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Representation of Disability in Visual Media: A 'Tragedy' Rocks Shortland Street

A thesis presented in partial fulfilment of the requirements

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ABSTRACT

The focus of this research is to explore the portrayal of the disability image in visual media. Many disabled activists object to the stereotypical format that the media utilises to represent them and their disabilities, arguing that the images are offensive. Previous studies of cultural images of disability have focused on the inaccuracies of the stereotypes. However, the use of stereotypes leads to misconceptions about the experience of disability. The analysis in this thesis is exploratory, moving away from traditional analyses.

A semiotic approach is applied to demonstrate how representation operates as a signifying practice that produces and reproduces the meanings of disability prevalent in media images. Findings suggest that the concept of 'disability' has a variety of constructed meanings that exist within the technical and compositional elements of the Shortland Street Multiple Sclerosis narrative. This is a pivotal point as it exposes the origins of the constructed meaning of disability and serves as a foundation for the re-conceptualisation of an authentic image of disability. It is acknowledged by the broadcasting industry that there is a need to achieve authenticity of the representation of disability images in the media. One of the ways they believe this can be achieved is through increasing the opportunity for disabled actors to be cast in disability roles. Another possibility is incorporating disability into the media, not as an element of difference in a negative sense, but by authenticating the difference of disability. These possibilities have profound implications for the future of the disability image.

But these implications raise further questions as to whether directors and producers of media will accept the challenge and portray disability as an authentic experience. More importantly, would such a development alter the meaning and perception of disability in Western society?

PREFACE

For the past eight years I have had a keen interest in media production. However, it has only been in the last three years that I have begun to contemplate how the concept of disability is represented in the media and the way in which the representations contribute to the meaning of disability in Western society.

I have Cerebral Palsy, which resulted from a rare undiagnosed blood condition my mother has, now known as Anti Cardio Lupine Lupis Syndrome. This caused blood clots to form, and cross the nutritional barrier in the placenta, causing me to be an underdeveloped foetus. A combination of a low birth weight and under-developed lungs and brain resulted in a series of apnoea attacks, which gradually reduced my motor functioning, shortly after birth. As a consequence of this, I depend on a motorised chair for mobility and have limited use of my hands. I consider myself, to be psychologically well adjusted to my disability, I have high physical functioning, and I have a reasonably good quality of life and independence.

I immediately came under the 1911 Mental Health Act when diagnosed at eleven months of age. The paediatrician informed my parents that I was not only very physically handicapped, but intellectually handicapped as well. My parents were advised to take me to Templeton Hospital, Christchurch and return home, "to get on with their lives" without me. "You can have more children" they were told. Fortunately, embracing their English/Scottish culture, they would not part with me, and resolved to help me to achieve all I wanted to, as far as my disability would allow.

I was unaware of the oppressive structures that dictate the future of many disabled people, as I grew up with a disability in the nineteen seventies to early eighties. However, it was an ongoing battle for my parents to raise their young daughter in a society which decrees that disabled individuals would not benefit from an education, and the expectation was, that they would remain entirely dependent on their families for the rest of their lives. For disabled people the attainment of a sound education and freedom of choice were unrealistic goals. Hence, I had difficulty accessing the education system, as it was not accepting of disabled pupils. By the time I was ready to attend secondary school, my mother had battled for mainstreaming, to a point where instead of asking permission for me to attend the school, she told them a year prior, to expect me and make the necessary alterations to the building and curriculum. This they did, mostly with good grace, despite many of the staff being actively against mainstreaming of disabled students. As a consequence, I became very self-conscious of my disability, and was very unhappy during my school years. I wanted other people to accept me for who I was as a person, not based on my physical appearance. I felt I needed to emulate 'normality' by denying my identity as a disabled person, if I was to have any chance of being accepted by the staff and pupils at secondary school. I was beginning to experience oppression.

Today, I live in my own home independent of my parents, but with the physical support of caregivers. In May 1996, I was capped with a Bachelor of Arts degree majoring in Sociology and Media Studies. In May 1999, I will 'walk' across the stage again to receive my Master of Arts degree in Media Studies. I am proud of these achievements and consider myself very fortunate, knowing how my life began, and how different my future may have been, had my parents listened to my paediatrician.

My disability is not the only reason for my research into this area. My interest in the media came from my mother, Grace Moulton, who trained as a journalist and who also worked in television in the early eighties. She wrote scripts and appeared as a guest in several daytime programmes designed to inform parents of the various issues concerning parenting, including issues of raising a disabled child. Alongside these concerns, my mother was politically proactive in changing legislation dealing with issues concerning disability, as well as establishing the Disabled Persons Living Centre in Christchurch. She was inspirational in educating school children and their teachers through her books and teachers' resource kits - 'The Insight Series' (1986). These children's books and teachers' kits dealt with disability awareness and were aimed towards mainstreaming disabled children. My mother and I visited various schools and colleges in New Zealand, giving seminars and workshops increasing disability awareness.

Four years ago, I decided I wanted to produce a video promoting disability issues thereby raising disability awareness, which would target tertiary institutions. My reasons for the video are that educational resources need to be updated and suit a more mature audience. While I was applying for Television New Zealand's Young Achievers' Awards, for scholarship funding, I began to think critically about the way disability was portrayed by the media, and how such images impacted upon the social perception of disability itself. To be specific, how the popular stereotypical images of disability are a contributing factor determining how disabled people are viewed and treated by their non-disabled counterparts. For example, Barnes (1992 cited in Shakespeare, 1994, p. 286) asserts that:

> Disabling stereotypes, which medicalise, patronise, criminalise and dehumanise disabled people abound in books, films, on television, and in the press. They form the bedrock on which the attitudes towards, assumptions about and expectations of disabled people are based. They are fundamental to the discrimination and exploitation which disabled people encounter daily, and contribute significantly to their systemic exclusion from mainstream community life.

At the time, I adopted a belief that the image of a disabled person and/or character in a soap opera, film, drama, situation comedy, or news item required reconstruction. I interpreted this 'reconstruction' to be placed in a context where an individual/character's disability was given significance equal to any other feature (such as skin colour and eye colour) rather than being portrayed in relation to the 'whole person.' If such an image was produced and screened to an audience, then it could alter apprehensive attitudes towards disability. By increasing the regularity of such an image, the social barriers and stigmatisation associated with the concept of disability would gradually be redefined.

After researching the subject in depth, and reflecting on my plan for a video, I realised that I had been incredibly naive and had only begun to ascend something akin to Mount Everest. To begin with, I had to understand what oppression was, and how it could be understood from a theoretical stance, but more particularly from the position of a disabled person – from my point of view. Even though I had experienced oppression during my dealings with medical professionals, the education system, and other non-disabled people outside the security of my immediate family, I had not begun to consider the justifications underpinning the attitudes and behaviours of others towards me.

In hindsight, as a child I thought such oppressive attitudes were acceptable and that there was nothing 'wrong' with being constantly stared at or being spoken to as if I was intellectually, as well as physically disabled. This was because I have been socialised with my disability and haven't experienced life differently, hence, I assumed these reactions were 'normal'. However, I did not enjoy being treated in this manner, and appealed to my parents for an explanation. Their answer was simple: "People (meaning non-disabled) did not know any better". I internalised this belief and accepted it, to a point where I felt embarrassed if my parents confronted others concerning my welfare, education and future. As the parents of a young disabled child they experienced oppression on a deeper level. From my mother's point of view, she found it difficult when dealing with the ignorant attitudes of others, because her motherly instinct wanted to protect the rights of her child.

However, in writing this thesis, I have become increasingly aware of what it means to be a disabled person in contemporary society. Hence I have included personal anecdotal experiences throughout this thesis.

Writers such as Morris (1991) and Oliver (1983, 1990, 1996) outline points that are fundamental to gaining an insight into the theoretical underpinnings regarding the issues that are associated with disability in western society. However, in my opinion, even though these works provided valuable resources for my research, the tone within these documents articulated a sense of cynicism and bitterness. I gained a new perspective on disability when I discovered that the oppression, which I experience, could be explained through the social model of disability, which removes the responsibility of disability from the individual and relocates it in the heart of society.

The social model of disability serves as an excellent foundation, from which to build a critical analysis of the cultural images of disability. The concept of disability is a social construction shaped by non-disabled people's beliefs, and their interpretation of what the concept of disability means. The media's portrayal of disability is also disabling, as these beliefs underpin images of disability. Hence, disabled people argue that:

> The dominant culture offers distorted and negative images of disability... [and] disability is promoted as a condition to be avoided as much as possible (Stone, 1995,p.416).

Thus, the concept of disability is to be feared and retreated from and becomes stigmatised. This contributes to the way the media constructs disability. As Longmore (1987) suggests, the media confronts society with issues, such as disability, and deals with them in a subtle and indirect way. Therefore, the audience can face them comfortably without a sense of feeling threatened. Thus, the media explores issues of disability through stereotypical and metaphorical images of disability, in the guise of entertainment to meet the interests of the target (non-disabled) audience. Disabled people have argued that their experience of disability is excluded in the media's representation of disability.

Writers such as Morris (1991), Oliver (1990), Longmore (1987), Cahill (1991), Woodill (1994) and Shakespeare (1994) provide a reductionist analysis of the issue of representation and the production of meaning. However, these writers fail to acknowledge the way these images are confined to the codes of each genre. Instead, the analyses focus on the inaccuracies of the stereotypical and metaphorical way the media constructs the image of the disabled person and the way these images invalidate the experience of disability itself. While these political issues of cultural representations are still important, I support Dyer (1993) who asserts that analysing them in this paradigm alone, can exclude what he considers to be the 'real investigation' of political representation.

According to Dyer (1993) a thorough analysis of the cultural images of disability and other oppressed groups involves considering other critical aspects. Dyer (1993) identifies three of these:

(i) viewing representations as a presentation of reality;

(ii) considering that the media is restricted by guidelines set down by cultural forms, which dictate what is deemed an acceptable image, and what type of image will attract audience ratings and attract advertisers;

(iii) images, particularly those of oppressed groups, are subject to a variety of interpretations of meanings, which are governed by technical and compositional elements within the image such as: camera angles, camera shots, lighting, sound and reportage dialogue or type of language used.

My research explores these three aspects and investigates how these elements construct an identity of the disabled person and how it in turn conveys meaning, which is internalised by the non-disabled and the disabled public alike.

Another perspective in examining representation and identity construction of the disabled person is to investigate these images through the application of semiotic analysis. This is valuable, as it opens up a different perspective on viewing images of disability and provides an insight and appreciation into the dynamics of media. It claims that all objects are signs and when placed in a context, those signs become signifiers, that is, they produce meaning. Without a semiotic approach certain aspects (such as eye contact, clothes, or a wheelchair) may have been overlooked. With a semiotic approach the compositional elements can be evaluated to reveal their purpose and the way even the simplest techniques and objects can convey meaning.

A semiotic exploration of meaning and representation as a signifying practice is a beneficial approach to this thesis. This allows more scope to challenge and increase the awareness of the need for an alternative image to represent the concept of disability.

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Fleur Francois: For the loan of your computer on short notice. "Help! My computer doesn't work can I borrow yours" is the line I will remember for years to come.

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CHAPTER 1: INTRODUCTION

Australian comedian Steady Eddy speaks from experience when he talks about the 'perils' of disability in his routines and anecdotes.

> You know when you pull up to the traffic lights, and you see a van carrying wheelchairs and everyone inside is dribbling, making funny noises and strange facial expressions...We do that on purpose. Just to piss you guys off, and when you're not looking, we sit up straight and suck back the dribble (Steady Eddy, 1993).

In the context of this study, Steady Eddy is an example of the way in which disabled people participate in the media. However, his stage act is an exception to the rule for when images of disability do appear in the media, they generally appear in a stereotypical format. Through his material, he challenges the stereotype of disability, which suggests that disabled people are victims of unfortunate circumstances. Critics (including disabled people) have praised him because he demonstrates that disabled people have a sense of humour. Eddy also encourages his disabled audience to laugh at themselves, thus gradually removing the barriers of stigmatisation. Spence (1992) argues that learning to laugh at adversity is a disabled person's ploy in an effort to be accepted in a non-disabled society.

This study seeks to investigate the way in which disabled people voice their opinions, like Steady Eddy, in the context of challenging the stereotypical images prevalent in visual media. This will be explored through the application of a semiotic approach, however, before this can be undertaken an exploration into the current images of disability in the media is required.

Images of disability in the media are not a new phenomenon. Longmore (1987) chronologically documents the development and metamorphosis of disabled characters and their representation in the media and maintains that:

> From *The Big Parade* (1925) to *The Best Years of Our Lives* (1946) to *Coming Home* (1978); central characters of television series are temporarily disabled for one episode. (1987,p.65).

Disability is more prominent in today's media where it performs a more significant role in the film, television and advertising genres. In the television series *'Life Goes On'* (1990) an American family has a disabled teenager with Down's Syndrome. The narratives followed the daily life of this particular family, though not all the episodes are focused on the child's disability. In two American action-drama series *Viper* and *The Man from Mantis*, paraplegic core characters played a significant role in the solving of a case in each episode. Disability has also featured in American situation comedies such as *The Facts of Life* in the early to mid 1980s, where one of the characters had Cerebral Palsy and *Frasier* in the 1990s, where brothers, Niles and Frasier Crane's father, Martin, has had a stroke and uses a walking aide.

Disability images also appear in children's cartoon characters, such as Captain Hook, Elmer Fudd, who has speech impairment, and Mr. Magoo, who is short sighted. In New Zealand media, disability has taken centre stage and has featured in pivotal roles, as for example, in the television series *Shortland Street*, and the film *Hold up,* where disabled characters witness a cinema robbery. *The Silent One,* is another example, where a deaf and mute boy befriends a tortoise. The children's television series *Betty's Bunch* also includes a disabled character in its cast. One of children in the 'gang' was profoundly deaf.

There has been a great deal of criticism from disabled people concerning the images of disability. Their main criticism is that the stereotypical images of the disabled person are inappropriate because the stereotype fantasises the experience of disability. Morris (1991) argues that disabled people:

> must steadfastly ignore the portrayal or lack of portrayal of disabled people in the general culture. Otherwise I (we) may come to believe that the non disabled world's definition of me and my life is the real one- and my fantasy is mere fantasy (1991, p.84).

Moreover, if these stereotypical images serve as role models for the experience of disability, then the public receives a misguided message. However, in the media stereotypes are created to enable the non-disabled audience to face issues of disability without a sense of feeling threatened.

> Films possess a simplicity of form so that you can write in a naïve way as if the story has never been told before. In this, films 'resemble *seanchai* Irish mythic tales with happy endings' ... Like fairytales, you can enjoy them over and over. So whilst it is true that they need a structure of battle–plan, they need the magic we associate with fairytales even more (Mayer,1992, p.2).

It is the fear and denial of disability that underpins many of the stereotypical images prevalent in the media. Biographical films, such as *My Left Foot* (1990), are reconstructed to meet the confinements of the generic code and to meet with the non-disabled audience's expectations. For example, the romance between Christy Brown and Mary Carr (his future wife) was reconstructed to give the impression that their romance developed overnight.

Moreover, My Left Foot was set in the 1930s and thus is a reflection of the non-disabled perception of disability. This negative and otherwise degrading perception as illustrated in the film is a result of the institutionalisation of disability. In order to understand the position of disabled people both legislatively and socially within New Zealand Society it is necessary to refer briefly to historical events.

As early as the 1800s disabled people were viewed to be an issue that needed 'managing' legislatively. Institutions such as the Van Ash School for the deaf and mute opened in 1880, in Christchurch. In 1891 the Jubilee Institute was established as a residential institution for the blind in Auckland. During the establishment of such institutions, it became recognised that the disabled needed skills necessary to survive living in a non-disabled world. For example, the Van Ash Institute's prospectus included as one of its objects:

> to impart to the pupils a good moral training, and to teach them habits of industry, with a view to the increase of their own happiness, and to their

> becoming, as far as is consistent with their natural defect, useful members of society (Mitchell and Mitchell, 1985, p.8).

In the 1950s it became official policy to place disabled people into institutionalised care. This became legislation with the publication of the Aitken Report (1953) by the New Zealand Consultative Committee. This 'justified' the institutionalisation of intellectually disabled children. Parents of disabled children were encouraged by medical professionals to place their child into institutions, such as Kimberley Hospital on the outskirts of Levin and Templton Hospital south of Christchurch. They were assured that their children would receive the specialised care and treatment, which most parents felt ill-equipped to give without medical support.

One of the most significant developments to impact upon the disabled population in New Zealand was the Disabled Persons Community Welfare Act (1975) which made reference to vocational training for the disabled. For the purposes of the Act, a disabled Person was defined as:

> Any person who suffers from physical or mental disablement to such a degree that he [sic] is seriously limited in the extent to which he [sic] can engage in the activities, persist and processes of every day life (ibid p.65).

From 1975, as a result of the Disabled Persons Community Welfare Act, disabled people were de-institutionalised and mainstreamed into the community. Disabled people were recognised in the community as a minority group. Thus, the disabled population increasingly defended and promoted its own identity. Today, it would appear that society is slowly (sometimes unwillingly) beginning to acknowledge and embrace a concept of social diversity which incorporates disabled people.

During the 1990s the approach to disability has changed considerably. The majority of disabled people in New Zealand are mainstreamed into schools, tertiary institutions, and (those who can work) integrated into the work force and are living in the community, some in their own homes. However, this is not a straightforward process. Although integrating disabled people into the community has occurred for many years, it is a formidable struggle. De-institutionalisation is not a realisable goal for every disabled person, and cannot be effective without adequate funding and community support. To date, there have been continuous changes which are intended to improve the range of choices for disabled people. For example, in New Zealand, it is not uncommon to see a steady increase in disabled people attending universities and polytechnic institutions, who have a diverse range of abilities.

Disabled people now question the future of de-institutionalisation given that funding for resources and the level of income is becoming increasingly limited. Glendinning (1991) and Hudson (1991) maintain that tighter regulations on government expenditure in the public and community sectors has had (and is continuing to have) a negative effect upon the disabled community. Such regulations have resulted in the implementation of rigorous criteria that disabled people must adhere to, if community and financial support for their independence is to be retained. As a consequence, humanitarian rights such as choice, control, accountability and independence are progressively decreasing for disabled people.

The negative consequences of de-institutionalisation will continue to intensify. Earlier this year, the New Zealand First/National coalition Government, announced cuts to income benefits and rigorous guidelines to be introduced to test eligibility for the Invalids and Sickness benefits.[1] Despite these 'cutbacks', Hudson (1991) contends that disabled people favour freedom and autonomy, and therefore the key issue is not de-institutionalisation itself, but rather its implementation. As the institutionalisation of disabled people has changed, the meaning of disability has also been transformed.

As there are conflicting ideas on the correct terminology to refer to disabled people in society, it is necessary for this study to clarify the terminology used to avoid confusion. The concept of disability has undergone substantial development over the past twenty years. For example, the term 'crippled', which was once a popular term used by the medical profession and Western society to describe and label a disabled person, is seldom used anymore. This term was originally incorporated into organisations such as the New Zealand Crippled Children's Society (now known as NZ CCS), before it was deemed inappropriate by disabled people and their organisations. Changes in

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[1] Announced in a public address, mid February 1988.

terminology and meaning have occurred because Western society acknowledges that disabled people are worthy of respect and are valued members of society.

A popular or 'new age' meaning in the 1990s concerning the concept of disability, is the phrase 'people with disabilities'. Disabled writers have argued that this label is inappropriate because it reduces disability to an appendage or a tag. Sullivan (1991) argues that this term defines disabled people as abnormal and inferior. He argues that to use it indicates acceptance and approval of the non-disabled hegemony. Others have suggested that this terminology emphasises the value of the disabled person as a whole person. Wicks (1991) prefers this term because she believes that it is not the only factor that contributes to an individual's identity. The majority of non-disabled and disabled people prefer the term 'disabled people'. Disability should be celebrated not downgraded. Disabled people are increasingly owning their disabilities and demanding to be accepted for who they are, namely disabled people.

