAPHS

6.0 Preamble

This chapter pertains to the realisations and representations of the discourses of disability in the visual genre of news photographs. Visual texts are becoming increasingly more prominent as contemporary news publications have become more multi-semiotic both in print and online platforms (see Caple, 2009, 2013; Caple and Knox, 2012, 2015; Economou, 2006, 2009, 2014; Knox, 2007, 2009b; Machin and Polzer, 2015). As espoused by Garland-Thomson (2005a, p. 5), disability is a ‘sign system’ and thus, in de Saussure’s terms, the disabled body could be viewed as a *signifier* of the social institutional view of disability (see Section 2.1). The disabled body and disability are two interdependent entities. As signs and sites, they are not excluded from semiotic construction and mediation in news photographs. They communicate ideas, concepts and attitudes about and towards disability in society. Based on these, this chapter addresses the construal and representations of disabled persons and disability in news photographs, and what these representations reflect about the system of values in society.

The main social semiotic analytical tool employed in this chapter is the visual actor analysis framework developed by van Leeuwen (2000, 2008) which consists of two networks (see Figures 6.1 and 6.2). From the context of Disability Studies, the taxonomy of visual rhetoric and cultural spectacles of a disabled body (Garland-Thomson, 2000, 2002b, 2005b) is also employed (see Section 6.1.1). However, both van Leeuwen and Garland-Thomson’s frameworks primarily centre on the depiction of the persons only. Further, findings using these frameworks in Sections 6.3 to 6.5 demonstrate that the salience of signs of disability and the accumulated emotive aspect are another two dimensions influencing the overall construal of disability. Hence, building on these, the study proposes the notion of the *perspectivisation* of disability to characterise how disability is visualised on a cline of *perspectivising* and *personising* in terms of composition configurations (see Figure 6.6). To unpack the overall evoked emotion, this chapter also engages the concept of *affect* from Appraisal Theory by J. R. Martin (2000) and J. R. Martin and White (2005). It is found that the taxonomy of visual rhetoric of disability, certain aspects of van Leeuwen's framework, as well as *affect* shapes the accumulated attitudinal meanings in images on a separate cline of *enabling* and *disabling* representations (see Figure 6.8). Subsequently, the Visual Discourse of Disability Analytical Framework (VDDAF) is developed to understand how both clines of '*perspectivising/personising'* and '*enabling/disabling*' interact as two opposing axes and how this interaction construes disability and disabled persons (see Figure 6.10 in Section 6.7.3). The framework can serve as a tool for making informed choices for news professionals and any parties interested in capturing, selecting and publishing images of disability.

In terms of organisation, this chapter first discusses the relevant literature and describes the processes and considerations in analysing both the photograph and interview data sets (Sections 6.1 and 6.2). Section 6.1 presents the ideological potential of news photographs and describes the three analytical frameworks engaged in this study. Section 6.2 explains the processes involved in analysing the 1002 news photographs from *The Star* (semiotic resources perspective) and 46 interviews (participants' and institutional perspectives), in line with the multi-perspectival methodology adopted in this study. Following this, are three analytic sections using van Leeuwen and Garland-Thomson's frameworks. Section 6.3 discusses the inclusion and exclusion of disabled actors in images, and the presence of other non-disabled actors within the inclusion and exclusion. Section 6.4 focuses on the attributes of disabled actors and their disability, while Section 6.5 investigates the visual interactions between the depicted disabled actors with viewers. Section 6.6 characterises of the representations of impairments and signs of disability. Building on findings from Sections 6.3 to 6.6, Section 6.7 proposes and explicates the notion of the *perspectivisation* of disability and the development of the Visual Discourse of Disability Analytical Framework (VDDAF).

With the analyses of the images addressed, Section 6.8 incorporates opinions obtained from the interview data for corroborative purposes. The interview data encompass views from disabled persons, key persons in the country as well professional and non-professional caregivers, which form the participants' perspective. Views were also obtained from editors of *The Star* representing the stakeholder of the news source under study; also opinions from a public health officer of the World Health Organisation (WHO) Geneva, representing the international body overseeing disability issues. Findings from both data sets point to how the *perspectivisation* of disability in images accentuates the view of the disabled body as ‘deviant’ from the ‘normate’ body. When the body becomes a ‘habitus’ in Bourdieu’s (1977; 1990) term, it becomes the social location interacting with and reflecting a system of exclusionary practices. This chapter then suggests that the management of *perspectivisation,* as illustrated in VDDAF developed in this chapter, would contribute to the acquisition of better social standing for disabled persons in an enabling and inclusive society.

6.1 Representation of disabled visual actors and disability in news photographs

Photographs are perceived as representations of reality as they adopt naturalistic coding orientations (van Leeuwen, 1996) and provide a point-by-point correspondence to what is in front of the lens (Barthes, 1973, 1977; Sontag, 1977). Specifically, press photography claims that what was captured accurately reflects the situation or event as it was witnessed (Larsen, 2015; Schwartz, 2012). While being valued as neutral records of events, news photographs can be 'carefully crafted' (Schwartz, 2012, p. 231) which Barthes (1977, p. 19) termed as 'inherent paradox'. J. Snyder and Allen (1982) purported that photographers make a number of characterisations of images with choices of equipment, how equipment is used and influenced by the orientations and viewpoints of photographers (see Sontag, 2003). As such, photographs carry two layering of meanings as proposed in the Barthian visual semiotics (1973, 1977). They are *denotation* (what or who is being depicted?) and *connotation* (what ideas and values are expressed through what is represented, and the way in which it is represented). These 'perceptual' and symbolic 'cultural' messages are inseparable and presented concurrently as 'one'. Photographs are not arbitrary but instead, they are ideological (Barthes, 1977, pp. 35-37).

Building on Barthian view, van Leeuwen (2008, p. 137) argued that meanings are read into the images by the viewers rather than only encoded into the images by the producers. For van Leeuwen (ibid), the denotative question should not just be the 'what' and 'who' but also 'how are depicted people related to the viewers?' This argument is paramount in this thesis as news photographs are about dissemination of information to the public and as such, it is necessary to address the concern of their construals in relation to image-viewer interaction. Also, images might not always show 'what is' but allude to ideological underpinnings that are not explicitly expressed (van Leeuwen, 2008). The value of a photograph is not determined solely by the questions of authenticity, correctness or truth (Arnheim, 1974), but also by intention and histories - what it means, who makes it, for whom it is made and why it is made the way it is made (J. Snyder and Allen, 1982). Hence, this chapter aspires to make explicit the connotations or allusions news photos might have in constructing disability and on the psyche of viewers of these images.

6.1.1 Visual rhetoric of disability

As highlighted in Chapter 2, disability is viewed as an outcome of impairment, a form of ‘biological determinism’, where society focuses on physical difference (Shakespeare, 1996, p. 95). It is constructed as the embodiment of corporeal insufficiency and deviance from the neologism of ‘normate’ bodies (Garland-Thomson, 1997, p. 8). The ‘normate’ is the composite identity position held by those unmarked by stigmatised identifiers of disability. It is the imagined man who has self-determination, independence rational thinking ability and physical sturdiness. The ‘normate’ is also the ‘constructed identity of those who, by the way of bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them’ (ibid; Goffman, 1963). Premised upon this formulation, Garland-Thomson (2002c, 2009) has also unpacked why the disabled bodies are stared at while others wield the stare.

Many bodies marked as ‘stareable’ including disabled, gender queer, racially diverse, poor, female, and ethnically different bodies tend to be stared at in social settings (Garland-Thomson, 2005b, 2006, 2009). Staring, an ocular startle in response to novel stimuli, is a universal and natural physiological impulse among sighted people when encountering visibly distinctive bodies (ibid). It could result in social blunders as staring is considered as illicit looking; the disabled body is at once the ‘to-be-looked-at and not-to-be-looked at’, further dramatising the staring encounter by making viewers furtive and the viewed or ‘starees’ defensive (Garland-Thomson, 2000, p. 57). Photography, however, has authorised this staring in the absence of actual disabled bodies as photographs are meant to be looked at. This form of participation in a disabled person’s moment of vulnerability would transfix and ‘anaesthetise’ viewers (Sontag, 1977) and permits a more intense form of staring than an actual social interchange might support (Garland-Thomson, 2000). Disability photography thus offers the spectator the pleasure and license of ‘unaccountable, uninhibited, insisted looking’ and hence those ‘violent ocular interactions’ could transform the subjects into the Other (Garland-Thomson, 2002b, p. 58). It could possibly ‘corrupt’ them more than drawing out their ‘conscience and compassion’ (Sontag, 1977, p. 20).

Photographs organise our perceptions and shape the objects as they depict them by using conventions of presentation that invoke cultural ideas and expectations. Visualisations of disabled persons in photography act as powerful rhetorical figures that elicit responses or persuade viewers to think or act in certain ways. The disabled bodies are appropriated for the purposes of constructing, instructing, or assuring some aspects of putatively non-disabled viewers (Garland-Thomson, 2002b). The visual rhetoric seldom occurs discretely but is integrated into photographs. For this, Garland-Thomson (2000, 2002b) proposed a taxonomy of four primary visual rhetoric of disability (*wondrous, sentimentality, exotic* and *realism*) in understanding and analysing how the disabled body is represented in images.

Wondrous or the *supercrip* photographs in contemporary representation emphasise admiration for the achievement or mastery of ordinary tasks such as the visual of a blind person climbing rocks or an unarmed person using his/her toes to write or paint. It is a mode of representing disability that elevates and enlarges the strange mark of impairment in a familiar context, juxtaposing the extraordinary with the ordinary (Garland-Thomson, 2002b). This visual context evokes adulation for accomplishing what the normalised viewer takes to be a superhuman feat (ibid), and thus perceiving the ability of a disabled person in overcoming hurdles as heroic and inspirational (Hardin and Hardin, 2004; J. J. Martin, 2010). Presenting someone as inspirational is another way of pitying them for the ‘tragedy of their fate’ and hence, a false power (Haller, 2000). Disabled persons would prefer a legitimate recognition of their accomplishment without the *supercrip* stereotype (R. J. Berger, 2008).

The second visual rhetoric is *sentimentality*. While *wondrous* elevates and enlarges, *sentimentality* diminishes. It reduces a disabled person to an image of sympathetic victim, helpless sufferer, invoking pity and needing protection and frequent contributions (Garland-Thomson, 2002b, p. 63). This disempowers disabled persons through the discourse strategy of what Bolstanski (1999, p. 7) termed as the ‘politics of pity’ that renders viewers the ‘spectacle of suffering’ (Chouliaraki, 2006, p. 1) and ‘vulnerability’ (Goggin, 2009; Sontag, 1977). *Sentimentality* objectifies disabled persons and makes them occasions for the viewers’ own narratives of profess, improvement or heroic deliverance (Garland-Thomson, 2002b, p. 64). The accentuation of suffering shifts power to the viewers for humanitarian reforms particularly in charity discourse or increasing faith in clinical or scientific treatments in the medical discourse. It projects disabled persons as small and vulnerable and to be saved by a benevolent agent (ibid; Chouliaraki, 2006).

The third visual rhetoric is *exotic*. While wondrous enlarges a disabled figure and sentimentality makes them small, exotic depicts a disabled figure as strange, alien and distant. Garland-Thomson (2002b, p. 68) provided an example of a shot of a double-amputee celebrity cover girl, depicted as a high-tech bionic mannequin in her prosthetic legs. This mocks the idea of the perfect body that has been the ideal in the fashion and modelling industry. Instead of concealing, normalising or erasing disability, through sensationalism or eroticism, *exotic* photographs become arresting images that manipulate hyperbole and stigma traditionally associated with disability. It serves to upset the ernest, asexual, vulnerable, courageous image of disability in *wondrous* and *sentimentality* (Garland-Thomson, 2000, pp. 66-69).

The fourth and final visual rhetoric is *realism*. While *exotic* cultivates estrangement and exceptionality, *realism* minimises distance and difference by establishing a relation of contiguity between viewers and the viewed (Garland-Thomson, 2002b, p. 69). It regularises the disabled figure, routinises or normalises disability imagery as familiar and sometimes minimising the visual mark of disability. For example, the image of a Barbie doll in a wheelchair or a person with Down Syndrome in a public school uniform. Realist disability photography is the rhetoric of equality; representations banish the strange and cultivate the ordinary, installing disabled persons in the realm of human commonality and dismantling the assumption that disability precludes accomplishment (Garland-Thomson, 2002b, p. 74).

Garland-Thomson's visual rhetoric of disability is a means of perceiving disability not as a state of bodily inferiority and inadequacy but as a culturally fabricated narrative of the body resembling the functions of race and gender (see Sections 2.1 and 2.3). She argued that disability is a system that produces subjects by differentiating and marking bodies. It is a system for interpreting bodily variations, relation between bodies and their environments, a set of practices that produce both the disabled and non-disabled bodies, and a way of describing the inherent instability of the embodied self (Garland-Thomson, 1996, 2000, 2002b; Goodley, 2011).

While Garland-Thomson's taxonomy is comprehensive in understanding the visualisation and interpretations of images of disability, she seems to have focused on visible disability and images of disabled persons only. Disability also comes in invisible forms and hence images of persons with invisible disabilities should also be investigated (see Section 6.6.2). Photographs related to disability news stories may or may not include disabled persons and often, other visual actors are also represented in the visual interactions. Hence, the presence and absence of disabled actors should also be analysed in relation to existence of other visual actors to understand how the interactions in the visual discourses could be construed by viewers. As such, van Leeuwen's (2000, 2008) framework of visual actor analysis is deemed apt as the main analytical tool for the purpose of this study (see Section 6.1.2). Garland-Thomson's taxonomy will be referred to augment interpretations and support findings.

6.1.2 Depiction of visual social actors and image-viewer interactions

Following Kress and van Leeuwen (1996; 2006, pp. 114-154), van Leeuwen (1996, 2008) adapted his social actor network, developed for analysing verbal texts, for the domain of visual communication. He produced two complementary networks: the Visual Social Actor Network (Figure 6.1) for analysing how people are depicted in images, and the Representation and Viewer Network (Figure 6.2) to address image-viewer interaction.

Influenced by the system networks in Systemic Functional Linguistics (SFL), van Leeuwen's networks need to be read from the left to right. The curly bracket represents a logical 'and'; the square bracket a logical 'or' and the downward sloping arrow (↘) means 'is realised by'. To provide an example of the working of the network, please see the Representation and Viewer Network (Figure 6.2). Representations could be analysed in terms of *distance*, *relation* and *interaction*. In *distance*, actors could be depicted as socially *close* as realised by close shots, or *far* if realised by long shots. In *interaction* as another example, it could either be in the form of *direct address* or *indirect address* by the actors. *Direct address* is realised by the represented person looking at the viewer, while in *indirect address*, the actors do not look at the viewers. This is the way the system network operates.

Moving on to detailing the first network which is the Visual Social Actor Network. In this network, van Leeuwen (2000, 2008) focuses on how actors could be represented and othered by certain representations in images (Figure 6.1). However, for the purpose of this thesis, the two characteristics of *suppression* and *backgrounding* in *exclusion* from van Leeuwen's (2008, p. 52) Social Actor Network, have been added to explain how symbolic exclusion is realised visually.

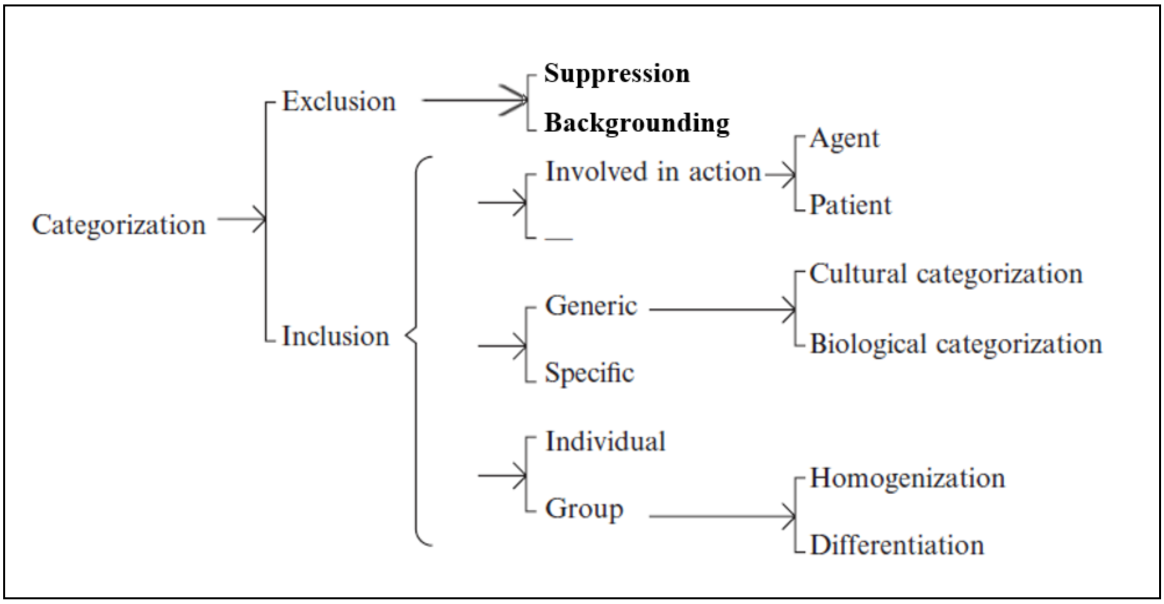


Figure 6.1 Visual social actor network (van Leeuwen, 2008, p.147) – items in bold added

Similar to verbal texts, in visual texts, there is an option of the inclusion or exclusion of a particular member of the society and in this case, the disabled persons. The absence of disabled persons in disability news photographs can be symbolically viewed as a form of social exclusion, not acknowledging their existence or even decontextualising them (van Leeuwen, 2008). In the case of *suppression*, there is no reference to or a total absence of the disabled actors in images. In *backgrounding*, the actors are included elsewhere in the image but they are not the main actors or characters in that image. In short, they are included in the image but symbolically excluded in representation.

Even if included, the roles and categorisations of disabled actors could also consequent in the Othering. In *role,* disabled persons are involved in an action as the *agent* or *patient,* that is either as the doers of action or people to whom the action is done. The *agent* role could be symbolically oppressing if disabled persons are excluded from certain roles or given subservient or negative agentive roles. The *patient* role could be equally confining. For instance, when a disabled actor is represented as the disadvantaged on the receiving end in charity discourse, or a patient in the medical context. Generally, in cases of insignificant agentive role, a *patient* role or no role at all is assigned to the disabled actors in the visual discourse could perceived as limiting.

The actors could also be represented in a *generic* or *specific* manner. Van Leeuwen (2000, 2008) differentiated this by concentrating depiction on what makes a person unique versus what makes a person into a certain social type through stereotyping. In the context of study, the questions asked about the person would be: ‘Is this about a specific person with a specific impairment’ or ‘all persons with this specific impairment?’ or even the broader ‘all persons with disability in general?’ Both the *generic* and *specific* about the persons and their impairments are often mixed which often dangerously ‘naturalise’ the stereotyping (van Leeuwen, 2008).

Depicted actors could also be represented either as *individuals* or as a *group*. Groups are often homogenised by their same or similar appearances to diminish individuality. Actors can be categorised according to socio-cultural or biological characteristics. Recognisably, disability carries biological characteristics. Markers of biological impairment could come in the forms of standardised or unrealistic exaggerations of physical features to connote certain associations with the sociocultural group depicted (see Section 6.6.2). For instance, an image might highlight the facial characteristics of a person with Down Syndrome or short limbs of a person. These biological features are regarded as ‘in the blood’ and ‘ineradicable’ (van Leeuwen, 2008, p. 146). Highlighting and marking physical features are discursively constructed and meant to enable recognition, but also have symbolic values which are essentially cultural (ibid).

To visually represent people as Others, van Leeuwen (2008, p. 147) purported three strategies. The first is *exclusion* by not presenting people at all in contexts although in reality, they are present. Secondly, depicting people as agents of action which are held in low esteem or regarded as subservient, deviant, criminal or evil; or being confined as helpless or disadvantaged recipients of assistance and support. Thirdly, people could be seen as Others when perceived as homogeneous groups and hence, denying them individual characteristics or differences. Although these strategies carry cultural connotations, van Leeuwen cautioned that the strategies by themselves may not necessarily be culturally prejudiced or racist. However, with different combinations and at various degrees, and when taken with in relation to particular histories of oppression, a phenomenon similar to ‘visual racism’ could exist (van Leeuwen, 2000, p. 333). This can be linked to the intersectional characteristic of ‘disability and racism’ in the discourses of disability (see Section 2.3.5).

While the above explains the Othering through the *inclusion* or *exclusion* of the depicted in images, the Othering could also occur in image-viewer interaction. In this study, the question of ‘how a disabled person is represented in the photograph itself’ must be understood with ‘how or what is a viewer’s relation to the disabled persons represented in the news photographs’. The latter can be uncovered by the Representation and Viewer Network (Figure

6.2) where van Leeuwen (2008) proposed the three social dimensions of *distance*, *social relation* and *interaction*.

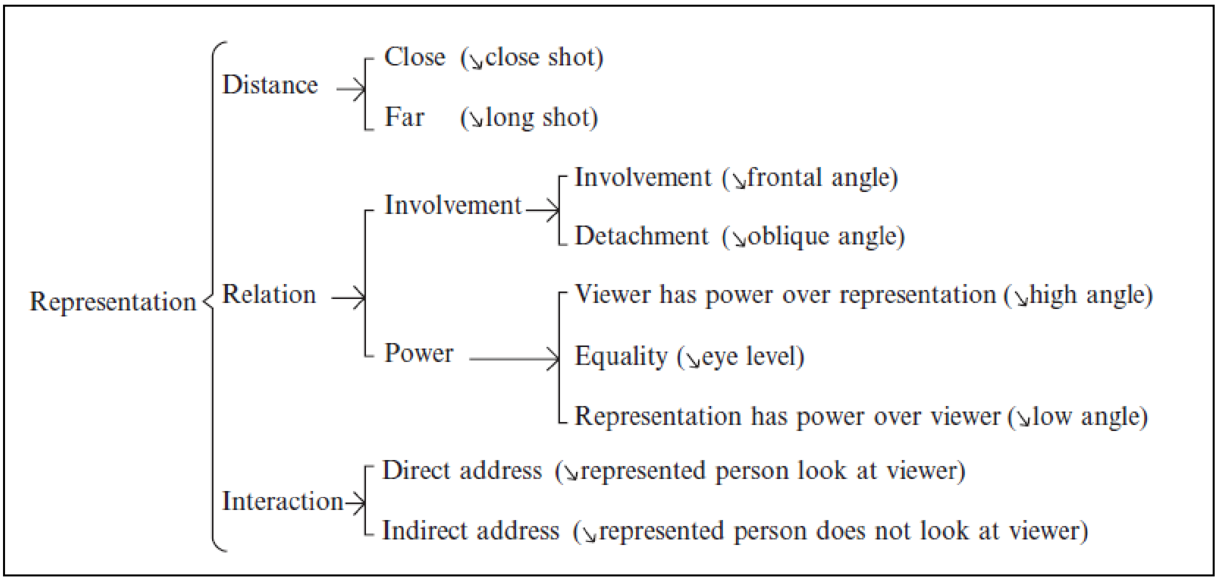


Figure 6.2 Representation and Viewer Network (van Leeuwen, 2008, p.141)

In the first dimension, the depicted actors and viewers could have a close or far social *distance*, as represented by a close or long shot. However, for the purpose of this study, the original distinction in Kress and van Leeuwen (2006, pp. 124-125) of close-up, medium and long shots is adopted as it addresses the in-between of close and long shots. A close or close-up shot shows the head and shoulder of the subject, the medium cuts off the subject approximately at the waist or knees. The long shot shows the full human figure and occupies about half the frame height. However, these are approximations that need to be placed on a continuum as there are many variants involved (ibid). *Distance* communicates interpersonal relationships. Depending on contexts, a close shot could be interpreted as intimate or confronting; a medium shot denotes a social distance and a long shot suggests a distant relationship with the viewers (see Section 6.5.1).

Secondly, the angle of the shot depicts the social *relation* between depicted people and viewers. It communicates power and involvement from the angle from which we see a person. The vertical angle (*power*) relates power differences. Viewers could look at the depicted persons from above, at eye level or from below. From above, one would be looking down at the represented actors; this angle allows the exertion of imaginary symbolic power and putting the viewers in a higher position and hence, a social elevation of the viewers. Conversely, when viewers look up to the depicted actors (from below), the actors have symbolic power over the viewers. When the angle is at eye level, it suggests an equal relationship (see Section 6.5.4). The other angle is the horizontal angle (*involvement*) which communicates symbolic involvement or detachment. Shots of depicted people could also be taken from the frontal, side or oblique positions. A frontal or face to face would be deemed ‘demanding’ and involved the viewers but a side or oblique angle suggests a sidelined position of the depicted as they are detached from viewers’ view (see Section 6.5.3).

The third dimension is social *interaction* (*gaze*); it concerns whether the depicted people look at viewers directly or indirectly (van Leeuwen, 2008). When they look at the viewers with direct gaze, it is a symbolic *demand* of the viewers to command or gauge attention and connect with the readers (Kress and van Leeuwen, 2006). Otherwise, by not looking, it gives the illusion that the depicted do not know they are being looked at or watched (Kress and van Leeuwen, 2006). They are ‘offered’ to viewers’ gaze voyeuristically, as a spectacle for dispassionate scrutiny, instead of as interactants (van Leeuwen, 2008). It is an imaginary barrier to provide a sense of disengagement from the viewers (see Section 6.5.2).

When combined, the dimensions of distance, angle and gaze create realisations of different ways of depicting people as Others. According to van Leeuwen (2000, 2008), the three possible strategies are firstly through *distanciation* where the depicted are not close to viewers and thus as strangers. Secondly, via *disempowerment* where the depicted are positioned below viewers or downtrodden. Thirdly, through *objectivation* where people are made as objects of scrutiny rather than subjects addressing the viewers with gaze and symbolically engaging with the viewers.

In summary, van Leeuwen (2000, 2008) proposed two complementary networks to understand visual representations of disabled persons; how they could be othered via understanding how they interact with the viewers and how they are represented in the photographs themselves. Concerns include whether disabled persons are

> …depicted as **involved in action or not**, and, if the former, whether they are involved in it as *agents* or *patients*; whether they are depicted as *individuals* or *groups*, and if the latter, whether they are *homogenised* or *differentiated*; whether they are depicted as *specific* or *generic* individuals and if the latter, whether the representation carries *cultural connotations* or *physical stereotypes*. On the basis of these methods eight strategies of visual racism are recognised and exemplified, *symbolic distanciation*, *symbolic disempowerment*, *symbolic objectivation*, *exclusion*, *representation as agents of negatively valued actions*, *homogenization*, *negative cultural connotation* and '*racial' stereotyping'…* (van Leeuwen, 2000, p. 333)

While van Leeuwen has comprehensively elucidated the above, when applied in the current dataset, his two networks only address the persons but not the disability. Thus, Garland-Thomson's taxonomy of the visual rhetoric of disability (Section 6.1.1) complements van Leeuwen's networks in understanding the emotion created through visual rhetoric choices in depicting both persons and their disability. Apart from representing people and their disability, the confluence of content, composition and visual interactions in image also adds another layer of accumulated attitudinal meanings (see Economou, 2006). To unpack this, the analysis of *affect* in Appraisal Theory is brought in, in order to take into account the attitudinal meanings not otherwise analysed. This will be expounded in Section 6.1.3.

6.1.3 Emotive dimension in images

As explained in Section 6.1.2, in order to dissect the overall accumulated attitudinal meanings in images of disability, *affect* from Appraisal Theory is employed.

Appraisal Theory, which falls within the paradigm of Systemic Functional Linguistics (SFL), is concerned with the semantic resources used to negotiate emotions, judgements and valuations (J. R. Martin, 2000). To understand attitudes and ways of feelings in evaluative language, J. R. Martin and White (2005) and J. R. Martin (2000) developed a system of attitudinal meanings involving three semantic regions, traditionally known as emotion, ethics and aesthetics. The emotive dimension of meaning is known as *affect*. To classify *affect*, J. R. Martin and White (2005, pp.46-52) and J. R. Martin (2000, pp.149-155) developed six considerations for distinguishing emotions in their typology for the verbal language:

1. Are the feelings as construed by the culture as **positive** or **negative** *affect?*
2. Are the feelings realised as a **surge of emotion**?
3. Are the feelings construed as **directing at** or **reacting to** specific trigger or a **general ongoing** mood?
4. Can the feelings can be **graded** in intensity in a cline scale of 'low-median-high'?
5. Do the feelings involve **intention** or **reaction**?
6. Feelings can grouped into 3 major sets:
    1. '**un/happiness':** matters of the heart such as sadness, hate, happiness and love
    2. '**in/security':** the ecosocial well-being related to expressions of anxiety, fear, confidence and trust
    3. '**dis/satisfaction':** emotions related to telos (the pursuit of goals) such as ennui, displeasure, curiosity and respect

In short, *affect* is modelled as a semantic resource for construing positive and negative emotional feelings, responses and dispositions within discourse.

In images, the emotion or *affect* could be visualised through facial expressions and other non-verbal behaviours of the visual actors. In research in Psychology, over 75 studies examining judgements of facial expressions demonstrated universality across cultures (Matsumoto et al., 2008). Relying on advances in photography and anatomy, Darwin (1872) was the first to suggest that muscle actions (facial expressions and other non-verbal behaviours) involved in emotions were universal (Figure 6.3). He described eight basic emotions – anger, contempt, disgust, fear, happiness, joy, sadness and surprise. These were central to his theory of evolution, suggesting emotions and their expressions were biologically innate and evolutionarily adaptive (Matsumoto and Hwang, 2011). Studies on congenitally blind individuals also produced the same facial expressions as sighted individuals (Cole et al., 1989; Matsumoto and Willingham, 2009). Further studies by Matsumoto et al. (2008) collapsed Darwin's 'joy' with 'happiness'; they found a strong evidence for universal expressions of seven basic emotions instead. These were captured as images as seen in Matsumoto and Hwang (2011, p. 1) (Figure 6.4).

Emotion	Facial element	Other non-verbal element
Anger	Nostrils raised, mouth compressed, furrowed brow, eyes wide open, head erect	Chest expanded, arms rigid by sides, stamping ground, body swaying backward/forward, trembling
Contempt	Lip protrusion, nose wrinkle, partial closure of eyelids, turning away eyes, upper lip raised	snort, body expiration, expiration
Disgust	Lower lip turned down, upper lip raised, expiration, mouth open, spitting, blowing out, protruding lips, throat clearing sound, lower lip and tongue protruding	Nil
Fear	Eyes open, mouth open, lips retracted, eyebrows raised	Crouching, paleness, perspiration, hair standing on end, muscles shivering, yawning, trembling
Happiness	Eyes sparkling, skin under eyes wrinkled, mouth drawn back at corners	Nil
Joy	Zygomatic and orbicularis muscles contracted, upper lip raised, nasolabial fold formed	Muscles trembling, purposeless movements, laughter, clapping hands, jumping, dancing about, stamping, chuckling/giggling
Sadness	Corners of mouth depressed, inner corner eyebrows raised	Low spirits
Surprise	Eyebrows raised, mouth open, eyes open, lips protruding	Expiration, blowing/hissing, open hands high above head, palms toward person with straightened fingers, arms backwards

Figure 6.3 Descriptions of facial muscles and other non-verbal behaviours considered universal by Darwin (Source: Matsumoto et.al, 2008, pp.213)

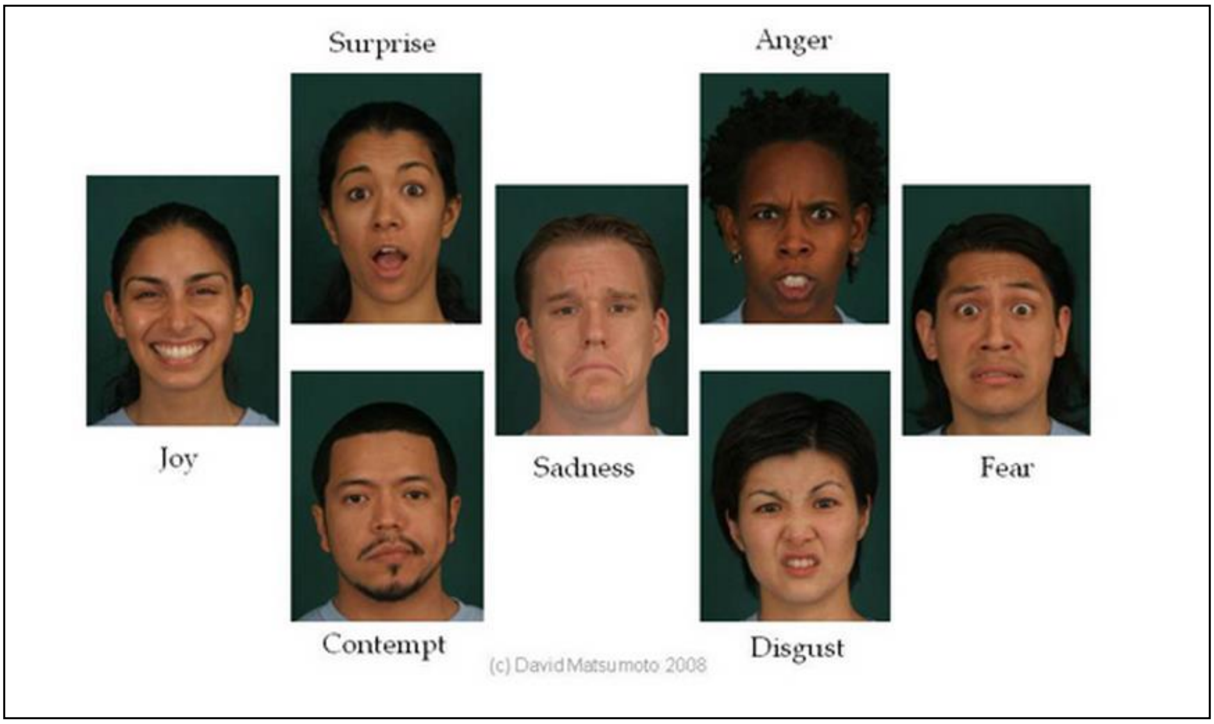


Figure 6.4 The 7 basic emotions and their universal expressions by Matsumoto et al. (2008) (Source of image: Matsumoto & Hwang (2011, p.1)

Central to an evolutionist analysis of emotion is the premise that the understanding of emotions and expressions could help solve social problems (see Ekman, 1992; Tooby and Cosmides, 1992). Keltner (2003) outlined three important reasons for understanding them. Firstly, it could provide information about the expresser's emotions, intentions, relationship with other interactants and the relationship with the environment (physical or social cultural). Secondly, expressions and *affect* trigger responses, particularly emotions, from viewers. They affect interpersonal relationships with the viewers of images. Thirdly, the evoked interpersonal relationships could lead to desirable or undesirable social behaviours and practices in society. Consistent patterns of emotions depicted in press photographs, then, could contribute to shaping and reshaping the broader social cultural and ideological environment of the discourse and consequently the socio-cultural views of disability. This is similar to the concerns highlighted in critical discourse perspective (see Section 3.3).

In social semiotic research into emotive meanings, Feng and O'Halloran (2012) formulated paradigmatic systemic options in meaning making resources where they combined facial expression, touch, and body orientation. The systems were applied in the analysis of American and Japanese comics; they found anatomising embodied emotion useful for creation of emotive meaning in visual art. Chen (2009) applied J. R. Martin and White's (2005) appraisal analysis on pedagogic materials for teaching English in China. Her study showed the visual semiotic features contain attitudinal shifts of emotional release to a more institutionalised type of evaluation. She cautioned a need for a critical understanding of meanings applied in visual elements in teaching materials. In the context of media texts, Economou (2006, 2009, 2010, 2014) studied appraisal in visual semiosis and verbal-visual intersemiosis in Australian and Greek newspapers. She highlighted how meanings could be accumulated in images through depiction of social actors, actions and circumstancial elements. She generally referred to *affect* in two broad categories of positive or negative *affect*. She further developed the force system to describe how the power of attitudinal package is given more impact by visual graduation choices made by the photographers through means of quantification, repetition and intensification of the elements in images (Economou, 2014, pp. 186,194-196). In the context of online newspapers, Knox (2007, 2009b) investigated the homepages of an Australian newspaper. He found that thumbnail images evoke emotions and align readers to a set of interpersonal values that set up the preferred sections to be read. Generally, the above studies confirm that visual choices and arrangements in the visual pre-orientate readers towards certain attitudes and positioning (stance) which with the institutional orientation of the particular medium. These also concur with Barthes' and van Leeuwen's dispositions of images carrying implied socio-cultural and ideological connotations (see Section 6.1).

Premised upon the above, Darwin's descriptions of eight basic emotions (Figure 6.3) and images of seven basic emotions (Figure 6.4) appear consistent with the six considerations in the typology of *affect* developed by J. R. Martin and White (2005). However, the nature of the study undertaken here echoes more of Economou's (2006, 2009, 2014) observations on the confluence of elements, compositions and interactions framed within the photographs, as well as the overarching and accumulated emotive aspect evoked. As such, following Economou, the evoked *affect* in the study here will be broadly categorised as positive or negative *affect*. In order to address the intensity of *affect* in visual graduation in Economou's term, J. R. Martin and White's cline scale of 'low-median-high' (see consideration No.4) will used to describe this intensity of emotion.

In this study, the overall *affect* in the visual is also observed reliant on the story, activity type or event represented and the overall context. Activity type is a ‘structured sequence of actions’ that include the ‘participants of activity’ in which they are ‘socially constituted’ (Fairclough, 1992c, p. 285). The preliminary corpus study in this study has identified five main themes of activity types in the data set - ‘education’, ‘early intervention/rehabilitation’, ‘social welfare’, ‘finance’ and ‘charity’ (see Section 4.4). The activity type depicted could modify *affect* along the ‘low-median-high’ scale, or completely shift the emotive tone of the composition. For instance, in the activity type of charity, the visual rhetoric of *sentimentality* could reduce disabled persons to the *patient* role and evoke pity. However, according to Hevey (1992), images of charity often depict happy smiley recipients. This moves the tone of pity to a happier positive *affect* which construes disabled persons as happy and contented dependents (Mohd Don and Ang, 2014); the social meaning is then altered. Thus, to analyse and understand the construal of *affect* in the visual, non-verbal behaviours including facial expressions must be read together with the visual rhetoric of disability (see Section 6.1.1), as well as the activity types depicted in the images. Signs of emotion signify different meanings in different social contexts.

On the whole, Section 6.1.3 has argued the overarching emotive tone in images of disability is dependent on the visual rhetoric and the configuration of elements in a composition. Together they conjure the positive or negative interpersonal meanings and enact an enabling or disabling representation of disability. With the pertinent literature related to the visual representations of disability presented, the following section will describe the steps taken and considerations given in processing, organising and analysing the photograph and interview data sets.

