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Mainstreaming Disability on Radio 4

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Abstract

In the autumn of 1997 it was announced that Radio 4's programmes were to be rescheduled and a commitment was given that disability would become a mainstream issue for the network. The new schedule and the mainstreaming initiative were implemented in April 1998. One of the immediate effects of rescheduling was the disappearance of *Does He Take Sugar?*, the network's weekly programme which presented in-depth treatment of general disability issues. By way of replacement, *You and Yours,* Radio 4's consumerist programme of longstanding, was given the remit to include regular coverage of disability issues in its content. It was intended that the outcome of these decisions would be that regular coverage of disability would emerge from a niche slot within the network and be positioned within the mainstream of the network's output. On the one hand, the implementation of the proposal to mainstream disability yielded the possibility of an increase in the coverage of disability issues on Radio 4 in an integrated way. On the other hand it could mean a loss of effective and focused treatment of disability issues and a qualitative shift in the nature of coverage. The proposal to mainstream disability issues on Radio 4 thus touched on central issues concerning the treatment of socially disadvantaged groups and the quest for equality. Its implementation took place at a time when the UK disability movement was growing in political power, and disabled people in Britain were becoming aware of the promise of potentially beneficial socio-cultural changes reflected by developments such as the introduction of the Disability Discrimination Act (DDA 1995).

This thesis examines three aspects of the introduction of the mainstreaming initiative and the early years of its implementation:
a) it draws on interviews with key players, conversations with others involved, participant observation reports and documentary evidence to examine the rationale behind the mainstream initiative and, in the light of the decision to drop the network's programme which focussed on general disability issues (*Does He Take Sugar?*), it examines the decision to retain *In Touch,* the network's niche programme for blind or visually impaired listeners;
b) it presents a quantitative and qualitative comparative analysis of the network's pre and post-mainstreaming treatment of disability issues. This includes analysis of ten editions of *Does He Take Sugar?,* the disability issues covered in *You and Yours* during the months of September 1998, 1999, 2000 and analysis of the series *No Triumph, No Tragedy,* presented by a former member of the *Does He Take Sugar?* team in the summer of 2000;

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Acknowledgements

Declaration

I declare that this thesis has been composed by myself and has not been presented for any other degree. All quotations are differentiated from my own work and all sources of information have been acknowledged.

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Chapter 1. Introduction

In July 1996, James Boyle was appointed Controller of Radio 4. Just over a year later he announced that Radio 4's programmes were to be rescheduled and that disability would become a mainstream issue for the network. The date for implementation of the new schedule and the introduction of disability mainstreaming was set for April 1998. Boyle had joined the BBC in 1975 as a Further Education Officer. During a previous appointment as Controller of BBC Radio Scotland, that network had won the Sony Award of Radio Station of the Year in 1994. My thesis focuses on the decision to mainstream disability and the subsequent output of disability-related coverage on Radio 4.

This introductory chapter commences with a natural history of my research project. The research issues are outlined and the chapter concludes with an outline of the structure of the thesis.

The natural history of the research project

In the summer of 1997 I was interested in doing a PhD on how images of disability presented by UK voluntary organisations had changed over time. This was the topic of the research proposal which I submitted to Glasgow University, and, my proposal having been accepted, I started work on this project. In order to fund my study I made a successful application to the BBC to work in its call centre in Glasgow. Shortly after I started work with the BBC, the call centre learned about the rescheduling proposals for Radio 4 and the decision to mainstream disability on the network.

In the light of the mainstream initiative, my research supervisors recommended that I switch the focus of my research to the treatment and coverage of disability on Radio 4 pre and post-mainstreaming. There were clear advantages in changing the topic of my research. As an 'Information Agent' with special responsibility for Radio 4's disability output, I was in a unique position as an independent researcher to trace the processes involved in the rationale and implementation of the mainstreaming policy. Contact with Radio 4 personnel facilitated access to key players involved in the initiative. I also had access to data relating to all aspects of disability coverage on the network e.g. details of planned future disability coverage, 'Programme Prospects' (pre-transmission details of the proposed content of disability programmes), and feedback from Radio 4 audiences. Although I was offered a new contract

by Capita plc., who took over control of the Helpline in December 1998 (see Appendix 4.1), I resigned from my employment in the call centre in March 1999.

Although remaining within the field of disability studies, my research now focused on studying the medium of radio. While my first-hand knowledge of disability provided a solid base from which to investigate theoretical developments in this field, the prospect of engaging with radio studies offered a completely novel and exciting challenge. Conducting research into Radio 4 held several attractions. Firstly, the field of radio is under-researched (see Chapter 2: Theories of mass communication). Secondly, data collection of radio programmes for content analysis could be gathered at home where, as a disabled person, I carried out most of my study. Tape-recordings (if necessary using a pre-set timer) could be made and the content of programmes transcribed and subjected to analysis when convenient. Thirdly, as my study shows, the medium of radio provides a rich and interesting field for research, particularly, in this case, research grounded in disability studies.

However, studying Radio 4 also presented dilemmas. The network's daily output of just over eighteen hours raised a potentially contentious issue with respect to data collection for content analysis—selectivity. For reasons of practicality, decisions had to be taken concerning the amount of the network's output which could be included in my research. While conceding the limitations of my study in this respect, the analyses of programmes which have been selected as data sources do provide findings from which conclusions regarding similarities and/or differences between Radio 4's pre and post-mainstreaming coverage and treatment of disability may be drawn.

The research issues

This research addresses three questions:
- What was the rationale underpinning the initiative to mainstream disability on Radio 4 as part of the network's rescheduling?
- What were the significant changes in Radio 4's post-mainstreaming disability-related output?
- What are the implications of these changes for the transmission of images and ideas about disability and for the disability movement?

My research questions will explore the areas of production, content and audience response which are of perennial concern to media analysts (see Eldridge et al. 1997, Miller et al. 1998). The model comprises three analytical components:

- Production Analysis: studying the way in which media personnel make decisions and the context in which these decisions are taken and implemented

- Content Analysis: analysing the outcome of media production processes i.e. the actual content of the media reports

- Audience Response Analysis: analysing how people respond to the media representations.

The structure of the thesis

The thesis is organised into three sections. The first section explores the theoretical issues which surround a study which focuses on disability portrayal in the medium of radio. Mass communication theories and theories concerning disability and disability studies are discussed in Chapters 2 and 3. My research methodology is detailed in Chapter 4, which provides a link between the first and second sections of the study. The second section of the thesis embodies the core of my research enquiry – the representation of disability on Radio 4. The three stages of the process of mass communication identified by media theorists, Production, Content and Audience Response, provide the structural framework for this section of the thesis. Chapter 5 addresses the area of Production, Chapters 6 and 7 focus on Programme Content, and Chapter 8 concentrates on Audience Response. The third, and final, section of the study is devoted to consideration of the research findings and their implications for disability theory, policy and practice.

Chapter 2 begins by tracing the history of theorising about mass communication and then focuses on Stuart Hall's (1973) 'circuit of mass communication' theory. Since the 1930s analysts have explored the influence of the messages transmitted by the mass media. It was originally theorised that producers of mass communication controlled the way in which their messages were received. Subsequently, however, media researchers chose to explore the role of the message receivers more deeply and argued that their findings suggested that the system of mass communication was a more complex process. They claimed that there were three major components of the process – production (the rationale of media messages), content

(their text) and response (their interpretation by receivers). As media research progressed, the role of the receivers was accorded growing significance and they were identified within the process of mass communication as active players rather than passive recipients. In his theory of mass communication, Hall (1973) also argues that receivers exert their influence on broadcasters, and, consequently, the receipt of media messages does not signal the end of the process. Thus, contends Hall, mass communication should be viewed as a 'circuit' rather than a finite process initiated by senders and culminating in receivers. My study is structured around Hall's conceptual framework, which indicates the need to investigate production, content and audience response in order to understand the social influence of the media.

Hall's (1973) paper reflects disability theorists' identification of the importance of the voices of disabled people in the field of disability studies. Early media theorists considered audiences to be in the thrall of mass communicators and passive objects of media messages. Similarly, medical notions of disability represented disabled people as tragically impaired candidates for medical intervention and, where possible, rehabilitative procedures. Disabled people were therefore positioned as passive objects in the process of disability research. Hall's (1973) paper distilled the ideas underpinning the growing conviction of media theorists that audiences should be acknowledged as active players in the field of mass communication and provided a signpost for the future of media studies (Alasuutari, 1999). The path of disability theorists towards identifying disabled people as active participants in the field of disability studies traced an analogous route. The rejection of the medically-based model of disability in favour of a socio-medical model (Bury, 1996) and subsequent adoption of a model which focussed on the social barriers faced by disabled people (Oliver, 1983) represented a shift away from equating disability with impairment and, thus, de-emphasised notions of disabled people as being 'other' or 'different'. Critiques of the social model centred on its de-emphasising the lived experience of disability – for them an integral component of any model of disability and one which could only be articulated by disabled people.

Chapter 3 addresses disability theory and media representation. Any review of disability theory would be incomplete without reference to the way in which disabled people have been treated throughout the ages. This chapter provides an historical perspective and examines different theories for examining the status of disabled people in society. It then goes on to explore how disabled people are represented in the media. An exploration of the rejection of the medical model of disability in favour of its social model disability reveals that the focus of attention shifted away from individual impairment, and disability came to be construed from a more socially grounded viewpoint. Within the social model, disability is seen, not as a consequence of impairment, but as a result of the structured barriers encountered by disabled

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people. Subsequent reassessment of the social model has led to an acknowledgement of the importance of individual experience when theorising about disability. Comparatively recently, disabled people who adopted the tenets of the social model have taken it into their own hands to challenge their socio-cultural and political oppression through the UK disability movement. However, in their struggle for equality, disabled people have yet to overcome the powerful challenge presented by their widespread misrepresentation in the mass media.

Methodological considerations are the focus for Chapter 4. This chapter commences with a review of the theories surrounding the politics and practice of disability research. The emergence of the social model of disability which countered the longstanding medically based approach to disability is traced. It will be seen that, over time, inadequacies inherent in the social model were identified by disability researchers who favoured a more pro-active role for disabled participants in the research process. The outcome of the increasing importance attached to disabled research participants was the introduction of the emancipatory model of disability research. The feminist critique of socially based models of disability is discussed. This critique focussed on the absence of individual experience as a component of the social model. Issues surrounding the role of the researcher in disability research are explored. It has been suggested that disabled researchers may be better qualified to conduct such research and that disability research outcomes should contribute to the struggle of disabled people against discrimination. The relationship between these issues and my research is discussed.

My methodology is based on the design used by researchers in the field of mass communication. Mass communication research, as has been noted above, highlights the importance of exploring three key areas. In my research, the data collected for the first of these areas (Production) was sourced from formal and informal interviews with key players in the mainstream initiative and from participant observation reports of meetings of the Radio 4 Disability Monitoring Group (see Appendix 4.2). For the study's content section, my data comprised cassette recordings of selected editions of four programmes. Data used to research audience response to the initiative was drawn from Radio Joint Audience Research (RAJAR) reports covering my research period (see Appendix 2), a Broadcasters' Audience Reaction Service (BARS) survey (see Appendix 3), and from four focus group meetings. The data were subjected to quantitative and qualitative analyses. The principal ethical issue concerning my research was confidentiality. It was particularly important that disabled contributors to my research were assured of this, because, as a disabled person, experience has taught me that exchanges between disabled people, especially when they are less formal, can touch upon sensitive and personal aspects of being disabled.

Chapter 5 focuses on the 'production' juncture of the circuit of mass communication. It was important to my study that I explore the rationale behind the decision to mainstream disability on Radio 4 and the subsequent output of disability issues on the network. Post-mainstreaming, *Does He Take Sugar?* was dropped while *In Touch*, a programme dealing with issues relevant to blind and visually impaired people was retained in a shorter form. Post-mainstreaming, *You and Yours,* a weekday consumerist programme, was given the remit to provide regular coverage of disability issues. Other disability-related programmes were commissioned to supplement the *You and Yours* coverage of disability. This chapter explores the different perspectives of key actors, including the controller, producers and presenters.

In Chapter 6, I concentrate on the content of two Radio 4 programmes. As was mentioned above, *Does He Take Sugar?*, Radio 4's only niche programme which focussed on general disability issues, was, after more than twenty years of broadcasting, dropped from the network as a result of rescheduling. *You and Yours*, Radio 4's daily consumer programme, was instructed to cover disability issues on a regular basis, post-rescheduling. In this chapter sample editions of both programmes are subjected to quantitative and qualitative analyses. The aim of the analyses is to explore the extent to which switching Radio 4's output concerning disability issues from a specialist to a non-specialist programme affected the scope of their coverage and influenced the way in which they were treated.

Chapter 7 focuses on the content of a series of programmes, *No Triumph, No Tragedy,* transmitted on Radio 4 post-mainstreaming. In chapter 6, I suggest that one factor which might contribute to the differences in the treatment of disability in a consumer programme (*Your and Yours*) and a specialist disability magazine programme (*Does He Take Sugar?*) was that the presenters and production team of the latter programme approached disability issues from their standpoints as disabled people i.e. with the authority of experience. In order to ascertain whether or not, in the light of mainstreaming, the approach of *Does He Take Sugar?* had been lost to the network as a whole, I decided to conduct an analysis of *No Triumph, No Tragedy*—a series of disability-related programmes which were transmitted on Radio 4 some two years after the introduction of the mainstreaming initiative.

This series was very different in form and content from the other radio coverage of disability discussed elsewhere in the thesis. I selected the *No Triumph, No Tragedy* series because the participants in each edition – interviewer and interviewees – were disabled people. In addition, I wished to consider what messages about disability were implicit in the programme's content and format. The series involved just Peter White and one disabled interviewee (for each of the six episodes) engaged in in-depth one-to-one conversation for

around 30 minutes. In each programme, then, both presenter (White has been blind since birth) and interviewee were disabled in some way. The nature of the talk which emerged in this context was, as I shall show, particularly interesting in the ways in which it addressed and treated aspects of disability and identity rarely explored in the sample editions of *You and Yours*.

In view of the significance placed by media researchers on the role of audiences in 'making sense' of media messages, it was important to my study that I researched the way in which Radio 4 listeners had responded to the disability initiative. Chapter 8 reports the findings from this area of my research. It is important to note that I have not conducted in-depth 'reception research' into how audiences interpret media messages, as the findings reported in this chapter relate to people's perceptions of the mainstreaming initiative. In order to do this, I assembled four discussion groups. As I was interested in exploring as wide a range of views as possible, the groups consisted of disabled and non-disabled people. Many of the disabled participants expressed their surprise at being asked to participate in my study as, they said, this was the first time they had been asked to contribute to disability research. Interestingly, disabled participants often drew upon their own experiences to illustrate their opinions in a manner which suggested to me that a particular rapport, based on our shared identity, was established during our meetings. The views of the discussion group participants are correlated with findings which emerged from other areas of my study.

Chapter 9 brings together the findings from my study. Relating them to my research questions, the findings' implications for disability theory, policy and practice are discussed.

This introductory chapter has provided a natural history of my research project and has touched upon the advantages and disadvantages of studying the medium of radio. The research questions have been outlined and the study's theoretical grounding has been signalled. In providing a 'map' of the thesis, the chapter has indicated that the study falls into three sections. The opening section addresses theories of mass communication and theories concerning disability and its portrayal in the media. It is the first of these—theories of mass communication—that the thesis now explores.

Chapter 2. Theories of mass communication

Introduction

While this thesis is rooted in disability studies, it usefully draws on theories from within media studies too. In this chapter I therefore briefly address two areas of media studies: theories about how people 'make sense' of programmes/messages; and theories about the role of radio as a specific medium.

The chapter commences with an outline of the history of theorising about how people 'make sense' of media messages' and then concentrates on Hall's (1973) theory of mass communication. I have explored this theory in detail because it shaped much of the recent theorising by media researchers.

In the second section of this chapter I examine the medium with which my thesis is principally concerned – that of radio. My study focuses on the treatment and coverage of disability by one network of one public service radio broadcasting system. However, in exploring the medium of radio in a more general way, the specific area of my research is placed in a wider context. Accordingly, I begin by examining the position of radio in the wider context of mass media. I then discuss the reasons why radio should have, until recently, attracted such little attention from media researchers. My focus is then shifted from the medium itself to its receivers and the importance which media researchers attach to the interaction between the mass media and their audience. Finally, the chapter provides an explanation of the theoretical underpinning of this study by relating it to the media theory discussed.

Theories about how audiences relate to media messages: a brief history

The rise of modern media studies can be traced to its beginnings in Germany in the 1930s where The Frankfurt School formulated a 'hypodermic model' of media influence (Eldridge et al., 1997). The 'hypodermic model' implied that mass media messages are read by individuals 'full and straight' (to quote Hall, 1973). The Frankfurt scholars argued that the medium of mass communication was so powerful that readers would be unable to resist messages compiled and transmitted by broadcasters. They tended, however, to consider the reader in isolation rather than as part of a social group.

Rejecting this way of viewing receivers, American media researchers of the 1940s and 1950s chose rather to identify audiences in terms of social groupings which respond to the messages of 'opinion leaders' e.g. politicians or newspaper columnists. Opinion leaders, according to these researchers, interposed between a message and its receivers, and thus represented one 'step' in a 'two-step' process of mass communication. Eldridge et al., (1997) cite Merton (1946) who stressed 'the importance of reference groups' and Katz and Lazerfield (1955) who researched 'personal influence' as proponents of this 'two-step' theory which stressed the 'role of social networks in mediating public responses to the media' (Eldridge et al.,, 1997, p.126).

A third theory of media influence is the 'Uses and Gratifications' (U & G) theory in connection with which Eldridge et al., (1997) cite McQuail (1972), Blumler and Katz (1974) and Rozengren et al. (1985). These researchers developed Herzog's (1941) exploration of the U & G theory. She focussed her attention on individual receivers who, according to her analysis of her research data, manipulate message text in accordance with their own self-interest – emotionally and/or socio-culturally. According to Katz et al. (1974), cited in Rubin (1986), the Uses and Gratifications Theory is based on five suppositions. Firstly, receivers actively select certain media messages. Secondly, they apply them to their own needs. Thirdly, their influence over the media is greater than the power of the media to influence them. Fourthly, receivers can 'articulate their own needs or motives for media use and communication behaviour' (Rubin, 1986, p.286). Finally, an understanding of the way receivers use and extract gratifications from the media is necessary before media content can be culturally evaluated. The main criticisms levelled against the U&G theory are grounded in its individualistic focus which inhibits the authenticity of generalised conclusions (see Rubin, 1986, pp.288-290). Commenting on the U&G theory, Philo (1990) writes 'The uses and gratifications perspective offered a relatively static model, in which individuals were seen as using specific messages according to their own interests and purposes. If there was an effect on belief it was largely construed as being one of reinforcement. But [...] this model does not come to terms with the complexity either of what is being transmitted by the media or of the cultures within which the messages are being received ' (Philo, 1990, p.6).

A fourth theory of media influence is 'Screen theory', an influential film theory so-called because it emerged from the writings of contributors to the British journal Screen in the 1970s and 1980s. 'Screen theory' proponents approached audience response research by focussing on 'the structure of the text and how that text positions the reader' (Eldridge et al., 1997, p. 128). They were interested in how film text 'confers subjectivity' on readers. Techniques such as the shot/reverse shot (a view of an actor followed by a view from the

actor's perspective), the theory's proponents argued, drew the reader into the text. In so doing, the reader is 'literally offered the fictional character's perspective, or placed in their shoes' (Eldridge et al., 1997, p.128). They criticised this 'realism of film-making Hollywood-style' which, for them, erased the constructed nature of the text and made 'the editing, framing, and selecting process invisible' (Eldridge et al., 1997, p.128). 'Screen theory' proponents, as Eldridge et al., (1997) point out, did tend to present film audiences as being in thrall to producers (and therefore subject to all sorts of ideological manipulation) in much the same way as the Frankfurt School had done with radio audiences.

A radical development of theories about audiences was heralded in the 1970s by Hall's theory of encoding and decoding. This is explored in greater depth below.

Hall's 'circuit of mass communication' theory

In a highly regarded paper, Stuart Hall theorised that the message unpacked by receivers may often differ from that intended by the producer. Hall's (1973) paper 'Encoding and Decoding in the Television Discourse' demonstrates that production and reception are only two moments in what he argues is a continuum rather than a finite or bounded process. And, far from being a straightforward transmission process, Hall's argument is that

> in societies like ours, communication between the production elites in broadcasting
> and their audiences is necessarily a form of "systematically distorted
> communication" (Hall, 1973, p.1. His inverted commas).

Hall (1973) contends that producers in the circuit of mass communication 'encode' a message for transmission. Producers operate within what he calls 'structures of production': institutional structures, organised routines and technical infrastructures. Furthermore, underpinning their messages are producers' ideologies, beliefs and attitudes, technical skills and expertise, and assumptions about their audiences. Thus the encoding of the message is influenced by the socio- political, economic and cultural position of the producers who operate within the structures of production. At a certain point (a 'determinate moment'), argues Hall, these structures combine and a meaningful message emanates. There are, then, two processes which take place prior to the emergence of the encoded message. His diagram (see below) illustrates this: 'frameworks of knowledge', 'structures of production', and 'technical infrastructure' combine as the production process commences. At a second juncture in the circuit, there emerges a structurally coherent message (meaning structures 1).

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At this stage the message, now 'encoded', comprises the programme as 'meaningful discourse'.

Diagram 2.1.

Programme as
'meaningful' discourse

encoding   decoding

meaning structures 1   meaning structures 2

frameworks of knowledge   frameworks of knowledge
structures of production   ←   structures of production
technical infrastructure   technical infrastructure

(Hall, 1973, p.4)
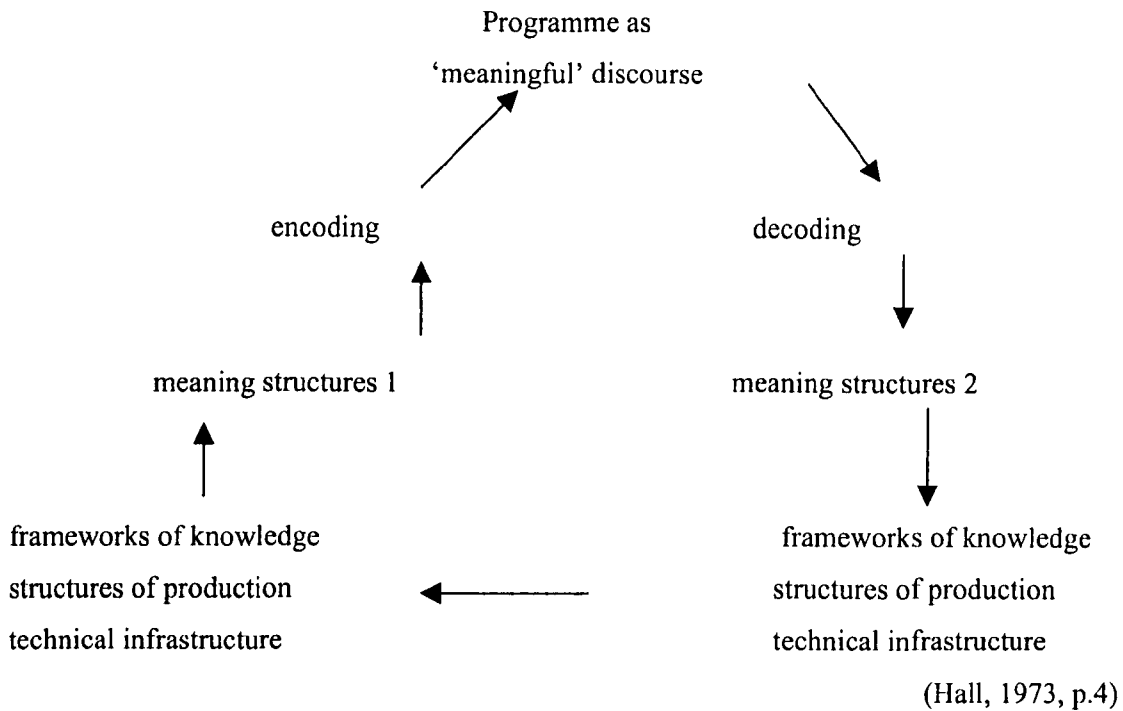
Content/meaningful discourse

For Hall, 'content' is 'Programme as "meaningful" discourse' (see diagram). He argues that the message content has denotative and connotative components. How these are read, he maintains, varies according to the extent to which the 'structured' position of the receiver 'systematically distorts' the communication process. There are occasions, however, when the 'meaningful discourse' becomes so stereotyped that its decoding becomes consistent.

Hall uses the example of the early TV Western 'with its clear-cut, good/bad Manichean moral universe, its clear social and moral designation of villain and hero, the clarity of its narrative line and development, its iconographical features', to demonstrate that the structure of the 'meaningful discourse' resulting from an encoded message can become so 'clear-cut' and its action so 'conventionalised', that 'most children (boys rather than girls, an interesting finding in itself) soon learned to recognise and "read" it like a "game": a "cowboys-and-Injuns" game' (Hall, 1973, p.5 His brackets and inverted commas). For Hall, this indicates that consistent conformity to an established set of 'rules' means that content can become both predictably encoded and subsequently decoded without distortion in a seamless process. Over

time, adds Hall, this production of rule-bound content whose decoding mirrors encoding, produces a 'genre'.

Hall further explores how the conventions of 'genre' are formed. In the case of the early Western, he contends, historical reality was transformed into 'the perfect myth'. The early Western is, for Hall, the 'archetypal American story' reflecting the pioneering spirit which drove settlers further west to a 'man's world' where the lack of organised law and order agencies meant the survival of the fittest (or 'fastest with a gun'). A world, he continues, where women were either 'subordinate' - 'little homebodies' or 'ladies' from 'back East' - or, if somewhat more liberated ('good/bad saloon girls') were destined to be 'inadvertently and conveniently shot or otherwise disposed of in the penultimate reel' (Hall, 1973, p.7). A 'strict semiotic analysis' could yield the 'specific codes' which signified these elements, continues Hall, but what can be seen is that from this 'deep-structured set of codes' emerged the 'paradigm action-narrative, the perfect myth.'

However, Hall argues that an audience, even in the case of 'genre' productions, may choose to decode structures codes in a way which may not mirror their encoding. Continuing with his early Western example, he feels that, for instance, the encoded structural character of a 'crack shot' hero or villain may be 'decoded' on a denotative level as meaning 'kill when challenged or in danger'. On a connotative level, on the other hand, it may be decoded as meaning: 'To be a certain kind of man (hero) means the ability to master all contingencies by the demonstration of a practised and professional "cool"' (Hall, 1973, p.10. His brackets and inverted commas). Thus, even 'deep-structured' and widely recognised encoding, Hall argues, does not guarantee consistent decodings.

Decoding/reception

Hall's diagram (see above) of the circuit of mass communication has, at its apex, the fourth stage in the process – the programme as 'meaningful' discourse. At the next stage in the circuit the message (programme as 'meaningful' discourse) is decoded back into a meaning-for-the-decoder structure (meaning structures 2). I have hyphenated the words 'meaning for the decoder' because, as is shown by Hall's addition of the number '2' to this meaning structure, its symmetry with meaning structure 1 is not invariably guaranteed. Hall's argument is that, at this point in the circuit the structures 'frameworks of knowledge, structures of production, technical infrastructure' within which the decoder operates, come into play. The denotative 'signs' within the message are now open to the connotative interpretations of the decoder. As decoders operate within their own socio-political, economic

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and cultural structures, argues Hall, the meaning structures which they can connote from the producers' encoded message may be assembled according to their decoding position, described in terms of four ideal types (Hall, 1973, p.16).

The first position Hall identifies is that in which the 'dominant or hegemonic' code prevails. Here, decoding mirrors encoding and the producers' connoted meaning is absorbed 'full and straight' by the audience. This position echoes the earliest theory of the influence of mass media communication – the 'hypodermic model' – promulgated by The Frankfurt School in 1930s Germany. In this position, according to Hall, the producers' ideal of 'perfectly transparent communication' is realised.

In the second (a subsidiary of the first) decoding position, what Hall calls the 'professional code' prevails. In this instance the producers, using their professional expertise, selectively encode an event, known both to producers and audiences, or, as he puts it, a message which has 'already been signified in a hegemonic manner' for transmission (Hall, 1973, p.16). Decoding takes place within this selective interpretation. However, the professional code differs from the dominant code in that it applies criteria and operations of its own, 'especially those of a technico-practical nature' (Hall, 1973, p.16). One of the examples Hall uses to illustrate the workings of the professional code is the politics of Northern Ireland whose 'hegemonic interpretation' is delivered by politicians. However, it is producers who select participants for discussions and debates about the subject on, say, television or radio. Documentaries about the subject are also presented in the formats decided by producers. Hall postpones further discussion of how broadcasters are able to preserve the autonomous nature of their codes while remaining faithful to the hegemonic signification of the events they are communicating (p.17). He does point out, however, that their institutional position affords broadcasting professionals both the access and the means to connect their 'ideological apparatus' to that of the 'defining elites'.

The 'negotiated code', not entirely dissimilar to the 'Uses and Gratifications Theory' (see Eldridge et al., 1997), is the third decoding position which Hall identifies. Here decoders understand the dominant definition and professional signifiers. Dominant definitions are hegemonic, adds Hall, because they connect events to 'great syntagmatic views-of-the-world' –widely recognised semiotic systems which provide readers with a coherent picture of social order. However, he continues, audiences operating within the negotiated code, while acknowledging its hegemonic and professionally signified components, adopt that version of a message which fits within their own socio-cultural and political circumstances. Hall uses the example of how workers may decode mass media coverage of an Industrial Relations Bill

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limiting their right to strike. They may choose, he argues, to acknowledge the hegemonic definition of the dominant or preferred code contained within the mass media's reporting of the bill. However, whether they decline or accept its application to their own particular or, as Hall puts it, 'local' conditions is not predictable. Broadcasters are mistaken, contends Hall, in thinking that audiences who decline to accept the connotative meaning from that denoted by the dominant code have misunderstood the message. They are, for Hall, operating from a 'negotiated code' position.

The 'oppositional code' is Hall's fourth decoding position. This position is assumed by audiences who interpret a message as constructed to reflect an ideology directly opposed to their own and choose to read it in a way which contradicts the encodement of its producers. 'This is the case of the viewer', writes Hall, continuing with the Industrial Relations Bill example, 'who listens to a debate on the need to limit wages, but who reads every mention of "the national interest" as "class interest"' (Hall, 1973, p.18. His inverted commas).

Hall concludes his paper by asserting that, once the denotative level of an encoded message has been read and its connotative level addressed by decoders, more than one 'mapping' of a circuit of mass communication is possible. The degree to which mass communication is 'systematically distorted' depends on the extent of the asymmetry between the frameworks of knowledge, the structures of production and the technical infrastructure of encoder and decoder. Furthermore, as his diagram of the system of mass communication represents a continuum, it can be seen that, in Hall's opinion, the decoders' structures, together with their socio-cultural, economic and political circumstances are not isolated from, but act upon those of the encoder. He supports this by citing Philip Elliot's (unreferenced) contention that 'the audience is both the source and the receiver of the [...] message' (Hall, 1973, p.3).

Hall's theory was explored by Morley's (1980) study which confirmed that audiences do adopt one of the three positions when reading message text – dominant, negotiated or oppositional – as Hall had suggested, but that it was more complex than might first appear. In 'The *Nationwide* Audience' (1980) Morley showed an edition of a long-running BBC television early-evening magazine programme – *Nationwide* - to 26 different groups. Groups were used in order to discover 'how interpretations were collectively constructed through talk and the interchange between respondents in the group situation' (Morley, 1980 cited in Turner, 1990). The group members, all of whom were part- or full-time students, included trade union organisers, university arts students, schoolboys, apprentices to trades, bank managers, teaching training students and print managers. Morley found that 'class alone was inadequate to explain the diversity of audience responses' (Eldridge et al., 1997, p.132); in

addition, age, gender, and ethnicity were mediators in decoding. Among the most interesting of Morley's findings for Turner (1990) were that 'Some groups, particularly the predominantly black ones, found the programme utterly irrelevant' and that 'Others participated very actively in the experience but produced readings that were internally contradictory and actually rejected what one might have thought were the interests of their own class' (Turner, 1990, p. 125). For Turner (1990), 'Morley's study demonstrates that it is not possible to tie differential readings to gross social and class determinants, such as the audience's occupation group. The polysemy of the message is a product of forces more complex and more subtle than these, and Morley admits this' (Turner, 1990, p.125).

While readings differed from group to group in Morley's study, Turner (1990) criticises Morley's methods on the grounds of the lack of diversity of readings within each group. Turner argues that this 'should make us question these readings' (Turner, 1990, p.126). He suggests that *Nationwide* may have been a programme that some participants would not normally choose to watch and only did so as part of Morley's study. 'Certainly, the screening of a programme such as *Nationwide* outside its normal context of consumption – at home in the early evening – changes its nature' (Turner, 1990, p.126). He feels, moreover, that, 'Once produced, the audience responses to the programme were treated inconsistently; some were interpreted and reworked by the researcher, while others were taken at face value' (Turner, 1990, p.126). The audience responses 'needed themselves to be treated as texts, and subjected to more sophisticated analysis than they received' (Turner, 1990, p.126). While stressing the importance of the study, in his final criticism of it, Turner contends that Morley 'was the victim of crude assumptions about the kinds of relationships he might expect to reveal between the meanings generated and their roots in "deep" social structures such as class' (Turner, 1990, p.126. his inverted commas). According to Turner, Morley admitted this in his later work – *Family Television* (see Morley, 1986, pp.40-44).

Other approaches to exploring how people relate to media messages have been developed by other scholars since Morley. Philo's (1990) study, for example, used a different methodology from that of Morley because, argues Philo, it did not seem very 'useful' to show audiences a particular programme and then attempt to gauge possible 'effects'. Instead, for Philo, it seemed more fruitful to ask groups to write their own programmes as this would show what they thought the content of the news to be on a given issue. It might then be possible, he argued, to compare this with what they actually believed to be true and to examine why they 'either accepted or rejected the media account' (Philo, 1990, p.8). Philo's study, initially running from November 1984 to February 1985, began by inviting groups of students at Glasgow University to imagine that they were journalists writing a short news item on the

1984/5 miners' strike. The participants were given a series of photographs which had been taken directly from the television screen. In 1986, the year after the strike, Philo broadened his respondent base and his study was then conducted on a more formal basis 'with a clearly sampled range of social groups and a set of questions which could be answered about beliefs and information sources' (p.12). His groups fell into four main categories: 'special knowledge groups' (including, for example, police officers, trade unionists), 'occupational groups' (including electronics employees, catering staff) 'special interest groups' (including retired people and parents of young children) and 'residential groups' from South East England, and Essex. As with the earlier groups of students, these groups were shown pictures from the 1984/5 miners' strike as the study's 'main focus was on beliefs about the nature and origins of violence in the strike' (p.25). Acknowledging that generalisations could not be made from the range of his groups, among Philo's findings were that 'Differences in political culture and class experience had important influences in the interpretation of the news' (p.133). In addition, while some groups did establish a 'fairly uniform cultural ethos which included an accepted account of the strike', in other groups 'the account was more openly contested' (p.133). For Philo, this raised important questions for theoretical positions which suggest that 'what is "seen" is determined simply by prior belief' (Philo, 1990, p.133. His inverted commas).

This brief review of some theories and studies about audience relations with media messages should be borne in mind when considering how people 'make sense' of programmes about disability or which address disabled people. I will return to reflect on this in later chapters.

The medium of radio

Radio in a global context

The growth of literature on the medium of radio has produced a number of epithets which have been applied to it by various authors. For example, for Crisell (1986) it is a 'blind' medium consisting only of sounds and silence. Wilby and Conroy (1994), in the opening sentence of their book describe radio as 'an intimate medium' while Alasuutari (1999) refers to 'the Invisible Radio'. Arguably, it is because radio is a blind, intimate and invisible medium that it has become a taken-for-granted part of our everyday life. But in taking radio for granted we may be underestimating its ubiquity and potency.

An indication of its ubiquity is reflected by the fact that, in terms of global media consumption, radio figures extremely highly. Sreberny-Mohammadi (1996) includes a table (Table 9.4 p.196) in her chapter from which I have extracted the following figures. The table,

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which refers to global media consumption 1987-1992, shows that, throughout the world in 1990, there were 35 radios per 100 people, ranging from 126 per 100 in OECD countries to 15 per 100 in sub-Saharan regions. By way of comparison the world figure for televisions was 14.7 per 100, and daily newspapers (copies per 100) 9.2. Indeed, Buckley (2000) contends that

> Only one electronic communications medium has become an intimate and
> pervasive presence throughout the developed world and penetrated into the
> remotest rural areas of the poorest countries. That, of course, is radio (p.181).