The terminology debate also takes place within a socio-political context, which points to a lack of recognition by non-disabled society to accommodate disability in terms of the physical and political environment. Thus, the disability sector promotes the idea that we all live in a disabling society. Hence the attempt is to redefine disability through the impairment/ disability dichotomy:

> Impairment is defined in the disability sector as lacking part or all of a limb, organism or mechanism of the body;
> Disability is viewed by the disability sector as the disadvantage or restriction of activity caused by a temporary social organisation which takes little or no account of impairments and thus excludes them mainstream of social activities. (Oliver,1990 p.11).

A disabling society is a society that is established for non-disabled people without any recognition of diversity, which includes disabled people . As a consequence, disabled people are excluded from mainstream society, and therefore they are transformed into disabled people in a social sense as well. Taking these arguments into account, to use anything other than the term 'disabled people' would be inappropriate. If the concept of disability is a cultural product then images of disability are also socially constructed.

Disabled people have therefore called upon the broadcasting industry to reassess its presentation of 'disabling images' in an effort to redefine the identity of the disabled person, and to endorse the social model of disability. The representation of the disability image contributes to the social perception and meaning of disability. "How a group is seen determines how they are treated" (Dyer, 1993, p.1). Disabled people believe that images of disability are inappropriate and repetitive, therefore, they are problematic because they in further disabling ways.

These beliefs held by disabled people are in response to the stereotypes prevalent in the media. To restrict this analysis to an examination of the stereotypes, which govern the portrayal of disabled people, limits the approach in exploring cultural images of disability. An examination of contemporary visual images of disability within the media should not only pertain to a critique of stereotypes; it should also consider the social constructionist approach. This approach asserts that meaning is socially constructed. Members of a culture construct meaning of objects, people or events. Social interaction shapes these meanings through shared language systems, cultural knowledge and systems of representation. Woodill (1994) argues that this view has profound implications for disabled people and it supports the view that the notion of 'disability' is a social creation. Moreover, the social constructionist approach adopts a semiotic stance which views representation as a social practice in which signs, sounds, images, people and objects function as a language to convey a meaning. In a media context, compositional aspects such as narrative structure, sequence of shots, timing, selected visual elements and requirements of various generic codes all contribute to the ways disability is represented.

Therefore, this study will seek to examine and analyse specific representations of disability in the media in order to explore the various meanings of disability in an image. From the various meanings obtained from an image, the social perceptions of disability are portrayed in the media and how this impacts upon both non-disabled and disabled audiences needs to be investigated. Another pivotal aspect concerns the way in which media images of disability reinforce or challenge the status quo. The next issue to be investigated concerns the appropriate steps towards the re-conceptualisation of the disability identity allowing the image to portray authenticity in the images of disability.

Recent developments in the New Zealand media could prove to be a stepping stone towards changing the social perception of disability in society, such as the inclusion of disabled people in prime time commercials. Perhaps the most significant development to date, is a magazine style television programme entitled *Inside/Out*. A disability group known as the *New Frontier Trust* in conjunction with a Wellington based production company *Long White Cloud Productions*, have produced the programme which aims to meet a number of objectives of providing short informative newsletters from the main centres of New Zealand. The programme also aims to present profiles of people with disabilities that are considered role models for the whole community, and reinforce the concept of the universality of disability and explore technical and medical developments of interest to people with a disability.

Events taking place in New Zealand that are of interest to disabled people and that help break down misconceptions about disability. *Inside/Out* aims to include a diverse range of short series items that examine issues, such as access, education, and community or racial differences together with monthly in-depth documentaries, dealing with issues and events in greater depth in to its format.

Inside/Out is a series that is not only designed for the interests of the disability audience, but is also made and engineered by disabled people trained in the media industry.[2] Given that such progress is possible, one additional question is asked: If disability was portrayed in the manner where the action of the narrative bears no consequence to the character's disability, then would the social barriers and stigmatisation associated with the concept of disability gradually disappear?

While this thesis is unlikely to revolutionise social perception of the concept of disability, it is hoped that this study may provide some insight into achieving an authentic image of disability which acknowledges the diversity in the nature of the experience. This research may provide the means to empower disabled people to participate in the production of images of disability, and target the producers of these images.

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[2] The producers of the programme Robyn Hunt and Bill Wrightson have disabilities and have previously worked in the media. Robyn is a trained journalist and Bill is an Editor.

CHAPTER 2: DISABILITY THEORY

The primary concern of this chapter is to introduce the arguments central to the perception of the disabled community in Aotearoa/New Zealand. The theories that this chapter investigates are vital to this thesis, as they outline the oppressive position of disabled people in Western society, and underpin the perception of disability in society. The disabling images that are perpetuated in the mass media have a considerable impact upon the social perception of disability.

These approaches are contributing factors to the perception of disabled people in society. The medical model views disability as a fault of the 'disabled' individual, and that they are in need of treatment. The social oppression model was conceptualised by disabled people in response to the medical model. Its counter argument view involves the premise that disability is socially created, and therefore is oppressive. Following this, further issues that stem from these two theories are explicated. These include the 'personal tragedy' theory, the question of normality, the idealistic concept of the perfect body, the disabled body as the site of oppression and the practice of rehabilitation as a method for correcting the disabled body. To begin with, it is essential to understand how the notion of disability has been 'created' as this will serve as a basis from which many theories of disability have evolved.

The Development of 'Disability' – Setting the Scene.

According to Sullivan (1991) the theories of disability alone do not explain why groups like disabled people are oppressed in society, or how they have become labelled as 'disabled' people. He argues that ideas and attitudes alone cannot oppress disabled people. Ideas and attitudes must develop from a base. Oliver (1990) offers an historical materialist framework as an explanation and believes that the oppression of disabled people occurred as a result of a transformation in the economic mode of production, in conjunction with the central values of Western society. In feudal and cottage-based industry disabled people participated in the workforce as much as their disability allowed them to do so. When the work industry became economically orientated factory production increased. Ryan and Thomas (1980, cited in Oliver) assert that:

> The speed of factory work, the enforced discipline, the time-keeping and production norms – all these were a highly unfavourable change from the slower, more self-determined and flexible methods of work into which many handicapped people had been integrated (Oliver, 1990 p. 27).

Disabled people were gradually excluded from the workforce because they were unable to work to the standard required to meet increased demand. Some people were susceptible to poverty because they were not able to work and the need arose to categorise people in terms of those who deserved help and those who did not. As a result of this process, some groups were identified and consequently labelled as 'disabled'. Finkelstein (1980) adopts an evolutionary perspective to simplify this materialist development. Both Oliver and Finkelstein identify the paradoxical emergence of the impairment/disability dichotomy in society. Oliver (1990) states that:

> In Phase 1 disabled people formed part of a larger underclass, but in Phase 2, they were separated from their class origins and became a special, segregated group, whereby a paradox emerged and disability came to be regarded both as individual impairment and social restriction.... Oliver (1990, p.28).

Therefore, working individuals are required to be able-bodied and able-minded, in order to operate heavy machinery. This exclusion gave cause for disabled people to argue that 'disability' is a form of social oppression. Returning to Finkelstein's model, Oliver (1990) states that:

> ...Phase 3, which is just beginning, sees the end of the paradox whereby disability comes to be perceived solely as social restriction (Oliver, 1990, p.28).

Hence disabled people feel it is necessary to conceptualise a social model of disability. This perspective they argue should be given recognition and incorporated into social structures such as the education system and policies.

Sullivan (1991) points out that placing disability in an historical context provides the materialist base on which the ideology of the disabled individual is created. This ideology views the disabled as being dependent on others, both physically and mentally. Thus, disability is commonly perceived to be a 'personal tragedy'.

Disability as 'Personal Tragedy' - The Grand Theory of Disability.

The 'personal tragedy' theory is a view which advocates of disability have recognised as the grand theory of disability. The 'personal tragedy' theory defines disability, whether it is congenital, the result of an accident, or from the onset of a degenerative illness, as a 'personal tragedy' (Oliver, 1990). In addition to this premise, the disabled person is an individual who is continually unwell, thus legitimising the need for medical intervention. According to this view, disabled people are 'pitiful victims' of tragic circumstances. It is a theory that underpins medical definitions and practices and the pessimistic, negative views of disability that the non-disabled society holds towards disabled people. The policies and institutions that govern society reflect this view. Moreover, the assumptions held towards disabled people have contributed to their identity in a non-disabled society.

Oliver (1983) suggests an explanation for the 'personal tragedy' theory. He maintains that these theorists, who could be medical professionals, imagine what their lives would be like if they were suddenly disabled and how they would cope. "A major factor in this is that these theories are in accord within the 'psychological imagination' in that theorists have imagined what it would be like to become disabled, assumed it would be a tragedy"(Oliver,1983,p.18).

This concept not only pertains to theorists, medical professionals, employers or academics but rather to everyone as a whole, including those who are disabled[3]. It is part of human nature to wonder what life offers for an individual who has undergone physical and/or mental adjustment, and how one would manage in a similar situation. Non-disabled people may imagine the worst scenario, for example:

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[3] Disabled people are included here because not all disabled individuals have endured big adjustments, as some are socialised into their 'disability'. This will be explicated later in this chapter.

> *Two years ago my mother had a stroke. When I came in contact with family friends that I had not seen for some time, they would react in a patronising way when informed of my mother's illness. They would interpret a stroke as an unbearable experience. Most commented "That's really terrible! How is she coping?" To which I would answer "Oh mum's fine. She is now driving and currently working as a field officer for the stroke foundation." This response takes many by surprise. They find it impossible to believe that someone who has endured such an experience can put it behind them and continue to enjoy life, rather than sitting at home feeling sorry for themselves.*[4]

This scenario merely reflects the non-disabled society's perception of disability. The disability as 'personal tragedy' theory underpins many of the societal discourses, which can play an influential role in the everyday life of a disabled person. The medical profession is one such discourse.

The Medicalisation of Disability

The medical model of disability maintains that the problems which disabled people endure in life are a direct consequence of their disability. Hence, disability resides in individual pathology. However, disabled people have criticised this notion by arguing that individual pathology is inappropriate. Moreover, they argue that 'disability' research which has been conducted by non-disabled people define it as 'pathology'. Thus, in order to understand the oppressed position of disabled people in society, it is necessary to outline the distinction between impairment and disability. Impairment is a restriction of mobility or lack of appendage. Whereas, non-disabled people impose 'disability' upon the impaired individual, in their attempt to classify, and monitor them (Oliver, 1990, 1996, Finkelstein, S, Stone, 1995. D, Stone, 1983, Barton, 1993).

This view suggests that 'disability' is a social problem and does not pertain to the individual.

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[4] This scenario is from my own personal experience.

The medicalisation approach suggests that disability is a problem to be managed and dealt with. The main purpose of medical intervention is to "adjust the individual to the particular disabling condition" (Oliver, 1983, p.15). However, not only is the medical profession (through its discursive practices such as rehabilitation and counselling) aiming to adjust the individual to their disability, but it also focuses on enabling the individual to live as independently as possible in a non-disabled society. Thus disability has become individualised and implies that the problem is the individual's responsibility.

Spence (1992) documents her experience as a patient, she felt her personal feelings and emotions were not acknowledged and her illness was not discussed. The point Spence makes is that 'patients' possesses no information about their 'conditions' and must follow directions, because the medical profession is more knowledgeable. Spence (1992) argues that she was controlled at various points of her treatment by the medical profession, to the point where most of the doctors, specialists and nurses perceived her to be the 'perfect' patient: one who never asks questions, and is passive. Parents of disabled children can also be expected to adhere to the 'perfect patient' model. For example:

> *My mother once commented that by her continually asking questions and being insistent upon treatment she considered in the best interests of her child and family, she was labelled 'neurotic'.*[5]

In the 1990s the medical profession embraced the concept of 'patient-centred' health, where patients and doctors work together as a team to make progress. For example:

> *I was educated at the 'School For The Physically Disabled', an institutionalised school in Christchurch. It was common practice for orthopaedic specialists to visit the school, whereby each child was subjected to a 'ritual': stripped to their underwear and subsequently examined. During this the Surgeon, the Physiotherapist and the Occupational Therapists would consult amongst*

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[5] In my medical files one surgeon had commented 'Beware of this neurotic mother'!

> *themselves. The child was seldom spoken to, and their parents were rarely present. Upon turning eleven I protested against being examined in this manner and opted to see my surgeon in his consulting rooms with my mother. Initially the surgeon resisted my proposal, because I was going against his wishes: "Rebecca should be seen at the school like the other children". Recently, while I was in consultation with another specialist I encountered a very different attitude and was asked what I would like to happen to improve my mobility. The specialist informed me that "Gone are the days where we tell you what is going to happen. You have to make an informed decision."*[6]

Today, it appears that in most doctor-patient relationships there is an emphasis on teamwork, where the patient is fully involved. Doctors appear to work on the premise that the patient knows their own body, and it is because the patient must endure tests, and surgery, that doctors are expected to support them in their decision.

Disabled people have increasingly expressed their criticism of the medical model. From the perspective of a disabled person, Brisenden (cited in Barton) argues that "we are seen as abnormal because we are different. We are problem people lacking equipment for social integration" (1993, p.237). The medical model's view of disability, it is argued, is inaccurate. The danger is that policies and practices are influenced by such assumptions. Shakespeare and Watson (1997)[7] maintain that approaches residing in the medical paradigm, such as psychology, failed to acknowledge the value of the experience of disability and the social model. They argue that it is imperative that the lived experience of disability should not be measured on a person's ability. Instead such research should encompass the social and environmental context. The approach taking into account only a person's ability would limit the researcher's perspective on disability, as the social environment creates the discrimination and prejudice encountered by 'disabled' people. The social oppression model was therefore conceptualised to accommodate such issues and as a counter argument to the medical model.

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[6] I recall a childhood memory of my experience in dealing with the medical profession. The later experience occurred as recently as this year.

[7] Shakespeare and Watson critique two studies conducted within the disability field. One conducted by Marie Johnston (1996) adopted the psychological approach and Ruth Pinder (1995, 1996) who adopted the sociological approach.

The Response: The Social Oppression Model

The purpose of the social oppression model is to acknowledge and give value to the experience of disability. The responsibility of disability is relocated from individual pathology to society. "It is not the physical and/or mental impairment that disables an individual, but the handicapping effects of a society whose interests are geared toward the able bodied population" (Erevelles, 1996, p519).

The concept of oppression is also a feature of the social oppression model. Oliver (1996) argues that disability is a form of discrimination and social oppression, and is imposed upon the individual's disabilities. Ballard (1994) states that "the experience of disability is in large part a product of the institutional practices expressed in education, health, employment and other aspects of community life" (1994,p.12). Oppression is manifested in attitudes held towards the experiences of disabled people. Barton (1993) and Ervelles (1996) argue that such attitudes and disabling practices shape the way disabled people are viewed, by the non-disabled population. Thus, disabled people are excluded from mainstream lifestyles. Evans (cited in Morris, 1991) identifies some of the assumptions held about disabled people. Disabled people:

- Crave to be 'normal' and 'whole'.
- Constantly suffer and any suffering is nasty, and to be feared and retreated from.
- Feel ugly, inadequate and ashamed of their disability.
- Are asexual or, at best, sexually inadequate.
- Only show emotion or distress due to their disability and not to the same things that hurt and upset non-disabled people (1991).

As a consequence, the definitions of disability are negative and form the underpinnings for stereotyping and stigmatisation. In addition, they impact upon the social institutions in society such as the mass media, education and law. It is these institutions which perpetuate, reinforce and legitimate the dominant ideology. In addition, the physical environment itself further enhances such oppression. Disabled activists, such as Stone

(1984), argue that not only should the physical environment be altered[8], but also social policies that allow the oppression of disabled people should be reviewed. Some of these views have changed however, and continue to change.

Barton (1993) critiques the notion of being voiceless by arguing that the reason that disabled people appear to be absent and do not voice an opinion is because the opportunity has seldom been provided. In addition, the notion of silence supports the non-disabled assumption that being disabled means no physical ability, no mental ability and no self-esteem. From the non-disabled point of view, a disabled person is dependent on others; therefore the life of a disabled person is viewed as one of misery and worthlessness. However, empowerment is not insurmountable, as disabled people can create their own voice collectively by gaining access to society.

Nevertheless, disabled people have argued that when they do get the opportunity to express their opinion, it is often assumed that they have a 'chip on their shoulder'. Spence (1992) experienced this type of reaction during one of her photographic exhibitions, which focused on her experiences with breast cancer. When she was taking down the exhibition, a couple of women helped her and asked: "Why are you so angry dear? They're doing the best they can" (1992, p.126). Spence's (1992) photographs are self -portraits of her reconstructed breast. Her work incorporates feminist politics and explores the 'structured silence' of a taboo subject. As a consequence, viewers assumed Spence was bitter. Morris elaborates on this view: "Our anger is not about having a chip on your shoulder, our grief is not a failure to come to terms with disability, our dissatisfaction is not our personality defect, but a sane response to the oppression which we experience" (1991, p. 9).

The issue here (which will be continually argued throughout this thesis) is that if an individual does not 'measure up' in terms of their physical appearance or mental ability, then the majority of Western society considers the individual to be abnormal. This idea is reinforced by images perpetuated by the media. Does the notion of normality have

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[8] In New Zealand, the Standard Access Code was introduced in (1994) to provide adequate access for disabled people to and within buildings. Thereby, disabled people could participate fully in the community including the possibility of gaining employment.

any validity given that the human race consists of individuals who have a diverse range of abilities, backgrounds, ethnicities, religions and so forth?

The Question of Normality

The medical model conceptualises disability as deficit or deviant from the norm. According to Hahn, the medical model "imposes a presumption of biological or psychological inferiority upon disabled persons" (cited in Barton 1993, p.237). It is this view of disability as being physically and mentally inferior, which has sought to justify the exploitation and exclusion of disabled people in capitalist society.

The way agents of ideology (such as the medical profession and the media) construct the notion of disability suggests that disability is deviant from the norm, thereby highlighting the notion of difference. Disabled activists, such as Erevelles (1996), argue that this view of disability uses an ideological tool for the justification of what is 'natural'. Therefore, she argues disability is assumed to be "outside of all historical frames of understanding that conditions modes of normality" (1996, p.521). Normality in this sense maybe considered is idealistic.

The notion of normality is contradictory, as there is no accurate method to measure the degree of 'normality', because this concept is subject to many interpretations. Morris (1991) suggests an explanation in terms of the experiences and physical differences of disability. She maintains that disabled people have intellectual and/or physical characteristics that define their life experience differently from the majority of the population. Morris (1991) suggests that these experiences (such as constant pain or incontinence):

> Are all part of the human experience, but they are not the norm; that is, most people at any point in time, do not experience them, although many may experience them at some point in their lives (1991,p17).

It is because many non-disabled people have never endured such experiences, this can contribute to a lack of understanding of disability.

Barton (1993) suggests that being non-disabled is perceived to be the acceptable criterion of normality, whilst being disabled effectively means abnormal. A Foucauldian analysis suggests that technologies of observation and examination are methods to define whether the body is normal or not. The body must adhere to identifiable norms and Foucault (1980) suggests that the body is constantly under surveillance to ensure this. Experts, such as medical professionals, use the technology of observation and examination to determine whether a disabled body meets the norm, and subsequently subject it to rigorous disciplining (treatments) that dictate how the body should function (Foucault, 1980).

Spence (1992) talks about her struggle for normality. From her experience, she believes that even if a patient is sick or has a disability, there is an unconscious pressure to appear normal, because people, in general, have difficulty in dealing with 'abnormal'. French philosopher Foucault (1979) offers an explanation. He suggests that:

> ...the judges of normality are present everywhere. We are in the society of the teacher–judge, the doctor-judge, the educator-judge, the 'social worker'-judge; it is on them that the universal reign of the normative is based (Foucault, 1979,p.304).

Here, Foucault is suggesting that normality is the core ideology, and if a person does not comply with the ideologies set down by the educators and professionals of society, then that person is inferior. In our society it is part of human nature to judge others at face value, where physical appearance takes priority over other characteristics, such as intelligence. Sullivan (1996) applies these Foucauldian principles to the experience of disability: "The judges of (ab) normality are everywhere: the social worker, the rehabilitation officer, the occupational therapist, the income support services officer and so on..." (1997,p.23). Hence, the disabled body is constantly under surveillance and controlled through discursive practices, such as rehabilitation.