6.2 Processing news photographs and interview data

Out of 863 news texts under study, only 564 texts have accompanying photos while 299 consist of verbal text only. A total of 1002 news photographs were found in these 564 visual-verbal texts. The focus of this chapter is on the visual representation in individual photographs, not the complexity of inter-related photographs. As such, all photographs were treated as individual photos despite some of them being published as photo essays.

To organise and tag the set of photographs and hence the ‘data set’, the photos were fed into a qualitative analysis software package, Nvivo10, and individually coded. Key terms for codings were related to the attributes and characteristics of disabled persons and impairments, as well as the characteristics outlined in van Leeuwen’s networks (see Section 6.1.1). The matrix coding function in Nvivo10 was then utilised to provide quantitative data and sorted in Microsoft Excel to further understand the extent of a particular characteristic or phenomenon. Findings from the analysis of photographs (semiotic resources perspective) were then triangulated with 46 interviews (participants’ and institutional perspectives).

The purposes of the interviews were twofold (see Section 4.3). The first was to obtain the interviewees’ comments on the way *The Star* newspaper had captured photos of disabled persons and if there were appropriate and accurate representations (see Appendix 4D for interviewee profiles). A set of photos representing selected impairments found in the data set were also shown to interviewees (see Appendix 4F). These photos were shown without captions as the aim was to identify whether the impairments were identifiable from the images alone.

To further understand the news photographs, Table 6.1 displays the sections in *The Star* where all the 1002 photographs were sourced from.

Location of photographs in newspaper sections		**Count of photos**	**%**
	Name		
Main	*Nation*	100	9.98
	International	6	0.60
Pull-out	*Star2*	232	23.15
Regional pull-out	*Metro Central*	342	34.13
	Metro North	126	12.57
	Metro South East	122	12.18
	Metro Perak	6	0.60
	Metro Sarawak	68	6.79
	Total	**1002**	**100.00**

Table 6.1 Location of photographs found in the various sections of The Star

The highest number of photographs came from the regional pull-outs with a total of 664 photographs (66.27%). Metro Central itself recorded the highest frequency of publication of photographs (342 photos), comprising one third (34.13%) of the total. This pull-out was for distributions in the Klang Valley, the heart of political and business activities which is also the most socio-economically advanced region in the country. It is also a location with a high density of the English speaking community and middle class professionals. This is likely to suggest a higher level of awareness of disability in this region and hence, a higher frequency of publications. The second highest was the pull-out of Star2 (N=232 or 23.15%) which focused on themes of education, intervention, health and livelihood. The photographs related to disability had not been given prominence in the main sections of national and international news; they comprised only slightly more than 10% of the total found. The national news only carried images with crime and law themes such as cases of abuse, death and rape of disabled persons or when prominent figures in the country such as royalty or politicians were present. Generally, Table 6.1 shows the fact that disability-related publications were mainly placed in regional pull-outs, disability issues have little newsworthiness, regarded as ‘social’ or soft news, probably deemed less important on the national agenda.

In analysing the news photographs, the most carefully weighted step was the extent of the inclusion of accompanying verbal particularly the captions. Barthes (1977, p. 39) referred to ‘verbal text’ as caption, title, explanation, film dialogue and speech balloon in comic strip. He argued that the meaning of an image and of other semiotic codes is always related to and, dependent on, verbal text. Without it, the visual meaning is a ‘floating chain of signifieds’ which is ‘polysemous’, or open to a variety of possible meanings (ibid). To understand image-text relations, Barthes differentiated the verbal text that extends the meaning of the image, or vice versa (relay). Also, from the verbal text that elaborates the image, or vice versa. In elaboration, the verbal could come first and as such, the image becomes an illustration. If the image comes first, the text that follows becomes a restatement of the image (anchorage) (Barthes, 1977, p. 38).

Recent research has expanded on the functions of the verbal, predominantly the roles of captions. Kvale (2010) used the term ‘image-text complex’ to describe the integration of photograph and its caption which is to be interpreted as a unit. Studies of this nature were done in sources from the print media (see Caple, 2009, 2013; Economou, 2006, 2009; Hiippala, 2015) and online media (see Caple and Knox, 2012, 2015; Knox, 2007). Caple’s (2009, 2013) research on the image nuclear photos differentiated the role of image as ‘nucleus’ and as ‘satellite’. In image as ‘nucleus’, the caption functions to identify participants, location, space, time and experiential orientation; this role is known as ‘anchoring’ in Caple and Knox (2015). In image as ‘satellite’, Caple identified that the caption co-classifies, co-extends and co-refers the image. In online news galleries, Caple and

Knox (2015) found generic images being used, due to availability or suitability as content illustrations close to the subject matter discussed. In such cases, the captions have the ‘expanding’ role to tell the story.

The above has only presented the functions of the captions as an overview, without detailing the complexities involved. The contribution from the verbal in other parts of the news text (see Figure 6.5) is also acknowledged, although not discursively analysed in terms of their roles. This is because the specific intention of this part of the research project is to analyse visual representation, not multimodal representation. Broadly, the verbal mentions in the data set here are used to identify images of disability, particularly those related to invisible impairment (see Section 6.6.2) and related to *abstractions* (see Section 6.4.4).

One of the preliminary steps taken in processing the data set was to identify the locations of markers or indicators of disability in both the visual and verbal discourse of the news texts (see Appendix 6A). Studies in the news genre by Caple (2013), Feez et al (2008) and Thomson and White (2008) offer different sets of visual and structural rhetoric for various news text types. However, for the purpose of this study regardless of text types of the news genre, the terms *image*, *caption*, *heading*, *kicker*, *lead* and *satellite* are used to identify parts of a text where disability is indicated (Figure 6.5).

No help: The path that leads to the underpass does not have railings to support the disabled.

Underpass not friendly to disabled

Huff and puff: Tan demonstrating how difficult it is to go up the steep path.

Mobility hampered for wheelchair-bound at walkway

Story and photos by
ELAN PERUMAL
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THE contractor of the newly-completed flyover at Persiaran Sultan Ibrahim in Klang has come under fire for failing to provide facilities for the disabled at its pedestrian underpass in the area.

The Disabled Association of Klang has taken SPAZ Sdn Bhd to task for failing to keep to its promise.

Its chairman, Allan Tan, who is also a Klang municipal councillor, said SPAZ had agreed that the pedestrian underpass would be built with consideration given to the wheelchair-bound and people on crutches.

Tan said the underpass had failed to link the Mydin complex with a platform that would enable those on wheelchair to cross over.

He said a ramp should have been built so that the disabled would be provided with access to the underpass.

Tan said it had not been provided with hand railing and the path to the underpass was steep.

"It is dangerous for the wheelchair-bound to go up and down the steep path.

"Even people pushing the wheelchairs will find it difficult to go up the slope," he said.

He said the council had made it clear that the underpass must be disabled-friendly.

"It is the responsibility of the government to cater to the needs of everyone, especially for public facilities," he added.

Tan said the council had brought the matter to the attention of the contractor.

The underpass was built as part of the RM32.3mil flyover which connected Persiaran Sultan Ibrahim to the Kota Bridge.

The work on the flyover, which included the construction of a new roundabout near the Metro Plaza, was completed after a year's delay.

Stuck: A wheelchair-bound man finding it impossible to access the path that leads to the underpass.

Finally completed: The pedestrian underpass was built as part of the RM32.3mil flyover project at Persiaran Sultan Ibrahim.

INDICATOR:
🟥 Image 🟩 Caption 🟪 Heading 🟧 Kicker 🟨 Lead 🟦 Satellite

Figure 6.5 Markings of impairment/disability in parts of a news text (Source: Metro Central, 27 Nov 2010)

The exercise of tracking markers or indicators of disability in the visual-verbal revealed that a disability could be marked or unmarked visually (Table 6.2). Disability is visually marked in almost 60% of the images. This difference in the visual was observed owing to the visible or invisible nature of a disability and also the techniques of *perspectivising* a disability (see Section 6.7). In the other 40% which are unmarked visually, the verbal text plays the pertinent roles of relaying, anchoring or expanding. The verbal text provides stories of disability and also specifies the related attributes, conditions or impairments particularly in cases of invisible disability.

Location of markers of disability in a news text		**Instance of marker**	
		N	**% out of 670 photos**
Visual	Visible disability marked/*perspectivising*	336	50.15
	Invisible disability made visible/*perspectivising*	65	9.70
	Visible disability made non-visible/*personising*	29	4.33
	Invisible disability unmarked/*personising*	240	35.82
TOTAL INSTANCES OF MARKERS IN VISUALS		**670**	**100.00**
Verbal	Caption (C)	258	38.51
	Heading (H)	374	55.82
	Kicker (K)	217	32.39
	Lead (L)	424	63.28
	Satellite (S)	670	100.00
TOTAL INSTANCES OF MARKERS IN VERBALS		**1943**	**Not applicable**

Table 6.2 Number of instances and locations of markers of disability in data set

Also, disability could be indicated in all or selected parts of the verbal news texts and in various combinations (see Appendix 6B and Table 6.2). It is primarily marked in the visually salient *heading* (due to its font size and boldness) (N=374), and in the *kicker* or *lead* (depending on text types) which provides the news gist (N= 217 and N= 424 respectively). Appendix 6B and Table 6.2 further suggested that reference to the verbal in this study should not just end at the caption (image-text complex) as there are four images without captions in the data set. They also hinted further complexity involving the various combinations in the locations markers of disability in the verbal text. As such, a more informed decision on the extent of reference to the verbal in analysing the images was made. The verbal would be referred to when information could not be deduced from the image. For instance, for the purpose of identifying names, attributes, characteristics and the stories represented in the ways proposed by Caple (2009, 2013) and Caple and Knox (2015), and specifically to identify invisible impairments and making sense of abstractions in images (see Section 6.4.4.). Where the verbal is referred to in this study, it will be mentioned when presenting the analytic sections in this chapter.

Hence, in tracking the images of disability, the sequence of *image-caption-heading-lead/kicker-story* was adopted. Since the focus of the chapter is on the visual, disability would first be tracked in the *image*, followed by the *caption* if necessary. If the disability was not indicated in the image-text complex, then attention would shift to the *heading*, *lead/kicker* and *story*.

Tracking markers of disability in data set		**Count of photos**	**% in location**	
Sequence	**Location**		**Individual**	**Accumulated**
1	Located in IMAGE	336	50.15	50.15
2	Not in image; located in CAPTION	134	20.00	70.15
3	Not in image/caption; located in HEADING	107	15.97	86.12
4	Not in image/caption/heading; located in LEAD/KICKER	50	7.46	93.58
5	Not in image/caption/heading/lead; located in STORY	43	6.42	100.00
	Total number of photos with disabled persons	**670**	**100.00**	**100.00**

Table 6.3 Flow in tracking markers of disability in data set

Table 6.3 reveals that disability was identifiable from the image in half of the data set. When checked in the caption next, indicators of disability were found in 20% of the photos. This also denotes that disability is marked in about 70% of the data in the image-text complex. In the next 16%, disability was identified in the *heading*. The accumulated percentage (last column in Table 6.3) projected that at one glance, disability would be easily identified in about 86% of the data set from the visually salient parts of news texts of *image*, *caption* and *heading*. By the time disability was tracked in the *kicker/lead*, the accumulated figure was about 93%. Only about 8% of the data set reveal disability only in the *story*.

On the whole, this section has described the procedures and considerations given in processing and analysing the news images and interview data obtained for this study. Following this are the analyses of the data sets which are generally divided into five main sections. Section 6.3 examines the inclusion and exclusion of disabled actors. Section 6.4 investigates their attributes and Section 6.5 on the image-viewer interaction. Section 6.6 characterises the depiction of disability. Section 6.7 proposes the notion of the *perspectivisation* of disability and further, the Visual Discourse of Disability Analytical Framework (VDDAF).

6.3 The inclusion and exclusion of disabled actors and other visual actors in data set

This section employs the analytical tool of van Leeuwen's (2000, 2008) Visual Social Actor network (see Figure 6.1). It starts by examining the absence and presence of disabled actors, or the inclusion and exclusion of these visual actors. The non-disabled actors are also part of the visual discourse and thus, their presence is also addressed within this inclusion or exclusion.

In terms of number of news photos with and without disabled actors, the following occurrences are observed (Table 6.4).

Photos with and without disabled persons		**Count of photos**	**%**
With disabled persons	Photos with disabled persons foregrounded	639	63.77
	Photos with disabled persons backgrounded	31	3.09
Without disabled persons	Photos without disabled persons	332	33.14
Total number of photos in data set		**1002**	**100.00**

Table 6.4 Number of photographs with and without disabled persons in data set

Out of 1002 photographs found in disability news stories, there is a total of 670 photos (66.86%) depicting disabled persons while another third (N=332 or 33.14%) are without disabled persons. Thus, two thirds of the photos symbolically include the disabled actors while another third exclude them by not depicting them at all, *suppression* in van Leeuwen's terms.

In the one third where disabled actors are excluded, other non-disabled actors are highlighted instead. This phenomenon is predominantly observed in charity discourse (N=148), representing half of the 332 images without disabled actors. These charity photos highlight charity deeds, prominent figures involved in gracing the events and the sponsoring institutions and business entities (see Photos 6.1 to 6.4). The names and logos of businesses are also depicted to advertise the sponsors such as F&N Dairies (manufacturer) in Photo 6.1, AmBank group (bank) in Photo 6.2 and McDonald's in Photo 6.4 (fast food chain).

A great help: (From left) Govindaraju (part of the organising committee from F&N Dairies), Liew, patron of Rumah Insaniah Tun Dr Siti Hasmah Ali, Mangalam, and Persatuan Penjagaan Kanak-Kanak Cacat Klang chairman Morgun Nadesan with the cheques.

Photo 6.1 An image depicting the sponsor, patron and heads of disabled homes with their mock cheques (Metro Central, 9 Oct 2009)

Charity drive: The initiative managed to raise RM10,000 for the Yellow House.

Photo 6.2 An image of a charity giver in a go-kart event (Metro Central, 6 Aug 2008)

Colourful works: Rosmah looking at some of the work of special children who attend the Community Rehabilitation Programme in Negri Sembilan. On the left is Raja Salbiah.

Photo 6.3 Image of the Prime Minister’s wife at a social event (Metro Central, 30 Sept 2010)

In high spirits: Ronald McDonald giving Jenny Lee, 55, a high five before she was flagged off for the 5km run

Photo 6.4 Image of the mascot of a sponsor and other participating members in a social recreational event (Metro Central, 28 Nov 2011)

The other images of non-disabled depicted are portraits and close up images of medical and allied health experts (N=31), as well as NGO heads (N=18). These portraits single out significant figures providing expert medical and rehabilitative opinions (Photos 6.5 and 6.6) and leaders of organisations for disabled persons (Photos 6.7 and 6.8). The captions provide individual names and a specific important quote from each person. This visual representation emphasises significant faces and voices influencing the discourses of disability in the country.

Different behaviour: Psychologist Dr Alvin Ng Lai Onn, one of the speakers at the seminar said adaptive behaviour skills is used to assess and diagnose an individual according to their behaviour.

Photo 6.5 Profile picture of a psychologist who was speaking about behavioural therapy (Metro Central, 18 Jul 2008)

Consultant ophthalmologist Dr Vijaya Mohan: 'PWAs have a different perception of colour and contrast.'

Photo 6.6 Close up photo of a consultant ophthalmologist speaking about people with albinism (Star2, 20 Oct 2008)

NASOM chairman Teh Beng Choon ... autistic children benefit from attending normal schools, and normal children learn empathy through interacting with them.

Photo 6.7 Profile picture of the Chairman of an autism NGO (Star2, 21 Jun 2009)

Fred Tan: 'The earlier the child comes in to be assessed the better chance.'

Photo 6.8 Close up photo of the Chairman of a foundation for Down Syndrome (Star2, 24 Feb 2009)

Non-disabled actors are also depicted in photos where disabled persons are included. Table 6.5 shows that out of 670 photos where disabled persons are included, about a third (N=233 or 34.78%) are images showing disabled persons only, while approximately to two thirds (N=437 or 65.22%) depict disabled persons with non-disabled persons.

Visual actors in photos with disabled persons	Count of photos	%
Photos depicting disabled persons only	233	34.78
Photos depicting disabled persons with non-disabled persons	437	65.22
Total number of photos with disabled persons	**670**	**100.00**

Table 6.5 Number of photos depicting disabled persons only and with other visual actors in data set

It is not possible to quantify the number of non-disabled actors particularly in group photos. However, as deduced from captions, they are primarily NGO representatives, charity donors and family members. The inclusion of these actors as ‘givers’ and ‘caregivers’ are predominantly found in activity types such as charity (N=151) (Photos 6.9 and 6.10), followed by rehabilitative activities (N=90) (Photos 6.11 and 6.12) and social recreational activities (N=58) (Photos 6.13 and 6.14). Disabled children appear to be the group of disabled actors that appear most commonly with these caregivers and welfare supporters (N=181). This kind of depiction construes disabled persons, particularly children, as heavily reliant on non-disabled actors, and therefore in a dependent role. This is also consistent with the *sentimental* depiction of disabled persons from Garland-Thomson's framework as explained in Section 6.1.1 above.

Good deed: Lee (fourth from right) handing over the mock key to Persatuan Kanak-Kanak Cacat Klang Selangor patron Tan Sri Dr Lau Ban Tin.

Photo 6.9 Image of disabled persons with charity sponsors (Metro Central, 10 Dec 2011)

All in the name of charity: Khoo (centre in red shirt) posing with some of the recipients of the food items and representatives of the four charitable homes in Pahang.

Photo 6.10 Image of disabled persons with charity sponsor representatives (Metro South & East, 31 May 2012)

Home's assistant Budiarti Selamat giving close attention to a special child in the toy library.

Photo 6.11 Image of a disabled person with an NGO assistant in a rehabilitative activity (Metro North, 9 Aug 2008)

Home's staff and parents work together during the physiotherapy cum play session.

Photo 6.12 Image of disabled children with parents and NGO staff in a rehabilitative activity (Metro North, 9 Aug 2008)

You can do it: One of the staff members lending a helping hand.

Photo 6.13 Image of a disabled child with an NGO staff at a social recreational event (Metro Central, 14 Aug 2008)

Fishing skills: Parents and children taking part in a game of fishing.

Photo 6.14 Image of disabled children with their parents at a social recreational event (Metro Central, 23 October 2015)

Reverting to Table 6.4 on the inclusion and exclusion of disabled actors, 670 photos are found to have included them. Of these, disabled actors are foregrounded (fronted) in 639 photos while in another 31 photos, *backgrounding* is used. In this case, other actors or objects are placed in front of the image while the disabled actors are placed elsewhere in the background or in a secondary position (Photos 6.15 to 6.18).

Over to you: Tan (right) presenting a mock cheque for RM8,000 to Saw.

Photo 6.15 Cheque presentation ceremony fronting the sponsor, mock cheque and administrator of an NGO. Disabled children are depicted in the background (Metro North, 7 Jul 2008)

Done deal: Chan (second from left) presenting a mock key to Pusat Seri Pengasih Chairman Datuk Safari Abdul Manan (fifth from right).

Photo 6.16 A key presentation ceremony fronting the sponsor, mock key and administrator of an NGO. A disabled child representing all children from the disabled home is depicted standing behind mock key (Metro South & East 19 Mac 2011)

Prof Lokman (seated, left) performing the cochlear implant surgery using the Nucleus 5.

Photo 6.17 A hidden person receiving a cochlear implant surgery, covered by medical professionals (Star2, 15 Nov 2009)

An autistic child looks out from behind a chair at a consulting centre for autism in Amman, March 30, 2010, one of the few places in the kingdom that helps children with this condition. (REUTERS/Ali Jarekji)

Photo 6.18 A child with autism hiding and looking out from behind a chair (International, 4 Nov 2010)

In Photos 6.15 and 6.16, the donors and representatives receiving the donation are fronted and centred. The actual recipients of donation (children) are backgrounded in Photo 6.15. There are also a few children in the background away from the main visual actors. In Photo 6.16, a disabled girl is in the centre of the photo but is not directly involved in the activity type depicted in the image. She is construed as a token representing the beneficiaries, standing behind the mock key. By not being directly involved the key acceptance, this renders her a *backgrounding* position and hence, symbolically excluded. In Photo 6.17, a deaf person receiving a cochlear implant is blocked by the medical professionals performing the surgery. Although faces of the latter are not shown, they are symbolically represented by their medical gowns and the setting of an operation theatre. The patient does not have a face, his/her lower body is covered by a green blanket and his/her existence is made known to the viewers only via the caption. In addition, while Photos 6.15 to 6.17 show that *backgrounding* occurs in medium and long shots, Photo 6.18 shows that it can also occur in close-up shots. Photo 6.18 shows a disabled child partially hidden behind a chair. He is depicted looking out from the backrest of a chair with holes as if hiding behind a clown mask with two eyes, a nose and lips. This *backgrounding* visualisation of the child could also reflect the non-social characteristic typical in autism (Autism Speak Australia, 2015).

Photos 6.15 to 6.18 show that despite being included in the images, disabled actors could still be construed as socially excluded through *backgrounding*. *Backgrounding* appears to be the technique to symbolically exclude within an inclusion.

On the whole, Section 6.3 has captured how disabled persons are othered by not being depicted in a third (N=332) of the 1002 photos found. Where they are included in images, there are 31 instances of *backgrounding* and hence, they are symbolically excluded. There are also 332 images without disabled actors (see Table 6.4) as well as 437 images of them with disabled actors (see Table 6.5). The presence of non-disabled actors in the absence and presence of disabled actors influences the social standing of disabled actors. The presence of the medical and allied health professionals raises the question of the domination and legitimisation of medical discourse where impairments are viewed as ‘fixable’ and ‘curable’ and to fit disabled persons into the ‘normal’ society (see Section 2.2.2). The charity discourse and actors continue to suggest a continuous financial deficit and reliance on welfare support from many organisations for disabled persons as also been found in the preliminary corpus finding (see Section 4.4). Disabled persons are often objectified within the hybrid discourse of charity/business/news in order to promote businesses and companies as socially responsible (Ang, 2010, 2014). This hybrid discourse also reiterates the construal of the givers as ‘the haves’ and backgrounds disabled persons at the receiving end as the ‘have nots’ (Zuraidah and Ang, 2014), and also as the 'doers' and the 'do-nots' respectively. Also found is the appearance and depiction of disabled persons with professional and non-professional caregivers. While this positively indicates support received by disabled persons, it construes disabled persons as receivers rather than as agents, needing help, being reliant and dependent on caregivers.

With the implications of the inclusion and exclusion of disabled actors and the depictions of other actors in the visual discourse generally addressed, the chapter will proceed with the more crucial task of delineating how disabled persons are categorised, represented and construed in their visual interactions with the viewers. As such, beyond this section, all analyses will exclusively focus on the 670 photos with disabled visual actors (see Table 6.5).

6.4 Attributes of disabled visual actors in data set

Referring to van Leeuwen’s Visual Social Actor Network (see Figure 6.1), Section 6.3 has addressed the first part of the network of the symbolic inclusion and exclusion of disabled actors. Section 6.4 proceeds with the part of the network where disabled persons are symbolically included and will start with analysing the attributes of the disabled visual actors.

6.4.1 Age group of disabled actors in data set

The first attribute of disabled actors to be analysed is age. Table 6.6 shows the age groups of disabled actors depicted in the data set.

Age group	Count of photos	%
Infant	3	0.45
Child (Toddler/Young child)	221	32.99
Teen	89	13.28
Young adult	51	7.61
Adult	247	36.87
Senior citizen	24	3.58
Mixed-age group	30	4.48
Unidentifiable (actors positioned in a far distance or not indicated)	5	0.75
Total number of photos with disabled persons	**670**	**100.00**

Table 6.6 Age group of disabled persons depicted in data set

A third (N=224 or 33.44%) of the photos portray infants and children while slightly more than a third (N=247 or 36.87%) have disabled adults. This is a more balanced representation compared to the preliminary corpus study where the lemma ‘children’ appeared the highest in frequency (see Section 4.4).

Images of senior citizens are represented by a mere 3.58% (N=24) and primarily related to Parkinson’s and Alzheimer’s Diseases. From the interview data, I-36 commented that associating senior citizens with these two diseases could send an incorrect message, as the onset of these diseases could be as early as 40. Also, many affected young persons would choose not to reveal this for fear of losing their employment; this would not help in reducing associated stigma and efforts in awareness raising. In addition, the small number seems to suggest the situation that the disabled senior citizens are under-represented, a finding that could also be corroborated by the preliminary corpus findings (see Section 4.4). WHO (2011) has cautioned that older citizens tend to have more health and mobility impairment, and that there is an increment of aging populations across the world as well as in the Malaysian context (Loh, 2015). This under-representation does not reflect this increment nor increased initiatives to address disability-related issues in this age group.

6.4.2 Gender of disabled visual actors in data set

Moving on to gender representation, the breakdown is shown in Table 6.7.

Gender	Count of photos	%
Male	325	48.51
Female	134	20.00
Mixed group	176	26.27
Unidentifiable (due to dressing style/costume worn, unclear faces in the distance or not stated)	35	5.22
Total number of photos with disabled persons	**670**	**100.00**

Table 6.7 Gender representation of disabled actors in data set

Table 6.7 suggests that disabled persons are generally represented by male actors compared to females. About half of the actors are male (N=325 or 48.51%) and only one fifth of are females (N=134 or 20%). The mixed gender group comprises more than one fifth (N=76 or 26.27%). However, in these mixed groups, there is also a tendency for depiction of more males than females. It is unclear whether demographically there are more male than female disabled persons in the country, except a higher proportion of males across world populations in cases of autism spectrum disorder (Werling and Geschwind, 2013) and reading disabilities (Elliott, 2014; Wheldall and Limbrick, 2010). According to WHO (2011), generally there is a higher prevalence of disabled women than men across all countries. The representation of more males in the data set is likely to imply an under-coverage and under-representation of females. As discussed in Sections 2.2.1 and 2.3.1, disabled female are likely to hide or be hidden from society due to stigma arising from the sexist perspective of the moral discourse.

6.4.3 Grouping: Individual versus Group representation of disabled actors in data set

On how disabled persons are grouped, there are photos of individualised, paired, as well as small and big group representations (Table 6.8).

Grouping		**Count of photos**	**%**
Individual	1 person	357	53.28
Pair	2 persons	83	12.39
Small group	Small group 3-9 persons	132	19.70
	Small group 3-9 persons (appearing as a bigger group)	17	2.54
Big group	Big group >10 persons	54	8.06
	Big group >10 persons (appearing as a bigger group)	27	4.03
Total number of photos with disabled persons		**670**	**100.00**

Table 6.8 Grouping of disabled actors in data set

About half of the photos (N=357 or 53.28%) are images of individual disabled persons with or without other actors (Photos 6.19 and 6.20). The other half consist of images of pairs (N=83 or 12.39%) (Photos 6.21 and 6.22), small groups (N=149 or 22.24%) (Photos 6.24, 6.26 and 6.27) and as big groups (N=78 or 12.09%) (Photos 6.23, 6.25 ad 6.28). Within the small groups, there are N=17 photos that give the illusion of potentially more actors in the background. This pattern is also found in N=27 images of big groups. Generally, Table 6.8 suggests that on one hand, there is a balanced representation of individuals versus groups of disabled persons. At the same time, disabled persons are represented collectively in over one-third of the images, which allows for the possibility of homogenisation through biological/cultural categorisation in their visual representation in these images (see Section 6.1.2).

Confident: Choo Lee delivering his thanksgiving speech.

Photo 6.19 Image of an individual disabled child (Metro Sarawak, 2 December, 2010)

Encouragement: FusionExcel "Hope For Children" ambassador Maggie Loo(left) talking to Yap Shi Yin. Looking on are (from right) Miss World Malaysia 2011 second runner-up Chua Yee See and first runner-up Pamela Tam Mei Yun.

Photo 6.20 Image of an individual disabled child with non-disabled actors (Metro Central, 8 Nov 2011)

Happy time: Bilayah Badrul (left) and P. Mahesh playing in the pool.

Photo 6.21 Image of two disabled children with intellectual/learning impairment (Metro Central, 16 Feb 2009)

Considered divine: Weegi Baller and his sister Elederis in their hut in Rio Sidra, Kuna Yala island chain, Panama. Albinos are highly respected in the Kuna culture and some ascribe them supernatural powers.

Photo 6.22 Image of two siblings with albinism (Star2, 20 Oct 2008)

In group images, disabled actors are often marked with typicality or similarities in a repetitive manner which Caple (2013, p. 99) termed as *iterating*. One common compositional configuration of *iterating* found is the same set of outfit or uniforms worn by the actors (Photos 6.23, 6.25 and 6.28). It could also be achieved through repetition of items such as children’s tables and chairs (Photo 6.27), objects associated with markings of impairments such as prosthetic legs and crutches (Photo 6.26) as well as wheelchairs (Photo 6.28). Similarities could also be represented by participation in similar activities such as posing together for a photo session (Photo 6.23), doing exercises in a group (Photo 6.24) or walking as a group in a single file (Photo 6.25). Biological markings are also reiterated such as small stature physique (Photo 6.25) and impaired lower limbs (Photos 6.26 and 6.28). The *iterating* choices in the composition of photographs emphasise the inter-connections and similarities among actors to stereotype and homogenise them as groups of people with the same attributes.

Determined bunch: The group of 18 disabled climbers who will take part in the 'A Climb Beyond Disabilities' expedition to Mount Kinabalu.

Photo 6.23 Image of a big group. Similarities marked by repetition of the clothing items worn by all members (Metro Central, 27 Jun 2011)

We shall overcome: Participants at the MBPJ World Parkinson's Day celebration at the PJ Community Library on July 24.

Photo 6.24 Image of a small group. Similarities marked by serializing actors and iterating the same activity/action (Star2, 29 Jul 2010)

Pabitra Rabha leading his little actors. His play, Kino Kao, is aimed at sensitising Indian society towards dwarves.

Photo 6.25 Image of a big group. Similarities of group members marked by biological marking of persons with small stature; also culturally marked by identical clothing items and walking as a group in a single file (Star2, 2 Feb 2012)

Moving tale: Rosmah enquiring about Muhd Hasyrani's (second from right) condition yesterday. With them are (from left) honorary Bakti member Tun Dr Siti Hasmah Mohd Ali, Bakti deputy president Puan Sri Noorainee Abdul Rahman, Muhammad Haqimie, Muhammad Muazs and Shahrul. — Bernama

Photo 6.26 Image of a small group. Similarities of group members marked by the repetition of biological marking of no limbs and use of prosthetic legs and crutches (Nation, 18 Jan 2012)

Analysis also shows that to further amplify a collective representation of both small and big group images, the camera angle is used to show there are more actors apart from those framed. This is achieved through a shot of a series of identical items/persons, captured from a position that places these items/persons along a ‘diagonal axis’ (Caple, 2013, p. 106); this is combined with a partial depiction of one item/person at either end of the axis to indicate that there could be more members outside the frames (Photos 6.24, 6.25, 6.27 and 6.28).

There are N=17 or 11.40% of 149 photos of small groups (Table 6.8) that are depicted in this manner. Photo 6.24 suggests that there are more than four actors by serialising the actors in a bottom-up shot from the right angle, and partially hiding the person on the left end. This creates an impression of potentially more people being involved in the activity than are represented in the image. Photo 6.27 is an iterating top-down shot from the right corner, with repetition of actors and furniture, a partially hidden table and its legs, and an almost unseen arm of a person. This suggests there is at least one other person not captured in the frame.

A small table, legs of chair and an arm partially hidden to indicate there is at least another member in this frame of a small group.

Photo 6.27 Representation of a small group of disabled children (Star2, 24 Jul 2015)

Wheelchairs of the same type partially hidden to indicate there is at least another member in this frame of a big group.

Photo 6.28 Representation of a big group of disabled persons (Metro Central, 5 Jul 2008)

There are also big groups photos portrayed with the suggestion that the actual groups are bigger than framed. There are N=27 (34.61%) or a third of the 78 images of big groups in the data set represented in this configuration. Photo 6.25 is an eye level shot that captures disabled persons in a diagonal line that ends either right at, or beyond the edge in the image. Photo 6.28 also shows serialised wheelchair-users in a diagonal axis and a partially hidden wheelchair on the bottom right of the photo. This again shows that there is at least one other actor 'in the line', and makes it impossible to quantify the number of people in the group. This kind of composition further amplifies the collectivised representation of disabled actors as a large homogenised groups.

Overall, the angle of shots combined with the reiteration of biological and cultural markings in images can create *homogenisation* of disabled persons. This strategy denies individual characteristics and differences and hence, construes disabled actors as Others (van Leeuwen, 2000, 2008).

6.4.4 Specific or Generic representation of disabled persons in data set

According to van Leeuwen (2000, 2008), an image could portray actors as unique individuals (*specific*) or as a social type (*generic*). Table 6.9 shows the quantification of this representation in the data studied.

Generic or Specific Type	**Count of photos**	**%**
Specific (as individuals)	214	31.94
Generic (as a social type)	456	68.06
Total number of photos with disabled persons	**670**	**100.00**

Table 6.9 Representation of disabled actors as 'specific' or 'generic' type in data set

Table 6.9 shows that only one third (N=214 or 31.94%) of images represent disabled actors as specific individuals, while two thirds (N=456 or 68.06%) visually *genericises* them. That is, it represents disabled persons generically, either as one of 'the disabled', or as a member of a group with a specific impairment such as 'the blind' or 'the autistic'.

6.4.4.1 Specific representation

The representation of the *specific* could be easily identified as photo captions would usually identify names of the individuals. Images of specific actors are mostly related to positive news stories of outstanding or independent disabled actors, depicted as an individual or up to three individuals (Photos 6.29, 6.30 and 6.3). These positive images could also be accentuated in the form of visual rhetoric of the *wondrous* or *supercrip* (Photos 6.32 and 6.33) and the *exotic* (Photo 6.34 and 6.35). On the negative note, specific individuals are also associated with negative news values or the visual rhetoric of *sentimentality*, particularly images of those who are suffering (Photo 6.36); victims of crime, particularly those deceased, are often singled out in the form of an inset profile pictures (Photos 6.37). The choice of an inset is also found in 4 other photos in the data set. This technique, although through configuration includes the disabled actors within the main frame, it actually symbolically excludes them.

Huang receiving her scroll from Dr Hou.

Photo 6.29 Image of a specific disabled individual (Metro North, 7 Jul 2008)

Time out: Jeremy and Jennifer enjoy outings with their father, Ong Seng Chee.

Photo 6.30 Image of 2 specific disabled individuals (Star2, 21 Jun 2009)

Practice makes perfect: (From left) Tan, Chew and Gamal practising for the concert.

Photo 6.31 Image of 3 specific disabled individuals (Metro Central, 8 Jun 2009)

Gutsy: Tong will be attempting to conquer Mount Kinabalu, South-East Asia's highest peak next month.

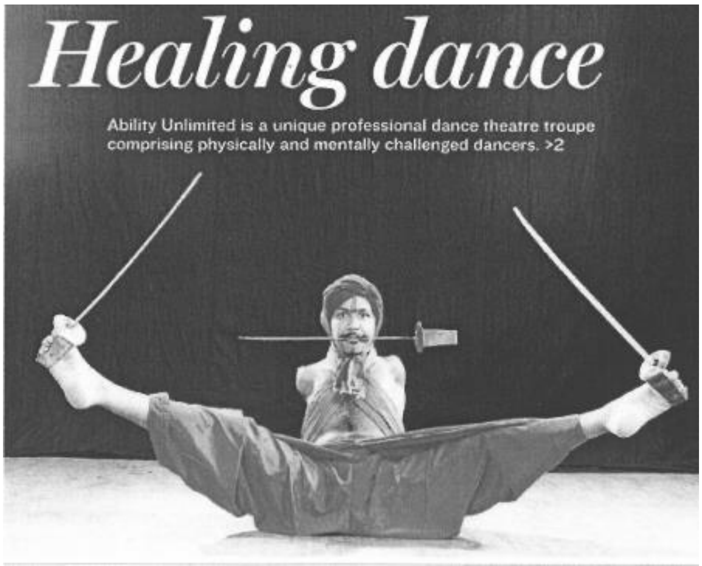
Photo 6.32 A supercrip image of a disabled individual training for a mountain climb (Metro Central, 3 Apr 2010)

In the driver's seat: Rahim demonstrating how he steers before sending the children to school.

Photo 6.33 A supercrip image of a disabled individual driving with his feet (Nation, 1 Oct 2010)

Badrul Shah Abdul Manan.

Photo 6.34 An exotic image of disabled individual doing his fire act (Star2, 13 Sept 2008)



Healing dance

Ability Unlimited is a unique professional dance theatre troupe comprising physically and mentally challenged dancers. >2

Photo 6.35 An exotic image of disabled actor in a dance performance (Star2, 21 Mar 2011)

Mohamad Amir Fikri's father Ali Hashim (left) pointing to the wound on his tummy while his mother Zaimab Bakar, 41, and three-year-old sister Alia Maisara Ali looked on at their home in Bukit Gedong in Bayan Baru, Penang.

Photo 6.36 A sentimental image of a teen with Down Syndrome with kidney and bladder problems (Metro North, 20 Jan 2010)

Too much to bear: Chin crying as she follows the hearse carrying Goh's (inset) body at the funeral in Petaling Jaya yesterday.

Photo 6.37 A sentimental image of a funeral hearse carrying a deceased disabled child depicted in an inset photo (Nation, 28 Oct 2010)

The three visual rhetoric categories of *supercrip*, *exotic* and *sentimentality* are powerful tools to single out individuals and make them *specific*. However, they may not necessarily carry the positive *affect* seen in Photos 6.29, 6.30 and 6.31. As explained in Sections 6.1.1 and 6.1.3, visual rhetoric is another dimension that alters the emotive tone of an image. As explained by Haller (2000), *supercrip* is a false power, *exotic* evokes alienation and sentimentality diminishes disabled persons to a vulnerable position (Garland-Thomson, 2002b). As such, when images of the *specific* are presented in these visual rhetoric categories, they could also evoke the Othering.

6.4.4.2 Generic representation

The analysis has identified a number of discursive practices in the images that have the effect of *genericisation*. In order to explain these, it is necessary to go beyond the categories provided by van Leeuwen (2008) in his Visual Social Actor Network (Figure 6.1) and draw on his ‘Social Actor Network' developed for linguistic analysis in the same work (p. 52). The visual sub-categories here draw especially on van Leeuwen's verbal sub-categories under *impersonalisation*, where people are represented by means other than on the basis of their humanity (see van Leeuwen, 2008, p. 46).