An early example of the potency of the radio medium was the widespread public panic following the broadcast of Orson Wells' dramatisation of 'War of the Worlds' in 1938. According to Pandora (1998), of the estimated 6 million listeners who had tuned in to Orson Wells' Mercury Theatre dramatisation of H.G. Well's *War of the Worlds,* more than one million appeared to have taken the fiction to be true and became panic stricken. The radio play, writes Pandora, cast as a news report, '"interrupted" a dance program to announce that a mysterious meteor had landed in Grover's Mills, New Jersey, a real town near Princeton' (p.23. Her inverted commas). Perhaps the most obvious indication that radio is a powerful medium may be deduced from the growth in commercial radio stations. By the mid1930s commercial radio was widespread in the US, and, for Lewis and Booth (1989, p.50), the American Forces Network, transmitting home-based programmes for US armed forces during the Second World War, played a significant part in the rise of commercial broadcasting throughout the world.

Radio and media studies

What is surprising, perhaps, is that such a ubiquitous and powerful medium as radio is 'the "Cinderella" of academic research' (Wilby and Conroy, 1994, p.15), and, as Jo Tacchi writes, 'an under-researched field' (Tacchi, 2000, p.290). Lewis (2000) suggests that radio has been marginalized in the field of media studies because of 'too little research, too few books,' and 'too little organised or sustained study of the medium' (Lewis, 2000, p.162). He contends that another contributory factor is that radio producers, writers and performers lack 'the status that critical acclaim brings to artists in other fields' (Lewis, 2000, p.162). In America, he points out, when television overtook radio in popularity in the late 1940s, research money followed and, from then on, American social scientists had concentrated on television. In Europe, on the other hand, 'German writers and scholars were keenly interested in radio before and after the Second World War, while in France it was film that had had most appeal to the post-war

intellectual community' (Lewis, 2000, p.163). As media and cultural studies developed in Britain in the 1980s, 'radio was relegated to being an episode in broadcasting history, or a second-string practical subject' (p.163). Part of the reason for this, Lewis suggests, is the strong 'literary' tradition, which, since the invention of printing and the spread of literacy, has put a value on 'visual rather than aural skills' (p.163). Radio, he contends, is seen as 'transparent' or 'unproblematic' and, for Lewis, the result is that the student interested in radio theory

> has constantly to attempt a mental substitution of radio for the visual media, of sound for vision, of analysis of acoustic images for their visual counterparts. Often this substitution is not possible and some kind of extrapolation is necessary – and, inevitably, unsatisfactory (Lewis, 2000, p.163).

It may be, however, that it is in acknowledgement of its 'intimacy' and 'invisibility' that researchers in the field of radio have chosen to explore the ways in which listeners relate to their radio medium in a social and a cultural context. The ubiquity of radio, as referred to above, provided an indication of the number of radios in use and, it may be presumed, a measure of potential listening. We can, and do, listen to radio at all times and anywhere – indoors, outdoors, and, with the exception of air travel, in transit. What is interesting, though, is, as Crisell (1986) points out, radio is 'almost invariably a *secondary* medium: we listen to it while doing something else, and this has certain important implications for audience studies' (Crisell, 1986, p.215. His italics). He argues that, as a secondary medium, radio is 'imported into the ordinary life of the audience to a much greater extent than television' (p.215).

Alasuutari (1999) argues that radio is most often perceived as 'a link, an extra sense or an extension of ourselves through which we are in immediate contact with the world at large' (p.92). When listening to or hearing a radio broadcast, contends Alasuutari, we seldom conceive of ourselves as doing anything else than 'staying tuned' to events in other places and we do not think that we are being 'exposed' to influences. 'Because of this image of hearing rather than being addressed "eye to eye" as an audience member, people do not notice that they are indeed listening to the radio' (Alasuutari, 1999, pp. 92-93. His inverted commas). Alasuutari, in exploring previous research findings that manual workers listen to more radio than others, carried out a study of radio listening which included a 'mini-sample' of 48 interviewees. Most radio listening was done by farmers and factory workers: 85% of the farmers and 64% of the factory workers were found to be 'heavy' or 'fairly heavy' listeners. (p.93). This, argued Alasuutari, indicated that being able to listen to the radio all the time at work requires a particular kind of occupation. 'It can be said', he continues, 'that

mechanical tasks enable simultaneous listening, whereas tasks that require an individual's full attention prevent it. That is why individuals' total amount of radio listening is correlated with their occupation and, more precisely, with the nature of their work' (Alasuutari, 1999, p.94). In his interviews, Alasuutari found that the proportion of music listening was biggest among the descriptions of car listening while,

> At the other end of the continuum we have programmes such as radio drama which require full attention. In the interviews people typically report listening to such programmes during holidays or weekends (Alasuutari, 1999, p.94).

Listeners or hearers

Crisell (1986), with reference to audience research studies, raises the question 'What constitutes a listener?' (p.192). Is it, he asks, someone who owns or has access to a radio set? Is it someone who listens to a whole programme, or to 50% of a programme, or someone who listens to the radio for a minimum period each day? Perhaps one could add a further question: 'Should audience researchers include in their categories a distinction between individuals who 'listen' to programmes and those who 'hear' programmes?'. Is Alasuutari's factory worker (a 'heavy radio user') listening to the radio or just hearing it? It is arguable that when radio listening becomes what Alasuutari calls a 'side activity' there is more likelihood of 'hearing' than 'listening'. It is, perhaps, this dichotomy of usage that marks radio most clearly out from other media. For example, we are either watching television/a film or we are not. We are either reading a newspaper/magazine or we are not. Radio broadcasting, however, can be accommodated in our socio-cultural milieu at a level of awareness of our own choosing – as the focus of our attention, as a 'side activity' or as a kind of 'acoustic wallpaper'.

It is difficult to argue with the notion that radio is an 'intimate' medium. We can, more comfortably, control and choose the way we relate to radio than, say, television. But implicit in the notion of 'intimacy' is trust. So, having an 'intimate' relationship with radio may mean that we relate to it, if we choose, as one relates to a close personal friend. In this circumstance we tend to sublimate the 'mass' dimension of the medium and position ourselves on a one-to-one basis with its messages. We are 'listening' rather than 'hearing'. Consequently, as our reading lends equal weight to both the denotative and connotative content of the texts we are, arguably, more apt to decode messages which conflict with our experiences, 'oppositionally' (to use Hall's (1973) terminology). This is, perhaps, most likely to happen when niche programmes are being broadcast. It can be reasonably assumed that most listeners to niche

programmes do so because they are interested in and au fait with its content. If the programme content reflects, for them, a poor grasp of the subject or its presenters' tone is inappropriate (and here I am thinking about my comparison between the *Does He Take Sugar?* and *You and Yours* treatment of disability issues, see Chapter 6), while these perceived shortcomings may have little impact on a 'hearer', a 'listener' is more apt to turn off – metaphorically and/or literally. Where difficulties arise is in squaring this notion of 'intimacy' with notions of an 'imagined community'.

Audiences

In his article, a shortened version of his welcome address at the 'Radiocracy' seminar in South Africa in 2000 in which he traced the development of radio, Hartley (2000) states that the 'public service' function of radio broadcasting which was sought by its 'early proponents' was realised because listeners liked the sense of 'imagined community' provided by 'hearing the same sounds as millions of others' (Hartley, 2000, p.156). This would seem to indicate that it is listeners who create 'imagined communities'. However, Hartley also reports that Thabo Mbeki, while he was South Africa's Deputy State President in 1996, regarded radio as a 'key' mechanism for 'growing civil society' in post-apartheid South Africa (p.157). Mbeki, although he also favoured the development of privatised commercial radio 'in a diverse media environment', was a keen advocate of state involvement in community radio as he felt that it was a 'good teacher' which would be able to deliver 'useful knowledge' to under-resourced citizens in 'the name of civil society'. Hartley (2000) cites Australia's National Indigenous Radio Service and The National Indigenous Media Association of Australia as the use of radio to form communities, in this case for Aboriginal and Islander people (p.157). As a downside to the community building propensity of radio, however, Hartley (2000) instances Rwanda, Angola and the former Yugoslavia as examples where radio 'can be used to build communities of hate' in which 'Its [radio's] very ubiquity and ease of access mean that it is available for the expression of freedoms of speech that are literally hideous' (p.158). According to Hartley, then, the notion of 'imagined communities' may, on the one hand, be a product of listeners' imagination; on the other hand 'imagined communities' may be a political and/or civil intangible construct conceptualised and targeted by mass media producers.

The future of radio studies

Alasuutari (1999) refers to three phases, or generations, of cultural media research. He traces the birth of audience response studies in mass communication research from Hall's (1973)

paper. Hall's approach, contends Alasuutari, involved a shift from a technical to a semiotic approach to messages, and his encoding/decoding article laid the foundation for 'and articulated the problems to be addressed in the "reception paradigm" for what became known as "media studies"' (Alasuutari, 1999, p.2. His inverted commas). In the second phase, for Alasuutari, 'a new *audience ethnography* paradigm was created' (p.5. His italics). In this phase, identity, particularly gender-centred, rather than conventional politics were explored. These studies concentrated on the politics of gender, on the discourses within which gender is dealt with in the programmes, and how women viewers interpret and make use of the offered readings against the background of their everyday life and experiences (p.5). In addition, interest in programme contents was overtaken by interest in 'the functions of the medium', which Alasuutari feels was 'a rebirth of the older American uses and gratifications paradigm' (p.5). Finally, this phase's researchers started to look at reception from the audience's 'end of the chain' (p.5). Instead of viewing a group as message interpreters, the focus shifted to 'the everyday life of the group, and relates the use of (a reception of) a programme or a medium to it' (p.5. His brackets). Alasuutari describes the third phase, or generation, of cultural media research as 'a constructionist view' which dated from the 1980s, a time at which, according to him, a number of writers began to question and discuss 'the premises of audience ethnography' (p.6). He cites Allor (1988), Grossberg (1988) and Radway (1988) who 'emphasised that there isn't really such a thing as the "audience" out there', adding that 'one must bear in mind that audience is, most of all, a discursive construct produced by a particular analytical gaze' (Alasuutari, 1999, p.6. His inverted commas). The objective, for Alasuutari, of this, still emerging, third phase is 'to get a grasp of our contemporary "media culture", particularly as it can be seen in the role of the media in everyday life, both as a topic and as an activity structured by and structuring the discourses within which it is discussed' (p.6. His inverted commas). It represents, he argues, a resumption of interest in programmes and programming, but not as 'texts studied in isolation from their usage as a element of everyday life' (p.7), and signals a move from 'audience psychology to sociology, and a development towards addressing a whole "media culture" instead of only mass communication' (p.9 His inverted commas). This would seem to be the approach taken by Tacchi (2000). She writes that, in seeking to understand what made radio so pervasive, 'so much a part of everyday life', she found that it was 'a part of domestic soundscapes and through its study contemporary domestic life can be glimpsed' (Tacchi, 2000, p.291).

The theoretical basis of this study

The overall structure of my study reflects the basic research design formulated by recent media researchers. In Chapter 5 (Presenting disability on Radio 4: the production process) I

explore the rationale behind Boyle's decisions to reschedule Radio 4's programmes and mainstream disability. In addition I examine the perceptions of key players concerning these decisions. This chapter focuses on the 'production' component of the process of mass communication. In Chapters 6 (*Does He Take Sugar?* and *You and Yours*: a comparative analysis) and 7 (Radio 4 and the Experiential Dimension of Disability) I analyse the content of sample editions of three Radio 4 programmes. In Chapter 8 (Audience Response) I focus on listeners' reaction to the treatment and coverage of disability on Radio 4 post-mainstreaming. In presenting the findings from my analyses my aim, drawing upon Hall's (1973) theory, is to contrast the meaning structures which emanate from the 'frameworks of knowledge', 'structures of production' and 'technical infrastructure' within which disabled producers operate (*Does He Take Sugar?* and *No Triumph, No Tragedy*), with the meaning structures emanating from those within which non-disabled producers operate (*You and Yours*). In the light of my findings, I also suggest how decoding meaning structures from the 'frameworks of knowledge', structures of production' and 'technical infrastructure' within which disabled receivers operate may differ from the their decoding by non-disabled receivers. However, it must be pointed out that my study does not address in depth or detail the interpretative dimension of audience decoding.

It might have been interesting to undertake further work to investigate the influence of audiences on the producers of programmes on disability. However, time constraints meant that this juncture in the circuit of mass communication was unexplored in my study. In this context, however, it is worth noting that Hall's (1973) notion of the circuitous nature of mass communication had been hinted at as long ago as the 1930s. Both Hartley (2000) and Hendy (2000) refer to the playwright Bertold Brecht's (1932) vision for radio as a two-way medium of communication. Brecht argued, writes Hendy, that if listeners could transmit as well as receive, 'then they would become producers of radio as well as consumers, and it would become a truly public, two-way form of communication' (Hendy, 2000, p.195).

Conclusion

This chapter began by outlining a brief history of how media scholars have theorised audiences and then focussed on Hall's (1973) theory of the circuitous nature of the mass communication process. It has been shown that the process from encoding to decoding is complex and its outcome unpredictable. The chapter then went on to focus on the medium of radio. It has been shown that radio is the most ubiquitous system of mass communication and continues to occupy an important position within the sphere of the mass media. Recent research into the medium of radio has revealed that, central to its being understood, is

recognition of the crucial importance of the role of its audiences, and the diversity of their decoding processes. In its final section, the chapter outlined the theoretical location of the study.

Chapter 3. Disability theory and media representation

Introduction

This chapter begins by placing disability in a historical context. Theories of disability as a social construct are then explored. In view of its significant impact on the lives of disabled people in Britain, the rise of the UK disability movement is traced. A review of literature concerning the portrayal of disability in the mass media comprises the final section of the chapter.

The historical context of disability

It is difficult to disagree with Barton's (1996) contention that a grasp of the historical dimension of disability is 'essential' in the current struggle for changes in socio-political attitudes towards disabled people, as it is unreasonable to suppose that culturally-grounded misperceptions about disability and the social exclusion currently experienced by disabled people are recent phenomena and have no historical bases. However, there is evidence to support Abberley's (1985) contention that much of the literature which addresses the history of disability has fostered the mistaken impression that discrimination against disabled people has been perennially 'natural'. For instance, the Ebers Papyrus (1500 BC), as Moores (1987) points out, indicates that the ancient Egyptians were, in addition to studying the causes and cures of disabilities, concerned about the social well being of people with impairments. There is also evidence that disabled people were not excluded from positions of authority in ancient Egyptian society. Rodman (1971) describes one of the priests depicted on an Eighteenth Dynasty (1580-1350 BC) Egyptian stele (a gravestone pillar) as having a deformity in his left leg characteristic of the after-effects of poliomyelitis. On the other hand, there is evidence that disabled people, particularly disabled children, were treated less favourably in ancient Greece (French, 1932; Pritchard, 1963), while in ancient Roman society, the well being of disabled people tended to depend on their economic or social value (Winzer, 1997; French, 1932).

In the three centuries following the sacking of Rome in 410 AD, Christianity rose to become the official religion of most of the western world. Opinion is divided on whether this was a welcome historical development for disabled people. Smith and Smith (1991) argue that the Judeo-Christian ethic's association of physical defect with sin has been responsible through

the ages for much of the oppression of disabled people. However, Gleeson (1997) objects to this argument on the grounds that there is a lack of evidence that disabled people experienced 'universal' social or religious antipathy (religious texts tending not to reflect historical reality), and that historical reality is 'too complex' to be explained through appeal to a single 'ethic'. What is difficult to deny is that the relationship between Christianity and disabled people has, over time, been less than consistent. The detrimental effect of St. Augustine's (6th Century AD) declaration that impairment was 'a punishment for the fall of Adam and other sins' (Ryan and Thomas, 1987, p.87), for instance, contrasts sharply with the policy of protective cloistering of disabled people undertaken by medieval Christian monastic communities (Winzer, 1997). Over time, however, there was a significant shift in the rationale behind this cloistering of disabled people. Whereas hospices had been originally founded to protect disabled persons from 'a vile world', 'the institutions that developed from the early 17th century served to protect society from the physically, intellectually and socially deviant and dependent persons in its midst' (Winzer, 1997 p 99). The socio-political and cultural consequences of this shift in the rationale behind the institutionalisation of disabled people have promoted and shaped the central theme underlying recent literature concerning disability (Finkelstein, 1980; Barton, 1996; Oliver, 1990; 1996).

The longstanding identification of disabled people with notions of 'deviance', 'difference', and 'devalorisation' was reinforced as a consequence of the Industrial Revolution. Much of the current literature addressing disability traces the source of the present social status of disabled people to the Industrial Revolution and the rise of Capitalism (Davis, 1997; Oliver, 1990). As capitalism developed, methods of mass production were introduced. Urban communities expanded as factories sprang up and agricultural tasks (many of which could have hitherto been undertaken by disabled people) became more automated and less labour intensive. Davis (1997) argues that

> the social process of disabling arrived with industrialisation and with a set of practices and discourses that are linked to late18[th] and 19th century notions of nationality, race, gender, criminality, sexual orientation, and so on (Davis, 1997, pp.9-10).

It was some considerable time, however, until the social process of disabling was addressed.

Theories of disability as a social construct

In this section I will show how disability theorists shifted the focus of disability from the impaired individual to the society in which disabled people live. However welcome this shift was for disabled people, some writers argued that the social model tended to downplay the significance of impairment, focusing instead on social, cultural, political and economic barriers to citizenship. Subsequently, other writers have suggested that since living with an impairment is an important feature of many disabled people's lives, this should be acknowledged rather than denied. In addition, some writers such as Thomas (1999) have maintained that disability has psycho-emotional as well as material aspects. This places new emphasis on individual subjectivity rather than economic and social structures, but also holds out more hope for societal change. I also discuss the social model of disability in Chapter 4 (Methodology) and the impact which its reassessment has had on approaches to disability research.

Proponents of a socially grounded approach to disability successfully challenged pre-existing definitions which construed disability in medical terms. Until relatively recently, theories about disability were based on a typology developed during the 1970s and adopted by the World Health Organisation (WHO, 1980), which distinguished between three ways of describing human incapacity:

- impairment, regarded as a neutral term in connection with a personal limitation;
- disability, used when an impairment is objectively defined and constitutes a restriction on mobility, domestic routines, occupational and communication skills;
- and handicap - whose designation, according to Barnes (1990) 'involves value judgement'(Barnes 1990 3-4).

In 1983, the United Nations (U.N.1983: 1.c.6-7) opted to distinguish between impairment (a loss), disability (a restriction resulting from an impairment) and handicap (a disadvantage resulting from an impairment or disability). Further reconsideration has led to the abandonment of the term 'handicap' and centred on the following two-fold classification formulated by the Union of Physically Impaired against Segregation (UPIAS):

> Thus we define impairment as lacking part or all of a limb, or having a defective limb, organism or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from the mainstream

of social activities. Physical disability is therefore a particular form of social oppression (UPIAS, 1976 pp3-4).

The UPIAS definition, then, shifted the focus of disability from the person with an impairment to the social construct within which that person exists. This change is referred to as a shift from the medical model of disability, which posited disability within the impaired individual and 'emphasises individual loss or inabilities thereby contributing to a dependency model of disability' (Barton 1996 p 8), to the social model of disability which identifies social attitudes, political indifference, and infrastructural barriers as being responsible for translating impairment to disability. Consequently, as the World Health Organisation has confirmed, disability became 'a political issue' (ICIDH-2 1999). Indeed for Gleeson (1997) there is 'no *necessary* correspondence between impairment and disability' (Gleeson, 1997, p.194 His italics). However, evidence that the widely acclaimed social model of disability is being reassessed may be reflected in the WHO's proposal that a 'biopsychosocial' approach to disability should replace the dialectic of 'medical model' versus 'social model' (ICIDH-2 1999). This approach, in acknowledging that both the experience of impairment and the social milieu of impaired individuals are inherent in its construct, invites consideration that disability is a more complex concept than a purely 'social oppression' theory first proposed by the Union of Physically Impaired Against Segregation in 1975 (see Oliver 1990) could encapsulate.

Oliver (1996a) argues that disability is undergoing what Kuhn (1961) would describe as a 'paradigm shift'. According to Oliver, the process of transition of disability paradigms may be viewed on three levels: the ontological, the epistemological and the experiential (Oliver, 1996a p 29). Thus, in addition to the need to understand both the nature and construction of disability, Oliver recognises the importance of exploring the subjective experience of impaired people. Shakespeare and Watson (1997), in their article defending it, agree with Oliver's contention that the social model of disability is in the process of development, exploration and analysis. They admit that an increasing emphasis is now being placed on disabled individuals' experiences conceding that the social model originally underplayed the importance of impairment in disabled people's lives 'in order to develop a strong argument about social structures and social processes' (Shakespeare and Watson, 1997, p. 298). Echoing this view, Pinder (1997) describes the social model of disability as 'a political tool'. In subjecting the social model of disability to critical examination, current theorists are adopting a more profound analytical approach to disability and exploring a diversity of perspectives from which it can be viewed.

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Linton (1998), advocating a broad-based liberal arts, interdisciplinary inquiry into disability, feels that Disability Studies theorists need to focus more on impairment and recognise that it is 'as nuanced and complex a construct as disability' (Linton, 1998, p. 529). By under representing individual experiences of impairment, Linton contends, the constructs and theoretical material needed to articulate the ways impairment shapes disabled people's interpretations of the world remain unexplored. Barnes (1999), however, while agreeing with Linton's view that disability studies would benefit from an interdisciplinary approach, disagrees that this approach should be based in the liberal arts or cultural studies. In his experience, Barnes argues, academics who have taken this approach tend to couch their writing in 'obscure and esoteric jargon' and, more importantly for Barnes, produce politically unchallenging and 'pragmatically irrelevant' material.

For Oliver (1998) medically based research into impairment and disability is dominated by positivist theories which identify 'personal limitations' and foster 'searches for cures, means of reducing impairments, or assessments of clinical interventions' (Oliver, 1998, p.1447). Positivist researchers, Oliver contends, are less than comfortable with the influence now being exerted on scientific research by the input of disabled people whose subjective experiences are seen as a threat to the notion of objectivity so important to positivism. He admits that positivist social medicine recognises the social context of impairment as well as disability, but argues that, despite this, researchers in this field continue to favour the prevention of impairments (and, by inference, impaired individuals) which, for him, raises profound ethical issues surrounding the future of an unborn impaired foetus. 'With the lack of systematic evidence,' asks Oliver, 'why should doctors assume, for example, that life with Down's Syndrome is not worth living?' (Oliver, 1998, p. 1448).

As Harris (1995) points out, concepts of disability have traditionally been based on the ideas of non-disabled people who have tended to categorise similarly impaired individuals into groups. However, it has been shown that many disabled people, while acknowledging the nature of their own impairment prefer not to be identified with other similarly impaired individuals. Oliver (1986), assessing the self-concept of a 14 year old girl with Down's Syndrome, found that the girl did not see herself as being similar to other children with 'mental handicaps' and did not wish to be so. She recognised children who had learning difficulties as being different from others, but did not apply these differences to herself. A polio survivor in Thomas' (1999) study also referred to avoiding disabled acquaintances 'like the plague'. The findings tend to support the view that it is erroneous to consider disabled people as a homogenous group. This homogeneity is undermined by the diverse nature of

impairment (and its impact on individual people) and, as Oliver (1986) and Thomas (1999) have shown, by the disinclination of impaired individuals to identify themselves with others similarly or otherwise impaired. Indeed Reeve (2002) cites Grewal et al's (2002) study which reported that the majority of the people with impairments in their survey did not identify themselves as disabled.

Watson (2002), argues that the social model, in shifting responsibility for disability from the impaired individual to the society within which that individual lives, has much to recommend it. On the other hand, he points out that, the social model presented disabled people as a homogenous group and thus de-emphasised the diversity of the experience of disability. In support of his contention, Watson cites Corker's (1999) argument that focussing on structural elements of disability presents an incomplete concept of disability and distracts attention from other sources of disabled people's oppression e.g. gender, race and sexuality. While these sources of oppression are socio-culturally grounded, their effects, it has been argued, differ from one impaired individual to another, and, in Watson's (2002) view, reconsideration of the social model is now necessary in the light of its 'rejection of experience'. Refocusing on the contribution which individuals with an impairment can make to disability theory will, for Watson, reinforce the view that disability is neither 'the product of an individual trait, the impairment' nor solely a 'social product'. Instead, he argues, disability will be seen as a 'fluid multiplicity which is subject to complex structural and interactional factors'. Interestingly, Watson (2002) cites Radio 4's *No Triumph, No Tragedy* series as an example of how disabled people, by narrating their own experiences, challenge cultural stereoptypes (see Chapter 7: Radio 4 and the experiential dimension of disability).

Thomas (1999) identifies two 'frequently conflated' interpretations of the social model of disability. In one interpretation, disability emerges from 'social interactions' between individuals or between individuals and 'organisational structures'. The second interpretation acknowledges the restrictions of individual impairment but only construes these restrictions as disability when an impaired individual encounters social barriers, 'then, by implication, disability is in existence wherever people experience restricted experience – it is then a question of looking for the social barriers' (Thomas, 1999, p. 41). The result of this conflation is, for Thomas, 'an unhelpful universalistic interpretation of the UPIAS stance'. Thomas (1999) acknowledges the role of socio-cultural barriers in the 'exclusionary and oppressive practices' which constitute disablism. However, she stresses that the destructive psycho-emotional effects generated by disablism should be regarded as an essential component of the social model of disability.

Thomas (1999) explores the psycho-emotional dimension of disability through women's personal accounts of living with disability. Her participants included some individuals with a congenital impairment and others whose impairment was acquired. Apart from the insight into the psycho-emotional effects of impairment which this study afforded its general readership, the narratives provided me, and I suggest most disabled readers, with reassuring 'that's me' confirmation that our own psycho-emotional reactions to disability are not unnatural but are bound up with the experience of impairment. Accordingly, it is difficult to disagree with Thomas' view that they should play a significant part in theorising about disability. Furthermore, in addition to addressing its psycho-emotional dimensions, disability theorists, argues Thomas, should explore three other aspects of disability: the 'political economy' of disability (pre and post industrialisation, globally and locally); the complexities of 'difference' (disabled/non-disabled and disabled/disabled); and the issue of 'impairment effects' (impairment *per se*, the 'impairment/disability dichotomy' and the chronic illness/disability distinction) (Thomas, 2002). It seems clear that a more comprehensive model of disability would be established if these aspects of it were incorporated into its existing social model.

Reeve (2002) also stresses the importance of the psycho-emotional dimensions of disability. For her, they are necessary for a 'contemporary' social model of disability. She argues that 'structural disability' does not create the same psycho-emotional experiences for all disabled individuals. Class, gender, ethnicity are among other factors which 'mediate' the effects of structural disability. Reeve perceptively points out, however, that disabled people need not encounter structural barriers to be affected by them, as awareness of their existence is enough to create psycho-emotional oppression. She also refers to the inhibiting lack of confidence which disabled people may feel when considering whether to apply for jobs or benefits and the lowered self-esteem they experience in the role as 'service-users' as instances of the 'internalised oppression' caused by impairment. For Reeve (2002), extending the social model to encompass the psycho-emotional dimensions of disability is crucial to a more comprehensive grasp of disability. For many disabled people, she argues, it is not the 'barriers out there' but the 'barriers in here' which have the most disabling effect on their lives.

Significantly, Reeve (2002), Thomas (2002) Watson (2002) all see a continuing role for the UK disability movement in the task of restoring the experiential dimension of disability to its rightful place within the social model of disability.

The UK disability movement

The rise of the disability movement in the UK, with the social model as a central tenet, acted as a catalyst for the socio-political advancement of disabled people and the acknowledgement of their undeservedly inferior social status. In the early 1970s, the Disability Alliance (led by non-disabled 'experts') highlighted the issue of poverty and disabled people. The Union of Physically Impaired against Segregation (UPIAS), established in 1974 and controlled by disabled people, however, was the first organisation to recognise and proclaim that the difficulties faced by disabled people were not going to be solved by their non-disabled contemporaries. In 1981 the British Council of Organisations of Disabled People and the Disabled Peoples International were founded.

An important consequence of the rise of organisations controlled by disabled people was a shift in the voluntary sector towards introducing disabled members to positions of power and influence within their organisations and a shift from organisations 'for' disabled people towards organisations 'of' disabled people. Perhaps inevitably, there arose difficulties between the newly formed organisations. For instance, while members of the Disablement Income Group (DIG), many of whom were non-disabled, viewed themselves as a single-issue lobbying group, the Union of the Physically Impaired against Segregation (UPIAS) argued that the struggle for socio-political progress for disabled people would be better served by tackling oppression on a broader front through the mass action of disabled people. Issues concerning the under representation of people with learning difficulties within radical disability organisations and accusations that the British Council of Disabled People was male-dominated and male-orientated also caused tension (Campbell and Oliver, 1996).

Despite this lack of cohesion, political pressure from organisations of disabled people, particularly the British Council of Organisations of Disabled People (formed in 1981, now the British Council of Disabled People), raised public awareness of the socio-political marginalisation of disabled people (Campbell and Oliver, 1996). The rising profile of politically active groups of disabled people e.g. Direct Action Network, formed in 1993, combined with numerous unsuccessful back-bench Bills dating back to 1982 eventually forced a Conservative Government with a dwindling majority to rush through the Disability Discrimination Act in 1995 - an Act full of extensive exclusions, weak enforcement mechanisms and unresolved issues (Gooding, 1996). In April 2000, following upon parliamentary legislation, the Disability Rights Commission (DRC) was established. According to its brochure, the aim of the commission, two thirds of whose fifteen commissioners are disabled people, is 'to achieve a society where all disabled people can

participate equally as citizens'. The passing of the DDA and the establishment of the DRC tend to support the view of the UPIAS that it would only be by the actions of disabled people themselves that disablism would be successfully challenged.

Stereotyping disabled people

The actions of the disability movement and the widespread acceptance of the social model of disability (and its refinements) have done much to further the cause of disabled people in their struggle for socio-cultural parity. However, a powerful force militating against this struggle is the negative stereotyping of disability in the mass media where disabled people have been, and continue to be, devalued because they have been historically portrayed as flawed non-disabled people (Hevey, 1997; Barnes, 1992a; Pointon and Davies, 1997). Most research suggests, according to Kitzinger (1997), that the media have the greatest influence where people have no alternative source of information or experience. That there is, for many people in the UK, no alternative source of information or experience of disability may be assumed in the light of recent research commissioned by the Leonard Cheshire Foundation which reported that over 60% of the general public in the UK under 35 has no regular contact with disabled people (Knight and Brent, 1998). Some reference to the mass media portrayal of disability is therefore necessary in order to assist an understanding as to why disability is currently so misunderstood. As the field of radio in general is under researched (see Wilby and Conroy, 1994; Tacchi, 2000; Lewis, 2000), it is unsurprising that the portrayal of disability in this medium remains relatively unexplored. Accordingly, the following brief overview of the portrayal of disabled people in the mass media focuses on films, television and the press.

Disability portrayal in films

Norden (1994) contends that films are 'powerful cultural tools' which tend to reinforce the 'ableist social order' by presenting images which differ sharply from 'the realities of the physically disabled experience' (p.1). The persistent tendency of filmmakers to encourage perception of disability as personal deficit is implicit in the 'cure' climax of a majority of films featuring a blind character which, for Darke (1997), provides 'false validity' to the medical model of disability. For some disabled people unrealistic portrayal of their impairment has adverse psychological consequences. Sue Hancock in Davies et al. (1987) discusses the portrayal of a blind heroine in a film directed by Alfred Hitchcock. She knew

that the actress, 'sighted of course', would be portraying the blind woman with stereotyped mannerisms – 'groping hands, eyes either tightly closed or vacantly staring'. For Hancock, this was embarrassing, but her paramount feeling, she adds, was that she, too, might become the 'helpless and pathetic victim' portrayed in the film. Non-physical disabilities, on the other hand, are often portrayed in a disingenuous way. For example, Kimpton-Nye (1997), instancing *Forest Gump* (1994) and *Dumb and Dumber* (1995), argues that the characters with learning difficulties in these types of films are 'exploited as thinly coded messages for portraying blessed, lovable simplicity' (p.35).

For some writers, the distorted portrayal of disability in the television and films may be related to the underemployment of actors, actresses and directors who are disabled (Schuman, 1988; Norden, 1994; Safran, 1998). Klobas (1988), however, detects a growing trend in Hollywood to use disabled performers to play similarly impaired characters, and to use characters with disabilities in 'incidental roles. Despite this, she writes, an 'immense chasm' exists between disabled people and their screen counterparts.

Disability portrayal on television

Leggatt (1990), whose study drew upon a survey conducted by the Broadcasting Research Unit into the portrayal of people with disabilities on television, reports a disproportionately high incidence of the portrayal of certain types of impairments (mobility, mental and visual). He argues that the reason for this was that they are 'more easily portrayed'. He also contends that disabled people are under-represented on television because of the reluctance of programme makers to embrace the social model of disability but remain committed to its medical forerunner. As to apportioning blame for the representational imbalance and distorted portrayal, he contends that the responsibility lies, not only with writers, editors and producers, but also with disabled and non-disabled audiences for allowing 'this deplorable state of affairs to continue' (p.85). However, Leggatt chooses not to address the issue of the underemployment of disabled actors and actresses. Perhaps more importantly, he fails to explore his findings concerning the reaction of disabled viewers when disabled people appear on television. Of the disabled people questioned in the survey, 24% said they felt embarrassed 'on certain occasions' and 47% of the disabled group agreed that 'some disabilities are "too disturbing and should *not* be shown on television"'(Leggatt, 1990, p.84. His italics and inverted commas).

The portrayal of disability in the press

Cooke et al. (2000) in their press survey 'Stop Press' (see Appendix 11) found that disabled people are still commonly described using 'outdated stereotypes and pejorative terms'. In one of its sections the survey explored the language used in the coverage of disability issues. Their findings showed that the words most commonly used were 'sufferer' (130 times), 'handicap' and 'the disabled' (both 69 times), 'wheelchair bound/confined' (37 times) and 'cripple' (25 times). While this kind of terminology reinforces the 'tragic' view of disabled people, the usage of 'deformity' (11 times) and 'freak' (10 times) reinforce notions of their 'difference'.

The report's examples of the press treatment of disability include instances of an (un) veiled hint that disabled people are 'undesirables' and are often guilty of deception:

Having disabled babies will be 'sin', says scientist (Broadsheet)

Most incapacity claimants 'are able to work' (Tabloid)

It is interesting to speculate what public reaction would be if the subject of these types of headlines were ethnic minorities.

Davies et al. (1987) argue that, across the spectrum of the mass media, the imagery and text associated with disabled people, particularly disabled women, tends to reinforce their social oppression and exclusion. As those who control the media, they assert, are almost all '(rich) men' (their brackets) there is every incentive for them to present the capitalist, patriarchal scheme of things as the most attractive system available and to convince the less privileged that 'the oppressions and limitations of their lives are inevitable' (Davies et al., 1987, p.2.). Micheline Mason, in Davies et al. (1987), asserts that the most notable thing about women with disabilities in the media is 'our absence' (Davies et al., 1987, p.63). She argues that the reason that the media's messages about disability are distorted is because the media are almost exclusively vehicles for expressing the conceptions of people who 'believe themselves to be able-bodied'. Therefore, she contends, it is not surprising that nearly everything written about women with disabilities is a 'fantasy' created by lack of information, by stereotyping, and by 'fear in the minds of people who do not have disabilities' (Davies et al., 1987, p.63). She cites a headline in the 'Hackney Gazette' (September 1985) – 'Former cabinet maker Audley McDowell suffered months of helpless misery after a crippling stroke left him totally blind' – as an instance of the recurring tendency of the press to reinforce the stereotype of

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disabled people as 'terrible and tragic'. Also writing in Davies et al. (1987), Kirsten Hearn recalls being featured in a number of 'tear-jerking' articles when she took part in an exhibition of drawings by blind people. The columnist Marjory Proops had described one of Hearn's drawings as 'a touching little sketch of a robin'. 'Obviously', Hearn commented, 'the idea of a blind person drawing touched her heart – "aren't they wonderful!" Yuck!' (Davies et al. 1987, p68. Her inverted commas). Hearn's principal concern is that, on the whole, the media are controlled by 'white able-bodied men', who know little about the lives of disabled women and 'care less'. Those who control the press, she argues, are not really interested in the feelings of disabled women because 'we don't exist for them'. Consequently, she adds, 'They get away with accounts of our lives that are basically lies' (Davies et al., 1987, p.68).

However, there is some indication that press coverage of disability is improving. Cooke et al. (2000) conclude that their findings show that, although disabled people are still stereotyped and are featured only in 'selected' areas of news, some journalists are trying to be objective about disability and 'real issues' are being investigated. Eayrs et al. (1995), argue that their study suggests that media representation can be 'successfully manipulated'. However, they caution, journalistic guidelines alone will not effect improvements in the press portrayal of disability. Their study shows, they conclude, that 'the best advocates for change are the individual stakeholders involved' (p.83).