In other words, the non-disabled hegemony dictates to disabled people that in spite of their physical differences they must imitate as much as they can what is considered to be normal behaviour, normal function and normal appearance. This applies to every individual, as imitation is a natural aspect of human behaviour. "Each individual wherever he may find himself, subjects [the normative] to his body, his gestures, his behaviour, his aptitudes, his achievements... [sic] The carceral texture of society assumes both the real capture of body and its perpetual observation..." Foucault (1979, p.304). In the context of disability the expectations of non-disabled people and disabled individuals themselves are more intense. From my personal experience and in light of the assumptions regarding the concept of disability, that the majority of non-disabled people may have an idealistic perception of the way a disabled person should behave. Some non-disabled people, in particular the older generation, believe that disabled people are not capable of independence or employment. For example:

> *I was at a party one evening and introduced myself to two women. Then one of them turned to me and said: "So Rebecca, How are things at Ryder Cheshire[9]?" Unbeknown to her, I live independently in my own home.[10]*

On the other hand, the only way a disabled person can gain acceptance into the non-disabled world is to emulate normality. For example:

> *In the process of finding employment, disability advocates advised me against any mention of my disability in my curriculum vitae, for fear of not gaining an interview. I have to pass for 'normal' in order to succeed in life, and thereby deny my own self-identity[11].*

Morris (1991) asserts that "some non-disabled people who seek to promote the rights of disabled people insist that they are just like you and me" (1991,p.33). Morris argues that disabled people are not 'just like' their non-disabled counterparts because they have differences which distinguish them from the rest of the population. Therefore, the experience of disability is exclusive to one marginalised group. From a disabled person's perspective, differences should be celebrated and not downgraded. But in response to the above comments outlined by Morris (1991) there are some activities

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[9] Ryder Cheshire is an 'institutionalised-style' home for disabled people in the Palmerston North community. Some residents live in their own flat, others share accommodation, depending on the degree of disability. Twenty four-hour care is easily accessed should residents require it.

[10] This is a scenario from my own personal experience.

[11] This is a scenario from my own personal experience

disabled people can and cannot do - just like everyone else. For example, the foot and mouth painters group based in Auckland. Not everyone can paint, let alone paint with their mouth or feet. The medical model must begin to focus on people's abilities (i.e. how well something works) rather than their inabilities. The practice of rehabilitation is what Foucault (1979) would refer to as a 'discursive practice' of the medical model, in that the disabled body undergoes a rigorous regime aimed at getting the disabled individual well and into the workforce.

Rehabilitation – The (re)-conditioning of the disabled body.

Within the medical discourse, discursive practices such as rehabilitation were developed with the intention to make the disabled person 'able', for example:

> *When I returned to Christchurch, after a ten-year absence, I contacted my Physiotherapist. I informed her of what I had been doing and my achievements to date including obtaining my degree. After some time she said: "Rebecca, I have to ask you, as your Physiotherapist, are you walking yet?"*[12]

My physiotherapist's response was a reflection of the discourse that was present at the time she was trained. The children under her care were subjected to an intense disciplining of their bodies. They were required to wear uncomfortable splints and callipers for the purpose of straightening and correcting their deformities. These occupational and physiotherapy regimes were given preference over education.

From an economic point of view, it does not matter if a patient is cured, as long as their condition is held in check, enabling the patient to operate in the workplace. If getting a job is an unattainable goal for a person, then the purpose of rehabilitation is to help them adjust emotionally and physiologically to their loss of ability. If the disabled person is unable to obtain independence (that is, being able to look after their physical needs without any assistance), then they are coaxed into accepting assistance either in their own home or institutional environment. It is a credible reaction for the patient to

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[12] This is a scenario from my own experience.

refuse any help at all, especially if the person had complete independence, before the onset of illness or accident, because accepting the changes to their lifestyle can be a long and lengthy process.

The hegemonic assumption predominating within the practice of rehabilitation suggests that the disabled person has suffered a loss (Oliver, 1983). 'Loss', however, is problematic for disabled people with congenital disabilities that is, disabilities which occurred during or shortly after birth. Such an approach focuses on the individual accepting their disability, and accepting that their life will be considerably different. It claims that people who have suffered a spinal cord injury or debilitating disease will experience shock and denial. Such emotional experiences are considered part of the process of adjusting to the 'loss'. This notion excludes those individuals with congenital disabilities, as they are socialised into their disability.

Where disabilities such as cerebral palsy and spina bifida are concerned, anger and frustration are not projected towards others who may be a reminder of the 'loss'. Instead anger occurs from a desire to be active like non-disabled people. Simultaneously acknowledging that the desire may never be achieved.

> *As a child, my parents were often confronted with questions such as "Why can't I run like other kids?" Going through adolescence, the questions became "Why don't the other kids in my class accept me, for me?"*[13]

Hence, my feelings of anger and frustration stem from my own awareness of my difference and the desire for acceptance from the non-disabled population.

The medical model implies that a person's complete adjustment to their disability is unattainable. New situations continue to arise, and the disabled individual is often expected to accommodate them. From my own experience this is not a straightforward process and the way an individual deals with new and unexpected scenarios is very important. For instance:

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[13] This is a scenario from my own personal experience.

> *My boarder used to do shift work, which meant he would arrive home very late. He would bring friends home and they would go out clubbing. Often I had been put to bed before they all arrived, and I'd lie there desperately wanting to get up and join them, but because of my disability was unable to, and I would get frustrated. This continued for two months before I discovered a solution: I slept in my clothes*[14].

Therefore, disabled people are not homogeneous. Barton (1993) argues that individuals will be at different stages of self-pride and dignity. Some may be bitter towards their disability, whereas others will focus their time and energy elsewhere. Others may have actively learned to accommodate their disability and are able to achieve goals in spite of adversity. Others may never experience any bitterness. 'Adjustment' is a personal and individual process and for some people rehabilitation is a life long process. The notion of 'adjustment' and disciplining of the body not only applies to the disabled body. Society expects every individual to pursue the image of the perfect body.

The 'Perfect' Body – An Oppressive Struggle

Ideas of normality, abnormality, perfection and imperfection of the human body are articulated via agents of ideology, such as the education system, the medical profession and the media. Such societal structures promote the desire, or necessity to be and to have 'normal', healthy, perfect bodies. In Western culture, bodily perfection is an idealistic concept that many humans strive to conform. Western society is trapped in a consumer culture where 'the body' is the object of voyeurism. Magazines, advertisements and film consume society, promoting the image of the attractive, healthy, active body. Moreover, 'the look' of the body is endorsed by commodities such as clothes, appliances, food and cosmetics (Featherstone, 1983).

Stone (1995) the underpinnings of the hegemony of the perfect body. Stone (1995) refers to these ideas as 'the myth of bodily perfection'. She begins her analysis by suggesting that the ideal goals for perfection, prevailing in Western society, can be traced back to the myths of Ancient Greece. Stone (1995) argues that Christian beliefs

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[14] This is a scenario from my own personal experience.

underpin the human desire for bodily perfection. The notion of the perfect body is rooted in the Christian view that God created man [sic] in his own image and therefore, evolved from flawlessness and supremacy. As Munford (1995) suggests the body has become "a site of struggle" (1995,p.42). This has even bigger implications for disabled people, particularly the images of disability perpetuated where 'disabled bodies' are deemed sub-human.

Spence (1992) suggests that society has an idealistic view of what is deemed to be 'the body.' That is, 'the body' is preferably: white, tall, slim, with good muscle tone, with a healthy complexion, and of course, non-disabled. The perfect body is promoted as an attainable goal by women's magazines and advertorials on television. Moreover, such advertising imposes an onus on the individual to take responsibility for maintaining their bodies and promotes the possibility of including a balanced diet, a beauty ritual and a fitness programme into one's working day. Western society in general, appears to have a 'moral panic' towards being immobile, ageing and being overweight, given the influx of advertising and imagery of exercise equipment, anti-ageing products, beauty products and weight management programmes. Therefore, the notion of 'the body' is grounded in a paradigm of humanity as young, healthy and voluptuous.

> Our society creates an ideal model of the physically perfect person where people are unencumbered by weakness, loss or pain; it is toward this distortion of perfection that we all strive and with which we all identify. This denial of the existence of imperfections is an acceptable form of behaviour and attitudes (Lessing cited in Stone, 1995,p.416).

The concept of the 'perfect body' is oppressing every member of society, as every person has certain characteristics such as age, height and bone structure that cannot be controlled. Featherstone (1983) suggests that as humans we are constantly judging ourselves on our appearance, comparing our looks in photographs from our past, and idealised images of the human body that are prolific in the mass media. He asserts that "Images invite comparisons they are constant reminders of who we are and might with effort yet become" (1983,p.22). Images of the flawless, perfected non-disabled body make any individual more conscious of their external appearance.

For disabled people the implications are more oppressive. The majority of disabled people, as members of society, are aware of the current trends and take pride in their physical appearance. It is because most are limited in their ability to exercise to improve their physical appearance to society's standard of 'the look' that the oppression felt is intensified as a physical appearance is inextricably linked to being accepted as a person. Featherstone asserts that:

> With appearance being taken as a reflex of the self, the penalties of bodily neglect are a lowering of one's acceptability as a person, as well as an indication of laziness, low self esteem and even moral failure (1983, p.26).

Hence disabled people have an on going struggle to be completely accepted, unless the concept of diversity is given higher status encompassing physical differences and these would be acceptable.

Images of the 'perfect' body in the media continue to reinforce society's obsession with 'looking good and feeling great'. Just as the 'perfect body' image is an idealised stereotype, so too is the media's portrayal of disability. Disabled people such as Hevey (1992) argue that the image of disability perpetuated by the media is constructed in a manner deemed appropriate by the non-disabled public. In other words, images of disability, which are accepted and internalised by the non-disabled public, are idealised images. Such images can be considered 'disabling' as they support the continuing oppression of disabled people.

In conclusion, disability is a form of oppression experienced by disabled people. It is this fact that needs to be given recognition in the modern, non-disabled society. The medical model, the education system, legislation and the media industry have all contributed to the structured identity of the disabled person. Gradually, disabled people are collectively working towards deconstructing such barriers.

CHAPTER 3: MEDIA THEORIES

Representation involves the production of meaning and the construction and circulation of meaning by the media. Media representations allow audiences to make sense of their world and their relationships with other people. Understanding how such images produce meaning, for the audience to interpret, has profound implications for the cultural images of disability. An insight can be gained into the conceptualisation of disability by exploring the production of meaning. The production of meaning, through representation, reveals the power dynamics of the media, where two opposing meanings (dominant hegemonic and counter-hegemonic) are produced and circulated within society. This provides the scope and possibility for the creation of an alternative meaning or image. Further, the application of the semiotic model enables the understanding of the creation and stigmatisation of disability as difference. The element of disability as difference is manifested in the stereotypical images constructed by the media. Although such stereotypes are scrutinised by disabled activists for their inaccurate portrayal of disability, they still remain the most popular form of representation. The way the media reconstructs reality and how the audience interprets it, needs to be understood before an alternative image of disability can be created, which may contribute to a change in the social perception of disability.

Representation connects meaning and language to culture. It can be described as a reference system because it is symbolic of a physical or imaginary object. For example, a rose is simply a flower. However, in Western culture the concept of a rose, is used to express emotion between two people. Red roses symbolise true love, yellow roses represent friendship and white roses represent admiration. This example illustrates the constructivist approach to representation. The red rose has been given the meaning of true love by Western culture. The red rose itself, is not 'true love' in its physical form. Red roses signify 'true love'. In the context of visual images, the function of representation serves to symbolise or portray a meaning or concept perpetuated by a visual image. What does the notion of 'disability' stand for, or substitute in 'disabling' images? A thorough examination into the nature of representation is required before an answer can be provided.

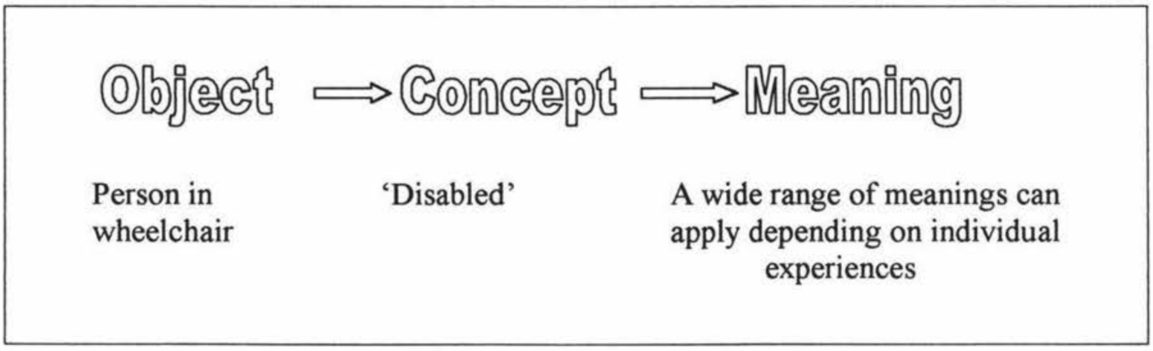
The Nature of Representation

Representation is concerned with making sense of society in terms of how members of a society perceive each other, and the meaning of events and objects. It involves a complex process whereby meaning is produced and exchanged by participants of a particular culture and society. It is a method of communication (oral, written, audio, or visual) which enables individuals to express ideas and understand each other. Representation is carried out unconsciously in an individual's mind through what is referred to as a system of representation. A system of representation is defined as "...different ways of organising, clustering, arranging and classifying objects, and of establishing complex relations between them" (Hall, 1997, p.17).

The production of meaning, together with a language of signs, constitutes what Hall (1997) refers to as two related systems of representation. These systems are identified as mental representations and language. Insights can be made into how an object gains meaning from an investigation into the two systems of representation, which operates as a language of signs to communicate concepts and meanings. The relationship between the object and the concept, which creates meaning using language (signs) can be understood by investigating these systems of representation. It is the relationship between these elements, which constitutes the process of representation.

The following diagram (figure 1) illustrates one of two systems of representation, that is, *mental representation,* which Hall (1997) identifies.

Figure 1:



This diagram illustrates how meaning is produced through the system of mental representation. When the object seen is a person in a wheelchair, the concept 'disabled' arises and then meaning is attributed to the object. Morris (1991) documents the first impressions of students when they heard the words 'disabled woman'. Some of the responses included: angry, lonely, sick, dependent. However, opinions vary and people whether disabled or non-disabled may view a 'disabled person' more positively, for example, happy, out-going, intelligent.[15]

Both systems of representation (mental representations and language) are employed as a classification system. Some of the factors used to classify concepts, objects and abstract ideas, and the relations between them are properties such as size, colour, weight, length, ability, similarities and differences. A simple example of a classification system is that dogs and cats are similar, as they both belong to the animal kingdom, both can be kept as pets, and both are usually covered in fur. Dogs and cats are also different in terms of species, skeletal structure, eating and grooming habits. Hall (1997) refers to these relationships or networks as conceptual maps.

Conceptual maps include assumptions, popular attitudes, knowledge and beliefs that shape the culture within Western society. Thus, each member of a culture interprets the world in similar ways "Just as people who belong to the same culture must share a broadly similar conceptual map, so they must also share the same way of interpreting..." (Hall, 1997, p.19). Hall asserts that conceptual maps describe the complex organisation of ideas and concepts. It is from this classification system that meaning can be obtained. Hall describes the relationship between meaning and mental representations:

> Meaning depends on the relationship between things in the real world - people, objects and events, real or fictional - and the conceptual system, which operate as *mental representations* of them (1997,p.18).

Thus, mental representations are a process whereby meaning is attributed to an imaginary or physical object through individual cognitive thought processes. However,

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[15] These meanings are based on my interactions with non-disabled people.

this system of representation is not only a matter of perception, but is a complex process, where concepts are classified in human thoughts, according to their relationships with other concepts and their place within the conceptual map.

Language is the second system of representation and crucial to the production of meaning. Hall (1997) asserts that the meaning of a concept cannot be completely understood through cognitive thought processes alone, as communication is essential to exchange ideas and express meaning. The function of language is to interpret concepts and ideas into spoken words and visual images. However, in this context the concept of language is not always linguistic, as facial expressions, gestures, sounds and visual images communicate meaning through signs. "Signs are any aspect of our world that communicates a message" (Woodill,1994,p.204). Woodill (1994) argues that language that is spoken and written is the most important system of signs for human beings to communicate and reciprocate ideas.

An example of how a sign conveys meaning can be illustrated with the universally recognised symbol[16] denoting 'disability':

Figure 2

This symbol of a person in a wheelchair is commonly used in car parks, shopping centres, office buildings, public toilets, directory maps and other public places in many Western countries. In addition, the symbol represents 'disability' and the 'disabled'

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[16] A simple distinction between a sign and a symbol is that a symbol represents a concept and/or object, whereas a sign is designed to inform incorporating a symbol, thereby transmitting a message (figure 2).

community. In New Zealand, organisations associated with disability have adapted and/or incorporated the above symbol into their logos. For example, the logo for the New Zealand Disabilities Resource Centre[17]:

Figure 3

Saussure (cited in Hall, 1997) argues that there are two important elements associated with a sign, that is, the *signifier* and the *signified*. The way these function can be applied to figure1. Saussure refers to the object as a form (i.e. word or image) and defines his notion of the form or object as the *signified*. Linked with the *signified* is the idea or concept, which Saussure defined as the *signifier*. These two elements together constitute what Saussure terms a sign. As illustrated by figure 1 both are essential in the production of meaning. Thus, Saussure saw the sign as being the union of the signifier and the signified. Figure 2 illustrates that meaning therefore exists in the sign.

Representation – The Production of Meaning through Language

Signs serve as a 'language' that communicates a certain meaning, which is then interpreted by any person. In the process of understanding meaning, any person is informed that wherever they see this sign (figure 2), they know that there are accessible facilities available to cater for the basic needs of a 'disabled' person. However, the interpretation of meaning is not always a straightforward method of exchange.

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[17] NZDRC is a centre based in Palmerston North that caters for disabled people nation wide. They supply

Hall (1997) claims that the relationship between the sign and the meaning loses clarity as the reality of the object is questioned. For example, figure 2 looks like a 'disabled' person, but is not actually a person in a three dimensional, physical form. Moreover, a cartoon of a 'disabled person' in a wheelchair is not real. Similarly, a photograph of a disabled person in a wheelchair may further question the 'realness' of the object. It is real in terms of the fact that the photograph is an actual person and even more real in comparison to figure 2 or a cartoon, yet it is not real in terms of the fact that it is not three dimensional, only a visual image of a wheelchair. Thus, as the relationship between meaning and sign loses clarity, the meaning becomes subject to many interpretations.

Signs can be divided into two categories: iconic and indexical. Iconic signs (such as a photograph, cartoon, or for example, figure 2), bear a close resemblance to the object, person or event they represent. Indexical signs are spoken or written words and do not resemble the object they stand for. In other words, the sequence of the letters w-h-e-e-l-c-h-a-i-r spells the word wheelchair, but does not resemble the physical object of a wheelchair. When people who speak English recognise the word they automatically know what the word wheelchair refers to. Moreover, indexical signs are open to cultural interpretation in that if the word wheelchair were written in another language, the different word would still resemble the same object.

Members of a culture, who share the same language and conceptual map, know that the English word 'wheelchair' corresponds to the object resembling a chair with wheels and not an animal with wheels, because every person possesses 'cultural knowledge'. Each member of that culture has absorbed this 'cultural knowledge', through socialisation[18] and social conventions. They learn to become social people, and participating members of the culture in which they are born. 'Cultural knowledge' dictates the place every member, object, thought (concept) and sign hold, and the relationships between them. 'Cultural knowledge' governs and correlates that relationship between conceptual maps and language to produce meaning. Hall (1997,p.21) suggests that members fix meaning through their 'cultural knowledge' and their social conventions:

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and modify a diverse range equipment from household aides to vehicles.

[18] Sociologists have identified four agents of socialisation: family, media, education and peer groups.

> The meaning is not in the object or person or thing, nor is it *in* the word. It is we who fix the meaning so firmly that, after a while, it comes to seem natural or inevitable.