The sub-categories adapted here for visual representation that genericise disabled social actors are:

- *Instrumentalisation*, when ‘social actors are represented by means of reference to the instrument with which they carry out the action in which they are represented as being engaged’, such as a wheelchair or white cane in this study (van Leeuwen, 2008, p. 46),

- *Somatisation*, when ‘social actors are represented by means of reference to a part of their body’, such as an ‘incapacitated’ or ‘impaired’ eye in this study (van Leeuwen, 2008, p. 46),

- *Abstraction:* ‘When social actors are represented by a quality assigned to them by and in the representation’, typically the quality of 'disabled' in this study (van Leeuwen, 2008, p. 46).

In addition, the language used in captions of generic images often depicts the disabled actors generically. For instance, ‘a toddler…in the special therapy room’ in Photo 6.38 and ‘a visually challenged student’ in Photo 6.39, as opposed to a named individual.

A toddler enjoying the stimulating bubbles column in the multisensory room at Kem Perdana Sungei Besi, Kuala Lumpur. Multinational corporation Procter & Gamble sponsored the special therapy room.

Photo 6.38 A toddler representing all children with intellectual or learning disabilities. The disability is represented by the instrument of ‘bubbles column’ in a multisensory room (Star2, 1 Jun 2011)

On the PC: A visually challenged student embarking on an IT course.

Photo 6.39 A woman representing all those with visual impairment. The impairment is represented by the instrument of ‘Perkins Brailler’ (Metro Central, 28 Oct 2008)

Looking first at *instrumentalisation*. This is a technique of representing disabled actors by referring to the instruments they use or they are represented as being engaged with. In this study, these instruments are also known as ‘object signs’ that signal a disability in a composition (see Section 6.6.2 and Appendix 6D). Photo 6.38 shows a toddler looking at the instrument of ‘bubble columns’ in a multi-sensory room for sensory rehabilitation. The caption describes the child with a generic article ‘a’ signalling that the child represents all children with intellectual or learning disorders. Photo 6.39 portrays a woman almost looking away and the impairment she represents is indicated by an instrument labelled as ‘Perkins Brailler’. This construes her as a generic representation of those with visual impairment. While Photos 6.38 and 6.39 have ‘faces’, in another set of photos (Photos 6.40 and 6.41), actors are depicted without ‘faces’, but from waist down only (non-personalisation). In Photo 6.40, the actor depicted from waist down and marked by the instruments of the ‘white cane’ and ‘tactile path’ to generically represent the blind. Similarly, in Photo 6.41, the lower half of person is depicted with the instrument of a ‘wheelchair’. This construes a generic representation of persons with mobility. Thus, these *generic* representations are construed through *instrumentalisation*.

Blind trust: The blind are easy targets for crooks. It is difficult for them to distinguish between a genuine law enforcement officer and a con man.

Photo 6.40 The blind is represented by the instruments of a 'white cane' and 'tactile pathway' (Star2, 25 Mar 2010)

An education system that accommodates all learners includes schools with infrastructure accessible to students with physical disabilities. — File photo

Photo 6.41 People with mobility impairment are represented by the instrument of a 'wheelchair' (Star2, 4 Apr 2010)

Turning now to the second technique of *somatisation*, here, the disabled actors are represented by their affected or impaired body parts. Photo 6.42 shows the back of a child using his index finger to shut his ear. This depiction de-personalises the representation and the act of shutting the ear suggests an issue with the ear. With the aid of captions, viewers are informed that the actor represents all children with hearing difficulties. Photo 6.43 is another example of *somatisation*. It is a close up shot of an eye. The caption describes the 'delicate structure' of the eye being affected by 'age-related macular degeneration and cataracts'. These kind of somatised images also have the effect of *genericising* disabled persons depicted in the images.

In a child with ear infection, look out for these signs: complains of pain in his ears, tugs or pulls his ears, cries more than usual, acts irritable, has trouble sleeping, fails to respond to sounds, and appears to be inattentive at school.

Photo 6.42 A somatised depiction of persons with hearing difficulties (Star2, 6 Sept 2009)

Both agerelated macular degeneration and cataracts are a direct result of the damaging effects of light exposure on delicate structures in the eyes.

Photo 6.43 A somatised depiction of persons with visual impairment (Star2, 4 Oct 2009)

The final technique found in the data set that construe generic representations is *abstraction.* It is about representing people by their qualities, in this context, their disability. In the data set under investigation, the quality of 'disabled' is abstracted in two ways. First, by images of signs indicating disability or accessibility and secondly, by visualising the abstractions of invisible impairment and disability (see also Section 6.6.2).

Firstly, *abstraction* through signs. Photo 6.44 is an example that uses of the International Symbol of Access or the wheelchair sign. This icon is an international standard to provide public information on accessible facilities (International Organisation for Standardisation, 2013; see Section 2.1). It is used to represent all persons with mobility impairment as well as has been argued in Section 2.1, as homogenising as disabled persons of all conditions via the wheelchair sign. Also found in the data set is the marking of a parking lot with 'Khas OKU' which is specific to Malaysia (Photo 6.45). 'Khas', which means 'special' in Malay, indicates a specially allocated space, and 'OKU' is an abbreviation for Orang Kurang Upaya which is a general reference in Malay for disabled persons (see Sections 1.3.1 and 5.3.2). 'OKU' in this case, is a sign in the form of an abbreviation, generic to all disabled citizens. This kind of *abstraction* through signs have effects of genericising.

Thoughtful move: There are ample parking lots for the disabled at Sunway Carnival Mall Seberang Jaya.

Photo 6.44 Abstraction of disabled persons as represented by The International Symbol of Access (Star2, 3 Dec 2010)

Photo 6.45 Abstraction of disabled persons through the phrase 'Khas OKU' on an accessible parking lot. Published without caption together with a letter to editor entitled 'Disregard for OKU widespread' (Nation, 9 Feb 2012)

The technique of *abstraction* is also used in the data set to visualise the abstract nature of invisible impairment or disability. Invisible impairment or disability is related to abstract neurological, sensory and psychological conditions (see Section 6.6.2). The processes and experiences in invisible disability in the data set are found visualised in the form of abstractions of symptoms or outcomes of invisible disability.

An example of this kind of abstraction is noticed in the abstraction of dyslexia, which is a decoding difficulty linked to auditory, phonological, visual, psychomotor and cognitive processes (see Elliott, 2014; Kohnen et al., 2013). Photo 6.46 visualises the visual discrimination difficulty co-related with an output of mirror-image writing in dyslexia (ibid). Photo 6.47 visualises the abstract feeling of frustration as suggested by the act of ripping the newspaper. This apparently is due to the inability to link sounds and words or the 'dysphonetia' symptom in dyslexia (A. W. Ellis, 1993), as indicated in the caption.

While some of these students have done very well in school, their achievements have been largely attributed to the commitment of their parents and supportive carers.

Photo 6.46 Abstraction of dyslexia – sign of visual discrimination difficulty and mirror image writing (Star2, 4 Jan 2012

A child with dyslexia (reading disability) has difficulty understanding the relationship between sounds and letters or may be unable to grasp the meaning of words, phrases, and paragraphs.

Photo 6.47 Abstraction of dyslexia - A child with dyslexia ripping the newspaper suggesting frustrations due to symptoms of dyslexia (Star2, 4 Oct 2009)

Such a representation can also be seen in another set of examples of dyspraxia. Dyspraxia is motor-neuron impairment or immaturity in organising motor co-ordination and purposeful movements, also often associated with sensitive nerve ends (Gibbs et al., 2007). Photo 6.48 frames an act of drawing, which the caption describes as arduous and a painful activity for a person with dyspraxia. The abstract pain and sensitivity of touch is then visualised in Photo 6.49 in the form of a visual simile of ‘like being pricked by a thousand pins’. Apart from being an abstraction of pain, it also visualises the intensity of the pain.

The simple task of holding a pencil can be an ardous and painful activity for a child with dyspraxia.

Photo 6.48 Abstraction of dyspraxia - Holding a pencil requires efforts and could be a painful activity for a person with dypraxia (Star2, 18 Mar 2012)

Another consequence of dyspraxia, for some, is sensitivity to touch. This means that for some people, a hard fabric on the skin can feel like being pricked by a thousand little pins.

Photo 6.49 Abstraction of dyspraxia – sensitivity of touch and feeling of pain visualised as like being pricked by needles (Star2, 18 Mar 2012)

Abstraction is also observed used in images of mental health disorders where there is generally a typical depiction of emotion of despair (see Appendix 6E). Photo 6.50 is a unique image of a person with eyes closed, face painted white and marked with tears. The painted layer seems to bring out and visualise the abstract inner feelings and emotions of a person who has depression. Photo 6.51, however, is a more typical representation of mental health disorder with head in the hand often covering the face or known as the ‘headclutcher’ (Hawkins, 2015) or ‘head-clutch shots’ (Harman, 2015). Although it showcases a person, it is an impersonal depiction, by not showcasing the person as a unique individual or the *specific*. This also construes mental health disorder as a lonesome symptom. The actor is also looking down construing a visual metaphor of feeling down, depicted in a background of dark, sombre lighting to indicate the unhappy tone. These images are abstractions of mental health disorder, making them generic images of this disability.

Depression is widespread

Photo 6.50 Abstraction of mental health disorder (depression) – image of despair (Star2, 10 Oct 2012)

Photo 6.51 Abstraction of mental health disorder (suicide risk) – 'headclutcher' image (Star2, 12 Sept 2011)

The above images of abstractions appear to be stock images including Photo 6.52 and 6.53 below. Stock images are generic and impersonalised photos which carry the 'marketable concepts and moods' which 'do not represent actual places or events' (Machin, 2004, p. 316). They are meant to be suited for a variety of contexts.

Prime target: Multiple sclerosis often manifests in people aged between 20 and 40, with women twice more affected than men.

Photo 6.52 Abstraction of Multiple Sclerosis – sign of needing support indicated by a woman's hand with a ring holding or being held by a man's hand (Star2, 26 May 2010)

Taking care of someone with Alzheimer's is too much for one person. You'll need caregiver support from your spouse, siblings, doctors, local and national organisations – and of anyone else who offers it. – AP

Photo 6.53 Abstraction of a consequent of Alzheimer's Disease: Burden borne by caregivers (Star2, 9 Aug 2009)

Due to this impression, the five images of abstractions exemplified here that appear to be stock images (Photos 6.49 to 6.53) were uploaded to Google Images. Three were found to be used in other contexts. Photo 6.51 of the 'headclutcher' which is published in a suicide risk article in the data set; it also appeared in a Chinese newspaper on the 2008 US economic downturn, two Spanish articles on avoiding post-holiday syndrome and another study on stress, as well as an Italian blog on fitness and stress. Photo 6.52 which represents women in Multiple Sclerosis was also published in a Swiss newspaper on regulating assisted suicide, used by AFP as a generic representation of 2.3 million people affected by MS, and also appeared in a Polish photo gallery of social messages. Photo 6.53 of the abstraction of Alzheimer’s Disease is the most utilised stock image that appeared in 163 searches in topics related to Alzheimer’s, Multiple Sclerosis, aging population and managing relationships. They have been employed in a variety of contexts and languages. Hence, using stock images to represent disability generically may not accurately reflect real experiences of disability although the captions could play the anchoring or expanding role (Caple and Knox, 2015). Generally, Photos 6.46 to 6.53 have illustrated how *abstraction* is one technique to construe *genericisation*. Representing people and their disability this way could render the actors as Others.

On the whole, Section 6.4.4 has demonstrated that disabled persons could be depicted as *specific* or *generic*. However, when the *specific* representations are combined with visual rhetoric of *sentimentality*, *exotic* and *supercrip*, they might evoke the othering. Photos of individuals are also found to *genericise* disabled actors by *abstraction*, *somatisation*, and *instrumentalisation*. Returning to Table 6.9, it shows that close to 70% of images present disabled actors as a certain social type through *generic* depictions. As such, it can be concluded that the othering effect is construed in 70% of the images with disabled actors.

6.4.5 Role of disabled actors in data set

Disabled persons are also showcased either in *agent* or *recipient/patient* roles in the data set. The prevalence is shown in Table 6.10.

Role of disabled person	Count of photos	%
Recipient/Patient	400	59.70
Agent	270	40.30
Total number of photos with disabled persons	**670**	**100.00**

Table 6.10 Roles of disabled persons in data set

Table 6.10 denotes that 400 photos or approximately 60% of photos with disabled actors position them as *recipients* or *patients*. The top three activity types depicting this role include charity events (N=147 or 36.75% out of 400 photos), followed by intervention and rehabilitative services (N=50 or 12.50%) and as *recipients* of social/financial welfare (N=41 or 10.25%). These activity types typically carry the visual rhetoric of *sentimentality* (Photos 6.54 and 6.55) and render these actors a dependent role. Concerning age group, infant and children appear to be the highest in prevalence (N=206 or 51.5%), followed by adults (N=67 or 16.75%) and teens (N=58 or 14.5%). In terms of impairment types, those with intellectual/learning disability appear to be highest with 170 photos (42.50%), followed by physical impairment (N=87 or 21.75%) and reference to disability in general (N=48 or 12%). These actors are also predominantly depicted with professional and non-professional caregivers including family members (see Section 6.3). These findings suggest the attributes of a *patient* are typically infant and children, and those with intellectual/learning impairment who are dependent on caregivers and welfare support. Those with these qualities are construed as the more vulnerable subgroups within the disabled community.

Updating: 7th Infantry brigade-general Datuk Abu Musa A. Rahman (second from right) explaining about the centre to Kluang MP Datuk Dr Hou Kok Chung (centre) during his visit to the centre recently.

Photo 6.54 Image of disabled children in patient role depending on caregivers (Metro South & East, 16 Jun 2011)

Hard life: A blind woman sitting on a pedestrian bridge hoping to get some money from passers-by. Blind women face danger every day as they are often harassed.

Photo 6.55 Image of a blind person in patient role begging for money (Nation, 11 Apr 2011)

On photos of disabled persons in active, doer or agentive roles, there are only 270 photos (about 40%) of the 670 photos studied (Photos 6.56 to 6.59). In terms of age group, adults are represented the most in an *agent* role (N=178 or 65.92%), followed by teens (N=31 or 11.48%) and young adults (N=28 or 10.37%). The data set seems to suggest that teens, young adults and adults are more capable as *agents* compared to children and senior citizens. Concerning impairment types, the group with physical impairment (N=90 or 33.33%) and visual impairment (N=68 or 25.19%) are generally constructed as more independent and could take charge of their own lives. With regard to activity types, the highest is shown in news stories of disabled people with skills, talents or outstanding academic and sports achievements (N=92 or 34.07%) (Photos 6.56 and 6.57), those who are directly involved fundraising (N=29 or 10.74%) and stories of independence through employment (24 or 8.89%) (Photos 6.56 to 6.59). Briefly, the visual discourse suggests that adults, those with physical or visual impairment are more capable as *agents*.

Leonard Chua at The Cleo Most Eligible Bachelors 2010 event.

Photo 6.56 Image of a wheelchair- user in an agent role as a fashion model (Star2, 4 Dec 2010)

Interactive: Rosmah taking a look at Mind's webmaster Liew Chee Keong's computer during the opening of the Bakti-Mind conference at Kuala Lumpur yesterday. Looking on are Tun Dr Siti Hasmah Mohd Ali (second from right) and Toh Puan Dr Aishah Ong (third from left). — Bernama

Photo 6.57 Image of a disabled person in an agent role as a webmaster (Nation, 18 Oct 2010)

Despite being diagnosed with a learning disability, 19-year-old Lim Chun Liang proved that his mental handicap is no deterrent to earning a monthly wage. Picture shows Lim at work in a laundry-washing shop in Batu Pahat, Johor. — KENNETH WONG / The Star

Photo 6.58 Image of a disabled person in an agent role working in a laundry shop (Metro South & East, 15 Jul 2008)

Busy at work: Siew Fei packing card boards.

Photo 6.59 Image of a disabled person in an agent role packing card boards (Metro Sarawak, 15 Jul 2010)

Although van Leeuwen (2000, 2008) highlighted that unimportant or subservient agency roles could be demeaning, this study has excluded this proposition as it would be subjective to gauge the importance or status of roles in the context of disability. For instance, in terms of occupations, one could have a glamourous job as a model (Photo 6.56) and a webmaster (Photo 6.57) compared to manual jobs in a laundry shop (Photo 6.58) or a factory (Photo 6.59). The status of a role, levels of achievement and independence would vary depending on the severity of each condition. What would be more crucial is that the photos should portray disabled in *agent* role, able to be independent and in control of their own live, instead of reducing them to *patient* roles. Generally, an *agent* role is an enabling representation whereas a *patient* role could be disabling.

On the whole, Section 6.4 has described the attributes of disabled actors represented. They are categorised according to age group, gender, grouping (individual versus group), *specific* and *generic* representations as well as the roles they play in the photographs under study. Children with intellectual and learning impairment are depicted as more vulnerable compared to other age groups and impairment types. The under-representation of females and senior citizens suggest they are sidelined in society. Disabled persons are also largely depicted as homogenised groups and in a generic manner which enacts them as a social type. The predominant representation of *patient* roles could also underestimate the capabilities of disabled persons. These attributes demonstrate a tendency for more disabling representations of disabled actors in the data set under study.

6.5 Image-viewer interaction in photos with disabled persons in data set

How viewers interpret the composition of photos could also influence the social standing of disabled persons (van Leeuwen, 2008). This concerns the way photographs interact with the viewers, as constructed by the angle or position of the camera lens when taking a particular shot; that is how social *distance*, *interaction* and *relations* are realised (see Figure 6.2).

6.5.1 Social distance (How far)

Table 6.11 displays how disabled actors in images interact in terms of their distance with the viewers. Although van Leeuwen (2000, 2008) only differentiated close from far distance in close and long shots, in this study, a medium shot is added following Kress and van Leeuwen

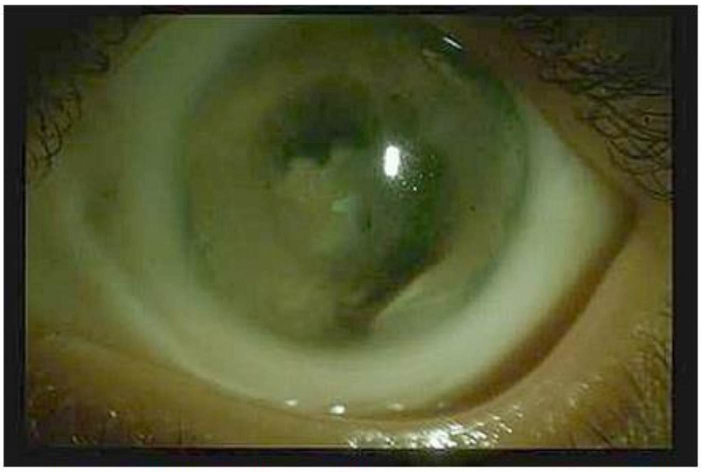
(2006), to address the in-between close and far distance (see Section 6.1.2). As such, about half of the shots are medium (N=358 or 53.43%), more than a quarter being positioned far (N=261 or 38.96) and less than 10% (N=51) are close.

Social distance (how far)	**Count of photos**	**%**
Close (close up)	51	7.61
Medium (between close and long shot)	358	53.43
Far (long shot)	261	38.96
Total number of photos with disabled persons	**670**	**100.00**

Table 6.11 Representation of social distance in data set

Close up shots found are mainly scientific images and faces of disabled persons to draw attention to specific parts of the bodies. In Kress and van Leuween's (2006, p.124) terms, Photos 6.60 and 6.61 are examples of 'extreme close ups' while Photos 6.62 to 6.64 are 'close ups'. Photo 6.60 zooms into a cleft lip while Photo 6.61 into an eye, with clouding in the lens due to cataract. This type of extreme close up could be quite confronting and create discomfort to the viewers. Comparatively, Photos 6.62 and 6.63 are considerably less confronting but could still cause discomfort, as the affected eyes and deformed limb are still visibly close to the viewers. In Photos 6.64 and 6.65, however, though the shots are close ups, the impairments are not marked in the images. Hence, they would not cause any discomfort for the viewers. Generally, where impairments are visually magnified in close up shots, this sensationalises the depiction. Depicting disability in an intimate distance can make the viewer uncomfortable and therefore, resist or react against this intimacy. This is van Leeuwen's terms (2008, p. 141) is a symbolic *distanciation*.

Photo 6.60 An extreme close up shot of a face with cleft lip – published without caption (Star2, 23 Jul 2008)



Cataract is defined as the clouding of the lens of the eye, which impedes the passage of light.

Photo 6.61 An extreme close up shot of an eye with lens clouded by cataract (Star2, 19 Oct 2008)

Exemplary worker: Mahadzir showing the certificate that he received from Muhyiddin at the Worker's Day celebration at Putra Stadium in Kuala Lumpur yesterday.

Photo 6.62 A close up shot of a blind man receiving an award (Nation, 8 May 2011)

Lawyer Tuah Atan was born without legs and has a deformed left hand.

Photo 6.63 A close up shot of man with deformed hand (Star2, 4 Dec 2010)

Lead dancer: Sixteen-year-old Wei Yujie will be among the cast of 27 dancers for The Awakening.

Photo 6.64 A close up shot of a deaf dancer (Metro Central, 2 Nov 2008)

I can do it: Amanda can now swim the length of the pool with some guidance.

Photo 6.65 A close up shot of child with dyspraxia swimming in the pool (Metro Central, 16 Feb 2009)

Next, on medium shots. Half of the photos with disabled persons are shown in medium shots. Medium shots construe disabled persons at a 'social' distance from the viewer, not at an intimate or personal distance. In Photo 6.66, the medium shot enables several elements to be captured - a person with her wheelchair partially shown, her stiff-looking right hand and a ball rolling down a ramp to convey the physical restriction the depicted person has. Photo 6.67, on the other hand, appears to be the distance that could capture the height of the child in comparison with the two adults in a half-squat position. Interpersonally, medium shots position the disabled persons at a 'social' distance, neither intimate nor distant from the viewer.

My passion: Vanee releasing a red boccia leather ball from a ramp. Inset: Vanee sewing a cross-stitch design.

Photo 6.66 A medium shot of disabled person in a sport activity (Metro Central, 8 Jun 2011)

Giving to the unfortunate: Rosmah presenting a Raya token and gift pack to an orphan in Cheras Friday.

Photo 6.67 A medium shot photo of a child with small stature (Nation, 28 Aug, 2010)

In long shots, disabled actors are depicted at a distance, generally as groups with their faces not salient (Photos 6.68 and 6.69). This type of shot evokes a far social distance with the viewers.

Moving performance: A sign-language song performance by the youngsters at CSCD.

Photo 6.68 A long shot of a group of disabled youngsters performing a sign-language song (Metro Central, 15 Mar 2010)

Good day: Shell team with residents from Dyslexia Association of Malaysia and Rumah Amal Cheshire Selangor.

Photo 6.69 A long shot a group of disabled children and adults at a charity event (Metro Central, 19 June 2009)

On the whole, this subsection has discussed how the close, medium and long shots could conjure a different meaning in terms of social distance. Table 6.11 indicates that the disabled actors generally interact in a medium or long distance via medium and long shots. These represent them as ‘social’ and far from the viewers. Only less than 10% of the photos are close shots. However, when close shots are configured with salient signs of disability, the depictions could be confronting to viewers, and possibly result in symbolic *distanciation*. A close but confronting depiction encourages resistance instead of fostering an intimate interpersonal relationship with the viewers.

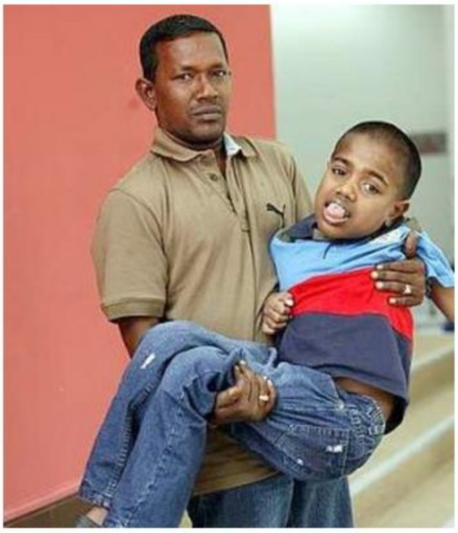
6.5.2 Social interaction (Gaze)

This dimension of social *interaction* concerns whether the depicted disabled persons look at the viewers directly or indirectly. Photos with direct address, where the actor in the image has direct gaze at the camera, make a symbolic demand of the viewers (Kress and van Leeuwen, 2006). In an indirect interaction, the depicted do not have direct gaze at the viewers, and they are only ‘offered’ to viewers as items of contemplation or dispassionate scrutiny (van Leeuwen, 2008) (see Section 6.1.2).

Table 6.12 demonstrates that direct address comprises nearly one fifth of the total images studied (N=113 or 16.87%). Photos 6.70 and 6.71 are examples of direct gaze that demand viewers to engage visually with the disabled actors by meeting their gaze. Group photos can have mixed gazes, where one or more of the actors looks directly at the camera, and one or more does not. For example, in Photos 6.72 and 6.73, in each, the actor depicted closes to the camera, is singled out as he/she has a direct gaze. This 'demand' draws viewer's attention to these two particular actors.

Social interaction (gaze)	Count of photos	%
Direct address	113	16.87
Indirect address	503	75.07
Mixed (group photo)	38	5.67
No address (back the viewer, not looking at the viewer at all)	3	0.45
Unidentifiable (actor positioned in far distance)	5	0.75
Not Applicable (photos without faces/heads)	8	1.19
Total number of photos with disabled persons	**670**	**100.00**

Table 6.12 Representation of social interaction (gaze) in data set



Physical abilities affected: R. Hariharan, 13, who suffers from MPS IIIB, being carried by his father M. Rajendran.

Photo 6.70 Photo of a direct gaze of a dad and his disabled son (Metro Central, 16 Jul 2011)

Loving dad: Zaiful (left), with his daughter Naylie during the 21st World Down Syndrome Day in Plaza Pelangi on recently.

Photo 6.71 Photo of a direct gaze of a father and her child with Down Syndrome (Metro South, 31 Mar 2011)

Learning at their own pace: The children engaged in their painting activity. They learn at their own pace. Seated near the window at the far end of the room is Yeoh

Photo 6.72 Photo of a group of disabled children with mixed gazes (Metro Central, 9 Oct 2008)

Havis showing a teacher how to do maths with the children, while others are engaged in various learning activities.

Photo 6.73 Photo of a group of disabled children with mixed gazes (Metro Central, 28 Mar 2010)

Moving on to indirect gaze, Photos 6.74 and 6.75 portray disabled actors in indirect gaze. In Photo 6.74, the disabled child does not engage with the viewer and but looking at the food that is being given to him. In Photo 6.75, the two disabled children also do not engage with the viewer but her own audience in the context framed. These three actors are ‘offered’ for viewing only. They do not, in Kress and van Leeuwen's terms, demand social interaction with the viewers. Table 6.12 shows three quarters of the photos in the data set, present disabled actors with indirect gaze. This suggests that the majority of depicted actors found in the data set have been offered for gaze and scrutiny, instead of being construed as interactants with the viewers.

Have a bite: Nestle (Malaysia) Berhad media relations and corporate communications manager Zamira Yasmin enjoying lunch with one of the children.

Photo 6.74 Photo of an indirect gaze disabled child being fed by a charity giver (Metro Central, 6 Jan 2010)

Sending a message: Children with LSD talking about their hopes and dreams.

Photo 6.75 Photo of an indirect gaze of two disabled children speaking to an audience (Metro Central, 19 Oct, 2011)

There are also three unique instances (0.45%) of images with disabled actors without any gaze, with their back to the viewers. Photo 6.76 shows the back of a child with a hearing difficulty to the viewer. The actor has no interaction with the viewer at all. Photo 6.77 shows the back of a disabled child being lifted by his father due to the inaccessible environment they live in. The child also does not socially interact with the viewer. Such a back depiction, totally disengages the actor from the viewer.

In a child with ear infection, look out for these signs: complains of pain in his ears, tugs or pulls his ears, cries more than usual, acts irritable, has trouble sleeping, fails to respond to sounds, and appears to be inattentive at school.

Photo 6.76 Reproducing Photo 6.42. Photo without gaze, showing the back of disabled actor (Star2, 6 Sept 2009)

Ravi has to carry Vicknesh up and down the stairs of their apartment building.

Photo 6.77 Photo without gaze showing the back of a disabled child and his dad (Nation, 20 Jun 2011)

On the whole, the majority of images have indirect gaze, low or no social interaction at all. As such, disabled actors are not typically represented as interactants with the viewer. They are most often offered to viewers for scrutiny or viewing only and this is a form of *objectivation* (see Section 6.1.2).

6.5.3 Horizontal social relations (Involvement)

The next dimension in van Leeuwen's network is the horizontal angle, which construes social *relation*. The angle from which viewers see the depicted disabled person communicates involvement. Van Leeuwen (2000) proposed two angles which are *frontal* and *oblique*. *Frontal* involves the viewer but *oblique* is a detached social *relation*.

Social relations (Involvement)		**Count of photos**	**%**
Involved	Frontal	107	15.97
Detached	Oblique	497	74.18
Others	Mixed (grp)	53	7.91
	Unidentifiable (actor positioned in a far distance)	5	0.75
	Not Applicable (photo without a face/head)	8	1.19
Total number of photos with disabled persons		**670**	**100.00**

Table 6.13 Representation of social relations (horizontal) in data set

As demonstrated in Table 6.13, less than one fifth of the photos construe involvement of depicted persons with viewers (N=107 or 15.97%). Photos 6.78 and 6.79 exemplify images that involve viewers. While Photo 6.78 has no outward signs of disability, indicators of disability are salient in Photo 6.79. This involvement in Photo 6.79 has also drawn attention to the facial signs, weak limbs, walking frame and orthopaedic shoes. This effect is similar to the discussion Sections 6.5.1 and 6.5.2. When markers of impairment appear in a *frontal* image, they could be confronting for some viewers and effect in symbolic *distanciation*.

Against the odds: Zhi Jie (right) and his parents recently giving the thumbs up at Sunway College in Johor Baru where he is currently studying.

Photo 6.78 Image of an involved (frontal) social relation of a young adult with invisible disability - dyslexia (Metro South & East, 30 Mar 2009)

Treatable disease: The objective of the walk is to increase public awareness on autism.

Photo 6.79 Image of an involved (frontal) social relation of a child with autism and further marked by facial signs, weak limbs, a walking frame and orthopaedic shoes (Metro South & East, 7 Apr 2011)

The majority or about three quarters of the data set construct disabled persons in an oblique position (N=497 or 74.18%) (Table 6.13). This kind of depiction construes the actors as detached from the viewer. It also construes symbolic *distanciation*. For example, in Photo 6.80, the blind runner is detached from the viewer. There is no interaction with the viewer. Photo 6.81 also construes detached social relation with the viewer. The disabled child in green t-shirt is detached in social relation with the viewer. However, such a representation has partially hidden the facial signs in Down Syndrome away from viewers, which in away reduces any possible distancing had it been a frontal depiction.

Inspiration: Blind runner Henry Wayoinke (right) from Kenya, being assisted by his childhood friend Joseph Kibunja who acts as his guide. They will be in KL for the Standard Chartered KL Marathon 2009 on June 28.

Photo 6.80 Image of a detached (oblique) social relation (Star2, 3 Jun 2009)

Encouragement: FusionExcel "Hope For Children" ambassador Maggie Loo(left) talking to Yap Shi Yin. Looking on are (from right) Miss World Malaysia 2011 second runner-up Chua Yee See and first runner-up Pamela Tam Mei Yun.

Photo 6.81 Reproducing Photo 6.20. Image of a detached (oblique) social relation (Metro Central, 8 Nov 2011)

Also found are group images with mixed frontal and detached configurations (N=53 or 7.91%). This configuration could construe a mix of both involvement and detachment from the viewers (see Photo 6.82 and 6.83).

Reaching out: A group of handicapped children doing some colouring and handicraft work at Love Foundation Children's Home at Taman Iskandar, Johor Baru.

Photo 6.82 Image of a mixed frontal and detached social relation in small group depiction (Metro Central, 7 Dec 2009)

Having fun: The members with the students.

Photo 6.83 Image of a mixed frontal and detached social relation in big group depiction (Metro South & East, 1 Sept 2008)

On the whole, Section 6.5.3 has shown that the majority of the images in the data set essentially depict disabled actors in detached social relations. Detached depictions disengage viewers and could evoke an undesirable social disposition between viewers and the viewed.

6.5.4 Vertical social relations (Power)

The vertical axis in images assigns power differences between the depicted and viewers. It relates to whether the viewers are looking down at the depicted in a top-down shot which construes viewers with greater symbolic power than the depicted, an eye level shot which construes an equal relationship, or viewers looking up to the depicted which construes the latter with greater symbolic power (see Section 6.1.2).

Social relations (power)	Count of photos	%
Above (Top-down shot)	133	19.85
Eye level (Eye level shot)	468	69.85
Low (Bottom-up shot)	56	8.36
Unidentifiable (actor positioned in a far distance)	5	0.75
Not Applicable (photo without a face)	8	1.19
Total number of photos with disabled persons	**670**	**100.00**

Table 6.14 Representation of social relations (vertical) in data set

Table 6.14 displays that about three quarters of the photos carry equal relations between the disabled persons and viewers (N=468 or 69.85%). This construes an equal power interaction between the actors and viewers. Photos 6.84 and 6.85 exemplify how the actors and viewers are position on the level and evokes equal relations.

Love at first 'hearing': Subramaniam placing a thali around his wife Logeswary's neck after their wedding at Sri Muneeswarar Temple in Ipoh yesterday.

Photo 6.84 An eye level shot of a blind couple at their wedding (Nation, 8 Feb 2011)

Proud moment: Swee Fu Siang smiling after finishing his colouring.

Photo 6.85 An eye level shot of disabled person and her piece of work (Metro Central, 8 Nov 2011)

Next, about one fifth of the images in the data set are top-down shots (N=133 or 19.85%). Such an angle gives symbolic power to viewers as they could look down to the actors. In Photo 6.86, viewers are allowed a top-down overview of all the five children and what they are doing. Similarly, in Photo 6.87, the power of the viewer is further increased with the wheelchair-user depicted looking up to the person he is communicating with. The high vertical angle allows viewers' imaginary symbolic power, putting the viewers in a higher position and hence, a social elevation of the viewers. However, the depicted actors are positioned hierarchically lower than the viewers in social relations.

Time to relax: The boys from the GOSM (Gospel of Salvation Mission Society) Precious Children Home working on completing a puzzle during break time

Photo 6.86 A top-down shot of disabled children (Metro Central, 5 Dec 2009)

Yuhaizam: 'I feel not enough is being done for the disabled community in our country'.

Photo 6.87 A top-down shot of a disabled adult (Metro North, 7 Jul 2008)

Next, on bottom-up angle. This low vertical angle construes symbolic power to the depicted. Table 6.14 shows that less than one tenth of disabled persons are depicted from this angle (N=56 or 8.36%). Photo 6.88 presents an angle that makes viewers look up to the child with autism who is riding on the elephant. Photo 6.89 also positions viewers to look up to the blind actor (right of photo) who is playing bowling. This low vertical angle gives symbolic power to the disabled actors. However, it is also found that there are only 5 out of the 56 photos with this angle that position disabled actors in higher positions than the viewers. In the other 51 images, such an angle appears to effect in sensationalism as signs of disability are salient. For example, in Photo 6.90, the wheels of the wheelchair become particularly salient when depicted in a bottom-up shot. On one hand, wheelchairs connote mobility and independence for persons with physical impairment. On the other, they also foregrounds the physical deficits in these children. In another example, Photo 6.91 is bottom-up shot with a *sentimental* visual rhetoric. This angle highlights the chain and lock put around the feet of the disabled teen. It fails to give symbolic power to the actor, in fact, it suggests his ‘imprisonment’. Thus, this kind of configuration could reduce the symbolic empowerment a bottom-up shot gives to the actors.

A group game involving the good-natured elephant gathering and offering sticks with its trunk.

Photo 6.88 A bottom up shot of a child with autism at an animal therapy session (International, 23 May 2011)

Doing their best: A blindfolded participant (left) and a visually impaired participant (right) competing in the tournament

Photo 6.89 A bottom up photo of bowling in the dark (Metro North, 6 Apr 2011)

Special kids: Gan Mun Wai (behind in green tie), Ooi Wai Chong (with a red school bag), Kam Yu Choi, Leong Yao Wen and Kenny Lee Man Jun, getting ready for school.

Photo 6.90 A bottom up shot of a group of wheelchair using children (Nation, 6 Dec 2009)

Under lock and key: The teenager, still in chains, after he was discovered in a closed room by Welfare Department officers who conducted a spot check on the home in Jalan Laksamana Cheng Ho yesterday. — A. MALEX YAHAYA / The Star

Photo 6.91 A bottom up shot of an individual found chained in a home (Nation, 11 Mar 2010)

Overall, Section 6.5 has provided an overview of how the visual representations and mediation in the data set impact the interactions between depicted actors with viewers and consequently, the interpretations of disability and disabled persons. In terms of social distance, disabled actors are predominantly depicted as social and if not, in a confronting intimate distance. With regard to gaze, the majority of depicted actors have been offered for gaze and scrutiny, not construed as interactants with the viewers. In *involvement*, most actors are depicted in oblique position, thus, detached in social relations with the viewers. In vertical social *relations*, the actors generally interact with equal power relations with viewers.

Sections 6.4 and 6.5 have analysed how disabled persons are represented in visual discourse under study using van Leeuwen's framework. They generally construe negative interactions and relations with the viewers in most photographs under investigation. There is also an observation on the play with the salience of signs of disability in the compositions which modifies the construal of disability. As such, the following section will investigate the characteristics of disability and in particular, the said 'signs of disability.'

6.6 Characteristics of disability in data set

As established above, Section 6.6 will examine the characteristics of disability in images.

6.6.1 Impairment types: General versus specific

Similar to the discussion on naming strategies in Chapter 5, the visual discourse also represents disability in general as well as specific impairments. Table 6.15 presents the prevalence of the representations of disability in general and as specific impairments such as blindness and speech impairment as well as conditions such as dementia and William Syndrome.

General or Specific impairment depicted	**Count of photos**	**%**
Disability in general	85	12.69
Specific impairment/condition	585	87.31
Total number of photos with disabled persons	**670**	**100.00**

Table 6.15 Representations of disability in general and specific impairments in data set

Disability in general is only represented by 12.69% (N=85) of photos while the other 87.31% (N=585) represent specific impairments (see Appendix 6B for breakdown according to sub-types of impairments or conditions). This indicates that *The Star* published a higher frequency of images of specific impairments than of general disability. This is similar with the findings in naming where more names were found with reference to specific impairments.