Conclusion

In this chapter I have explored the historical bases of society's current attitudes towards disabled people. It has been shown that the treatment of disabled people, over time, has not been consistently discriminatory. However, the origins of society's current attitude towards disabled people may be traced to the shift in the rationale behind the cloistering of disabled people some four hundred years ago (Winzer, 1997). Thenceforth, for disabled people, social concern became social exclusion. Arguably, the next historical landmark for disabled people was the Industrial Revolution. From the 1830s onwards, the socio-political status of disabled people further deteriorated and their exclusion from mainstream society was reinforced. It is only relatively recently that society has abandoned its policy of institutionalising disabled people. While, in itself, this was a welcome development, its ramifications were that disabled people would be confronted by the physical barriers and disablist attitudes of the 'non-disabled' world. Acknowledgement of this led disability theorists to the conclusion that disability should be viewed as a social construct rather than a personal deficit. However, as has been shown, the social model of disability was subsequently refined as it was realised that the psycho-emotional impact of impairment should feature more prominently in disability

theory. It has also been shown that disablism, characterised by physical barriers, public antipathy and politico-economic disadvantage, has been challenged by the UK disability movement, albeit with limited success. It is doubtful whether or not the Disability Discrimination Act (1995), with all its weaknesses, will substantially redress the imbalances in the lives of disabled people and it is, perhaps, too early to assess the effectiveness of the Disability Rights Commission in this respect.

My review of studies of media representations highlights the problems with existing media representations of disabled people. It also highlights important gaps. I was unable to locate any literature concerning the portrayal of disability on the radio, even though radio is an important and pervasive medium (see Chapter 2: Theories of mass communication). I also found that most of the studies on media representation of disability focussed on media content but did not explore the process of production, and audience response studies tended to be based on surveys rather than on theory-based analysis.

Chapter 4. Methodology

Introduction

In this chapter I outline the methodology which I adopted in order to carry out the research for my thesis. First, I consider a range of theories surrounding the politics and practice of disability research. This review is used to contextualise the approach I adopted in this research. The second section of the chapter outlines the methods underpinning the data collection and analyses undertaken. My methodology is based on three key themes which have been borrowed from research on mass communication – media production analysis, media content analysis and media audience response analysis. I will explain how data relating to each of these three areas of media research was collected and analysed. A brief discussion of the pros and cons of each method employed is included in each of the three sections. The third section of the chapter deals with the ethical issues which were identified in the course of the research.

The politics and practice of disability research

Throughout the last quarter of the twentieth century the complex concept of disability has been explored in a variety of ways. Definitions of disability have been established only to be adjusted and refined (UPIAS, 1976; WHO, 1980; UN, 1983: 1.c.6-7). According to disability studies and academics, however, traditional approaches to research using psychological and medical paradigms characterised disability in terms of personal inadequacy. Accordingly, theories about disability emerged which sought to position people with impairments at the centre of a galaxy of social, cultural, economic and political constructions, attitudes and influences which adversely impact on their life experiences. More recently, theories of disability have been developed which lay greater stress on the autonomy and individuality of disabled people. In the main, disability research methodology has drawn heavily on the social model of disability producing advantages and disadvantages which are discussed below.

The medical model of disability: research paradigm

Barnes and Mercer (1997a) note that the majority of disability research from the 1950s onwards adopted a medical perspective. Within the then prevailing medical paradigm disabled people were categorised as 'patients'. While some patients could be treated successfully and returned to full health, other patients' chronic ailments could be stabilised in

order that these people's lives could be as near 'normal' as possible. Disabled people, however, presented a particular dilemma for medical professionals. Although their impairment might not be 'curable', medical professionals considered it their responsibility to strive to make the lives of disabled people as 'normal' as possible. For many disabled people this meant being subjected to prolonged surgical treatment, much of which was painful and, in many instances, unproductive. Institutionalisation of many disabled people was considered to be appropriate either for reasons of (usually unnecessary) medical supervision or 'in the best interests' of those seen as weak and vulnerable. Disability was viewed in terms of there being 'something wrong' with an individual and the remit of medical research was to find ways of 'normalising' lives.

Social research into disability identified and subsequently challenged this medical model of disability. The basis for the challenge was that people with impairments were not disabled by their impairment but by a range of socio-political constructions which discriminated against them because of their impairments. For Bury (1996), the emergence of a discrete sociological view of disability was preceded by a socio-medical model. Bury noted the development of the socio-medical model in the work of Harris et al. (1971) and the World Health Organisation's International Classification of Impairments, Disabilities and Handicaps (WHO, 1980), which delineated the difference between impairment, disability and handicap. However, as Bury (1996) points out, the socio-medical model of disability failed to acknowledge the growing recognition among social researchers that 'the definition of disability unlike disease was less categorical and more "relational" in character' (p. 21. His inverted commas). An article by Groce (1999) indicates that, even in the field of healthcare professionals, recognition is growing that disability is more than a medical issue. Attributing much of this shift in thinking to the activities of the disability rights movement, Groce (1999) sees the future role of healthcare professionals as one in which they combine their expertise and their established position in national and regional health programmes with the aspirations of disabled people. She concludes

> They [healthcare professionals] are not there to speak for those with disabilities, but to work in conjunction with these people (sic) and their families to strengthen their voice in the arena of human rights (p.757).

Groce's phraseology, admittedly, does reflect that notions of 'otherness' endure in the field of medicine.

A principal factor in the rejection of the medical model of disability, for Bury (1996), was the rise of the UK disability movement which championed the view that disability was a form of social oppression. However, he argues that a 'social oppression' approach to disability is open to attack on the grounds that it is too reductionist and that its politicalisation of the research process could reinforce arguments excluding non-disabled people as bona fide disability researchers.

The social model of disability: research paradigm

Citing Barton (1996) and Barnes and Mercer (1996), Thomas (1999, p.146) contends that Disability Studies as 'a sociology of disability linked to the disabled people's movement' stemmed from a rejection of the anchoring of disability studies within the field of medical sociology. Medical sociologists, it was felt, persisted in blurring the distinction between illness and disability. Following upon the successful challenge to the medical model of disability, disability studies has emerged as a discrete field of intellectual research based on a social model of disability perspective, defined above (see, among others, Finkelstein, 1980; Oliver, 1990; Drake, 1996). The social model of disability shifted responsibility for disability from an impaired individual to the social, political and cultural barriers which an individual with an impairment was likely to encounter. Society's oppressive and discriminatory attitudes towards people with impairments were the subjects of investigation, rather than the 'deficits' of the individual.

Barnes (2001) reports that Oliver (1983) introduced the concept of a social model of disability 'to reflect the growing demand by disabled people for a more holistic approach to the problems they encountered' (Barnes, 2001, p.8). However, in 1966, Paul Hunt's paper had laid out the foundations on which a social model could be built (Hunt, 1966). While acknowledging the 'uniqueness as persons and the human nature we [disabled people] share with mankind', Hunt invited consideration that disabled people could be viewed as bonded together by their position in society – a position distinguished by its tendency to 'challenge' existing relationships. Almost a quarter of a century after Hunt's 'Stigma' essays, for Oliver (1990), the need to challenge the then prevailing medicalisation of disability had become a matter of urgency. In order to mount a successful challenge, he argued, 'nothing less than a "social theory of disability"' would be necessary (p. x. His inverted commas). In a later paper, Oliver (1992) traced the history of social research which, from its early years, had been dominated by positivism. Criticism of the positivist paradigm, he suggested, focussed on assumptions about the nature of the social world on which it was based. It was assumed that the social world could be studied in the same way as the natural world, that studies of the

social world could be value-free, that social phenomena could be causally explained and that the knowledge obtained from social research 'is independent of the assumptions underpinning it and the methods used to obtain it' (Oliver, 1992, p.106). These criticisms, for Oliver, led to the emergence of an 'interpretative' paradigm, grounded in the assumption that 'all knowledge is socially constructed and a product of the historical context in which it is located' (p.106).

However, the social model is not without its critics (see, among others, French, 1993, and Crow, 1995). Critiques of the social model, as has been shown in Chapter 3 (Disability theory and media representation), addressed its tendency to de-personalise disability and discount the significance of individual impairment. Thomas (1999), citing Corbett (1996), Walmsley (1997), Corker (1993; 1998), Harris (1995), and McNamara (1996), refers to the social model's shortcomings with respect to people with learning difficulties, deafness or mental health problems (p.25). Shakespeare and Watson (1997) admit that the social model of disability tends to exclude the experiential aspects of disability which are grounded in impairment. Swain and French (2000), building upon the social model, argue in favour of what they describe as an affirmative model of disability which 'is essentially a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of life style and life experience of being impaired and disabled' (p.569). In addressing the definition of disability, they argue, their affirmative model has theoretical significance, but the model also assists in understanding what they refer to as 'the disability divide', that is, between being disabled and being non-disabled. This divide is problematic for Swain and French on two grounds. Firstly, because non-disabled people can be impaired e.g. visually, impairment 'cannot be equated with disability'. Secondly, the divide cannot be seen in terms of oppression as both disabled and non-disabled people can be oppressed 'through poverty, racism, sexism and sexual preference'. The affirmative model addresses the difference in the perceptions of disability held by disabled people and non-disabled people. While the social model, for Swain and French, merely redefined 'the problem', and was 'generated' by the life experiences of disabled people within a 'disabling society', the affirmative model 'is borne of disabled people's experiences as valid individuals, as determining their own lifestyles, culture and identity' (Swain and French, 2000, p.578).

The recognition of a medical model and the emergence of a social model, a biopsychosocial model (ICIDH-2 1999), an affirmative model and, indeed, a moral model (Kaplan, 2001) of disability reflect the growth of research in the field of disability studies. However, as Llewellyn and Hogan (2000) caution, 'Models of human life will always have significant

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limitations because their representation of their subject matter cannot be other than partial and imprecise' (p.164).

Emancipatory disability research: the paradigm

Some researchers argued that research should not only adhere to the social model, but should also contribute to the emancipation of disabled people (Barnes and Mercer 1997b, and Rioux and Bach, 1994). Zarb (1997) argues that participation of disabled people in the research process is a necessary but insufficient condition in conducting emancipatory research, as involvement does not guarantee control or empowerment. For Riddell et al. (2001) participatory and emancipatory 'strands' of disability research arose alongside the development of 'a more democratic disability paradigm' (p.223). They argue, however, that the distinction between them remains unclear as 'sometimes the terms are used interchangeably and at other times participatory research is seen as a stepping stone towards emancipatory research' (p223). In particular, they highlight the problematic aspect of emancipatory research when it involves people with learning difficulties. For Riddell et al. (2001), there are three contentious issues in this respect: that the expertise of the researcher 'is not transmissible to some people with learning difficulties'; the limited extent to which some participants with learning difficulties can be involved in the research process; and that

current models of the consultation and involvement of people with learning difficulties in issues affecting their lives suggest that the pulls either to the trivial or to the professionally stage-managed are hard to resist (p.124).

Stalker (1998), too, writes that the 'emancipatory' and 'participatory' appear at times to have the same meaning. One of the aims of her study examining the exercise of choice by people with learning difficulties was to explore ways of involving them in disability research. Citing Mitchell's (1996) observation on the inconsistent use of the terms, Stalker argues that the participatory model of research proposed by Cocks and Cockram (1995) is 'broadly equivalent' to the 'emancipatory model' advocated by Oliver (1992). However, she continues, despite the nuance implied in their respective terminologies, both models do share the same bases: a rejection of the expert/subject research relationship; the involvement and consultation of the disabled participants in the research process; and the belief that this involvement enhances the quality and relevance of the research (p.6).

While Lloyd et al. (1996) also contend that, for research to be emancipatory and empowering, its subjects must have, at least, some control over the research process, Clear (1999) calls for the role of the researcher to be re-addressed. In his paper, Clear (1999), while acknowledging its usefulness, argues that 'normal' research, in excluding the personal interpolations of researchers – 'writing them out' –

> The real message of the real author is suspended and hidden respectively to satisfy the conventions of a scientific discourse based on (an epistemology of) objectivity (p. 442. His brackets).

In view of this, Clear has found the need to 'simply step back, take more time and quite simply *identify* more with participants, rather than simply work so assiduously to apply research processes and reconstruct participants lives through research' (p. 446. His italics).

For Barnes (1992b) qualitative research techniques are 'fundamental' to the emancipatory research model. He suggests three reasons why researchers adopt a qualitative approach:

- Analytically – 'that they are unable to put their own knowledge of the social world on one side in the vain hope of achieving objectivity'
- Methodologically – 'that statistical logic and an experimental approach are no longer considered appropriate for studying the meanings of the everyday world in which we all live'
- Practically – 'because researchers are dealing with an inter-subjective world of different meanings, policy interventions based on the perceptions of "objective experts" are neither analytically nor politically acceptable'.

(Barnes, 1992b, p.116. His inverted commas.)

For him, emancipatory research is about

> the systematic demystification of the structures and processes which create disability, and the establishment of a working dialogue between the research community and disabled people in order to facilitate the latter's empowerment' (p.122).

While admitting that 'logic dictates that if a researcher is to empathise with those being researched then it follows that their life history must be as near as possible to that of the people being studied', he is not convinced that good qualitative disability research depends on the researcher having an impairment (p.117). Rather, he concludes, the usefulness of

qualitative techniques within the emancipatory research model depends upon the integrity of the researcher and a 'willingness to challenge the institutions which control disability research' (Barnes, 1992, p.123). However, writing at the same time, Zarb (1992) felt that the move towards participatory disability research then only demonstrated 'emancipatory potential'. Participatory research was, for him, 'clearly not emancipatory in terms of the two primary principles of "empowerment" and "reciprocity"' (p. 127. His inverted commas). He called for researchers to be more accountable to disabled people who had 'historically been denied the opportunity to even influence the agenda for disability research, let alone take control of the process of the research' (Zarb, 1992, p. 137). Echoing these sentiments, Barnes (2001) stresses that emancipatory research demands profound changes in the material and social relations of disability research production, which, for him, means that disabled people and their organisations should control the research process and 'that this control should include both funding and the research agenda' (Barnes, 2001, p.5). He identifies six core principles of an emancipatory research model:

- Accountability to the disabled community
- Adherence to the social model of disability
- Acknowledgement of the problem of objectivity in social science research
- Recognition that qualitative and quantitative methodologies both have strengths and weaknesses
- Accommodation of personal experience within the social model
- The importance of practical outcomes from the research.

(Barnes, 2001, pp. 7-13)

Finkelstein (1999) argues that the involvement of disabled people in research now tends by itself to be presented as 'compliance with the social model of disability and consistent with the principles of emancipatory research'. He also contends that 'contemporary language' often creates the delusion that a project involves emancipatory research while, in fact, 'the substance of the research is actually traditional and sympathetic to the individual model of disability' (p.861). If the 'issue' is the how disability research progresses emancipation, he continues, then in addition to considerations about who controls it, equal consideration should be given to what are its legitimate targets (p.862). Here, Finkelstein seems to be echoing some of the questions which Zarb (1992) felt important to be used in a critical evaluation of disability research:

- Who controls what the research will be about and how it will be carried out?

- How far have we come in involving disabled people in the research process?
- What opportunities exist for disabled people to criticise the research and influence future directions?
- What happens to the products of the research?

(Zarb, 1992, p.128)

The Feminist critique

Morris (1992) expressed her unease about the use of medical and social models in disability research. She viewed them as problematic because 'they do not easily allow the space within the research for the absent subject' (p.159). In this respect, she argues, disability research could gain from the methodology of feminist research which, citing Smith (1988),

> created the space for an absent subject, and an absent experience, that is to be filled with the presence and spoken experience of actual women speaking of and in the actualities of their everyday worlds (Smith, 1988, p.107).

Feminist research, argued Morris, places 'women's subjective reality (i.e. experience defined in the subject's own terms) at its core' (p.165) However, she continues,

> when researchers (feminist or not) approach disabled people as a research subject, they have few tools with which to understand our subjective reality because our own definitions of the experience of disability are missing from the general culture (Morris, 1992, p.165. Her brackets).

In her reappraisal of the social model (a 'proverbial raft in stormy seas' when she discovered it), Crow (1992) argues that compliance with its implicit demands i.e. rectifying the social oppression of disabled people, would not alter the human condition experienced by individuals with an impairment. However, she maintains that to suggest that it altogether discounts impairment is to misinterpret the social model. What is needed, she feels is a 'fresh look' at the model to identify and integrate the complexities inherent in the interaction between disability and impairment. Far from undermining the social model, such a reassessment would 'broaden and strengthen the social model, taking it into Grand Theory and into real life, because it [integration of external and internal factors into the practice of the

social model] allows us to incorporate a wholistic (sic) understanding of our experiences and potential for change' (Crow, 1992 no page number).

Thomas (1999) argues that, in 'writing themselves into their own analyses' disabled feminist writers are following established practices among feminist writers more generally. These practices, she continues, which reflect recognition that 'knowledge is a social product' with its 'corollary – the need to "write the self"' (her inverted commas), have begun to penetrate 'malestream Disability Studies' (p.70). However, calls for weightier considerations of personal experience within the field of disability studies, have, Thomas suggests, raised fears of a redeployment of personal tragedy/deficit constructions of disability (Thomas, 1999, p.71). She attributes this to disagreement between feminist writers and 'some prominent male figures in Disability Studies' about the hierarchical positioning of the personal and experiential within the concept of disability. In her rebuttal of the arguments dismissing the importance of personal experience put forward by Oliver (1996b) and Finkelstein (1996), Thomas (1999) contends that Oliver 'collapses together' what she has identified as 'the psycho-emotional dimensions of disability and the consequences of living with impairment effects' (p.74), while Finkelstein

> ignores the tremendous social and political gains made by a movement – the women's movement – which placed "personal experience" at the very heart of its theoretical concerns and political actions (p.75. Her inverted commas).

These are persuasive arguments. Conceptualisation of disability, perhaps a pre-requisite for any research into it, necessitates acknowledgement of a host of its impairment-related derivatives. Oppressive social attitudes, cultural misperceptions and an access-inhibiting environment are important components in its construct. However, crucial in any attempt to grasp the concept of disability is consideration of issues such as: the gender of an impaired person; the nature of impairment; whether impairment is congenital or acquired; at what age was impairment acquired: in what circumstances an impairment was acquired, e.g. by accident, illness, or as a result of violence (personal or in the course of war). The epistemological significance of these types of issues is difficult to exaggerate. These 'psycho-emotional' dimensions of disability (see Thomas, 1999), are intrinsic rather than extrinsic in nature and, consequently, may only be explored through an elucidation provided by the autobiographical narratives of disabled people.

The role of the researcher in the field of disability

The growth of research in the field of disability has produced a cluster of 'second order' issues for disability researchers. For example, Barton (1996) writes that his being a 'white, male and non-disabled' researcher conducting 'emancipatory' disability research in the field of disability prompts him to reflect on such questions as 'What right have I to undertake this work?' and 'Does my writing and speaking reproduce a system of domination or challenge that system?' (Barton, 1996, p.4). In the same work, Hurst (1996), because he shared Barton's concerns, felt obliged to inform readers about his 'personal history and contemporary situation' as a non-disabled person. Barnes (1996), while admitting the relevance of debates about 'value freedom, "objectivity" and appropriate methodologies within social science', attacks the notion of 'the independent [disability] researcher' on the grounds that they, along with most social science researchers, are dependent on agenda-bound funding. Within the field of disability studies, contends Barnes, this fosters the production of a body of esoteric (and inaccessible) 'academic' publications which, he feels, tends to perpetuate the marginalisation of disabled people. Shakespeare (1996), although not entirely disagreeing with Barnes (1996), feels that Barnes risks perpetuating a 'simplistic and reductionist analysis of the research process'. Having declared his 'credentials' as a disability activist, academic and sociologist, Shakespeare goes on to point out that while he aims to be 'independent' in his research he does not 'confuse this with being neutral or being objective' (Shakespeare, 1996, p. 117). Stewart et al. (1998), focussing upon McCafferty's (1995) report 'Living Independently' which, they felt, lacked sufficient input from the disabled people's movement, highlight the risk of political bias attached to Government-funded disability research. Welcoming the move towards studying disability within a more 'theoretically-informed praxis', Gleeson (1997) attributes this to the growing input of disabled people, citing, among others Abberley (1985), Oliver (1990) and Morris (1991). Branfield (1998), indeed, argues that the attempts by non-disabled disability researchers to 'justify their involvement' in the field are 'doomed to failure' because non-disabled people 'are not where we are and never can be' (p.143).

However, Kitchin (2000) reports that few of the thirty-five participants in his project, all of whom were disabled, supported the view that disability research should be conducted solely by disabled researchers. The majority of his participants favoured an 'inclusive' approach to disability research 'where instead of merely advising the researchers, disabled partners have a degree of control over the research process which is not tokenistic' (Kitchin, 2000, p.38). Such an approach, he continues, is grounded upon the acknowledgement that disabled people's knowledge on a particular subject 'is often individual, tacit, practical led, from first

hand experience', and that academics have 'specialised skill, systematic knowledge, are theory led, based on second-hand experience' (Kitchin, 2000, p.39). What Kitchin felt his participants were advocating was 'the movement of some of the subjects of [disability] research to an inclusive position', cautioning that this inclusiveness did not afford disabled academics 'privileged positions where they can speak on behalf of their fellow (sic) disabled people. Rather, they too must develop a partnership with non-disabled academics to allow [disability] research to become more representative of wider views and thoughts' (Kitchin, 2000, p.39)

My role as a disabled researcher

For the last four years I have been conducting research in the field of disability. Earlier in this chapter, I cited four questions which Zarb (1992) felt important in critically evaluating disability research. In discussing my role as a disabled researcher, it may be apposite to address the issues which Zarb raised. Firstly, I decided upon the topic of the research and controlled how it would be carried out. Interestingly, my choice of research topic was not entirely spontaneous. In 1997, I was working in the BBC's Radio Helpline. In the autumn of that year the announcement was made that Radio 4's coverage of disability was to be mainstreamed within that network, and, among the decisions taken by the Helpline's management team was that I should be involved in their strategic response to the announcement. It is reasonable to suggest that my being the only wheelchair-user in the Helpline had a bearing on their decision. Having at that time recently commenced my PhD studies on the topic of the history of the representation of disabled people by disability charities, I switched the focus of my research to the representation of disability on Radio 4 pre and post the mainstream initiative.

I also controlled how the research was to be carried out. My position in the BBC afforded me access to documents, processes and personnel for data collection and analyses which may not have been afforded to a researcher working outwith the organisation. Being a disabled person, I found, influenced the way in which key players responded in my interviews with them and provided interesting insights into the way they thought about disability. For instance, during my telephone interview with him, a non-disabled interviewee whom I had met before the interview, talked about a Radio 4 series of disability-related comedy programmes broadcast post-mainstreaming. He claimed one of the successful outcomes of this type of programme was that 'It demonstrated to people that disability wasn't, *and you'll excuse me for this, Brian,* wasn't "a male in a chair"' (my italics). On the other hand, a disabled telephone

interviewee whom I had also met, talked during the interview about non-disabled people's misperceptions about disabled people. He remarked that non-disabled people

> can't understand how you can't be completely obsessed by a cure if you are disabled. And ..can't be obsessed with wanting to walk if you're in a wheelchair – wanting to see if you can't see.

It is interesting that my being disabled was an issue for the non-disabled interviewee and a non-issue for the interviewee who was disabled.

Participation

'How far have we come in involving disabled people in the research process?' asks Zarb (1992). In my research process I considered it important that both non-disabled and disabled people should be involved. Of the four focus groups conducted in the research process, one was comprised entirely of disabled people, in a second group ten of the twelve participants were disabled while in a third group the mix was around 50/50. All of the participants in the fourth group were non-disabled people. Two of the key informants whom I interviewed were disabled. By including non-disabled and disabled people in the research process I felt that a range of perspectives would emerge from which I could elicit my findings. The extent to which, as a disabled researcher conducting disability research, my conclusions reflect a balanced view will, as with any piece of research, be judged by my peers.

Reciprocity

Zarb's concerns about what opportunities exist for disabled people to criticise my research and 'influence further directions' will, in the context of my research, depend on how widely the findings will be disseminated. In the course of the research participants were invited to comment on and criticise my methodology. I made it clear to them that I viewed my role as a researcher as someone seeking their knowledge of, and opinions about the research topic. Their views were generally uncritical. It is my intention that all the participants in the research process will receive a copy of the completed research document. If possible, a copy of the document will be produced in Braille for my participants who are visually impaired. I encouraged participants to contact me at any time if they wished to add to their input. None has done so.

Emancipation

The extent to which the disabled participants will 'influence future directions' in the context of the representation of disability and disabled people on Radio 4 is less easy to assess. It is to be hoped that the opportunity to participate in the research and comment on the issues raised during their discussions will encourage them to do so. The research participants who work in the field of radio are, perhaps, best positioned to do this. However, the increasing trend among radio programmes to invite comments from listeners by texting, phoning or e-mailing the programme makers presents audiences with accessible opportunities to influence these media professionals. Similarly difficult to predict is what will happen to the products of this research. Dissemination of the research findings among students, academics and professionals working in the field of radio may foster future studies about the way this medium caters for the interests and needs of disabled listeners. The extent to which disabled people influence the medium's approach to disability, and their inclusion as professionals in the field may, as a result, be reassessed.

How, then, does my research relate to the six core principles of emancipatory research identified by Barnes (2001)? Firstly, is it 'accountable to the disabled community'? I have not undertaken this research as a 'member of the disabled community' in the sense of 'being responsible to' my disabled contemporaries. Although I use the phrase 'disabled researcher', I prefer to consider myself as a researcher who happens to be disabled. However, as I share 'disabled' status with other disabled people (and am happy to do so) I am aware that, if my findings did not reflect a knowledge and worldview grounded in our common bond, it would rightly be open to criticism from them that it lacks integrity and honesty. In this respect, then, my research is accountable to the disabled community.

Secondly, does my research reflect an adherence to the social model of disability? My research is not geared to supporting or challenging the social model. But, in exploring the issue of the representation of disability and disabled people on the medium of radio, it is reasonable (and correct) to assume that the issue of socio-cultural barriers experienced by disabled people figured prominently in the thinking underlying the research. Disability, though, is too complex a concept to be circumscribed by the social model alone. Individual impairment and the way in which disabled individuals perceive and view the world are also crucial aspects of the concept. Inevitably, these aspects of the concept of disability also contributed to the research process, interpretation and outcomes.

Thirdly, Barnes (2001) calls for an acknowledgement of the problem of objectivity in social science research. I have conducted this research in full awareness of this problem. I also recognise the strengths and weaknesses of the qualitative and quantitative research methodologies used in my research design – the fourth of Barnes' core principles – and, as I mention below, rather than my research merely reflecting an 'accommodation' of personal experience within the social model, I am inclined to the view (and hope) that my personal experience of disability has made a positive contribution to my study. The sixth core principle outlined by Barnes (2001) highlights the importance of the research producing 'practical outcomes'. This aspect of my research is one over which I have little control, but one 'practical outcome' of my research would be that, in future, the important contribution which disabled people offer to the field of radio broadcasting about disability is recognised and utilised. It is understandable that the realisation of this outcome is a matter of uncertainty.

A personal parenthesis

As a disabled researcher I have encountered difficulties and been afforded assistance in equal measure. While mobility difficulties have, in some ways, restricted my access to research data, as a disabled person I have experienced valuable personal assistance in conducting my research. It is reasonable to suggest that I share these aspects of being a disabled researcher with my disabled peers – difficulties in a general (impersonal) context, assistance in a 'one-to-one' context. I had met my telephone interviewees prior to interviewing them, so they were aware that I was a wheelchair-user. Where necessary e.g. in ensuring that I would have access to the venues for focus group discussions I disclosed that I was a disabled person. When there was no practical reason to make this disclosure I did not do so. The funding from the Economic and Social Research Council has been crucial to my independent research as has been the support and advice of my supervisors.

I make no apologies for 'writing myself in' to my research study (implicitly and explicitly) as I consider that, as a disabled person, I identify myself with my disabled contemporaries through our unique insight into a complex human condition. Our insight into the lived experience of disability affords disabled researchers the advantage of drawing upon primary (self) knowledge when conducting disability research. However, I am aware of the risk that I might be accused of presenting only partial evidence and have therefore sought to present a balanced picture, always seeking disconfirming as well as confirming data.

Research design

My thesis falls broadly into three sections which reflect the areas of mass media research of perennial concern to media analysts (see Eldridge et al., 1997, Miller et al., 1998):

- Production Analysis: studying the way in which media personnel make decisions and the context in which these decisions are taken and implemented

- Content Analysis: analysing the outcome of media production processes i.e. the actual content of the media reports

- Audience Response Analysis: analysing how people respond to media representations.

Respectively, these areas are addressed in Chapter 5 (Presenting disability on Radio 4: the production process), Chapters 6 (*Does He Take Sugar?* and *You and Yours:* a comparative analysis) and 7 (Radio 4 and the Experiential Dimension of Disability), and in Chapter 8 (Audience Response).

Production: data collection and analysis

In order to discover the way in which the decision to mainstream disability on Radio 4 and the context in which the decision was taken, interviews were conducted with four key players in the development of the network's policy on presenting disability issues. These telephone interviews were taped with the consent of the interviewees and subsequently transcribed in full. Another two interviews were conducted more informally as conversations. In addition to these formal and informal interviews, during the course of my research I have spoken to BBC analysts and representatives from the BBC Helpline. I noted their comments on the disability initiative, and these notes also contributed to the production analysis.

At the meetings of the Radio 4 Disability Monitoring Group (see Appendix 4.2) I had met the BBC personnel whom I subsequently interviewed. As it would have been too expensive to travel to London, the interviews there were conducted by telephone. With the exception of one member of the BBC staff, all the interviewees whom I selected readily agreed to be interviewed. I learned later that, shortly before I approached her, the person who refused to be interviewed had been informed by the BBC that she was to be relieved of her post. As I was working for the BBC Helpline when the initiative was announced, I was in a unique position as a researcher in that I was aware as an 'insider' of the ongoing processes and proposed outcomes involved in the mainstreaming strategy. This assisted me to assess the 'honesty' of my interviewees when they explained their roles in the introduction and implementation of

the initiative. From these sources of data I was able to explore different perspectives of the initiative and form a range of possible conclusions as to its rationale.

The interviews were structured so that I could ascertain the perceptions of the interviewees with regard to the production factors involved in the mainstreaming of disability on Radio 4:

a) The original decision to mainstream – the pre-initiative consultations and decision-making process

b) How it worked in practice in relation to specific Radio 4 output i.e. possible shifts in the treatment and coverage of disability issues post-initiative.

Comments made concerning these issues were noted in the course of the telephone interviews and conversations with key informants. The interviews were fully transcribed and their detailed analysis may be found in Chapter 5 (Presenting disability on Radio 4: the production process).

In analysing the interviews, the aim was to analyse informants' views in relation to a number of key themes, which included understandings of disability and mainstreaming, views of *Does He Take Sugar?* and perceptions of the treatment of disability on *You and Yours*. Views of the involvement of disabled people in programme-making were also analysed. An attempt was made to compare the perceptions of actors occupying particular standpoints: the Controller of Radio 4 who introduced the initiative (Boyle, 2000); two former members of the *Does He Take Sugar?* production team (Hughes, 2001; White, 2000); and the editor of *You and Yours* pre and post-mainstreaming (Burns, 1999). Analysis commenced after all four interviews had been conducted which allowed comparisons to be drawn between the interviewees' respective perceptions. As Boyle's perceptions contrasted in varying degrees with those of the other interviewees, the analysis sought to highlight these differences by comparing his responses with the responses of the other interviewees.

In the analysis of the interviews account was taken of how the initiative impacted the role of the interviewees involved in programme making. For instance, as Hughes' programme was dropped while Burns' programme was given extended airtime, the extent to which these different outcomes influenced these interviewees' respective responses was borne in mind in my analysis. The Controller's use of 'I' and 'we' was noted in order to ascertain whether or not the decision to implement the initiative was solely his. In practice, the interviews gained their own momentum and, for the most part, the issues which I had included in my protocols arose spontaneously.

Another very important source of research data came from my membership of the Radio 4 Disability Monitoring Group. The group met on three occasions in 1998 and once in 1999. At James Boyle's invitation I attended the meetings in 1998 and 1999, and compiled participant observation accounts of these meetings. In addition to providing data for my Production Analysis, my participant observation reports provided data relevant to my Audience Response analysis. For details about these reports see Appendix 4.2.

Having read through the data collected from interviews, telephone calls and the Monitoring Group I decided to structure my analyses by comparing the responses of James Boyle with those of the other sources to whom I spoke. In this way, I felt, an overview of the introduction and implementation of the disability initiative would best be determined. Each section of Chapter 5 (Presenting disability on Radio 4: the production process), then, commences with Boyle's responses to my questions. These are then compared with those of the other interviewees and sources.

Content: data collection and analysis

Between August 1997 and September 2000, 66 hours of Radio 4 broadcasting were recorded. This included sample editions of *Does He Take Sugar?* and all the disability-related items in the *You and Yours* sample. These, together with the other recordings where used in the study, were transcribed. Clippings from newspaper articles relating to the mainstream initiative were gathered (see Appendices 5 and 7). These ranged from the time when the initiative was publicly announced to the end of my research period. The content of the articles included reaction to the announcement of the initiative, the fall and rise in Radio 4 listenership pre and post the network's rescheduling of its programmes, and radio critics' opinions of disability-related programmes broadcast within my research time frame. This material was accessed both through hard copies and the Internet. Participant observation reports of meetings of the Radio 4 Disability Monitoring Group were compiled.

Post-mainstreaming, *In Touch* was the only regular disability-focussed programme in Radio 4's schedule. However, there were other one-off programmes or series of programmes presented on the network during the period covered by my study. From these I selected the series *No Triumph, No Tragedy* and carried out an analysis of its content. I selected the *No Triumph, No Tragedy* series because the participants in each edition – interviewer and interviewee – were disabled people. In addition, I wished to consider what messages about disability were implicit in the programme's content and format. *No Triumph, No Tragedy* was

a series of six programmes in which Peter White, then BBC Disability Affairs Correspondent, interviewed people described by BBC Online Radio 4 Programme Listings as 'disabled achievers'. The programmes were transmitted on Tuesday 20th June 2000 at 9.00 am and on the following five Tuesdays at the same time. Each programme lasted just under 30 minutes and was repeated later the same day at 9.30 pm. They were produced by Susan Mitchell. The programmes were tape recorded and fully transcribed.

Two editions of *In Touch* were randomly selected, tape recorded and transcribed in order to compare the way this programme covered and treated disability issues (in this case issues concerning people with visual impairment). My reason for this arose from anomalies arising from one of the coding categories (Presumed non-disabled) which I applied in my content analysis of *Does He Take Sugar?* (see Chapter 6).

Chapter 6 in my thesis contains a comparative analysis between *You and Yours* and *Does He Take Sugar?*. A selection from both programmes was subjected to content analysis. In response to my request ten cassette recordings of *Does He Take Sugar?* were provided by the BBC. These consisted of the four programmes transmitted in September 1997 and six other editions transmitted during the period August 1997 to March 1998. Each programme was fully transcribed. Cassette recordings of *You and Yours* were made of all transmissions during the months of September in 1998, 1999 and 2000. I chose to analyse *You and Yours* over this three-year time span to explore whether or not the treatment and coverage of disability within the programme changed over time. For example, one hypothesis might be that initial commitment to mainstreaming disability within the programme might tail off over time and it was important to assess this. In all, recordings of sixty-five editions of the programme were made. The items addressing disability issues on each programme were fully transcribed.

In analysing the content of disability-focussed programmes pre and post-mainstreaming, both quantitative and qualitative methods were employed. Quantitative analysis was used to explore the extent to which coverage of disability issues, numerically and in terms of airtime, had increased/diminished in the light of mainstreaming. Comparative quantitative analysis also explored the treatment of disability issues in terms of the inclusion/exclusion of radical/establishment voices on *Does He Take Sugar?* and *You and Yours*. Quantitative analysis was also applied to other data collected in my research process in order to discover the amount and frequency of the coverage of disability issues on Radio 4 within the time frame of my research. My qualitative analyses explored the nature of the disability topics presented in a selection of programmes on Radio 4 within my timescale and interpreted the text in which these disability items were presented. My interpretation of the text contained in

the programmes explored the way disability and disabled people were positioned by the programme makers. Was disability, for example, positioned within a particular model (medical or social), or within a combination of models? Were disabled people positioned as citizens or consumers or consuming citizens? To what extent did the text reflect acknowledgement of ontological, epistemological and experiential dimensions of disability? Tables were constructed for both programme samples under the headings of 'Date', 'Item' (the topic), 'Theme' (the context in which the topic was placed) and 'Length' (the airtime allotted to the slot). In dealing with airtime, I will compare both the time allotted by the two programmes to each disability-related item on an individual basis and the total (aggregated) airtime allotted by them to disability issues on a weekly basis.

Table 1 is an example of the table compiled in this way for editions of *Does He Take Sugar?*. This table refers to programmes from my sample excluding the programmes transmitted in September 1997.

Table 4. 1.