Hence, life exists without meaning, until members of a culture apply meaning to events, objects and concepts and then subsequently interpret their meaning through the application of 'cultural knowledge'. While meaning appears to be fixed where people can understand and communicate with each other, Saussure argues that meaning is never absolutely fixed. Meanings can undergo several transformations, not only due to cultural differences, but also due to historical events altering the conceptual maps of the culture, allowing people to re-classify their world differently. Terms of reference are always changing especially in the interests of 'political correctness'. Hall (1997) argues that even when words stabilise, their meaning can develop new connotations or points of reference, for example:

> *In the 1970s I was diagnosed as spastic quadriplegic, a type of Cerebral Palsy. The word 'spastic' was widely accepted as a medical term at that time. Today that same word has different connotations associated with its terminology in society. Recently, I was a participant in a twelve-year-old's science project. She was required to carry out a personal profile on me. I told her what disability I had, using the terminology given to my parents. Later, the twelve year–old's mother reported that she did not want to include the word 'spastic' in her project, because it was used as a derogatory term amongst her peers and was concerned that I would be offended by comments from classmates.*[19]

Thus, signs are open to change through changes in discourse and discursive practices. Hall (1997) argues that it is important to consider the "way language unifixes meaning breaking any natural and inevitable tie between signifier and signified" (1997, p.32). These changes impact upon representation due to the alteration of meaning as a consequence of the change in discourse, which allows representation to convey new meaning and interpretations.

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[19] This was from a recent personal experience with one of my friend's children.

'Cultural knowledge' exists in culture and society in the form of 'codes'. Codes have two important functions in the production of meaning: one, they fix meaning to objects, concepts and signs, and two, codes serve to translate the relationships between the shared language and conceptual maps. For example, individuals of Western culture know that figure 2, also corresponds to a wheelchair, and understand the meaning that this symbol carries. They also know that wheelchairs give a 'disabled person' a greater degree of mobility. Hence, codes enable members of a culture to communicate effectively, by expressing meaning between two or more people through spoken and written words. Hall demonstrates how meaning is exchanged between people through codes:

> Codes make it possible for us to speak and to hear intelligibly, and establish the translatability between our concepts and our languages, which enables meaning to pass from speaker to hearer and be effectively communicated within a culture (1997,p.21).

This process is unconsciously carried out between individuals as they do not actively select the concepts, signs and codes used in conversation, yet each participant of a conversation understands the meaning of what is being said or heard. This is because codes and their meaning are unconsciously internalised by the members of a culture. Individuals express meaning and ideas and interpret them through their systems of representation.

In the context of media, representation can be defined as:

> The ways images and language actively construct meanings according to sets of conventions shared by and familiar to film makers and audiences (Swanson, 1991,p.123).

Thus, there is a relationship between the producers of the media and the spectators, where a message constructed by media producers is received by the audience. Media conventions have become embedded within the cultural knowledge of a society whereby an audience automatically knows what to expect, and the producers behind the media images also expect their audience to respond in a particular manner. However, in the context of media, the process of representation is not limited to the simple transmission of meaning that exists within an image, "It implies the active work of selecting and presenting, of structuring and shaping...the more active labour of *making things mean*" (Hall, 1992, p. 64). When looking at a media text in an analytical context, the term *codes* refers to compositional aspects such as setting, props, non-verbal communication, and dress style. There are also technical codes of composition, such as camera angles, lighting, sound, narrative style and the use of space within the frame. Such elements are implemented in a scene or media text for the purpose of constructing a meaning for the audience to interpret (Dyer, 1993). The way a film is constructed can occasionally limit the audience to only one interpretation of the meaning. For example, the psycho-thriller *The Vanishing* (1993) illustrates this point, where the main character experienced claustrophobia, as did the audience due to the way the scene was constructed.

The essence of meaning conveyed within the scene can be located in the compositional aspects. Such aspects are pivotal as they provide another exploratory approach when applied to Ferdinand de Saussure's semiotic model and have profound implications for examining the dynamics of representation and the future development of the disability image.

Semiotics and the issue of Difference

The work of Swiss linguist, Ferdinand de Saussure, provides a greater understanding of the dynamics of representation. Woodill (1994) asserts that the semiotic approach examines the origins and meanings of disability and provides the roles of communication, construction and maintenance of the dominant concepts of disability. He believes that previous analysis of the social construction of disability lacks depth because it does not show how:

> Western society's view of disability is rooted in the ways we communicate with and about our bodies and the way language and myths have historically conditioned our views of what it means to be disabled (Woodill 1994, p.203).

In other words, Woodill (1994) believes that the communication and circulation of language, helps to create and generate the concept and discourse of disability in society. Hence, the semiotic approach is beneficial because it critiques the construction of the images of disability to reveal the originated meaning and explicates how the perception of disability is 'invented' by culture.

The semiotic approach argues that all cultural practices are crucial to the production of meaning, and signs are used to enable communicated messages to be understood. Therefore, signs must work as a language. A text is constructed in a particular way to convey a particular meaning, through the use of camera shots, action, colour, lighting techniques and the position of actors, which operate in a text as signs to suggest meaning to the audience. The semiotic approach does not concern the action of an image but questions the meaning of the action within a soap opera, film, news item or advertisement. The semiotic approach examines the generic codes limiting the way television programmes or films produce meaning. This model can be explicated in the psycho thriller *The Hand That Rocks The Cradle* (1992). In the opening sequence of the film, the shots of the interior of a home, function as signifiers indicating the message that the peace and security the home represents will be disrupted and will never remain the same (signified). The semiotic approach suggests that in order to identify a meaning or interpretation from a film, signifiers are used, as well as the structural components of the generic code, which convey a meaning to the audience for their interpretation.

The way individuals are able to recognise differences between objects and language is important to Saussure (1997). A system of difference is fundamental to the production of meaning because upon the recognition of difference, the meaning of an object or sign may alter completely. Thus, differences function as signifiers. In Saussure's view it is not the blueness that identifies the colour blue, it is the difference between blue and yellow that identifies the colour as blue. Hall (1997) asserts that an example of how difference can signify is using binary opposites: good/evil, black/white and male/female, non-disabled/disabled.

However, the notion of difference as a signifier, can be interpreted at another level. Not only does the binary relationship of non-disabled/disabled signify difference, but a range of 'signs' can also determine disability and more specifically the type of disability. Woodill (1994) argues that:

> ...Wheelchairs, white canes, and hearing aids are physical devices that mark a person as having a disability in our culture. Other signs are also visible, but more ambiguous such as dark glasses, 'bizarre' behaviour, and differences in speech (Woodill, p.205).

Woodill (1994) asserts that due to the ambiguous nature of some signs, they are open to many interpretations and may need an additional set of signifiers to fully understand the meaning or messages. In other words, when a disability is less visible or hidden, it becomes more difficult for the person (non-disabled or disabled) to accept, when that disability is revealed. For example:

> *When advertising for flatmates, I exclude my disability. When people ring inquiring about the flat, I deliberately refrain from informing them of my physical disability, for fear of rejection. It is because my speech is articulate, that prospective flatmates naturally assume that I am 'normal'. That is, until I open the front door, where most are taken by surprise, as my wheelchair is the last thing they expect to see. Having realised that I am not 'normal' and the 'truth' about my identity is known, then more often that not, the attitude of the prospective flatmate will change. Their first impressions from our phone conversation are invalid. In some instances, the prospective flatmate does not know how to 'handle' me and is no longer interested in the room for rent.*

In exploring this experience in semiotic terms, the object of my wheelchair signifies, my difference, my disability signified. The fact that I am not 'normal' in the physical sense has been 'marked' by my wheelchair. Hall (1997, p.230) argues "Difference signifies. It speaks". Objects in an advertisement, news item or film can also act as signifiers. The employment of a wheelchair, denoting disability for example, is used to signify and represent difference and explore certain issues. Hall (1997) argues that when exploring the function of an object as a signifier, an analysis should be conducted in a cultural context rather than a linguistic one, in order to understand the process of meaning production through representation. The object and its meaning can be applied to broader cultural themes and meanings. For example, the deployment of disability in a media text exits in two forms: metaphors and stereotypes. Kent (1987), Morris (1991) and Longmore (1987) suggest that the functions of images of disability in the media are to serve as metaphors or melodramatical tools, the non-disabled public can explore their concerns or fears.

The employment of disability as an element of difference portrayed by the media has recently been scrutinised. Disabled people have called upon the broadcasting industry to reassess its presentation of 'disabling images' in an effort to redefine the identity of the disabled person, and to endorse the social model of disability. Disabled people have increasingly argued that images of disabled people are inappropriate and repetitive, therefore, they are problematic. Dyer (1993, p.1) asserts that "how a group is seen determines how they are treated". Thus, the way oppressed groups such as disabled people are represented contributes to the ways these groups are viewed and treated by other people. Social conditions, attitudes towards others and beliefs "are shored and instituted by representation" (Dyer, 1993,p.1).

The issue of cultural imagery and disability has been largely ignored rather than explored, and therefore does little to endorse the development of the social model of disability. Of the material available in this area, one particular argument predominates, namely that, disabled people have argued that the *way* they are represented in images is inappropriate and often is unrealistic. Thus, they argue the general public receives a misguided message concerning disability. Moreover, the general non-disabled public continues to remain misinformed regarding the lived experience of disability. Such images "are positively unhelpful in providing role models for disabled people and in breaking down the prejudice among the rest of the population" (Oliver, 1990, p.62). However, some non-disabled broadcasters in New Zealand challenge this and recognise the need to change the media's presentation of disability.

Just as 'disability' is a social construction, the images representing disability in mainstream media are also a cultural product, hence the term 'disabling images'. The media tend to reflect the dominant view of society, to guarantee ratings and expected profit margins. Hence the employment of stereotypes of disability such as: the object of pity, horror monsters and the 'super-cripp'[20] are utilised to enable the audience to deal with sensitive issues they are confronted with when such a stereotypical image is screened.

Stereotypes – An inaccurate portrayal of the disability experience

A stereotype is a label used to describe the appearance or behaviour of a group of people. Stereotypes exist in the form of characteristics and are the most popular form of representing the difference of an oppressed group. Hall (1997, p.257) argues that "stereotypes reduce people to a few, simple characteristics which are represented as fixed by nature". In other words, the signifiers, which mark the difference of a person (such as a wheelchair or hearing aid), are internalised and popularised through stereotypes. They are naturalised to the extent that they are not even questioned. Stereotypes have been criticised because of their 'negative' application. In the context of stereotypes popularised by the media, disabled people have argued that the stereotypical images misinform the non-disabled public about the lived experience of disability.

> *Disability is often featured on New Zealand television. Usually it is represented by highly visible, severe disabling conditions and is presented in a sensational and emotive way that can distract from the real experience of living with disability.*[21]

Barker (cited in O'Sullivan, Dutton & Rayner, 1996) challenges the negative perception of stereotypes. He objects to the argument that stereotypes misrepresent 'reality'. The true function of a stereotype (which is to enable members of a culture to make sense of their world and their place within it) is not acknowledged if it is referred to as a label (Hall, 1997). Dyer (cited in Hall, 1997) argues that the characteristics of a person

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[20] 'Supercripp' is a term used to describe the over-coming all odds stereotype.

[21] Quoted from the Inside/Out pilot video

provide information about them, and what roles they perform, and this information is built up out of the information accumulated from placing them into categories. In spite of this, the usage of stereotypes is viewed to be derogatory towards the group it is intended to categorise.

The role of stereotypes in media representations is often to reinforce the dominant-hegemonic view. This is for reasons of commercialisation and audience ratings. The broadcasting industry thrives on these factors for economic reasons. Therefore, stereotypes are constructed rather than exist in individual characters. O'Sullivan, Dutton and Raynor (1996) point out that stereotypes function to reinforce the impression of naturalness because they do not show any contradictions in the representations.

Disabled people are opposed to their depiction in charity advertising, arguing this means of representation creates a culture of dependency, and undermines disabled people as autonomous human beings. Nordon [22]identifies seven stereotypes to classify the image of disability:

(i) the high-tech guru, disability is conquered by technology
(ii) the elderly dupe, an old disabled man or woman is the butt of other people's jokes
(iii) the civilian superstar, the man or woman who always overcomes their disability on the way to success
(iv) the noble warrior, disabled by war, our hero returns to continue the fight against injustice and prejudice
(v) the obsessive avenger, who seeks revenge upon society for his [sic] disability
(vi) the comic mis-adventurer, who finds fun and laughter in disability
(vii) the saintly sage or sweet innocent, a sweet blind or deaf character whose intuition wins the day

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[22] Quoted from Inside/Out video

However, there are two stereotypes, which are prominent in the portrayal of disability. These are the charity stereotype and the 'super-cripp' stereotype. In response to these stereotypes Sullivan (1993, p.266) argues that:

> ... the depiction of helpless and pitiable people, especially cute children, could always be depended upon to get the charity dollar... fundraisers confront us with the equally demeaning image of a 'super cripp' heroically confronting and coming to terms with her [sic] ... 'challenge' ...

One of the biggest fundraising events for various charities in New Zealand, has been Telethon. "Telethon is the ultimate lump in the throat spectacle; the bigger the lump, the bigger the cheque" (Morris, 1991, p111). Sinclair (1992) documents the way television manipulates disability to encourage the non-disabled and disabled public to donate:

> [Producer] ...On the word 'love' I want you to choke up.
> [Frontman] 'I don't do tears' ....
> [Advertisement dialogue] *'for your* love. *And now there's someone special I want you to meet, a little lady who really needs that love. Over the next twenty-four hours I know that you, as I have, will take her into your hearts....'*
>
> The child's left leg seemed to have been put on back to front. It dangled after her in a calliper as she swung herself between two tiny crutches...Apart from this defect; she was the dream of blondness and cuteness...
> [Producer] 'Give us a little sniffle, sugar'
> [Child] 'No I've got my eyeliner on'...
> [Producer] 'Cry, God damn it!' (Sinclair, 1992, p.11).

Disabled people object to constructed images such as these because non-disabled people have fewer accurate references from which to make sense of the reality of disability. These non-disabled references shape the images of disability portrayed to the audience.

Thus disability activists such as Cahill (1991), Morris (1991), Longmore (1987) and

Hevey (1992) argue that the non-disabled population defines the experience of disability. Morris (1991) argues that disabled people "must steadfastly ignore the portrayal or lack of portrayal of disabled people in the general culture. Otherwise I (we) may come to believe that the non disabled world's definition of me and my life is the real one- and my reality is mere fantasy" (1991, p.84).

Another stereotype which disabled people object to is the "overcoming all odds" or 'supercripp' stereotype. Disabled people believe that this stereotype over-sensationalises the every day achievements of disabled people. Patston[23] believes that his disability overrides the fact that he is a professional comedian. Yet this stereotype also can have a positive impact. Morris (1991) believes that to see a disabled individual succeeding in life, in spite of their physical disability, helps to eradicate the fear of disability. Evans (cited in Morris, 1991, p.101) argues that:

> The status quo likes us to be seen to be "fighting back", to resent and bewail that we can no longer do things their way. The more energy and time we spend on over-achieving and compensatory activity that imitates as closely as possible "normal" standards, the more people are reassured that "normal" equals right. If we succumb to their temptations they will reward us with their admiration and praise.

An example of such admiration and praise is:

> *During my graduation, a newspaper reporter said to me: "Look what you have done for other disabled people" and asked me if I saw myself as a role model. I felt as if my 'story' was being constructed within a stereotypical image that conflicted with my reasons for completing a degree. I challenged the reporter by telling her that I did not study for the benefit of others, or 'to be' like other people. I studied to improve my capabilities and my education.*[24]

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[23] Quoted from *Inside/Out* pilot video

[24] This scenario is from my own experience

Nordon believes that the stereotypes of disability can negatively influence public attitudes in the guise of entertainment. Biklen (1987) argues that even though the media has an influential power in shaping the views of society and how people should conduct themselves, he argues that the media has the ability to challenge the dominant view. However, he points out that this does not necessarily mean that the media will set out to undo the prejudices held towards minorities. These ideas can be explained in reference to Gramsci's hegemonic theory.

Gramsci's conceptualisation of hegemony is the "winning of popular consensus through every day cultural life, including representations of the world as well as other social institutions such as education and the family" (O'Sullivan, Dutton & Rayner, 1996, p.114). The hegemonic view of society suggests that there are inequalities in power between social groups, such as non-disabled and disabled people. Power is manifested in society through ideology in the form of shared attitudes, values, norms and beliefs that underpin social practices. The ideas of the ruling elite are diffused into society via socialisation processes and agencies of ideological control. Biklen (1987) argues that in the media's portrayal of disability the public receives selected information depending on the angle of a news story or film. For example, Biklen (1987) documents in detail the manner in which *The New York Times* reported a story of a woman named Elizabeth Bouvia who had Cerebral Palsy and sought to obtain permission from the hospital to grant her lethal substances to end her life. Biklen (1987) asserts that:

> It is no accident that the popular print media failed to investigate the day-to-day realities of severely disabled people stymied by a disability-ignorant and disability-denying society. The media's standard framework did not include such things... The prevailing framework for covering disabilities, a combination of charity, pity, tragedy and "overcoming disability" makes no place for this story (1987, p 87).

Hence this article has been constructed for a non-disabled audience and within the limitations of the generic codes of print media, that is, reporters must meet urgent deadlines and therefore cannot cover the story in much depth. Therefore, news stories can lack neutrality or objectivity in its overall presentation. "A reporter looks for handles that can make a salient, recognisable story" (Biklen, 1987, p.83). More often than not, the limitations of a film, soap opera, or advertisement have an impact on the overall presentation and portrayal of disability.

Hegemony ensures the power of ideology, that serves to legitimise attitudes and norms, is internalised by the masses, to the extent that it constitutes part of common sense and becomes widely acceptable. Hence, stereotypical images of disability are naturalised to the extent that they convey a sense of 'believable' reality to audience members who have had little or no experience of disability. Therefore these audience members do not contest the accuracy of the disability experience. However, today's media portrayal of disability provides the scope to resist dominant ideas in the media as the public (disabled) does not always accept these perceptions of disability as accurate (Biklen, 1987). This resistance can also be explained by Gramsci's concept of ideological struggle.

Ideological struggle is the formulation of alternative (or counter hegemonic) ideas from oppressed groups and is necessary to promote change and voice alternative ideas. The conceptualisation of the disabilities series *Inside/Out* is an example of the way the media acknowledges that disabled people need an opportunity to express their views on social issues and other relevant matters that are not just a concern to them, but also society in general. For instance, during the Auckland power crisis earlier this year, *Inside/Out* discussed its impact on the Auckland disabled community. The programme reported that lifts in buildings did not operate and one person had to be carried down the stairs in his wheelchair. The content of *Inside/Out* challenges the stereotypical images of disability providing the scope for improving the image of disability and increasing social awareness.

In the context of media representations, O'Sullivan, Dutton and Rayner (1996) suggest that "Although some ideas and beliefs seem more 'natural' or 'truthful', there is no absolute truth by which to measure the accuracy of representations" (p.114). There is no way of comparing the legitimacy of each image or any other point of view. Exploring media representations involves analysing which ideological perspective is privileged. The role of the media is important because two different ideological perspectives can be presented by "circulating and reinforcing dominant ideologies; or (less frequently), undermining and challenging such ideologies" (O'Sullivan, Dutton and Rayner, 1996, p.115). However, in the context of disability images, disabled activists believe the media has a responsibility to be authentic and balanced in its portrayal. Wrightson asks Holmes:

> Is there a responsibility for the media to ensure accuracy, balance and sensitivity when covering such issues?
> Absolute responsibility. I mean it's a ... key responsibility and I know that we are not up to speed[25].

Holmes acknowledges the importance of authenticity in the experience of disability because the non-disabled audience would interpret the falsified portrayal of disability as real life. The issue of authenticity, or lack of, raises the issue of social realism. The construction of a realistic image is important because it provides the viewer with an increased awareness of the experience of disability.

Social realism: making sense of 'reality'

Social realism can be defined in two ways: by form and by content. Fiske (1987) asserts that 'reality' is a product of the people, not a universal object, because of its content. Hence, the term social realism. The form of social realism also concerns itself with ideology and dominance, and the ideological struggle. When exploring the function of realism, the way the audience makes sense of a realistic text and the ideologies of a culture is fundamental. Television and film (through the elements of setting, lighting, dialogue and music) provide the viewer with the means to understand and evaluate their relationship with the image.