The visual representations of the specific impairments are also found in their finer subcategories (see Appendix 6B and Section 1.3.2). However, visuals only represents but do not clarify the distinctions between the broader and finer categories. The co-classifying function is fulfilled by the captions.

The representation of the general and specific impairments is exemplified below. Photo 6.92 is an image representing disability in general. The caption describes the children as ‘special students’ to denote the general characteristic.

Hands-up: Special students from different schools, teachers, parents and other visitors doing some fun aerobic exercises at the event.

Photo 6.92 Image representing disability in general (Metro Central, 30 Apr 2011)

As for specific impairments, photos are found to visually represent both the broader and finer categorisations of impairments (see Appendix 6B). For instance, ‘learning disability’ is the umbrella category of specific impairments such as ‘dyslexia’, ‘Down Syndrome’ and ‘Autism Spectrum Disorder’ (ASD). ASD, for example, could be further sub-categorised according to severity levels and a range of spectrum. Its high functioning form was known as Asperger’s Syndrome the DSM IV-TR document (American Psychiatric Association, 2000). However, this term has been omitted in the latest DSM-V revision (American Psychiatric Association, 2013). Such characteristics of the broader and finer representations of specific impairments could be exemplified below (Photos 6.93 to 6.95).

Sariah Amirin: ‘All persons with learning disabilities are educable and should be given access to education.’

Photo 6.93 Image representing the category of ‘learning disability’(Star2, 8 Jan 2009)

Richard Sequerah engaging a student with autism in a drum session.

Photo 6.94 Image representing a specific type of learning disability which is Autism Spectrum Disorder (Star2, 26 Nov 2008)

Children with Asperger syndrome do well with subjects involving facts, figures and logic, but they may have problems with subjects requiring abstract thought, eg literature. – The Washington Post

Photo 6.95 Image representing high functioning Autism which was also known Asperger Syndrome (Star2, 1 Jan 2012)

In Photo 6.93, three children are depicted in the Malaysian school uniform together with an adult. Appearing to be an educator, she holds the hand of a boy whose face is blocked by her hand, and they both are depicted pointing on the notes on the whiteboard. Without any specific sign of disability, all actors appear to be involved in the setting and activity type of learning. The specific impairment is revealed in the caption as ‘learning disability’. As said above, ‘learning disability’ is a broader umbrella label and could be further sub-categorised.

Photos 6.94 is a representation of ASD, a subtype of learning disability and 6.95 is a representation of Asperger's Syndrome, which was a sub-classification of ASD. The data set analysed here do not use any visual affordance to distinguish the finer categories but relied on the captions. Nevertheless, the general-specific representation of impairment is still present in the data set and an important characteristic of the visual discourse.

6.6.2 Signs of (dis)ability in the visual

Findings from Sections 6.4 and 6.5 suggest that it is pertinent to address signs of disability in images as their salience or visibility attracts viewers' attention to different degrees. During the early stage of tracking indicators of disability in the visual (see Section 6.2), it was found that disability could come in both visible and invisible forms.

A visible impairment has an outward physical or bodily sign associated with the condition whereas an invisible impairment has no outward physical sign nor other cue to indicate limitations associated with the condition (Falvo, 2014). In this study, the terms 'physical sign' and 'bodily sign' will be used interchangeably to indicate outward visible impairments present in images. The phrase 'biological marker' is also used in some references to indicate measurable biological characteristics that signify the presence of a particular state or disease (Oldham and Riba, 1994, p. 292). However, this phrase seems more accurate for use in clinical context only.

A visible disability, on the other hand, has signs of bodily impairment and use of an assistive device and facility by a person with visible or invisible impairment. Examples of devices are the wheelchair or hearing aid, and rehabilitative facilities such as the hydrotherapy pool and the Snoezelan. In van Leeuwen's terms (2008), these are 'instruments' and when the quality or attribute of an actor is represented by an instrument, the technique is known as *instrumentalisation* (see Section 6.4.4.2). In this study, these assistive devices/facilities will be known as 'object signs' following the Barthian semiotic view (see Section 6.1). This phrase will also include other non-assistive/rehabilitative objects captured in the photographs that indicate disabilities.

A person who has a visible disability can also have invisible disabilities (Oslund, 2014). An invisible disability refers to symptoms such as debilitating pain, fatigue, dizziness, weakness, cognitive dysfunctions and mental disorders, as well as hearing and vision impairments (Invisible Disabilities Association, 2015; Oslund, 2014, p. 1). Invisible forms of disability may not be obvious to the onlooker or viewer, but can limit daily activities of a person (ibid). When visualised, there may not be any sign of disability and hence, the disabled actors would appear 'normal'. The relations between visible and invisible impairment and disability can be seen in Table 6.16.

	Impairment	**Disability**
Visible	✓ Outward physical/bodily sign	Has one or more of the following features: ✓ Outward physical/bodily sign ✓ Object sign (assistive device/facility/other sign) ✓ Can also have experiences of 'invisible disability'
Invisible	X Outward physical/bodily sign	Has one or more of the following features: ✓ Debilitating pain/fatigue/dizziness/weakness/cognitive function ✓ Hearing/vision impairment

Table 6.16 Defining visible/invisible impairment and disability

Hence, with the definitions related to visibility of disability established, this subsection will proceed with signs or elements that mark disability in the data set.

Kress and van Leeuwen (1996; 2006, p. 1) use ‘elements in images’ to refer to items (e.g. people, place, thing) depicted in images. Table 6.17 quantifies the three elements that mark visible disability in the data set. The first is by signs of visible impairments (physical signs); the second is the inclusion of objects used by persons with visible or invisible impairments (object signs) and the third, by framing actions or experiences of (dis)ability of both visible and invisible impairments. The prefix ‘dis’ in the term ‘disability’ here is put in a parenthesis as there are also enabling depictions of the ability of disabled persons despite their impairments. There are also images of invisible impairment that have no physical nor object signs.

IMPAIRMENT	ELEMENT IN IMAGE	Count of instance
Visible	Physical sign	268
Visible	Object sign (device/facility/others)	203
Invisible		24
Visible	Framing a (dis)ability	39
Invisible		47
Total instances		**581**
Invisible	No physical/object sign	240

Table 6.17 Elements used in marking impairments and (dis)ability in in data set

Table 6.17 reveals there is a total of 581 elements in 670 photos studied, where one photo could have more than one element (see Appendix 6A). Physical signs in visible impairments have the highest instances of N=268, followed by N=227 instances of object signs. Table 6.18 summarises all the physical signs and examples found in data set (see Appendix 6C for examples and elaborations on specific conditions).

Condition	**Physical sign in image**	**Examples in Appendix 6C**
Visual impairment	Impaired eye	Photos 6C.1 & 6C.2
	Blind eye	Photos 6C.3 & 6C.4
Cleft	Cleft lip	Photo 6C.5
Parkinson’s Disease	Masked face (stiffness of muscle in facial area)	Photo 6C.7
Down Syndrome	Facial features	Photos 6C.8 to 6C.11
Albinism	Pigmentation	Photo 6C.12
Physical impairment	Muscle spasticity (cerebral palsy)	Photos 6C.13 to 6C.14
	Without limb/limb deformity	Photos 6C.15 to 6C.16
	Short upper and lower limbs (short-stature/dwarfism)	Photos 6C.19 & 6C.20

Table 6.18 Physical signs related to specific conditions found in data set

In terms of object signs, Table 6.16 indicates that there are N= 227 instances in the data set. Table 6.19 provides an overview of the object signs associated with specific conditions found (see Appendix 6D for examples and elaborations on specific conditions).

Condition	**Associated object/facility**	**Examples in Appendix 6D**
Visual impairment/ Blindness	White cane	Photos 6D.1 & 6D.2
	Tactile pathway	Photos 6D.1 & 6D.2
	Perkins Brailler (braille machine)	Photos 6D.3
	Braille	Photo 6D.3
	Sunglasses	Photo 6D.4
	JAWS screen-reader software	Photo 6D.4
	Guide dog	Photo 6D.5
Hearing impairment/ Deafness	Otoscope	Photo 6D.6
	Hearing aid	Photo 6D.7
	Cochlear implant	Photos 6D.8 & 6D.9
Mobility/physical impairment	Prosthetic leg	Photo 6D.10
	Walker	Photo 6D.11
	Crutch	Photo 6D.12
	Leg braces	Photo 6D.13
	Wheelchair	Photos 6D.14 & 6D.15
	Disabled motorcycle	Photo 6D.16
	Skateboard	Photo 6D.17
	Hydrotherapy pool	Photo 6D.18
	Accessible facilities (ramp/parking/transport)	Photos 6D.19 to 6D.21
Sensory impairment	Multi-sensory room (Snoezelan)	Photo 6D.22
Autism Spectrum Disorder	Puzzle piece	Photo 6D.26

Table 6.19 Objects signs related to specific conditions in data set

Disability could also be marked by framing disabled persons in action either to indicate an ability/functioning or disability/dysfunctioning. Table 6.17 shows 86 instances of this kind of framing. Table 6.20 will summarise the experiences framed in the data set (see Appendix 6E for examples and elaborations on specific conditions).

Condition	Experience/Action	Examples in Appendix 6E
Blindness	Feeling and sensing for direction	Photos 6E.1 to 6E.3
	Feeling to 'see' objects/read braille	Photos 6E.5 & 6E.6
Weak/impaired limb	Person needs to be lifted	Photo 6E.7
	Person in physiotherapy/rehabilitative session	Photos 6E.8 & 6E.9
	Limb stiffness in performing an activity	Photo 6E.9
Small stature	Difficulty in reaching up to a higher spot	Photo 6E.10
Deafness	Communicating with hand signs	Photos 6E.13 & 6E.14
Dyslexia	Feeling of frustration	Photo 6E.17
	Output of mirror image writing	Photo 6E.18
Specific learning impairment	Attempting mathematical tasks	Photo 6E.19
Autism Spectrum Disorder	Averted eye gaze	Photos 6E.22 & 6E.23
Multiple Sclerosis	Needing caregiving	Photo 6E.25
Dyspraxia	What non-dyspraxic could do	Photo 6E.26
	An act of holding a pencil supposedly a painful activity	Photo 6E.27
	Pain felt is like being pricked by a thousand pins	Photo 6E.28
	Improving coordination in physiotherapy session	Photo 6E.29
Mental health disorder	'Headclutcher' image	Photos 6E.30 & 6E.31
	In despair – looking down	Photos 6E.30 & 6E.31
	In despair - in tear	Photo 6E.32
	In despair – expressing feelings in writing	Photo 6E.33
Alzheimer's Disease	In activity to help memory/with family support	Photos 6E.34 & 6E.35
	Support from caregiver	Photo 6E.36
Parkinson's Disease	Movement and muscle control difficulty	Photos 6E.37 & 6E.38
Behavioural issue	Being chained	Photo 6E.39
	Confined in cot-like structures	Photo 6E.40

Table 6.20 Framing of experiences of (dis)ability in data set

Generally, Section 6.6.2 and Appendices 6C to 6E have characterised and quantified the physical signs, object signs and the representation of experiences of disabled persons. These are the visual elements that act as markers or indicators of disability in the composition of photographs of disability.

Thus far, the analyses using van Leeuwen's networks in Section 6.3 to 6.5 have shown the visualisation of disability in news images is a confluence of several components configured within the image frame. It involves the depiction of the characteristics of persons and disability, the visual interaction of the depiction with the viewers, presence and salience of signs of disability and the overall emotive dimension or underlying tone evoked by the configurations. This framing of disability as a visual discourse is made through various configuration choices. And so, to describe how these enact the visual discourse of disability and their potential meanings, the notion of the *perspectivisation* of disability is proposed.

6.7 Perspectivisation of disability

The term *perspectivisation* is used in linguistic research in areas of political rhetoric, stylistics and diachronic development (see Ensink and Sauer, 2003; Sandig, 1996; Sauer, 1997). Sandig (1996, p.27) following Graumann and Sommer (1986) defines *perspective* as the 'representation of something (e.g. action, object, person, event) for somebody from a given position' to achieve a communicative function. As such, *perspectivisation* refers to the communicative procedure of the construction of a certain perspective (Sauer, 1997, p. 60). In Reisigl and Wodak (2009, p. 94), it suggests a discursive strategy of positioning a viewpoint or framing a discourse representation.

Based on the above understanding for verbal texts, the notion of *perspectivisation* is here applied in the visual discourse of disability. The *perspectivisation* of disability concerns the composition configurations of visual elements that enact the discourses of disability in images i.e. framing the visual discourse of images from a perspective of disability. The elements include the disabled actors, signs of disability, and the framing of experiences of (dis)ability. *Perspectivisation* is also dependent upon the depiction of attributes and roles of actors (see

Section 6.4) and how the depiction of the actors interacts with the viewers in terms of social *distance*, social *interaction* and social *relation* (see Section 6.5). Together with characteristics and signs of disability (see Section 6.6), a composition of disability could be made (relatively) *perspectivising* as it shows visual features of disability or (relatively) *personising* as the visual focuses on a person, making an image more personalised and humanised instead of construing a disability (see Section 6.7.1). These are all related to the composition choices in images.

The other dimension observed in the visual discourse of disability is the emotive dimension. The choice of visual rhetoric of disability employed can affect the interpersonal meanings of the discourse (see Section 6.1.1). Apart from the overall accumulated *affect* evoked through the composition, the activity type depicted within the image frame also contributes to *perspectivisation* (see Section 6.1.3). This emotive dimension influences whether a representation conjures an enabling or disabling disposition and subsequently, how the actors could be socially positioned by the viewers.

Premised on the above, in order to analyse the visual discourse of disability, two clines need to be established. The first relates to the composition, to be placed on a cline of '*perspectivising/personising*' (see Figure 6.6). *Perspectivising* highlights a disability whereas *personising* focuses on depiction of a human or person rather than the disability.

The second cline of '*enabling/disabling'* (see Figure 6.7) can explain the effect of choices made in relation to the construal of emotions in the discourse. *Enabling* refers to a depiction with positive advocacy and gives empowerment to the actor. *Disabling* is the opposite, which handicaps (see Section 1.6.2) or evoke the othering of disabled actors (see Section 3.4.3).

Building on both of van Leeuwen's (2008) networks, *perspectivisation* involves the following systems and choices as discussed in Section 6.3 to 6.5 of this chapter. By outlining these systems and choices here, the visual discourse of disability can be analysed more reliably:

- **Representation and Viewer Network**:
    - ***Distance:*** Close/Far

      This depends on what aspects of the image are made salient by this compositional choice. If close up is on a disability, then it is *perspectivising*. If close up is on 'the person', then it is *personising*. If the social distance is distant, then it is *personising*, unless the long shot contributes to grouping and therefore, highlights the disability through biological categorisation.

    - ***Involvement***: Frontal/Oblique

      In a frontal depiction, the focus is on 'the person' and hence, *personising*. In oblique, or frontal where the focus is on the disability, then it is *perspectivising*.

    - ***Interaction:*** Direct gaze/Indirect gaze

      Direct gaze that demands viewer attention is *personising* as viewers are forced to engage with 'the person'. In indirect gaze, an actor is offered for viewer gaze and hence, is *perspectivising*.

- **Visual Social Actor Network**
    - ***Exclusion***

      Exclusion is *perspectivising* as the focus is off the person and therefore, on the disability instead.

    - ***Generic/Specific:***

      Generic depiction is *perspectivising* but the specific is *personising.*

    - ***Individual/Group(homogenization)/Group(differentiation)***:

      Depictions of individual and group (differentiation) are *personising*. However group depiction that homogenises (homogenisation) *is perspectivising.*

All the above could be summarised and placed on a cline scale of '*perpectivising/personising*' (Figure 6.6):

van Leeuwen's framework		**perspectivising**	**personising**
Representation and Viewer Network	Distance	*close up on disability* *long shot that homogenizes*	*close up on person* *long shot that personalises* *mid shot*
	Involvement	*frontal with disability* *oblique*	*frontal on person*
	Gaze	*indirect gaze*	*direct gaze*
Visual Social Actor Network	Inclusion/exclusion	*exclusion*	*inclusion*
	Generic/Specific	*generic*	*specific*
	Individual/Group	*group (homogenization)*	*individual* *group (differentiation)*

Figure 6.6 Perspectivisation of disability on a 'perspectivising/personising' cline

The second cline of '*enabling/disabling'* involves the following systems and choices discussed in Sections 6.3-6.6 of this chapter.

- **Affect**: Positive/Neutral/Negative emotion
    - Positive *affect* is enabling; neutral is neutral in its effect, negative *affect* is disabling
- **Visual rhetoric**: *Sentimental/Supercrip/Exotic/Realism*
    - *Sentimental* is most disabling; *supercrip* and *exotic* are disabling, but more towards the centre of the cline; *realism* is enabling.
- **Representation and Viewer Network**: Power
    - Power is related to higher, equal or lower viewer power. Higher viewer power is disabling. Equal and lower viewer power is enabling.
- **Visual social actor network:** Exclusion and Role
    - *Exclusion* is disabling as the focus is off 'the person' and on the 'disability' instead. Note that this variable is the only one that impacts on both clines.

    - Role: The *agent* role is enabling; by not being involved in action is neutral; a *patient* role is disabling.

The descriptions of the systems and choices are summarised in Figure 6.7:

	enabling ⟷		**disabling**
Affect	*positive affect*		*negative affect*
Visual rhetoric	*realism*	*supercrip* *exotic*	*sentimental*
Viewer power	*lower viewer power* *equal power*		*higher viewer power*
Exclusion			*exclusion*
Role	*agent role*	*not in action*	*patient role*

Figure 6.7 Perspectivisation of disability on the 'enabling/disabling' cline

With the systems and clines set up, the following subsections will analyse selected images from the data set to illustrate how the two clines (Figures 6.6 and 6.7) could be employed in analysis of the visual discourse.

6.7.1 *Perspectivising/Personising* cline

Perspectivising is a configuration that highlights a disability whereas *personising* focuses on depiction of a human being or person rather than disability (see Figure 6.6). To illustrate this cline, a set of three images of individual disabled actors and their pieces of work from the data set will be used here. See Figure 6.8 for the overview of photos placed on a cline; the enlarged versions of Photos 6.96 to 6.98 are below Figure 6.8.

Photo 6.96

Till Feb 28: Victor Chin captures the moving emotions and physical agility of disabled persons in this black and white photo exhibition. This is Chin's third collection of photographs celebrating human understanding over ignorance.

Photo 6.97

Full focus: Physically challenged student Noorismawati Abdul Aziz of SMK Bukit Besar sitting for the SPM in Kuala Terengganu.

Photo 6.98

Autistic artistry: Clement Qoi with one of his paintings

Perpectivising ⟷ ***Personising***

Figure 6.8 A set of images positioned on the 'perspectivising/personising' cline

Till Feb 28: Victor Chin captures the moving emotions and physical agility of disabled persons in this black and white photo exhibition. This is Chin's third collection of photographs celebrating human understanding over ignorance.

Photo 6.96 A perspectivising image of an armless artist drawing using his toes (Metro Central, 31 July 2009

Full focus: Physically challenged student Noorismawati Abdul Aziz of SMK Bukit Besar sitting for the SPM in Kuala Terengganu.

Photo 6.97 A partially perspectivising image of a student writing using toes (Nation, 7 Nov 2013)

Autistic artistry: Clement Ooi with one of his paintings

Photo 6.98 A personising image of a person with autism and his artwork (Star2, 4 Nov 2009)

Photo 6.96 is a *perspectivising* image of an armless artist drawing using his toes. It is a *somatised* image that represents the quality of the actor via his body part i.e. foot only. With this, the image has also become impersonalised without a face. The shot also focuses on his disability or the compensation for his hand or his ‘inability’, rather than the person. The *perspectivising* feature is also accentuated by a close up shot. The close up on a disability here conjures a confronting intimate relation. Such a *perspectivising* configuration symbolically excludes the actor from the viewer.

On the other hand, Photo 6.97 is in the middle of the cline. The disabled student is depicted in an oblique position and looking down, not engaging with the reader. She is offered for viewer’s gaze only and hence, gives the composition the *perspectivising* quality. Although it is a photo of her disability, the student is shown with a face and the focus is also on an individual. The student's affected arms are covered by her clothing and less confronting to viewers. In that way, it is more *personising* compared to close up *somatised* image in Photo 6.96. The student is also captured via a mid-shot which makes her 'social', not too close nor distant from the viewer. These configurations position this image in the middle of the cline.

Photo 6.98 is an example of a *personising* image of a young artist with Autism Spectrum Disorder. He is depicted in a frontal image that engages the reader. There is also a direct gaze that commands viewers' attention to look at him and his art work beside him. This image is also a specific representation of an individual. His invisible disability is not visualised although it is possible to be afforded by the *abstraction* technique. Instead, his quality is represented by the product of his talent. The composition highlights his ability, without any element or sign of disability in the photo. In short, it focuses on the person, not his disability and hence, this image is positioned on the *personising* end of the cline.

6.7.2 *Enabling/Disabling* cline

This '*enabling/disabling'* cline refers to overall effect from the choices in configuration related to the emotive dimension (see Figure 6.7). *Enabling* refers to a depiction with positive advocacy and one that empowers the actor. *Disabling* on the opposite is handicapping or result in the Othering. The following is a set of three images of persons with dyslexia to illustrate this cline. See Figure 6.9 below for an overview, the respective enlarged images (Photos 9.99 to 6.101) are below Figure 6.9.

Photo 6.99

A child with dyslexia (reading disability) has difficulty understanding the relationship between sounds and letters or may be unable to grasp the meaning of words, phrases, and paragraphs.

Photo 6.100

First-hand experience: Sir Jackie Stewart, who is himself dyslexic, telling the children at the Dyslexia Association of Malaysia's early intervention class how he managed his learning disability.

Photo 6.101

Six-year-old Areean Aqeel (far left) and Azahan Azani, 11, with their haul of medals from sporting events. Looking on are their proud parents Ezreena Abu Bakar and Aref Zaharin Abd Rahman, and sister Arissa Zerina, four.

Figure 6.9 A set of images positioned on the 'enabling/disabling' cline

A child with dyslexia (reading disability) has difficulty understanding the relationship between sounds and letters or may be unable to grasp the meaning of words, phrases, and paragraphs.

Photo 6.99 Repeat of Photo 6.47. A disabling image of a child with dyslexia (Star2, 4 Oct 2009)

Photo 6.99 is a disabling image of dyslexia. The action of ripping off the newspaper suggests a frustration. This is a *sentimental* visual rhetoric reduces the child's ability. The feeling of frustration is combined the visual rhetoric of *sentimentality*, it evokes negative *affect.* The top-down shot also allows higher viewer power that is, it gives power to the viewer over the actor and thus, symbolically disempowering. The top-down shot has also shifted focus off the child, instead to his disability. This is symbolically excluding. Such a configuration construes a disablement of the disabled child.

First-hand experience: Sir Jackie Stewart, who is himself dyslexic, telling the children at the Dyslexia Association of Malaysia's early intervention class how he managed his learning disability.

Photo 6.100 A partially enabling image of children with dyslexia (Star2, 15 October 2009)

In a more neutral ground, Photo 6.100 shows a group of children with dyslexia listening to another adult. They play the *patient* role receiving 'messages' from the adult. However, listening may not necessarily be a passive action but could be in the form of active listening. Thus, it moves the image slightly away from the '*disabling'* end of the cline. There is no indication of neither a happy or sad emotion on the faces of the children and thus, neutral in terms of affect. The image also carries the visual rhetoric of realism which is a realistic representation. In terms of vertical social relations, there is almost equal power with the viewers. Together, these configurations combine to place this image in the middle of the cline, towards the *'personing'* end.

Six-year-old Areean Aqeel (far left) and Azahan Azani, 11, with their haul of medals from sporting events. Looking on are their proud parents Ezreena Abu Bakar and Aref Zaharin Abd Rahman, and sister Arissa Zerina, four.

Photo 6.101 An enabling image of two boys with dyslexia with their parents and another sibling (Star2, 9 May 2009)

Photo 6.101 is an example of an enabling photo of two boys with dyslexia together with their parents and younger sister. It is a *realism* photo of a family. With a story of success and smiles on faces of the boys and his parents, these evoke positive *affect*. Despite it being a top-down shot that carries higher viewer power, such an angle enables viewer attention to be drawn to the numerous medals won by the two boys. Such a depiction also defines the agentive roles of these boys. With no indication of their disability in the image, in fact only their abilities, this is an *enabling* image.

The descriptions and illustrations of both '*perspectivising/personising*' and '*enabling/disabling*' clines have been presented. The following section will combine two clines as opposing axes to understand the social effects of these combinations in the visual discourse of disability. This is developed in a form of a framework as seen below.

6.7.3 Visual Discourse of Disability Analytical Framework (VDDAF)

As established above, the visual discourse of disability can be understood and analysed using the two clines ‘*perspectivising/personising*’ and ‘*enabling/disabling’*. The combinations of both clines could invoke social meanings and effects in public discourse of disability. As such, this section will combine the two clines as opposing axes. This is developed as an analytic framework called the Visual Discourse of Disability Analytic Framework (VDDAF) (Figure 6.10).

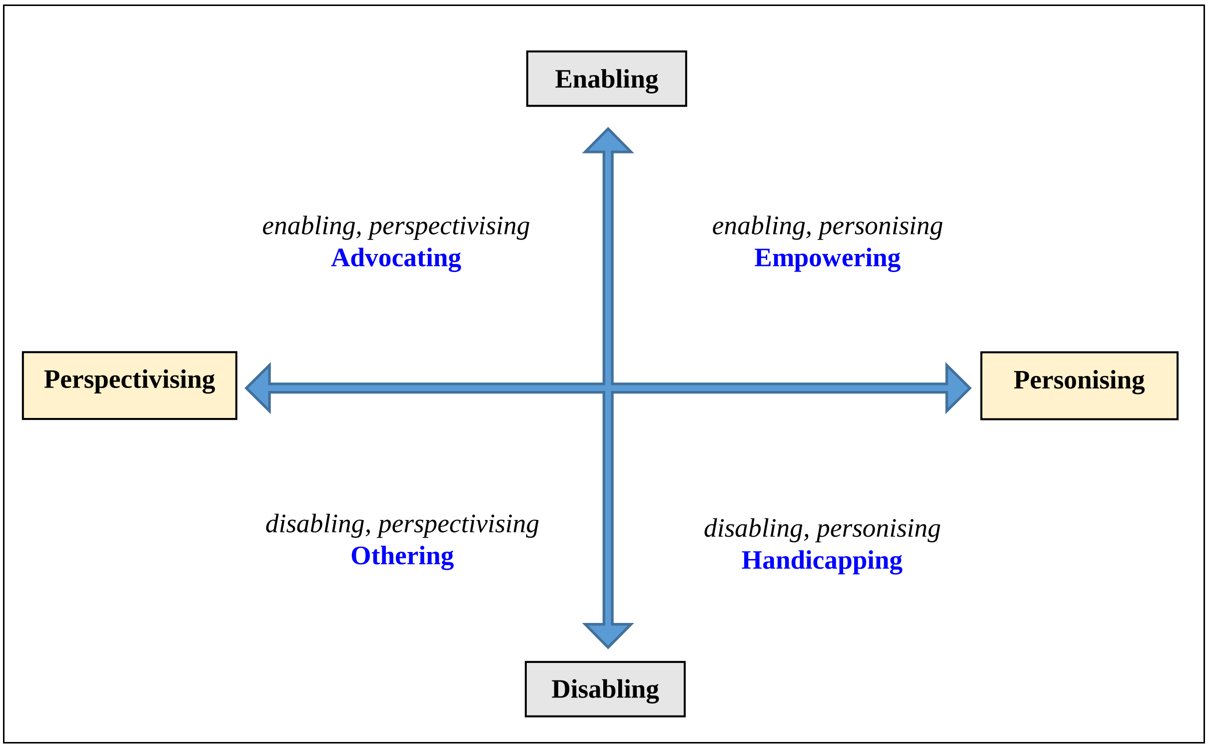


Figure 6.10 Visual Discourse of Disability Analytical Framework (VVDAF)

The above framework has four quadrants. Starting top-left and going clockwise, images in the top-left quadrant are *perspectivising* (focusing on, or foregrounding the disability) and *enabling* (presenting the actor(s) in a positive and/or participatory manner). Such an image can raise awareness that 'disability' does not have to be opposed with 'ability', and can help shift the public discourse and understanding of disabled actors towards more positive representations. Hence, we can label such images as **Advocating**, as they can play a positive, active role in improving the public discourse on disability.

Images in the top-right quadrant are *personising* (focusing on the actor(s), not the disability) and *enabling* (presenting the actor(s) in a positive and/or participatory manner). Such photos tend to present disabled actors as members of society, not differentiating them from non-disabled, and are perhaps the 'most positive' images. We can label such images as **Empowering**, since they discursively position disabled actors as equal to non-disabled, and in a sense (begin to) move beyond a discourse of disability.

Images in the bottom-right quadrant are *personising* (focusing on the actor(s), not the disability) and *disabling* (presenting the actor(s) in a negative and/or non-participatory manner). We can label such images as **Handicapping**, since they discursively position disabled actors as subordinate, dependent, or even helpless. Yet, at the same time, they background or deny their identity as persons with an impairment or disability and the social support, understanding, and/or responsibility that this brings.

Finally, images in the bottom-left quadrant are *perspectivising* (focus on, or foregrounding the disability) and *disabling* (presenting the actor(s) in a negative and/or non-participatory manner). We can label such images as **Othering**, since they discursively position disabled actors as distinct from non-disabled as well as being subordinate, dependent, or helpless.

Figure 6.10 illustrates how the *perspectivisation* of disability affects the social construal of disability. Choices of *perspectivisation* depend on the purpose and context of a practice. *Perspectivising* images may be unavoidable for purposes of describing or educating the public about an impairment or disability or in the context of disability sports for instance. However, the ‘*enabling, personising*’ region seems preferable as it is the most empowering. It positively depicts disabled persons as capable and part of a diverse population.

To illustrate how the VDDAF works, an image for each quadrant will be exemplified below. See Figure 6.11 for an overview. The respective enlarged versions of the individual photos will be presented separately.

Figure 6.11 Illustrating the working of the Visual Discourse of Disability Analytical Framework

An occupational therapist working with a dyspraxic child to improve coordination and balance.

*Photo 6.102 An ‘**Advocating’** image of a child with dyspraxia (Star2, 30 May 2012)*

Photo 6.102 is an example of an **Advocating** image. It is *perspectivising* but *enabling*. This image is *perspectivising* as it is foregrounds the ‘instrument’ or ‘object sign’ of the rehabilitative device in a setting of a physiotherapy, instead of the child. The disability is represented by the ‘object sign’. The child is depicted with detached oblique position with an indirect gaze, hence, offered for viewer’s gaze. Symbolically, it excludes or *distantiates* him/her from viewers. In terms of the emotive dimension, a frontal involvement with the viewer puts the child in equal power with the viewers. The child is shown in a participatory manner, working with the rehabilitative tool, with the physiotherapy on standby behind. Also, with a visual rhetoric of realism and a smile depicted on the face of the physiotherapist, the overall evoked affect is positive. On the whole, this image foregrounds the disability but presents the disabled actor in a positive and participatory manner. It is **Advocating** as it could raise awareness of dyspraxia as well as the availability of the rehabilitative and intervention sources. This would improve public discourse on dyspraxia while still focusing on the disability rather than on the child in the image.

Terry Conger (centre), a disabled army veteran, preparing to scuba dive with the help of David Crockett (right) and Thomas Shiparski.

Photo 6.103 An ***'Empowering'*** *image of a man with paraplegia (Star2, 27 Nov 2008)*

Photo 6.103 is an example of an **Empowering** image. It is *personising* and *enabling*. This image is personising as the focus is on the person in a mid-shot. It is a representation of an individual and a *specific* 'disabled army veteran'. His physical impairment is not a disability for him in the water. In fact, he is represented in equal power with the other two actors despite a top-down shot. He is involved in the same activity and has the same sets of scuba equipment as the other two. A smile on his face also adds to the overall positive *affect*. On the whole, this image focuses on the actor, not his disability. It is **Empowering** as it represents the actor as a member of society, equal with the other actors and moves beyond a disability discourse.

Here you go: Raja Zarith Sofia Sultan Idris Shah accompanied by Johor Baru Kiwanis Down Syndrome Foundation centre chairman John Tok (left) giving a goody bag to one of the kids.

*Photo 6.104 A '**Handicapping**' image of a child with Down Syndrome (Metro South & East, 25 Mar 2009)*

Photo 6.104 is an example of a **Handicapping** image. It is *personising* but *disabling*. This is *personising* as it focuses on a child. However, he has been depicted in an oblique position with his face almost unseen. Although this disengages him from the viewer, this oblique shot hides the facial signs in Down Syndrome away from the viewers, and hence, less confronting. In terms of the emotive dimension, the boy is depicted in a *patient* role and in a *sentimental* visual rhetoric of charity. On the whole, this image focuses on the person, not the disability, but the actor is presented in a *patient* role in a charity event. As such, it is **Handicapping**, as it presents the child as a subordinate and dependent on charity.

Chong helping Yu Xin to put on her leg braces.

Photo 6.105 A ***'Disabling'*** *image of a child with cerebral palsy (Star2, 15 Jun 2011)*

Photo 6.105 is an example of an **Othering** image. It is *perspectivising* and *disabling*. The image is *perspectivising* as it highlights the disability as represented by object signs of the leg braces. The top-down angle gives viewers power over the child. She does not engage with the viewer at all, in fact, looking away. She has also been offered for viewers' gaze only. The image also carries the visual rhetoric of *sentimentality*. The girl is in the position of a *patient*, helpless and needs help from her father to put the leg braces on. On the whole, the image the girl is construed in a vulnerable position and this is *disabling*. It foregrounds the disability and presents the actor in a negative and non-participatory manner. This discursive device evokes the **Othering.** The disabled girl is construed in dichotomy with a 'normal' and 'able' persons.

The above illustrations and descriptions have shown how VDDAF works and can be used to analyse images of disability. It a tool apt for understanding how *perspectivisation* is framed and can be framed, and the potential social construal that comes with the choices made. On the whole, with the analyses from the semiotic resources completed and with the notion of *perspectivisation* established, the next section will corroborate these findings with the participants' and institutional perspectives.

6.8 Opinions from interviews on news photographs in *The Star*

This section incorporates views from the various stakeholders on the representation of images of disability in the news media. It aims to check the consistency of findings from the semiotic resources. The voices of stakeholders, in this case, the disabled persons, key persons involved in disability advocacy in the country as well as the professional and non-professional caregivers will be presented first. This is then followed by the institutional perspective with interview data from the editors of *The Star* and a public health officer from WHO, Geneva (see Sections 4.3.2 and Appendix 4D for their profiles).

6.8.1 Participants' perspective on news photographs of disabled persons

The participants' perspective consists of 41 sets of interview data. These are opinions of disabled persons, their parents and caregivers, representatives and professional staff working in NGOs, as well as key advocacy personnel in the country. The interviewees were asked about the appropriateness of representations of disability in the images collected for this study (see Appendix 4E for questions). They were also shown a set of related photographs without captions (see Appendix 4F for samples) to investigate whether disability was visible or invisible to them. The photos also acted as references in the interviews. In terms of presentation of discussions in this subsection, opinions related to specific impairments will be presented first before those related to general representations of disability.

With regard to blindness, five interviews were conducted with the blind community. Interviewees I-07, I-08 and I-10 shared narratives of the many occasions of public staring as conveyed by their sighted friends. For I-07, this did not matter as he could ‘not even see them staring’. I-09 added that journalists frequently took photos of blind persons without permission, especially when they were crossing the road. While ethical practice was not his prime concern, he feared blind people would be misinterpreted as appearing lost on the road (see Photo 6E.3 in Appendix 6E). On signs of impairment, I-06 emphasised that the white cane and tactile path are significant ‘signs of independence’ and ‘environmental accessibility’ which allow blind persons to move freely. Similarly, the braille, braille machine and availability of accessible technology had allowed many blind people to ‘have education and be educated’. I-07 proudly cited himself not just as an educated blind person, but as the first Malaysian blind person to bring accessible technology from the United States into the country.

All five interviewees thought the non-disabled might regard the signs of blind eyes, white cane, tactile paths, braille and braille machines largely as signs of disability rather than their abilities. This shows that in *perspectivising* images involving blind people, the objects and image elements responsible for *perspectivising,* can potentially be viewed as either *enabling* or *disabling,* depending on one's social position. In the framework developed here, such elements contribute to the cline of *perspectivising*, but are not considered as either *enabling* or *disabling* in terms of the visual discourse of the images. This is an analytical position that is not contrary to the views expressed by the blind participants in this research.

Related to deafness, two Deaf persons (I-11 and I-14) and 2 sign language interpreters/trainers (I-12 and I-13) were interviewed. I-11 felt news photographs were ‘always showing beautiful hands’ (hand-signing) which non-Deaf would interpret as ‘Oh, they inspire us’ and that implied sympathy for Deaf persons. However, I-12 suggested that hand signs should be made the focus of news stories to highlight that the Deaf have their own language and can communicate vis-a-vis the Minority Model (see Section 2.2.5). More photos of the Deaf at work (*enabling* photos) should also be published to show they could support themselves. I-13 opined that there should be more photos of the Deaf with families with hearing children (most likely the **Empowering** photos). This is to rectify the misconception of deafness as heritable. All four interviewees strongly opposed the depiction of cochlear implant (see Photo 6D.9). It is a ‘wrong message’ that a ‘cochlear implant could lead to normal life’, which allows the domination of the medical professionals (medical model) and is ‘against the rights of a child’.

Deaf children should be allowed to embrace the Deaf culture and use sign language as their mother tongue. Instead of understanding sign language as a right and part of the Deaf culture, it had been inappropriately viewed as a deficit. This phenomenon of *audism* that perceives auditory and speech competency as superior over hand signs (Humphries, 1975) is an institutionalised prejudice and discriminatory practice (Nover, 1995, p. 120)

In this study, foregrounding of cochlear implants and of sign language in images are both seen as markers of *perspectivisation*, but neither are seen as *enabling* or *disabling*. In this way, the VDDAF allows the analyst to objectively identify those photos which are *enabling* or *disabling* independently of the inclusion or exclusion of signing or cochlear implants; and without taking a prior position on their value. This enables an approach to visual discourse analysis, which can establish the presence or absence of *audism* in a given visual discourse.

This could be done, for instance, by analysing the extent to which a discursive 'coupling' exists between *enabling* or *disabling* images on the one hand, and the presence of signing or cochlear implants on the other.

On physical disability, five wheelchair users with conditions of muscular dystrophy, spinal cord injury, polio and cerebral palsy were interviewed. I-04 who had muscular dystrophy said his condition was often mistaken as cerebral palsy. I-29 and I-04 thought it would be important to distinguish between the conditions for awareness-raising purposes. However, for I-37 and I-40, the distinctions did not matter; it should not be about the causes but the impairments themselves as well as removing attitudinal and environmental barriers. Interestingly, both positions outlined here suggest the inclusion of **Advocating** images. The difference is a question of what is perspectivised, not of *perspectivisation* per se.