Date	Item	Theme	Length
21st Aug 97	Prostheses (follow up - listeners' comments)	Autonomy for disabled people	3 min.
	Disabled access in schools	Exclusion/Inclusion	12 min.
	Film Review	Disability portrayal	5 min.
	Building Regulations	Inclusion	9 min.
16th Oct 97	Medical criteria re pilot licence	Discrimination	7 min.
	Taxis designed for disabled people	Inclusion	10 min.
	Changes in Community Care Regulations (update on Bill going through Commons)	Extra costs incurred by disabled people	1 min.
	Disabled US Football Coach	Inclusion	6 min.
5th March 98	Disability-friendly supermarkets	Inclusion	18 min.
	Benefits Integrity Project (update)	Medical Model of Disability	6 min.
	Independent visitors for children in care	Legal responsibilities towards disabled children	6min.
12th March 98	Benefits Integrity Project mass lobby	Radical action	4 min.
	Stage play review	Disability and the Arts	7 min.
	Domestic violence/rape and disabled women	Exclusion	8 min.
	Gardening tools for disabled people	Inclusion	6 min.
19th March 98	The Budget	Disability-related state benefits	9 min.
	Aids and equipment for disabled people	Autonomy of disabled people	19 min.
26th March 98	Welfare Reform proposals	Disability-related state benefits	5 min.
	Public bus transport for disabled people	Inclusion	15 min.

Compiling the tables in this way was helpful because it provided an accessible guide to the number of disability-related topics covered by the programmes, their airtime, slotting and thematic nature.

In order to determine the underlying understanding of disability within the items, each was coded in relation to its adoption of a medical or social perspective. Accordingly, each item was coded 'M', 'S' or 'M/S' where 'M' signified disability presented in the context of the Medical Model of disability, 'S' signified the Social Model of disability and 'M/S' indicated instances where the disability issue was treated within the context of both models.

The applied definition of the Medical Model was:

> A model which views disability as an abnormal human condition experienced by individuals who have a physical and/or cognitive impairment.

That of the Social Model was:

> A model which identifies social attitudes, political indifference, and infrastructural barriers as being responsible for translating individual physical and/or cognitive impairment into disability.
> (adapted from Barnes, 1991, UPIAS, 1976, and Oliver, 1990.)

For example, the findings from the analysis of an item on the high cost of equipment designed for the use of disabled people (*You and Yours* 10th September 1998) indicated that this topic was treated in the context of the social model, while the item on the self-management of an impairment (Arthritis) (*Does He Take Sugar?* 18th September 1997) was treated in the context of the medical model. A more detailed explanation of this coding process is presented in Chapter 6 (*Does He Take Sugar?* and *You and Yours*: a comparative analysis).

In addition to the tables, the number of contributors to each of the programmes was noted, as was their gender. I was interested in whether people were framed as 'experts' or as lay contributors to the programme. The coding 'experts' was used to signify those contributors to an item whose grasp of the disability issue to which the item related was presumably considered by the programme makers to reflect expert knowledge. I also recorded how the

contributors were 'framed' in terms of disability. Thus the analysis noted where each contributor was:

- Framed as disabled
- Presumed disabled
- Presumed non-disabled

A contributor was coded 'Framed as disabled' if, in the course of introduction, he or she was described as having an impairment e.g.

> One young disabled person in care is Sam from Bedford. She has a learning disability...
>
> (Peter White. *Does He Take Sugar?* 5th March.1998)

The coding 'Presumed disabled' was applied if it could be inferred from the text that the contributor was a disabled person, if the contributor self-identified as being disabled or if the contributor was a representative of an association *of* disabled people but was not explicitly introduced as disabled by the programme presenters e.g.

> We haven't got the same options as non-disabled people
>
> (Pam Moffat. *You and Yours.* 29th September.1999)

The type of disability featured in each item in both programmes was categorised as 'Physical disability' e.g. Arthritis, or 'Non-physical disability' e.g. Learning difficulties. This was broken down further to 'Visible disability' e.g. skin allergy, paraplegia, and 'Hidden disability' e.g. Dyslexia, hearing impairment. Two tables were compiled under the headings 'disability-related issue' e.g. Access to public buildings for disabled people, and 'General issues in a disability context' e.g. Leisure – an issue of common interest approached from a disability perspective. Some items were categorised as 'Good News story'. Items thus coded focussed upon positive aspects of life as a disabled person. I also compiled a list of the non-disability organisations which were represented by 'expert' contributors e.g. Research Institute for Consumer Affairs, Housebuilders Federation. A list of the disability-related organisations featured in the programmes was also made e.g. Arthritis Care, British Medical Association, Direct Action Network in order to discover whether or not the two programmes

selected different types of disability organisations e.g. activist groups, *'of'* groups or *'for'* groups, as the 'expert' voices on disability issues. Appendix 13.5 provides the completed coding frame for *You and Yours* September 1998.

The findings from the content analyses indicate that the data collected provided useful material and made significant contributions to the answers to my research questions. The data provided 'snapshots' of the coverage and treatment of disability on Radio 4 pre and post-mainstreaming. Quantitative analysis findings provided evidence for comparison of the airtime devoted to, and the variety and quantity of disability-related material covered by the network before and after the initiative. Qualitative analysis findings provided the basis for detecting whether or not there had been a shift in the treatment of disability in the light of its being mainstreamed.

Audience response: data collection and analysis

Data collected from the Radio Joint Audience Research (RAJAR) reports covering the period from Quarter 4 1997 to Quarter 4 2000 (see Appendix 2) and a survey conducted by the Broadcasters' Audience Reaction Service (BARS) (see Appendix 3), were subjected to analysis. Findings from the analyses of four focus groups which I conducted complete the material on which my audience response analysis is based.

My aim in exploring these three sources of data was to assess the extent to which the initiative had impacted upon disabled and non-disabled listeners to Radio 4. Analysis of data from RAJAR reports would produce findings relating to the *Does He Take Sugar?* listenership and to the audience figures for *You and Yours* pre and post-mainstreaming. The BARS survey would produce data whose analysis would provide findings focussed on audience response to Radio 4's coverage of disability before and after the initiative.

In addition to providing data for my Audience Response analysis, there were two other reasons for using the data contained in the RAJAR reports. Firstly, I extracted data from them in order to determine the listening figures for *Does He Take Sugar?* and other programmes which were dropped or retained in Boyle's rescheduling of Radio 4's programmes. I felt that the findings from my analysis of these data could indicate whether or not the decision to drop *Does He Take Sugar?* could have been ratings driven. These findings would assist in my Production Analysis. Secondly, the RAJAR reports would provide 'Average Audience Profile' data for *Does He Take Sugar?* and *You and Yours* which, I felt, would contribute to the findings from my comparative content analysis of the two programmes.

Focus groups were used to explore listener response to the coverage and treatment of disability on Radio 4 pre and post-mainstreaming. Four focus groups were used comprising disabled and non-disabled people, service users and providers, and people with an interest in disability issues. Each group was pre-existing in that they consisted of between 5 and 10 participants who either worked together or were users or providers of the same services. Although the use of pre-existing groups is not favoured by market researchers (see Kitzinger, 1994), I felt that these groupings would be particularly suitable for my research purposes. Each group would interact more comfortably, would be more likely to reveal 'naturally occurring' data, and could 'relate each other's comments to actual incidents in their shared daily lives' (Kitzinger, 1994, p.105) Various organisations were approached and provided valuable assistance in the setting up of the groups.

Focus group No. 1 consisted of 7 members of the Braille Reading Class at the Glasgow and West of Scotland Society for the Blind (GWSSB). I approached the director of GWSSB who arranged that I should make use of this pre-existing group. The focus group was conducted on 4th November 2001 and lasted for one hour and thirty minutes. I wished to include a group of people with visual impairments because I presumed that this group would be most likely to contain 'heavy' or 'fairly heavy' listeners (Alasuutari 1999). In addition, I expected that the most of the visually impaired participants would be listeners to *In Touch*. Their responses should, I felt, provide particularly insightful data on their reactions to, firstly, the decision to retain *In Touch* in the rescheduling of Radio 4 programmes and, secondly, to the decision to reduce each edition from 30 to 20 minutes. In addition, I was interested in exploring their opinions concerning the dropping of *Does He Take Sugar?*, the post-mainstream coverage and treatment of disability on *You and Yours,* and the mainstream initiative in general. The findings from the analysis of my interview with Peter White prompted me to explore the issue of the tonal differences reflected in the treatment of disability issues on *You and Yours* and disability-specific programmes like *Does He Take Sugar?* and *In Touch* which are produced and presented by disabled people.

Focus group No. 2 included 4 service providers from the Glasgow Association for Mental Health (GAMH). The discussion group, assembled for me by the organisation's director, was held in the offices of the GAMH on 4th March 2002 and lasted for I hour and 15 minutes. Arguably, mental ill-health is the 'Cinderella' of disabilities and, as a result, the voices of this group of people are too often unsought or ignored. I was particularly interested in this group's feelings about the extent to which mental illness is covered in general, post-initiative. I am aware of the difficulties surrounding the use of the word 'ill-health' in the context of

disability, as being 'ill' does not always mean being 'disabled'. However, I took the approach that the longevity (as opposed to acuteness) of many mental illnesses and the disablism experienced by people who have mental health problems, fully supported their inclusion within the broad definition of disabled people.

Within Focus group No.3 were 4 people who requested that, for reasons of confidentiality, they should be described merely as 'working in the field of radio'. This focus group was conducted on the 4th December 2001 and lasted for one hour. I chose this group because I expected that its members would be aware of the disability initiative and would be well positioned to assess how Radio 4's treatment and coverage of disability issues had changed since its introduction.

Nine people with learning difficulties participated in Focus Group No.4. They all attended the Robert Gough Centre in Leven, and 3 service providers from the centre also participated in this focus group. It was conducted at the Robert Gough Centre on the 16th November 2001 and lasted for one hour and thirty minutes. A senior service provider at the centre assembled this group for me. One member of this group had Down's Syndrome. People with learning difficulties are, arguably, another group of disabled people whose voice is often unheard and/or unheeded, and I was interested to explore the extent to which members of this group related to the medium of radio and Radio 4 in particular.

As my participants were drawn from groups of people with such differing disabilities, and included non-disabled people, I decided that it would be inappropriate to prepare a single protocol on which I would base my facilitation of all four groups. Accordingly, I prepared a separate protocol for each group which would promote discussion paths through which I could elicit the answers to my research questions. However, my hope was that the discussion path of each group would gather its own particular momentum and that strict adherence to my protocols would prove unnecessary.

My protocol for the GWSSB group would begin by asking the participants whether or not they felt that the media catered for the interests of disabled people. I would then explore the question as to whether or not they felt that visually impaired people have a special relationship with/interest in the medium of radio. At this stage I would narrow the discussion to considering mainstreaming on Radio 4.

It was, I felt, necessary that, in constructing my strategy for conducting the GAMH discussion group, I should begin by inviting participants to discuss the broad issue of including mental

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ill-health as a disability. I would then introduce the issues of the inclusion, post-mainstreaming, of disabled people as part of the Radio 4 audience, the coverage of mental health on the network and the advantages/disadvantages of having disabled people present its disability issues and/or programmes. I would also seek the views of the group on their construct of a mainstreaming initiative. At all times I would encourage discussions of these issues to remain within the context of mental health.

In drawing up my protocol for the group whose participants worked in the field of radio I felt that, as this group would be familiar with the mainstreaming initiative and would be 'fairly heavy' or 'heavy' listeners to Radio 4, my protocol could address my research topic without an introductory preamble and more specifically. I proposed to open the discussion with the same question as I had put to the Braille Reading group: was there now a place for disabled people in the Radio 4 audience? Drawing on previous findings which seemed particularly significant I then proposed to lead the group discussion to the issue of the types of disability issues which had been covered on *Does He Take Sugar?* Did the group feel that Radio 4 still featured these types of issues post-mainstreaming? My protocol would facilitate the discussion to move on to issues surrounding treatment and coverage of disability issues on *You and Yours,* and possible shifts in the content of *In Touch* and would seek the views of this group on the success or otherwise of the mainstreaming initiative.

As I anticipated that a more flexible and lightly structured protocol would be more suitable for the participants with learning difficulties in my group from the Day Centre in Leven I decided to begin the discussion by exploring this group's views on the portrayal of disabled people on television. My protocol would then invite the group to discuss the more abstract medium of radio, and Radio 4's treatment of disability issues. Although I hoped that I could draw upon my protocols for the other groups I felt that, with this particular group, I should be more pragmatic in my approach to facilitating its discussions. For details of the focus group protocols see Appendices 1.4, 1.5, 1.6 and 1.7.

Cassette recordings were made of the four focus group discussions and transcribed. A brief questionnaire on their listening habits was issued to all the participants (see Appendix 1.3). The questionnaire was produced in Braille format for the participants from the GWSSB.

The findings from my analysis of the RAJAR statistics were of value to my research project. They indicated trends in audiences for most of the network's programmes and the topline figure for the network as a whole. This assisted in exploring the extent to which the decision to drop *Does He Take Sugar?* may have been ratings-driven as comparisons could be drawn

between its audience figures and those of other programmes retained or dropped in the rescheduling. The BARS report was useful in that it contained listeners' comments on Radio 4's coverage of disability issues post-mainstreaming. These data sources did not contribute as significantly to my study as the findings from my analyses of the focus group discussions. Findings from the analyses of the discussions in two focus groups – the group comprising workers in the field of radio and the GWSSB group – showed that these participants were more familiar with issues specific to my research topic than the participants in the Leven and GAMH groups. While the Leven group's discussions provided interesting data about disability, few of the participants in this group listened regularly to Radio 4. The members of the GAMH focus group were, perhaps unsurprisingly, more concerned with the representation of mental health issues in the media as whole than on the treatment and coverage of general disability issues on one radio network.

Ethical issues

I was aware that in discussing disability issues with disabled people sensitive and delicate areas could be explored. My past experiences of discussing disability with other disabled people has shown that a mutual trust, based, perhaps, on our shared human condition, tends to be readily forged and confidences tend to be more readily exchanged. Accordingly, disabled participants in my research were assured that their confidentiality would be respected and their permission was sought to include any personal and self-revelatory comments made by them during interviews or in the course of focus group discussions. The focus group discussions were taped with the consent of the participants and the resulting recordings have been kept in a secure place and used exclusively by myself. Transcriptions of the recordings have been treated in a similar way. I have avoided identifying focus group participants with the quotes and views included in my thesis.

At the outset of my telephone interviews, permission was obtained from all interviewees that these could be taped. I was aware that, in my interviews with media personnel, disclosures of a sensitive nature could be made. Each interviewee was assured of confidentiality and informed that, although they would be identified in the thesis, any controversial views which they expressed would only be included with their permission. The recordings and transcriptions of the interviews have been securely stored and only accessed by myself. In the course of telephone conversations with individuals who could contribute to my research findings, I have received their permission to identify them and their comments where they are reported in the thesis.

Conclusion

In this chapter I have summarised the issues surrounding the politics and practice of disability research. The progression from the medical model to the social model of disability has been outlined. Having noted recent paradigmatic shifts in sociologically-based interpretations of disability I have explored and acknowledged critiques of the less personal aspects of its social model and its tendency to marginalise impairment. The chapter has included discussion of the role of the researcher in the field of disability and the ways in which an emerging disability research protocol, formulated by my peers, has impinged on my approach to this research.

I have described my research design which has been structured around the principle components in the process of mass communication – production, content and audience response – which have been identified by media researchers. I have referred to data sources collected for this research, discussed how they were analysed and indicated the degree to which they contributed to the research conclusions. Finally, I have explained how I accommodated the ethical issues arising from my research process.

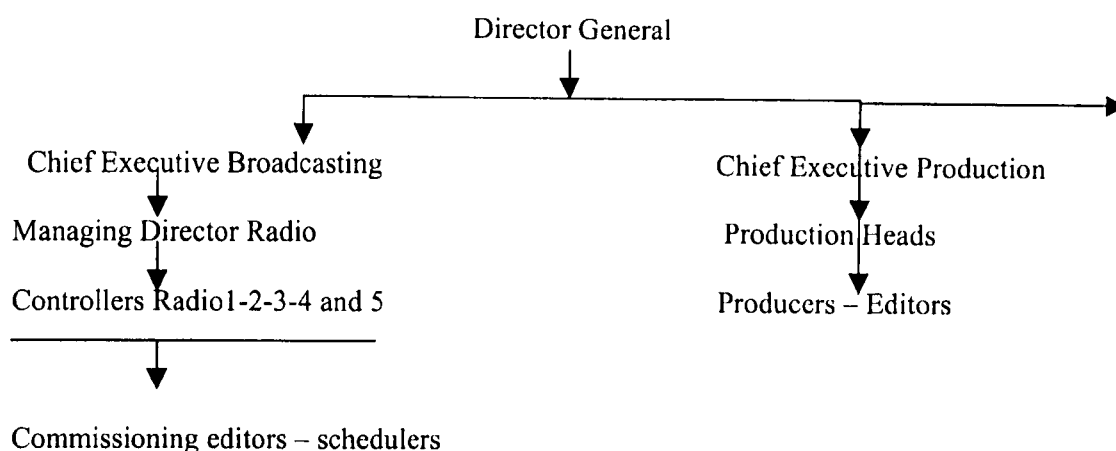# Chapter 5. Presenting disability on Radio 4: the production process

Introduction

In this chapter I explore the views of key players from the BBC who were involved in the Radio 4 disability mainstreaming initiative. I draw upon structured and semi- structured interviews which I conducted with them and upon additional informal discussions I had about the initiative with the then chair of the Voice of the Listener and Viewer and a researcher who was commissioned by the BBC to carry out two studies on disability coverage by the organisation. My employment at the BBC Helpline (see Appendix 4.1) from 1997 until 1999 included liasing with BBC analysts. I noted their views and those of my colleagues on the initiative and I also refer to the views of my co-members of the Radio 4 Disability Monitoring Group (see Appendix 4.2). Quotations are used to illustrate the key themes which were identified from all of these sources. It should be noted that the views expressed in this chapter and the data to which the chapter refers relate to the period immediately prior to the introduction of the mainstreaming initiative, and the immediate post-introduction period (Spring 1998 until December 2000).

It could have been that Boyle's decision to overhaul Radio 4's output was prompted by his wish that the legacy of his tenure of office would be one characterised by a period of radical change for the Radio 4 network. While Boyle's personal motivation remains a matter for speculation, another possible reason for the rescheduling was the network's falling listenership. This possibility can be investigated and may be supported or refuted by the findings from analyses of Radio 4's listening figures. Data relating to Radio 4 listenership at the time of Boyle's decision-making process may be found in Appendix 2.1. For data relating to *Does He Take Sugar?* audiences see Appendix 2.2. While the audience for *Does He Take Sugar?* was relatively small, it had remained consistent throughout 1996. Having fallen dramatically in the first quarter of 1997, it recovered during the following three quarters. As may be seen in Appendix 2.2, the overall listening figures for Radio 4 during the same period, although not falling as steeply in Quarter 1 1997, followed a similar pattern.

At the time of Boyle's tenure of office the organisational structure of the BBC management was headed by the Director General. Immediately below the Director General, management was divided between Chief Executives of BBC Directorates. The diagram below illustrates the organisational structure of BBC radio at the time of Boyle's tenure of office:

Diagram 5.1.

Director General

Chief Executive Broadcasting

Managing Director Radio

Controllers Radio 1-2-3-4 and 5

Chief Executive Production

Production Heads

Producers – Editors

Commissioning editors – schedulers

In addition to Chief Executive Production there were other posts at this level e.g. Chief Executive News, Chief Executive Finance (Abramsky, 2003).

In May 2003, in a telephone conversation (Abramsky, 2003) which I had with an assistant to Jenny Abramsky (appointed Managing Director of BBC Radio in January 1999), I was informed that, prior to April 2000, the 'Broadcasting' and 'Production' Directorates were separate areas of management by dint of the 'internal market' system introduced by John Birt (BBC Director General 1992-2000). Within this system 'Broadcasting' commissioned programmes from 'Production'. Accordingly, my informant explained, Boyle's decisions concerning rescheduling and mainstreaming were 'commissioning' decisions and not 'production' decisions. Both Boyle's decisions would have required confirmation from the then Director of Radio (the position's title subsequently became 'Managing Director of Radio'), Matthew Bannister. My informant disagreed that Boyle's decision concerning the shift in the coverage of disability on the network was 'a major decision', adding that Boyle would not have used the word 'mainstreaming' in this connection. I was also informed that, as Boyle's rescheduling decisions constituted a 'major issue', he personally presented his proposals to the Director General and the Governors of the BBC 'with the full backing of the Director of Radio and The Chief Executive Broadcasting' (Abramsky, 2003). The structure of BBC management was changed by Greg Dyke (appointed BBC Director General in January 2000) who 'dismantled the Broadcast and Production Directorates' (Abramsky, 2002).

Methodology

Interviews were conducted with key players in the development of Radio 4's policy on presenting disability issues. These were:

- James Boyle (Controller of Radio 4 until Spring 2000) who took the decision to mainstream (Boyle, 2000),

- Colin Hughes (producer of *Does He Take Sugar?* from 1996 until 1998) (Hughes, 2001),

- Chris Burns (editor of *You and Yours* pre and post the initiative) (Burns, 1999),

- Peter White (BBC Disability Affairs correspondent and presenter) (White, 2000).

Letters requesting an interview, together with an outline of the study, were sent to prospective interviewees (see Appendix 1.8). Conducted over the telephone, the interviews were taped with the consent of the interviewees and transcribed in full. I prepared an interview protocol for James Boyle (see Appendix 1.1) and a protocol for my other interviewees (see Appendix 1.2). In addition to these formal interviews, I sought the views of Jocelyn Hay (Hay, 2000), then chair of The Voice of the Listener and Viewer, and of Karen Ross (Ross, 2000), a researcher who produced two reports on disability coverage for the network. These were included in my research data. Another source of research data came from my participant observation accounts of the meetings of the Radio 4 Disability Monitoring Group (see Appendix 4.2).

Analysis of the data provided by these sources revealed different perspectives of the mainstream initiative and indicated that a range of conclusions could be drawn as to its rationale. Newspaper items relevant to Boyle's rationale concerning Radio 4's programme rescheduling and his mainstream initiative are provided in Appendices 5.1 and 5.2. A selection of newspaper articles commenting on the rescheduling may be found in Appendix 7. Radio 4's annual budget at the time of rescheduling is to be found in Appendix 8. Appendices 7 and 8 provide background material for this chapter. Further details of the methodology used in connection with my key informant interviews are provided in Chapter 4 (Methodology).

Purpose and focus of the interviews

The interviews were structured to ascertain the perceptions of the interviewees regarding the pre-initiative consultations and decision-making process concerning the original decision to mainstream and how it worked in practice in relation to specific Radio 4 output i.e. possible shifts in the treatment and coverage of disability issues post-initiative. Of particular interest was how the interviewees related the strategic decision to drop *Does He Take Sugar?* to an overall policy of mainstreaming disability.

Analysis of the data indicated that an overview of the introduction and implementation of the disability initiative would best be determined by comparing the views of James Boyle with those of other sources.

Findings

The decision to mainstream

Boyle claimed that his decision to mainstream disability resulted from the most comprehensive review which had ever been undertaken by Radio 4, a review (see Appendix 5.1), he claimed, which had been 'Far more dense and expensive both in its scope and its presentation than you would see in the press or something like that'. As a result of this review and his taking an 'unsentimental look' at *Does He Take Sugar?,* two significant findings emerged for him with regard to this programme. Firstly, that it was untrue that the programme had any 'special cache' for disabled people, and, secondly, its slot within the Radio 4 schedule was preventing disability from becoming a mainstream issue. These findings confirmed his scepticism regarding niche broadcasting which he had always felt 'shuts more doors than it opens'. Other studies, including the report by Karen Ross (Ross, 1997a), he said, had made him aware of the extent of disability within the UK. What he had discovered from his 'monitoring process', he continued, was that disability was something that almost everyone knew about or 'had touched them'. Accordingly, he argued, 'it [disability] should be in the middle. And that is why we put it there'. His findings also highlighted the need, in his opinion, to move disability from a medical model to a 'consumer' model, particularly because 'consumerism itself was going to be an extremely important part of the [new] schedule'.

I probed Boyle about what he meant by a 'consumer' model and asked him how this related to the social model of disability. He replied that, when he used the word 'consumer' he meant 'social/consumer' model. Consumerism, he added, had been the most important factor 'for us' as far as the public was concerned. He said that he was using the terms 'interchangeably'. He added that 'We were changing the social model', and that 'social' was a 'generic' term for the model while 'consumerism' was a particular part of 'this one'. This was what had prompted him to 'build it [disability] round *You and Yours'.* There had been discussions as to whether the programme should be given a different title but 'on the marketing principle that it was easier to relaunch than retitle, we kept it'.

Boyle felt that another aspect of mainstreaming concerned the involvement of disabled writers and performers. He had decided to address this aspect of mainstreaming by commissioning

Yessir, I can Boogie. His decision to do this had also been influenced by his feeling that comedy and drama were two fields that 'had not been colonised by disabled people'. People had come to him saying 'Where are the disabled writers? Where are the disabled performers?'. This made him realise that, in introducing mainstreaming, he 'had to follow through in all areas'.

In the light of these considerations, there seemed to him an 'open and shut case' that *Does He Take Sugar?* should be dropped and that disability should be mainstreamed in his network. As Colin Hughes was the person who had been most closely connected with *Does He Take Sugar?,* I was interested to elicit his views about Boyle's reasoning.

Hughes said that Boyle's changes were announced to him at the same time as they were announced to everyone else in the network. He felt that Boyle 'basically shook up the network' and had 'made changes in all areas'. The change in the way disability was to be treated on Radio 4 was, for Hughes, part of 'a package of overall changes'. He was unaware of any consultations prior to the announcement that disability was to be mainstreamed. However, after the announcement, Boyle had done 'a lot of liasing and consultation'. Hughes, in response to my question about the Karen Ross report, felt that it was 'ironic' that, a year before the announcement, his programme had assisted in putting the report's researchers in touch with disabled people to take part in the project. Little did he know, he continued, that it was this piece of research to which Boyle would refer when 'announcing the demise' of *Does He Take Sugar?* . Added Hughes

> He [Boyle] felt that a specialist programme at 8.30 or 9.00pm on a Thursday, often the best thing for his network, was not the best thing for disabled listeners. There wasn't much that a humble person like me could do about it.

After the announcement but prior to its implementation, disability organisations had visited Boyle. Hughes did not know how the representatives from these organisations had been 'placated' and had accepted the decision to drop *Does He Take Sugar?* . When I asked Hughes about the issue of Radio 4's employing more disabled people as part of a mainstreaming initiative, he replied that Boyle could not affect the network's employment policy, as it 'was not in his remit'. While Hughes' programme had been dropped, *In Touch*, Radio 4's programme for listeners with visual impairments, although shortened from 30 to 20

minutes, had been retained. I asked Peter White, *In Touch's* long-standing presenter, how he thought the mainstreaming initiative had been decided upon.

For White, the decision to mainstream disability 'came out of the blue'. He suspected that there was no consultation with programme makers and felt that Boyle had 'decided to go into Purdah and decide what he was going to do [about disability coverage]'. As for the Karen Ross report, White felt that Boyle, having decided to mainstream disability, had 'picked those sections of the report which fitted in with that decision'. In White's opinion, the report did not support the conclusion that Boyle 'made it support'. He had argued with Boyle after the announcement that *Does He Take Sugar?* was to be dropped, but felt that, by that time, it was a *fait accompli*. White was sure that *In Touch* and *Does He Take Sugar?* attracted a wide audience but his impression was that Boyle felt that 'these disability-specific programmes were in danger of being prisoner to interest groups', and that 'unpoliticised' disabled people might not feel as included as those 'more politically aware'. (A senior BBC analyst also expressed the view that the decision to drop *Does He Take Sugar's* was 'political' and not 'audience driven', as both that programme and *In Touch* had 'OK [listenership] figures'). White's overall conclusion regarding the motivation behind the mainstream initiative and the dropping of *Does He Take Sugar?* was that it was based on 'a philosophy, understandable, but flawed'. Explained White

> He [Boyle] felt that all programmes should be meant for everyone. In other words everyone should feel a part of any programme – that they should have a stake in it. And his feeling was that programmes like *'Sugar'* automatically excluded some of the population. In other words, they said they were for a group of people and that is where they set out their stall.

White disagreed with this opinion as he felt that *Does He Take Sugar?* and *In Touch* attracted a much wider audience. A significant proportion of listeners to these programmes, he felt, were 'eavesdroppers', that is, people who were not necessarily already knowledgeable about disability, and perhaps started listening by chance, but were subsequently intrigued by the subject matter and became regular listeners. In the light of White's comments, I wondered if Chris Burns, whose programme had been given the remit to take over regular coverage of disability issues, had influenced Boyle in his decision-making process.

Burns said that she had played no part in the decision to mainstream disability and give it a regular slot in her weekday programme. It would have been unreasonable, in her opinion, to involve her in the decision-making process, because, she said, she works in production not

broadcasting. 'It is in broadcasting', she added, 'that the controller would sit. They decide what the schedule is going to be and what is going to be in it'. When she had been given the remit to cover disability in *You and Yours,* Burns said, others had expressed fears that disability would be insufficiently covered. Initially, it was felt that there should be a set day for disability coverage, but this suggestion was rejected as it was decided that 'a good disability story' cropping up on any day 'should be covered that day'. Another fear expressed, she said, was that, if a disability-related story 'came up' a disabled reporter would not handle it. Burns did not elaborate upon this but, as may be seen from White's comments later in this chapter, it may be presumed that there may have been a prevailing opinion among Radio 4 personnel, based on previous productions of *Does He Take Sugar?,* that the involvement of disabled producers and presenters had enhanced the treatment and coverage of disability issues.

Jocelyn Hay ascribed the mainstreaming decision to Boyle alone. At her meeting with him prior to the implementation of his rescheduling proposals, she said that, although there had been discussion over *Farming Today,* Boyle had 'just said that *Sugar* was going to be dropped'. He had taken no notice of what representatives of the Voice of the Listener and Viewer had to say, and insisted that *Does He Take Sugar?* 'ghettoised disabled people'. Hay said that she preferred to describe programmes like *Does He Take Sugar?* as 'specialist'. She wondered why *Does He Take Sugar?* should have been treated differently from, say, *Women's Hour.* In addition, she felt that the argument which The Voice of the Viewer and Listener had put to Boyle opposing his moving of *Farming Today* to 5.45 am and reducing its length to ten minutes – that the programme served as a 'bridge' between urban and rural communities - could be similarly applied to a specialist programme like *Does He Take Sugar?.* For Hay, *Does He Take Sugar?* had provided a 'bridge' between disabled and non-disabled communities.

At my meeting with Karen Ross (Ross, 2000) she expressed the view that there were other BBC personnel involved in Boyle's decision to mainstream disability on Radio 4, as the decision 'had to come from higher up'. It is interesting that, during our interview, Ross expressed the opinion that her report played little part in Boyle's strategy. In contrast to this, a BBC analyst to whom I spoke said that 'the whole thing hinged on Karen Ross's paper'.

Summary

From these findings, the extent of Boyle's pre-mainstreaming consultations is difficult to assess. The two key players in pre-initiative niche broadcasting for disabled listeners seem to

have played no part in his decision-making. Hughes stated that, after his decision had been announced, Boyle did have meetings with Radio 4 listeners and disability organisations. However, in the light of the above findings, and from my participant observations of the Radio 4 Disability Monitoring Group (see later in this chapter), it is reasonable to assume that, for Boyle, the function of these meetings was more explanatory than consultative. Burns also mentioned the 'fear' that disability issues on *You and Yours* would not be handled by disabled reporters, but the findings in Chapter 6 (*Does He Take Sugar?* and *You and* Yours: a comparative analysis) indicate that disabled reporters did not always present disability issues on *You and Yours.*

Radio 4's output post-mainstreaming

Whether or not there had been a shift in the treatment and coverage of disability on Radio 4 post-initiative was important to my research focus. I therefore brought this matter up in my interviews with key players and I noted the views of my other sources when it arose.

Boyle said that his instruction to Radio 4 programme-makers was that, although a consumerist approach to the treatment of disability issues should be adopted, this context should only be one of a range in which disability was to be placed. He claimed that the content of disability issues had broadened since the initiative. He felt that coverage of disability on *You and Yours* had increased dramatically and had moved away from 'disability benefit issues and others like "Can you get your wheelchair on holiday?"'. The programme began to treat disabled people as part of the community so that they 'weren't the *focus* or the *victims'* (His emphases). Disabled people were now fitted in to 'the general agenda'. This, coupled with what he referred to as the 'success' of the comedy programme, *Yessir, I can Boogie,* had moved Radio 4's treatment of disability away from 'its stereotypical image of a guy in a wheelchair'. He added that the content of disability issues had been influenced by Karen Ross's report because it contained issues that 'we had the producers look at'. Colin Hughes, however, was unable to endorse Boyle's sentiments unreservedly.

Hughes felt that the range of disability issues on *You and Yours* since the mainstream initiative was introduced was not as wide as it had beeen on *Does He Take Sugar?*. Most of the *You and Yours* disability issues were now being placed in a consumerist context. In his opinion, however, 'disability is not just about consumer issues'. Where *You and Yours* was failing, he felt, was that it was not covering 'the more philosophical issues, art issues and medical issues.' When the initiative had been introduced, he said, it had been hoped that their

being 'topped up' in other programmes on Radio 4 on a regular basis would compensate the loss of the coverage of these topics. This had not happened. Even when *You and Yours* did touch upon these issues, Hughes argued, it treated them in a consumerist context. His programme had covered consumer items regularly, but, in his opinion, *You and Yours* could only 'take things so far'. When I asked him about the lack of 'Good News' stories which had been regularly featured on *Does He Take Sugar?*, Hughes responded that there was 'no room for such stories within a consumerist programme.' He commended Boyle's decisions to commission programmes like *Freaks, Lies and Celluloid*, which explored the representation of disabled people in films. He also applauded the *No Triumph, No Tragedy* series which had addressed the experiential dimensions of disability. Although these were worthwhile programmes, Hughes was doubtful that their occasional inclusion in the Radio 4 schedule was an adequate replacement for a regular half-hour weekly programme which dealt with disability issues in more depth. Peter White echoed this view.

White thought that *Does He Take Sugar?* had treated disability issues in more depth and should have been retained as Radio 4's general disability programme in a fixed slot post-mainstreaming. *You and Yours* had honoured its remit as there were, White felt, more disability issues covered per week on *You and Yours* than there had been on *Does He Take Sugar?*. His programme, *In Touch*, he argued had not changed since the initiative. He pointed out that the content of this programme was, and continued to be, 'driven' by the feedback from its listeners. In view of this, he felt that *In Touch* had been, and continued to be 'one of the most proactive programmes both before and after the changes.' Despite losing ten minutes' airtime in the rescheduling, White thought that the programme had not changed since the initiative and had 'gone on very much as before.'

I asked White about the extent of his influence, as Radio 4 disability affairs correspondent, on the disability-related content of the network post-initiative. He said that some programmes were 'more sympathetic' than others to his suggestions. He knew editors who would say 'We really want to weave disability into what we want to do', and others who might express similar sentiments 'at a meeting' but who 'actually turn their noses up' at including disability issues in their programmes. Often, what these editors want, he added, is that he should present whatever disability issue he suggests with 'an angle on it with what they see as their programme's ethos, but doesn't necessarily fit in with what you think is actually happening'. He instanced the *Today* programme as 'a very difficult market to get into'. That programme, he felt, 'likes to be a bit tabloidy'. He instanced a suggestion of his to the *Today* editors that the programme should cover a recently proposed governmental change for disability benefit claimants – the Benefits Integrity Project. The 'main obsession' of the *Today* editors

concerning this item, said White, was to show how many people were fraudulently receiving Incapacity Benefit. White had declined to present the item in this way, but, shortly thereafter, the programme's editors had 'got a general reporter to do it. And they found a bloke [receiving Incapacity Benefit] who turned out for his pub [football team] on a Sunday'. He felt that this approach to disability-related news items was 'writing the story before you have done it' which, he admitted, could often happen. However, he added, 'having a Disability Affairs correspondent makes it less likely to happen'. In the course of time, continued White, 'you can get to know where you think you'll be able to sell a story most successfully and are treated sympathetically. And, frankly, you tend to favour those markets'.

For White there were two 'problems' associated with the decision to give *You and Yours* the remit to cover disability issues. The first was that coverage of disability had become unpredictable. The second concerned the presentational 'tone' of disability items. There was, for White, a crucial difference in the 'tone' which could be adopted when presenting issues in a specialist disability programme as opposed to a general programme. He felt that people who used to listen to *Does He Take Sugar?* did so 'either because they were disabled, or cared about disability issues'. This meant, he continued, that one could adopt a more inclusive tone. He explained that

> You can use the word 'we' quite a lot, which is quite natural if the presenter has a disability. And you can actually talk from the point of view of inclusiveness.

This was one of the attractions of having a niche disability programme. Contrastingly, he described mainstreaming disability as a 'weaving' process' which entailed having to explain issues in terms of why they were selected and how they should be treated. Said White

> In mainstreaming, because, by definition, you have, to some extent, because you're talking to the whole audience, you have to go back. You have to explain things from the beginning [and] not assume knowledge. That limits the depth to which you feel that you can go. And time limits that.