In his analysis of the form of social realism, Fiske (1987) acknowledges Althusser's definition of ideology. Althusser's (1971) definition of ideology should not be viewed as a set of ideas adopted by members of a culture, but viewed as a practice. It exists and works only through practices where the audience makes sense of the text. The media and its images of disability are therefore an ideological practice where the audience

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[25] Paul Holmes to Bill Wrightson – Inside/Out pilot video

makes sense of reality by becoming subjects of ideology. They do this by adopting a social position and identity and therefore make sense of themselves and of their social relations. Therefore, Fiske (1987, p.22) explains realism in terms of its form as "Realism does not just produce reality, it makes sense of it - the essence of realism is that it reproduces reality in a form to make it easily understandable".

Social realism reproduces reality by providing a point of view from which the audience can make sense of the meaning, by ensuring that all links and relationships are clear and logical and that the narrative follows a cause and effect pattern. More importantly, every element within the composition of the scene or sequence has been selected and strategically included for the purpose of articulating a sense of meaning and reality. As Hall (1997) and Fiske (1987) claim, nothing seen within the frame is accidental. Every shot, every prop, line of dialogue, position of characters, fulfils a particular purpose, that is, to signify and convey meaning.

In exploring the content of social realism, Williams (1977, cited in Fiske, 1987) identifies three characteristics in drama: it has a contemporary setting, it concerns itself with secular action and it is socially extended. For a drama to be effective, it should be presented in a narrative form containing real people, personal events, and the location of the drama should be commonplace and recognisable to the viewer, for example, the drama may take place in the locale of a family home or a hotel. Social realism in drama dictates that the narrative should be concerned with social problems, which are important to the central characters, and that the audience is familiar with, thereby articulating a sense of 'ordinariness'. A resolution to these social problems occurs only when the character takes action.

Another element, within the content of realism stressed by Fiske (1987), concerns the way that social realism conveys a sense of 'nowness' and immediacy. Television communicates a sense of the action being live, because the events within the narrative are occurring in the present. Fiske (1987) believes that this sense of realism, naturalism, and immediacy is also due to the technical processes of television being that the scenes are shot with multiple cameras in a studio setting and require little post production editing. It is because the narrative is shot and interpreted as 'real life' that those who have had a different experience to what is screened on television, seek to challenge its accuracy.

Images of disability frequently lack the portrayal of 'real' lived experience, and therefore offer few accurate references for the audience to interpret the diversity of disability. If the media acknowledges the value of diversity and the experience of disability, and creates a sense of balance in the images of disability, then this will provide the audience with a greater understanding and appreciation of the experience of disability. The soap opera genre provides the opportunity for exploration into the experience of disability and adjacent social issues, and has the potential to present an authentic portrayal as it contains multiple points of view within a multiple plot narrative structure.

Characteristics of the Soap Opera Genre

The soap opera genre is one of the most popular forms of television today. Soap operas, which were originally designed to capture a female audience, attract not only women viewers, but men, teenagers and children watch soap operas in significant numbers (Cairns and Martin, 1996). Soap operas maintain a strict programme format with various identifiable elements to encourage viewers to keep watching. Cairns and Martin (1996) provide an extensive list of the common features of that characterise soap operas like *Shortland Street* as a unique form of television.

As with any genre, soap operas can be identified by their narrative structure. Kilborn (1992) suggests that soap operas are never-ending stories with an episodic structure. He maintains that: "unfolding narratives where individual story-lines are carried over from one episode to the next is the feature which most clearly separates them from other forms of broadcast drama" (p.36). Instead of the soap opera narrative displaying a sense of closure at the resolution of a problem, new complications arise providing the narrative with an element of continuity. However, Kilborn (1992) further suggests that even though soap operas have a sense of openness they are never completely devoid of endings, which are radical but plausible, for example, the death of a character may often be the basis for a further narrative to begin.

The narrative progression is slow, because it deals with characters living out their everyday lives, in a time frame similar to that of the viewer. However, in order to maintain audience interest, some issues are compressed and have a limited running time.

Another fundamental characteristic of a soap opera is the implementation of a 'cliff-hanger' or 'suspended enigma'. This occurs after the narrative has progressively built upon a number of instances or cues over a series of episodes, allowing the audience to interpret meaning and hypothesise possible outcomes and consequences. The purpose of a 'suspended enigma' is to leave the viewer in anticipation inviting them to watch the next episode. Often this occurs in the form of a close up of a character's facial expression, which becomes a freeze frame and emphasises the emotional aspect of the event. This is followed by a 'fade to black' shot, before the credits scroll up the screen (Cairns and Martin, 1996).

Within the main setting of the soap opera there are also multiple narratives and plot structure, which may or may not be linked to each other. The focus of these narratives tends to be centred on everyday life, personal relationships and their challenges. The events that occur in the narratives impact upon the characters personal lives to the extent that the stories revolve around their conflicts, their problems and the pain of their personal relationships. The television soap opera has the ability to mirror the action within the narratives, with what is occurring in society at the same time. For example, school exams and election campaigns and other significant events will be incorporated in the narrative. Kilborn (1992, p.38) argues that this narrative alignment to society could be the reason why viewers "are disposed to believe in the reality of soaps".

An element of excess alters the portrayal of events, characters, and actions in the soap opera in accordance with its melodramatic structure. Excess occurs in the narrative through the situations that characters experience and the way in which the characters deal with their problems. Excess is manifested in the characters' actions and their dialogue which effect how the problems are managed and resolved. This means that characters may endure the most exaggerated of consequences and respond in an emotionally excessive manner, which can function to maintain audience interest. For example, in the soap opera *Days Of Our Lives* the character Anna was missing for five days and on her return the audience was informed that she had been kidnapped, held captive and whipped. To add to the excess, Anna has Multiple Sclerosis and in her absence, her husband has fallen in love with another woman (Fiske, 1987).

Soap operas are also characterised in terms of their action. There is very little physical action between characters because the characters are restricted by the limited studio space. Therefore, the meaning conveyed to the audience is manifested through facial expressions, character emotions, close ups, mid shots and extreme close ups. These production codes can also increase the intensity of conflict or height of emotion by zooming in, drawing the audience into the emotion of the narrative. Many scenes in soap operas involve characters sitting, standing, walking, and talking as they interact. This is mainly because of the studio set up and the time frame. Most soap opera scenes are shot in the studio, rather than on location.

Another convention the soap opera uses to convey meaning is through the use of mood music. The function of music in soap operas is to support the action and underline the moods of anxiety, gravity and suspense. The implementation of music in a soap opera not only creates continuity between the sequences, but also foreshadows what is about to occur and serves as a cue to the audience (Cairns and Martin, 1996). For example, bass music creates a dramatic atmosphere, which usually informs the audience that something significant is about to occur thus drawing the audience into the action. Saxophone music is often used to symbolise romance or seduction, by creating a variety of different atmospheres, which can provoke emotional responses in the viewers.

Thus the soap opera genre is characterised by a multiple plot narrative structure, an emphasis upon personal relationships, the narrative of excess, the "cliff-hanger" ending, and the use of codes and conventions which reinforce its primarily melodramatic characteristics. Many of these qualities are present in the representation of disability in *Shortland Street*. The issue of representation and its dynamics is important because it further enhances our understanding of the social perception of disability. Representation explores how the meaning of disability can be manufactured in society through culture and then produced and reproduced through the media where it exists in a stereotypical format. Semiotics is also useful in exploring the meaning and social

CHAPTER 4: ANALYSIS

The practice of representation anchors one meaning to an image. However, in exploring the cultural representations of disability, as an 'element of difference', more than one meaning intervenes, as social issues also underpin meaning. With social issues underpinning a visual image, this prompts the question of 'what does the image of a disabled person within a film or news footage 'say' about the concept of disability? In semiotic terms, the following questions need to be asked: what is the underlying message, and how does that message impact upon the identity of the disabled person? The meaning or message does not solely exist in the image itself as certain elements (such as voice over, reportage text, dialogue, camera shots and lighting) anchor the meaning in conjunction with the visual image. Such technical factors are excluded in previous research on the representation of disability, which limits the understanding of their meaning and construction.

The Text – The Selection Process

Sixteen samples were recorded from television and commercial video over a period of twelve months (October 1996-1997). These texts are consistent in the way the media treated disability and constructed the image in conjunction with related social issues, and the social view of disability prevailing within the infrastructure of society. However, to analyse all sixteen samples would only allow a superficial level of analysis. Therefore, one text will be analysed. *Shortland Street* (1997) was selected because it is produced in New Zealand, and as a soap opera, it is aired five days a week with 30-minute episodes. *Shortland Street* is set in the context of a private hospital/clinic and hence, issues of health and 'normality' are prominent. It has had a number of narratives focusing on disability and associated general issues. During its six years on air, disability has been explored through a number of cameo characters. *Shortland Street* producer, Judith Trye comments:

> For five years it's been on air, I imagine that probably almost everything has happened at some stage or other through most of the characters. I mean we've had hearing loss, sight loss, epilepsy, anorexia, alcoholism … cancer …

> claustrophobia, agoraphobia ... brain damage ... back injuries. Just about everything has been covered at one time or another.[26]

I chose to centre my analysis on the narratives of Annabel Lustwick (Jodie Dorday), and the debilitating disease Multiple Sclerosis (MS), for which two non-consecutive episodes will be analysed. Three scenes are selected for investigation, two of these from the episode, which aired on 20th October 1997, and one scene, which aired on 27th October 1997. The first two sequences occur at the climax of the MS narrative; the third scene focused on the impact of Annabel's suicide, upon other characters. Each scene has been transcribed as Appendices I, III and III respectively, and each line of dialogue is numbered for ease of reference. In addition to the visual record of these episodes of *Shortland Street,* I was able to obtain additional sources concerning audience response to the portrayal of MS, which contributed to a more thorough analysis.

Shortland Street and the Multiple Sclerosis Narrative - Synopsis.

A metaphorical representation of disability in *Shortland Street* occurred in 1997, through the character, Annabel Lustwick (Jodie Dorday) who had MS. Within the narrative, Annabel has been a close friend of Caroline Buxton (Tandi Wright), since they met overseas five years ago. At that stage, Annabel had just been diagnosed with MS, a progressive disease of the central nervous system that attacks the myelin covering, around the nerves of the spinal cord and brain. It is thought to be an auto-immune disease in which the body's immune system recognises the myelin covering as a foreign 'invader' and attacks the body. Thus it causes a gradual breakdown in the transmission of messages from the brain to the rest of the body ending in complete paralysis and eventually death (Loder, 1996).

When Annabel and Caroline meet again at the Shortland Street clinic, the MS is no longer in remission and Annabel begins to deteriorate rapidly. She tries to keep this a secret from Caroline and other associates at *Shortland Street*, but unfortunately the

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[26] As quoted from Inside Out pilot programme entitled Improving the image 1997.

disease takes its course and Annabel becomes immobile and dependent on Caroline for her personal care. Thus, Annabel feels that she is losing control of her life and losing control over her deteriorating body. She entertains the option of euthanasia. When Caroline learns of Annabel's intentions, she faces emotional turmoil and desperately tries to persuade Annabel not to attempt suicide. Unfortunately, Caroline's pleas are futile. By chance she catches Annabel about to inject herself with lethal substances. Annabel is unable to complete the procedure by herself. Upon seeing the intravenous line in Annabel's arm, Caroline decides to support Annabel in her decision, illustrating the strength of their friendship. Annabel now feels she has the power that she has fought for, namely final control of her deteriorating body, hence, she commits suicide.

This *Shortland Street* narrative also considers the repercussions of Caroline's actions as the narrative follows a cause and effect pattern, in the sense that there has to be a consequence of the characters' actions in order to retain the authenticity of the narrative. Producer Judith Trye states that "we try and portray consequences to everything we do."[27] This episodic structure provides the characters and the audience with a sense of closure, and at the same time, gives the soap opera continuity, by connecting the interweaving narratives together. In the MS narrative, a number of consequences are considered. For example, the dynamics of friendship are questioned in the context of providing a means of support, rather than killing someone. Caroline's decision to assist Annabel to die is explored because her decision reflects the strength of their friendship. Her flatmate Kirsty Knight (Angela Dotchin) and confidante Lionel Skeggins (John Leigh) struggle to comprehend the fact that Caroline helped Annabel to die, and they question her motives. Rangi, (Blair Strang) on the other hand, is opposed to Caroline and her actions, and declares this to Caroline, Annabel and the audience.

Another consequence investigated in *Shortland Street* concerns the legalities of euthanasia, the issue of consent, and whether manslaughter or murder charges should be laid. Caroline subsequently does go to trial, and receives a guilty verdict. She is later released from prison, after a letter written by Annabel is discovered, which provides the evidence to prove that the suicide was Annabel's decision and the charges are subsequently dropped against Caroline.

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[27] As quoted to Bill Wrightson – Inside/out pilot video.

Method of Investigation

Previous investigations conducted into the cultural representation of disability have generally focused on the constructed stereotypes of disability, as it is the most popular method of representing disability in the context of entertainment. These stereotypes are internalised by the audience, and are easily identified. Their meaning may become 'naturalised' or taken for granted as opposed to socially constructed. However, a reductionist view limits the understanding of how representation operates as a signifying practice, and how such images generate meaning, which impact upon the social perception of disabled people in Western culture. For this reason, a semiotic approach is employed to explore the meaning of disability in the media. Moreover, the media use disability as an 'element of difference' to accentuate or reinforce the hegemonic view, and also use disability-as-difference, to construct a 'counter' hegemonic view. In order to conduct an in-depth analysis, of the *Shortland Street* sequences, the following points will be covered:

- What is the meaning which disability stands for, or represents in terms of meaning within the sequences analysed
- What the portrayal of MS says about disability in terms of difference within a New Zealand cultural context.
- The intended meaning of the MS narrative which is projected to the target audience:
    - At the level of 'The Myth'- semiotic analysis.
    - Compositional and technical elements employed within the shots to construct meaning and how this relates to the context of the scenes.
    - The intertextural meanings of the MS portrayal.
    - The way in which compositional and technical elements accentuate or challenge the socially constructed view of disability.
- The way in which confinements of the generic code relate to the meaning perpetuated in the MS narrative.

Analysis: The Myriad of Meanings within the MS Narrative

Two specific elements need to be identified when investigating visual images at the level of the myth. These are denotation and connotation. Hall (1997) defines denotation as a consensual meaning that everybody agrees upon. At the denotative level, the meaning interpreted by the image or object is descriptive and literal. Whereas, connotation concerns the meaning obtained when that object or image is linked to broader themes and meanings within a culture. Hall (1997) uses the example of fashion to briefly describe how meaning is interpreted at these two levels. At the denotative level, members of Western culture would agree that a pair of jeans is an item of clothing characterised by denim material. The object of jeans is linked to the meaning of fashion whereby jeans are connotatively associated with casualness, leisurewear and romance (Hall,1997).

In viewing one scene of the MS narrative, interpreting it at the denotative level, most audience members would agree that the meaning conveyed is that this is a serious discussion between two close friends. In the first scene, at the denotative level, Annabel and Caroline are arguing.[28] There are raised voices, emphasis on certain words in the dialogue, the thumping of a fist on a table, and Annabel and Caroline are positioned in different areas of the frame, which all reinforce the conflict. Midway through the scene, the conflict simmers as voices are no longer raised and they are sitting together on the couch.

At the connotative level there is tension in the air. After learning of Annabel's possible intentions of suicide, Caroline is placed in an awkward position as she struggles with the ethical dilemma of euthanasia and friendship. Caroline is upset, and Annabel tries to lighten her up, with her sarcastic sense of humour. Caroline believes that contemplating suicide is no laughing matter and has to be taken seriously. Seeing Caroline upset prompts Annabel to tell her that she has changed her mind. Caroline is relieved at hearing those words but is undecided as to whether to believe her, leaving this statement open to interpretation, allowing the audience to decide whether Annabel is being honest.

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[28] Please see appendix I for transcription of dialogue.

In the same way that different meanings can be revealed when a text is applied to various connotative levels, meanings can also be exposed intertextually. Intertextuality occurs when meaning is gained through interweaving of different contexts across a variety of text and media. Hall (1997) argues that if images of difference take a particular form in representation, the meanings become ambiguous when they have been altered in context, or read in conjunction with another meaning. In other words, one text can have several meanings. When an image of disability is displayed, it firstly needs to be read in the context in which is was produced, such as a soap opera, and then other related meanings can be revealed and explored when investigating the *Shortland Street* scenes.

The MS narratives become inter-textual when read in the wider context of suicide and disability texts. The medical profession has intervened in the lives of disabled people; hence the medicalisation has operated as a metaphor in the portrayal of the disability experience. In this portrayal, the disabled person is often depicted as a sick patient, co-operates with the source of help, actively works to achieve recovery and is not held responsible for his or her state. The medical metaphor, it is argued, empowers professionals, rather than disabled people (Woodill, 1994). In the case of Annabel and her MS, the sequences illustrate that the medical profession (Dr Frank Malone) has little involvement in Annabel's life. The narrative is focused on her decision, however immoral it is. In doing this, Annabel contradicts the model of the 'ideal patient'. That is, patients who aim for recovery are expected to follow instructions and if they do not they are seen, by the medical profession, as rebellious (Spence, 1992). Although Annabel's decision is immoral, she is not portrayed as rebellious. Instead the narrative focuses on her struggle with MS and the ability to exercise her rights to suicide.

Annabel believes that her life is over because of her progressive MS. However, the meaning of 'life as not worth living' is rendered ambiguous when viewing these scenes, together with the issue of physical ability and health. Thus, the pivotal question is asked: How 'sick' does a person have to be, in order to justify the conclusion that their life is one not worth continuing? The visual elements of these scenes suggest that even though Annabel is deteriorating, she still has a high degree of mobility. She is not confined to her bed, in a nursing home, or dependent on a respirator to breathe. She can sit unaided, has clear speech and has use of her hands, which suggests that she is able to feed herself, and has the potential to be employed. Perhaps if Annabel had found employment, where her disability could have been accommodated, then she may have found a way to feel productive, and may have decided against suicide. Thus it would appear that such factors undercut the meaning that her disability is a 'life of no value'.

These scenes also highlight the issue of individual rights and Annabel's right to opt for euthanasia. The main reason why disability and euthanasia became an issue was Annabel's inability to complete the task herself, thus calling upon Caroline for assistance. If Annabel had been non-disabled and suicidal she could possibly have achieved suicide without question. In the context of the morality of euthanasia, Caroline's interference telling Annabel "I'm not going to let you do this" seems justified even though it negates Annabel's right to this choice (Appendix II, line 31). Annabel relied on having a choice and declared that "Knowing I can [commit suicide] helps me get through each day (Appendix II, line 24). The right to have a choice, to have a voice, and to be independent allowed Annabel to be in control of her life.

Another meaning that intervenes is the issue of independence. Annabel asserts that "I can't do anything for myself" (Appendix II, line 30). Disabled people have challenged the fact that relying on other people for assistance can be classified as 'independence'[29]. This issue was explored by the television programme *Inside/Out* which interviewed four disabled people living away from the family home in a range of different environments. Each person required the physical assistance of caregivers. Despite this, all four claimed that they remained independent: in decision making, running the household and controlling their finances. These factors challenge Annabel's conclusion because they alter the meaning of the notion of 'independence', placing it in a disability context, rather than from a non-disabled one.

In *Shortland Street's* portrayal of MS, the focus is not only on Annabel's adjustment to her degenerative disability, but these episodes also highlight the impact of the disability on the people closest to her, particularly Caroline. Representing disability in this

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[29] Quoted from an Inside/Out programme # 18 'Leaving Home'. It is one that is breaking new ground in the cultural images of disability. It is specifically designed for the disabled audience and is produced by disabled people.

manner, articulates the message that disability, affects more than just the individual person, but also friends and family around them. For example, Annabel is concerned as she feels she is a burden on Caroline and Kirsty. This is an understandable reaction for anyone who is experiencing a progressive illness.

In order to maintain accuracy, authenticity and portray a sense of reality, *Shortland Street* provides medical advisors and people on the set, who experience disability (for example, paralysis or MS), enabling the actors involved to portray an authentic image of disability. This may entail visits within the community, enabling the concept of disability to be more thoroughly explored.[30] Moreover, *Shortland Street,* by asking disabled people for input positively develops the portrayal of disability. There is no substitute for thorough research and it is the media's responsibility to ensure that both sides of the non-disabled/disabled relationship are explored.