I-37 and I-40 believed that the stereotyped view of the wheelchair sign would be hard to change due to historical reasons of the International Symbol of Access. It is viewed a ‘sign of something is wrong’ and ‘lower limb not functioning’ (I-04) and frequently associated with the terms ‘cacat’ and ‘OKU’ (I-24) as a generic representation (see Sections 5.3.2 and 6.4.3). Admitting that the sight of wheelchair is ‘more dramatic’ and ‘good material’ (I-40), I-41 claimed many photographers view it as a ‘photo of opportunity’. This is consistent with the analysis of wheelchairs as a visual marker of *instrumentalisation* (see section 6.4.4.2), one indicator of *perspectivisation*.

I-39 further cautioned that images featuring wheelchairs should not be ‘misused for sensationalising’. Photographs should be about how barriers are to be removed instead of the ‘incorrect message’ of disabled persons ‘overcoming barriers’ (I-40). He claimed this could ‘confuse the public’, they might think that disabled persons were ‘lazy’ in ‘overcoming struggles’ in life. This is interesting, since it suggests an argument against **Empowering** images, yet at the same time an argument against the discursive impact of **Handicapping** and **Othering** images. It would be revealing to conduct further interviews exploring the VDDAF and its application. This was not possible for the current study. Further, I-41 also highlighted that the public must understand that wheelchairs are ‘legs’ for people with mobility impairments and permission is needed before a wheelchair could be touched.

Regarding angles of shots of wheelchair users, I-40 commented that top-down shots are degrading as viewers would be ‘looking down’ at them and the depicted would have to ‘look up’ to the viewers (e.g. Photos 6.28 and 6.87). A photographer should lower the camera position and align it with the eye level of the wheelchair users. When depicted with the non-disabled, the non-disabled should be seated with or lower their bodies in a kneeling or squat-like positions (e.g. Photo 6.30) to position themselves level with the height of the wheelchair users. This would represent a more equal power position between the depicted and in the visual interaction of the photo with the viewers (see Section 6.5.4). This is consistent with the analytical approach taken in the VDDAF, where 'viewer power' (see Figure 6.7 in Section 6.7) as indicative of the degree to which an image is *enabling* or *disabling*. On the whole, interviews with people with physical impairments tended to highlight issues related to the visibility and sign of the wheelchair, rather than their physical disability or other object signs such as crutches or walking frames.

Moving on to Down Syndrome, opinions pertaining to Down Syndrome mainly raised media's tendency to highlight the facial features. I-16 stressed that this invited 'staring' and association with the 'Mongoloid look' which sometimes 'feared upon' by the public as if an infectious disease (I-17). I-17 narrated how her disabled son was told off by another parent, when her son tried to touch the other parent's child. For this reason of facial signs, I-19 claimed that the NGO she represented only practised group photos, individual close ups were not allowed. I-19 also felt that faces of children with Down Syndrome should be pixelated to ensure child protection rights. For parents (I-17 and I-27), there was no denial about the conditions of their children. Persons with Down Syndrome were 'part of the community' and should be 'seen by the public' to raise awareness. In fact, I-29 reiterated that we should not 'underestimate the face' and more images of successes (*enabling* images) and candid photos of how intervention was done (**Advocating** or perhaps **Othering** images) would be realistic representations to educate the public about Down Syndrome (I-15 and 1-19). Further interviews exploring the VDDAF and its application would be interesting to conduct in relation to this finding.

As for Parkinson's Disease, only the head of a national NGO was interviewed (I-36). She revealed that there was a tendency to depict senior citizens in relation to Parkinson's Disease. This could send a wrong message as the disease can have an early onset. Many persons affected at their prime age hide their condition for 'fear of stigma' and 'losing their careers'. The depiction of senior citizens had also caused problem to her NGO in terms of financial support, as most businesses would think it would not be worth helping senior citizens as 'they would die anyway'. She also added the 'masked face' sign and 'difficulty in movement' images (see Appendices 6C and 6E) are typical representations of Parkinson's. The 'masked face' (due to stiffness of facial muscle) was often inaccurately interpreted as the persons being ‘demented or retarded’. She also felt that the involuntary movement prevalent in Parkinson’s was missing in the media and when it happened in reality, many persons with Parkinson’s were accused of ‘faking it’ to ‘gain attention’. In brief, the demographic representation and visibility of symptoms of Parkinson’s Disease are some of the main concerns in images of this condition, and it seems that a greater inclusion of **Advocating** and **Empowering** images would be consistent with addressing the expressed concerns of I-36.

Regarding Autism Spectrum Disorders (ASD) and other related learning disabilities, 12 interviews were conducted. All five interviewees linked to the national body of ASD NGO opined that related photographs were positive but they came with a risk of being overgeneralised by the public. I-35 also claimed that the NASOM (NGO) autism choir group had been made synonymous with Permata Seni, a body set up by the Prime Minister’s wife for those with high functioning autism (e.g. Photo 6E.23 in Appendix 6E). There was also a tendency to highlight savant artists in the press (e.g. Photo 6.98 above and Photo 6E.21 in Appendix 6E). As such, many parents with ASD children came to the NGO with the impression that their children could be taught to sing or draw and made famous without understanding the spectrum and different severity levels of the condition (I-02). On the visibility of averted eye gaze in ASD (see Photos 6E.22 and 6E.23 in Appendix 6E), only four out of 33 participants shown the photographs (I-23, I-29, I-26 and I-32) could identify it. They claimed that only ‘trained eyes’ would be able to detect it. Otherwise, ASD and other forms of learning disability are generally invisible, suggesting that a greater inclusion of **Advocating** and perhaps some **Othering** images would be consistent with the concerns of this group of interviewees. Again, this raises the possibility of further interviews exploring the VDDAF and its application with this group.

For dyslexia, four interviewees were met (I-21 to I-24). They agreed with the generally positive depictions of children with dyslexia that would ‘give parents encouragement’ and ‘not hide their children’. They had observed that the children look ‘normal’, ‘sociable’, ‘active’ and ‘shown with real families’ (I-21 and I-22). However, the invisibility of dyslexia could cause problems too. I-22 (a parent) said that her spouse would deny that their child had a condition, was not open to the idea of early intervention initially and strongly rejected the term ‘disabled’ because their child ‘looked normal’. He felt it was a disgrace for the child to be known as ‘disabled’. This group of interviewees (consisting of NGO head, teacher and parents) viewed **Empowering** images positively, although all four strongly felt that captions were needed to explain the condition for advocacy purposes. This raises an interesting question of what discursive work is best done visually, and what verbally in discourses of disability. This question though, is not addressed in this research and is a topic for future research.

The discussion in this section has outlined views related to specific impairments, and the following will present opinions related to the general representation of disability. On the whole, 33 out of 41 interviewees were asked if the set of selected photos shown to them were appropriate and accurate representations of disability (see Appendix 4F for samples). Slightly more than half (N=17 or 51.52%) agreed but N=10 (30.30%) felt that they were only partially accurate while another N=6 (18.18%) said that they were totally inaccurate.

Those who agreed claimed the photographs were realistic, depicted real people and real life situations in both positive and negative scenarios (*realism* visual rhetoric). For I-22, I-25 and I-32, they felt that signs of disability needed to be shown through images and captions to educate society. Specifically, I-01, I-02, I-21 and I-22 claimed photo captions are important in explaining learning disability which were generally invisible for awareness and advocacy purposes. This seems to suggest that *perspectivising* images are important for **Advocating** purposes. While in images of invisible disability that are not *perspectivising*, captions must explain it, again for **Advocating** purposes.

Turning to those who disagreed, I-01 opined that photos could only capture critical moments but not specific behavioural patterns, especially of those with intellectual or learning disabilities. This caused a lack of understanding, particularly when co-morbidity is present. I-34, a disability sports researcher, added that photos on disability sports would frequently highlight signs of disability rather than promoting these sports as health activities for disabled persons, or, in the terms of the VDDAF, a tendency towards *perspectivisation* and away from *enabling* images. There was also a tendency for male representation in Malaysian disability sports rather than female which contributes to unequal gender representations.

In terms of visual rhetoric and activity type, I-33, a former disability news columnist admitted the press was guilty of depicting disability generally from three angles which were ‘pity, charity and heroic’, particularly using pictures of those with no limbs to draw pity, and photos of disabled persons in charitable activities (*sentimental* and *supercrip* photos). I-28 added that most images were likely to show the sufferings of disabled actors, while many charity photos would emphasise the prominence of VIPs present at a charity function rather than the recipients. I-41 referred to this kind of charity photo as ‘photos of opportunities’ for certain parties, and they were ‘part of events’ and ‘seasonal’ (I-26 & I-32), rather than a sustainable type of assistance for disabled persons. These views on *sentimental* depictions with findings in Sections 6.3 and 6.4.5 on the inclusion of the paternalistic role of non-disabled actors and *patient* role of disabled actors. The hybrid of business, charity, medical and disability discourses (interdiscursivity) within the news discourse align with the category of **Othering** images in the VDDAF.

On the question of the characteristics of an ideal disability photo, I-21 suggested a photo should have positive contributions towards understanding and supporting disabled persons. This is consistent with *enabling* in VDDAF. I-09 suggested '*realism* photos' of what disabled persons could do independently like any other person's daily routine or participating in a common activity such as fishing. This is consistent with **Empowering** in VDDAF. I-41 reiterated that such images should be 'natural' and 'real', aligning with Garland-Thomson's (2000) *realism* visual rhetoric. For I-19, ideal photos 'must show a face or give voice' to disabled persons and show that 'they have families who care' (I-19). I-32 and I-41 had also reiterated that images should depict disabled persons with family support and 'could have their own families' too. All these are consistent with *enabling* in VDDAF. I-40 and I-41 added that many non-disabled had the misconception that disabled persons particularly those with physical disabilities were asexual and incapable of pro-creating. Also, instead of highlighting the two extreme ends of abilities/successes and difficulties (I-26), there should be more images showing the processes, steps, journey and hardship of educating and training disabled children (I-32, I-21 and I-35). This is to paint a complete picture of disability which is consistent with **Advocating** in VDDAF.

This section has summarised views of participants on images depicting specific impairments and disability in general. These views show that there is no one 'good' image category. Images that would fall in all four quadrants of the VDDAF were seen as worthwhile and/or valuable by different participants for different groups, for different purposes, for different reasons. Overall, the tendency was that **Empowering** and **Advocating** images were more favoured, but some interviewees did suggest that images consistent with the **Othering** and **Handicapping** categories could be warranted in some situations, and further research exploring the applicability of the VDDAF with stakeholders would be valuable.

6.8.2 Institutional perspective on news photographs of disabled persons

This section gathers the institutional views on news photos of disabled persons. This group of informants comprises a news editor (I-42) of *The Star*, Deputy Chief Editor of *The Star* (I-43) and a public health and technical officer from the World Health Organisation (WHO), Geneva (I-46) who was also in-charge of the collection of disability photographs at the WHO.

The purpose of the interviews with the two news editors was to gain an insight into principles involved in journalistic practices and editorial decisions in capturing and publishing images of disability in *The Star* (see Section 4.3). Generally, I-42 and I-43 conveyed that there were no written guidelines for *The Star* on photograph publications. Inexperienced journalists would usually adopt a ‘point and shoot’ strategy, trained on the job without formal photography training but experienced photographers would be apt at capturing the stories covered. All photographs captured would be uploaded *The Star*’s central photo library for access by all staff. As such, a published story could have an image from the library if there was no specific accompanying photo for it. This probably explains the generic and stock images found in the abstract representations of disability (see Section 6.4.4.2).

Regarding the criteria of good photographs, I-42 shared that photos published by *The Star* were based on genuine stories and people; the choices depended on the feature stories but the chosen photos should be able to capture or illustrate the stories. As an editor, she ensured that they were photos of dignity for instance, there should be ‘no kids crying or under distress’, and they had to be ‘constructive’ such as the disabled ‘children were able to learn’ and highlight ‘importance of family and network support’. The basic rule was that there should ‘a face to relate to a human being’, depict interaction and action to carry values of ‘personalisation’ and narratives. Furthermore, when questioned about instances of top-down photos that would give power to the viewers, I-42 revealed that decisions as such were made to ‘protect the identity and rights of minors’, respect parents who were usually concerned about their ‘children being teased in school’; it was never about being overpowering. When shown examples of photos from *The Star* depicting faces of minors, I-42 maintained that for such photos, permission to take photos were assumed, particularly in cases where reporters were invited to cover public events organised by NGOs. In these instances, *The Star* had no policy of sending the photos and transcripts back to NGOs for reviewing. It would be the responsibility of the persons-in-charge at the NGOs or parents to inform the journalists on what should or not be captured. In this respect, I-42 regretted many NGOs had not yet established effective communication system to liaise with the press on matters regarding their preferences and priorities.

For the other interviewee, a deputy editor of *The Star* (I-43), news photos were important ‘visual attractions’ as readers would ‘see photos first’. The criteria of good photos were those that had ‘conversations’ and ‘creative angles’ instead of flat ones on a point-and-shoot basis. She defined ‘creative angles’ as top-up or top-down shots. When shown the selected sets of photos from *The Star*, I-43 professed that reporting depended on purposes. For example, be it simply doing a ‘life account’ or ‘playing up the disability part’, the main purpose was to draw on the human angle that would have the news value of ‘personalisation’. Visibility or invisibility of an impairment was not a selection criterion but readers should see a ‘photo like a talking picture.’ Deaf photos with hand signs were meant to ‘capture actions’, had the hands been down, the photos would be non-interactive. Photos of wheelchairs would be considered as ‘strong (visual) materials’ but considerations were given to ‘match the conversation’ and ‘emotional content of picture’. The personalisation and creativity aspects of a photo were given priority, ‘not so much about space’ in the newspaper. In addition, when asked about decisions related to charity photos, I-43 admitted that *The Star* did give priorities of space and reporting to their big advertisers and felt that those who helped others deserved acknowledgements.

The two interviews with the editors of *The Star* seem to suggest that effective storytelling and interactive nature of images seem to be their priorities. While they tried the best to protect the interest and security of the disabled persons depicted particularly children and their caregivers, certain configurations were adopted for this reason. Also, due to the lack of training and knowledge of such construal on the social standing of disabled persons. Given the varied and competing demands that the newspaper needs to meet, it is not surprising that images falling in all four quadrants of VDDAF were found in the data set.

With regard to the institutional view of the World Health Organisation (WHO), I-46 was referred to a set of 31 images of health and disability submitted for a competition organised by WHO in 2005 (see http://www.who.int/features/galleries/disabilities/). This was because I-46 would be more familiar with this set of photos. According I-46, the said competition was aimed at promoting:

> “the understanding of disability and health as it was conceptualised in the ICF term. The prime purpose to kind of get some of these conceptual notion which sometimes are abstract, … you know, convey it and also to use it … through this kind of photos, which we hope you know can emotionalise some of these things especially…(when) dealing with the very dry and technical subject such as classification and measurement..”

The aim of the competition was clearly different from the purpose of news images under investigation. The winning photos captured the technicality in defining disability as a health issue arising from the interaction between functioning and social participation (see Section 1.2.3) and for this reason, all images were *perspectivising* compositions. There were physical signs and object signs depicted in the 31 photos in the gallery (e.g. Photo 6.106)

Photo 6.106 Ode to disability from http://www.who.int/features/galleries/disabilities/

I-46 specifically referred to Photo 6.106. He mentioned that photos could show an impairment on one hand, but on the other, it should show a person functioning and living ‘a dignified life’ in an ‘able environment’. When asked to comment on views from the participants that images should also depict the suffering or hardship in disabled persons’ lives, he said:

> “… you have to be very careful,… there might be reasons … we try not to go down that path…on the other hand, I fully understand, you know, to use picture to point out …the problems people are facing, I mean in terms of stigma, in terms of environmental barriers… for me the line not to cross would be … just to portray ….the misery of the person…”

In short, from an international public health perspective, photos of disability should explain the definition of disability including showcasing impairment signs. Such **Advocating** images educate and advocate, and disseminate information for social and public health policy making. In *perspectivising* disability, the images could highlight challenges of disability but they should not show misery or the visual rhetoric of extreme *sentimentality*. Disabled persons should be shown functioning and living a dignified life in an enabling environment. Signs of impairments may not be totally unavoidable. People could be depicted with their impairments but ‘without the stigma’.

The above three interviews have shown the criteria of appropriate images of disability photos for the various institutional uses. Interviews with *The Star* suggest that journalistic practices are ultimately more important institutionally than the interests of disabled persons. For WHO and the role it plays internationally and institutionally, the technicality of the definition of disability for policy purposes would be the priority. However, the bottom line is disabled persons must be shown functioning and living in dignity; images should be **Advocating** (*perspectivising* but *enabling)* without stigmatisation.

Section 6.8 has corroborated findings from the semiotic resources, particularly with reference to VDDAF, with views from the interview data. The following section will consolidate all findings with the theoretical foundations set up earlier and relate this to social perspective. This will be in line with the explanatory stage in a critical discourse approach adopted here.

6.9 Discussions and findings on visual representations of disability

The representations of the disabled body and disability are a semiotic system of social practices. They carry social meanings and implications on public perception of and their behaviours towards the disabled community.

The visual discourse of disability is an interplay of elements and characteristics afforded by the visual. As seen in the analyses, the discourses of deficit of disability and the disabled body has been resemiotised through affordances permitted within the framing or *perspectivisation* of disability. They could be made (relatively) *perspectivising* or *personising* on one hand, and the other (relatively) *enabling* or *disabling*. When semiotic choices are made as espoused in VDDAF, they could either transform the discourses of deficit into an empowering discourse as shown in **Advocating** and **Empowering**, or on the other hand, continues to perpetuate the discourses of othering as highlighted in **Handicapping** and **Othering.** As such, the VDDAF is a tool useful for mapping out the visual elements and characteristics of the visual discourse to understand possible implications that come with the choices made. The VDDAF would a tool apt for news professionals and public organisations in making informed semiotic choices for the discourse.

One of the concerns in studies of disability in the media is the visibility and invisibility of impairment. In the VDDAF's terms, this is about *perspectivising* and *personising* images. Perceptible and recognisable signs appear to have become iconic to specific conditions (see Sections 6.6.2 and Appendices 6C to 6E). These signs could homogenise groups of people with particular conditions. This is similar to the wheelchair sign being archetypal symbol for disability in general (see Section 2.1). While some disability movements and disabled persons are proud of certain signs as markers of their independence and identities, the visibility of signs could also be misinterpreted and continue to be markers of stigmatisation, marginality and perpetuating prejudices (Falvo, 2014; Goffman, 1963; see also Section 2.1), which has also been found in the interview data. As such, *perspectivising* and *personising* are important considerations in reporting on visible disability in the news.

Visibility or *perspectivising* images attract attention and staring be they **Empowering** or **Othering**. It draws feelings of pity and sympathy particularly those depicted in the visual rhetoric of *wondrous*, *exotic* and *sentimentality*. We stare at what perplexes us when trying to make sense of what is unfamiliar yet recognisable (Wilson and Keil, 2001). However, staring is considered a 'highly charged interpersonal encounter' which Garland-Thomson (2006, p. 174) called the 'exclamatory syntax of human interpersonal relations'. In other words, it can affect interpersonal relationships. In the news discourse, when the actual disabled persons are absent, it permits unaccountable and uninhibited looking of the bodies in the images. This intensity is a social stigmatisation and transforms the subjects into the Other. To combat this, Garland-Thomson (2006, 2009) has proposed how instead of being the objects, the 'staree' could also negotiate the interaction for a better potential and social justice. This also concurs with Candlin's (2002) proposition of the negotiation of alterities (see Section 3.4.6). For this, in the context under study here, and referring to the VDDAF, *perspectivising* and *disabling* images must be managed. While *perspectivising* may be necessary for **Advocating** purpose as verified in the interview data, those that result in **Handicapping** and particularly **Othering** would need more considerations.

While the above concerns visibility and *perspectivising*, there are also issues and consequences of invisibility. Those with invisible conditions have no outward physical signs or other cues to indicate their limitations. For instance, the relapsing-remitting form of Multiple Sclerosis which may interfere with functions at work (Murray et al., 2013). The non-disabled have no basis on which to alter expectations with regard to individual functional capacities. In this regard and returning to the VDDAF, *personising* images and those with invisible conditions, generally receive less pity or do not often invite reactions by others the way *perspectivising* images could. This is because, these images could be construed as **Empowering** and hence, no reaction or support needed. However, as shown in the interview data related to dyslexia and ASD, individuals of invisible conditions or their caregivers might deny or avoid acceptance of the conditions and associated implications (see also Falvo, 2014). This would in turn result in the disabled persons not getting the necessary support and intervention. Also, in the welfare support system, the lack of visibility or invisibility of certain conditions could also lead experiences of discriminations. Oslund (2014, p. 21) claimed there are reservations about the distinction between ‘real’ disabilities and ‘fakers’ trying to benefit from the system. In the case of the United Kingdom, for example, there is a group known as ‘disabled wannabe’ or ‘transability’ who want to be perceived as disabled to obtain disability benefits (Brandon, 2015). This has partially contributed to hate crime discourse against disabled persons for living on tax payers’ money (ibid). This situation does not arise in the data set nor interview data but there is a wide concern for persons with invisible disability not getting the support needed as their invisibility is not fully understood by society yet. Hence, returning to the VDDAF and the interview data, while it may essential to have **Empowering** images, *perspectivising* images of invisible disability is also necessary for the purpose of **Advocating.** This creates a better understanding of and respect for those with an invisible disability; they may appear able but they may not necessarily be (Falvo, 2014).

The above has shown how images of disability need to be managed depending on context and purpose of practices. As espoused by Fairclough (1992), the semiosis has dialectical relationships with social practices in society. Hence, there is a need to understand these underlying ideological practices that shape our behaviour, how and why they influence our understanding of disability.

Returning to Barthian semiotics (see Section 6.1), the disabled bodies and the *perspectivisation* of disability are signs that carry denotations and connotations of the systems of beliefs in society. Society idealises human strengths and images of physical and intellectual perfection. A finding from an experimental psychology study reveals that our brain is capable of making social judgements based on visual cues; it is distracted by imperfections and when this is detected, the brain processes less and thus, gives a weaker social assessment of the person looked at (Aubert in Berry, 2013; Korichi et al., 2011). Such a photo gives social meaning to impairments and strains the relation between the viewers and the viewed. When the strangeness of disability becomes visible rather than hidden, it possibly breeds fear and hostility (Corbett, 1996). The disabled body is viewed as a freak that disrupts the 'normate' in society (Garland-Thomson, 1996). There is a fear of a different and deviant body in psychological terms (Corbett, 1996) and the uncanny in the Freudian sense (Freud, 1963). The repulsion for the unfamiliar would position disabled persons as the different Other which Hevey (1992, p. 3) termed an 'oppressive representation' linked to van Leeuwen's notion of 'visual racism' (see Section 6.1.1)

Moreover, photography has always been fascinated by social heights and lower depths and the camera makes everyone a tourist in other people's reality (Sontag, 1977, pp. 55-57). The experiences of disability may not equate the ways in which they are framed, communicated or comprehended as the language and the body denote the presence of wider social-cultural and institutional discourses (Manghani, 2013). For Sontag (1977, p. 20), 'to suffer is one thing', 'living with the photographed images of suffering' is another. It does not necessarily strengthen conscience and the ability of others to be compassionate. Not only might viewers feel helpless to act upon what they are seeing, it might also corrupt them. Photography could be 'narcissistically used', it is a powerful instrument for depersonalising our relations to the world (Sontag, 1977, p. 67). It makes 'exotic things near' and 'familiar things small' allowing us to participate in the disabled persons' lives, while confirming alienation (ibid). The feeling of being exempt from misery, pain and illnesses stimulate interest in looking at painful pictures and looking at them suggests and strengthens the feeling that one is exempt (Sontag, 1977, pp. 167-168).

All visualisations of disability are mediations that shape the world in which people who have or do not have disabilities inhabit and negotiate together. Representations have social and political consequences. Thus, understanding how images create or dispel disability as a system of exclusions and prejudices is a move toward the process of dismantling the institutional, attitudinal, legislative, economic, and architectural barriers that keep people with disabilities from full participation in society.

6.10 Chapter conclusion

This chapter has shown how the *perspectivisation* of disability is connected with the socio-cultural spectacles of the signs of disability. The disabled body becomes a signifier and a site of discursive production and consumption. As a habitus (Bourdieu, 1977), the disabled body becomes the social location of the politics of ‘knowledge-producing activities’ (Leonard, 1997, pp. 2-12) which Goodley (2011) proposes as a disability biopolitics. Markers or signs of disability are not arbitrary but open to subjections and interpretations. Hence, the management of the depiction of body in images is essential to the acquisition of a better status and distinction for disabled persons. While *perspectivising* images continue to necessary to acknowledge disability and disabled persons as real, diverse and present in society, the *perspectivisation* however, should be in the dignified *enabling* region as suggested by Figure 6.10. As Garland-Thomson (quoted in Loftus, 2009, p. 1) said, ‘people need and want to be looked at, but they want to be seen on their own terms.”

CHAPTER 7: CONCLUSION

7.0 Preamble

This thesis has examined the naming and visualising of people as representations of disability in 863 news texts and 1002 accompanying images obtained from news on disability issues from *The Star* newspaper from 1 July, 2008 to 30 June, 2011. They were analysed from a critical semiotic perspective, combining theoretical approaches from critical discourse analysis and critical disability studies, and employing a multi-perspectival methodology. Corroborative perspectives from 46 interviewees representing various stakeholders in the discourses were also investigated for triangulation purposes. Also, as described in Section 4.1.2, the analyst's perspective (as identified in the multi-perspectival approach adopted) is present throughout the thesis, and particularly in this chapter.

This chapter will conclude this thesis by summarising the main findings and simultaneously answering the first two research questions related to the two analytic chapters. It will then address the third research question of how the findings from the two analytic chapters could inform emancipatory actions in terms of communicating the discourses of disability. These will also form part of the implications of this research. The chapter will end by outlining the limitations of this study and therein, suggestions for future research.

7.1 RQ1: How are disabled persons and disability represented through the practices of naming in the newspaper under study?

Chapter 5 set out to analyse the naming strategies of disabled and non-disabled persons by the various quoted voices in the corpus under study. It started by reviewing the recommended and non-recommended terms in 26 international media guidelines in English. Generally, there was a preference for *people/person-first* over *disability-first* in terms of structure, and choices of words referring to diagnosis rather than euphemistic or socially-demeaning terminology. Through formal media guidelines, the naming of disabled persons was found to be governed at various sublevels of international, national, and private organisations and institutions. These intertextual practices contribute to hierarchical orders of discourse regulating and defining what the disabled community, as well as groups and individuals within it, should be called. The naming practices 'on the ground' in media organisations, NGOs and WHO are also determined by local institutional practices, and by the beliefs of individuals.

The set of terminology consolidated from the review was then utilised to analyse the corpus of 863 texts to gauge whether the name phrases used in *The Star* were appropriate. The analyses also engaged the nominal group structure from Systemic Functional Grammar to explicate the functions of words in their grammatical positions. The analyses of texts revealed a total of 906 types of phrases (both nominal and adjectival groups) with a total frequency of occurrence of 4197 employed in naming disabled persons. As for people without disabilities, 71 types of phrases were evident with a total occurrence of 219. On the whole, *disability-first* structure appeared to be predominant. For the English terms, this structure type encompassed two thirds in both categories of general and specific references and close to 100% of occurrences for people without impairment. This prevalence of *disability-first* could either reflect that *The Star* did not adhere to recommendations by international media guidelines, or that disability in Malaysia as represented by *The Star* was largely influenced by social-cultural model, or that local institutional and personal factors have a greater influence on naming practices than international media guidelines.

Findings also expounded that the *people/person-first* and *disability-first* structures are ideological in their own ways. In the former, while persons are named first, it can also suggest that disability is inherently a quality to be hidden. On the other hand, the *disability-first* structure reduces the persons to being classified or at least characterised by their disability. Findings from both English and Malay structures had also clarified that the *people/person-first* structure was only applicable in English language but not Malay which does not possess such syntax. The lexical choice was also observed affecting the appropriateness in all structures. Terms which were euphemistic such as ‘special’, ‘challenged’, ‘differently abled’ and rendering sick roles such as ‘patient’, ‘suffer’ and ‘afflicted’ affected the overall appraisal of names regardless of structures. Language that retains a metaphorical suffering, pathos and dependency needs to be challenged. The grammatical categories of the lexis also have ramifications on the identity of persons. A *qualifier*, *epithet* or *adjectival* modifies the characteristics of a person. However, a word in the *classifier* position or a *classifier* in a *thing* position would categorically situate the person in a particular group or rank, and further effected in the othering of disabled persons.

Naming of disabled persons was also examined as a co-construction of names for people without impairments or disabilities. Analysis showed that predominantly, lexis related to ‘normality’ or ‘able’ language continued to reiterate disability as a deficit and accorded with *ableist* views. Attempts to normalise disabled persons made disability a ‘spoilt’ or ‘marred identity’ (Goffman, 1963, p. 15). As proposed by Campbell (2009), the alterity of disabled persons is empty and hence, *ableist* terms for people without impairment would symbolically exclude disabled persons. As such, a better binary term for people without impairments would be ‘non-disabled’ as a collective reference, and ‘persons without (an impairment)’ for references to specific conditions such as ‘children without autism’ instead of ‘normal children’. Terms should be measured against persons and their disabilities, not perceived abilities in order to be non-discriminatory.

The study also analysed the multiplicity of voices heard in naming disabled persons. In terms of voices, *Journalist, NGO* and *Disabled Columnist* were the voices most reported to give names in the news texts. Thus, both appropriate and inappropriate naming practices largely came from media practitioners and NGOs in the texts. The NGOs are representatives of disabled persons and their caregivers. They are also the link to the authorities, and as the second most heard voice in the press, they should manipulate this position to advocate for a difference in naming practices. Also, regarding voices, the interview data highlighted the need to recognise that naming strategies are dependent on the membership categorisation of, and positions/perspectives taken by the various social and institutional voices in the multi-perspectival discourse at play.

In brief, the overall interacting and inter-penetrating orders of discourse simultaneously and mutually co-construct naming. Naming of disabled persons will continue to evolve, but principled guidelines on naming disabled persons in the media could be drawn up in consultation with the various subgroups in the disabled community in order to guide this evolution in the most positive direction possible. Language for naming should hold the principle of being *person-central,* focusing on describing persons as individuals or groups of members in society, not merely people with disabilities. News-room and news-reporting practices will need to develop with a more inclusive and informed understanding of disabled people as members of a diverse society rather than members of a 'deficit minority' for this to happen. Labels related to disability may not be needed when the media tell stories of individuals, but would still be needed in making collective references for common efforts such as for purposes of advocacy and public policy decisions.

7.2 RQ2: How are disabled persons and disability visually represented in the press photographs under study?

Chapter 6 analysed the visual representation of disability in 1002 photographs, where 332 photographs did not depict disabled persons and the other 670 included them. The chapter employed van Leuween’s (2000, 2008) visual actor framework consisting of two networks of Visual Social Actor Network and Representation and Viewer Network to analyse the compositions. Also employed were Garland-Thomson’s (2002b) taxonomy of visual rhetoric of disability and J. R. Martin and White’s (2005) system of attitudinal meaning of *affect* to analyse the emotive dimension of images. Opinions of 46 interviewees were also incorporated to understand how far the findings from the main photograph data set aligned with views of the stakeholders.

The chapter first investigated the inclusion and exclusion of disabled visual actors. Disabled actors were excluded in a third of 1002 photographs and further symbolically excluded within their inclusion in 5% of the 670 images through *backgrounding*. Study on the other visual actors in the 332 photographs without disabled persons, and 432 images of disabled persons alongside other actors raised the domination and legitimisation of the medical and charity discourses, textured within the disability discourses. Also found were images of actors representing NGOs. While these optimistically indicated support for disabled persons, their presence could also relegate disabled persons as recipients, needing care and being reliant on others. Such a representation could be disabling as they carried the visual rhetoric of *sentimentality*.

Where disabled actors were depicted in 670 photos, it was discovered there was a balance of representation of children and adults compared to a high frequency of ‘children’ in the verbal corpus. However, disabled senior citizens were under-represented raising a concern for the lack of awareness or improvement in age-related disability. As for gender representation, females had been under-represented which contradicted WHO’s (2011) findings that there was generally more female compared to the male disabled persons worldwide. The under-representation was feared to be representative of a practice of under-reporting or hiding of disabled women due to stigma and other social-cultural practices as described in the moral and social discourse.

The attributes and roles of disabled actors were also examined using van Leeuwen’s (2008) Visual Social Actor Network. Half of the photos of disabled persons were depictions of individuals while the other half were collectivised representations. While it is acknowledged that disabled persons are also groups of people in society, group depictions should have the quality of differentiation, not homogenisation. Homogenisation could result in Othering in van Leeuwen's terms. In the *specific* and *generic* representations, a third of the photos were *specific* representations, whereas two thirds genericised the disabled actors. *Genericisation* was found achieved through means of *instrumentalisation*, *somatisation* and *abstraction*. In terms of roles, about 60% of the data set construed disabled actors in *patient* role and only 40% in *agent* role. The construal of the *patient* role was mainly identified in charity activity types and medical contexts. These depictions undermined the capability and social standing of disabled persons, which *objectivated* them. On the whole, the analysis of attributes and roles of the disabled social actors suggested that disabled actors had generally been Othered through *homogenisation*, *genericisation* and *objectivation*.

How the angles and positions of shots interacted with the viewers were also analysed by employing van Leeuwen's (2008) Representation and Viewer Network. In terms of social distance, disabled actors were generally represented at a medium or long distance through medium and long shots. These represented the actors as 'social' and far from the viewers, effecting symbolic *distanciation*. In social interaction (gaze), about three quarters of the images featured indirect address. By not looking, the actors were only offered for viewers' gaze; this was another form of *objectivation*. In horizontal social relations (involvement), only about one fifth of the disabled actors were involved through frontal shots, while about three quarters were represented in detached (oblique) position. This caused distancing from the viewers. Further on the vertical camera angle representing the social relation of power, almost three quarters of the images of disabled actors presented equal power relations with the viewers. Only about one tenth of the images gave power to the actors through bottom-up shots. There was little empowerment of the disabled actors in terms of social relations with the viewers. In terms of the overall interaction with the viewers, the disabled visual actors were Othered in van Leeuwen's terms by means of symbolic *exclusion, distanciation, disempowerment* and *objectivation.*

While van Leeuwen's networks had comprehensively deconstructed the Othering of disabled actors, it did not address the emotive elements in images. Thus, the visual discourse was also analysed by applying Garland-Thomson's (2002b) visual rhetoric, and *affect* from Appraisal Theory (J.R. Martin and White, 2005). Thus, drawing on all these frameworks, the notion of the *perspectivisation* of disability was proposed. It pertained the confluence of the composition configurations in the depiction of attributes and roles of actors, the visual interaction with viewers, signs of disability, the activity types depicted and the overall evoked emotive dimension. The compositional elements were positioned on a cline of '*perspectivising/personising';* whereas the emotive dimensions were placed on an *'enabling/disabling'* cline. Both clines were then positioned as opposing axes and developed as the Visual Discourse of Disability Analytical Framework (VDDAF). Analysis of photos using VDDAF showed that the configurations of both clines, could effect in four kinds social construals, namely **Advocating, Empowering, Handicapping** and **Othering**. As such, it is felt that VDDAF would be a tool apt for analysing discursive choices in the *perspectivisation* of disability, and may have applications for the training of media professionals such as photojournalists and editors.

These findings were then corroborated in the 46 sets of interview data. Opinions from the interviewees generally suggested there was no one 'good' image category. Images that would fall in all four quadrants of the VDDAF were seen as worthwhile and/or valuable by different participants, for different groups, for different purposes, for different reasons. Overall, the tendency was that **Empowering** and **Advocating** images were more favoured, but some interviewees did suggest that images consistent with the **Othering** and **Handicapping** categories could also be warranted in some situations.

In general, Chapter 6 has shown how the *perspectivisation* of disability is linked to the socio-cultural spectacles of the signs of disability. The disabled body becomes a signifier and a site of discursive production and consumption. As a habitus (Bourdieu, 1977), the disabled body becomes the social location of disability biopolitics (Goodley, 2011) in a society that idealises the perfection of the 'normal' abled body. The visualisations of disability are mediations that shape the world that people who have or do not have disabilities inhabit and negotiate together.

7.3 RQ3: How can the findings inform emancipatory actions?

Findings from naming and visualising people in news discourse have shown that a critical semiotic study enables us to see both the representations and outcomes of exclusionary practices in mediated semiotic resources and properties. Be they names or photographs, the discourses are interplays of various overarching social-institutional discourses recontextualising and resemiotising the signs of disabled bodies. In line with this, critical semiotics is another comprehensive approach apt for unpacking and advocating for issues raised in Disability Studies such as stigmatisation, stereotyping and prejudices over disabled persons. A critical study of this nature can shed light on how representations of disabled persons in, for example, naming and press photographs, could be better constructed, managed and negotiated for emancipatory purposes. This could contribute towards a better recognition of disabled persons in society, and show that they are members of a diverse society, not of a deficit minority. They can be Included instead of Othered.

In terms of specific contribution towards emancipation through discursive practices, Section 7.1 has outlined specific considerations in naming people and Section 7.2, the visual representations. Section 7.1 suggests the principle of person-centric names and a need to further develop media guidelines for Malaysia (none presently exist) in consultation with the disabled communities. NGOs have also been identified as the voice most heard in naming. Since they represent the disabled community and their families and act as links to the authorities, NGOs are in a good position to initiate changes. Also, in naming people, it should be about the individuals as members of society, not constructing them by their disability. The different effects could be seen in the extracts below:

a) "**Bathamavathi, the second disabled senator** to be appointed to Parliament, receives flaks from OKU leaders challenging her to deliver on OKU issues." (*27 Nov 2013, FreeMalaysiaToday online new*s)

b) "**Physically challenged translator K Bathmavathi's** appointment as a senator yesterday saw some of the leaders of disabled community questioning the criteria used to pick her. " (*19 Nov 2013, FreeMalaysiaToday online news*)

c) "To quote **Dewan Negara Senator Bathmavathi Krishnan**, the corporate sector can and should do more…you offer sustainable opportunities. You help a person become economically independent by offering a job," said **Bathmavathi, who is a wheelchair user herself**." (*26 Aug 2015, The Star*)

d) "Earlier, **Senator K. Bathmavathi** said two budget airline passengers on wheelchairs were charged RM60 each for the wheelchairs during check-in..."(*23 Apr 2015, Borneo Post*).