As this means assuming that most listeners will have no knowledge of the issue, White continued, there would be an educative dimension in the item's content. This, he admitted, was commendable. But, he argued, the involvement of a disabled presenter in a disability item's production could afford both 'the opportunity for some degree of specialism, and [the programme makers] the opportunity for mainstreaming'. He was not suggesting, he added,

that *You and Yours* presented disability items in an 'us' and 'them' context, but 'it's very hard for that not to be implied'.

White felt that an important consideration regarding the content of disability-related items on Radio 4 was directly connected with the lifestyles of those involved in the network's production processes. They are not, he believes, as 'typical' as they think they are. Because they are 'sparky', on the whole 'healthy', are 'fairly young' and live 'whizzy' lifestyles 'they don't identify with disability', he continued, 'It's not part of their lives'. People doing 'less glamorous things', he added, 'are possibly more in tune with things like disability', which do not go with the 'image' of being 'smart', 'quite trendy', 'being well dressed' and 'all that kind of stuff'.

I asked White about his post-mainstreaming series *No Triumph, No Tragedy.* He did agree that, in consenting to his presenting this series, Radio 4 had ventured into two 'taboos' relating to disability – 'sexuality' and 'the cure'. He pointed out, however, that his being a disabled presenter had played a significant part in the production of the series. I was interested to find out if Chris Burns was aware of the potential dynamics which, for White, could shape the content of the disability items covered on her programme.

Burns felt that her remit to include disability-related issues in her programme had entailed her 'taking more risks', citing her (post-mainstreaming) production of an item focussing on the sexuality of disabled women. I pointed out to Burns that this item had been compiled and presented by Jo Kay, a disabled member of her team. Interestingly, in acknowledging this, Burns added that Kay had asked her permission to include more sound effects in her piece as this was 'the kind of thing that would have been done on *Does He Take Sugar?*'. Burns had agreed and the item was presented with sound effects (background music) when Michelle Taylor was reciting her poem about dancing with 'a sighted guy'. Burns had tried to lighten the tone of her programme's treatment of disability issues and Kay's presentation instanced this.

Burns felt that, being a programme transmitted every weekday, *You and Yours* could, and did, respond more immediately to important disability issues as they arose. Having only a weekly slot, she argued, *Does He Take Sugar?* had been unable to do this. She was uncertain whether the network as a whole had responded to the mainstream initiative in the same way as her programme. She felt that, on many occasions, programme-makers assumed that if they did not cover a disability issue, it would be covered on *You and Yours,* which reflected their

misunderstanding 'how big the brief of disability is'. This made her wonder about the network's 'level of awareness' and 'level of commitment' concerning disability.

Burns also wished that her programme could cover more 'Good News' stories. What she had been trying to avoid when presenting disability items was the approach:

And now for something that's not so nice. This is another bad news story.

The reason for the scarcity of 'Good News' items, she claimed, was that they were 'harder to find.' However, although she believed that 'Good News' stories about disability should be included in her programme, she felt it was important to avoid the 'heroic' disability stories as 'that also can be negative'.

On several occasions during the course of my interview with her, Burns had referred to *You and Yours,* as a 'magazine' programme, so I asked her if her programme had moved away from its consumerist genre. She agreed that there had been a shift but said that this could only be partly attributed to the remit to include disability issues on a regular basis. Lengthening its slot from 22 minutes to one hour meant that it could no longer be exclusively consumerist orientated. Although the programme retained a consumerist element, it had broadened its content to include 'lifestyle, leisure, disabilities, environmental, transport, travel'. She felt that *You and Yours* was now what it should be, as its stories 'are people-centred and people-led. That means the whole of the Radio 4 listening audience'.

For Jocelyn Hay there was one major drawback to including disability issues on *You and Yours.* As its content was mainly based on listeners' complaints, she argued, its extended format had resulted, for Hay, in the programme becoming 'one big long whinge'. Disability issues, she feared, would consequently tend to be treated as 'a big whinge as well'.

Summary

Boyle claimed that, because disabled people and their concerns were now part of the mainstream output of his network, the treatment of disability issues had improved. This is countered by the concerns expressed by other key players that disability, post initiative, was treated in less depth and in a less appropriate tone. White expressed the view that *You and Yours* covered more disability issues than had been covered by *Does He Take Sugar?*. However, the findings reported in my comparison between *Does He Take Sugar?* and *You and Yours* show that, on average, the number of disability items covered each week on *You*

and Yours (just under four) did not represent a significant increase in the number covered each week by *Does He Take Sugar?* (just over three).

Burns felt that *You and Yours* was better positioned than *Does He Take Sugar?* to respond to topical disability issues and by implication did so. However, as may be seen in Chapter 6 (*Does He Take Sugar?* and *You and Yours*: a comparative analysis) this was not always the case e.g. the Direct Action Network demonstrations in Bristol and Hull. Burns was also uncertain about the level of disability awareness on Radio 4 post-mainstreaming, although it was announced at an early meeting of the Radio 4 Disability Monitoring Group that disability awareness training for the network's personnel was part of Boyle's mainstreaming strategy. It is, perhaps, worth noting Burns' insight into disability which is reflected in her sensitivity about portraying disabled people as 'supercrips' when covering 'Good News' disability stories.

How mainstreaming has worked in practice

The third strand of my analysis of the data obtained from interviews and conversations concerned the outcome of the initiative. In this connection, I explored the views of the key players on its success or failure.

Boyle felt that the mainstreaming initiative had gone 'extraordinarily well'. He felt that the backing he had received from the disability groups on the Radio 4 Disability Monitoring Group had brought disability organisations into much closer contact with BBC personnel. As a result, BBC producers and programme makers had a clearer notion about where and how to place disability stories within their output. He did think that the network had failed in the field of drama because 'we still do not have the casual placing of disabled people in drama'. He referred to Hughes moving to BBC Television to produce political programmes on Westminster after 'having been "stuck" in a niche disability programme 'for a long time'. This move, he claimed, had been prompted by the mainstreaming initiative which encouraged people to see their careers more broadly. In his opinion

> Because you're disabled, because you're blind or in a chair, you don't need to be doing disabled programmes and you don't have that business of saying disabled programmes are done by disabled people.

He also felt that *Yessir, I can Boogie* was 'a critical thing for us', because it put disability 'really into the mainstream'. He was particularly pleased that this programme was 'an entire show written and performed by disabled people'.

For Boyle, disability was now fully integrated into *You and Yours*. He had effected a change away from making a programme for people 'who wanted to define themselves as disabled', and for a public 'that wanted to define them as disabled.' Hitherto, he claimed, *Does He Take Sugar?* had treated disabled people as being 'off the norm' because they were 'not able-bodied'. Everything in that programme had concerned the disabled aspect of their lives. He had felt that disabled listeners to Radio 4 should not be treated as 'these people' because they were not 'these people' but were 'the same as the rest of us'. He felt that disabled listeners, having special interests like everyone else, would, like everyone else, 'stumble across' a programme which addressed their interests and listen to it because it concerned them. But they would not 'make a date' for a fixed weekday evening to listen to a particular programme which addressed their interests because 'none of us do'. He added that, on reflection, he felt that *In Touch* should also have been dropped from the network. Explaining this, he said that he had believed that there was a special relationship between radio and 'the blind'. However, he continued, after the rescheduling:

> ...it came out absolutely as straight as a die that there wasn't any special relationship and there was no greater incidence of listening to *In Touch* by blind people than anybody else. I should have known that, but I allowed my heart to rule my head.

The inconsistency of Boyle's decisions to drop *Does He Take Sugar?* and retain *In Touch* are heightened by the findings from research carried out in November 1996 by a BBC Network Radio Research and Analysis Team. The research focussed on *Does He Take Sugar?* 'to assess the audience's reaction to the programme' (Ferguson, 1996a. no page number). Its findings were based on a survey of 288 Radio 4 listeners who had heard *Does He Take Sugar?*. Later in 1996 the same team of analysts conducted similar research into *In Touch* (Ferguson, 1996b. no page number). The similarity in the findings of these two research documents raises the question as to why one niche disability programme should have been dropped while another niche disability programme (although shortened) was retained. A summary of the findings from both reports may be found in Appendix 6.

As a result of his initiative, Boyle said, disability on Radio 4 had become part of an array of choices for the general public – 'some of whom are disabled'. Towards the end of the interview, I raised the question of the extent to which his 'consumer model' of disability had

influenced his decision to mainstream disability. He replied that consumerism had been the most important issue, but, in introducing disability to the field of comedy and drama, he had not confined himself to a consumerist approach to disability issues. Furthermore, he added, 'when we looked at the way [disabled] people had been treated in the past', a disability dimension had been introduced into some of the history programmes on Radio 4 post-mainstreaming. Although Boyle had expressed satisfaction at the outcome of his decision to mainstream disability, Hughes was less certain that the initiative had been successful.

Hughes was not sure if disability had become a mainstream issue on Radio 4. He felt that a niche programme for disabled listeners should have been retained. He thought that there was 'a market for a specialist slot and the other strands should be doing it [disability] anyway'. He saw an inconsistency in Boyle's dropping a specialist programme like *Does He Take Sugar?* while retaining *Women's Hour,* 'a specialist programme for women', and *Law in Action,* 'a specialist programme for lawyers'. He believed that there was, and is, a market for a programme 'that talks to other disabled people'. When the dropping of *Does He Take Sugar?* was announced, the programme's feedback (e-mails, letters etc.) revealed that its listeners' 'main gripe' had been was they did not listen to the radio at midday. They had felt, continued Hughes, that having a fixed point in the week where there had been 'a regular diet of what's happening in the disability world' had been more suitable for them. Switching coverage of disability to midday 'on an ad hoc basis' was not 'in tune with their tuning-in pattern'. Hughes' view that the Radio 4 should have continued to include a niche disability programme was one with which Peter White agreed.

White felt that, as a result of the loss of their regular niche programme, disabled listeners now did not know when disability issues were going to be covered on Radio 4. It was unreasonable, he thought, to expect disabled people to listen to *You and Yours* for an hour on the 'off chance' that a disability issue would be covered. If, on the other hand, this programme had presented a regular disability slot, *Does He Take Sugar?* may just as well have been retained. He did feel, however, that the initiative had been successful because listeners' response to disability items on *You and Yours* was high. In contrast to the opinion of Hughes, White thought that slotting disability items into a programme broadcast between noon and 1.00 pm each weekday was preferable to placing them within a programme broadcast from 9.00 pm. to 9.30 pm each Thursday. He was of this opinion because he felt that a programme broadcast around midday was

more likely to pull in the accidental listener. And you are more likely to pull in the disabled person who does not want to accept the fact that he or she is disabled – a big problem as far as I am concerned.

For him, tuning in to *Does He Take Sugar?* reflected 'admitting' an interest in disability which many disabled people would not wish to do. However, by 'accidentally' hearing a disability item on *You and Yours,* these disabled people might say

That's me. I did not realise that there was this benefit for which I could be eligible, or that service which is provided for people like me. That's the same problem I've got.

He did feel, though, that *Does He Take Sugar?* did have a more naturally inclusive way of presenting disability issues in that its presenters were

able to talk to people from the inside. And I don't think we've got to the point where that isn't necessary.

In dropping *Does He Take Sugar?*, White felt that Radio 4 had lost an element of 'complicity' with the listener who is disabled, and who would prefer to have disability issues dealt with from an 'internal' point of view. The optimum solution, as far as he was concerned, was to mainstream disability and retain a disability-focussed programme. This strategy was one which Chris Burns would also have favoured.

Despite her being a 'great fan' of mainstreaming, Burns felt that a specialist programme addressing disability should have been retained on Radio 4, not so much, she explained, for the casual listener, but for the specialist audience who 'wants to find out more'. Alternatively, she suggested, the introduction of a monthly 'one-stop shop' disability programme on Radio 4 might have 'filled the gap' left by dropping *Does He Take Sugar?*. This 'one-stop shop' programme could cover 'landmark' events in the field of disability more comprehensively than *You and Yours* which, in her opinion, had become a 'magazine programme'. She instanced the extensive 'whole day' coverage which Radio 4 had devoted to the dismantling of the Berlin Wall – for her, a 'landmark' event. She regretted that the widening of the provisions of the Disability Discrimination Act in October 1998 and the appointment of Bert Massie as chairman of the Disability Rights Commission, both, for her, 'landmark' events, had not been given wider coverage. If a new chairman had been appointed to the Commission for Racial Equality, she argued, that would have been covered, because 'that seems important [to BBC programme commissioners]'.

I asked Burns if the shift away from the purely consumerist genre of *You and Yours* to a 'magazine' format, had resulted from the mainstreaming initiative. She replied:

> I think it's partly that. I think that when the programme was 22 minutes then I think you could have a pure consumer programme. I think to do a consumer programme an hour a day – you just can't do it. You've got to go to other areas.

Burns said that her programme now contained a higher amount and a broader range of disability issues. She attributed this, in the main, to the input from members of the Disability Production Unit who, post initiative, had joined her production team. Initial fears about *You and Yours* being given the remit of regularly covering disability had been allayed. She summed up her assessment of the initiative as far *You and Yours* was concerned, with the words: 'Have done well. Could do better'.

Karen Ross felt that, despite the initiative, BBC Production was still unclear about how to approach disability. While commending Peter White's series *No Triumph, No Tragedy,* she regretted that it had been slotted in the network's schedule at 9.00 am. – a 'slump listening time'. Many disabled people to whom she had spoken about the programmes did not know of them at all. *Yessir, I can Boogie,* for her, was 'pretty awful' but she understood that Radio 4 had had to 'break the ground' of comedy in a disability context. She felt that the BBC 'need to be embarrassed' into wider coverage of disability as 'they just don't seem to know how to proceed'.

Radio 4 Disability Monitoring Group

My overall impression of the meetings of the Radio 4 Disability Monitoring Group was that they were dominated by the views of the BBC representatives. When the employment of people with learning difficulties in Radio 4 was raised, the only response was that this was 'proving difficult'. A complaint that the standard of service provided by the BBC Radio Helpline had deteriorated since the initiative had been introduced was unresolved. MIND's representative reported that, as far as her organisation was concerned Radio 4's drama content was 'awful'. There was no constructive response to this. At one meeting, the BBC personnel admitted that access for disabled people to Radio 4's studios was extremely poor but assured the group that remedial action would be taken. Scope's representative referred to then recently transmitted (Autumn 1998) editions of *Today* during which the Benefits Integrity Project had

been covered. He pointed out that the information concerning eligibility for Disability Benefits, as presented in the items, was 'out of date', adding that the series' underlying inference that many disabled people were fraudulently claiming state benefits was unacceptable. Although it was admitted that the information was out of date, no one from the network commented on the way the Benefit Integrity Project item had been treated.

I also came to the conclusion that the representatives from the disability organisations on the monitoring group became disillusioned with the progress of the disability initiative and doubtful about the effectiveness of their monitoring role. At the group's second meeting on 28th March 1998, eleven representatives of disability organisations attended. At the final meeting, on 28th October 1999, there were only four representatives from disability organisations present. Prior to the meeting I had asked RADAR's representative, who did not attend the final meeting, about the submission of a concluding report from the group. She had no knowledge of this but said that, unless a report on the group's findings was requested and produced, the meetings would have been a 'waste of time for everyone'. The group produced no such report.

Summary

It is difficult to reconcile Boyle's view that disabled people should not produce disability-related programmes with his satisfaction with *Yessir, I can Boogie*. Boyle also contended that the entire content of *Does He Take Sugar?* focussed on the 'disabled' aspect of the lives of disabled people, implying that it adopted a negative approach to disability. However, as may be seen in Chapter 6 (*Does He Take Sugar?* and *You and Yours*: a comparative analysis), *Does He Take Sugar?*'s coverage of items such as the cultural exchange between disabled people in Scotland and Poland, and the Round the World yacht race, which focused on artistic and sporting success, tend to undermine Boyle's claim. Boyle's overall endorsement of his initiative was not echoed by other key informants who felt that it had been, at best, a qualified success. The findings indicate a consensus among other key informants that Radio 4 should have retained a general disability-focused programme in addition to mainstreaming disability. As for the Radio 4 Disability Monitoring Group, in view of the findings in this chapter, it is difficult to avoid the conclusion that its members exerted little influence on the outcome of the mainstreaming initiative.

Conclusion

Having examined the views of my sources, it may have been the case that Boyle's decision to mainstream disability flowed from his overarching decision to reschedule Radio 4's programmes. Significantly, the newspaper article (see Appendix 5.1) in which he traced the 'review process' to which he referred when interviewed, makes no mention of disability issues. There seems to have been no consultation process concerning the network's coverage of disability issues prior to his announcement that *Does He Take Sugar?* would be among the programmes to be dropped in the rescheduling. In addition to Hughes and White, the announcement came as a surprise to at least one other member of BBC personnel (see Appendix 5.2). After the announcement, meetings between Boyle, BBC personnel, representatives from disability organisations and Radio 4 listeners did take place. However, my findings tend to indicate that these meetings were confined to post facto discussions of the programme changes and the mainstream initiative. Whether or not the dropping of *Does He Take Sugar?* and the mainstream initiative were corporate decisions or solely Boyle's is difficult to establish. Throughout the interview, in his responses, he used 'I', 'me', 'we' and 'us' at various times.

He claimed that the rationale behind his decision to drop *Does He Take Sugar?* was that it 'ghettoised' disabled listeners. Karen Ross had used the same word in her report (Ross, 1997a). Boyle's reasoning, however, is difficult to follow when his view that disabled producers and presenters ought not to be necessarily involved in programmes focussing on disability issues is contrasted with his satisfaction with *Yessir, I can Boogie.*

In the light of my interview with him, Boyle's decision to drop *Does He Take Sugar?* seems to have been prompted by his application of what he referred to as a 'consumer' model of disability. He was, as I have shown, unclear when I probed him about a 'consumer' model of disability. My impression was that he felt that disabled listeners did not merit a niche programme in the Radio 4 output. In other words, that Radio 4 should produce a range of programmes whose content should interest disabled and non-disabled audiences. While, post-mainstreaming, his network continued to provide niche programmes for e.g. lawyers, and farmers, puzzlingly, Boyle's argument was that provision of a specialist programme for disabled people would reinforce their social exclusion.

Some sources claimed that, post-mainstreaming, regular coverage of disability issues had increased. However, the increase, as has been noted, was insignificant. Others said that the range of topics regularly treated in a disability context had decreased. My findings tend to

confirm this. The findings here and elsewhere in my thesis also tend to support the view of some research participants that, post-mainstreaming, there had been a shift in the 'tone' in which disability issues are presented on *You and Yours*.

With the exception of James Boyle, the opinion of key informants that a niche general disability programme should have been retained on Radio 4 is the clearest finding emerging from the analysis of the interviews. It was a programme of long standing and was produced and presented by a team whose expertise, based on the lived experience of disability, was incontestable. The omission of *Does He Take Sugar?* from his post-mainstreaming Radio 4 schedule does prompt speculation about Boyle's rationale. His socio-politically based reasoning is undermined by Jocelyn Haye's rhetorical question 'Does *Women's Hour* ghettoise women?'. If, on the other hand, his decision, as he also claimed, was based on a rigorous application of consumerist criteria, this is seriously challenged by a member of the Radio 4 Monitoring Group's question: 'Why should, say, religious programmes carry on [on Radio 4] when fewer and fewer people attend religious services?'. Further doubt is cast on Boyle's rationale by Raymond Snoddy's contention that 'the very point of the modern BBC is to provide programming that could not otherwise survive in a commercially driven, ratings-dominated world' (The Times. 21st November 1997).

Chapter 6. *Does He Take Sugar?* and *You and Yours*: a comparative analysis

Introduction

When James Boyle introduced his disability mainstreaming initiative to Radio 4 and rescheduled the network's programmes, *Does He Take Sugar?* was among the programmes which were dropped. It had been the network's only niche programme which addressed issues of particular interest to disabled people in general, as distinct from *In Touch* whose target audience was, and, at the time of writing, remains, people who are visually impaired. Boyle decided that regular coverage of disability issues, post-rescheduling, would be included in *You and Yours,* Radio 4's flagship consumerist programme. *Does He Take Sugar?* had had a thirty-minute weekly slot in the network. *You and Yours,* previously twenty-five minutes in duration, was given more airtime in the new schedule and is currently transmitted each weekday between 12.05 and 12.55 pm. As was noted in Chapter 5 (Presenting disability on Radio 4: the production process), when *Does He Take Sugar?* was dropped in the network's rescheduling, it was implied that the coverage of disability issues would be enhanced rather than diluted. The first task, therefore, was to see whether or not this was indeed the case. Whilst, post-rescheduling, disability issues were given special coverage on a number of one-off series such as *No Triumph, No Tragedy, Blind Man on the Rampage,* and *Yessir, I can Boogie,* nonetheless a great deal of emphasis was placed on *You and Yours* as the principal programme slot in which disability issues would be tackled. For this reason, a detailed comparison of *Does He Take Sugar?* and *You and Yours,* using quantitative and qualitative analyses, has been carried out.

This chapter will compare the treatment and coverage of disability issues on *Does He Take Sugar?* and *You and Yours.* The aim is to discover whether or not, post mainstreaming, there has been a shift in the content and presentation both of disability *per se* (in experiential, ontological or epistemological terms) and of disability-related issues.
Accordingly, the analysis of the programmes will focus on five key questions:
- Is disability aired as much on *You and Yours* as it used to be on its weekly specialist slot?
- Are disability issues dealt with in as much depth on *You and Yours* as they were in *Does He Take Sugar?*
- Is there a difference in the way disability issues are presented within a consumerist programme like *You and Yours* compared to their presentation within a disability-specialist programme like *Does He Take Sugar?*

- Is there a difference in the types of disability topics which *You and Yours* addresses?
- How is the concept of disability understood within *You and Yours* compared with *Does He Take Sugar?*

The mainstream initiative shifted regular coverage of disability issues on Radio 4 from a niche programme to a consumerist programme. My findings will show, *inter alia*, that the way in which disability issues are treated on both programmes reflects the programme makers' positioning of disabled people as citizens and/or consumers. During the 1990s, a new conception of citizenship emerged emphasising the citizen as consumer. The 'big idea' of John Major's Conservative government - The Citizens Charter - cast the consumer as an individual (rather than a group) challenging bureaucracies to deliver adequate services and seeking means of complaint and redress. While Barnes (1997) refers to the notion of citizenship 'not only as a status which ascribes rights and imposes obligations, but as a practice which is concerned with the participation of individuals within social and civic life' (Barnes, 1997, p.44), Hutchison (1999) believes that

> If we are all regarded primarily as consumers, then we are deemed to be seeking various kinds of pleasures largely as private individuals. But, if we are regarded primarily as citizens, then we are judged to be looking for pleasure, information and enlightenment as individuals and as members of a community of active participants in the democratic process. In practice we are both consumers and citizens in much of our daily lives, but with the media it is important to consider where the balance is being struck in any particular discussion.

> (Hutchison, 1999, pp. 82-83)

Does He Take Sugar?, as will be seen, had tended towards building a shared identity with and among its listeners. The extent to which *You and Yours* invited its disabled listeners to share a common political and cultural identity, as hitherto fostered by *Does He Take Sugar?*, will be explored in my comparative analysis.

The chapter falls into three sections. The first section details my research methodology, the second comprises the findings from my analyses, while the third section offers my conclusions. As I have outlined the overall research design in an earlier chapter (see Chapter 4 Methodology), the methodology section in this chapter presents supplementary and more detailed information.

Methodology

A selection from both programmes was subjected to content analysis (see Appendix 13.1). The sample of *Does He Take Sugar?* programmes which was subjected to content analysis was, to some extent, predetermined. I requested, and obtained, from the BBC the editions of the programme broadcast in September 1997 as I had randomly selected this monthly period for the *You and Yours* samples. When I asked them for further editions of *Does He Take Sugar?* in order that my sample could be widened, BBC staff randomly chose the other six recordings. Cassette recordings of *You and Yours* were made covering all transmissions during the month of September in 1998, 1999 and 2000.

My methodology is structured around six key areas on which I focussed my content analysis:

i) Airtime: *Does He Take Sugar?* was a weekly programme while *You and Yours* is, at the time of writing, presented each weekday. A comparison is drawn between the amount of time allotted to disability on a weekly basis, and on an individual item basis by both programmes. The slotting of disability items on *You and Yours* is also analysed.

ii) Treatment of disability issues: *Does He Take Sugar?/You and Yours:* the extent to which switching regular coverage of disability issues from a niche disability programme (*Does He Take Sugar?*) to a consumerist programme (*You and Yours*) affected the way in which the issues were treated.

iii) The format of *Does He Take Sugar?* and *You and Yours:* a comparative analysis of the thematic structures of the niche disability programme and the consumerist programme in which disability was one of a range of subjects addressed.

iv) Types of disability topics covered: the extent to which the consumerist genre of *You and Yours* influenced and/or limited the range of disability topics covered by the programme when compared to *Does He Take Sugar?*.

v) The positioning of disability within *Does He Take Sugar?* and *You and Yours:* the extent to which the programmes' production teams positioned disability within its social model or its medical model (or a combination of both) is compared.

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The types of disability organisations – establishment or radical – from which 'experts' were drawn are subject to analysis. The input of disabled/non-disabled contributors to both programmes is compared.

vi)   'Presumed non-disabled' coding: *In Touch:* the anomaly presented by this coding category (see below) with regard to *Does He Take Sugar?* is further explored by the analysis of a random sample of *In Touch* programmes.

The findings address these six areas.

In Chapter 4 (Methodology) I outlined the definitions of the medical and social models of disability which I applied in my study. The disability items covered in my sample editions of *Does He Take Sugar?* and *You and Yours* were coded 'M' where impairment was the focus of its treatment. The coding 'S' was applied where, while an item's content was impairment-contextualised, its focus was extrinsic to impairment. The following samples illustrate how disability items on *Does He Take Sugar?* and *You and Yours* were coded in terms of the social model of disability, the medical model of disability and where an item's treatment drew upon both models (coded 'M/S'). The findings from my analysis of the treatment of an item on the Disabled Action Network (DAN) demonstration in Bristol (access to public transport), broadcast on *Does He Take Sugar?* on 4th September 1997, showed that this topic was treated from the perspective of a social model of disability. The focus of this item was the lack of provision of public transport accessible to everyone (including disabled people). Whereas an item about the self-management of a disabling condition (Arthritis) (*Does He Take Sugar?* 18th September 1997) privileged a more individualistic medical approach to disability as it focussed on the way in which the adverse effects of an impairment could be ameliorated. Other reports on *Does He Take Sugar?*, such as the one on prostheses (efficacy v aesthetics: disabled people's right to decide. 19th March 1998), drew upon the medical (orthopaedically appropriate) and the social (cosmetically appropriate) models. The same range of approaches was evident in the *You and Yours* sample. An item about the high cost of disability equipment (10th September 1998) was clearly located within the social (disabled person as consumer) model. A report about the low percentage of men with eating disorders seeking medical help (9th September 1999), on the other hand, was couched in the medical (secondary effect of impairment) model, while an item featuring a discussion about the difficulties encountered by deaf people who wish to access medical treatment and/or care services (19th September 2000) borrowed on both the medical (deafness and communication) and the social (disabled person as citizen/consumer) models.

I referred in the Methodology chapter to my coding of contributors to both programmes as 'experts' – contributors to an item whose grasp of the disability issue being covered was presented by the programme makers as reflecting expert knowledge. I have also mentioned my compilation of lists of non-disability specific organisations and organisations 'of' and 'for' disabled people from whom 'experts' were selected by the production teams of both programmes. The findings from my analysis of these lists, I felt, would indicate the range of voices of disabled people afforded a platform by the two programmes' makers. The importance placed on disabled people's voices, with respect to disability issues, is widely acknowledged in disability literature (see, among others, Barton, 1996; Campbell, and Oliver, 1996a; Pointon, and Davies, 1997).

Reference in the Methodology chapter was also made to the coding of contributors as 'Framed as disabled', 'Presumed disabled' and 'Presumed non-disabled'. I explained that the coding 'Presumed non-disabled' was applied if it could be inferred from the text that the contributor was not disabled or if there was no indication in the text that he or she was disabled. However, in applying the coding 'Presumed non-disabled', one significant difficulty was presented by the schematic overview of the programmes. When this coding category was applied in the *Does He Take Sugar?* programmes, Tom Shakespeare, who has achondroplasia, and Bert Massie, who is a wheelchair-user, were coded 'Presumed non-disabled' even though many listeners would have been aware that these were disabled contributors. This anomaly was not detected in the *You and Yours* sample when, as far as could be reasonably ascertained, almost every disabled contributor was framed as such. Furthermore, in view of Colin Hughes (producer of *Does He Take Sugar?*) pointing out that *Does He Take Sugar?* gradually came to be entirely produced, presented and researched by disabled people, providing a true measurement of the total input by disabled people to this programme was less than straightforward (Hughes. Interview with the author. 17th January 2001). It may be reasonable to infer that, in this niche programme *for* disabled people *by* disabled people, the framing of contributors (or presenters) as disabled was carried out only if and when, in the programme makers' opinions, it was necessary and/or relevant. In the light of the difficulties connected to the 'presumed non-disabled' coding in the *Does He Take Sugar?* sample, it seemed appropriate to check if the application of this coding category to *In Touch* would present similar difficulties. Two editions of *In Touch* – 7th and 14th September 1999 - were randomly selected, tape-recorded and subjected to analysis in order to establish if this was the case.

Ross (2001), writing about the findings from her report (Ross, 1999) on the treatment of disability on the radio, feels that 'the issue is as much (perhaps more so) about (o)mission as (co)mission, that is, much of the difficulty around portraying disability on radio lies in what is absent, what is missing rather than what exists' (Ross, 2001, pp. 430-431. Her brackets). Accordingly, I coded as 'omission' instances on *You and Yours* where the programme makers failed to include mention of a significant disability-related aspect of a non-disability specific item e.g. an item on the Blue Flag award to Scottish beaches failed to report that wheelchair access is a criterion for this award. I coded as 'inclusion' instances where a general item did include an input from a disabled person or touched upon a disability-related aspect of the item's non-disability specific topic e.g. a clip of listeners' comments concerning a previously transmitted *You and Yours* item on the Child Support Agency included a comment from a female disabled listener (3rd September 1998).

The content analysis in this chapter is complimented by interviews with Chris Burns who edited the *You and Yours* programmes in the sample, Peter White, presenter of the *In Touch* programmes sampled, and Colin Hughes, the producer of the programmes of *Does He Take Sugar?*.

Findings

Airtime

In this section, I compare the amount of time devoted to disability issues on *You and Yours*, post-rescheduling, and *Does He Take Sugar?*.

Amount of time focussed on disability

Findings from my analysis of *Does He Take Sugar?* in the ten programme sample from the period August 1997 to March 1998, identified thirty-two disability-related items covered in a total aggregate time of three hundred minutes i.e. 300 minutes of airtime devoted to disability issues over 10 weeks. Analysis of *You and Yours* programmes transmitted during the months of September in 1998, 1999 and 2000, identified forty-six disability-related items involving a total aggregate time of three hundred and thirty-five minutes i.e. 335 minutes of airtime devoted to disability issues over 12 weeks (see Appendix 13.2).

Length of items about disability

The average of the airtime given to each disability-related item in the *Does He Take Sugar?* sample was nine minutes and three seconds. In the *You and Yours* sample the average airtime for each disability-related item was seven minutes and twelve seconds (see Appendix 13.3). These timings indicate that, on average, a single disability item was given less airtime on *You and Yours* than had been given to a single disability item on *Does He Take Sugar?*.

The findings also showed that, on occasion, *Does He Take Sugar?*, because of its specialist nature, could devote considerably longer than average times to some disability items. For example, one item reported on a Direct Action Network (DAN) demonstration in Bristol, at which disabled people protested against the lack of access provided for them by public transport systems. The programme makers allotted twenty-eight minutes to this item - almost the entire thirty-minute programme (4th September 1997). An item on the efficacy of spinal implant surgery for people with spinal cord injury ran for thirteen minutes, and an item on disability-friendly supermarkets was allotted eighteen minutes (11th September 1997 and 5th March 1998 respectively). In contrast, the most airtime given to a disability issue in the *You and Yours* sample was sixteen minutes in one of their programmes in 2000. This item was a 'pull together' of disabled people's concerns about public transport and included the lack of special provision being made by the Government for disabled people during the then ongoing petrol crisis (29th September 2000). In 1998, no disability-related item on *You and Yours* lasted longer than eight minutes. In 1999 the longest item (on the proposed increase in charges for Home Carers) ran for fourteen minutes (1st September 1999).

Running order

The findings indicated that there was no consistent pattern in the slotting of the disability-related issues in the *You and Yours* programme running order. Some programmes did not include a disability-related item (seven editions in September 1998, six in 1999 and eight in 2000). Some programmes contained more than one disability-related item (two editions in September 1998, one in 1999 and two in 2000). Some disability-related items touched on more than one disability/disability issue.

Summary

Two findings emerged from this analysis. Firstly, overall airtime (the total length of time per week) devoted to disability issues was slightly less on *You and Yours* which was transmitted each weekday (average 27 min. 50 sec. per week) than it had been on *Does He Take Sugar?* which was broadcast once a week (30 min. per week). Secondly, on an item-by-item basis, disability issues were, on average, also allotted shorter slots on *You and Yours* (average: 7 min. 12 sec.) than on *Does He Take Sugar?* (average: 9 min. 3 sec.). This raised the question of whether or not issues had been dealt with in greater depth in the latter programme. It was, indeed, found (as will be shown later) that *Does He Take Sugar?*, by allotting more airtime to a single disability issue, could, and did explore conceptual aspects of disability more profoundly.

An important point to be noted here concerns the fact that *Does He Take Sugar?* aired disability issues for thirty minutes each week at a fixed day and time (Thursday: 21.00-21.30) in the Radio 4 schedule. This meant that listeners with a special interest in such issues knew when they would be covered on Radio 4. Post rescheduling, however, their occasional absence from, and irregular time slotting within, the *You and Yours* programmes removed predictable and regular coverage of general disability issues from the network.

Treatment of disability issues

My analysis of the treatment of disability in both programmes – one a consumerist programme, the other a niche disability programme - focussed on the extent to which disabled people were positioned as consumers or citizens and how experiential and political aspects of disability were explored.

You and Yours

The programme's consumerist genre might lead one to expect that *You and Yours* treated disability issues in an exclusively consumerist context and did not explore any latent aspects of disability issues which underpinned a disability item's manifest thematic structure. Two examples illustrate how the programme makers treated a disability-related topic in a consumerist context. The first example is an item in which a representative of Ryanair was

challenged over his airline's policy of charging disabled passengers for the use of an airport wheelchair to board its aircraft (*You and Yours* 6th September 1999). The second example is an item which featured David Hassell, a wheelchair-user, who had flown to India with Gulfair (*You and Yours* 28th September 2000). During the course of the flight Hassell's wheelchair, which was specially designed, had been so damaged during a stopover at Bahrain that, on arrival at Delhi, he had to cut short his visit and return to the UK after two days. This item covered both the facilities for wheelchair-users on Gulfair's long-haul flights and whether or not Hassell and his carer would be recompensed for the aborted trip to India.

However, there were instances, albeit few, in the *You and Yours* sample when the broader aspects of disability were addressed within an item's consumerist theme. For example, a *You and Yours* item on 'Carer Costs', presented by Mark Whittaker, featured a retired teacher, Mrs. Sherwood, who had been receiving psycho-geriatric care at a home- care cost of £12 per week (*You and Yours* 1st September 1999). As a result of the introduction of a means testing system by Essex social services, the weekly cost had risen to £63 per week – a cost which Mrs. Sherwood could not continue to meet. The item initially addressed this issue in financial (consumerist) terms: the apparent penalty incurred by elderly people in need of care who have been prudent with their savings, and the responsibilities of the state towards people who had, like Mrs. Sherwood, 'already paid her dues…through taxation and national insurance' as Whittaker put it. But the content of the item shifted from a strictly consumerist treatment of the issue when it emerged that Mrs. Sherwood had tried to commit suicide. One possible explanation of her acting in this way was provided by a recorded clip in which Mrs. Sherwood revealed an added dimension which the service provision, which she feared she would lose, held for her. In addition to the service provision aspect of her care, the prospect of contact with her service providers, she said, 'gives you a bit of confidence is the point…when they're coming…you know'.

Another less consumerist more disability-specific aspect of the issue arose when Whittaker referred to the way service users are described by service providers. In his interview with Tessa Harding of Help The Aged he asked her about the language in which the service charges was 'couched'. Whittaker pointed out that Mrs. Sherwood was being described as a 'client'. 'She's not a citizen?', he asked. Harding agreed with Whittaker, adding that 'client' had been a word used in connection with social services for 'a long time'. 'But it's very difficult for them [service users] to understand', she thought, 'when they don't feel that they're being treated like a human being – like a person'.

In these exchanges an important personal benefit of the service provision for Mrs. Sherwood – contact with other people – and the dehumanising effect which service users experience when categorised as 'clients' were raised. The total airtime of this item was fourteen minutes.