Caroline begins to feel the strain of caregiving for Annabel, which illustrates the reality of disability. Kirsty, on the other hand, portrays someone who wants to help, but is afraid to ask, in case she impinges on Annabel's desire to remain independent. Scriptwriters, Kate McDermott and Alan Brash, have also incorporated other characteristics of MS, such as incontinence, and loss of dignity into the narrative. For example, the embarrassment Annabel felt, as she had to be 'cleaned up' by Caroline and her desire to keep it private for fear of other people's reactions. This further reinforces the lived experience of disability, on a personal and private level, in the context that going to the toilet has not been discussed previously on *Shortland Street*. However, it is because incontinence is a characteristic of MS that it warrants inclusion in the script to explore the issue of the 'loss of control' of the body at a basic level. Control of the body (or lack of) becomes a cue or stepping stone, building up to the climax of the narrative. The loss of control is explored at another extreme, when Annabel and Caroline face the ethical dilemma of euthanasia. This issue of the loss of control and Annabel's desire to regain it, becomes meaningful when read in the context of power.

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[30] Information obtained from Inside/Out video

Power and Point of View, Disabled versus Non -Disabled.

The scene can also be interpreted in terms of power, domination and the privileging of opinion. Annabel is sitting on the couch in the foreground of the frame and Caroline is standing in the background in the laundry. Placing Caroline in this position where she is above Annabel, whilst Annabel is situated in a subordinate position, creates a clear difference in height. This helps to accentuate the dominant view, that the concept of suicide is wrong and Caroline is indeed justified in asking for Dr. Malone's involvement. As Annabel explains her thoughts to Caroline, the camera cuts between close-ups and mid-shots. This is partly due to the way that television drama utilises mid-shots and close-ups of people and how they interact with one another. The function of close-ups is to intensify emotion and personify the intimate relationships between the characters on-screen and the characters and the viewer. This is achieved through the camera zooming in, the shot getting tighter and tighter until it is just a shot of the eyes, drawing the audience into the conflict, which is a characteristic of the soap opera genre.

When Annabel asks Caroline to sit beside her (Appendix I, line 15) and explains her reasons why she is contemplating suicide, there is no sense of domination, as there is little definition of height between Annabel and Caroline within the composition of the frame. This suggests that they are talking on the same level and listening to each other.

From the implementation of these types of shots it would appear that there is a technical pattern emerging in this *Shortland Street* narrative. This technique is consistent in the three scenes discussed allowing an opening for issues of disability to be explored by the audience. Yet they place the characters in a position that the audience, both non-disabled and disabled are familiar with, in communicating or expressing of opinion:

> *As a child, and even as an adult, I have sometimes experienced frustration, when communicating with some non-disabled people, who remain standing instead of sitting down and talking to me. While they are standing talking to me, it is difficult to maintain eye contact and because of this, communication is easily misunderstood. At the pub, it becomes even more difficult because my voice is*

> *in competition with the atmosphere of communication noise and music in pubs and night-clubs and it becomes a strain to be heard.*[31]

This character position, indicating a power difference, is evident in the next consecutive scene,[32] where Caroline confronts Annabel when it is revealed that Annabel has drugs in her possession. Annabel tries to hide the evidence, a shoe box containing needles and syringes. (Appendix I, lines 01-02). Caroline sees her struggling in frustration and instinctively she wants to take over. Afraid that her intentions may be exposed, Annabel brushes Caroline aside, but Caroline ignores her by insisting that she will help her (Appendix II, line 05). Annabel becomes angry with Caroline because she is not listening. Surprised by Annabel's curt reply, Caroline believes that Annabel is over-reacting. That is, until the lid of the box is knocked off and all is revealed. Dramatic background music fades up, drawing the attention of the audience to the action within the scene. This dramatic music serves as a sign to the audience, that the contents of box have been concealed for a reason, because Annabel intends to commit suicide. Here Caroline assumes the role of nurse (as she has nursing training) which is continued right through until the interrogation. The tone in Caroline's voice is demanding and clipped. Meanwhile, Annabel is ashamed at being found out; and she is determined to make her point clear. The audience, however, has to wait in suspense during the commercial break, which is used as a 'suspended enigma' before the answers can be given.

Annabel's shoe box also conveys a metaphorical meaning when interpreted in a political context. The phrase 'putting people into boxes' expresses the dominant (non-disabled) stereotyping towards disability. Disabled activists argue that classifying disabled people into 'boxes' (stereotypes) in a general context ignores the diversity of the experience of disability. The producers of *Inside/Out* have challenged this inadequate method of classification. The programme's logo is an opened, empty box (See figure 4). This logo symbolises the philosophy of this programme, which is removing the constraints of 'the box' (the non-disabled population's view of disability) and exploring issues concerning disability from a disabled person's perspective, not from the non-disabled person's point of view.

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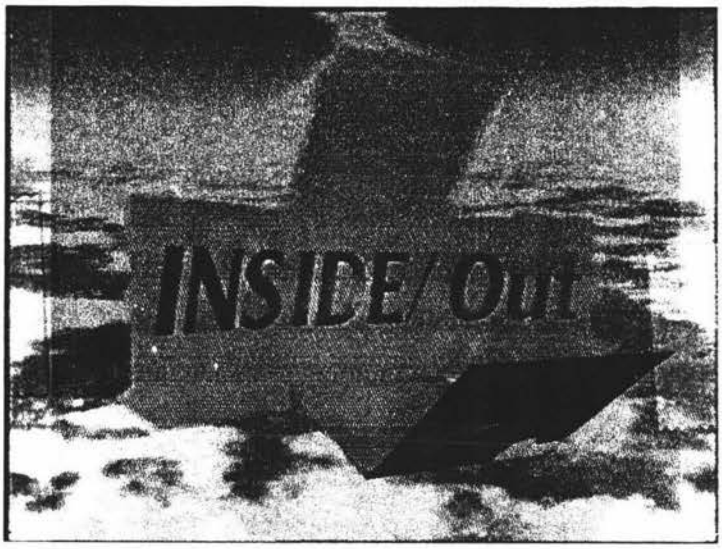
[31] This scenario is from my own personal experience.

[32] Please see Appendix II for transcription of dialogue

Figure 4



In this analysis of *Shortland Street* (1997), the portrayal of the MS narrative has not been limited to a stereotypical analysis (that life is not worth living). It is ironic, given that the social model of disability is designed to eliminate the process of classifying disability, that its predecessor (the medical model) helped to create a 'classifying system' in order to identify who was disabled (Oliver, 1990). If the social model dismantles the categorising process, then the question is asked: why are writers such as, as Morris (1991), Oliver (1990), Longmore (1987), Cahill (1991), Woodill (1994) and Shakespeare (1994), who seek to critically analyse the cultural images of disability, classifying them into stereotypes? The semiotic analysis explored in this chapter provides a different perspective in looking at images of disability. This is achieved by revealing the compositional and technical elements within the image itself (such as close-ups, shot-reverse-shots, lighting, dialogue, body language and props) and how these elements have been selected and constructed to produce meaning.

These ideas are explicated in Shortland Street's MS narrative. During the first parts of the conversation in the first scene, Annabel avoids eye contact with the camera, as if she is being lectured. Eye contact and facial expressions are essential elements for Annabel to use to convey meaning to the audience. The eye contact in this context operates as a language to convey a message. Woodill (1994) suggests that in terms of communication, disabled people are on a different footing. If the character lacks mobility (in the sense that they are unable to move away, or change posture, or use hand gestures - code switches) to indicate that the atmosphere or 'frame of communication' has changed, then the disabled character's opinion or feelings become manifested in other forms. The way, that Annabel uses her eye contact with the camera and speech with Caroline, is a sign of communication, which is consistent throughout the narrative.

Figure 5

According to the semiotic approach, such elements incorporated into an image or sequence, function as signs, which signify meaning. Evaluating these elements in the context of the disability image provides the scope to gradually alter the portrayal of disability and therefore educates the non-disabled public.

Camera techniques are employed, (as illustrated by the above still frame) to signify and articulate the sense of the dominant view. Caroline stands over Annabel in a shot reverse-shot where the crown of Annabel's head is visible at the bottom of the frame.

Figure 6

Through Caroline, the dominant point of view that suicide is unethical is articulated. Whereas, Annabel is representative of the disabled population supporting issues of control and independence and the right to her own decisions (whether they be unethical or not). Moreover, in the context of the narrative, the meaning that Annabel perpetuates is that Caroline does not understand her view, because she has never experienced disability. Therefore, this places a strain on their friendship. Caroline assumes that she knows what is in Annabel's best interests and tries to do everything for her. This in itself creates a conflict between the non-disabled and disabled and the way that they interact. Morris (1991) suggests that:

> By refusing help we are often labelled as having a 'chip on the shoulder' and a non-disabled person feels resentful and says to themselves, " Well, that's the last time I offer help to a disabled person" (1991,p32).

Yet, on the other hand, if a disabled person needs continual help and has to repeatedly ask their counterparts to do the simplest tasks (such as opening doors, or retrieving items) then they may feel apprehensive about asking others for help:

> *I grew up with a younger brother and sister, both non-disabled. In our family, with both parents working, they were often expected to help me, if I needed it. I would cringe at asking for their help, because being a brother and sister they would help begrudgingly. Sometimes I was told to "just wait", and ten minutes later I'd have to remind them that I still needed help. I'd get a short, sharp response: "In a minute!" And all they were doing was reading a book.*[33]

When investigating the character positioning and camera shots like those explicated above, it can be argued that this combination of compositional techniques articulates a difference in power represented in terms of a difference in height. This is further reinforced as Caroline adopts a motherly role as she considers what is in Annabel's best interests, which is explicated in lines 11 through to 19. The only difference in comparison to the previous scene is that the close-up shots override each other, where either Caroline or Annabel's face takes up most of the frame. However, the frames are not exclusive to Annabel or Caroline alone. The fact that Caroline is visible signifies that she is listening to Annabel. There are additional cues inviting the audience to listen to the dialogue, including stillness of face, intensity and direction of eyes. Annabel's face takes up most of the frame (Appendix II, line 24) when she clarifies what she had told Caroline in the previous scene. Moreover, this signifies that Annabel has now regained her power.

In one frame (Appendix II, line 23) Caroline reminds Annabel that she has changed her mind, thus creating continuity between the two scenes. The sense of power is clearly illustrated, as a corner in the background of the frame divides the frame into two (with an imaginary vertical line, which is created by the contrast of light and dark on the wall). This line is very subtle and is only in view for a split second, before the camera pans around to a shot of Annabel (See figure 7).

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[33] This scenario is from my own experience

Figure 7

At this point, the scene illustrates two opposing points of view to the audience. From lines 15 through to the end of the scene, Caroline is trying to convince Annabel that committing suicide is giving up and unethical. However, Annabel is desperately defending her choice, believing that suicide is the only choice she has left over her deteriorating body, therefore highlighting the issue of control (line 30, Appendix II). For a non-disabled person, this idea would seem to make sense because they may find it difficult to possibly imagine what it would be like for them.

Some non-disabled people would interpret Annabel's experience to be tragic and unfair, as they would try to perceive how they would cope if they were in a similar situation. Annabel's body language provides a cue or a sign for the audience to connect the two scenes together as Annabel informs Caroline "something has happened to change my mind" (line 16, Appendix I). This quote is in direct opposition to what is happening in this scene. Annabel's closed eyes, and head movement (away from Caroline) together with a heavy sigh, conveys the message or meaning of, 'do we have to discuss this again? I can't be bothered.' The meaning that disability is a tragedy highlights a pivotal element in the discussion of the cultural images of disability. In order to gain an insight into how the media constructs the image of disability and the justifications underpinning images such as Annabel's MS, the notion of disability as difference and the creation of otherness need to be examined.

An Element of Otherness – Disability as 'The Invalid'.

It is believed that the representation of disability contributes to the spectacle of 'the other' because of the meanings anchoring the image. Hall (1997) defines the spectacle of 'the other' as where a difference, such as disability, seems to connect to other aspects of difference, such as race, masculinity and femininity. He argues that investigating 'otherness' is pivotal to the analysis of representation and the production of meaning. Hall (1997) asserts that in investigating elements of difference and 'otherness' it is important to consider the ambivalent nature of difference. In other words, the element of difference attached to the image can have both positive and negative meanings.

In addition, the element of social identities is shaped by the element of 'difference' within the image. This element of 'difference' is grounded in the medical model of disability and in social perceptions of disability. According to Oliver (1990), Barton (1993), Morris (1991) and Sullivan (1991), the medical model views disability as a personal tragedy, and disability becomes individualised and medicalised. The element of 'difference' of the body is a crucial factor because it identifies who is disabled and who is not. The medical profession uses methods and observations to determine whether a disabled person meets the 'norm' and their bodies are subjected to a practice of 'discipline' (rehabilitation) and reconditioning (Munford & Sullivan, 1997). The physical ability and appearance of the person is measured against what is determined to be 'normal'. Those that do not meet the criteria of 'normality' are classified as disabled and therefore disabled people are subsequently segregated from the community. The repercussions of the segregation of disability cultivate a non-disabled 'fear' of the disabled.

It is because of this fear that stereotypes are used in the media to represent disability. The stereotypical forms of disability are not only utilised for entertainment, but also function as metaphorical vehicles to explore sensitive social and cultural issues. For example, to explore humanitarian issues disability is depicted as misfortune, which is manifested in stereotypical images of charity and illness (Woodill 1994). Moreover portraying disability in this manner allows the audience to 'experience' disability comfortably without feeling threatened. Kreigel (1987, cited in Shakespeare, 1994) explains the general perception of the non-disabled population towards disability:

> The world of the crippled and disabled is strange and dark, and is held up to judgement by those who live in fear of it. (Shakespeare, 1994,p. 285).

Morris (1991) argues that if humanitarian issues are to be explored through current cultural representations of disability, then the human experience is incomplete. Not only do these forms of representation invalidate the experience of disability, but they also exclude the arbitrariness of what is considered human nature. She argues that the possibility of becoming ill, elderly and disabled frightens some non-disabled people. They are afraid to confront such realities because these concepts are often associated with meanings such as vulnerability, passivity, and incapacity.

Images depicting disability are constructed to meet the interests of the target (non-disabled) audience to allude to their fears concerning disability, thereby making them feel good about themselves. However, the repercussions of these images are oppressive for disabled people because what is feared is stigmatised and rejected by society. Thus prompting "the isolation of those who are disabled, ill or old as "other," as "not like us" (Morris, 1991, p.85).

In exploring the element of 'difference' in the MS narrative of *Shortland Street*, the crux of the scene occurs when Annabel says "Snap"(Appendix II, line 20), as she declares what she thinks is best for her. The technical elements used to indicate this are the inclusion of a pause in the dialogue and head movements as Annabel brings her eyes up to confront Caroline. In semiotic terms, these points of view are presented in binary opposition to each other, that is, the non-disabled/disabled relationship.

In a semiotic context, 'normal' comes to mean non-disabled and 'abnormal' refers to disability. Morris (1991) maintains that disabled people have intellectual and/or physical characteristics, which signify and determine a sense of 'otherness' and 'difference' from the majority of the population. Morris (1991) suggests that the experience of disabled people, is the essence of their difference in relation to non-disabled people:

> Our bodies generally look and behave differently from most other people's (even if we have an invisible physical disability there is usually something about the way our bodies behave which gives our difference away). It is not normal to have difficulty walking or to be unable to walk; it is not normal to be unable to see, to hear; it is not normal to be incontinent...or to be in constant pain ...The way we interact with others usually reveals our difference (Morris, 1991,p.17).

Thus, it is because the disabled body does not function in the same manner (as that of a non-disabled body) which signifies disabled people as being different. Hence, Annabel is different to Caroline because of her experience, or her acquired disability. Thus Annabel believes that Caroline is not in a position to question her motives to commit suicide. "You're fighting an invalid eh? That's not fair" (Appendix II, line 18). These words suggest that Annabel is the 'poor, defenceless, disabled person' in this 'unjust situation', therefore, Caroline should pity her and give in. In this context, the word 'invalid' provides Annabel with the justification she requires to carry out her intentions. However, as an element of difference, the word 'invalid' becomes a signifier, which reinforces the message that Annabel is not like Caroline because she is not active, she is not 'well', and she is not non-disabled. Annabel's difference through the word 'invalid', (signifier) has been marked, (signified).

Annabel's 'difference' is apparent when the audience's knowledge of the narrative and her disability is applied to the scene. It is because Annabel is sitting on the couch during the entire sequence, that the sense of difference is less obvious to the eye, because the shots are only from the waist upwards, which conveys the message that Annabel appears physically 'normal' and healthy. These shots present an opposition between sickness and health, and abnormality and normality, and articulates the message that the disabled body is an unhealthy body (both mentally and physically) and is manifested in the popular representation of disability, such as criminals, (Longmore, 1987) and as 'freaks' (Hevey, 1992).

Such stereotypes have subsequently created the criminalisation and 'enfreakment' of disability, as a metaphorical tool for signifying disability as 'difference'. Hevey (1992) employs the term 'enfreakment' in his critique of the work of American photographer Diane Arbus. Arbus's popularity grew from her portraits of disabled people. Arbus drew upon the differences or 'freaky characteristics' of her subjects, allowing this to be the most pivotal aspect of her work, such as Eddie Carmel's height in the portrait of *The Jewish Giant* (1970). It was her interpretation of the 'freakiness' that marked the difference and became the subject's whole identity. Hevey (1992, p.62) asserts that:

> The enfreakment in her disability images was internalised by the non-disabled viewers because the disabled subjects, while chosen for their apparent difference, manifested body language and identity traits recognisable to everyone.

Due to their difference, the achievements of disabled people are often placed within the 'supercrip' stereotype. When disabled people do achieve, the fact that they have a disability is given preference over the achievement itself. Thereby sensationalising their difference, rather than viewing their achievement in context. Broadcaster and disability advocate, Paul Holmes[34] acknowledges this issue:

> Why should the report from the ... Para-lympics come right at the end of the news bulletin as kind of a nice kicker about a bunch of 'crips' doing quite well. Why should it be at the end as the novelty piece? Why isn't it in the sports? ... It is sport.[35]

Hall (1997) argues that through the practice of signifying difference (disability) that these differences then become naturalised, to the extent where such difference constitutes part of common sense. Hall (1997) suggests that:

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[34] **Paul Holmes hosts his own current affairs programme called 'Holmes.' He brings disability issues to the attention of the mainstream non-disabled audience.**

[35] **Paul Holmes as quoted to Bill Wrightson, Inside/Out pilot video.**

> 'Naturalisation' is therefore a representational strategy designed to *fix* 'difference', and thus *secure it forever*. It is an attempt to halt the inevitable 'slide' of meaning, to secure discursive or ideological 'closure' (1997, p.245).

For stereotypes to work they need to appear natural. They function to reinforce the impression of naturalness because they do not show any contradictions in the representations of their images. In other words, stereotypes do not support any 'alternative' images, but instead reinforce the status quo. However, stereotypes are still contested in relation to the minority groups they represent.

Euthanasia -The Impact.

It is inevitable that such a narrative like Annabel's leaves an impression on its viewers, who critically evaluate the image. A magazine article entitled *'Living with MS'* (Dickson, 1997, p.30) documents comments from the MS society in relation to the accuracy of *Shortland Street's* interpretation of the experience of MS. MS field officer Gloria Hunt, who herself has MS, reported that the society received distressed phone calls from people with the disease who were frightened that they may suddenly deteriorate like Annabel. They were concerned because "it happened so fast."[36] This reaction can be explained in terms of the sense of time in the television narrative (Fiske, 1987). Time in a soap opera narrative is characterised by a sense of the present, in that the action is occurring 'now' and there is an assumption about the future. Thus narrative time in soap opera articulates a sense of reality in that the suspense becomes believable inviting the viewer to " 'live' the experience of solving the enigma rather than be told the process of its already achieved and recorded resolution" (Fiske,1987,p.145). In addition to the issue of time, the characteristics or symptoms of MS may be similar, but the experience varies. For example, the article reports that Gloria Hunt has lived with MS for twenty-one years, yet she is completely mobile.