In (a) and (b), the senator was named by her disability, through the terms 'disabled' and 'physically challenged' respectively. These terms are in the 'classifier' position of the nominal group structures. As such, she became classified as disabled and described by her disability not her credibility. Comparatively, in extracts (c) and (d), she was first recognised as person with political power through her title 'Senator'. In (c), her disability is only mentioned afterwards, to justify that she was a credible source as she herself was a disabled person, not to socially categorise her the way extracts (a) and (b) had. The last extract (d), is a more commendable way of reporting a person. The senator was quoted as an authority, leader and spokesperson with no mention of her disability at all. Extracts (c) and (d) would be examples of advocative naming strategies that recognise persons as citizens.

Chapter 6 has developed the notion of *perspectivisation* of disability and specifically the Visual Discourse of Disability Analytical Framework (VDDAF) as a tool that could be adapted for and/or used with media professionals and organisations such as disability NGOs and the World Health Organisation. VDDAF offers potential for a tool to educate these professionals on the practices of visual **Empowering**, **Advocating**, **Handicapping** or **Othering**, and hence allow them to make informed discursive choices.

While the above are specific recommendations for naming practices and visual representations, some general characteristics of discourses of disability are also recommended in communicating about disability. As inspired by the conceptual frameworks developed in themes such Deficit and Risk (see Candlin and Crichton, 2011; 2013), the following list proposes a number of general characteristics of the discourses of disability that need to be understood and considered by media professionals when communicating about disability and disabled persons.

- **Characterisation of disability**: Characteristics, features or elements that constitute disability (e.g. generic/specific, discourses of deficit, shaming or Othering, *perspectivising/personising, enabling/disabling*)

- **Capacity**: Measurement of standard or level of (in)capacity or (dis)ability by various participants i.e. whose terms and the yardstick in determining disability. This is ideological and can lead to Othering.

- **Membership categorisation**: Questions the nature of disability as positioned by membership categorisation (Sacks, 1972) which could enact the disabled as inclusive, exclusive or differential. This has implications for the control of the self/others in ranking and rescinding membership.

- **Identity**: In relation to the notion of ‘the self’, disabled identity denotes distinct individuality or the state of being in relationship with the social-institutional. In critical realism, the self is a social subject often positioned in dichotomy with the ‘others’ (Foucault, 1972; van Dijk, 1991). The shift and negotiation in this intersubjective relationship is interpretive and can consequently lead to (mis)framing of identity.

- **Agency**: The micro-macro social agents (personal, institutional and society levels) and the instruments that distribute or constrain the phenomenon of disability all play a role in the construction of disability, and therefore their accountability in terms of liability and obligation towards disabled persons at individual, professional, institutional and societal level needs to be understood.

- **Recognition**: Status and acknowledgement for disabled persons and how these are achieved through discursive choices need to be understood.

Certainly, the above have been defined in very broad terms. More resources and tools will have to be analysed to refine these general characteristics. With the discourse features presented, it is hope that communicating disability in the media could be done more responsibly, in ways that are more empowering and enabling to respect the civil rights of the disabled community.

7.4 Limitations and future directions

The limitations of this study could be perceived from three aspects related to the researcher, the processes of analysis, and the semiotic resources engaged. Each of the limitations will also point to useful directions and the course of designing and conducting future research.

7.4.1 Analyst's perspective

The scope of the present study was influenced by the analyst's motivation of study or 'motivational relevancies' (Sarangi and Candlin, 2001, p. 368 ff). In the multi-perspectival methodology, the researcher is argued to be socially located as the insider and/or outsider. While a conscientious researcher can enhance awareness of her/his own role and of (ir)regularities within the data, the research process is still an act of analysis and interpretation undertaken and arrived at primarily by a sole investigator. As such, the tools and frameworks developed in this study should be further presented to groups such as those represented by the research participants in this study to check for ‘practical relevance’.

7.4.2 Semiotic resources analysed as products

The two data sets used here which are the news texts and press photographs, were examined as products of mediation in journalistic practices. This study did not consider the processes of mediation in newsroom practices (see Cotter, 2010; Huan, 2015; D. Perrin, 2003, 2013). Further investigations into news gathering, news production and news dissemination can provide an insight into what, who, how, when and why mediation happens and understand the resemiotisation of news from the sources to newsroom practices and subsequently as mediated products.

Also, the newsphotos were analysed using visual grammar but future audience analysis investigating readers' construal of certain depictions or configurations is also highly recommended.

7.4.3 Semiotic resources

The justifications for sources from the print media is presented in both introductory and methodology chapters. The findings here are limited to resources mediated institutionally by *The Star*. Besides, the target audience of *The Star* are the urban, middle class English speaking groups. A different choice of news medium, example, a Malay newspaper that reaches a wider cross section of the Malaysian population, ought to be investigated to provide another dimension.

The findings from both the preliminary and current study have suggested there were more representations of specific impairments instead of general representations. As such, future studies on the specific conditions as sub-discourses would complement the understanding of the discourses of disability.

This study has only investigated the traditional news media. Research in disability and media is recognised to have expanded to multimodal sources as film, new media and social networking sites as Facebook and Twitter (K. Ellis and Goggin, 2015; K. Ellis and Kent, 2011; Haller, 2010, 2015; R. Jones, 2011). Such sites have even more multimodal affordances that could be employed. As such more potentials of the resemiotisation of disability could be and should be investigated to complement the traditional medium.

7.5 Conclusion

This chapter has outlined significant findings from analysing the practices of naming and visualising people in *The Star*. More importantly this chapter has answered the ‘so what’ question, that is how the findings and recommendations made could be used to inform professional practices particularly for news professionals and public policy makers. The study has also shown how critical semiotics is another approach suited for the multi- and cross-disciplinary nature of Disability Studies. For linguists, this thesis is another piece of evidence of a socially responsible discourse study that can inform, emancipate and advocate for civil rights.

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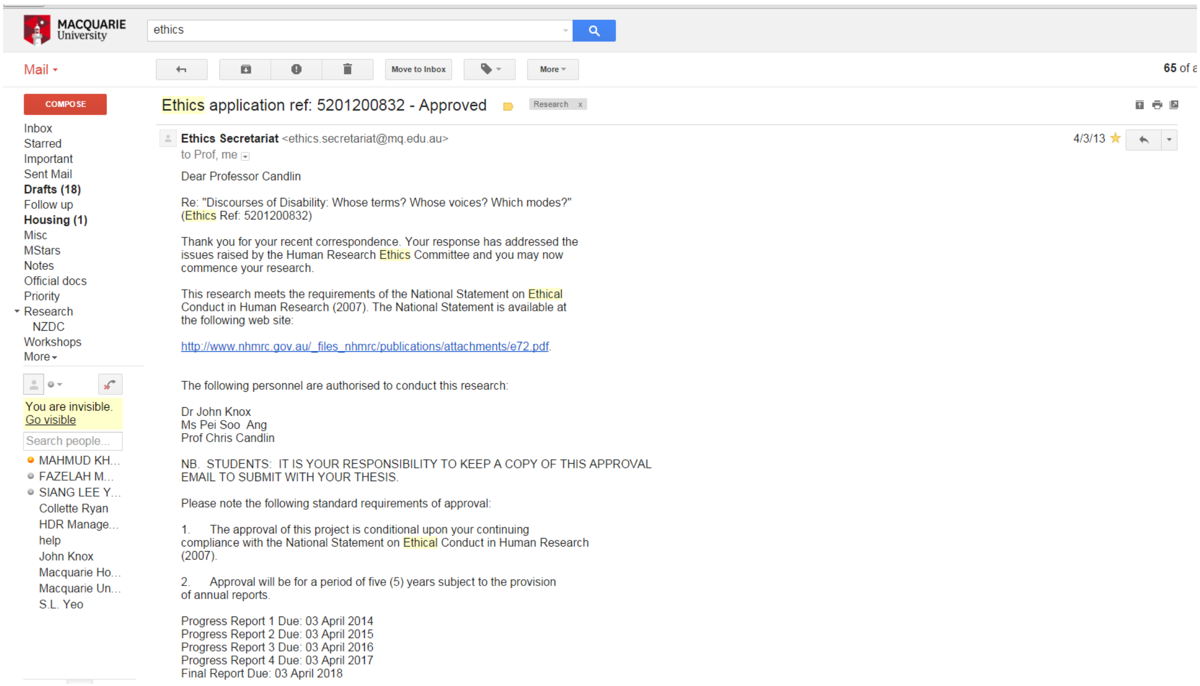
APPENDIX 4A: ETHICS APPROVAL



Ethics application ref: 5201200832 - Approved

Ethics Secretariat <ethics.secretariat@mq.edu.au>
to Prof, me

Dear Professor Candlin

Re: "Discourses of Disability: Whose terms? Whose voices? Which modes?"
(Ethics Ref: 5201200832)

Thank you for your recent correspondence. Your response has addressed the issues raised by the Human Research Ethics Committee and you may now commence your research.

This research meets the requirements of the National Statement on Ethical Conduct in Human Research (2007). The National Statement is available at the following web site:

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72.pdf.

The following personnel are authorised to conduct this research:

Dr John Knox
Ms Pei Soo Ang
Prof Chris Candlin

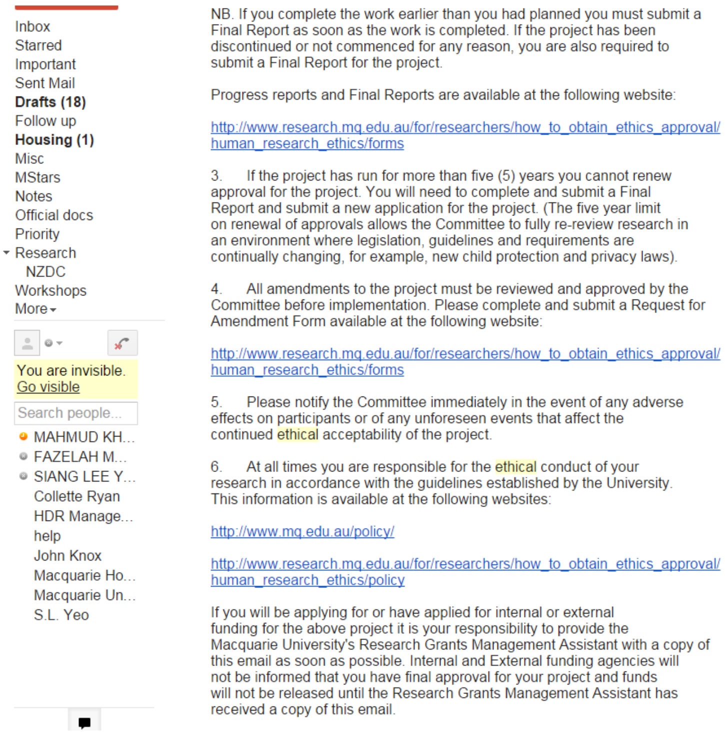
NB. STUDENTS: IT IS YOUR RESPONSIBILITY TO KEEP A COPY OF THIS APPROVAL EMAIL TO SUBMIT WITH YOUR THESIS.

Please note the following standard requirements of approval:

1. The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Human Research (2007).

2. Approval will be for a period of five (5) years subject to the provision of annual reports.

Progress Report 1 Due: 03 April 2014
Progress Report 2 Due: 03 April 2015
Progress Report 3 Due: 03 April 2016
Progress Report 4 Due: 03 April 2017
Final Report Due: 03 April 2018



NB. If you complete the work earlier than you had planned you must submit a Final Report as soon as the work is completed. If the project has been discontinued or not commenced for any reason, you are also required to submit a Final Report for the project.

Progress reports and Final Reports are available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms

3. If the project has run for more than five (5) years you cannot renew approval for the project. You will need to complete and submit a Final Report and submit a new application for the project. (The five year limit on renewal of approvals allows the Committee to fully re-review research in an environment where legislation, guidelines and requirements are continually changing, for example, new child protection and privacy laws).

4. All amendments to the project must be reviewed and approved by the Committee before implementation. Please complete and submit a Request for Amendment Form available at the following website:

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/forms

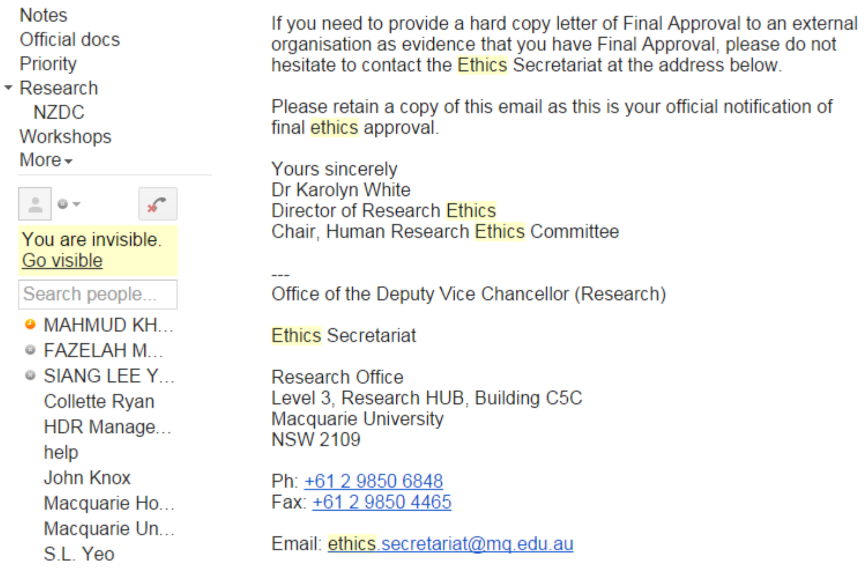
5. Please notify the Committee immediately in the event of any adverse effects on participants or of any unforeseen events that affect the continued ethical acceptability of the project.

6. At all times you are responsible for the ethical conduct of your research in accordance with the guidelines established by the University. This information is available at the following websites:

http://www.mq.edu.au/policy/

http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/human_research_ethics/policy

If you will be applying for or have applied for internal or external funding for the above project it is your responsibility to provide the Macquarie University's Research Grants Management Assistant with a copy of this email as soon as possible. Internal and External funding agencies will not be informed that you have final approval for your project and funds will not be released until the Research Grants Management Assistant has received a copy of this email.



If you need to provide a hard copy letter of Final Approval to an external organisation as evidence that you have Final Approval, please do not hesitate to contact the Ethics Secretariat at the address below.

Please retain a copy of this email as this is your official notification of final ethics approval.

Yours sincerely
Dr Karolyn White
Director of Research Ethics
Chair, Human Research Ethics Committee

Office of the Deputy Vice Chancellor (Research)

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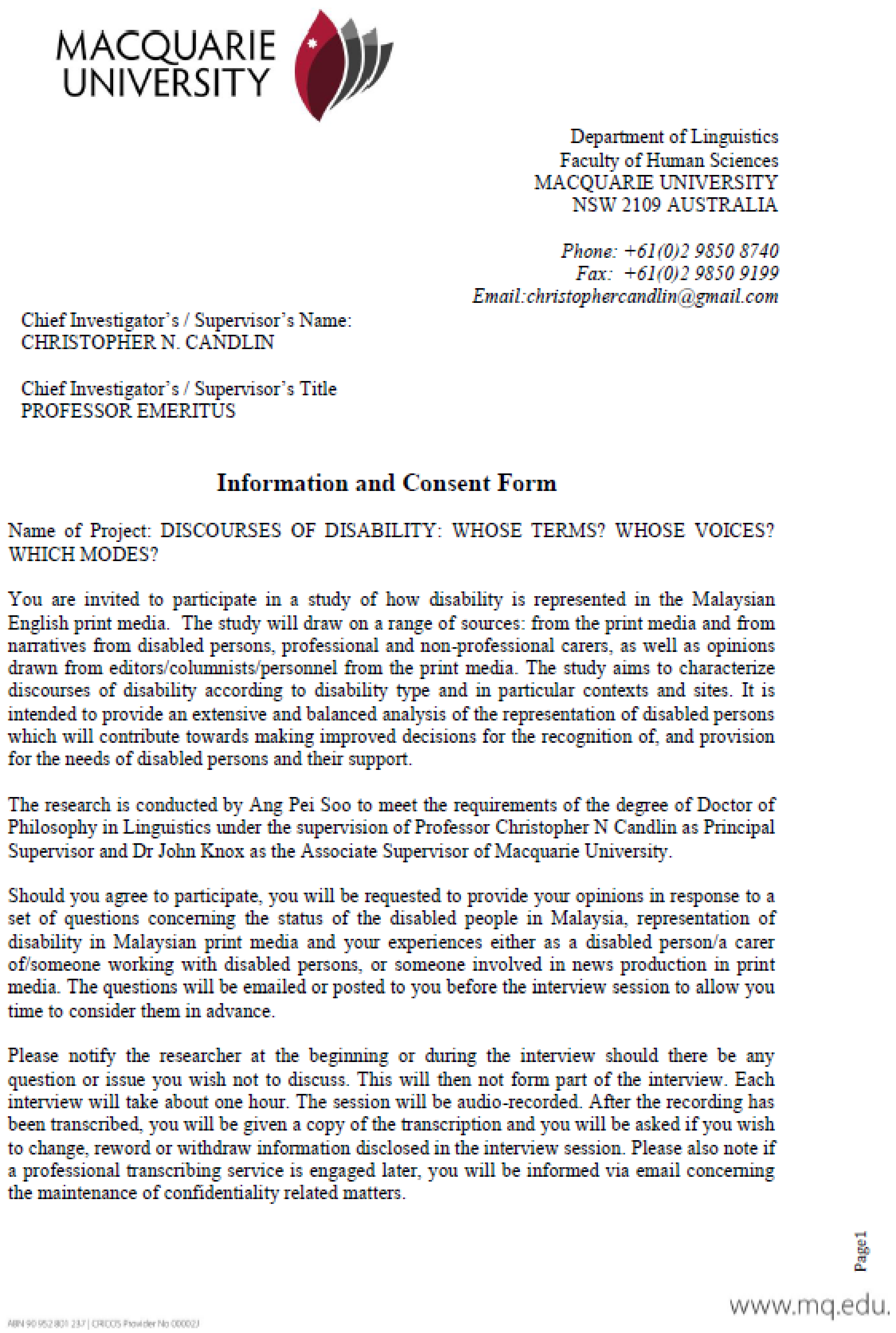
APPENDIX 4B: INFORMATION AND CONSENT FORM (ENGLISH)



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Chief Investigator's / Supervisor's Name:
CHRISTOPHER N. CANDLIN

Chief Investigator's / Supervisor's Title
PROFESSOR EMERITUS

Information and Consent Form

Name of Project: DISCOURSES OF DISABILITY: WHOSE TERMS? WHOSE VOICES? WHICH MODES?

You are invited to participate in a study of how disability is represented in the Malaysian English print media. The study will draw on a range of sources: from the print media and from narratives from disabled persons, professional and non-professional carers, as well as opinions drawn from editors/columnists/personnel from the print media. The study aims to characterize discourses of disability according to disability type and in particular contexts and sites. It is intended to provide an extensive and balanced analysis of the representation of disabled persons which will contribute towards making improved decisions for the recognition of, and provision for the needs of disabled persons and their support.

The research is conducted by Ang Pei Soo to meet the requirements of the degree of Doctor of Philosophy in Linguistics under the supervision of Professor Christopher N Candlin as Principal Supervisor and Dr John Knox as the Associate Supervisor of Macquarie University.

Should you agree to participate, you will be requested to provide your opinions in response to a set of questions concerning the status of the disabled people in Malaysia, representation of disability in Malaysian print media and your experiences either as a disabled person/a carer of/someone working with disabled persons, or someone involved in news production in print media. The questions will be emailed or posted to you before the interview session to allow you time to consider them in advance.

Please notify the researcher at the beginning or during the interview should there be any question or issue you wish not to discuss. This will then not form part of the interview. Each interview will take about one hour. The session will be audio-recorded. After the recording has been transcribed, you will be given a copy of the transcription and you will be asked if you wish to change, reword or withdraw information disclosed in the interview session. Please also note if a professional transcribing service is engaged later, you will be informed via email concerning the maintenance of confidentiality related matters.

Any information or personal details gathered in the course of the study are confidential. No individual will be identified in any publication of the results. Only the researcher and her supervisors will have access to the data collected. Results of the research project as a whole will be published in a dissertation form as well as by means of conference/seminar presentations and journal article/book chapter/newspaper column publications. A summary of the results of the data can be made available to you upon request by emailing Ang Pei Soo at pei-soo.ang@students.mq.edu.au.

Participation in this study is entirely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence.

I, ______________________________ representing ______________________________
(participant's name) (name of organization, if appropriate)

have read (or have had read to me) and understand the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, knowing that I can withdraw from further participation in the research at any time without consequence. I have been given a copy of this form to keep.

Participant's Name:____
(Block letters)

Participant's Signature:____________________________ Date:____________________

Chief Investigator's Name: PROFESSOR CHRISTOPHER N. CANDLIN
(Block letters)

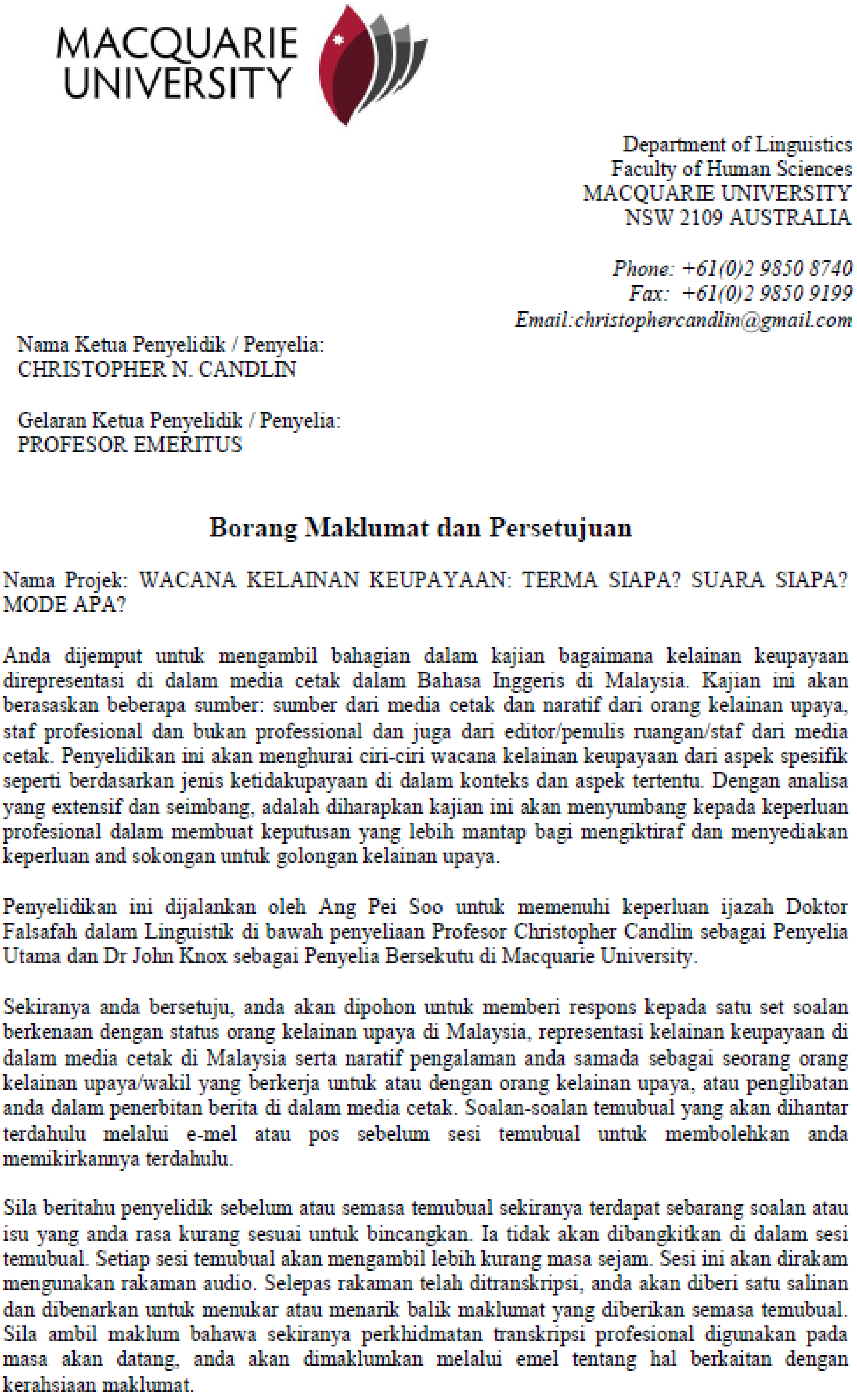
Chief Investigator's Signature:____________________ __ Date:____________________

The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee. If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics (telephone: +612 9850 7854; email: ethics@mq.edu.au). You may also contact Dr Jawakhir Mior Jaafar, the Deputy Dean of Postgraduate Studies at the Faculty of Languages & Linguistics, University Malaya, Malaysia (telephone: +603 7967 3003; email: jawakhir@um.edu.my). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

(INVESTIGATOR'S / PARTICIPANT'S COPY)

Acknowledgement:
This study is made possible by support from the Research Enhancement Fund from the Faculty of Human Sciences, Macquarie University (Sydney, Australia) and a doctoral degree scholarship from the Ministry of Higher Education & University of Malaya (Malaysia).

APPENDIX 4C: INFORMATION AND CONSENT FORM (MALAY)



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CHRISTOPHER N. CANDLIN

Gelaran Ketua Penyelidik / Penyelia:
PROFESOR EMERITUS

Borang Maklumat dan Persetujuan

Nama Projek: WACANA KELAINAN KEUPAYAAN: TERMA SIAPA? SUARA SIAPA? MODE APA?

Anda dijemput untuk mengambil bahagian dalam kajian bagaimana kelainan keupayaan direpresentasi di dalam media cetak dalam Bahasa Inggeris di Malaysia. Kajian ini akan berasaskan beberapa sumber: sumber dari media cetak dan naratif dari orang kelainan upaya, staf profesional dan bukan professional dan juga dari editor/penulis ruangan/staf dari media cetak. Penyelidikan ini akan menghurai ciri-ciri wacana kelainan keupayaan dari aspek spesifik seperti berdasarkan jenis ketidakupayaan di dalam konteks dan aspek tertentu. Dengan analisa yang extensif dan seimbang, adalah diharapkan kajian ini akan menyumbang kepada keperluan profesional dalam membuat keputusan yang lebih mantap bagi mengiktiraf dan menyediakan keperluan and sokongan untuk golongan kelainan upaya.

Penyelidikan ini dijalankan oleh Ang Pei Soo untuk memenuhi keperluan ijazah Doktor Falsafah dalam Linguistik di bawah penyeliaan Profesor Christopher Candlin sebagai Penyelia Utama dan Dr John Knox sebagai Penyelia Bersekutu di Macquarie University.

Sekiranya anda bersetuju, anda akan dipohon untuk memberi respons kepada satu set soalan berkenaan dengan status orang kelainan upaya di Malaysia, representasi kelainan keupayaan di dalam media cetak di Malaysia serta naratif pengalaman anda samada sebagai seorang orang kelainan upaya/wakil yang berkerja untuk atau dengan orang kelainan upaya, atau penglibatan anda dalam penerbitan berita di dalam media cetak. Soalan-soalan temubual yang akan dihantar terdahulu melalui e-mel atau pos sebelum sesi temubual untuk membolehkan anda memikirkannya terdahulu.

Sila beritahu penyelidik sebelum atau semasa temubual sekiranya terdapat sebarang soalan atau isu yang anda rasa kurang sesuai untuk bincangkan. Ia tidak akan dibangkitkan di dalam sesi temubual. Setiap sesi temubual akan mengambil lebih kurang masa sejam. Sesi ini akan dirakam mengunakan rakaman audio. Selepas rakaman telah ditranskripsi, anda akan diberi satu salinan dan dibenarkan untuk menukar atau menarik balik maklumat yang diberikan semasa temubual. Sila ambil maklum bahawa sekiranya perkhidmatan transkripsi profesional digunakan pada masa akan datang, anda akan dimaklumkan melalui emel tentang hal berkaitan dengan kerahsiaan maklumat.

Sebarang maklumat atau butiran peribadi yang dikumpul dalam kajian adalah sulit. Tiada individu akan dikenalpasti dalam mana-mana penerbitan. Hanya penyelidik dan penyelia-penyelia beliau akan mempunyai akses kepada data yang dikumpul. Keputusan kajian akan diterbitkan dalam bentuk disertasi serta melalui pembentangan kertas kerja persidangan/seminar serta penerbitan artikel jurnal/bab buku/ruangan akhbar. Ringkasan keputusan kajian boleh disediakan untuk anda atas permintaan dengan menghantar emel kepada Ang Pei Soo di pei-soo.ang@students.mq.edu.au.

Penyertaan dalam kajian ini adalah secara sukarela: anda tidak diwajibkan untuk menyertainya dan jika anda telah membuat keputusan untuk menyertainya, anda bebas untuk menarik diri pada bila-bila masa tanpa perlu memberi sebarang alasan dan tanpa sebarang akibat.

Saya, ________________________________ mewakili __________________________________
(nama peserta) (nama organisasi jika perlu)

telah membaca (atau telah dibacakan kepada saya) dan memahami maklumat di atas dan mana-mana soalan yang saya telah kemukakan telah dijawab dengan memuaskan. Saya bersetuju untuk menyertai kajian ini, mengetahui bahawa saya boleh menarik diri daripada penyertaan lanjut dalam penyelidikan pada bila-bila masa tanpa sebarang akibat. Saya telah diberi satu salinan borang ini untuk disimpan.

Nama Peserta:____
(Huruf besar)

Tandatangan Peserta: ______________________________ Tarikh:____________________

Nama Penyelidik Utama: PROFESSOR CHRISTOPHER N. CANDLIN
(Huruf besar)

Tandatangan Penyelidik Utama:___________________ __ Tarikh:____________________

Aspek-aspek etika kajian ini telah diluluskan oleh Jawatankuasa Etika Penyelidikan Manusia Macquarie University. Jika anda mempunyai sebarang aduan atau keraguan tentang apa-apa aspek etika penyertaan dalam kajian ini, anda boleh menghubungi Jawatankuasa ini melalui Pengarah, Etika Penyelidikan (telefon: +612 9850 7854; emel: ethics@mq.edu.au). Anda juga boleh menghubungi Dr Jawakhir Mior Jaafar, Timbalan Dekan Ijazah Tinggi di Fakulti Bahasa & Linguistik, Universiti Malaya, Malaysia (telefon: +603 79673003; emel: jawakhir@um.edu.my). Aduan anda akan disiasat secara sulit, dan anda akan dimaklumkan tentang keputusan siasatan.

(SALINAN PENYELIDIK/PESERTA)

Penghargaan:
Kajian ini dibiayai oleh Dana Peningkatan Penyelidikan daripada Fakulti Sains Kemanusiaan, Macquarie University (Sydney, Australia) serta biasiswa ijazah doktor falsafah oleh Kementerian Pengajian Tinggi & Universiti Malaya (Malaysia).

APPENDIX 4D: PROFILES OF INTERVIEWEES

Group A: Participants perspective

No.	*Interviewee Code*	*Related disability*	*Profile*	*Interview mode*
1.	I-01	Autism	Chairman of regional body/Ex-member of National Council of Disability/Parent	Face-to-face
2.	I-02	Autism	Manager of Education programme (NGO)	Face-to-face
3.	I-03	Autism	Parent	Face-to-face
4.	I-04	Autism	Occupational therapist (NGO)	Face-to-face
5.	I-05	Autism	Disabled person	Face-to-face
6.	I-06	Blindness	Senior Manager (NGO)/Disabled person	Face-to-face
7.	I-07	Blindness	Manager/Web accessibility specialist (NGO)/Disabled person	Face-to-face
8.	I-08	Blindness	PR assistant (NGO)/Disabled person	Face-to-face
9.	I-09	Blindness	Teacher/Volunteer (NGO)/Disabled person	Face-to-face
10.	I-10	Blindness	Disabled person	Email
11.	I-11	Deafness	Deaf advocate/Disabled person	Email
12.	I-12	Deafness	Deaf advocate/Sign language interpreter	Face-to-face
13.	I-13	Deafness	Sign Language Interpreter/Trainer	Email
14.	I-14	Deafness	President (NGO)	Face-to-face
15.	I-15	Down Syndrome	Occupational therapist (NGO)	Face-to-face
16.	I-16	Down Syndrome	Grandparent	Face-to-face
17.	I-17	Down Syndrome	Parent	Face-to-face
18.	I-18	Down Syndrome	Parent	Face-to-face
19.	I-19	Down Syndrome	Information & Resource Officer (NGO)	Face-to-face
20.	I-20	Down Syndrome	Teacher (NGO)	Face-to-face
21.	I-21	Dyslexia	Parent	Face-to-face
22.	I-22	Dyslexia	Parent	Face-to-face
23.	I-23	Dyslexia	President (NGO)	Face-to-face
24.	I-24	Dyslexia	Teacher (NGO)	Face-to-face
25.	I-25	Intellectual disability	News columnist/Private service provider/Advocate/Parent	Email
26.	I-26	Intellectual disability	Co-ordinator (NGO)	Face-to-face
27.	I-27	Intellectual disability	Parent	Face-to-face
28.	I-28	Intellectual disability	Parent	Face-to-face
29.	I-29	Intellectual disability	Principal (NGO)	Face-to-face
30.	I-30	Intellectual disability	Disabled person	Face-to-face
31.	I-31	Intellectual	Disabled person	Face-to-face

No.	***Interviewee Code***	***Related disability***	***Profile***	***Interview mode***
		disability		
32.	I-32	Intellectual disability	Manager (NGO)/Board member of Council	Face-to-face
33.	I-33	Intellectual disability	Editor of magazine by and for disabled persons/Parent	Face-to-face
34.	I-34	General	Academic (Disability sports)	Face-to-face
35.	I-35	Learning disability	Teacher/Coordinator of Special Education (Government School)	Face-to-face
36.	I-36	Parkinson's Disease	President (NGO)/Local council committee	Face-to-face
37.	I-37	Physical disability (Muscular dystrophy)	Assistance Administrator (NGO)/Disabled person	Face-to-face
38.	I-38	Physical disability (Mobility disability)	Volunteer (NGO)	Face-to-face
39.	I-39	Physical disability (Cerebral palsy)	Office staff (NGO)/Disabled person	Face-to-face
40.	I-40	Physical disability (Spinal cord injury)	Disability Equality Trainer/Activist/ News columnist/Blogger/Disabled person	Face-to-face
41.	I-41	Physical disability (Polio)	Architect/Academic/Activist/ Ex-member of National Council of Disability/Blogger/ Disabled person	Face-to-face

Group B: Institutional perspective (News editors/World Health Organisation)

No.	***Interviewee Code***	***Related disability***	***Profile***	***Interview mode***
42.	I-42	Learning disability	Editor of newspaper/Parent	Face-to-face
43.	I-43	General	Deputy Chief Editor of newspaper	Face-to-face
44.	I-44	General/Mental health	Head of Multi-country studies (WHO)/Psychiatrist/Scientist	Face-to-face
45.	I-45	General	Officer of Classifications,Terminologies and Standards (WHO)/Medical doctor	Face-to-face
46.	I-46	General	Officer of Classifications,Terminologies and Standards (WHO)/Public Health Officer	Web conference

APPENDIX 4E: AREAS COVERED IN INTERVIEW SESSIONS (MALAYSIA)

NOTES:

- Actual wording of questions will depend on the nature and development of interaction.
- Interviews will be conducted in Malay if interviewees feel they are more comfortable/proficient in the local language.