On the other hand, there were occasions when the *You and Yours* presenters failed to pick up on important political aspects of disability which were touched upon during an item. On the 16th September 1998, *You and Yours* included an item in which addressed the argument concerning whether or not a pharmaceutical company which produced a folic acid-supplemented drug for pregnant women (which reduces the likelihood of a foetus developing Spina Bifida) should have been sponsoring a week-long campaign mounted by the Association for Spina Bifida and Hydrocephalus (ASBAH). The campaign, it was reported, sought to change public attitudes towards people with Spina Bifida and thus improve the quality of their lives. In this item, Liz Barclay, then chief presenter of *You and Yours,* chaired a short debate between disability campaigner Paul Darke, who was introduced as having Spina Bifida, and Tony Britten, ASBAH's communications manager. In her introduction Barclay signalled the focus of the ensuing discussion:

> Throughout the week ASBAH's main campaign issue is the promotion of folic acid supplement for all women of childbearing age. These supplements are supposed to reduce the chances of a baby developing Spina Bifida. However, the weeklong campaign has been sponsored by a pharmaceutical company which manufactures folic acid supplement, and, so, there's a degree of scepticism amongst disability campaigners about the way the week's being run.

> (Liz Barclay)

She then introduced Tony Britten, as 'ASBAH's communications manager', and Paul Darke as 'disability campaigner, Paul Darke, who has Spina Bifida'. She asked Darke what his 'problem' was about the message ASBAH was trying to get across. Darke felt that ASBAH should be promoting the interests of people '*with* Spina Bifida, who are active and who will be born in the future and it shouldn't be participating in a policy to actually *prevent* people with Spina Bifida existing in the future' (his emphases). In his opinion folic acid supplement should be introduced for national consumption in the same way as, he instanced, 'fluoride is introduced to the public water supply'. Barclay put it to Britten that Darke had a point – that ASBAH was promoting the interests of a drug company rather than people who are living with Spina Bifida. Britten disagreed. He explained that ASBAH had an 'agreement' with the pharmaceutical company because they shared 'a common interest' as, 'They want to sell more products, of course, and, as a result of that.. (*pause*) their sales..(*pause*)..my charity benefits'.

'But', he went on, 'we believe the prevention message is very important. We have to play nationwide not..(*pause*)..not just to people with disabilities..(*pause*) although they're a very important constituent of what we are'. Britten was challenged by Barclay with Darke's point that ASBAH's aims were to change perceptions about Spina Bifida. Britten replied that ASBAH's aim was 'to help ensure that disabled people have equal opportunities to lead successful and fulfilled lives', adding, 'That's about people who are alive, not supporting a policy to stop them being born'. Darke conceded that ASBAH was 'a very good organisation' and he would have been unable to do many of the things he had done without the association's assistance. 'But', he continued, 'having said that, the fundamental point is..(*pause*) if they are *successful* in promoting the prevention message, ASBAH will disappear because there will be nobody with Spina Bifida' (his emphasis). He added that 'Ninety-five per cent of us, at the moment, are terminated before we are even conceived..(*pause*) ..before we're even born. And... so there could be a fundamental problem in the future'. He also thought that 'people with Spina Bifida have actually got to take over ASBAH in the long term, with ASBAH's support, through entering into high positions of power, so that even the Chief Executive has Spina Bifida in the end'. Although he welcomed weeks 'that promote people with Spina Bifida and their abilities and their skills', Darke was 'wary' and felt 'quite dubious about promoting folic acid' which, he felt, should be 'other groups' responsibilities'.

The total item airtime of this item was four minutes. In the course of the item five disability-related issues could have been more deeply explored: the political implications of ASBAH's financial connection with this particular (unnamed) pharmaceutical sponsor, eugenics, the rights of unborn disabled children, the moral responsibilities of pharmaceutical companies in general and the issue of organisations concerned with disabled people being organisations '*for*' or '*of*' disabled people. Darke did seem to be raising these issues for wider discussion, but in the airtime allotted to this item it would have been difficult to treat them in more depth. Hydrocephalus was not mentioned. No representative of the pharmaceutical company contributed to the item.

Does He Take Sugar?

Unlike *You and Yours,* whose programme-makers tended to avoid treating disability in a political context, especially a politically radical context, the *Does He Take Sugar?* production team were prepared to treat disability in this way. One glaring instance of the contrast between the two programmes in this respect concerns radical actions by the Disabled Action Network (DAN). *Does He Take Sugar?* devoted almost the entire airtime of one edition to a DAN demonstration in Bristol highlighting disabled people's concerns about their difficulties accessing public transport, which had taken place on the day the item was broadcast (4th

September 1997. Airtime: 28 min.). *You and Yours,* on the other hand, failed to refer in any way to a DAN protest in Hull (involving the seizure of a bus) against proposed Government Welfare Reforms, although the demonstration had been reported in the midday news broadcast immediately preceding the programme (28th September 1998). On checking with DAN about its strategy regarding the media, I was informed that DAN phone and fax media organisations (including the BBC) one week in advance of demonstrations they plan to mount. In addition, the organisation usually phones the media organisations on the day of the demonstration to remind them about their proposed action. I was assured that this is established practice (Telephone conversation: 25th September 2002).

Findings from my analysis showed that presenters of *Does He Take Sugar?* introduced, addressed, and pursued profound aspects of disability if and when they arose in the course of an item. On 11th September 1997, the programme included an item on the efficacy of Spinal Implant Surgery for people whose paraplegia had been caused by spinal injury. This item lasted a total of thirteen minutes. In his introduction, the then anchor presenter, Frederick Dove, signalled some of the issues surrounding the topic which would be raised in the course of the item:

> The public is, perhaps understandably, fascinated by the possibility of people who've been paralysed being made to walk again. The unsuccessful attempts of PC Olds to dispense with his wheelchair, and the declared intent of Christopher "Superman" Reeves to walk again, have fuelled the idea that a miracle cure is, surely, just around the corner. Even quite modest claims, such as the latest results of a spinal implant programme undertaken by London's University College, and published in "The Lancet", have given rise to a batch of highly optimistic headlines. But, what do such projects really involve? What *are* the realistic aims of people with spinal injuries? And do irresponsible publicity and the expectations of society put unfair pressure on those who are paralysed to believe they must walk at any cost?

> (Frederick Dove. His emphasis)

Peter White, the item's presenter, introduced Julie Hill who, he explained, had had an implant surgically placed in her spine which, by transmitting electric impulses, stimulated her spinal nerves' roots. This, continued White, had increased her mobility. Hill explained how the implant operated. White introduced Nick Donaldson, a Bio-Engineer in charge of the Spinal Implant Project at University College, London, who explained that he and his colleagues thought that

a sensible thing to aim for is a system that will allow them, the paraplegics, to stand up from their wheelchairs when they wish to do, stepping for short distances such as from a wheelchair up to the front door of their house, or to get into a bathroom through a narrow doorway.

He added that they were also 'interested in the possibility of [them] doing recreational tricycling'.

However, discussion quickly moved from the technicalities of the procedure to more complex aspects of disability. White introduced Agnes Fletcher, a writer on disability, and invited her to comment on the view that, for society in general, walking is 'the norm', and that 'this should be the ultimate aim for everyone'. Fletcher replied that there were, for her, two 'aspects' to the procedure. The first, she felt came from 'the stereotypes that affect all disabled people – about being weak and sexless', while the second came from beliefs that the 'very real barriers in society' could 'be overcome if you're cured'. Adam Thomas, introduced as a wheelchair user, had, it was reported, 'made a conscious decision not to become involved' in this type of surgical procedure. Thomas felt that disabled people who wanted to become involved in the project had not 'come to terms with their own impairments', as 'they still compare the life they have now with the life they used to have'. Although Hill had 'heard this criticism before', reported White, she had continued to be 'completely comfortable about why she wanted to give the spinal implant a try'. She was insistent, he added, that it had 'nothing to do with image, or false hopes'. Confirming this, Hill pointed out that she had had 'absolutely no thoughts on miracle cures at all'. She had known that the procedure would involve 'hard work'. She had also been aware that the procedure was still being researched but, she continued, 'if we could get to a point where I could stand, using this, then brilliant'. She had never felt that the procedure was the 'be all and end all', as she had had 'a very, very good life in a wheelchair'.

There followed a debate, chaired by Dove, between Peter Mansell, of the Spinal Injuries Association (SIA), and Simon Barnes of the International Spinal Research Trust (ISRT). Dove turned to Mansell first and asked him why his organisation was opposed to 'any talk of an imminent cure'. In reply, Mansell said that he thought that there was a 'danger' that 'if someone's broken their neck, or back and is paralysed, say three months ago, and "Mum" or "brother" or someone picks up a newspaper [...] and sees "a cure around the corner" [...] there's a danger that that person and that family is going to get a distorted view'. Such a person and family, he added, may 'come to terms with the issues [consequent upon the injury]

later' and realise that the cure 'isn't so imminent'. The fact was, he added, that 'all we have is bits of research going on that are quite complex and that can help people'. Hill, he admitted was 'a good example' of the success of the procedure, 'But', he warned, 'the danger is that it gets blown out of proportion and, then, it's the talk of "just around the corner"'. He cited the recently highly publicised case of Police Constable Olds who had been paralysed as a result of an accident and who had expressed his firm belief that he would walk again after spinal implant surgery. PC Olds, he continued, had travelled to America for the treatment which turned out to be unsuccessful. The instance of PC Olds, Mansell admitted, was one which he had often cited in the past, 'But', he said, 'I think it's so strong – that what you had there was the talk of walking again – "the cure". And it didn't work for him. And, you know, I would say that it…*(pause)* ..it finished him, really'.

Turning to Barnes, Dove referred to another highly publicised case of a very public figure – Christopher Reeves, the film actor who had played 'Superman'. He had recently become severely paralysed as a result of a riding accident, explained Dove, and, like PC Olds, had declared his belief that he would be able to walk again. Dove put it to Barnes that on one of the recently published leaflets for the International Research Trust there was 'a very big picture of Christopher Reeves. And there are the words "Ending the permanence of paralysis: do you know how close we are?"'. He asked Barnes if his organisation was 'giving people false hopes'. Simon Barnes denied this. His association, he contended, was carrying out medical research on the advice of 'some of the most eminent scientists in the world', and reporting back to the 'many, many people who have spinal cord injuries, who really do want to see a treatment become available'. 'It's a simple as that', he added. Dove then asked Mansell if there was anything wrong with finding a cure. Mansell admitted that Adam Thomas and Julie Hill had raised important points. 'Julie made some interesting points about "it's not her whole life", you know, it "gets her fit"', he continued. She had had 'a good quality of life as a wheelchair-user doing other things'. But he felt that there was a danger that 'people can live..*ehm*.. for the exercise', and 'just for the "cure around the corner"'. He felt that 'these kind of people need to look at their quality of life "today". And we want to help them with that'.

Dove wondered if the reporting of successful spinal injury treatments put people with spinal injuries under pressure. Mansell felt that these reports did put pressure on people with spinal injuries and their families. If, for example, his parents were 'always focused on the cure', that might be 'because I'm not having a good quality of life now, when actually…if we can address not ignore the issue…you see, I'm uncomfortable even talking about the cure'. With

regard to Hill's experience, he said, 'what she's got is a new way of keeping her fit - making her feel good. Now, that's a long way for me, from the..from "the cure"'.

Returning to Barnes, Dove raised the issue of the funding of the two organisations. He put it to Barnes that 'all this talk of "a cure is imminent"' by his organisation was 'skewing' public funding into 'curing [...] people with spinal injuries' to the detriment of Mansell's organisation, which was 'actually trying to provide "a better today"'. Barnes pointed out that, between 1995 and 1996, Mansell's association had raised much more money than his International Spinal Research Trust. Barnes felt that, 'as we live in a democratic society, it's up to each individual charity in the UK to make their case'. 'If people want spinal research', he added, 'then, they will say that'. And that, he continued, was what his organisation was reacting to. His organisation was responding to 'what people want', he said, 'and, let's face facts, if an able-bodied person...*ehm*..is unfortunate enough to come across a spinal cord injury, and then has their lives changed to a catastrophic extent, then they're not going to be able to forget the things they did in an able-bodied form –and I don't'. Mansell suggested that the problem was that any reporting of research advances was sensationalised and that dangers arose when the media constructed 'complex issues into small sound bites'. Barnes agreed. Mansell also felt that it was more difficult for his Spinal Injuries Association to raise funds because the services which it delivered were concerned with 'mundane "quality of life" issues – about people getting on. And we haven't got the product that Simon [Barnes] has got - that's very..*ehm*..very hot in a way – very sexy – that they can sell'. Barnes, however, felt that his International Spinal Research Trust's figures did not reflect Mansell's point of view. His organisation had 'just as much of a job' raising funds. He added that his organisation sought a more harmonious collaboration in fund-raising terms. 'Unfortunately', he went on, 'I think [Mansell's] SIA has a particular role to play which doesn't necessarily support spinal cord research'. The debate began to become quite heated but was almost immediately brought to a conclusion by Dove.

The total airtime of this item was thirteen minutes. During its course, listeners were informed of an advance in the research into spinal injury treatment, the aims of the researches and the way in which the treatment may ameliorate the mobility loss experienced by people with spinal injuries. However, it did not stop there. Peter White hinted at the issue of 'normalisation' when he introduced Agnes Fletcher, who aired society's tendency towards 'weak and sexless' stereotyping of disabled people. Much of the item's airtime was devoted to the 'cure' aspect of the experience of disability during which it emerged that there were conflicting views among disabled people about a 'cure-seeking' approach to disability – whether this was helpful or detrimental to their quality of life. The issue of the different ways

congenital impairment and acquired impairment shape the ways disabled people live their lives was touched upon in the overall debate. Reference was made to the way in which the media oversimplify complex issues in the way they structure their reporting of advances in the field of medical research. In addition to highlighting the competitive nature of fundraising in general, the item afforded listeners the opportunity to consider that two organisations, both concerned with the needs of people with spinal injuries, far from being partners in achieving their aims, competed for funds and disagreed strongly about strategy. Some of these issues were explored, while the raising of others provided reflective material for listeners. Both the item's content and the way in which the producers and the presenter of this edition of *Does He Take Sugar?* facilitated discussion of less salient disability-related aspects of a seemingly straightforwardly beneficial bio-medical procedure, were open to different readings. For example, while the experiential dimensions of disability mentioned in the item may have presented a challenge to many 'taken for granted' perspectives which non-disabled listeners may have held about disability *per se,* many disabled listeners, on the other hand, may have been familiar with them and been reassured to learn that some of their perspectives on disability were shared by other disabled people.

Summary

The findings show that *You and Yours* did not always treat disability issues in a way which reflected a consistent positioning of disabled people. Sometimes disabled people were positioned as consumers (the items on air travel). At other times they were positioned as consuming citizens (the item on Carer Costs) or as citizens (the item on ASBAH week). The findings also show that, on *Does He Take Sugar?,* issues of individual choice and control, civil rights and socio-cultural attitudes could all be, and were, introduced and explored within one item. This breadth of treatment provided platforms for voices which invited listeners to consider the diverse experiential dimensions of disability. The findings presented by the above detailed analysis are representative of my overall findings. Other items from my *You and Yours* sample e.g. the Disability Discrimination Act (5 items), an item on the scarcity of rheumatologists in the U.K., and the quality of care in residential nursing homes, did tend to position disabled people as individual consumers rather than a 'shared identity' group. On the other hand, *Does He Take Sugar?* almost invariably positioned disabled people in terms of a 'shared interests' group who, as implied by the programme's overall tone, happened to have a shared identity.

The format of *Does He Take Sugar?* and *You and Yours*

Does He Take Sugar? was a niche programme concerned with disability issues. Each programme's theme, then, was constant. The sample of programmes shows that the entire content of each one was trailed at the outset when the issues which were to be featured were briefly introduced. The anchor presenter's text in introducing the programme was usually upbeat and personal in tone:

> Hello again! You've seen 'Rainman'. You've seen 'Thelma and Louise'. Now stand by for 'Gallivant' – the road movie with a variation on the old 'Two men, two women' or 'Man and woman' theme. This one's about a disabled girl, her filmmaker father and 'Old Granny'. We'll be giving you a sneak preview of 'Gallivant' later.

> (Frederick Dove. 11th September 1997)

Individual items were often introduced in the same manner:

> And now, with Spring in the air your green fingers may be twitching if you're a keen gardener. And, if you're disabled and have trouble with activities like bending down, reaching up, or using certain tools, then you may like to know about the latest edition of 'Gardening'.

> (Frederick Dove. 12th March 1998)

As a rule, each item had a specific presenter who either framed the issue or covered it in its entirety. The introductory framing of the issue was usually followed by discussion 'in studio' - a discussion conducted by the item presenter or the anchor presenter. Contributors could also take part from other broadcasting locations or by telephone.

By contrast, as each fifty minute edition of *You and Yours* comprised more items that *Does He Take Sugar?*, only a selection of the issues to be covered was provided by its anchor presenter at the beginning of each programme. The selection did not always include a disability item which would subsequently be covered in the programme. The slotting of disability items was irregular. The programme's introductory text was similar to that of *Does He Take Sugar?* - upbeat and familiar. However, individual disability items tended to be introduced in a more serious tone:

Every week in the year is "National Week" for at least nine different causes. Among the organisations claiming this week is 'The Association for Spina Bifida and Hydrocephalus - ASBAH'.

(Liz Barclay 16th September 1998)

There was also similarity in the way both programmes presented item content: framing by presenter followed by discussion. The presenters' style during discussion on *You and Yours* tended to be more combative, perhaps reflecting the programme's consumerist genre:

Graham Lane, [Local Government's leader in Education] there are two words that stand out in the Dyslexia Institute report – "Recognition" and "Acknowledgement". Why *are* schools failing to recognise and acknowledge that there are problems?

(Liz Barclay. 7th September 1999. Her emphasis)

When organisations e.g. local authorities, companies, or educational authorities had declined invitations to contribute to an item, both programmes reported this. Where individuals e.g. MPs declined invitations, this was also reported.

Both programmes referred to the BBC Helpline (see Appendix 4.1) telephone number for further information on an item. As the BBC's call centre accepted enquiries about a wide range of BBC output, both programmes also used this number for feedback from listeners.

Summary

The format of the disability items presented on both programmes was broadly similar. Disability-related items on *You and Yours* were presented in the same format as other general consumerist items on the programme. The difference between the formats of the programmes was tonal rather than structural. The consumerist genre of *You and Yours,* often demanding a more investigative style of reporting, in contrast to the more 'magazine' format of *Does He Take Sugar?* could account for this.

Types of disability topics covered

The majority of disability topics presented by *You and Yours* were, unsurprisingly, consumerist orientated. These ranged through the cost of home care for disabled people, housing access regulations, the cost of disability-related equipment and the eventual employment-related consequences of dyslexia misdiagnosis in children, to the implications of

the Disability Discrimination Act for employers, employees, businesses, shopkeepers and consumers. The programme addressed the issue of disabled access to buildings and/or transport in five items. The issue of educational difficulties experienced by dyslexic children and the concerns of their parents was featured three times. In a non-consumer context, items which raised ethical issues were presented on four occasions. One item explored society's misperceptions concerning the sexuality of disabled women (see Appendix 13.4).

Bad News and Good News

In my sample, disability issues on *You and Yours* were, as a rule, presented as serious matters involving problems and difficulties. This finding is borne out by the sentiments of Chris Burns, the then producer of the programme. In her interview with me she said:

> The other area where I don't think we're good enough is the 'good news' stories. Positive and good things are happening in the field of disability. What I don't want is the approach: 'And now for something that's not so nice. This is another bad news story'. Obviously there is going to be a bit of that because often the good news stories are not often the best stories. But there are good things that we should be covering too. But, interestingly, they're harder to find.

> (Burns. Interview with the author. 5th November 1999)

However, on 28th September 1998 *You and Yours* did include an item featuring the organisation 'Churches for All', which promotes the inclusion of disabled people in a religious context (access to places of worship and participation in religious services), and the 9th September 1999 edition of the programme included an item on the use of 'support dogs' to alert people with epilepsy to impending seizures. Although these items could be construed as 'positive' coverage of disability they were the only ones which could be, albeit tentatively, coded as 'Good News' stories.

On the other hand, while *Does He Take Sugar?* did treat weighty disability issues seriously, it also more frequently covered easily identifiable 'Good News' disability topics e.g. in an item featuring the BT Global Challenge round-the-world yacht race (18th September 1997) the programme reported on the success of the entry 'Time and Tide' which was crewed by disabled people. Altogether, in the *Does He Take Sugar?* sample (10 programmes: 300 minutes of broadcasting) there were four 'good news' items (aggregate length 30 min. 30 seconds). In the *You and Yours* sample (65 programmes: 3575 minutes of broadcasting) there

were only two disability items (see above) which could, perhaps, be placed in the 'good news' category (aggregate length 9 min.).

Types of impairment

I was interested in the range of impairments, particularly impairments which I coded as 'Hidden disability', covered in both programmes. Living with a hidden disability can present a particular difficulty as, in terms of social intercourse, people with impairments which are not immediately apparent e.g. deafness, dyslexia, are more frequently confronted with what have been described as 'passing as normal' dilemmas (see Thomas, 1999, p.109) than people whose impairment is easily recognisable. I therefore noted every time a hidden disability was featured e.g. the *You and Yours* (25th September 1998) item on the introduction of an environmentally-friendly inhaler for people with Asthma, or mentioned even in passing e.g. Cystic Fibrosis in the Film Review item on *Does He Take Sugar?* (21st August 1997). These were occasions when listeners with hidden disabilities may have recognised a signal of their recognition and inclusion.

There were fourteen items which either featured or mentioned a hidden disability in the *You and Yours* sample (30.4% of total items) and six in the *Does He Take Sugar?* programmes (18.75% of total items). This is interesting, as one might have expected that the niche programme analysis would have produced a higher proportion in this respect than the consumerist programme. However, the difference in 'Hidden disability' coverage between the programmes may be accounted for by *You and Yours* covering topics relating to disabilities which its producers may have felt would target the social grade and age of its average audience. e.g. Arthritis, Alzheimer's.

The respective average audience profiles for the programmes may also have a bearing on the finding that, whereas the *Does He Take Sugar?* sample produced four items in which State Benefits for disabled people was the topic, none of the *You and Yours* items in the sample dealt with this issue. The tables below compare the two programmes' Average Audience Profile (Quarter 4 1997) with respect to Social Grade and Age:

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Tables 6.1 and 6.2.

Average Audience Profile: Social Grade

% Audience	You &Yours	DHTS?	R4 Ave.
AB	34.4	32.2	40.8
C1	33.7	41.3	34.4
C2	16.3	9.2	13.0
DE	15.5	17.5	11.8

Average Audience Profile: Age

% Audience	You & Yours	DHTS?	R4 Ave.
15-44	19.2	29.6	24.9
45-54	20.1	25.1	22.5
55-64	20.1	16.1	21.1
65+	40.6	29.3	31.6

(Source: Radio 4 Programmes: Trends in Audiences. Quarter 4 1997. BBC Broadcast Information & Analysis. RAJAR/RSL)

Relative audience size (see Appendix 2.2) has to be taken into account in drawing conclusions from these tables.

The age differences in the tables are particularly pertinent here. The high proportion of social grade DE listeners in the *Does He Take Sugar?* cell may have a bearing on this programme's coverage of issues such as the Benefits Integrity Project and disability-related state benefits.

Summary

The topics presented on *You and Yours* were serious rather than light and tended to focus on contentious disability issues. They ranged from the implications of dyslexia misdiagnosis in schoolchildren through the unavailability of local dialysis treatment, to the right of deaf or blind parents to have children who are also deaf or blind. The types of topics presented on *You and Yours* may have been geared towards the interests of its average audience rather than its disabled listenership.

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The more diverse range of topics covered in my much smaller *Does He Take Sugar?* sample included a review of two films at the Edinburgh Film Festival both of which had a disability theme, an item about disabled women who suffer domestic physical or sexual violence and an item on a cultural exchange programme between disabled artists from Edinburgh and Krakow. On occasion topics of immediate and urgent concern for disabled listeners and carers were covered. For instance, closely following upon its introduction, the Benefits Integrity Project, was featured and followed up in later programmes. There was a blend of entertainment and information among the topics covered in the sample. The disparity between the two programmes in terms of the presentation of 'Good News' topics highlighted a significant difference between *Does He Take Sugar?* and *You and Yours.*

The positioning of disability within *You and Yours* compared with *Does He Take Sugar?*

Omission/inclusion

This coding category depended upon coverage of a specific item whose topic had a *bona fide*, though incidental, disability-related dimension as opposed to items in which reference to disability would have been 'contrived' or 'tokenist'. The findings from my 'omission'/ 'inclusion' coding analysis of the *You and Yours* sample showed that there were 16 instances of 'omission' and 9 clear examples of 'inclusion'. These findings, unfortunately, did not contribute in any meaningful way to the overall aim of my comparative study as it would have been unreasonable to draw upon them in comparing the content of two programmes so different in genre. Had there been more instances of 'inclusion' in the *You and Yours* sample, however, it could have been deduced that acknowledgement, even *en passant*, of a significant disability aspect of a general topic or the inclusion of disabled people in its *vox populi*, had been adopted by its production team as a component of the programme's mainstreaming strategy. In contrast, *Does He Take Sugar?* could accommodate a disability dimension within items which were not disability specific. For instance, in the course of its 'Tribute to Princess Diana' item transmitted shortly after her death, reference was made to the provisions being made for disabled people who wished to attend her funeral. An item on the recently announced 1998 Budget focussed on the implications this held for disabled people. Even when a more strictly consumerist item was included by the programme makers e.g. the current cost and range of gardening tools, discussion of the topic was aimed at disabled

gardeners. These instances of 'inclusion' in what it must be admitted was a niche disability programme, contrasted sharply with the findings of my analysis of *You and Yours*.

Social model and medical model

You and Yours did position disability within its social model and within its medical model. In some items the programme treated disability drawing upon both models. The findings from my analysis showed that 56.6% of the disability-related items in my *You and Yours* sample treated disability in terms of its social model, 21.4% in terms of its medical model and treatment of 21.7% of the items drew upon both models.

In comparison, the findings from my analysis show that in the *Does He Take Sugar?* sample disability was positioned in the 'models' context thus:

social model 62%, medical model 12.5% and both models 21.8%.

The *Does He Take Sugar?* production team, then, treated disability in the context of its social model to a greater extent that *You and Yours*. The latter programme's entire production being comprised of disabled people may explain this. As far as can be ascertained from my findings, Peter White and Jo Kay, who regularly presented disability-related issues on *You and Yours* in my sample period, were the only disabled members of that programme's production team.

Contributors to the programmes

Comparing month with month, in the *You and Yours* programmes (22) transmitted in the month of September 1998 the total number of contributors to the disability-related items (17) was 57 (23 female; 34 male). Of the 30 contributors coded 'experts', 11 (34.3%) were from the medical profession. In the *Does He Take Sugar?* programmes (4) transmitted in the month of September 1997 a total of 13 disability issues were covered. The total number of contributors in these programmes was 39 (15 female; 24 male). Of the 23 contributors coded 'experts', 4 (17.3%) were from the medical profession. In this sample, then, the *You and Yours* production team seemed to have favoured a 'medicalised' approach to disability to a much greater extent than their counterparts on *Does He Take Sugar?*. However, findings from

my analysis of *You and Yours* in the months of September 1999 and 2000 show a decline in the number of contributors from the medical professions (7% and 14% respectively) indicating that, over time, the programme's production team shifted towards adopting a less 'medical model' approach to disability.

16 of the 57 contributors in the *You and Yours* (September 1998) sample were coded 'framed as disabled'. In this sample 2 contributors were coded 'Presumed disabled' and 39 contributors were coded 'Presumed non-disabled'. There is no reason to doubt the accuracy of these codings. In the September 1997 *Does He Take Sugar?* sample, 9 of the 39 contributors were coded 'framed as disabled' and 9 were coded 'Presumed disabled'. 21 contributors were coded 'Presumed non-disabled'. However, I indicated the difficulties associated with the strict application of 'Presumed non-disabled' coding in the *Does He Take Sugar?* programmes in the methodology section of this chapter. In this *Does He Take Sugar?* sample, applying strict coding criteria, 10 contributors coded 'Presumed non-disabled' e.g. Bert Massie, Tom Shakespeare, were, from my prior knowledge, disabled people. As a result, strict coding of these contributors produced 'false' results. The particular example of Paul Darke, who was a contributor to the *Does He Take Sugar?* (1997) sample and to the *You and Yours* (1998) sample, provides an illustration of this coding difficulty. In a *Does He Take Sugar?* item on 11th September 1997 (review of the film 'Gallivant'), Darke was introduced as 'our regular film critic, Paul Darke'. In an item on *You and Yours* on 16th September 1998 (drug company sponsorship of the week-long national campaign by the Association for Spina Bifida and Hydrocephalus) he was introduced as 'disability campaigner Paul Darke, who has Spina Bifida'.

My analysis also showed that the producers of *Does He Take Sugar?* were often more adventurous and progressive in their selection of disability-related organisations from which 'experts' and contributors were drawn. Consequently, the voices of more radical disability organisations were frequently afforded a platform e.g. Direct Action Network, Winvisible. Members of these types of organisations did not contribute to the programmes in the *You and Yours* sample, this programme's producers tending to select its 'experts' and contributors from 'establishment' organisations e.g. RADAR, RNID. To illustrate this, sample lists of the organisations from whom 'experts' were drawn by both programmes is provided below:

Disability-related organisations supplying contributors:

Does He Take Sugar? September 1997.
Liverpool Association of Disabled People. Disabled Drivers Association.

Direct Action Network. International Spinal Research Trust. Spinal Injuries Association. Scope. National Association of Disabled Football Supporters. RADAR.

You and Yours September 2000

British Deaf Association. Alzheimer's Society. Disability Rights Commission. RNID (twice). Scope. National Kidney Federation. RADAR. Dial-a-Ride and Taxi-Users Association. Disabled Drivers Association.

Summary

There are three main points evident from the above analysis. Firstly, prior to the mainstreaming initiative, disability had been positioned in a predominantly social model context by *Does He Take Sugar?*. The *You and Yours* production team at first adopted a more medical approach. However, they moved towards positioning disability within its social model context over time. Secondly, *Does He Take Sugar?* gave a greater role to participants with disabilities (even given the fact that my figures relating to the input of disabled people on *Does He Take Sugar?* are an underestimate, it could be reasonably assumed, my findings indicate, that a contributor to *You and Yours* who was not identified as being disabled was, in fact, non-disabled). Thirdly, the mainstreaming initiative led to the more radical disability organisations losing their voice on the only programme on Radio 4 which dealt with general disability issues on a regular basis.

'Presumed non-disabled' coding: *In Touch*

The first edition of *In Touch* was transmitted on 8th October 1961. The Radio Times of that date described the programme as 'A magazine programme with up-to-date news of people, problems and pleasures of special interest to blind listeners' (BBC-Radio 4- In Touch at 40). Findings from my analysis of two *In Touch* programmes showed that, although the programme's then presenter Peter White occasionally did so, there was little need to frame contributors as 'visually-impaired'. This was self-evident from the programme's text. For example, an item on Pocket Reader devices (devices which will 'read' electronic texts which are then downloaded from computer to the Pocket Reader) was included in the 7th September 1999 edition of the programme. Two contributors spoke about what using the device meant to them. In the same edition of the programme there was an item on the 'Inside Out Trust' a trust which supports over seventy projects in which prison inmates produce audiotapes and Braille transcriptions for blind people. This item featured 'Mark', a long-term prisoner, who produces

audiotapes of written material for Nigel Taylor, a lecturer from the University of Central England. On the 14th September 1999, one item in the programme featured the announcement that RNIB headquarters were moving to a new location near to the King's Cross area of London. The contributors' remarks during this item included 'Well, it's terribly important isn't it, because we all know where it is' and 'Certainly, I've been going in there since 1951'. These two sample editions indicated that, in view of the self-explanatory nature of its text, coding *In Touch* contributors 'Presumed non-disabled' would not present the same difficulties as were found in the *Does He Take Sugar?* sample. It is reasonable to assume that *In Touch's* specific disability niche - visual impairment – also facilitated the disabled/non-disabled coding of its contributors.

Interestingly, the two *In Touch* programmes contained the same mix of serious issues and 'Good news' items as had been found in *Does He Take Sugar?*. The items covered in the *In Touch* sample included: the successful ascent of Mount Kilimanjaro by three visually-impaired youngsters, the Inside Out Trust, Pocket Reader devices, the proposed relocation of the RNIB offices in London, a recently-published novel by a visually impaired author and an update on the successful introduction of a Personal Reader Scheme in connection with the then government's Access to Work project. As was the finding with *Does He Take Sugar?* the tone of the programmes was upbeat and personal.

The sample also showed that *In Touch,* in its treatment of disability issues positioned its listeners within a 'community' or 'shared identity' context. An example of this is the use of the words 'we' or 'us' by Peter White, the programmes presenter e.g. 'We're used to synthetic speech…but Jane Austen..?' (Pocket Reader item. 7th September 1999) and 'For as long as most of us can remember, the RNIB has been situated at the top of London's Great Portland street' (item on the proposed relocation of the Royal National Institute for the Blind (RNIB) headquarters. 14th September 1999). In my interview with him, Peter White referred to this when he was discussing the 'tonal' differences between *You and Yours* and niche disability programmes: '[in niche disability programmes] you can take a tone which says – which actually uses the word "we" quite a lot. So, if a presenter has a disability that's a natural, not a pretentious thing to do, and you actually talk from the point of view of inclusiveness. As opposed to "these rather odd people" and "this is the problem they have"' (Peter White. Interview with the author. 15th September 2000).

Although *In Touch* confines itself to issues surrounding visual impairment, the findings from the analysis of this random sample showed that this programme treats its items in the same depth as had been done by *Does He Take Sugar?*. *In Touch,* the findings also showed,

continues to provide the option for its niche audience of visually impaired listeners to identify themselves as a group with shared interests and concerns.

Summary

The 'presumed non-disabled' coding difficulties encountered in my analysis of the *Does He Take Sugar?* programmes could be accounted for by the fact that, unlike *In Touch,* its content was not confined to issues concerning a specific disability. As its entire production team comprised of disabled people, they may have considered that being identified as disabled was irrelevant in their framing disabled contributors. In a similar way, the fact that Peter White and his visually impaired contributors shared the same disability could account for this shared characteristic not being identified in his framing of them.

Conclusion

You and Yours, however it contributed to a broader mainstreaming strategy, clearly did not simply incorporate the type of items lost when *Does He Take Sugar?* was dropped and was not an adequate replacement for it. Although there is little evidence of a decline, post-mainstreaming, in the overall amount of airtime devoted to disability each week, my findings show that items on disability on *You and Yours* were different in nature from those which had been featured on *Does He Take Sugar?*: they were structured within the programme differently, had different time slots, 'hailed' disabled listeners differently, involved disabled contributors in different ways and positioned disability differently within social, political, experiential and consumer frames. Pre-mainstreaming, there had been a regular weekly day and time slot when listeners knew that general disability issues would be covered. Post-mainstreaming, coverage of disability issues on Radio 4 in *You and Yours* was unpredictable and irregular. In addition, *You and Yours,* possibly for reasons of individual slot airtimes, did not offer the same depth of coverage as *Does He Take Sugar?* whose producers could, where they felt it appropriate, devote much more airtime to one disability item.

Its more inclusive tone and greater range and depth of treatment of disability issues, together with the diversity of 'voices' of disabled people in its text, may indicate that those involved in the production and content of *Does He Take Sugar?* had a deeper insight into the concept of disability than their counterparts in *You and Yours.* The *Does He Take Sugar?* approach to general disability issues and the option the programme presented to a large proportion of disabled listeners to, albeit temporarily, self-identify with a social group which shares their

interests and concerns, have been lost since the introduction of the mainstreaming initiative. *You and Yours* was less likely to position disabled people as a group with shared socio-cultural and political interests. This may be due to its consumerist genre which would foster a more individualistically-orientated approach to its listenership and which may also account for its production team tending to ignore politically charged aspects of disability.

While the format of the disability items presented on both programmes was broadly similar, the content of the two programmes was markedly different in the range of disability issues each presented. The examples detailed in the body of this chapter, are indicative of my overall findings. It has been suggested, though, that the *You and Yours* production team may have been constrained by considerations of their average audience profile, which could have militated against the inclusion of more radical voices in their disability items.

In the majority of the disability items analysed, while both programmes favoured the positioning of disability within the context of its social model, *You and Yours* was still almost twice as likely to adopt the medical model. In addition, while *Does He Take Sugar?* had tended to highlight social and economic barriers faced by disabled people as a group, *You and Yours* tended to highlight difficulties faced by disabled individuals or subsets of disabled people.

In contrast to *You and Yours,* the disability issues on *Does He Take Sugar?* were more regularly presented in a context in which disabled people were viewed as citizens although the latter programme did not exclude, where appropriate, positioning them as consumers. The diversity of disability-related issues covered by the latter programme's production team may be taken to indicate an intentional positioning of disabled people as participants across the entire spectrum of social, cultural and civic life. The finding that the team involved in the production and presentation of *Does He Take Sugar?* eventually consisted entirely of disabled people may account for this. This finding may also have a bearing on the contrast highlighted by comparing the consistency with which the *You and Yours* team identified disabled contributors as disabled people with the infrequency of such identification by the presenters of *Does He Take Sugar?,* as this invites consideration of the respective programme makers' assumptions about 'normality'.