Such responses are not unusual, because when an audience member sees an image, they interpret it as being natural or life-like, and they take such images and apply them in the

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[36] Gloria Hunt to reporter Hannah Dickson, New Zealand Woman's Weekly, 22 December 1997.

context of their own lives. For example, in the context of disability, audience members shape their own meaning based on their own experiences, good or bad, with disability, or internalise assumptions of disability in the infrastructure of society. Fiske (1987, p.21) argues that the sense of reality:

> presents itself as an unmediated picture of external reality. This view of television realism is often expressed by the metaphors of transparency or reflection – television is either a transparent window on the world, or as a mirror reflecting our own reality back to us.

The factor that is often overlooked when analysing such images is that these representations of disability are only presentations, an interpretation, or point of view of the experience of MS. These presentations are designed to meet the confinements of the generic code as the audience expects them to. In critiquing the reality of cultural images of disability in the media, Morris (1991) states that:

> If the experiences of disabled people are missing from the general culture this means that non-disabled people have few points of reference with which to make sense of our reality. Furthermore, the tools which they *do* have, to interpret our experiences are those fashioned by non-disabled people. This can have significant consequences for our lives, particularly because we so rarely have the power to insist on the validity of our experience (1991,p.88).

This quote raises three key issues outlined by Dyer (1993). The first issue concerns the notion of 'reality'. As the notion of 'reality' is subject to audience, producer and director interpretation then does the notion of reality hold any validity? Hence, O'Sullivan, Dutton and Rayner (1996, p.114) suggest that "although some ideas and beliefs seem more 'natural' or 'truthful', there is no absolute truth from which to measure the accuracy of representations". In other words, there is no method of comparing the legitimacy of each image or experience of disability. Therefore, Dyer (1993) asserts that representations are merely various presentations of 'reality'.

The second issue concerns the portrayal of the 'reality' of disability in the media as shaped by the non-disabled conceptualisation of disability. These perceptions (as outlined by Morris (1991), Oliver (1990,1996), Barton (1993), and Cahill (1991)) suggest that to have a disability is traumatic and consequently it is believed that disabled people cannot live a happy and productive life because disabled people are bitter about their circumstances. If disabled people choose to lead a fulfilling life despite their disability then they are viewed as 'amazing' people. These non-disabled assumptions contribute to the cultural forms of disability. These cultural forms outline what is included or excluded in terms of the images that are screened to the public. If the media is to attract advertisers and meet and increase profit margins then it has a responsibility to expand and increase its audience. The media's role is to circulate and reinforce these social perceptions of disability within society.

The third issue is that the 'reality' of an experience such as disability can be altered to meet the confinements of the generic code of a film, or news story. One example of the alteration or shaping of 'reality' is a film where the narrative is based upon an autobiography. The images seen, the incidences within the plot, the lines of dialogue, the extra characters, the range of camera shots employed, are all the screenwriter's and director's interpretations of the events of the true life story. The information that is selected and excluded in constructing an autobiography for film purposes is determined by the generic confinements within a film narrative.

As *Shortland Street* is a soap opera, it has a certain way of articulating a sense of reality to the audience. Fiske (1987) argues that television programmes such as soap operas, situation comedies and drama do not reflect reality, but reproduce the dominant sense of reality. Television realism is not a sense of empirical reality; it is constructed by conventions. Fiske (1987) also says that the sense of reality of an image is not *the* reality that is reflected, in other words, the notion of reality in this context is a product of the people and "not a universal object that people merely observe from the outside" (Fiske, 1987, p.21).

Applying these three key issues to Gloria Hunt's comment concerning Annabel's deterioration, there is a reason for the way MS has been portrayed in terms of the generic code of the soap opera. Issues such as disability, homophobia and HIV/AIDS are used as vehicles, asking the audience to examine themselves and their attitudes to issues, that are important to minority groups, that have a degree of social stigmatisation associated with them. Thus, the 'average' person may find it overwhelming and frightening. If such issues were to run continually, it is highly likely that the audience would lose interest. To maintain high ratings, it appears that in soap opera, narratives have to be completed within a particular time frame. Every narrative within *Shortland Street* is treated in this manner. *Shortland Street* producer, Simon Bennett comments:

> They didn't understand that 10 or 15 years have been telescoped into five weeks. But that's the way it needs to work on fast-turnaround TV.[37]

An element of intrigue and suspense is also required to maintain audience interest. In this narrative it appears that Annabel's suicide was an option. Producer Simon Bennett explains that:

> *Shortland Street* is a serial and we have to keep it interesting. So when we have a choice between a sickness that's life threatening and places the character in an ethical dilemma, or one that progresses more slowly, we'll go for the extreme condition for dramatic reasons. That's what happened with Annabel and Caroline.[38]

These dramatic reasons are known as hyperbolic excess or over exaggeration of the action of the narrative. In soap operas, hyperbolic excess exposes two meanings for interpretation. The first is the dominant meaning and the hyperbolic excess, which exaggerates the dominant view, thereby creating alternative meanings (Fiske, 1987). In the example of *Shortland Street,* the dominant view is that Annabel's MS is an unjust experience, rendering Annabel - once very successful and independent - incapacitated. The alternative meanings relating to the portrayal of the MS experience include: Annabel's rapid deterioration, her 'drastic decision' to commit suicide at an early stage, her betrayal and deceit in hiding the drugs, Caroline's emotional turmoil to understand and convince Annabel not to entertain the option of suicide and Caroline's involvement in the suicide event. Fiske (1987) argues that events within a narrative build up horror and sympathy that cannot be restricted to the audience's identification of Annabel's suffering in the instance of *Shortland Street*, but can overspill into another

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[37] Simon Bennett to reporter Hannah Dickson, New Zealand Woman's Weekly, 22 December 1997.
[38] Ibid

meaning/narrative. In the example of *Shortland Street*, Annabel's decision to commit suicide is her way of regaining control over her body.

Shortland Street is a soap opera, and for generic reasons, continuity is essential to ensure audience interest. Another method of ensuring audience attention is through the implementation of stereotypes. Stereotypes are not necessarily negative and are implemented in prime time media images for a number of reasons. Judith Trye explains that:

> The sort of drama that we are doing, I mean there are stereotypes, and the stereotypes give you the basis to work from ... we're talking about entertainment here ... It's heightened reality.[39]

Disability activists argue that the 'heightened reality' concerning the lived experience of disability invalidates them and their experience. Morris (1991) argues that disabled people:

> Must steadfastly ignore the portrayal or lack of portrayal of disabled people in the general culture. Otherwise I (we) may come to believe that the non-disabled world's definition of me and my life is the real one - and my reality is mere fantasy (1991, p.84).

Annabel deteriorated very quickly, and she was portrayed as being bitter and unable to cope with the 'dramatic' change in her mobility and independence. Thus the meaning conveyed, in this portrayal of MS, is that such a disease is cruel and leaves the individual with a life of little value. Annabel projects the meaning that MS has taken away everything she defines as "humanity" and that her life in the paralysed state has nothing left to offer her.

Disability portrayed in this stereotypical form conveys the meaning that MS is a very tragic and degrading experience. This reinforces the view held by non-disabled people, that disability causes constant suffering, and that "any suffering is nasty, unjust and to

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[39] As quoted to Bill Wrightson – Inside/out pilot video.

be feared and retreated from" (Morris, 1991,p.19). Disabled people have disagreed with this portrayal because they believe that a majority of them are achieving their goals and have a good quality of life, in spite of their conditions.

The producers and writers of *Shortland Street* have acknowledged this view held by the disabled population and have incorporated this view in the MS narrative (through the character Rangi) creating a balance of opinion. Following Annabel's death, Caroline is staying with Lionel, Rangi and Awhina Broughton (Mariama Smith). Rangi shows a degree of animosity towards Caroline's actions and his view is made clear when he tells Caroline "There shouldn't be a funeral". The tension in the air at Lionel's house puts Lionel in a predicament, as he is torn between two friends, and he wants to keep the peace.[40]

At the beginning of this conversation, Rangi walks over to Lionel, who is lying on the couch watching television. Lionel turns off the television (Appendix III, line 3) which serves as a cue or sign for the audience, that something important is about to be said, and they need to listen. Lionel changes from a relaxed stance, to a hunched over sitting position with clasped hands. This suggests that he is nervous about telling Rangi about the wake, and is wary of Rangi's reaction to his decision to host the wake at his house. Rangi confronts Lionel with his feelings about Annabel's suicide, having himself been paralysed at one time. In examining the dialogue, Rangi is expressing the opinion of other disabled people, that a majority of them may feel this way, and they cope and still lead a fulfilling life. This prompts the question: why couldn't Annabel achieve the same?

The words "loser's way out" that Rangi uses as a reference to suicide (Appendix III, line 08) is very powerful and effective. This combination of words achieves two meanings as they have connotations when applied to the system of representation of language. Firstly, the phrase is part of every day conversation, though the word 'loser' seems harsh, considering Annabel's struggle with MS and her tough decision to end her life. It has negative connotations in that it judges Annabel as a weak character

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[40] **Please see appendix III for transcription of dialogue**

articulating the view that disability is tragic and that her life ended because she felt that she had nothing more to live for. Hence her declaration:

> I have got to have this option. Don't take it away from me *please*. This decision is the only thing I've got left (Appendix II, line 28).

Secondly, Rangi is challenging the dominant view that disability is not tragic, or necessarily permanent.[41] Rangi is conveying the message that most disabled people do have the strength to cope with their disability and continue to lead a life of good quality.

As in the above example of conversational dialogue language must be social, if meaning is to be communicated effectively between people. Saussure's explanation of the social part of language has two related elements. The first he identified as *langue*, that is, the rules that govern the structure of sentence formation i.e. the structure of subject-verb-object. This enables people who speak English to understand each other. The second element Saussure termed *parole*, involves oral speech, creative writing, or drawing. Hall (1997) argues that participants of a culture are born into a language, and it evolves within individuals – the writers and speakers of a culture. The rules of the language come from the shared cultural codes and the language system of society.

When language exists in written words, members of a culture must abide by the rules of their language if meaning is to be understood and communicated effectively. However, it can be argued that these rules are not always consciously adhered to, in the spoken or oral context. In this form language becomes naturalistic and visual. For example, pauses, 'ums' and 'ers.' Facial expressions, hand and body language, and alteration in the tone of voice often accompany these characteristics of speech. The source of language exists in society, as members of a culture learn the language of the society and interpret concepts in many different ways. This means that language can also have a political dimension. Paul Holmes states that:

> I'm a great believer in being sensitive to the politics of language ... similarly; we say somebody has an accident at work and was confined to a wheelchair.

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[41] It can be argued that Rangi's ability to walk again occurred because of the generic confinements of soap operas and stereotypes.

> The word 'confined' is limiting.... We say somebody had an accident and they ...were doing quite well until they ended up in a wheelchair. The word 'end' as if your life is suddenly over[42].

The selection of words such as these, accompanying the images, anchor meaning to an image of disability. These images create a basis for people to learn from, especially if non-disabled people have had little or no experience with disability. This is why the use of stereotypes is still important when investigating the images of disability. Such images become imbedded in our culture to the extent that they are considered appropriate, 'natural' and are rarely contested. The creation of such images has a profound effect on the lives of disabled people because of the attitudes and assumptions toward disabled people, which are contained in the language.

The lived experience of disability is beginning to be acknowledged in New Zealand media, however subtle, thereby creating a balance in the representation of disability. Shortland Street has openly explored the lived experience of disability in the MS narrative sequence. The variation in the stereotype is in keeping with audience expectations and a reworking of reality to incorporate the experience of disability. Moreover, it is clear that disabled people are becoming more involved behind the scenes in *Shortland Street* providing the opportunity for input regarding the authenticity and experience of disability. Research into the experience of disability can lead to a gradual breakdown of stereotypical disability images, which may place them in a naturalised, New Zealand context. This gives them a sense of uniqueness; a part of Kiwi culture, from which other programmes both in New Zealand and off shore can follow *Shortland Street*'s example.

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[42] Paul Holmes as quoted to Bill Wrightson, Inside/Out pilot video.

CHAPTER 5: IMPLICATIONS FOR THE FUTURE

Disability groups maintain that the *way* disabled people are represented in media images is inappropriate and often the portrayal is unrealistic. Thus, they argue that the general non-disabled public receives a misguided message concerning disability and moreover, they continue to be misinformed. Such images "are positively unhelpful in providing role models for disabled people and in breaking down the prejudice among the rest of the population"(Oliver, 1990, p.62). These arguments are in response to the way the media implements stereotypes as a method for representing disability. These popular stereotypical forms, it is argued, exclude the lived experience of disability and invalidate the opinions and perspectives of disabled people. Morris (1991, p.85) claims that "the representation and exploration of human experience is incomplete as long as disability is either missing from or misrepresented in all the forms that cultural representation takes".

Disabled people assert that when they are represented in the media, it is in a manner, which is acceptable to the non-disabled public. British photographer, Hevey (1992) suggests that *The Family of Man*[43] (1951) exhibition is an illustration of this. Hevey (1992) notes that of the 503 images shot for this exhibition (from 273 photographers from all over the world) only one image of a visibly disabled person is included. Hevey (1992) argues that the image only warranted inclusion in the exhibition because the image is considered 'positive'. It shows a boy enjoying chasing a football, in spite of his disability (1992, p. 55). Hevey suggests that this image is positive, because the boy is overcoming adversity. However, Cahill (1991) argues that such images are negative, even when such adversity is overcome, as the adversity is placed into a stereotype and over-sensationalised.

This thesis emphasises that examining stereotypical images on their own leads to a reductionist view concerning the cultural images of disability. As a result of the research conducted, there is a need to uncover the origins of the media's technical

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[43] This image can be found in a book entitled ' The Family of Man'. It is worth noting that this image is found on the last page and is considerably small in comparison to other images.

construction of the disability image, and how these contribute to the meaning of disability in Western society. This can be achieved by applying a semiotic approach to a media text such as *Shortland Street*. A semiotic approach asserts that meaning manifests itself through signs, objects and concepts, whether they are written, oral or exist in a three-dimensional form. The meaning becomes operational when members of a culture, through their application of codes, communicate with each other and interpret the meaning. From a media perspective, the objects and compositional elements of a scene, or sequence, all perpetuate meaning, whether it is dialogue, camera shots, lighting, props, or gestures. Each element is constructed and incorporated within a scene to convey a meaning, and they are never accidental. For example, the use of eye contact, or avoidance of eye contact, in *Shortland Street* is a very powerful tool, when examining what could otherwise be considered as irrelevant detail, has quite a significant impact on the intended meaning.

Shortland Street is not the only example where disability is represented as an authentic experience and viewed to be part of the diversity of New Zealand culture. In advertising it is evident that disability has been included in mainstream advertising, however subtle. For example, the Nescafe advertisement with its slogan 'open up' includes a disabled person in one camera shot, as does an advertisement for 'Play Station' and the 'Thanks Coach' advertisement. It is worth noting that in each advertisement the wheelchair is only in view for a split second, perhaps making the disabled individuals appear natural and part of the diversity of New Zealand society.

Charity advertisements, where images of disability have predominated for many years, have also undergone a transformation in the New Zealand media. For example, in recent years, the National Deaf Association provided the opportunity for the general audience to experience a degree of deafness by omitting sound from their commercials and making visual reference to deaf awareness week. The CCS campaign (1997) dispelled the arguments of charity advertising. In a series of three advertisements, a man (disabled comedian Phillip Patston) in a wheelchair with cerebral palsy and speech impairment is the focus. He is presented as a 'hip' guy, with his peroxide blonde hair and pieced ears[44].

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[44] See Appendix IV for dialogue

The IHC also follows suit in their 1998 annual appeal. Its focus is an adolescent boy who is portrayed as an 'average' teenager. His intellectual disability is concealed until the voice over states he is "not the average teenager" and he looks into the camera and the truth about his identity is revealed.

It may appear that the purpose of these commercials is to challenge the hegemony of disability, which suggests that disabled people, are pitiful victims of unfortunate circumstances and deserving of charity. In particular, these commercials challenge the objectives designed to increase public awareness as a means of financial and community support.

There are several ways that disabled people can empower themselves and make a change in the media, though change will take time. But how far advanced is New Zealand in creating an alternative image of disability, where the concept of disability is de-sensationalised? Moreover, what are the processes that need to be implemented to ensure the stability of the 'new' image of disability within a competitive market, such as the broadcasting industry? The creation of the new series, *Inside/Out* is perhaps one of the biggest developments to date, which acknowledges disabled people as a target audience.

The Disabled Audience

Past analysis on audiences has considered the audience to be homogeneous. Ang (1991) argues that abandoning the belief that the audience is an institution acknowledges the diversity of the audience, in terms of the various practices and experiences audience members may have when watching television. To include the social world into the discussion of audiences is to acknowledge the fact that the audience is active and can apply a myriad of experiences and practices when interpreting the text. This has profound implications for the disabled audience, as placing the media images into a stereotype is to assume that the audience is an institution. The stereotypes are created for the non-disabled audience, and Hevey (1992, p.11) believes that the constructivist process of the disability image consists of:

> non-disabled image-making, beginning and ending with a non-disabled photographer, directed by non-disabled art director, commissioned by non-disabled-employed ad agency, working for non-disabled-controlled charity, appealing to the (assumed to be) non-disabled public.

Is it not appropriate to suggest that disabled people are part of 'the public' as well? The concept of what is 'the public' or 'the audience' for the purposes of media output needs some redefinition. Ang (1991) suggests that:

> ... we must resist the temptation to speak about the television audience as if it were an ontologically stable universe ... our starting point must be the acknowledgement that the social world of actual audiences consists of an infinite and ever expanding myriad of dispersed practices and experiences that ... should not be contained in any one total system of knowledge (1991, p.155).

Adopting the view that the audience is heterogeneous has implications for the image of disability. Firstly, it may lead to the gradual deconstruction of the stereotypes of disability and value the disabled person's point of view. Secondly, it means that various interest programmes will be developed to cater for the needs of a diverse audience.

The new programme *Inside/Out* is designed specifically to meet the needs of the disabled audience. CM Research commissioned by New Zealand on Air was conducted to survey the reactions of the television audience of disabled people. It was discovered that the target audience for this programme was likely to be over 40 years of age, either employed part-time or unemployed and have a disability for ten years or more. The research also concluded that the type of content that the disabled audience preferred was 'real life people at play' in a documentary format. Those who were surveyed also believed in the importance of having a disabled person presenting the programmes. This would enhance the authenticity and validate the disabled voice. Two groups constitute the disabled audience, highlighted by CM Research, that is, those who feel strongly about the rights of disabled people and those who prefer to be treated the same as the non-disabled population.

Robyn Hunt, researcher and producer for the new magazine style programme

Inside/Out, suggests that there are some advantages to being placed outside prime time hours, as there is no added pressure on the programme to conform to audience demands. This is especially difficult to achieve when the programme is aimed towards a specific audience and is just starting out.[45]

Therefore, it is worth noting that *Inside/Out* promotes the universal nature of disability and bases its philosophy on a number of issues pertaining to the disability community:

> It should be in close touch with issues and events of significance to people with disabilities, but accept that because disability in some way affects all New Zealanders, that its appeal to viewers must be universal.[46]

Moreover, *Inside/Out* seeks to gradually disintegrate the stigmatisation of negative, cultural images of disability "... and openly discourage sensationalising, sentimentalising, or the pigeonholing of people or issues associated with disability".[47] For the concept of disability to be transformed into a more 'positive' image, the stereotypical form of disability needs to be adjusted gradually.

Re-conceptualisation of the 'Disabled Identity'

Disabled people have called upon the broadcasting industry to reassess their portrayal of disability in the stereotypical form. To begin with, the identity of disability needs redefinition. Disability needs to be recognised as a factor that constitutes part of a person's identity. Disability should be viewed in a broader sense, in terms of a category profiling an individual in the same way as gender, ethnicity or sexuality. Each person has different values, beliefs, abilities and interests, which contribute to the whole person. Therefore, the concept of diversity should be embraced and the notion of difference should not be used in a negative way. Directors, producers and other makers of media are slowly beginning to recognise the notion of 'difference' as positive. New Zealand director, Jim Moriarity comments:

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[45] These comments were part of an interview that took place when I expressed interest in working with the production team as a scriptwriter.