THEMES	SUB-AREA	PARTICIPANTS			
		• Disabled persons • NGOs advocating for disability	• Professionals carers (e.g. psychologists, occupational therapists, lecturers, teachers, social workers)	• Non-professional carers (e.g. family members, maid, other disabled persons)	• News columnists • Trainers of journalists • Editors
1.0 Disability in Malaysia	**1.1 Definition of disability** 1.1.1 In the Malaysian context, what do you think are some of the keywords/key concepts/characteristics associated with disability? 1.1.2 What do you think are some of the misconceptions about disability in Malaysia? 1.1.3 Do you believe that there is issue with the current definition of disability according to People with Disability Act 2008 and WHO 2009? If yes, please elaborate. 1.1.4 How do you think disability should be defined? *(Note: 1.1.5 specific to the representing NGO/key person interviewed)* 1.1.5 How would you define 'physical disability/mental or intellectual disability/ blind/autistic/dyslexic/deaf etc' 1.1.6 Does the diagnosis or labelling as a 'disabled' help? If yes, in what ways? If no, why? 1.1.7 Can you think of any interesting or significant views/stories about the use/'abuse' or resentment towards the label of 'disabled'?	/	/	/	/
	1.2 Status of disabled persons in Malaysia 1.2.1 Generally, what do you believe is the status of disabled persons in the country? 1.2.2 Specifically, what do you think is the position of disabled persons from the perspectives of: - Culture/Religion? - Public acceptance? - Legislation/Law? - Human rights? 1.2.3 What do you believe are some of the constraints faced by disabled persons in the country, for example, in areas like employment, education, access to public facilities etc? 1.2.4 Do you think each disability type has a different status in society? 1.2.5 How do you think disabled persons of different sub-types perceive each other? 1.2.6 How do you think disabled persons view the non-disabled? 1.2.7 What do you think are areas of improvement in terms of status of disabled persons in Malaysia?	/	/	/	Only news columnists
	1.3 Welfare support/Benefits for disabled persons 1.3.1 What do you consider to be the support services provided for disabled persons in Malaysia? 1.3.2 How far do such support services help? How could such services be improved? 1.3.3 In terms of overall wellbeing, can you compare the lives of disabled persons in Malaysia with other disabled persons in: 1.3.3.1 other developing countries (e.g.Thailand/Indonesia i.e. Global South)?	/	/		

	1.3.3.2 developed countries (e.g. UK, Nordic countries, US & Australia i.e Global North) 1.3.4 Despite advancement in disability studies/researches worldwide (e.g. human rights, ethics, etc), how much/far have lives of disabled persons improved in reality? 1.3.5 What areas of improvement do you think are needed? 1.3.6 What is your view concerning the charitable activities offered to disabled persons in particular those related to Corporate Social Responsibilities (CSR)? 1.3.6.1 How altruistic would you say these activities are? 1.3.6.2 Do they make disabled persons more independent or dependant? And if so, in what ways?				
	1.4 Roles and responsibilities/achievements of organizations 1.4.1 What is the specific role played by you or your organization in relation to disabled persons? 1.4.2 Do you have any specific or success stories to share? 1.4.3 Who do you believe bears the most/heaviest responsibility in advocating for disabled persons? 1.4.4 Has the legislation of People with Disabilities Act 2008 made any significant difference? In what ways has it or has not? 1.4.5 What do you see as the major challenges/hindrances to disability advocacy?	/	/		
2.0 Print media representation of disability	**2.1 Opinions on print media portrayal of disability/disabled persons** 2.1.1. In your opinion, how do print media portray disability/disabled persons? 2.1.2 What would you consider to be appropriate and inappropriate representation of disability in the print media? 2.1.3 How much/far do you believe the print media have contributed towards improvements in the lives of disabled persons and disability issues? 2.1.4 In the Malaysian context, do you think disability issues have been politicized? If yes, how and by whom? 2.1.5 Do you notice any significant differences in the portrayal of disability as between print and non-print media? 2.1.6 Have you noticed any differences/changes in print media reporting about disability over the last 20 years (say, before 2000, and between 2000 and 2009 and now)?	/	/	/	/
	2.2 Language use in print media in relation to disability/disabled persons 2.2.1 Can you recall any specific terms to describe or refer to disability or disabled persons that are used in print media? What do you think of the words that are used? 2.2.2 What do you think of the tone of such descriptions and references? Is the tone used positive/fair/negative/biased/ exaggerated? 2.2.3 It is common to see the use of polite expressions/terms for the various disability types or conditions. For example, visually impaired vs blind, mentally disabled vs. spastic, children with autism vs. autistic children, Kelainan upaya (differently-abled) vs. Kurang Upaya (less-abled). Questions: 2.2.3.1 Who do you think would use such terms? 2.2.3.2 Do you think that using them accurately	/	/	/	/

	reflects the experiences of disabled persons? Why? 2.2.3.3 By using polite terms, do you see this as being respectful or hypocritical? And in what ways? 2.2.3.4 Do you think the use of these polite terms help or hinder public responses/perceptions towards disability? 2.2.4 How do you think news producers have defined the identity of disabled persons through the language, terms and tone they use in the Malaysian context?				
	2.3 Observations on the photos/images/graphics accompanying news/articles related to disability 2.3.1 What kind of photographs/images/graphics related to disability/disabled persons do you normally come across in print media? 2.3.2 What would be your observations on the following ways in which disabled persons are represented in pictures the print media? - disabled persons seen collectively as a group rather than individuals? - disabled persons as being always happy, smiling and sometimes arms waving? - seen as heroic? - always displaying their emotions? - their disabilities will be highlighted? - disabled children being highlighted, and adults less so? 2.3.3 Do you think most photos are natural candid shots or do you think photographers have instructed their subjects to pose/behave/act in certain ways for the camera? If subjects are instructed by the photographers, what do you think are the reasons for it? *(Note: 2.3.4 specific to news personnel)* 2.3.4 Do journalists/photographers usually instruct their subjects to act/behave in certain ways? If yes, why? Who decides and what are the criteria used in deciding on the choice of pictures/graphics to be published? Are there any other intentions? 2.3.5 Often photos/graphics come with captions. Do the descriptions match the stories told by the photos? 2.3.6 Taken together do the graphics and accompanying captions give an accurate/fair/realistic representation of disabled persons' lives? If yes, how? If no, why? 2.3.7 How do you think these photos of disabled persons are perceived by the readers/public? What effects do they have on readers? What kind of reactions do you think they will arouse?	/	/	/	/
4.0 General	4.1 **Why is disability an important theme for you personally?/ Why is disability a theme close to your heart?**				/

APPENDIX 4F: SAMPLE PHOTOS SHOWN TO INTERVIEW PARTICIPANTS (MALAYSIA)

IMPAIRMENT/CONDITION	**SAMPLE**
Visual impairment	
Deafness	
Physical impairment	
Dyslexia	

APPENDIX 4G: INTERVIEW QUESTIONS FOR W.H.O.GENEVA

A. Decision-making processes & ICF

1. What are the specific functions of the CTS team?
2. Who are the experts in the Disability & Rehabilitation team at WHO?
3. Who are and what criteria does your team use in identifying and appointing the relevant personnel/consultants/agencies in the various regions of the world with specific reference to disability?
4. What are the processes involved in the measurement, data management & analysis of health issues (e.g. ICD, ICF)?
5. Generally, what are the considerations in measuring and deciding on a 'standard' or model appropriate for all WHO state members?
6. ICF has been criticised as a 'catch-all' model (does not meet specificity of each disability type) and mirroring a Global North model. What is your opinion? How do you think ICF can or does address the specificity of each disability type? How can you address other issues related to disability in the Global South (e.g. social economic & cultural specificity)?
7. What were other important cross-cultural aspects and applicability considered in ICF?
8. How did your team account for the multi-disciplinary nature of disability (e.g. medical, allied health, sociology, psychology, economics, ethics & philosophy)? Was there a perspective that was deemed more important?
9. The ICF Checklist and its qualifiers appear favour a medical perspective; a standard epidemiological tool in domains of health practice and research from medicine to rehabilitation therapies to public health, health systems and policies. Would you say the views of the medical and allied health professionals are still dominant in ICF?
10. How did your team address intersectional issues such as 'disability & feminism', 'disability & geriatrics' and 'disability & class'?
11. How did WHO account for the 'unaccountable' (e.g. ignorance) and factors that are not quantifiable (e.g. level of psychological or social discrimination) in the measurement of 'disability'?
12. What are the processes or type of exchanges involved when there is a collaboration with other UN agencies (e.g. UNESCO, ILO, World Bank, Commission of Human Rights)? How do you address overlapping roles?
13. What actions can WHO take when health policies or guidelines are not fully implemented by the various agencies on the ground (e.g.CRPD)?
14. How often does WHO review ICF? What do you think is the future direction of ICF?

B. Public health communication

1. The definition and instruments that distribute or constrain the phenomenon of disability is social-institutional. It includes how a world authority such as WHO defines or co-constructs them. What is your view on this?

2. What are some of the important considerations or how does your team communicate public health matters to the various governmental agencies and ensuring that they are then communicated to the practitioners on the ground? What would be your mode or means of communication?

3. The CBR document (UN- ENABLE) has also touched on roles of the media. What do you think would be the specific or ideal roles of the print media? Is there a need for a media guideline?

4. Does or has WHO take discoursal/linguistic constructions of disability in its decision-making and particularly in the area of Classification, Terminologies and Standard (CTS)? How do you decide what terms to use?

5. Due to historical reasons, the international symbol of access (i.e.wheelchair sign) has been understood a general sign of disability and disabled persons. Is this an accurate representation? Why or why not? How can this perception be improved?

6. Do you think linguistic/discourse understanding have any importance in public health matters particularly those related to disability? Do you think it has any relevance or could it make a contribution to your information or data pool? If yes, how? If 'no', what suggestions do you have?

7. Do you have any advice for health communication professionals?

C. Communicating disability through photography

1. What was the purpose of the photo competition held back in 2004? See http://www.who.int/features/galleries/disabilities/

2. What were criteria used in selecting winning photographs?

3. Who were in the panel of judges?

4. Of the 33 winning photos available on WHO's website, they mainly represent 'visible' disability i.e. wheelchair users, crutches, loss of limbs, loss of hearing (represented by the hearing aid) and facial features of a Down Syndrome child.

   Examples:

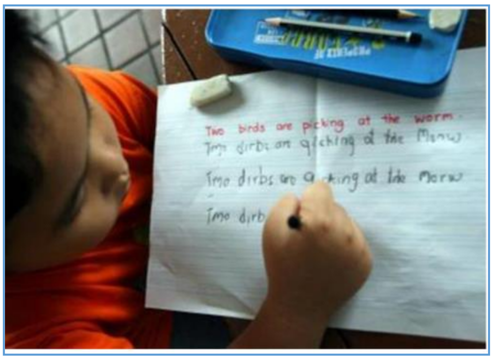
a) Is ‘visibility’ significant in the understanding or disability?
b) The photos predominantly represent deficit or ‘losses’ (i.e. impairment). Is this important/necessary/appropriate?
c) Disability types/conditions that are invisible - examples from the Malaysian context :

i.Dyslexia

ii. Autism Spectrum Disorder

a) How do you think the ‘invisible’ could be represented via images?

b) Do you think it is necessary to perspectivise the invisible through images/photos (see below for examples of dyslexia and dementia)? Why or why not?



5. Most of 33 winning photographs depict disabled persons as individuals rather than as groups of people OR fronting an individual disabled person against a background of the non-disabled (see below). Is individuality important? Is singling out a disabled person in a photo appropriate/necessary?

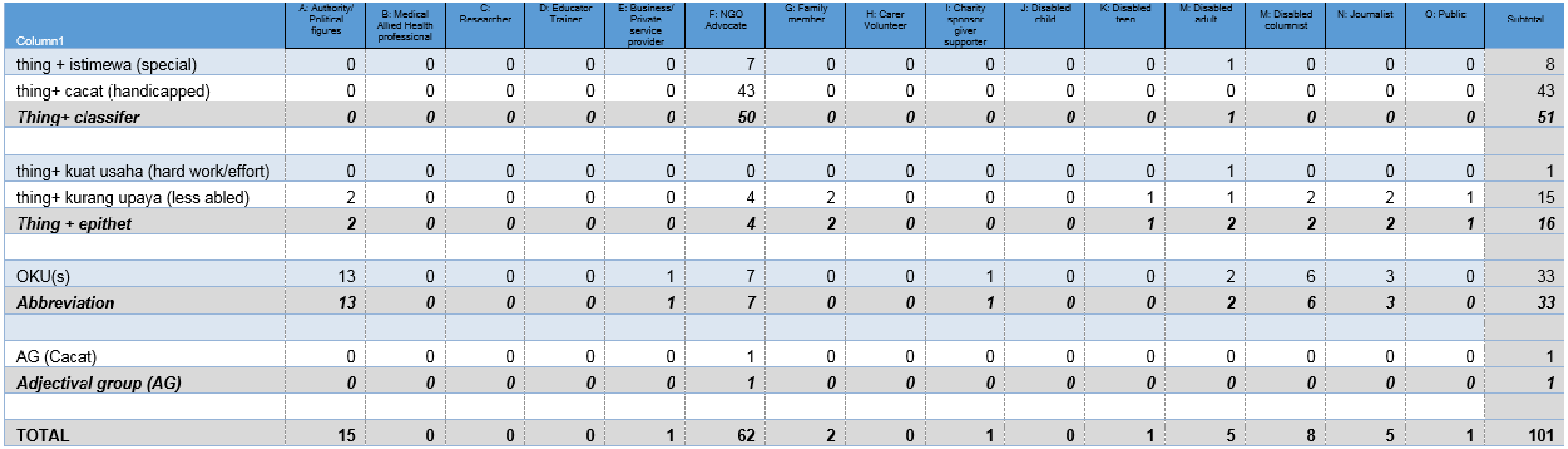
6. What would you consider as ‘positive’ and ‘negative’ images of disability? What in your opinion would a realistic representation?

Thank you.

APPENDIX 5A: NAMING DISABLED PERSONS WITH GENERAL REFERENCE TO DISABILITY (ENGLISH)

STRUCTURE	A: Authority/ Political figure	B: Medical/ Allied Health Professional	C: Research er	D: Educator/ Trainer	E: Business/ Private service provider	F: NGO/ Advocate	G: Family member	H: Carer/ Volunteer	I: Charity sponsor/ Giver	J: Disabled child	K: Disabled teen	L: Disabled adult	M: Disabled columnist	N: Journalist	O: Public	SUBTOTAL
thing + who have disabilities	0	0	0	1	0	2	0	0	0	0	0	0	0	1	0	4
thing + with disability(ies)	60	1	0	2	3	22	3	0	1	0	1	10	14	24	1	142
thing + with/of special needs	8	6	1	1	17	25	1	3	5	0	1	2	3	19	6	98
thing + with handicaps	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
thing + with disorders	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
thing + with special ability	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Thing + qualifier	***70***	***7***	***1***	***4***	***20***	***50***	***4***	***3***	***6***	***0***	***2***	***12***	***18***	***44***	***7***	***248***
PWD(s)	28	0	0	0	1	25	0	0	0	0	0	6	6	10	0	76
Abbreviation	***28***	***0***	***0***	***0***	***1***	***25***	***0***	***0***	***0***	***0***	***0***	***6***	***6***	***10***	***0***	***76***
differently enabled + thing	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
disabled + thing	27	1	1	0	2	31	7	0	1	0	0	7	42	30	2	151
handicapped + thing	8	0	0	0	0	52	1	1	4	0	0	5	13	27	0	111
special + thing	3	0	0	2	3	2	0	1	7	0	0	3	1	14	0	36
special needs + thing	1	0	1	0	3	3	4	0	0	0	1	0	0	3	0	16
PwD + thing	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	3
Classifier + thing	***39***	***1***	***2***	***2***	***10***	***88***	***12***	***2***	***12***	***0***	***1***	***15***	***56***	***78***	***2***	***320***
deitic + differently abled	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
deitic + disabled	32	1	4	1	6	62	9	0	15	0	0	12	46	60	3	251
deitic + handicapped	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3
deitic + classifier	***32***	***1***	***4***	***1***	***6***	***62***	***9***	***0***	***15***	***0***	***1***	***12***	***46***	***63***	***3***	***255***
AG (disabled)	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
AG (handicapped)	2	0	0	0	0	5	0	0	1	0	0	3	3	3	0	17
AG	***2***	***0***	***0***	***0***	***0***	***5***	***0***	***0***	***1***	***0***	***0***	***3***	***3***	***5***	***0***	***19***
TOTAL	**171**	**9**	**7**	**7**	**37**	**230**	**25**	**5**	**34**	**0**	**4**	**48**	**129**	**200**	**12**	**918**

APPENDIX 5B: NAMING DISABLED PERSONS WITH GENERAL REFERENCE TO DISABILITY (MALAY)

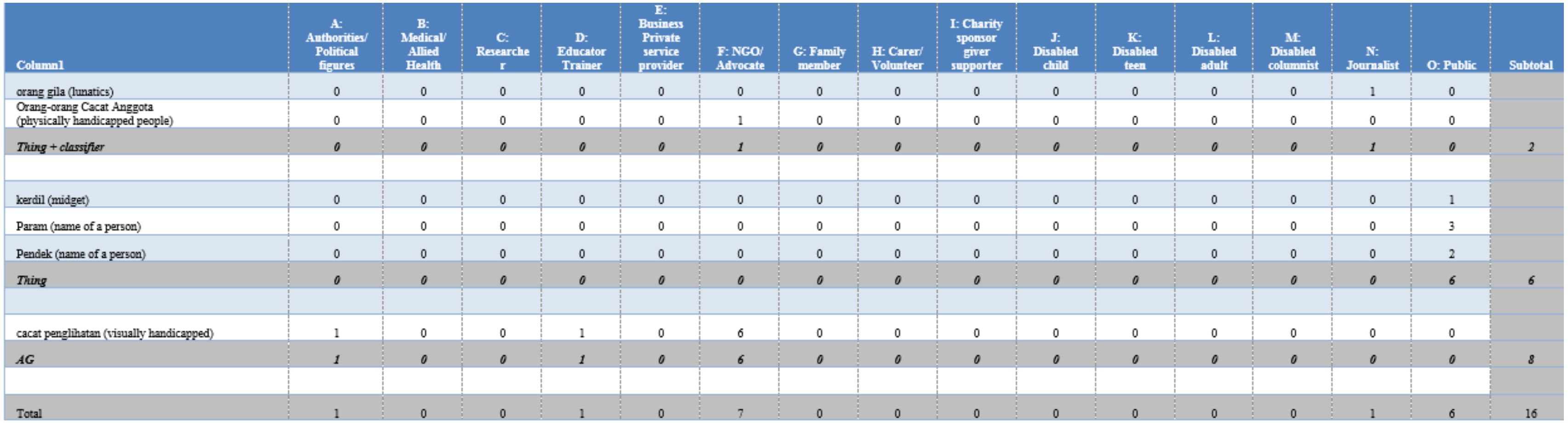


Column1	A: Authority/ Political figures	B: Medical Allied Health professional	C: Researcher	D: Educator Trainer	E: Business/ Private service provider	F: NGO Advocate	G: Family member	H: Carer Volunteer	I: Charity sponsor giver supporter	J: Disabled child	K: Disabled teen	M: Disabled adult	M: Disabled columnist	N: Journalist	O: Public	Subtotal
thing + istimewa (special)	0	0	0	0	0	7	0	0	0	0	0	1	0	0	0	8
thing+ cacat (handicapped)	0	0	0	0	0	43	0	0	0	0	0	0	0	0	0	43
Thing+ classifer	***0***	***0***	***0***	***0***	***0***	***50***	***0***	***0***	***0***	***0***	***0***	***1***	***0***	***0***	***0***	***51***
thing+ kuat usaha (hard work/effort)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
thing+ kurang upaya (less abled)	2	0	0	0	0	4	2	0	0	0	1	1	2	2	1	15
Thing + epithet	***2***	***0***	***0***	***0***	***0***	***4***	***2***	***0***	***0***	***0***	***1***	***2***	***2***	***2***	***1***	***16***
OKU(s)	13	0	0	0	1	7	0	0	1	0	0	2	6	3	0	33
Abbreviation	***13***	***0***	***0***	***0***	***1***	***7***	***0***	***0***	***1***	***0***	***0***	***2***	***6***	***3***	***0***	***33***
AG (Cacat)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Adjectival group (AG)	***0***	***0***	***0***	***0***	***0***	***1***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***1***
TOTAL	**15**	**0**	**0**	**0**	**1**	**62**	**2**	**0**	**1**	**0**	**1**	**5**	**8**	**5**	**1**	**101**

APPENDIX 5C: NAMING DISABLED PERSONS WITH REFERENCE TO SPECIFIC IMPAIRMENTS (ENGLISH)

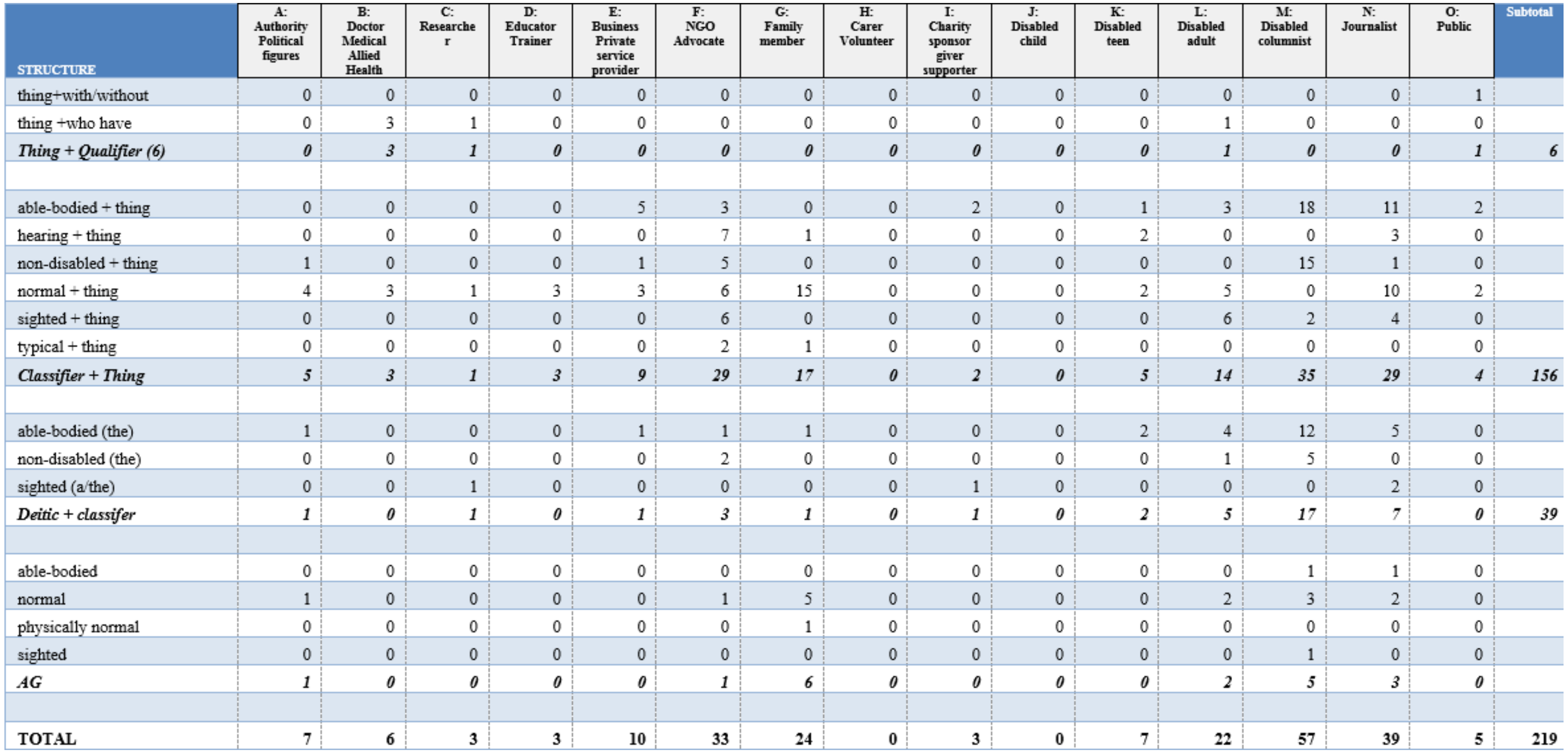
Column1	A: Authority/ Political figures	B: Medical/ Allied Health professional	C: Researcher	D: Educator Trainer	E: Business/ Private service provider	F: NGO Advocate	G: Family member	H: Carer/ Volunteer	I: Charity sponsor giver supporter	J: Disabled child	K: Disabled teen	L: Disabled adult	M: Disabled columnist	N: Journalist	O: Public	**Subbtotal**
thing + preposition phrase	46	107	83	19	68	162	18	2	49	0	6	9	51	111	5	**736**
thing + relative clause	14	12	2	0	8	15	5	0	14	0	0	1	3	53	0	**127**
thing + non-finite clause	6	5	1	2	0	6	2	0	9	0	0	0	3	26	2	**62**
Thing + qualifier	***66***	***124***	***86***	***21***	***76***	***183***	***25***	***2***	***72***	***0***	***6***	***10***	***57***	***190***	***7***	***925***
Classifier + thing	***53***	***63***	***12***	***43***	***21***	***306***	***34***	***1***	***51***	***0***	***7***	***36***	***46***	***405***	***13***	***1091***
Deitic + thing	***51***	***9***	***4***	***18***	***25***	***219***	***6***	***3***	***32***	***0***	***5***	***39***	***68***	***153***	***7***	***639***
Thing	***10***	***62***	***12***	***0***	***1***	***3***	***4***	***1***	***2***	***0***	***0***	***3***	***6***	***41***	***1***	***146***
Abbreviation	***1***	***6***	***1***	***0***	***0***	***1***	***0***	***0***	***0***	***0***	***0***	***0***	***16***	***4***	***0***	***29***
AG	***10***	***19***	***12***	***5***	***6***	***37***	***22***	***1***	***14***	***0***	***2***	***18***	***18***	***168***	***0***	***332***
TOTAL	**191**	**283**	**127**	**87**	**129**	**749**	**91**	**8**	**171**	**0**	**20**	**106**	**211**	**961**	**28**	**3162**

APPENDIX 5D: NAMING DISABLED PERSONS WITH REFERENCE TO SPECIFIC IMPAIRMENTS (MALAY)



Column1	A: Authorities/ Political figures	B: Medical/ Allied Health	C: Researcher	D: Educator Trainer	E: Business Private service provider	F: NGO/ Advocate	G: Family member	H: Carer/ Volunteer	I: Charity sponsor giver supporter	J: Disabled child	K: Disabled teen	L: Disabled adult	M: Disabled columnist	N: Journalist	O: Public	Subtotal
orang gila (lunatics)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
Orang-orang Cacat Anggota (physically handicapped people)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
Thing + classifier	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*2*
kerdil (midget)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Param (name of a person)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	
Pendek (name of a person)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Thing	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*6*	*6*
cacat penglihatan (visually handicapped)	1	0	0	1	0	6	0	0	0	0	0	0	0	0	0	
AG	*1*	*0*	*0*	*1*	*0*	*6*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*8*
Total	1	0	0	1	0	7	0	0	0	0	0	0	0	1	6	16

APPENDIX 5E: NAMING PEOPLE WITHOUT DISABILITIES (ENGLISH)



STRUCTURE	A: Authority Political figures	B: Doctor Medical Allied Health	C: Researcher	D: Educator Trainer	E: Business Private service provider	F: NGO Advocate	G: Family member	H: Carer Volunteer	I: Charity sponsor giver supporter	J: Disabled child	K: Disabled teen	L: Disabled adult	M: Disabled columnist	N: Journalist	O: Public	Subtotal
thing+with/without	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
thing +who have	0	3	1	0	0	0	0	0	0	0	0	1	0	0	0	
Thing + Qualifier (6)	***0***	***3***	***1***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***1***	***0***	***0***	***1***	***6***
able-bodied + thing	0	0	0	0	5	3	0	0	2	0	1	3	18	11	2	
hearing + thing	0	0	0	0	0	7	1	0	0	0	2	0	0	3	0	
non-disabled + thing	1	0	0	0	1	5	0	0	0	0	0	0	15	1	0	
normal + thing	4	3	1	3	3	6	15	0	0	0	2	5	0	10	2	
sighted + thing	0	0	0	0	0	6	0	0	0	0	0	6	2	4	0	
typical + thing	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	
Classifier + Thing	***5***	***3***	***1***	***3***	***9***	***29***	***17***	***0***	***2***	***0***	***5***	***14***	***35***	***29***	***4***	***156***
able-bodied (the)	1	0	0	0	1	1	1	0	0	0	2	4	12	5	0	
non-disabled (the)	0	0	0	0	0	2	0	0	0	0	0	1	5	0	0	
sighted (a/the)	0	0	1	0	0	0	0	0	1	0	0	0	0	2	0	
Deitic + classifer	***1***	***0***	***1***	***0***	***1***	***3***	***1***	***0***	***1***	***0***	***2***	***5***	***17***	***7***	***0***	***39***
able-bodied	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
normal	1	0	0	0	0	1	5	0	0	0	0	2	3	2	0	
physically normal	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
sighted	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
AG	***1***	***0***	***0***	***0***	***0***	***1***	***6***	***0***	***0***	***0***	***0***	***2***	***5***	***3***	***0***	
TOTAL	**7**	**6**	**3**	**3**	**10**	**33**	**24**	**0**	**3**	**0**	**7**	**22**	**57**	**39**	**5**	**219**

APPENDIX 6A: LOCATIONS OF MARKERS OF DISABILITY IN DATA SET

Indicator:

Category	Code				
Visibility	**V**-Visible	**N**-Visible made non-visible	**I**-Invisible	**B**-Invisible made visible	
Marker in visual	**P**-Physical	**O**-Object	**F**-Functioning		
Marker in verbal	**C**-Caption	**H**-Heading	b-Kicker	**L**-Lead	**S**-Satellite

COMBINATIONS OF MARKERS

VISIBLE		**VISIBLE MADE NON-VISIBLE**		**INVISIBLE**		**INVISIBLE MADE VISIBLE**	
Location of marker	**Count of text**	**Location of marker**	**Count of text**	**Location of marker**	**Count of text**	**Location of marker**	**Count of text**
VFCKLS	1	NCHLS	1	BFCHLS	5	ICHKLS	17
VFCLS	1	NCHS	1	BFCHS	1	ICHKS	3
VFHLS	2	NCKLS	1	BFCKLS	9	ICHLS	25
VHLS	1	NCKS	3	BFCKS	2	ICHS	7
VOCHKLS	3	NFHLS	1	BFCLS	4	ICKLS	8
VOCHLS	5	NHKLS	2	BFCS	1	ICKS	6
VOCKLS	1	NHLS	3	BFHKLS	1	ICLS	5
VOCKS	1	NHS	5	BFHLS	5	ICS	8
VOCS	1	NKLS	2	BFHS	3	IHKLS	6
VOFCHLS	2	NKS	3	BFKLS	1	IHKS	7
VOFCS	1	NLS	5	BFKS	2	IHLS	54
VOFHLS	2	NS	2	BFLS	1	IHS	18
VOHKLS	2	**TOTAL**	**29**	BFS	4	IKLS	17
VOHLS	8			BOCHKS	1	ILS	17
VOKLS	1			BOCHLS	4	IS	30
VOS	1			BOCKLS	2	**TOTAL**	**240**
VPCHKLS	3			BOCKS	1		
VPCHKS	1			BOCLS	1		
VPCHLS	15			BOCS	1		
VPCHS	4			BOFCHKLS	1		
VPCKLS	2			BOFCHKS	1		
VPCKS	2			BOFCHLS	2		
VPCLS	5			BOFCKS	1		
VPCS	6			BOFCS	1		
VPFCHKLS	1			BOFHKS	1		
VPFCHLS	2			BOFKLS	1		
VPFCKLS	1			BOHKLS	1		
VPFCS	1			BOHLS	4		
VPFHLS	1			BPCHS	1		
VPFHS	1			BPKS	1		

VISIBLE		**VISIBLE MADE NON-VISIBLE**		**INVISIBLE**		**INVISIBLE MADE VISIBLE**	
Location of marker	**Count of text**	**Location of marker**	**Count of text**	**Location of marker**	**Count of text**	**Location of marker**	**Count of text**
VPFKLS	2			**TOTAL**	**65**		
VPFKS	3						
VPFS	2						
VPHKLS	7						
VPHLS	25						
VPHS	9						
VPKLS	8						
VPKS	3						
VPLS	4						
VPOCHKLS	10						
VPOCHKS	3						
VPOCHLS	12						
VPOCHS	4						
VPOCKLS	5						
VPOCKS	3						
VPOCLS	5						
VPOCS	6						
VPOFCHKLS	3						
VPOFCHLS	9						
VPOFCHS	2						
VPOFCKLS	3						
VPOFCLS	1						
VPOFCS	8						
VPOFHKLS	1						
VPOFHLS	5						
VPOFHS	1						
VPOFKLS	1						
VPOFS	1						
VPOHKLS	7						
VPOHKS	6						
VPOHLS	29						
VPOHS	5						
VPOKLS	10						
VPOKS	8						
VPOLS	11						
VPOS	15						
VPS	17						
VS	3						
TOTAL	**336**						

APPENDIX 6B: CATEGORIES AND SUB-CATEGORIES OF GENERAL AND SPECIFIC IMPAIRMENT/DISABILITY

Category & sub-category			**Count of photos**		
GENERIC REPRESENTATION OF DISABILITY					
			Individual category	**Sub-category total**	**%**
Collective			71	71	10.60
Mixed (a group of individuals, each with a specific impairment)			14	14	2.09
		Sub-total	***85***	***85***	***12.69***
SPECIFIC REPRESENTATION OF DISABILITY					
Sub-category 1 (Malaysian document)	**Sub-category 2 (As depicted in data set)**	**Sub-category 3 and onwards (As depicted in data set)**	**Individual category**	**Sub-category total**	**%**
Visual		Blindness	61	88	13.13
		Visual impairment (includes Albinism)	27		
Hearing		Deafness	41	56	8.36
		Deafness and speech impairment	5		
		Hearing impairment	10		
Physical	Physical		12	191	28.51
	Wheelchair users		69		
		Cerebral palsy	66		
		Cleft lip/palate	2		
		Short-stature (dwarfism)	9		
		Loss of limb/Amputee	14		
		Muscular dystrophy	7		
		Spina bifida	2		
		Nervous system	3		
		Dementia/Alzheimer’s Disease	1		
		Multiple Sclerosis	2		
		Parkinson’s Disease	4		
Learning	Intellectual disability		63	219	32.69
	Learning disability		44		
		Mental disability (retardation)	7		
		ADHD	2		
		Autism Spectrum Disorder (ASD)	58		
		Down Syndrome	24		
		Dyslexia	19		
		Dyscalculia	1		
		Slow learner	1		
Mental	Mental health		1	8	1.19
		Mental illness	7		
Multiple/Others	Multiple		4	20	2.99
		Other diseases	13		
		Deafblind	2		
		Stroke	1		
Speech	Speech impairment		3	3	0.45
			Subtotal	***585***	***87.31***
			Total number of photos with disabled persons	**670**	**100.00**

APPENDIX 6C: MARKINGS OF DISABILITY WITH PHYSICAL SIGNS

One of the strategies to indicate disability in images is by depicting the physical or bodily signs of visible impairments. In this thesis, the terms ‘physical sign’ or ‘bodily sign’ will be used interchangeably to indicate outward signs of a visible impairment as defined in Section 6.7. Although certain literature has referred to the notion as ‘biological marker’, this will not be adopted here as this term is used within a clinical setting to define measurable biological characteristics that signifies the presence of particular state or diseases (Oldham and Riba, 1994, p. 292) and which could also be present inside the physical body.

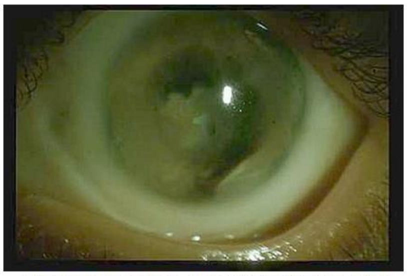
Table 6.17 in Chapter 6 (see Section 6.7) shows that about two fifths (N=268 or 40.00%) of images in the data set are marked by outward bodily signs. Table 6C.1 summarises the physical signs and examples found in data set.

Condition	**Physical marking in image**	**Example**
Visual impairment	Impaired eye	Photos 6C.1 & 6C.2
	Blind eye	Photos 6C.3 & 6C.4
Cleft	Cleft lip	Photo 6C.5
Parkinson’s Disease	Masked face	Photo 6C.7
Down Syndrome	Facial features	Photos 6C.8 to 6C.11
Albinism	Pigmentation	Photo 6C.12
Physical impairment	Muscle spasticity (cerebral palsy)	Photos 6C.13 to 6C.14
	Without limb/limb deformity	Photos 6C.15 to 6C.16
	Short upper and lower limbs (short-stature/dwarfism)	Photos 6C.19 & 6C.20

Table 6C.1 Physical signs related to specific conditions found in data set

Images of impairments with facial signs are predominantly captured as close ups or frontal shots. Hence, viewers’ attention is directly drawn to the facial signs or impaired body parts. These features are seen in conditions such as visual impairment (Photos 6C.1 to 6C.4), cleft lip (Photo 6C.5), masked face in Parkinson’s Disease (Photo 6C.7), facial features in Down

Syndrome (Photos 6C.8 to 6C.9) and affected limbs in physical impairments (Photos 6C.14 to 6C.15).



Cataract is defined as the clouding of the lens of the eye, which impedes the passage of light.

Photo 6C.1 Physical sign of an impaired eye: Clouding in the eye lens (Star2, 19 Oct 2008)

Both agerelated macular degeneration and cataracts are a direct result of the damaging effects of light exposure on delicate structures in the eyes.

Photo 6C.2 Physical sign of an impaired eye: Clouding in the eye lens (Star2, 4 Oct 2009)

Against all odds: Alfa getting kisses from her parents after receiving her score of an A and two B- while the result for her Economy paper will only be known a few days later.

Photo 6C.3 Physical sign of blind eyes and inclusion of braille machine (Metro North, 22 Feb 2011)

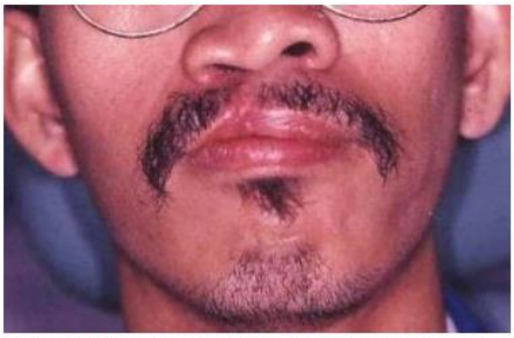
Good performance: Chee Yaw (left) and his father showing the results slip in Kuching recently.

Photo 6C.4 Physical sign of a blind eye (Metro Sarawak, 1 Mar 2010)

For visual impairment, there is a tendency to focus on the signs of impaired, incapacitated or blind eyes. Photos 6C.1 and 6C.2 are extreme close ups showing the clouding in the lenses of the eyes. These are scientific shots often found in scientific articles in the newspaper. The two photos clearly present to the viewers how an impaired eye looks like and how it is caused by cataract that impedes light passage into eye. Another popular configuration that draws attention to the eye is by positioning two actors looking towards the direction of the blind eyes (Photo 6C.3). In Photo 6C.4, despite the exam result slip being the focal point of the shot, the blind eyes have been highlighted by the angle of a bottom-up shot.

The second visible impairment in the facial area found in the data set is cleft lip. Only a set of pre and post corrective surgery photos was found to represent this congenital condition. Photo 6C.5 is a close up shot of the affected lips. It is interesting to note that the impairment is very salient that there is no caption used with this image. The second image is the image of the same pair of lips post corrective surgery (Photo 6C.6). Although the caption states ‘without the stigma of looking different’, the visibility of the scar could still suggest the person’s history of cleft lip.

Photo 6C.5 Published without a caption. Physical sign of a cleft lip (Star2, 23 Jul 2008)



With corrective surgery, anyone born with cleft lip and palate
can lead a normal life without the stigma of looking different.

Photo 6C.6 Image of post corrective surgery of the person in Photo 6C.5 (Star2, 23 Jul 2008)

The third impairment with a facial sign in the data set is the masked face of persons living with Parkinson’s Disease (Photo 6C.7). It is a stiffness in the facial area affected by the neural circuit underlying human facial expression (Bowers et al., 2006); a person who experiences this condition might appear to have a doll face.

Having fun: Lew (right) dancing with Parkinson’s patient Ninie Lim. Dancing
with music encourages movements of stiffened joints for Parkinson’s patients.

Photo 6C.7 Physical sign of a masked face of a person with Parkinson's Disease (Metro Central, 29 Apr 2008)

Another impairment associated with facial signs is Down Syndrome. Some of the prominent signs are short neck, flatten facial profile and nose bridge as well as upward slanted eyes (National Institute of Child Health and Development, 2014). As seen in Photos 6C.8 and 6C.9, actors are depicted with a frontal direct gaze that draws viewers’ attention to these features. When depicted with other non-disabled visual actors (Photos 6C.10 and 6C.11), the actors with Down Syndrome are still singled out by showing all other actors looking towards the direction of the disabled actors. Historically, these recognisable facial features were associated with Asians and known as the ‘Mongoloid’ or ‘Mongolism’ (Leach, 2013). As these terms imply racial remark and were deemed pejorative (S. C. Tan, 2012), WHO in 1965 changed the term to Down Syndrome after Dr J.L Down, the physician who first described this chromosomal disorder (ibid). Although the terminology has changed, it appears that this kind of visually ‘racist’ depiction by focusing on the facial features that ‘look Asian’ has not.

Loving dad: Zaiful (left), with his daughter Naylie during the 21st World Down Syndrome Day in Plaza Pelangi on recently.