While quantitative analysis assisted in the overall aim of this section of my study, the most significant differences between the programmes were indicated by the findings produced from subjecting their content to qualitative analysis, that is, by exploring their tone and content.

Chapter 7. Radio 4 and the experiential dimension of disability

Introduction

No Triumph, No Tragedy was a series of programmes in which Peter White, then BBC Disability Affairs Correspondent, interviewed people described by BBC Online Radio 4 Programme Listings as 'disabled achievers'. As reported in Chapter 4 (Methodology), the six weekly programmes were transmitted on Tuesday 20th June 2000 at 9.00 am and on the following five Tuesdays at the same time. Each programme lasted just under 30 minutes and was repeated later the same day at 9.30 pm. The interviewees were Lara Masters, a television presenter and wheelchair-user, Tom Shakespeare, a sociologist who had achondroplasia, Zak Jakoob, a South African judge who was blind, Wolfgang Schauble, a politician and wheelchair-user since his attempted assassination, David Beresford, a journalist who had Parkinson's disease, and Sandra Laing. In including her in this series, it may be presumed, White considered that Laing was 'disabled' by being, at various stages of her life, classified and reclassified white, black and coloured under the apartheid regime of her native South Africa. As such, her experiences arguably reflected the treatment of disabled people in the context of the social model of disability - an issue which will be addressed in the analysis of the content of that programme. A brief history of Sandra Laing's life may be found in Appendix 12.

For my project each of these programmes was recorded and fully transcribed. My analysis of this series highlights how, in addressing two 'taboos' – disabled people's sexuality and disabled people's feelings about 'the cure' – it explored the interviewees' ambivalences and shifting perspectives concerning these issues. I present detailed analysis to show how addressing these profound and sensitive areas was facilitated by:

- the type and style of questions which the presenter, White, asked
- the weaving around the topic in which the same issue was approached from different directions
- the self-reflective nature of the discussion facilitated by the above.

The chapter begins by contextualising the interviews. Findings from analysis of the interviews are then presented and these are discussed in the concluding section. I will show how White implicitly (and, on occasion explicitly) signalled his own identity as a disabled person. I go on to

argue that, because he shared the experience of disability with his interviewees, he could reveal the diversity and depths of the experiential dimension of disability in his conversations with them. Indeed, in my interview with him about his intentions in this series White confirmed that he had set out to achieve this. My contention is that non-disabled presenters/producers, lacking White's insight into the experience of living life as a disabled person, would have been unlikely and/or unwilling to explore some of the aspects and issues surrounding the experience of disability which emerged from this series of programmes. The findings from my analysis will also suggest that, in view of his empathy with them, White could venture into sensitive areas of his interviewees' life experiences, and elicit responses to his probings which would strike familiar, and, perhaps reassuring chords for disabled listeners. Many non-disabled listeners, on the other hand, may have found these responses revelatory.

The context of the interviews

In my interview with White I asked him if he had taken the opportunity in *No Triumph, No Tragedy* to explore what, I put to him, could be described as two 'taboo' subjects in the lives of disabled people: 'sex' and 'the cure'. White replied that he, too, regarded these issues as taboos but he added that what he wished to explore was 'ambivalence'.

> Because I find ambivalence about disability, both my own and other people's, very interesting.
>
> (White. Interview with the author. 2000)

He explained that, in a conversation with Lara Masters (his first interviewee) prior to recording his programme with her, she had said that she was 'fed up' with people who wanted to ask her about sex while, as White put it, 'almost in the same sentence', adding that she regretted not being seen 'as a sexual person'.

> So, in a way, what I always thought I would do with *No Triumph, No Tragedy* was ask [disabled] people about things that an able-bodied reporter probably wouldn't ask them. And about what, at the very least, they'd be ambivalent about wanting to be asked. They'd want to be asked, on the one hand, and they wouldn't on the other. And I really thought that, technically, they couldn't refuse to answer me. They couldn't resort to the 'How dare you. You're not disabled'. And, on the other hand, I also knew, because we had read about

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them [the interviewees] or talked to them beforehand, we knew that really they did want to talk about these things, actually, deep down.

<p align="right">(White. Interview with the author. 2000)</p>

He found the 'cure' issue very interesting because, he felt, non-disabled people could not understand the arguments surrounding it.

> They [non-disabled people] can't, on the whole, understand how you can't be completely obsessed by a cure if you are disabled. And can't be obsessed with wanting to walk if you're in a wheelchair, wanting to see if you can't see. I'm one of those people who think that both points of view are respectable. And most of us [disabled people] are a mixture of the two. And there was...the moment was right to explore it because cases like Christopher Reeves [a recently disabled film actor interviewed in the 1999 series of the programmes] and Philip Old [a recently disabled policeman also interviewed in 1999], all the kerfuffle about that got it [the debate about disabled people seeking the 'cure'] just about into the public consciousness when they [non-disabled people] might just know what you're talking about and explore it.

<p align="right">(White. Interview with the author. 2000)</p>

It was not solely because 'the cure' and 'sexuality' issues were taboos, he continued, that he had explored them. What he had also been seeking to do was to highlight the diversity of points of view which disabled individuals held about them.

The Lara Masters interview

White took his cue for his probings concerning the 'cure' issue with Masters from her revelation that, during the initial years of her disabling condition, she had experienced periods of remission during which her paralysis virtually disappeared. In her responses Masters addressed notions of 'adjustment', 'acceptance' and 'coping'. She had 'never adjusted' to the 'roller-coaster ride' which had carried her between being disabled and being non-disabled. Her having 'travelled the globe' in search of a cure for her condition, she admitted, reflected her disinclination to 'accept' being disabled. Accepting the reality of being disabled - 'being strong' and getting on with living life - was an approach dictated, she contended, by what she described as Orwellian 'thought police' who patrol the disability world. On the other hand she was 'amazed' at her ability to

<p align="center">115</p>

'cope' with being a disabled person – which she had 'preconceived' as a circumstance which would have caused her to have 'a nervous breakdown'. What is significant about this passage of the interview is that it was White who introduced these three notions closely surrounding the 'cure' issue to the interview. Arguably, it was his own experience of disability which prompted him to explore the connotative nuances between 'adjustment', 'acceptance' and 'coping' which do vary in disabled individuals' self-reflective processes. This variance may be related to e.g. the type of impairment, an individual's age at the onset of impairment, and/or the circumstances in which a disabling condition was acquired. Masters seems to imply that, for her, adjustment was more to do with an emotional or mental state of mind than a process to do with adapting to impaired physical mobility. As to the acceptance of the reality of living her life as a disabled person, Masters characterised her attitude towards this as reflecting a rebellion against a mindset enforced, or at least prescribed by an authority mandated by a faction of 'the disabled community'. On the other hand, she felt that she could cope with her life in a wheelchair. It could be contended that one could cope with a disability while not accepting it, but it also could be argued that claiming the ability to cope with disability without adjusting to its life-altering effects reflects some degree of ambivalence. However, later in the interview, Masters states that one has to accept whatever adversity one has 'been thrown' although 'that sometimes takes a long time. It did for me'. Here, then, she seems to be implying that she had, indeed, accepted her disability. White's contention that 'ambivalence' is an aspect of disabled people's attitudes towards their disability seems to have been borne out by Masters' responses.

In inviting Masters to disclose what preconceptions she imagined people had about her which she most disliked, White moved the interview into another area with which, arguably, he would be familiar as a disabled person. Masters revealed her awareness that some people, meeting her for the first time, could, because she was disabled, be 'nervous'. Many disabled listeners would identify with this awareness as they, and in every likelihood White, would have experienced similar occasions. Furthermore, many disabled people would, in such circumstances, have, like Masters, acted promptly in order to allay the fears, or dispel the negative feelings of strangers whom they were meeting so that, as she put it, 'they don't get the chance to make me feel uncomfortable'. Interestingly, when White probingly suggested that this was her 'taking the initiative' at such meetings, Masters preferred to use the word 'compensate' – a word with less positive connotations - to describe her strategy. It is interesting that, in her response, Masters chose not to accept White's positively value laden phrase and, instead used a more negative word. Earlier in the interview, Masters' self-reflection had led her to conclude that she does

'accept' her disability rather than saying that she did 'adjust' to or 'cope' with it – another instance of her disinclination to adopt the more positively phrased reactions to becoming a disabled person offered by White in his probing.

The interview then turned to the issue of Masters' self image and her feelings about the issue of sexuality and disabled people. Referring to her as a person 'widely regarded as attractive looking', White asked Masters if she felt that her attractiveness went unnoticed 'because of other factors'. Masters prefixed her response to White's question with a remark which demonstrated that a mutual empathy between interviewer and interviewee had been established when she, laughingly, said 'I am very attractive, Peter. You can't see me, but I am attractive'. As a wheelchair-user, Masters continued, she felt that she was 'not seen as a woman' and that her wheelchair 'dwarfed' her personality. Her responses would have resonated with many disabled listeners, particularly, perhaps, female listeners, and they tend to support the findings of Asch and Fine (1997) who reported that 'disabled girls and women perceive themselves and are perceived by others more negatively than is the case with disabled boys and men' (Asch and Fine, 1997, pp. 249-250). White asked Masters if she detected the same kinds of negative feelings towards her in a sexual context as she had mentioned regarding her appearance. Masters replied that when she met 'a guy' she could 'always tell' when he was thinking about her in this way. On most occasions men did not express their curiosity but sometimes she had been asked if she was able to 'have sex or whatever'. She found this offensive. White put it to her that while on the one hand she may feel offended, on the other hand she may simultaneously feel reassured that her sexuality was being acknowledged. Masters agreed that she had experienced these ambivalent reactions when she had not been in a 'relationship'. However, now that she was in 'a long-term relationship' she felt that her sexuality was 'not anyone else's business'. Arguably, White's insightful probing of this issue reflected his own experiences, while, again, many disabled listeners would have been familiar with the responses provided by Masters.

The Tom Shakespeare interview

At the beginning of this interview White asked Shakespeare whether or not he, as a person with achondroplasia, considered himself to be 'disabled'. In view of his responses to this question, it is arguable that Shakespeare's views on the concept of disability are, to some extent, puzzling. On the one hand, he said, his social class (he is a baronet), education (Cambridge University) and professional success could, he felt, militate against describing himself as disabled according to

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the social model of disability. On the other hand, in terms of its medical model – in which disability is identified with impairment or deviance from 'normality' – he felt that he could be described as a disabled person. What he preferred, he continued, was to describe disability as a personal characteristic as inherent as gender or sexuality. It is surprising that Shakespeare chose to view disability in personal rather than societal terms as this does not seem to fit with his longstanding and widely-acknowledged advocacy for the social model of disability. Arguably, he was conflating 'having an impairment' and 'being disabled', which would have surprised many disabled listeners as the social model of disability clearly distinguishes between them. What may have surprised non-disabled listeners was Shakespeare's view that disability 'may even be something to be proud of' – a view which he admitted could be quite 'challenging' (see Sweeney, 2002). Shakespeare's view that being disabled need not be a 'problem' echoes Masters' view. Both of them also referred to their feeling that non-disabled people think that disability is, as Shakespeare put it, 'the worst thing that could happen' to a person. This was not the case in their experience and, arguably, many disabled listeners would have agreed.

Shakespeare also referred to notions of 'normality' and 'abnormality'. While his father's 'way of life' (he also had achondroplasia) had been to 'show that you could be perfectly normal while being disabled', Shakespeare had chosen to 'be abnormal and be disabled'. What he may have meant was that he, as disabled person, had chosen to pursue a lifestyle which reflected that of anyone adopting a non-conformist approach to society. It is interesting that White asked Shakespeare if, in placing himself in circumstances in which knew that he would 'look ridiculous', he used this 'self-deprecation' to 'win favour with people'. Shakespeare admitted that 'at times' he had. It is arguable that White may have experienced occasions on which he, too, may have used a similar approach in his human relationships. Indeed, White explores this 'manipulation' of disability in other interviews in the series.

Moving the interview on to the subject of Shakespeare's personal relationships White raised the issue of congenitally disabled people 'passing a disability on' to their children. He asked Shakespeare if he had considered the implications of his having children who would have achondroplasia. Shakespeare had not given this matter serious consideration. Indeed, when it had been suggested to him that it was irresponsible of him to have children who were likely to have achondroplasia, he felt that this reflected a 'negative and prejudiced attitude'. Shakespeare continued by outling his views on the issue of the practice of using ante-natal screening to 'select-out' impaired foetuses. In principle, he was not opposed to screening during pregnancy or

terminating pregnancy on the grounds of impairment. Decisions based on the results of screening were 'up to the parents'. However, he did feel that termination on the grounds that 'society won't pay [for the care of a person born with an impairment]' was immoral. He also felt that termination on the grounds that 'these [disabled] people should not be in the world' was also immoral. Grounds for termination which he felt had 'moral weight' were 'the suffering of the child' and the impact of a disabled child on his or her family. It is not unreasonable to suggest that his views reflect a degree of ambivalence. He conceded that the decision to allow an impaired foetus to be born should belong to the expectant parents. But he feels that there are certain factors which he feels should be taken into account in this decision-making process: the extent of the future child's suffering and the adverse effects the birth of a disabled child would have on the family. Is Shakespeare moving away from his earlier view that parents whose children will be impaired are unreservedly acting in a responsible manner in having those children? Or should it be assumed that Shakespeare feels that these parents are in a position to determine what constitutes an acceptable level of human 'suffering'? From his admission that the adverse effects of his achondroplasia were increasing as he aged, it could, perhaps, be inferred that, had he known this at the time, he may have given the decision to have children with achondroplasia more consideration. His views on this subject seem to be less definitive than Oliver (1998), who wrote: 'With the lack of systematic evidence, why should doctors assume, for example, that life with Down's Syndrome is not worth living?' (Oliver, 1998, p.1446), although some measure of the dilemmas surrounding selective abortion may be gauged from the contention of Hubbard (1997) that '..decisions about what kind of baby to bear inevitably are bedevilled by overt and unspoken judgments about which lives are "worth living"' (Hubbard, 1997, p.198. Her inverted commas).

Concluding the interview, White put it to Shakespeare that many people would find it difficult to understand the argument against genetically eliminating disability. Shakespeare, by replying that decisions relating to this subject would be 'more balanced' if there were taken in a social environment which 'welcomed' disabled people, seems to have returned from his opening (medical model-based) stance to a stance which is more in line with the social model of disability.

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The Zak Jakoob interview

There were several instances in this interview in which White makes it clear to listeners that both he and his interviewee are blind. For example, White refers to his experiences when he, like Jakoob, had attended a school for blind children. He talks about Jakoob's ability to retain complicated details of evidence 'in *our* head' (my emphasis) leading both to his being regarded as 'a legal witch doctor' and perpetuating the 'myth' associated with blind judges. When, in connection with Jakoob's education at university, White uses the phrase 'open your eyes', he follows this with the parenthetical 'I suppose the two of us can use that phrase'. In doing so, he again signals to listeners that this is an interview between two blind people. His sharing Jakoob's disability could also account for White's approach in this interview which differed from his approach in the others.

Interestingly, although the interview contained reference to Jakoob's personal relationships (his being blind, he suggested, meant that he had avoided entering an arranged marriage), White did not raise 'the cure' issue. While the interview was mainly concerned with Jakoob's life as a member of an oppressed ethnic group, political activist and his outstandingly successful legal career, White constantly explored the relationship between these events and Jakoob's blindness. When he had realised how much 'racialism' was bound up with South African society during its apartheid years, reported Jakoob, his blindness, he felt, had afforded him the 'advantage' of being unaffected by 'the way people looked' or sounded. Blindness, he explained, had 'made it possible for me to really think about people as they are – to look beyond the surface in a way – to realise that there was a difference between form and substance'. Jakoob also agreed with White that his being blind reduced the risk of him being suspected of his subversive activities, and worked in his favour in connection with his role as a barrister.

It is interesting that White seems to have chosen not to probe Jakoob's responses to the same degree in which he probed, for example, those of Lara Masters. Both interviewer and interviewee, however, exchanged mischievous reflections about the ways in which they used their disability to the detriment of their sighted colleagues. It is arguable that, in sharing a clear insight into the experience of being blind with his interviewee, White felt it unnecessary to explore the issues surrounding blindness to the same depths as he had probed issues surrounding

impairments of which he did not have the same depth of experience.

Many of the exchanges during this interview would have struck familiar chords with disabled listeners. White's reference to his classes in basket-weaving during his schooldays would, I feel, have reminded, certainly older, disabled listeners of their 'educational' experiences in the days when disabled people were subjected to that social policy which confined them to institutions. Using impairment to 'trick' non-disabled people would be an option familiar to disabled listeners. Jakoob, in keeping with the other disabled interviewees in the series, indicated that his blindness was not a source of bitterness or regret. Indeed, he concluded the interview by telling White that 'a more fortunate person than me you'll find very difficult to get in this world'.

The Wolf Schauble interview

In his reply to White's question about his reaction to becoming disabled, Schauble said that he was 'astonished' that he had not become depressed. He seems to echo the feelings of Lara Masters who stated in her interview that she had been 'amazed' at her ability to cope with being a disabled person. On the other hand, while Masters remained convinced that she would fully recover from her disability, Schauble accepted the fact that he would spend the rest of his life as a wheelchair-user. However, it could be argued that Schauble's aversion towards, for example, wheelchair lawn tennis (he had been an excellent tennis player) and his refusal to become involved in political issues concerning disability, reflect a degree of ambivalence about his 'acceptance'. His views seem to infer that, while he was prepared to accept the reality of life in a wheelchair, he was not prepared to pursue certain activities when they were adapted to suit the needs of a disabled person. Although he had become 'more sensitive' to the needs of minority groups, particularly disabled people, he had chosen not to translate his feelings into action on their behalf. Now, there are, arguably, a considerable number of disabled people for whom taking part in 'modified' activities accentuates notions of 'difference'. And many disabled people may prefer to concern themselves with non-disability rather than disability issues. Such disabled listeners would have shared Schauble's attitudes towards them. Whether or not this reflects a degree of the 'denial' to which Lara Masters referred, is debatable.

In this interview White chose not to explore the issue of the sexuality of disabled people but he did raise the 'cure' issue. Schauble was quite adamant that he and other disabled people should not spend their lives seeking a cure. For him, it was 'wrong' to go 'all over the world' looking for

a cure. 'It's quite clear that I have to live in a wheelchair', he concluded, 'Let us accept [disability] and let us make the best from the situation'.

The David Beresford interview

Several times, in the course of this interview, Beresford reveals experiential aspects of disability which many disabled listeners would recognise. He refers to 'putting his best face on' when he is socialising. When people reassuringly tell him 'not not worry' as they are 'not bothered' by his tremors, he points out that more mundane considerations related to his disability cause him most concern e.g. his physical ability to negotiate himself through doorways or being able to access a toilet. These, along with issues of 'survival' without the understanding of people 'close' to him are his 'real worries'. His implication is that these issues are not considered to be significant by non-disabled people.

He described his life as being one in which he views himself, and at times is seen by others, as two different people. He realises that, without his medication, his appearance as that of a 'shuffling' old man belies the lucidity which affords him the awareness of people who adopt a patronising attitude towards him. These people, he added, 'take me as an old man – like someone who's disabled, if you like', which was something, he put to White, that 'we both have strong feelings about'. The effect of his medication, which, he pointed out, eliminated his tremors but impaired his lucidity, was to 'startle' such patronising people by his seeming return to 'normality'. On occasion, he admitted, he effected this transformation in order to 'startle' them. Many physically disabled people would share Beresford's claim to 'dual' identity, both in a self-reflective context (see Sweeney, 2002) and in the context of social intercourse.

A degree of ambivalence was reflected in Beresford's views with regard to the 'cure' issue. While he earnestly wished for a treatment which would eliminate his disability, at the same time he felt that the 'extraordinary' insights he had gained through becoming a disabled person weakened his conviction that resuming his life as a non-disabled person would be unreservedly welcome. Eventually, however, at the end of the interview, it is clear that Beresford does wish for a cure, when he, somewhat mischievously, remarks that, if he was offered a pill which would remove his disability he would 'give a grin and swallow it'.

Arguably, White's insight into the experience of living life as a disabled person enabled him to

relate to Beresford's revelations. Instances of this are his ability to encapsulate Beresford's 'dual identity' self-perceptions - 'when you [Beresford] are looking physically at your most vulnerable, that's when, mentally, you are most "you"' - and his linking the 'cure' issue to Beresford's awareness of people's shifting attitudes towards him as a disabled person (drug free) and as a non-disabled person (having taken his medication). Arguably, too, the nature of this facilitation encouraged Beresford to reveal more profound aspects of his individual experiences of disability. Beresford's reference to his 'panic' generated with seemingly mundane activities e.g. going to the toilet, and his emotional as well as physical reliance on people who were 'close' to him would be recognised and shared by many disabled listeners. Perhaps the most significant indication of White's insight is demonstrated by his lack of surprise when Beresford compared his experience of disability to visiting a 'fascinating country', in which he saw 'all sorts of things through fresh eyes. And new things – you're seeing them in a new way'. Responding to White's question about his relationship, as a disabled person, with his partner, Beresford said that this was causing him to feel emotionally confused and upset. White suggested to him that what Beresford described as his 'panic' about his 'contradictory' thoughts concerning his emotional ties to his partner – as carer or as loved-one – were groundless. These thoughts, White put to Beresford, need not be construed as conflicting or unnatural. Beresford's relief at White's suggestion is clear and, indeed, he explicitly refers to White's insight in his response: 'When somebody [like White] comes in with an insight like that, you think "Whoof, thank goodness for that"'. It is arguable that many disabled listeners would, on occasion, have reflected upon the motivations underpinning their emotional ties with their partner.

The Sandra Laing interview

As Laing became very tearful at various stages of this interview, this edition of *No Triumph, No Tragedy* was much more emotionally charged than the other five. Laing spoke in broken English and her answers, even to White's open questions, were almost invariably brief. At times, Laing did not respond to his questions at all as she was weeping. At other times, White's refraining from interjecting, allowed Laing's answers to consist of a series of short phrases. For example, when White asked Laing to confirm that her father had appealed against one instance of her re-classification, she replied:

> Yes. (*pause*) I was black (*pause*) [at] that time (*pause*) when I was at home. Then my father went to court (*pause*) and they..ehm..test us. (*pause*) And then I found out that I

am their child. (*pause*) Then, again, I was white.

On one level, this was an interview in which White explored Laing's experiences as a non-white person of white parents living in South Africa during the final years of the apartheid regime. However, as he included the interview in his *No Triumph, No Tragedy* series, one may assume that White was inviting comparisons between Laing's experiences and the experiences of disabled people. Assuming this, it is arguable that White was relating Laing's experiences to the experiences of disabled people in the context of the social model of disability. Oliver (1996a) writes that it was Abberley's (1987) article which placed disability in a sociological context and introduced 'the concept of disablism alongside those of racism and sexism' (Oliver, 1996a, p.26).

The World Health Organisation defined the social model thus:

> The *social* model of disability, on the other hand, sees the issue mainly as a socially created problem, and principally as a matter of the full integration of individuals into society. Disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action, and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is therefore an attitudinal or ideological one requiring social change, which at political level becomes a question of human rights. Disability becomes, in short, a political issue. (their italics)
>
> (ICIDH-2 Beta-2 Draft July 1999, p.25)

Arguably, White was exploring Laing's experiences in such a way as to invite comparison between the discrimination she experienced on account of her physical appearance and the discrimination experienced by disabled people on account of their 'different' appearance. At the same time, White, as he had done in his other interviews, did, albeit obliquely, explore the 'sex' and 'cure' issues in his interview with Laing. She, however, was less ambivalent than White's other interviewees in her views on these issues. White established that Laing had deliberately chosen to reject a white partner and form a relationship with a black person. It is interesting to compare White's probing on the issue of Laing's having children with his probing of Shakespeare on the same subject. While for Shakespeare, passing his impairment on to his children was not a troublesome issue, Laing was anxious to avoid having children who had the

same physical characteristics as herself.

There are other striking instances where White hints at a conjunction between Laing's experiences and those of disabled people. For instance, when White asked her if she had reflected on the reason why she had been born as a non-white person of white parents, Laing was inclined to look to a spiritual explanation – 'God wanted me like this'. Many disabled people construe their disability in a similar way. Indeed, many religious organisations encourage disabled people to interpret their disability in a spiritual context– either as a punishment for misdeeds or as a special test of faith. However, White chose to probe Laing further about this. What, he asked Laing, did she think was God's 'purpose' in 'doing this' to her. 'I don't know', replied Laing, adding very faintly, 'I donno'. He also suggested to her, and she agreed, that her brothers, by disowning her and concealing her existence from their families, were ashamed of her and, consequently, her existence was something which should be 'kept secret'. It is arguable that the institutionalisation/segregation of disabled people– a widely accepted policy until relatively recently - reflected similar attitudes towards disabled people across the social milieu. Finally, echoes of the Lara Masters and David Beresford interviews emerged when White probed Laing on having been, at various stages in her life, white (for her, being impaired) and black (for her, being unimpaired). Laing's views on the issue of her preference for being white or black do seem to reflect a degree of ambivalence. White seems to have approached this issue, in Laing's case, in the same way as he had approached the 'cure' issue in his other interviews. Had she 'opted' for being white, Laing admitted, she would have had 'a better life' both in terms of education and employment. However, when White asked her about her 'feeling' black, she said that she was more comfortable in the company of black people who did not see her as 'other'. By the end of the interview one is left in little doubt that Laing, despite its adverse consequences, prefers to regard herself and be regarded as a black woman. Her reference to black people not seeing her as 'other' would, arguably, have held connotations for disabled listeners as notions of 'otherness' underpin much of the discrimination experienced by disabled people.

As a result of White's probing, Laing's responses reflected her contentment with her life in which she would be, perhaps, more liable to experience socially-imposed restrictions and a 'socially engendered undermining of her psycho-emotional well-being' (Thomas, 1999). It is reasonable to assume that he intended listeners to align Laing's responses during this interview with those of his other interviewees.

Conclusion

In relation to theorising disability, *No Triumph, No Tragedy* might be seen as re-introducing personal politics which had been, perhaps, sidelined in some earlier writing. Oliver (1990), for instance, was trying to move away from a focus on the personal tragedy theory of disability and Barnes (1992b) warned that qualitative research might also fall into the trap of reducing disability to a personal tragedy rather than an arena of economic oppression. However, more recently, Thomas (1999) has argued that inclusion of the personal experiences of disabled people is vital to an understanding of the concept of disability, which she defines as:

> a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being (Thomas, 1999, p.60).

No Triumph, No Tragedy opens up debates around disability and oppression by highlighting the diversity of individual experiences and responses.

Perhaps the most striking aspect of the experiential dimension of disability to emerge from the reflections of the interviewees in the *No Triumph, No Tragedy* series is that, whether congenital or acquired, being/becoming disabled can effect positive and life-enhancing changes. Although one cannot generalise from the views of the interviewees, it is interesting to note how often these positive changes were mentioned. Masters spoke of her acquiring a 'very deep sense of how important life is', and her realisation that life was a 'gift' and the impetus to 'go out there and achieve' as a result of her disability. Shakespeare refers to disability as 'something to be proud of' and of instances where there was a 'positive' advantage in being 'short'. For Jakoob, his disability had 'made it possible' for him to 'really think about people as they are' and to realise that there was a difference between 'form and substance'. Schauble mentioned how disability had given him 'a different understanding' of, and made him more 'sensitive' to the problems of disadvantaged people, while Beresford felt that his condition had given him 'extraordinary' insights into the human condition. Indeed, he refers to the 'privilege' of having these insights. As for Laing, it is arguable that, in deliberately choosing to self-classify herself as a black woman, with all that choice's adverse consequences, she has chosen to be 'disabled' because, as such, she is a 'happier' person.

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White's insights into the human condition experienced by disabled people are evident from his facilitation of the interviews and his gentle probing of more sensitive issues. In fact, Beresford explicitly acknowledges this. The series also revealed, as White intended, the diversity of views held by disabled people about disability. Masters and Beresford were both convinced that they would be cured of their conditions, while Shakespeare, although unconcerned about his achondroplasia, admitted that advances in the field of genetics may lead to the elimination of this condition. However, whether or not he thought that this would be a welcome development was unclear. Schauble, on the other hand, felt that disabled people should 'accept' the consequences of being disabled and abandon thoughts of being cured. The issue of 'the cure' did not arise in White's interview with Jakoob. The extent to which White's being blind influenced his decision not to raise it with Jakoob is a matter for speculation, but one could speculate that the decision reflected White's own attitude towards the 'cure' issue.

It is interesting that the series embodied exclusively heterosexual exchanges and assumptions when the issue of personal relationships was addressed. When White explores the 'sex' issue, responses to his questions reflect an assumption that the issue is one of heterosexuality. Masters referred to her relief at not having to 'prove' herself 'as a woman' in the context of heterosexual relationships. The text in which the sexuality-related section of the Shakespeare interview was couched (when he spoke of 'being loved'), did little to dispel listeners' assumptions that his remarks should be construed in a heterosexual context. However, Shakespeare's writings indicate his awareness that the sexuality of disabled people is generally viewed from a distorted standpoint: 'While we have argued that disabled people are all too often seen as asexual, it is also the case that there are heterosexual assumptions that disabled people cannot be lesbian or gay' (Shakespeare et al., 1996, p.153). In his interview, Jakoob talks about his blindness affording him the opportunity to choose his (female) partner rather than having a marriage arranged for him, while, when Beresford and Schauble touch upon their personal relationships, it is clear that these are heterosexual. It has to be admitted, though, that White's briefings prior to his interviews may have influenced his approach when probing the issue of sexuality with his interviewees. However, as he consistently contextualised sexuality in heterosexual terms, the series did suffer from a certain exclusivity in this respect.

White's progression of the interviews was clearly influenced by his experience of disability. In most of the interviews, references to White's being disabled by his interviewees indicates that he

had established a rapport with them grounded, arguably, in their shared identities as disabled people. He did not contest the ambivalences in his interviewees' responses nor did he question views which, to a non-disabled listener, may have been surprising. For example, it was White who suggested to Masters that she might simultaneously be holding two contradictory views. And when Masters talked about non-disabled people 'being nervous' about her disability, White did not seek an explanation about this. He was unsurprised at Jakoob's ability to retain large amounts of detailed information concerning cases he was trying 'in his head'. Presumably he did not ask how Jakoob managed to do this as White, too, in the course of his work as a presenter, would have acquired similar skills. In his interviews with Jakoob and Shakespeare and Beresford, White recognised the wry humour in his interviewees' comments about, in Shakespeare's case, self-mockery and, in Jakoob and Beresford's instances, their using their disability to 'startle' non-disabled people. It is also significant that White expressed no surprise and did not seek explanations when his interviewees talked about the positive aspects of being disabled.

His ability to represent an encapsulation of the reflections of his interviewees resulted, arguably, from White's own experience of similar self-reflections, while, in the Beresford interview, he counsels his interviewee about, arguably, one of the most sensitive emotional dilemmas which a disabled person may experience. In exploring issues surrounding the sexuality of disabled people, White, I feel, was correct in his assumption, expressed in his interview with me, that his interviewees would not 'resort to the "How dare you. You're not disabled"'. Finger (1992), writing about the sexual rights of disabled people, contends that

> Sexuality is often the source of our [disabled people's] deepest oppression; it is also often the source of our deepest pain. It is easier for us to talk about – and formulate strategies for changing – discrimination in employment, education, and housing than to talk about our exclusion from sexuality and reproduction (Finger, 1992, p.9).

It is, perhaps, a measure of White's expertise as an interviewer and an indication of the mutual empathy between him and his interviewees that he successfully negotiated with them these sensitive and too often avoided aspects of the experience of being a disabled person.

These aspects of White's interviewing technique together with the comfortable way in which he nudged the interviews into potentially fraught areas of living life as a disabled person demanded, I contend, an insight and authority hinging upon a personal experience of disability. In drawing

upon his experiences as he conducted his interviews White seems to lend weight to the argument that a disabled interviewer may be better positioned to conduct in-depth interviews with disabled people than his or her non-disabled counterpart. A comment by Tom Shakespeare tends to support this argument. In an interview unconnected with this thesis, Shakespeare, referring to his interview with White on *No Triumph, No Tragedy,* said 'It felt like being interviewed by one of your own' (Shakespeare, 2003). In the light of the Laing interview, there would seem to be a case, perhaps, for extending the argument to include in-depth interviews with any disadvantaged person who is the target of discrimination.

The findings from my analysis suggest that *No Triumph, No Tragedy* covered the same types of disability issues as the *Does He Take Sugar?* production team had covered from time to time. In their treatment of these issues, both programmes comfortably addressed and explored profound and sensitive aspects of the experience of disability. The findings tend to support my argument that the input of disabled producers and presenters played a major part in this.

In reflecting the diversity of opinion among disabled people concerning issues crucial to their lives, the *No Triumph, No Tragedy* series functioned on two levels. Firstly, it offered reassurance to disabled listeners in the context of their self-reflections. Secondly, in providing non-disabled listeners with insights into the experience of disability, it encouraged them to adopt a more informed and thereby enlightened attitude towards disabled people. It is, perhaps, regrettable that, post-mainstreaming, the coverage and treatment of disability-related issues which can effect these dual outcomes is to be found in an occasional one-off series rather than, as had been the case pre-mainstreaming, on a regular weekly basis.

Chapter 8.   Audience Response

Introduction

In this chapter I will discuss my research findings concerning Audience Response to the Radio 4 mainstreaming initiative. The chapter draws on findings from a questionnaire (see Appendix 1.3) completed by focus group members and from analysis of the focus group discussions. Brief reference is also made to the findings of two surveys of radio listeners. My focus group analysis is intended to provide insights into the attitudes and opinions about the mainstreaming of disability among the group participants. Detailed information about the focus groups and my rationale for selecting them is contained in Chapter 4 (Methodology). Key themes were identified from the discussions and these are reported below. I then relate the views expressed by participants to other research data and, where apposite, to the text of an interview between Peter White and Chris Burns which was broadcast on the final edition of *Does He Take Sugar?*. I contrast Burns' responses with findings from analyses of relevant research data.

The broad aim in conducting the focus groups was to gain an understanding of participants' responses to two of my research questions:

- How has Radio 4's treatment and coverage of disability issues changed since the mainstreaming initiative?
- What kind of reactions have the changes provoked?

As indicated in Chapter 4, the focus groups comprised disabled and non-disabled people, service users and providers, and people who worked in the field of radio. Each group was pre-existing and consisted of between 5 and 10 participants who either worked together or were users or providers of the same services. The protocols which I used for the groups are also outlined and discussed in Chapter 4. For full text of the protocols please see Appendices 1.4, 1.5, 1.6, and 1.7.

To recap, the focus groups were:

Focus Group 1: Members of the Glasgow and West of Scotland Society for the Blind (GWSSB)

Focus Group 2: Service providers from the Glasgow Association for Mental Health (GAMH)

Focus Group 3: People working in the field of radio

Focus Group 4: Service users and providers from the Robert Gough Centre group (The Leven group), a group of people with learning difficulties.

Findings from the focus group questionnaire

The members of GWSSB group (7 participants) did not return their completed questionnaires. Two participants from the Leven Group declined to return their questionnaires, and some of the questionnaires completed by this group provided unreliable data e.g. some questionnaires indicated both that the respondent 'never' listened to Radio 4 but listened to *In Touch* 'two or three times a month'. Altogether, 18 of the 27 questionnaires issued were completed and returned. The completed questionnaires indicated that there were

- 10 male and 8 female respondents
- 3 participants were aged 20-29
- 2 were in the 30-39 age range
- 2 were aged 40-49
- 1 participant was in the 50-59 age range
- and 3 were aged 60 or over.

All the participants who had completed questionnaires listened to the radio 'every day' and mostly 'at home'.

15 listened to Radio 4.
- 7 listened 'every day'
- 2 'most days'
- 2 listened on '2 or 3 days a week'
- 3 'about once a week'
- and 1 '2 or 3 times a month'.

Of the 18 who completed the questionnaire
- 9 had 'never' listened to *Does He Take Sugar?*
- 7 had 'never' listened to *You and Yours*
- and 8 had 'never' listened to *In Touch*.

The completed questionnaires indicated that 11 participants listened to the radio mostly 'in the morning' on weekdays, while all 18 who returned the questionnaire listened 'in the morning' on Saturdays and Sundays.