[46] This quote is taken from information given out to people involved in the production of Inside/Out

[47] ibid

> It takes a while … it shouldn't be that way … society ideally [should] be in a position where it embraced difference and celebrated difference … you know, and if you're disabled that's different and let's celebrate it. Rather than subjugate it and say it must become part of the consumer mass.

The view that 'difference' could be used positively has implications for the reconstruction of the disability image. This 'reconstruction' would be positive if disability could be placed in a context where an individual / character's disability was to be given equal significance like a characteristic (such as skin colour and eye colour) rather than the disability portrayed to be the 'whole person.' If such an image was produced and screened to an audience, then this would challenge the fear and denial which underpins many of the stereotypical forms of disability. Paul Holmes asserts that:

> … There's no reason why any of us should feel uncomfortable because so many of us have got a disability. … Everyone's got a cousin … who lost a leg, or who can't walk any more.[48]

Moreover, the naturalisation of disability would be further achieved if the disabled character was placed in the context of a regular job, with regular tasks and their disability was of no consequence to the narrative. For example, a child's cartoon, produced in America, entitled *Extreme Ghostbusters* (1997) has as one of the main characters a paraplegic who uses a wheelchair for mobility. He, like his comrades, captures ghosts, and regularly falls out of his wheelchair, and always manages to get back into it unscathed. If disability was portrayed in this manner, where the action of the narrative bears no consequence to the character's disability, then the social barriers and stigmatisation associated with the concept of disability would gradually disappear and be redefined by increasing the regularity of such an image.

Despite the fact that this example is a fictitious cartoon, the fact remains that it is an image of disability. This could be looked upon as positive as it attracts a junior

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[48] Paul Holmes quoted in Inside/Out pilot programme

audience.

> *During my involvement with promoting a disability awareness programme in schools, it became apparent that children are the best educators.*[49]

But, in addition, teachers, especially teachers of media, should also be re-educated to incorporate new changes and developments into their curriculum. This should begin for children at kindergarten and include schools and tertiary institutions.

Developments should not only be the responsibility of the Education system but also the media. Changes can be made through the language used, reportage text, and the angle of the news story or sitcom narrative. The media has a responsibility to be authentic in a New Zealand context. Broadcaster, Paul Holmes, comments on the past reportage of news and sports reporters and producers and suggests some possible developments[50], for example:

> Don't look at them because they're in a wheelchair. Look at them and examine them because of what they're doing, or look at them because of what they are achieving, what their mind is achieving[51]

Disabled people stress the need for balance in the representation of disability and their presentation of disability, in addition to the technical and structural changes of the media, genres. Patston comments:

> In the last 6-12 months, I've been in a number of mainstream TV interviews, and the focus has been on me as a person with a disability, rather than as a performer, or artist, or whatever. That's okay, in the sense that it's really important that disability issues are aired in the media, but what I think needs to happen is there needs to be a balance. There needs to be as much focus on me as a performer, or whatever the interview is about, as there is on my life with disability.[52]

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[49] This is a scenario from my own personal experience
[50] Paul Holmes quoted in Inside/Out pilot video
[51] Ibid.
[52] Ibid.

The implications of this could possibly lead to the discouragement of the sensationalising of the stereotypical form of the disability image.

Giving disability a 'disabled' voice

The potential for the employment of disabled actors to play disabled characters is perhaps the biggest development yet to take place. In the past disabled characters have been played by non-disabled people. Even though the actors have taken time to research the disability thoroughly, it is still not as accurate. For example, in *Shortland Street* (1996) a non-disabled actor, Joel Tolbeck, played Craig, a paraplegic friend of Rangi's during his paralysis crisis. Directors are reluctant to involve disabled people in their productions for fear of the image not 'looking good' because the person does not behave in a 'normal' and 'appropriate' manner, especially if they have, for instance, speech impairments and uncontrollable muscle spasms. Gaylene Preston[53] recalls a conversation with a director who was concerned about similar implications regarding a project in the 1970s about Bruce Burgess, a mountaineer with cerebral palsy.

> He [Graham Wilson, TVNZ] said, "Don't whatever you do interview him. We just want pretty pictures and we'll do a voice over".
> ... I knew that if we couldn't make Bruce Burgess the centre of that film, then it was going to become a film about taking a sack of potatoes up a mountain and who would want to watch it. ... So I'm happy to say that the interview with Bruce is the centre of that film and rightly so.

To provide an authentic cultural image disabled people must have input into the production of programmes concerning disability. To clarify this, just voicing an opinion is not enough, but to have disabled people who are trained in the field of post-production, production, script writing and acting would give the image authenticity. The *Inside/Out* production team acknowledges this vital point. "But where to start.

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[53] As quoted in Inside/Out video – Bronwyn Hayward interviews Gaylene Preston

Actors need experience and opportunity and that opportunity begins with writers and storytelling" (Hayward, 1997).

Some non-disabled directors and writers seek to incorporate not only disabled characters in their work but also disabled actors, portraying the true lived experience of disability. New Zealand directors and actors, Gaylene Preston, Miranda Harcourt and Jim Moriarty, recognise and acknowledge the importance of using disabled actors to fulfil those roles. Thus giving the disability image authenticity, as elaborated on by Harcourt, who has worked alongside the deaf community:

> ... retrospectively, now it would be better to have someone who is an inexperienced talented deaf performer playing that deaf role than it was at the time to have a hearing experienced performer playing that role.[54]

This can be applicable to all types of disability. This point however, highlights another issue, that is, the availability of disabled people who are trained as professional actors:

> Obviously the ideal situation is to have a superb actor who is profoundly deaf playing that role because then you have a fusion of performance and reality which is what the play is all about. In New Zealand that was a very difficult situation to achieve because we don't have any experienced performers here, experienced deaf performers, who are profoundly deaf.[55]

However, incorporating and recruiting disabled actors in television and film means that certain factors need careful consideration. Firstly, assigning a disabled person to a role could pose a problem due to character specifics. In other words, the disabled actor may be restricted in their abilities to play other disabled roles. For example, an actor with cerebral palsy may find it difficult to play a deaf character. Secondly, recruiting disabled actors with a diverse range of physical, mental and emotional disabilities is a mammoth task in terms of actor resources and availability. This prompts the question: Will there be enough disabled actors in the population to fulfil these roles? It could be

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[54] As quoted by Inside/Out video– Bronwyn Hayward interviews Miranda Harcourt.

[55] As quoted by Inside/Out video – Bronwyn Hayward interviews Miranda Harcourt

argued that a non-disabled person could be employed instead. However, this would completely undermine the efforts made to achieve authenticity of disability images in the media. Thirdly, access to broadcasting schools needs to be considered. For example, the South Seas Film & Television school in Auckland is upstairs, with no accessible elevator. Moreover, this highlights the issue of on-location accessibility. Due to the problems that a physical environment may present in terms of location and fieldwork, does this mean that some disabled actors may be restricted to studio work? This factor may inhibit their chances of successfully gaining a role.

In hindsight, the New Zealand media has made attempts to alter the cultural images of disability. Attempts such as researching the disability, and turning to advisors, are starting points for creating an improved image. The production of *Inside/Out* is achieving more for disabled people, than providing them the opportunity to voice opinions and issues, which are important to them. Moreover, some New Zealand directors are beginning to consider the perspective of the disabled community and acknowledge the importance of the true lived experience of disability and its portrayal. Targeting directors and other production people is crucial for the future of the disability image, through their increased awareness and acceptance of diversity the future of the disability image will have a degree of stability. Directors, such as Moriarity, Harcourt and Preston, who willingly employ disabled people to their full potential, may encourage other directors to follow suit. In addition, more training opportunities need to be available for disabled people in the media, whether it is in production, post-production or acting. These developments are feasible; they are not insurmountable, especially now that disability is gaining nationwide prominence in the broadcasting arena. It is important to remember that such developments will not occur instantaneously, because the most productive changes, if they are to make a lasting impact, occur gradually.

CHAPTER 6: CONCLUSION

In today's society disabled people feel that they are a minority and are oppressed. Most of this oppression has evolved out of the non-disabled view that disability is a tragic and unbearable experience. Medical professionals intervene in the lives of disabled people and recondition their bodies in an effort to make their physical/ mental appearance 'normal.' This is because non-disabled people have difficulty dealing with abnormality. Thus disability is manifested in stereotypes in the media so that non-disabled people can face disability issues without feeling threatened. Stereotypes recreate disability in accordance with the negative social perception of disabled people. It is the attitudes and beliefs of non-disabled people that create the notion of disability. Thus disabled people argue that disability exists in society, not in individual pathology.

This thesis investigated the cultural images of disability in visual media. Images of disability have existed in film and television since the 1920s and have usually manifested themselves in a stereotypical format, such as horror monsters, criminals and overcoming all odds or 'super-cripp'. It is the fear and denial of disability that underpins many of the stereotypical images prevalent in the media. Disabled people have criticised these stereotypes, believing that they contribute to non-disabled people's misconception of the true lived experience of disability. As long as the image of disability remains in its stereotypical form, the public will continue to receive a misguided message. Such arguments highlight the need for the broadcasting industry to redress its constructed stereotypes.

This thesis moved away from the traditional approach of analysing cultural images in the media, which are centred on the inaccuracies of stereotypes. This limits the potential progress of the reconstruction of disability images. Therefore, an analysis of the nature of representation explicated how the meaning of disability is produced and circulated within western culture. It is this representational process which underpins the current social perception of disability. The media uses the practice of representation to portray its images of disability. In account of this, questions were addressed by applying the semiotic approach to representation. Initially, the semiotic approach enables objects and technical elements to articulate meaning. Technical elements, such as camera shots, can have a profound effect on the meaning conveyed to the audience, and also have a profound effect on the meaning of disability. The first of the questions that was investigated concerned the various meanings conveyed by a disability image

It was found, through the semiotic approach, that a myriad of meanings existed in the *Shortland Street* texts. Firstly, the stereotypical meaning portrayed by the character Annabel was that a life with MS was a life not worth living. Using the semiotic approach exposed connotative, denotative and inter-textual meanings, which provided the universal concept of disability with an alternative positive perspective. In addition to these meanings, the semiotic approach allowed for the technical and compositional elements of the sequences to convey meaning. For example, the use of eye contact between characters, and between the character and the camera, conveyed meaning. The second issue investigated by this study explored the social perceptions of disability portrayed in the media and how does this impact upon the non-disabled and the disabled audiences?

There was a considerable amount of impact on the audience as a result of the media's portrayal of its MS narrative. Viewers were concerned because of the narrative's inaccuracy. They witnessed Annabel's rapid deterioration, and contacted the MS Society worried because they applied Annabel's experience of MS to their own lives. Viewers were also concerned because they believed that *Shortland Street* portrayed MS as a life not worth living and therefore condoned suicide. The presentation of Annabel's deteriorating MS was in accordance with the confinements of the soap opera generic code. Thus Annabel's rapid deterioration was as a result of time constraints on the narrative, and for reasons of excess and height of conflict, which are all characteristics of soap operas. The third issue explored by this study was to discuss the manner in which the media use images of disability to reinforce or challenge the status quo

It is because of the moral issues associated with the concept of euthanasia and disability that the narrative was presented as an emotional conflict between Annabel's (disabled) point of view, and Caroline's (non-disabled) point of view. In addition, there was an alternative point of view from the disabled population as conveyed by Rangi who was once paralysed. The technical elements of the scene played a significant role in the way that this moral issue of euthanasia was challenged and reinforced. This was achieved through the position of characters, creating a difference in height and articulating a sense of domination; use of eye contact, between character and camera; and close ups and zoning in, to intensify the emotional conflict. This conflict occurred mainly between Caroline and Annabel. The implementation of Rangi's point of view provided another disability voice conveying the idea that disabled people can still have a productive life in spite of their inabilities. This effectively challenged the stereotypical view that disability is a life not worth living. In light of the previous issues investigated, the forth and final issue explored this in this study considers the appropriate steps towards the re-conceptualisation of the disability identity in an effort to achieve a more authentic image in the media.

Exposing the technical elements, which construct the identity of disability in the media, provides a good basis for re-conceptualising images of disability. The most recent development to date is the production of *Inside/Out,* which is a programme made for, and by, people with disabilities. Training disabled people in production and post-production raises the question of recruiting disabled actors. Some directors have supported the idea that casting disabled actors to play disabled roles is the best way to achieve an authentic experience of disability. This also raises questions in terms of employment opportunities for disabled actors, for example, the requirements of various roles, and access to location and training, which may restrict the availability of disabled actors.

Given that such progress is possible, an alternative image of disability may be implemented in the media, focusing on naturalising disability. This could be achieved by placing disability in a narrative where the action bears no consequence to the character's disability. This thesis provides an example of how naturalisation can be achieved, as illustrated in the children's programme, *Extreme Ghostbusters* (1997), where one of the main characters is a paraplegic, and captures ghosts, with no reference being made to his disability.

From this study, it is clear that there is more scope for further research of critiques of media images of disability, and investigation into the way in which directors and producers may follow this example. More research is required to enable developments by directors to the technical elements of a narrative. In addition further research needs to be conducted into the way in which such developments support the redefinition of the identity of disability.

APPENDICES

APPENDIX I: Conversation between Annabel Luskwick and Caroline Buxton.

01. Annabel: It was a private conversation between two friends

02. Caroline: I was worried, scared

03. Annabel: So you went running off to Frank

04. Caroline: You tell me you're going to kill yourself. What do you expect?

05. Annabel: I know

06. Caroline: (Over Annabel) What would you've done?

07. Annabel: Darling, I'd put us out of our misery way back. You ever see 'Old Yeller'? (Wheelchair visible in frame)

08. Caroline: Don't you dare go all jokey on me. I *know* you meant it!

09. Annabel: I did. (Wheelchair visible in frame)

10. Caroline: (Surprised) You did?

11. Annabel: I was totally convinced (Wheelchair visible in frame)

12. Caroline: Are you trying to tell me you've changed your mind?

13. Annabel: My little chat with Frank helped. (teasing) He really is quite a dish isn't he? (CU Annabel, wheelchair visible in frame)

14. Caroline: You're just *playing* with me. I *hate* it when you do this!

15. Annabel: (Trying to soothe Caroline) C'mon. Sit down – Please?

Caroline moves to set down next to Annabel.

16. Annabel: I was all set to do the deed. But something's happened to change my mind.

17. Caroline: (relieved) Something I said?

18. Annabel: Yeah, might have been. Mostly just little things

19. Caroline: Can I order a truck load?

20. Annabel: I'm gonna have these (pause) dark moments, they pass. This one has. Ok?

Out on CU Caroline who is not convinced

APPENDIX II: Shortland Street: Dialogue between two close friends Caroline Buxton and Annabel Lustwick who wants to end her life.

SCENE LOCATION: Caroline and Kirsty's flat/Annabel's bedroom.

This scene opens on a mid shot of Annabel struggling to open a stuck drawer from her wheelchair. She has a box on her lap and is getting very frustrated.

01. Annabel: Aw, C'mon.

Caroline opens bedroom door

02. Caroline: Duvet, Here I come.

Sees Annabel struggling, goes over to help.

03. Caroline: Here let me

04 Annabel: (covering) Oh I'm fine, I can do it

05 Caroline: Oh, its ok. (reaches for the box)

06 Annabel: (Shouts and abrupt) Leave it alone! Are you *deaf?* (MS)

07 Caroline: (a bit shocked but thinks Annabel is overreacting). What was that for? For goodness sake!

08 Annabel: (Calmer and softer) Nothing, just personal stuff (CU Caroline)

09 Caroline: (teasing) Well I promise not to look

10 Annabel: Caroline – Don't...

It's too late. Before Annabel can stop her, Caroline bends down to take the box of Annabel's lap knocking the lid off and accidentally exposing the contents. (Music fades up to suggest suspense)

11. Caroline: What's all this? (panics) Needles, syringes and... They're drugs aren't they? Where did you get them?

12. Annabel: The nursing home

13. Caroline: Why (demanding)

14. Annabel: Why do you think?

(CU) on Caroline's face.

COMMERCIAL BREAK.

15. Caroline: Please

(2 person shot) Caroline standing opposite Annabel who is in her wheelchair

16. Annabel: No (CU) Caroline's face

17. Caroline: I'm going to have to take it off you

18. Annabel: You're fighting an invalid eh? That's not fair. (MS)

19. Caroline: Stop doing this to me, I have to do what I think is best!

20. Annabel: Snap

Caroline is understandably shocked and feels betrayed

21. Caroline: You *lied* to me

22. Annabel: No, I didn't.

23. Caroline: You said you'd changed you mind

24. Annabel: (MS) I said there would be times like this, when this is what I'd want to do.

25. Caroline: (Over Annabel) And that they'll pass

26. Annabel: Maybe

27. Caroline: (persuasive) They *will.* You don't need this stuff, you shouldn't have it. It makes it too easy to give up.

28. Annabel: I have got to have this option. Don't take it away from me *please*. This decision is the only thing I've got left. (CU) Annabel

29. Caroline: That's not fair (CU) Annabel

30. Annabel: I've got no control over my life. I can't do anything for myself, (pause) except this.

31. Caroline: It's *wrong, it's wrong*. I am not going to let you do this" (CU) Caroline

32. Annabel: I didn't say I was definitely going to do it. But I need to be able to. It sounds crazy, but knowing I can, helps me get through each day. (CU)

33. Caroline: I don't want to lose you

34. Annabel: I know. You're the best friend a girl can have. But I need you to understand. (CU Caroline)

35. Caroline: I'm trying (CU Caroline)

36. Annabel: Yeah, but other people won't. You have to promise me you won't say anything to Frank (CU Annabel)

37. Caroline: So long as you promise to keep talking me. And no more pretending your'e ok if you're not. (CU Caroline)

38. Annabel: And so you can cheer me up?

39. Caroline: Just keep *talking* to me

40. Annabel: Cross my heart

Out on CU Caroline

END OF SCENE

Notes: At lines 03 –05 shot of Caroline standing in front of Annabel.'s head is at the bottom of the frame to accentuate point of view…

APPENDIX III: Dialogue between Rangi Heremia and Lionel Skeggins.

Scene Location: Polkinghorn House.

Lionel is lying on the couch;

01. Rangi: So where's the house guest? (Walks over to him holding a glass of orange juice and sits in a chair opposite Lionel.)

02. Lionel: She went out. Didn't say where (changes to sitting position; legs apart, hunched, elbows on knees, clasped hands picks up remote and turns off TV).

03. Lionel: I'm catering the wake. I've offered to have it here. (MS Lionel)

04. Rangi: (Mumbling) It's your house (CU Rangi)

05. Lionel: D' ya wanna let me in on this? (CU Lionel)

06. Rangi: (Moody) Yeah Sure (CU Rangi)

07. Lionel: Try not getting mad at *me* eh? (CU Lionel)

08. Rangi: (Lightening up) I could have done what Annabel's done; back when I couldn't walk; couldn't see a future for myself. But I didn't. (pause). I didn't take the loser's way out. (CU Rangi)

09. Lionel: You never wanted to? (CU Lionel)

10. Rangi: Yeah, I did. Of course I did. But Becks, my friends, you got me through it. That's what friends are for. They're not there to tell you it's OK to die. And don't tell me you believe they are.

11. Lionel: I don't (MS)

12. Rangi: Then why is Caroline staying here? (MS Lionel)

13. Lionel: Because she needs some where to be. She needs friends. (CU Lionel)

14. Rangi: Yeah, - To clean up *her* mess (pause) well you can count me out mate. (CU Rangi)

15. Lionel: All I ask is that while she's here she is treated civilly. She's our *guest*. (CU Lionel)

16. Rangi: Fine

Lionel turns the television back on and the camera pulls back to a two shot.

APPENDIX IV: Advertisement - New Zealand CCS awareness campaign 1997.

Phillip Patston sitting in his wheelchair upon a stage.

“It’s not nice to laugh at people with disabilities. OK, just this once....

People ask me, how long have you been like this, and I answer them, quite honesty, about two weeks.”

(Close Up on hair–do after he points to his head)

“See? No re-growth”

(Words fade up on screen) ‘Priceless isn’t he?’

‘Not quite’

The man goes out of focus as the CCS logo appears on the screen, accompanied by the appeal envelope, and the dates of the appeal.

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