Photo 6C.8 Physical signs of Down Syndrome: Facial features (Metro South, 31 Mar 2011)

Together with Shirley Chan, who also has a child with the congenital chromosomal disorder that causes varying degrees of physical and mental limitations in different people, Wong gamely founded the Special Children Society of Ampang (SCSOA) in Selangor.

Photo 6C.9 Physical signs of Down Syndrome: Facial features (Star2, 15 Jun 2011)

Easy does it: Camp facilitators encouraging a child to take that leap of faith.

Photo 6C.10 Physical signs of Down Syndrome: Facial features (Metro Central, 15 Jul 2010)

Heartfelt rendition: Foo singing Teresa Teng's classic, The Moon Represents My Heart during the opening of the Sekolah Semangat Maju's new building in Ipoh Saturday.

Photo 6C.11 Physical signs of Down Syndrome: Facial features (Metro Perak, 11 Oct 2009)

The fifth condition with bodily signs is Albinism (Photo 6C.12). Typically, a person with albinism has white or platinum hair, their skin and irises of the eyes appear to be pink. (Zaretsky et al., 2005, p. 714). This is due to congenital defects in melanin production and transfer (Braun-Falco et al., 2000) that causes sensitivity to light (photophobia) and decrease in visual acuity (Zaretsky et al.,2005). In Africa, the whiteness of albino skin marks people with Albinism apart from other Africans which symbolically link them to the spirit world; the body hence becomes a marker of deviance instead of seeing it as a medical condition (Baker, 2008)

Considered divine: Weegi Baller and his sister Elederis in their hut in Rio Sidra, Kuna Yala island chain, Panama. Albinos are highly respected in the Kuna culture and some ascribe them supernatural powers.

Photo 6C.12 Physical signs of Albinism: Pigment deficiency in the skin, hair and eye (Star2, 1 Oct 2008)

Physical disabilities are also widely marked by weak, impaired, deformed, or the absence of, limbs. In the case of cerebral palsy, actors are shown with muscle stiffness of the hands (Photos 6C.13 and 6C.14) as well as the neck (Photo 6C.13). Conditions of deformed limbs or without limbs are also made salient through close shots (Photos 6C.15 and 6C.16). The physical deficit is also depicted in the *supercrip* ‘compensation’ form by focusing on what the disabled actors could do with their feet to imply what they could not with their hands. Photo 6C.17 shows an armless pianist playing the piano with his toes and Photo 6C.18, an armless artist drawing using his toes. Such a *supercrip* depiction enlarges a disability and hence it could be confronting to viewers. Another set of images related to physical signs is short-stature or dwarfism. Persons with short-stature are often depicted with other objects to mark their height. Photo 6C.19 compares the height of the couple with the height of their toddler and his tricycle. Photo 6C.20 allows viewers to estimate the height of the actors as slightly taller than two stacked-up boxes.

Good business: (From left) Staff members Chen Soon Mei, 27, and Ooi Chee Teong, 40, placing the laundry into the DCI machine during the launching ceremony of 'Kedai OKU Dobi Pulau Pinang'

Photo 6C.13 Physical sign: Muscle stiffness (Metro North, 9 Nov 2011)

Proud mum: Yong kissing her son So Yong, who suffers from cerebral palsy after he received an award of excellence under the physical disability category at the state Education Department last week.

Photo 6C.14 Physical sign: Muscle stiffness (Metro South & East, 26 Mar 2012)

Lawyer Tuah Atan was born without legs and has a deformed left hand.

Photo 6C.15 Physical sign: Limb deformity (Star2, 4 Dec 2010)

Nick Vujicic, born without arms and legs, is a motivational speaker and author.

Photo 6C.16 Physical sign: Without arms and legs (Star2, 4 Dec 2010)

Pianist Liu Wei who is armless, plays piano with his toes.

Photo 6C.17 Physical sign: An armless pianist playing piano with toes (Star2, 4 Dec 2010)

Till Feb 28: Victor Chin captures the moving emotions and physical agility of disabled persons in this black and white photo exhibition. This is Chin's third collection of photographs celebrating human understanding over ignorance.

Photo 6C.18 Physical sign: An armless artist drawing using his toes (Metro Central, 31 July 2009)

Happy family: Katijah, who was recently named the state's disabled women's icon, at home with her husband Abdul Halim Hapiz and son Muhammad Iman Naim.

Photo 6C.19 Physical sign: Small stature – height compared to a child and his tricycle (26 Mar 2010)

Raya cheer: Little people looking inside the box of food aid after the hand-over ceremony.

Photo 6C.20 Physical sign: Small-stature – height compared to two stacked-up boxes (Star2, 19 Sept 2008)

This appendix has delineated how viewers' attention is drawn to markers of physical signs through certain configurations within the image frames. While most of the examples here are positive images of disabled persons in agentive roles, the focus of physical signs have made viewers construe them as photos of disabilities rather than the persons first, their disabilities second. The salience of visible impairments could accentuate the *perspectivisation* of disability which may or may not be positively interpreted.

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APPENDIX 6D: MARKINGS OF DISABILITY WITH OBJECT SIGNS

Medical or assistive devices and facilities of both low and high technology have been developed to enable disabled persons to function within an accessible environment in the society. However, these items and facilities have also become indicators of impairments of both visible and invisible disabilities. In this thesis, 'object signs' refer to these medical or assistive devices, facilities as well as other related signs, following Barthian semiotics (see Section 6.7). Table 6.17 in Chapter 6 (see Section 6.7) reveals that there are N= 227 or 33.88% of the data set which carry object signs. Table 6D.1 affords an overview of the object signs associated with specific conditions.

Condition	Associated object/facility	Example
Visual impairment/ Blindness	White cane	Photos 6D.1 & 6D.2
	Tactile pathway	Photos 6D.1 & 6D.2
	Perkins Brailler (braille machine)	Photos 6D.3
	Braille	Photo 6D.3
	Sunglasses	Photo 6D.4
	JAWS screen-reader software	Photo 6D.4
	Guide dog	Photo 6D.5
Hearing impairment/ Deafness	Otoscope	Photo 6D.6
	Hearing aid	Photo 6D.7
	Cochlear implant	Photos 6D.8 & 6D.9
Mobility/physical impairment	Prosthetic leg	Photo 6D.10
	Walker	Photo 6D.11
	Crutch	Photo 6D.12
	Leg braces	Photo 6D.13
	Wheelchair	Photos 6D.14 & 6D.15
	Disabled motorcycle	Photo 6D.16
	Skateboard	Photo 6D.17
	Hydrotherapy pool	Photo 6D.18
	Accessible facilities (ramp/parking/transport)	Photos 6D.19 to 6D.21
Sensory impairment	Multi-sensory room (Snoezelan)	Photo 6D.22
Autism Spectrum Disorder	Puzzle piece	Photo 6D.26

Table 6D.1 Objects signs related to specific impairments in data set

Besides the physical sign of a blind eye, the depiction of blindness are also enhanced by related objects. For examples, the white cane and tactile path (Photos 6D.1 and 6D.2), braille and braille machine (Photo 6D.3), the use of sunglasses particularly indoor (Photo 6D.4) and the presence of a computer, complemented by a caption describing the JAWS screen-reader software (Photo 6D.4). These are the common object signs internationally. However, there is one marker absent in the data set. While guide dog for the blind is a common sight in developing countries, there were no guide dogs in Malaysia until 2014. The photo of the first guide dog in the country was published on 8 May 2014 in an English tabloid (Malay Mail Online) but The Star published it only 5 months later (Photo 6D.5). This absence was likely due to contesting views on whether guide dogs should be allowed in public due to the ethic and religious make up in the country (Noorazam and Sulaiman, 2013; Y. L. Tan, 2014; Thanasayan, 2014).

Photo 6D.1 Blindness: Object sign - White cane and tactile pathway (Metro Central, 15 Oct 2011)

Blind trust: The blind are easy targets for crooks. It is difficult for them to distinguish between a genuine law enforcement officer and a con man.

Photo 6D.2 Blindness: Object sign - White cane and tactile pathway (Star2, 25 Mar 2010)

Special needs: Andrew answering the Bahasa Melayu paper by using the Perkins Brailler Machine during the examination at SMK Batu Lintang in Kuching yesterday. — ZULAZHAR SHEBLEE / The Star

Photo 6D.3 Blindness: Object sign - braille and Braille machine (Metro Sarawak, 15 Nov 2011)

Easy: Wilson browsing his Facebook page on a computer using the JAWS screen-reader software.

Photo 6D. 4 Blindness: Object sign - Sunglasses and computer with JAWS screen reader software (Metro Sarawak, 13 Oct 2011)

Stevens Chan, 52, and Lashawn Chan, 2. Lashawn is the first seeing eye dog in Malaysia.

Photo 6D.5 Absent sign in data sent - The first guide dog in Malaysia with its owner (Nation, 1 October 2014)

Hearing impairment including deafness is an invisible disability but it can be visualised through the inclusion of related assistive tools. Photo 6D.6 for example, is a representation of hearing loss that includes the use of an otoscope in a depiction of an ear check. In Photo 6D.7, the smallest ear-fitting hearing aid is shown and compared to the size of a 20sen coin. Besides a practical advantage of a small gadget, it also implies a necessity to reduce or hide its visibility as a hearing aid marks one's impairment. Photo 6D.7 and 6D.8 depict the transmitters and speech processors of a cochlear implant.

Out of 500 million people worldwide estimated to have some form of hearing impairment, the World Health Organisation (WHO) estimates about 278 million of them are living with moderate to profound hearing loss.

Photo 6D.6 Hearing impairment: Object sign - otoscope (Star2, 15 Feb 2009)

Modern technology has made it possible to make hearing aids smaller and more sophisticated. The smallest open ear fitting hearing aid - the Beltone Marq - is only slightly bigger than a 20sen coin.

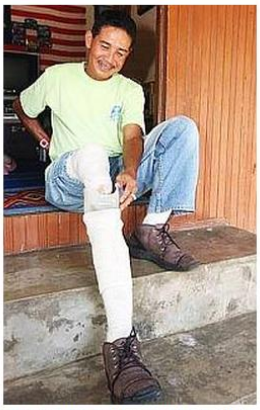
Photo 6D.7 Hearing impairment: Object sign - hearing aid compared to the size of a coin (Star2, 15 Feb 2009)

Prof Lokman showing a transmitter and speech processor with its casing.

Photo 6D.8 Deafness: Object sign - cochlear implant transmitter and speech processor (Star2, 15 Nov 2009)

Photo 6D. 9 Deafness: Object sign – cochlear implant (Nation, 26 June 2013)

Physical and mobility impairments are also indicated by various objects. For example, the prosthetic leg (Photo 6D.10), walking frame (Photo 6D.11), crutch (Photo 6D.12), leg braces (Photo 6D.13) and the disabled trade motorcycle (Photo 6D.14). The most prominent sign of (im)mobility is the wheelchair (Photos 6D.15 and 6.16). Photo 6D.15 is a close up shot on the wheels of a high-tech wheelchair which is a concrete representation of mobility of disabled persons. Photo 6D.17 of a young disabled person on a skateboard is a unique example found. It is not common but likely depicted to conjure an *exotic* visual rhetoric to present difference, energy and sensationalise the depiction.



Plucky man: Faudzi placing his artifical leg before starting his stall.

Photo 6D.10 Physical impairment: Object sign- Prosthetic leg (Metro South & East, 5 May 2011)

No handicap: The children tackling their games with diligence during their sports day.

Photo 6D.11 Physical impairment: Object sign - walker (Metro Perak, 28 Apr 2009)

Success story: James receiving his diploma from Judy Wong

Photo 6D.12 Physical impairment: Object sign- Crutch (Metro Sarawak, 16 Jul 2010)

Chong helping Yu Xin to put on her leg braces. (Below) Chong, after work, with Yu Xin, who also has poor eyesight, and her brother Kai Jet.

Photo 6D.13 Physical impairment: Object sign - Leg braces (Star2, 15 Jun 2011)

New wheels: Jessica Rabbit is superlight, bomb-proof, and red hot.

Photo 6D.14 Physical impairment: Object sign– wheelchair (Star2, 9 Oct 2011)

No giving up: Connie (left) and Soong earn a living inserting corporate pamphlets.

Photo 6D.15 Physical impairment: Object sign - wheelchair (Metro Central, 23 May 2011)

Pillar of strength: Despite his disability, Michael still goes out every day to deliver newspapers just so he can support his family.

Photo 6D.16 Physical impairment: Object sign - Disabled trade motorcycle (National, 29 June 2011)

Award recipients: Dr Ma'amor (third from left) congratulating Mohd Haziq after the award ceremony yesterday. Prof Sidek (second from right) looks on. Also present are (from left) Muhammad Ahmad, Mohd Yunus and Mortadha Lau. — Bernama

Photo 6D.17 Physical impairment: Object sign - skateboard (National, 10 Mar 2009)

Besides devices, certain facilities are also associated with mobility impairments such as the hydrotherapy pool for the purpose of physiotherapy (Photo 6D.18), accessible ramp, parking space and transport (Photos 6D.19 to 6D.21) and the multi-sensory room for those with sensory impairments such as Autism Spectrum Disorder and intellectual disability (Photo 6D.22). These facilities indicate access to environment, rehabilitative services and accommodation for disabled persons. These are also signs of the presence of disability and thus, the absence or unavailability of these signs would suggest the needs and rights of this group of people have not been warranted (Photos 6D.23 to Photos 6D.25).

Dr Taayah checking out the hydrotherapy pool.

Photo 6D.18 Physical impairment: Object sign – the facility of hydrotherapy pool (Star2, 31 Oct 2011)

A convenience: Roslan helping Independent Living and Training Centre president Francis Siva down the newly-installed ramp at the Gasing Veterinary Hospital.

Photo 6D.19 Accessible facility - ramp (Metro Central, 5 Dec 2011)

Not for all: Motorcycles parked close to a bay reserved for the disabled.

Photo 6D.20 Accessible facility – parking (Star2, 17 Jan 2011)

Participants boarding a Rapid Penang bus fitted with a makeshift ramp to go on a journey to Butterworth.

Photo 6D.21 Accessible facility - transport with ramp (Metro North, 16 Oct 2008)

For kids: The Ronald McDonald's sensory room in Pusat Seri Pengasih, Kota Kinabalu.

Photo 6D.22 Sensory impairment – Snoezelan (Metro South & East, 19 Mar, 2011)

Easy does it: Guards helping Francis down the stairs after a futile attempt to check toilets for the disabled at the MBPJ swimming pool.

Photo 6D.23 Inaccessibility: No ramp (Star2, 28 Jun 2010)

Access to public transportation remains a challenge for the physically disabled.

Photo 6D.24 Inaccessible transport (Star2, 28 Jan 2009)

Wheely unfriendly: The usual parking lot does not allow room for an extraordinary driver to manoeuvre her own set of light wheels.

Photo 6D.25 Inaccessible car park (Star2, 1 Apr 2012)

The final object sign found in the data set is the jigsaw puzzle piece synonymous with Autism Spectrum Disorder (ASD). This sign has been internationally used by many related organisations as their logos or awareness campaigns to metaphorically present autism as a (missing) 'puzzle piece' (Photo 6D.26). The National Autistic Society, United Kingdom in 1963 had a puzzle piece as its first logo. It was to symbolise the complexity of ASD in terms of behaviours, communication and social interaction as well as the difficulty those with ASD in fitting in to society (National Autistic Society UK, 2015). There have been protests that people with ASD are not puzzle pieces and they do not have to fit into society. However, the missing piece is now perceived as hope and developments in research to completely understand what autism entails (Mastroianni, 2015).

Give, give, give: (From left) Brien, Teh and Dr Zainal Ariffin Omar jointly launching Suria KLCC's Purple Day campaign.

Photo 6D.26 Autism Spectrum Disorder: Object sign – puzzle piece (Metro Central, November 16, 2011)

This appendix has presented how the inclusion of certain object signs related to specific impairments are markers of disabilities. These markers are aids that facilitate social functioning and mobility of disabled persons in society. They should be interpreted as "healthy" signs and the lack of these signs would suggest ignorance and a violation of the civil rights of disabled persons. They should not be interpreted as signs of lacking or deficit in disabled persons.

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APPENDIX 6E: FRAMING EXPERIENCES OF (DIS)ABILITY

Another strategy of *perspectivisation* of disability is by capturing experiences of (dis)ability of disabled persons. It could occur as *perspectivising/personising* compositions (see Section 6.7) and abstractions (see Section 6.4.4.2). Table 6.17 in Chapter 6 (see Section 6.6.2) indicates that N= 86 or 12.83% of the data set are compositions that frame experiences of ability or functioning and disability or dysfunctioning of disabled persons. Table 6E.1 summarises the *perspectivisation* of these experiences found in the data set.

Condition	Experience/Action	Example
Blindness	Feeling and sensing for direction	Photos 6E.1 to 6E.3
	Feeling to 'see' objects/read braille	Photos 6E.5 & 6E.6
Weak/impaired limb	Person needs to be lifted	Photo 6E.7
	Person in physiotherapy/rehabilitative session	Photos 6E.8 & 6E.9
	Limb stiffness in performing an activity	Photo 6E.9
Small stature	Difficulty in reaching up to a higher spot	Photo 6E.10
Deafness	Communicating with hand signs	Photos 6E.13 & 6E.14
Dyslexia	Feeling of frustration	Photo 6E.17
	Output of mirror image writing	Photo 6E.18
Specific learning impairment	Attempting mathematical tasks	Photo 6E.19
Autism Spectrum Disorder	Averted eye gaze	Photos 6E.22 & 6E.23
Multiple Sclerosis	Needing caregiving/affecting a relationship	Photo 6E25
Dyspraxia	What non-dyspraxic could do	Photo 6E.26
	An act of holding a pencil supposedly a painful activity	Photo 6E.27
	Pain felt is like being pricked by a thousand pins	Photo 6E.28
	Improving coordination in physiotherapy session	Photo 6E.29
Mental health disorder	'Headclutcher' image	Photos 6E.30 & 6E.31
	In despair – looking down	Photos 6E.30 & 6E.31
	In despair - in tear	Photo 6E.32
	In despair – expressing feelings in writing	Photo 6E.33
Alzheimer's Disease	In activity to help memory/with family support	Photos 6E.34 & 6E.35
	Support from caregiver	Photo 6E.36
Parkinson's Disease	Movement and muscle control difficulty	Photos 6E.37 & 6E.38
Behaviourial issue	Being chained	Photo 6E.39
	Confined in cot-like structures	Photo 6E.40

Table 6E.1 Perspectivisation of experiences of (dis)ability

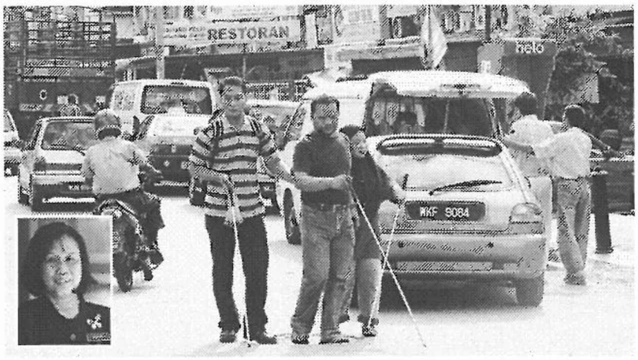
Blindness is a visible disability often signalled by physical and object signs (see Appendices 6C and 6D). The inability to see has also been framed by the act of feeling and sensing for directions (Photos 6E.1 to 6E.3) or feelings of objects (Photo 6E.5) and more commonly for reading the braille dots (Photo 6E.6). Photo 6E.3 is an example in which a blind interviewee claimed that there was a tendency for journalists to take photos of the blind crossing the road without informing them and thus could conjure the blind looking lost (see Section 6.8.1). Furthermore, disability awareness activities such as blindfolding sighted persons and making them walk (Photo 6E.4) could also give wrong indications. Also, the use of white cane to help sense for direction and possible obstructions also require ‘training’, not merely an act of ‘tapping’ and ‘moving’ it. Often, this brief and unauthentic experience could shock the participants and give them the wrong perceptions of what the blind experience daily.

Not giving up: He may have been blind-sided by life, but Krushna Prabaskar, 35, hasn't stopped dreaming big.

Photo 6E.1 Capturing blindness: Sensing for direction (Star2, 28 May 2011)

Difficulty: A blind man had to resort to walking on the edge of the pavement because the tact tiles were blocked.

Photo 6E.2 Sensing for direction and unobstructed pathway (Metro Central, 12 Oct 2011)



Dicing with danger: Blind members of the public trying to cross a busy road in Brickfields. Norani (inset) wants more accessibility for people with disabilities.

Photo 6E.3 Capturing blindness: Sensing for direction (Star2, 11 Dec 2011)

Group effort: Some participants even tried to walk in groups with only one sighted person to lead.

Photo 6E.4 A blindness awareness exercise for the sighted (Metro North, 18 Apr 2012)

Tactile appreciation: Muniandy (second left) and fellow residents from the St Nicholas' Home touching and feeling a sculpture at the Open Air Sculpture Gallery.

Photo 6E.5 Capturing blindness: Action of feeling and sensing to appreciate a sculpture (Metro North, 20 Nov 2010)

Special needs: Andrew answering the Bahasa Melayu paper by using the Perkins Brailler Machine during the examination at SMK Batu Lintang in Kuching yesterday. — ZULAZHAR SHEBLEE / The Star

Photo 6E.6 Capturing blindness: Action of feeling to read braille dots (Metro Sarawak, 15 Nov 2011)

The condition of weak or impaired limbs is also visualised. The weakness of the limbs and a person's immobility are visualised via the capturing the action of being lifted (Photo 6E.7) and in physiotherapy or rehabilitative sessions (Photos 6E.8 and 6E.9). The difficulty experienced by persons with short stature to reach high spots is also a means to visualise disability caused by inaccessible environment (Photo 6E.10).

Devoted father: Nandhagopal with Usha Devi at the MCA Johor Baru Public Complaints Bureau office.

Photo 6E.7 Capturing weak limbs: Person needs to be lifted (Metro South East, 19 Dec 2008)

Doing their job: A staff at the Taman Megah Handicapped and Disabled Children's Home giving physical therapy to the children.

Photo 6E.8 Capturing weak limbs: Physiotherapy session to improve weak muscle tone (Metro Central, 2 June 2011)

Home's assistant Budiarti Selamat giving close attention to a special child in the toy library.

Photo 6E.9 Capturing stiffness of hand and difficulty of movement (Metro North, 9 Aug 2008)

President of the Little People National Organisation of Malaysia, Jasmi Shafie, showing how difficult it is to reach the coin slot on a public telephone.

Photo 6E.10 Capturing difficulty faced by a person with small-stature in reaching the coin slot at the top part of a public telephone (Star2, 13 Sept 2008)

While the above has illustrated how experiences of persons with visible disability is visualised as *perspectivising* representations, the following will describe how invisible disabilities are visualised.

Deafness is as an invisible disability (Photos 6E.11 and 6E.12). It is also often visualised in the data set by depicting deaf persons with their counterparts communicating in sign language (Photos 6E.13 and 6E.14). These two photos were shown to the research participants in this study without the captions. Only 2 interviewees, other than the 4 persons representing deafness, were able to identify ‘sign language’. Without captions, Photos 6E.11 to 6E.13 appear as ‘normal’ people or people gesturing in conversations.

Enchanting: Be mesmerised by fluid moves in The Soul of A Peacock at the concert.

Photo 6E.11 Invisible disability – a deaf performer (Metro Central, 2 Nov 2009)

Preparing: Silent Teddies Sujithra Chandran, 18, and Sri Krishna Rao, 18, preparing the dough for the buns. A total of 150 buns are ordered by Buddhist Maha Vihara Temple to be given away to the needy every Sunday.

Photo 6E.12 Invisible disability - deaf bakers (Metro Central, 7 Mar 2012)

Lee communicating via sign language with Lim.

Photo 6E.13 Perspectivisation of deafness - two individuals communicating through hand signing (Star2, 23 Aug 2009)

Talking hands: (From left) Lau, Iverson, Khew and Low, who are colleagues at RC Deaf Missions, enjoying a conversation.

Photo 6E.14 Perspectivisation of deafness - Four individuals signing in a conversation (Metro Central, 26 Jan 2012)

The second invisible condition found in the data set is dyslexia which is a form of reading impairment although its definition is debatable (see Elliott, 2014). Similar to depiction of Deaf persons, Photos 6E.15 and 6E.16 do not show any signs of visible impairment. The experience of having dyslexia is found visualised in two photographs. Photo 6E.17 is an abstract representation showing a child ripping the newspaper presumably feeling frustrated as a result of 'difficulty in understanding the relationship between sounds and letters' and 'meaning of words' as indicated by the caption. Photo 6E.18 is another abstraction capturing a common visual discrimination difficulty in dyslexia. One symptom of this difficulty which is the output of mirror image writing; the 'w' is processed and produced as 'm' while 'b' as 'd', 'p' as 'q' and vice versa. Another abstract and generic representation of learning disabilities found is Photo 6E.19. It shows a person attempting some mathematical tasks but the caption associates it with 'dyslexia', 'dysgraphia' and 'dyscalculia' which are specific learning impairments.

Kindergarten teacher May Lim Chui Lee, and her children, Alicia, seven, and Eugene, 12, who both have dyslexia.

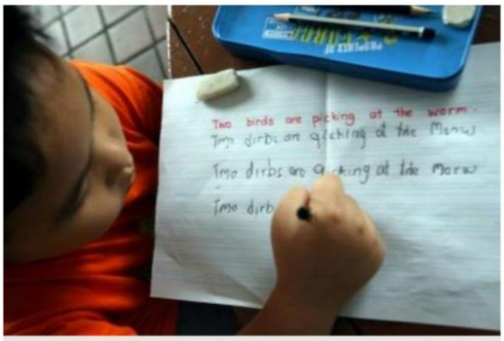
Photo 6E.15 Invisible disability – A parent with her two children with dyslexia (Star2, 16 Mar 2009)

Reading time: Children with dyslexia who are undergoing the remedial programme at the Dyslexia Association of Malaysia, learning to read.

Photo 6E.16 Invisible disability - children with dyslexia doing some reading (Star2, 16 Mar 2009)

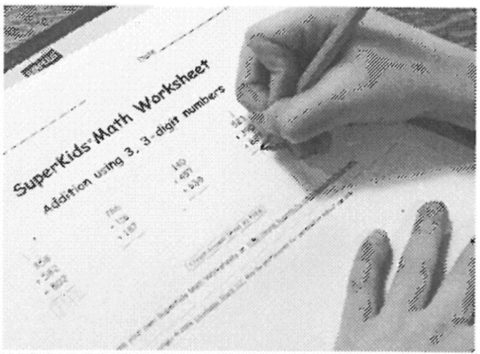
A child with dyslexia (reading disability) has difficulty understanding the relationship between sounds and letters or may be unable to grasp the meaning of words, phrases, and paragraphs.

Photo 6E.17 Perspectivisation of dyslexia – Expression of frustration in a child with dyslexia by ripping the newspaper (Star2, 4 Oct 2009)



While some of these students have done very well in school, their achievements have been largely attributed to the commitment of their parents and supportive carers.

Photo 6E.18 Perspectivisation of dyslexia – a child with dyslexia producing mirror image writing (Star2, 4 Jan 2012)



Dyslexia, dysgraphia, dyscalculia ... these are terms that describe different learning difficulties.

Photo 6E.19 Perspectivisation of dyscalculia (Star2, 18 Mar 2012)

Another invisible learning impairment most highlighted in the data set is Autism Spectrum Disorder (ASD) or known as ‘autism’ in short (Photos 6E.20 to 6E.23). Photos 6E.20 and 6E.21 are positive images of persons with autism showing their abilities rather than disabilities. Photos of 6E.22 and 6E.23 are two examples of averted eye gaze in persons with autism. Only 4 interviewees were able to identify this condition correctly (see Section 6.8.1).

According to studies, the averted eye gaze is influenced by the brain mechanism for processing affective or non-affective touches (Kaiser et al., 2015). Otherwise, these children in the photos would appear to be shy or dismissing the attention given by the Prime Minister's wife in both photos.

Determination: Danial is currently preparing for his grade two drum kit exam.

Photo 6E.20 Invisible disability (autism): A young adult with autism playing his drum (Metro Central, 8 Apr 2011)

Talented: Yeak working on a painting. (Inset) His piece on Shanghai City.

Photo 6E.21 Invisible disability (autism): An artist with autism with interest in architecture painting (Metro North, 28 Jun 2010)

Timely aid: Rosmah presenting Aidilfitri goodies to Ahmad Shamsuri Ahmad Salihin in Kuala Lumpur yesterday.

Photo 6E.22 Perspectivisation of autism: Averted eye gaze of child with autism (National, 10 Sept 2009)

Special needs: Rosmah spending time with autistic children during the National Autism Society of Malaysia event - Bernama

Photo 6E.23 Perspectivisation of autism: Averted eye gaze in children with autism (19 Jun 2012)

The next invisible impairment is ataxia. Ataxia is a symptom of a group of neurological disorders such as Multiple Sclerosis (MS) or Friedreich's Ataxia and dyspraxia which is an immaturity of the organisation of movement. Ataxia affects balance, coordination, and speech (Ataxia UK, 2015).

MS could be represented as a concrete representation (Photo 6E.24) or visualised in an abstract form (Photo 6E.25). 6E.25 is a stock image of a faceless photo with a close up on a woman's hand with a ring holding or being held by another man's hand. The caption warns readers of the early onset of MS and at a person's prime age between 20 and 40 years and 'women twice more affected than men'. Such a depiction also implies that MS requires caregiver support and could affect daily living as well as relationships.

Keshvinder Kaur had been an able-bodied person all her life until a health condition put her permanently in a wheelchair more than two years ago.

Photo 6E. 24 Invisible disability: A person with Multiple Sclerosis in a wheelchair permanently (Star2, 25 Jul 2013)

Prime target: Multiple sclerosis often manifests in people aged between 20 and 40, with women twice more affected than men.

Photo 6E.25 Perspectivisation of Multiple Sclerosis: Consequent in needing caregiver support or affecting relationships (Star2, 26 May 2010)

Another related motor-neuron impairment is dyspraxia which is an experience of immaturity of the organisation of movement. It is the partial loss of the ability to co-ordinate and perform skilled, purposeful movements and gestures with normal accuracy (Gibbs et al., 2007). Photo 6E.26 is a unique dimension by *perspectivising* what a non-dyspraxic could do, which is simultaneously co-ordinating the actions of texting and driving at the same time, whereas a person with dyspraxia could not even drive in a straight line as indicated in the caption. Photo 6E.27 shows a person holding a pencil but describes it as a ‘painful activity’ while Photo 6E.28 visualises the sensitivity to touch and equates the experience of extreme pain with a visual simile of like ‘being pricked by a thousand little pins’. Photo 6E.29 visualises the difficulty of movement of a child and needing physiotherapy.

Never mind texting, a person with dyspraxia has enough on his hands just trying to drive in a straight line!

Photo 6E.26 Perspectivising dyspraxia: What a person without dyspraxia could do which a person with dyspraxia could not (Star2, 18 Mar 2012)

The simple task of holding a pencil can be an ardous and painful activity for a child with dyspraxia.

Photo 6E.27 Perspectivising dyspraxia: Holding a pencil could be a painful activity for a person with dypraxia (Star2, 18 Mar 2012)

Another consequence of dyspraxia, for some, is sensitivity to touch. This means that for some people, a hard fabric on the skin can feel like being pricked by a thousand little pins.

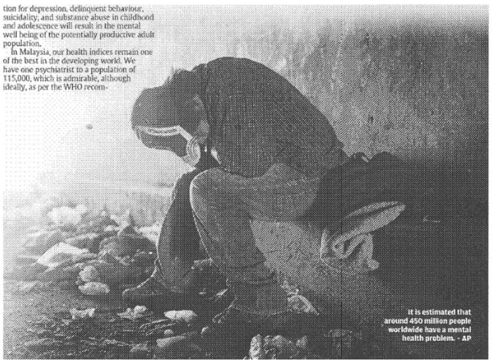
Photo 6E.28 Perspectivising dyspraxia: Experience pain like being pricked by pins (Star2, 18 Mar 2012)

An occupational therapist working with a dyspraxic child to improve coordination and balance.

Photo 6E.29 Perspectivising dyspraxia: Improving coordination and balance for a child with dyspraxia in a physiotherapy session (Star2, 30 May 2012)

Another invisible impairment is the broad category of mental health disorders which include bipolar disorder, schizophrenia, multiple personality disorder, stress, depression and suicidal behaviour. Photos 6E.30 and 6E.31 appear to be typical representations of the mental health disorder with the head in the hand, often covering the face, also known as the ‘headclutcher’ (Hawkins, 2015) or ‘head-clutch shots’ (Harman, 2015). It often showcases an individual with a lonesome symptom; the person is always depicted looking down, possibly as a visual metaphor of feeling down in a background of dark, sombre lighting to depict the mood.

Photo 6E.32 is a unique 2-façade image of an actual person with eyes closed but painted white and marked with tears. The painted layer is perhaps to visualise the inner despair of this person and represents depression as an invisible impairment as the surface level (Harman, 2015). Another example, Photo 6E.33 shows a person with suicide risk writing down his/her feelings possibly in a diary or a suicide note. All individuals in the four photographs are constructed as lonely and in despair. These images of mental health could not be identified by any of the interviewees met. This was potentially due to the use of an abstract, generic and stock image type of depictions, the invisible nature of this disability or a lack of awareness of mental health and its disorders.



tion for depression, delinquent behaviour, suicidality, and substance abuse in childhood and adolescence will result in the mental well being of the potentially productive adult population.

In Malaysia, our health indices remain one of the best in the developing world. We have one psychiatrist to a population of 115,000, which is admirable, although ideally, as per the WHO recom-

It is estimated that around 450 million people worldwide have a mental health problem. - AP

Photo 6E.30 Perspectivisation of mental health disorder – 'headclutcher image' and looking down (Star2, 9 Oct 2011)

Photo 6E.31 Perspectivisation of suicide risk – 'headclutcher' image and looking down (Star2, 12 Sept 2011)

Depression is widespread

Photo 6E.32 Perspectivisation of depression - A person in despair (Star2, 10 Oct 2012)

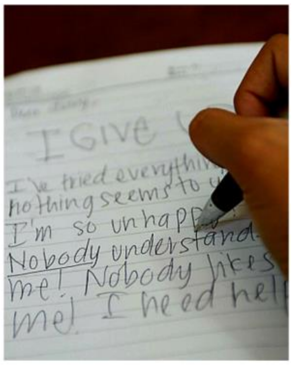


Photo 6E.33 Perspectivisation of suicide risk - A person with suicide risk writing down his/her feelings (Star2, 12 Sept 2011)

The next two invisible impairments related to aging population are dementia (memory impairment) or Alzheimer's Disease (specific form of dementia) as well as Parkinson's Disease which is a progressive disease of the nervous system (Royal College of Physicians, 2006).

Memory impairment is not visible and thus images in the data set are found to visualise activities carried out to assist senior citizens with their memories with support from caregivers. Photo 6E.34 for example, features a son holding an old album and is captioned as reading poems to his mother to bring back memories to his mother. Photo 6E.35 shows a senior citizen not showing any expression or reaction nor looking at her birthday cake in a celebration with her family. Photo 6E.36 depicts the act of holding an old person's hand. However, the caption states support for the caregivers, a typical narrative in Alzheimer's and Parkinson's Diseases where caregivers experience difficulties and high stress level in dispensing care (LoboPrabhu et al., 2006). Photo 6E.36 is also found to be a stock image appearing in 163 searches in Google Images representing Alzheimer's', Multiple Sclerosis, managing aging and relationships.

Brandon Hamilton showing his mother, Carleen, who suffers from advanced Alzheimer's, the poems she had written to her husband daily for years, and that her husband, George, had written to her.

Photo 6E.34 Perspectivisation of Alzheimer's Disease: A son reading poems to her mother with Alzheimer's to help her recall certain memories (Star2, 26 May 2013)

Mdm Ho Geok Eng (middle) celebrates her 84th birthday at the Alzheimer's Care Centre with her family.

Photo 6E.35 Perspectivisation of Alzheimer's Disease: A birthday celebration for a person with Alzheimer's but she does not seem to show any expression or reaction (Star2, 21 Sept 2011)

Taking care of someone with Alzheimer's is too much for one person. You'll need caregiver support from your spouse, siblings, doctors, local and national organisations – and of anyone else who offers it. – AP

Photo 6E.36 Perspectivisation of a consequent of Alzheimer's Disease: Burden borne by caregivers (Star2, 9 Aug 2009)

Parkinson's Disease could be visualised with muscular rigidity, slow and imprecise movement. Photo 6E.37 visualises a person being assisted walking down the stairs. Photo 6E.38 visualises the abstract difficulty of movement and muscle coordination in a daily activity such as typing on a keyboard.

Impaired balance and slowness in movement were among the first symptoms of Parkinson's disease Chee experienced. With him is his wife, Kathleen.

Photo 6E.37 Perspectivisation of Parkinson's Disease: A person with Parkinson's assisted by his wife walking down the stairs (Star2, 17 Apr 2011)

Unrelenting: Parkinson's disease is a progressive nervous system disorder that affects muscle movement and control, resulting in difficulty in doing daily activities like typing on a computer keyboard.

Photo 6E.38 Perspectivisation of Parkinson's Disease – how muscle movement and control affect typing on a computer keyboard (Star2, 16 June 2011)

In extreme cases of those with aggressive behavioural issues, two photos are found *perspectivising* the actions taken by their caregivers in controlling these behaviours. Photo 6E.39 is a close-up on the lock and chain around the disabled teenager's ankle and Photo 6E.40 is another image of inmates without clothing confined in cot-like structures. These photos carry the visual rhetoric of *sentimentality*, representing a spectacle of suffering and *perspectivising* the helplessness of disabled persons and subjection to decisions of their caregivers.

Under lock and key: The teenager, still in chains, after he was discovered in a closed room by Welfare Department officers who conducted a spot check on the home in Jalan Laksamana Cheng Ho yesterday. — A. MALEX YAHAYA / The Star

Photo 6E.39 Perspectivisation of extreme behavioural issue of a person with intellectual disability: A teenager with intellectual disability being chained (Metro South & East, 11 Mar 2010)

The naked truth: Some of the inmates who were caged up in the home.

Photo 6E.40 Perspectivisation of extreme behaviours of persons with intellectual disability: Inmates in an institution for those with intellectual disability found confined in cot-like structures without clothing (National, 5 Jul 2009)

This appendix has elaborated on how the disability could be visualised by capturing persons with(out) disabilities in action. The examples given here largely focus on ability and disability of disabled persons caused by the impairments; there are also images related to caregivers or subjections of disabled persons to actions by their caregivers.

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