Findings from the focus group discussions

Discussions among the informants from Group 3 produced most of the data for my analysis of the focus group findings. Although the findings from Focus Group 4 were not particularly helpful to my overall research aims, the discussions in this group yielded interesting views on the issue of disability *per se* from the perspective of people with learning difficulties. While equally interesting findings emerged from Focus Group 1, this group contributed more research-focussed data than Group 4. The issue of poor mental health being categorised as a disability arose, as I had anticipated, in the Group 2 discussions. After I had briefly outlined the social model of disability one informant in this group commented that she had 'problems with [poor] mental health as a disability', and that 'some [mental health] service users don't like to describe themselves as disabled'. However, she suggested that

> Maybe they're using a different definition from the one that you were giving.
> (FG2)

The discussions in my focus groups revolved around five key issues relating to the disability mainstreaming initiative:

(i)   The post-initiative treatment and coverage of disability issues
(ii) The post-initiative presentation of disability issues
(iii) Mainstreaming disability: the policy
(iv) *In Touch* post-mainstreaming
(v)   Overall assessment of the mainstreaming initiative

(i) *The post-initiative treatment and coverage of disability issues*

Respondents were invited to discuss whether or not the types of issues which used to be covered by *Does He Take Sugar?* continued to be addressed on Radio 4 by *You and Yours* and other programmes. One Group 3 participant suggested that, not only had coverage of these types of issues been lost, but Radio 4 had lost its *Does He Take Sugar?* 'listenership' who, he felt, had 'abandoned the network'. In his opinion, the way *You and Yours* treated

disability issues was 'pretty ad hoc'. They were covered 'only when it [disability] fits into the *You and Yours* remit'. The *Does He Take Sugar?* audience, he added, would not listen to *You and Yours* as it was a 'totally different' programme to *Does He Take Sugar?* and did not have the 'same format'. There was considerable support in Group 3 for the view that the niche audience which used to listen to *Does He Take Sugar?* could not be presumed to have become regular listeners to *You and Yours*. Two reasons were posited for this. Firstly, former *Does He Take Sugar?* listeners, it was felt

> are not going to listen to the whole [*You and Yours*] programme on the off
> chance that something along the lines of *Does He Take Sugar?* is going to
> crop up every third programme. (FG3)

One disabled participant from Focus Group 1 confirmed this view saying that he

> would like to know when a disability issue is coming up rather than hope that
> something would be on about it. (FG1)

The second reason concerned the disability-related content of *You and Yours* post-mainstreaming. One informant in Focus Group 3 illustrated a type of disability issue which used to be addressed on *Does He Take Sugar?* which was now unlikely to be covered, post-mainstreaming, by *You and Yours*. She instanced the campaign which *Does He Take Sugar?* had mounted and conducted against the then government's Benefit Integrity Project which sought to change the eligibility conditions for the receipt of the Disability Living Allowance. The campaign, she added, had continued 'week after week' and had produced 'one of the biggest audience responses in her experience'. It was generally agreed by members of Focus Group 3 that this type of issue would not be covered on *You and Yours* post-mainstreaming. One participant explained:

> Well, it's a consumer programme. Everything they do has to be consumer led. (male: FG3)

Despite being given the remit to include disability issues on a regular basis, *You and Yours*, it was felt, had not shifted from its consumerist genre.

> They [the *You and Yours* production team] are going to treat it [disability] in
> the same way as they treat the rest of the programme. (male: FG3)

However, one Focus Group 3 participant felt that there was a section of Radio 4's disabled listeners which would prefer that *You and Yours* should treat disability in a consumerist context. These listeners, she felt, should be allowed to exercise their right to say that they did not want to be treated 'differently' and that they should be included in the *You and Yours* audience as consumers, just as they would listen to *Moneybox,* for instance, because, like non-disabled listeners, they, too, were 'paying into investments'.

A Group 1 participant expressed the view that the treatment of disability-related items on *You and Yours* should not be treated 'differently' from other items in the programmes output. She felt that disability issues should be covered in the same way as general consumerist issues which may be heard *en passant* by any listener to whom it was of particular interest:

> It [coverage of a disability issue] should just be like anything else. For
> example, if your roof crashed down and the workman was to blame you might
> hear something about that sort of thing by chance. You take your chance. Or
> somebody will say to you that such and such [radio programme] was on about
> your problem. Everybody has problems. (FG1)

It was suggested by a Group 3 informant that *You and Yours* could have been given a remit to devote one edition, say every fourth or fifth week, to disability issues. When I pointed out that this strategy had been considered by the decision-makers involved in the initiative but had been rejected on the grounds that it perpetuated a 'ghetto' aspect of the specialist *Does He Take Sugar?,* one participant from Focus Group 3 rejected this criticism:

> Well, just this 'ghetto' thing. I mean, *Women's Hour* is a 'ghetto' for women,
> is it not?....Isn't *You and Yours* a 'ghetto' for people that shop? (female: FG3)

Respondents regretted that the proposal to broaden the coverage of disability issues across the network's output should have been accompanied by the decision, ratings-driven for one FG3 participant, to drop *Does He Take Sugar?* (see Appendix 2.2, 2.3). The view of one member of Group 3 reflected the sentiments expressed in all groups. Pointing out that Radio 4 featured specialist programmes covering a range of issues, he felt that disability should be addressed both in a specialist programme and mainstreamed throughout others, concluding

> You need programmes that are going to look at issues in depth as well as
> having programmes that can look at issues on an ad hoc basis – on a regular
> basis. (FG3)

Informants were divided on the issue of the absence from *You and Yours*, post-mainstreaming, of radical disability organisations which had been given a 'voice' on *Does He Take Sugar?*. One Group 3 informant, who had worked closely with the *Does He Take Sugar?* production team, was surprised that the *You and Yours* team did not include such organisations in their output. She found this confusing as she felt that the programme-makers tended to adopt a confrontational tone in presenting consumerist issues. One of her co-participants, however, commented that the lack of radical disability voices on *You and Yours* could be explained by examining its target audience whom he described as 'Middle England', politically right wing, older people, 'very much based in the South of England. And that's the people they're talking to'. What was 'worrying' a member of Focus Group 3 was that radical disability organisations did not know when *You and Yours* would be covering a disability issue on which they had a view, because the programme's production team did not consult them.

Another Group 3 informant felt that, overall, the quality of the content in *You and Yours* had dipped post-mainstreaming. She suggested that there were two reasons for this. Firstly, its time being lengthened from thirty to fifty-five minutes as a result of rescheduling meant that the programme no longer covered 'three or four issues in more depth', and, secondly, that the pressure on the production team had become so intense that the turnover of production staff had become 'incredible'. This high turnover, she continued, resulted in a lack of continuity in the coverage of issues about which a Broadcasting Assistant, say, may 'feel quite passionate about'. She explained:

> So, you might have a BA [Broadcasting Assistant] that covers something one month that they do think 'I do feel quite passionate about that issue'. And that might make them go to the producer and say 'Well, we covered this issue last month so why don't we cover it this month?'. But they [the producers] are not there. They've left. They've gone to another programme. (FG3)

(ii) The Post-initiative presentation of disability issues

Having elicited the views of my participants on the treatment and coverage of disability issues, I invited them to consider whether or not there had been a shift in the way disability issues were being presented on Radio 4 post-mainstreaming. One Group 3 participant felt that the 'passionate and caring' presentational style of *Does He Take Sugar?* had been lost to the network. Agreeing with this view, Group 3 informants attributed this style to the input of

disabled people in the programme's production and presentation processes. One respondent pointed out that

> Not just Colin [Hughes] but the Broadcast Assistants and the people that were interviewed and all that sort of thing. They were all disabled in some way. (female: FG3)

This, she felt, had added 'a bit of credibility' to *Does He Take Sugar?* and accounted for the tone which had been implicit in its presentation which she described as

> This programme is for you [disabled people], but it's produced by us [who are also disabled]. We understand. (FG3)

A similar argument concerning the input of disabled people was made regarding *In Touch,* a programme which one Group 3 informant could not imagine being 'put together by a bunch of people who have never experienced visual impairment'. An informant from Group 1 commented that, as a listener to *In Touch,* she felt a particular empathy with Peter White, its presenter, when he described personal experiences relating to his visual impairment which echoed incidents in her life. She also thought that disabled presenters were better positioned to express opinions about sensitive disability issues without offending dissenting disabled listeners. She provided an instance of this:

> He [Peter White] hates guide dogs. Right. That's his opinion. I've got my guide dog and I love my guide dog. But he *explains* why. He gives a full explanation why. But, you wonder if fully-sighted people, who would never need a guide dog, were to turn round and say that about guide dogs. Would you take it from them? (FG1)

The majority of Group 3 informants felt that disability issues on *You and Yours* were treated in what one of them described as a 'skimmy' way. One Group 3 informant attributed this to the lack of disabled people in its production team. There were, for her, two basic knowledge bases which inform the presentation of a disability issue. One was experiential and the other factual. As *Does He Take Sugar?,* she continued, had had a production team consisting entirely of disabled people this had meant that they did not have to research 'what it's like to have a disability' before going on to research the issue to be covered. She described the former task as necessary to 'setting the scene' for the listener. *You and Yours,* in order to produce a disability issue in a similarly comprehensive way, would have both research tasks

to complete. However, as the *You and Yours* production team, for whom each item was to last 'a couple of minutes', could not afford to spend the time 'setting the scene', its incomplete treatment of disability issues reflected the programme's approach to its entire output which she described as 'skimming the surface of everything'. One respondent summed up the broad consensus of the informants on the issue of disability items being presented by disabled people:

> If I heard a programme about a very female issue, for example something that affected me or a family member to do with like periods or childbirth or something, I would not take a report on that programme so seriously if it was presented by a man. (FG 3)

(iii) *Mainstreaming disability: the policy*

While most participants were aware of the dropping of *Does He Take Sugar?*, it was only the participants working in the field of radio who were aware of the mainstreaming policy. Indeed a Broadcasters' Audiences Reaction Service (BARS) survey (see Appendix 3) of just under 3000 listeners indicated that only 3% of its respondents knew that the initiative had been introduced. I outlined the salient points of the mainstreaming strategy to the groups whose participants did not know of its introduction.

There was considerable variety of opinion among the focus groups about what should constitute a disability mainstreaming initiative. One Group 1 informant suggested that mainstreaming meant 'stop making a difference – stop putting disabled people in a "different" category'. She compared mainstreaming disability in the media with including disabled children in mainstream education. She regretted that in her childhood she had attended a special school. Children who attended special schools, she had become aware, were perceived by her local community as being 'funny in the head'. It was only when she entered mainstream education at college that her education improved and had equipped her for university studies. Another informant suggested that placing disabled children in mainstream education tended to dispel negative stereotyping of disabled people and counter misconceptions which non-disabled people held about disability.

Another participant in Focus Group 1 related the notion of mainstreaming disability on radio to the portrayal of disabled people in the press. For her, agreeing with the view of her co-participant, a mainstreaming policy should include redressing the question of disabled people

being treated as 'different'. She referred to the publicity which her niece had received on graduating from university. Her niece had reacted 'furiously' to the 'big screed' about her success and had asked:

> Why should I get my life in the paper? I'm just like a lot of my friends who are all going to university with me. Everyone's done exactly the same thing. It's because I'm blind they're making out I'm entirely different. (FG1)

A third informant from Group 1 recalled her personal experience of similar treatment in the press when she had graduated from Motherwell College. She had been 'mortified' when she learned that a local paper had treated her success as a blind student in 'heroic' terms. Another informant disagreed, however, commenting that press reports on the achievements of disabled people helped 'to educate the general populus'.

One Group 1 respondent said that she liked the 'idea' of mainstreaming. For her, it meant that she regarded herself as part of a broader audience when she listened to *In Touch*, instead of thinking that 'only blind people listen to it'. Other informants felt that the employment of disabled people by the network should play a part in its mainstreaming initiative. A recent report had indicated that disabled employees only accounted for 1% of the BBC workforce while the officially recommended quota was 3%. Opinion was divided on the reason for the under representation of disabled employees within the corporation. A respondent in Group 1 was reluctant to attribute blame for this solely to BBC employment policy. She felt that disabled people had a responsibility in this regard, saying

> If disabled people don't apply, they'll never get the jobs and quotas won't be met. It's not the company's fault. (FG1)

To which one of her co-participants countered

> But where are the [BBC] jobs advertised? I don't think the general job market would know where to advertise [in order to recruit disabled people].
> (male: FG1)

Informants from Group 2 welcomed the inclusion of disability information on the BBC website (BBC Online). For them, this would have been integral in a policy to mainstream disability. One participant from this group suggested that the introduction of Digital radio presented further opportunities for disability to be given specialist as well as mainstream

coverage. A member of Group 2, pointing out that one person in four experiences poor mental health at some stage in their life, felt that a mainstreaming policy should lead to increased coverage of mental health issues in order to present 'a truer reflection of society as a whole'.

(iv) *In Touch post-mainstreaming*

Some informants felt that the presentation and content of *In Touch* had changed post-mainstreaming. For one Group 3 informant its reduction from thirty to twenty minutes had adversely affected the programme's content, as 'You can't say much in twenty minutes'. Pre-mainstreaming there had been 'a lot of quality information getting across'.

In the opinion of another Group 3 participant, its content, post-mainstreaming, dealt with less serious issues while its presentational style had, for him, tended to become 'jokey'. One of his co-participants felt that these changes must have resulted from a policy dictate from senior management at Radio 4. Her opinion was that the *In Touch* programme makers must have been given instructions to 'try and make the programme a bit more *You and Yours*-ish'. One Group 3 participant disagreed. He felt that the policy to change the presentation and content of *In Touch* was part of an overall strategy to broaden its, and the network's listener base. There was agreement in Focus Group 3, however, that the introduction of this policy had led to shallower treatment of issues of special interest to listeners with a visual impairment.

Informants discussed the issue of *In Touch* being retained post-mainstreaming while *Does He Take Sugar?* had been dropped. One Group 3 participant felt that one reason why *In Touch* had been retained could be attributed to the lobbying power of the Royal National Institute for the Blind (RNIB). She referred to James Boyle's consultation of disability organisations in his decision-making process and felt that if he had dropped *In Touch*, the network would have been unable to withstand the subsequent adverse reaction from the RNIB whom she described as 'one of the most powerful forces' among the national disability organisations. The Royal Association for Disability and Rehabilitation (RADAR), she continued, while initially demurring, had accepted that *Does He Take Sugar?* should be dropped. Unlike the RNIB, representatives from RADAR had been 'placated' by having been included in meetings at Broadcasting House and the King's Fund to be consulted by such a senior figure as Boyle and 'didn't keep the battle going'. Another respondent from Group 3 felt, however, that the representatives from RADAR had been convinced by Boyle that, post-mainstreaming, disability would 'be getting more coverage across radio than has actually happened'. A third reason for RADAR's acquiescence, it was suggested in Group 3, was that,

if its representatives had insisted on the retention of *Does He Take Sugar?*, they would have fallen out of favour and lost their 'voice' on Radio 4.

(v) *Overall assessment of the mainstreaming initiative*

In Groups 1 and 3 the consensus was that, post-mainstreaming, disabled people were being included as an integral part of the Radio 4 audience and issues of concern were being addressed. Informants in Group 2, however, regretted that mental health issues were seldom addressed on the network. Consequently, they felt that listeners with poor mental health were not being catered for as a section of the Radio 4 audience. A participant from this group suggested one the reason for this was that it was not yet 'socially acceptable' to have poor mental health.

When the mainstreaming initiative had been introduced, an informant from Group 3 had had reservations about the initiative in principle. She recollected that her initial impression had been that disability issues would be solely the remit of *You and Yours*. Initially, she had found 'the whole thing very disappointing'. As time had passed, however, she had noticed increasing instances of disability issues being covered in programmes such as *Law in Action* 'as a normal part of their programming' instead of 'highlighting disability and separating it out'. This programme's treatment and coverage of disability issues post-mainstreaming, she felt, reflected a shift in the way its producers approached them.

> Instead of going 'This is a disability issue', they [the programme's production team] say 'This is a [disability-related] legal issue and we're a legal programme, so, if that's what's going on at the minute, we'll cover it'. (FG3)

Some members of Focus Group 3, however, expressed reservations about a news-driven approach to the coverage of disability issues. For one Group 3 informant disability coverage on Radio 4 had become 'very media-led' and she wondered whether there should be a place for the coverage of disability issues which, although not having 'hit the headlines', were 'just something that's of interest'. She pointed out that *Women's Hour*, although a niche programme, presented a broad range of non-topical general items. Supporting this view, one of her co- participants felt that programme makers on Radio 4 should, 'look at the disability angle' of each of their programmes' content, and include reference to it 'where appropriate'.

One Group 2 participant felt that, in the context of mental health, programme makers in general continued to adopt a 'tabloid' approach. In doing so, he suggested, they tended to

reinforce negative stereotyping of people with mental health difficulties particularly when covering 'bad news' stories concerning people with mental health problems. Another participant in this group, while unable to endorse the initiative, expressed sympathy for broadcasters.

> How do you market positive mental health? It's actually very difficult even for the professionals. We [GAMH] are trying to develop positive mental health and well-being in communities. [....] But one bad headline... (FG2)

Whilst the view in Focus Group 3 was that, overall, the mainstreaming initiative had been less than successful, the appointment of the disabled members of the *Does He Take Sugar?* team to other non-disability programmes was viewed by informants in this group as a 'positive' outcome of mainstreaming. They pointed out that Colin Hughes, previously the producer of *Does He Take Sugar?* had moved to work on the BBC 1 television programme *Despatch Box.* Cheryl Gabriel had moved from *In Touch* to work on a variety of programmes, and Peter White, although continuing to present *In Touch* was, in addition, presenting other non-disability specific programmes. However, one informant from this group thought that there had been no increase in the coverage of disability issues on Radio 4. In the opinion of another Group 3 respondent

> it [the initiative] was really pointless. I think is has failed and I don't think they [Radio 4 policy makers] were honest about what they were trying to do.
>
> (male: FG3)

For him, falling listener figures had triggered the strategy of Radio 4's decision-makers to reschedule the network's programmes and the disability mainstreaming initiative was 'something that they have invented'. The initiative had been introduced 'to allow them to make the changes that they wanted to make anyway'.

One Group 3 respondent felt that the initiative failed in two important aspects. Firstly, the network should have retained specialist disability programming and, secondly, that post-mainstreaming, production teams should 'move around through different programmes'. She asked:

> Why can't the teams move around? Like men work on *Women's Hour*? And, you know, why can't people with disabilities work on *Women's Hour*? And come from *In Touch* to work on *You and Yours*? And, you know spread it [disability as a topic] with people who feel passionate about it around the different programmes as well? (FG3)

There were two instances cited in Focus Group 1 where mainstreaming had fallen short of participants' expectations. The first instance was the lack of information from the network which would assist disabled people in their day to day living. This group's informants contrasted the network's regular transmission of road traffic information with the absence of, for example, information on Lighting-up times which would be helpful for blind listeners. The second instance was the lack of incidental information on, for example, holiday programmes which would indicate to disabled listeners the suitability or unsuitability of resorts and/or accommodation.

The findings concerning the participants' assessment of the success or failure of the disability mainstreaming initiative may be summed up by the view of one informant who said

> I still don't think they [Radio 4 programme makers] are there yet. But, three
> years down the line, I think they are actually getting to where James Boyle
> wanted them to go. (FG3)

The focus group discussions, then, touched upon listeners' difficulties, post-mainstreaming, in locating coverage of disability issues, the effects of placing disability coverage within a consumerist programme, and the impact on Radio 4's disability coverage resulting from the loss of *Does He Take Sugar?*. The treatment of disability issues, post-mainstreaming, was also discussed, and participants aired their views on what should constitute a mainstreaming policy.

The findings in relation to other research data

In this section I compare and contrast the findings from the focus group discussions with findings elsewhere in my research. I also refer to two other sources of data: Radio Joint Audience Research (RAJAR) statistics (see Appendix 2); and a survey conducted by the Broadcasters' Audience Reaction Service (BARS), entitled 'The Radio 4 Disability Initiative' (see Appendix 3). I assisted in the compilation of this unpublished survey and its findings provide points of comparison with the views of focus group participants.

The predominant view of my participants was that Radio 4 programme makers, post-mainstreaming, were acknowledging disabled people (with the exception of people with mental health problems) as part of the network's listenership. One BARS respondent expressed concern at the lack of coverage of issues concerning people with learning difficulties (see Appendix 3.2). My analysis of *You and Yours,* covering the months of

September in 1998, 1999 and 2000 confirms the view that items concerning mental health were infrequently covered in editions of the programme during these periods.

- In September 1998, 4 of the 17 disability-related items presented concerned mental ill-health.

- In 1999, none of the 14 disability-related items addressed this topic,

- In 2000, only 1 of the 15 disability-related items presented dealt with a mental health problem.

However, it is worth noting that, in my sample of 10 editions of *Does He Take Sugar?*, none of the 32 items presented on these programmes concerned a mental health issue.

On the other hand, mental health issues have been, and continue to be addressed on Radio 4 e.g. *All in the Mind* (currently transmitted weekly on Wednesdays 4.30 to 5.00 pm) and *In the Psychiatrist's Chair*. But, as these are niche programmes, some participants' view that mental health problems are not 'mainstreamed' on the network is difficult to refute. The view expressed that programme makers all too often contribute to the negative stereotyping of people with mental health problems and reinforce public misconceptions about mental ill-health is supported by Philo (1996), although the findings in this book refer mainly to television portrayal. It must be added, however, that the current BBC website, highly praised by several informants, contains, at the time of writing, much information relating to mental health issues.

Some participants regretted that the *You and Yours* coverage of disability issues, post-mainstreaming, was mainly news-driven. Findings from my *You and Yours* analysis tend to confirm this:

- In September 1998, of the 17 disability-related items covered, 13 were items arising either from events which were taking place on the day of transmission e.g. World Alzheimer's Day, ASBAH week, or from recent reports or announcements concerning disability issues

- in 1999, 11 of the 14 items presented on the programme could be construed as news-driven

- in 2000, 11 of the 15 items related to breaking news e.g. the issue of surgical intervention on conjoined twins, the announcement of new guidelines concerning the right of disabled parents to have children who may be as similarly impaired as them.

With regard to some informants' view that radical disability organisations have lost their voice on the Radio 4 network post-mainstreaming, my comparative analysis of *You and Yours* and the *Does He Take Sugar?* (Chapter 6) tends to confirm that this is true. As reported in Chapter 6, no radical disability organisations contributed to the sample of *You and Yours* programmes (September 1998,1999 and 2000). In contrast, my sample of *Does He Take Sugar?* programmes featured contributions from e.g. The Liverpool Association of Disabled People, and Winvisible (an association of disabled women who offer support and guidance to physically and/or sexually abused disabled women). One informant's explanation for the lack of radical disability voices on *You and Yours* was that the programme's listenership was 'Middle England', wealthy 'older people' living mainly in the South of England. RAJAR Audience Profile figures for *You and Yours* tend to confirm the informant's description of its typical listener (see Appendix 2.4).

One BARS respondent did think that not enough disability-related information was being offered in Radio 4 programmes which concerned holidays, leisure activities and consumerist issues. Participants in Focus Group 1 also mentioned instances where 'incidental' but relevant information, which would be of benefit or interest to disabled listeners, was often omitted from the content of the network's output. Ross (2001), in her article concerning disabled radio listeners (see also Chapter 6: *Does He Take Sugar?* and *You and Yours:* a comparative analysis), writes 'Crucially, the issue is as much (perhaps more so) about (o)mission as (co)mission, that is, the difficulty around portraying disability on radio lies in what is absent, what is missing rather than what exists' (Ross, 2001, pp. 430-431. Her brackets*).* The following examples illustrate the kinds of instances the BARS respondent, participants in Focus Group 1 and Ross could have had in mind.

- An item on Blue Flag awards given to beaches in Scotland (*You and Yours.* 14th September 1998) focussed only on the quality of the water for bathing purposes One of the criteria of the award is wheelchair access to beaches. No mention was made of this.
- On 3rd September 1998, there was a discussion on 'the right to roam' on *You and Yours.* No reference was made to the needs of disabled ramblers.
- On 13th September 1999, there were two items on *You and Yours* from which relevant information for disabled listeners was omitted. The first item concerned a recently introduced initiative to drive up standards in hotels and guesthouses in the UK. No reference was made to facilities for disabled people. The second item featured 'London Open House', a charity concerned with institutions and houses of

historical interest, which had arranged a special 48-hour opening of some historic buildings normally closed to the public. The question of access to the buildings for disabled people was not mentioned.

Opinion among my participants was divided on the issue of the desirability of disabled people presenting disability-related issues on Radio 4 post-mainstreaming. It was also suggested by some informants that there were certain types of disability issues, formerly covered by *Does He Take Sugar?*, which would not be covered, post-mainstreaming, by *You and Yours*. Chris Burns, then editor of *You and Yours*, touched upon both these issues when she was interviewed by Peter White on the final edition of *Does He Take Sugar?* (2nd April 1998). Responding to White's question as to whether *You and Yours*, post-mainstreaming, would cover an item concerning the implications of the recently introduced Benefits Integrity Project for disabled people (this issue had been covered on the *Does He Take Sugar?* programme and immediately preceded the interview), Burns said:

> No reason why not. One of the things you have to say about *You and Yours* is that it's not a case of just saying 'Right. *Does He Take Sugar?* is one thing, and *You and Yours* is another thing'. And 'None of the people who've been involved in *Does He Take Sugar?* are going to be involved in the new *You and Yours'*. The fact is they are going to be involved. They'll be working on the programme producing items, reporting items. This is an expertise they have in a particular field and they'll be bringing all that to the programme.
>
> (Chris Burns. *Does He Take Sugar?* 2nd April 1998).

The following findings suggest that the involvement of disabled presenters on *You and Yours* was not as wide as Burns forecasted.

- During September 1998, of the 17 disability-related items covered on *You and Yours*, Jo Kay, who had been a disabled presenter on *Does He Take Sugar?*, presented 5, while Peter White presented 2.
- During the same month in 1999 14 disability-related items were covered. Kay presented 1, White presented 4 and they co-presented 2.
- In September 2000 Peter White, that month the sole disabled presenter on *You and Yours*, presented 3 of the programme's total of 15 disability-related items.

Colin Hughes, former producer of *Does He Take Sugar?* did work as part of the *You and Yours* team for a short time after his programme was dropped, but eventually left to work in BBC television.

The wish of some informants that they should know when disability-related issues were going to be treated by Radio 4 is echoed in the BARS findings (see Appendix 3.2), although some focus group participants felt that their hearing an item about disability *en passant* placed disabled listeners in the same circumstances as non-disabled listeners. This issue was also raised by Peter White in his interview with Chris Burns. In the course of the interview White said:

> Let me put to you some of the anxieties listeners have expressed to us about it [future coverage of disability on Radio 4]. Perhaps the obvious nitty gritty one is 'I knew I could find items like this at 9 o'clock on a Thursday. How do I know where to find disability on the new *You and Yours?* Do I have to listen from 12 to 1 Monday to Friday?'.

(Peter White. *Does He Take Sugar?* 2nd April 1998)

Burns responded:

> Well, obviously my wish would be that everyone would listen from 12 to 1 Monday to Friday. In a practical sense, obviously, there will be trailing on the network – that's the one way people can find out about where items relevant to them will be and that they'll be interested in. There will also, of course, be the BBC Action Line and I know the *Does He Take Sugar?* team are working on a website. The BBC Action Line will be a freephone number, so there will be a number of means whereby people can find out what's going on in the network.

(Chris Burns. *Does He Take Sugar?* 2nd April 1998)

A 'Disability Zone' was introduced to the BBC Online website in April 1998 (see Appendix 4.2). My visits to the site indicated that it was rarely updated and, by July 2001, access to disability issues on the main BBC Radio 4 site was available through a 'Consumer and Disability' drop-down box. The BBC Action Line, formerly the BBC Helpline, has lost its

registered charity status and has been taken over by the multinational Capita Group plc. It has been reorganised and renamed as BBC Audience Lines, and at present handles a much broader range of listeners' queries than it used to in 1998. In addition, few programmes are authorised to issue its freephone number (most contact is made via a 0845 'national rate' number), although *You and Yours* is one of the few programmes which gives out an 0800 freephone number for its listeners' queries.

With reference to the types of disability issues covered on *You and Yours* post-mainstreaming, one participant felt that, as *You and Yours* was a 'consumer' programme, its content would be 'consumer led'. Chris Burns was also asked about this on the final edition of *Does He Take Sugar?* White put it to Burns:

> This is another worry [expressed by listeners to *Does He Take Sugar?*] – that
> people say *You and Yours* has tended to be a consumer programme. Disability is
> not just about being a consumer. It's about politics, as you heard from the first part
> of this programme [The Benefit Integrity Project]. It's about relationships. Some
> people think it's about a distinct culture. How can you accommodate that?
>
> (Peter White. *Does He Take Sugar?* 2nd April 1998)

Burns replied:

> Well, I'll certainly do my best. I think one of the great strengths of *Does He Take
> Sugar?* is that it has a very broad agenda. And I think we would like to bring a lot
> of that to *You and Yours*. And, hopefully, the team from *Does He Take Sugar?* will
> be contributing to those ideas on a regular basis and producing those items for the
> programme. I think that... I see no reason why we can't have all those items within
> the new *You and Yours,* because the new *You and Yours* is an expanded
> programme. It's not just going to be about consumer issues. There'll be
> investigative items in there. There'll be items dealing with health and education.
> And, in fact, anybody who's listened to *You and Yours* on a regular basis will know
> that it isn't just about consumer items. It does have a slightly broader agenda than
> that anyway.
>
> (Chris Burns. *Does He Take Sugar?* 2nd April 1998)

Although one focus group participant felt that the disability issues on *You and Yours* would be consumerist orientated, there were items in my sample of the programmes which touched on the more profound aspects of disability. The following examples illustrate this:

- the issue of sexuality and disabled women: *You and Yours*, 3rd September 1998. (Duration: 5 minutes)
- ASBAH week: *You and Yours*, 16th September 1998. (Duration: 4 minutes).
- Mencap's decision to involve people with learning difficulties in its policy-making decisions: *You and Yours*, 20th September 1999. (Duration: 7 minutes),
- the issue of the right of deaf or blind parents to have offspring similarly impaired: *You and Yours*, 22nd September 2000 (Duration: 7 minutes).

The issue of a lack of follow-up of disability stories was also raised in the focus group discussions. One participant attributed this to the high turnover of *You and Yours* producers. Findings from my analysis indicate that there were at least 7 people who produced *You and Yours* during September 1998. The number of different producers of the programme during September 2000 was 6.

Conclusion

The findings from my focus group analyses show that, in the view of many participants, Radio 4's treatment and coverage of disability issues had changed since the mainstreaming initiative. On the whole, participants believed that, post-mainstreaming, disability-related issues (and thereby disabled people as part of the Radio 4 audience) were being addressed in the network's output although some participants had reservations concerning the fact that topicality tended to dictate when these issues were covered.

However, with the loss of *Does He Take Sugar?*, disability issues, it was felt, tended not to be treated in the same depth or with the same 'passion' as they had been pre-mainstreaming. The findings indicate that, in the view of my participants, the tone in which general disability issues were treated by the disabled presenters on *Does He Take Sugar?* had reflected an authenticity and empathy which had been lost when the remit to cover these issues had been given to the non-disabled production team of *You and Yours*. On *You and Yours*, the treatment was described as 'skimmy'. Indeed, for one participant, *In Touch*, post-mainstreaming, had become 'jokey' in its presentational style. Informants also felt that disability issues tended, in the light of mainstreaming, to be covered by the network when

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they were newsworthy. Mental health issues, it was felt, continued to be under-represented in the network's output. The loss of *Does He Take Sugar?* had resulted in the loss of a regular and predictable slot in which general disability issues would be covered on Radio 4. Because of the dispersal of the *Does He Take Sugar?* team the incidence of regular treatment of disability issues by disabled presenters had become less frequent on the network. Interestingly, opinion was divided on the decrease in the network's coverage of 'good news' disability stories post-initiative.

There was considerable support for some participants' view (echoed in the BARS findings) that, post-mainstreaming, Radio 4 should have retained a regular specialist programme to address general disability issues. Irregular and unpredictable coverage of disability issues were, for many participants, unwelcome outcomes of the initiative.

The RAJAR statistics (see Appendices 2.2 and 2.3), and Boyle's expressed concern, shortly after his appointment, about the 'historic low' in Radio 4 listening figures do lend weight to the view expressed by some participants that falling ratings may have played at least some part in the decision to mainstream disability as part of an overall rescheduling package.

Highly significant, especially, perhaps, for the UK disability movement, was the regret participants expressed at what they perceived, and my findings from other data confirm, as the loss of the voices of radical disability organisations on Radio 4 since the introduction of the initiative. In addition, one participant felt that, of the 'establishment' disability organisations, only the RNIB was powerful enough to challenge Boyle's policy effectively.

However much Burns may have wished her programme to progress the initiative by involving disabled presenters and by covering the same types of disability issues as *Does He Take Sugar?* my study shows that her wishes have not been entirely fulfilled. As my examples (above) show, even when *You and Yours* did touch upon profound aspects of disability these items were dealt with in around 6 minutes. This short airtime, including as it had to what one participant referred to as 'setting the scene', may have prompted informants' accusations of the 'skimmy' nature of the *You and Yours* treatment of disability issues.

In conclusion, it is, perhaps, worth noting that I gained the impression from the responses of focus group participants that the non-disabled and disabled contributors listened to the radio from similar standpoints i.e. that the disabled participants did not view themselves as part of a 'disabled audience'. Ross (1999) reports a similar finding. The disabled participants, I felt, considered themselves as radio listeners whose specific interests and concerns are

inadequately covered, seldom relevantly included and often inappropriately treated by the medium.

Chapter 9. Conclusion

Introduction

In this conclusion, I first return to the research questions posited at the start of the thesis and consider major findings in relation to each. Subsequently, I consider the implications of the research for theory, policy and practice.

The problematic of the research

This study addressed three research questions:

- What was the rationale underpinning the initiative to mainstream disability on Radio 4 as part of the network's rescheduling?

- What were the significant changes in Radio 4's post-mainstreaming disability-related output?

- What are the implications of these changes for the transmission of images and ideas about disability and for the disability movement?

These questions mirror the three components of the process of mass communication upon which media analysts focus – production, content and audience response. This chapter will begin by discussing the study's findings in relation to each of these aspects of mass communication. The study's implications for disability theory will be explored. Having reflected upon the methodology of the study, the chapter will conclude by outlining implications which its findings hold for policy and practice regarding mainstreaming disability on radio.

Production: the rationale of the policy

The findings indicate that the decision to mainstream disability on Radio 4 was closely linked to the decision to reschedule the network's programming. It may have been the case that rescheduling was prompted by Radio 4's diminishing audience. However, the findings failed to establish that dropping *Does He Take Sugar?* was solely ratings driven since this programme did not appear to have fewer listeners than other programmes in the same timeslot. The Ross (1997a) report, commissioned in 1996, provides evidence that disability coverage was a matter of concern for the BBC. Radio 4's controller claimed that the report influenced his decision to mainstream disability, incurring, as it did, the loss of *Does He Take*

Sugar?. It was difficult to establish the extent of the report's influence, however, as it advocated retention of niche disability programming until the preferred option of mainstreaming disability could be fully implemented. Since *In Touch* was retained, it might be argued that the study's recommendations were partially implemented.

Key informant interviews suggest that Radio 4 personnel involved in disability-related output played little part in the policy decision and its strategic outcomes. Disability organisations and disabled people were consulted in the interval between the announcement of the decision to mainstream disability and its implementation. However, with the possible exception of the RNIB, these consultations did not influence the proposed outcomes of the initiative. Overall, it appeared that the decision to drop *Does He Take Sugar?* was 'top down' rather than 'bottom up'.

It is interesting to consider the definition of mainstreaming adopted by the controller of Radio 4. In his view, mainstreaming consisted of two strands – placing disability 'in the middle', as he put it, of the network's output, and involving disabled actors in the network's production process. The findings show that, for the controller, placing disability 'in the middle' of Radio 4's output necessitated replacing regular niche coverage of disability with regular coverage of disability issues on *You and Yours*, its flagship consumerist programme. Research participants, however, provided alternative notions of mainstreaming. It was suggested that mainstreaming disability meant 'weaving' it into general output. For the majority of key informants, however, mainstreaming disability should have involved retaining its niche general disability programme and widening coverage of disability in the network's overall output. For some, regularity and predictability of the coverage of disability issues was the persuasive argument for *Does He Take Sugar?*'s retention, for others it was the depth of specialist coverage which it had provided.

The selection of *You and Yours* as the main platform for post-mainstreaming disability coverage did not meet with the approval of all informants. As the controller maintained that he was adopting a 'consumer model' of disability (a model whose definition, despite probing, remained unclear), his selecting this programme is, perhaps, unsurprising. Other informants felt that, in placing disability within a consumerist programme, coverage of wider (non-consumerist) disability issues, such as politics and culture, would suffer. Interestingly, I learned that Tom Shakespeare, in an interview unrelated to my research, expressed the view that 'The problem is that, if it's [a disability issue] about social services or consumers, yes, we're on *You and Yours*. But we are other things, too – we are about politics and culture' (Shakespeare, 2003). It may be, however, that doubling the programme's airtime as part of

the network's rescheduling, also contributed to the controller's decision that *You and Yours* should play a major part in Radio 4's disability coverage.

One informant argued that the employment of more disabled actors in Radio 4's production process, the second strand of the controller's mainstreaming, was outwith a controller's remit. The findings show that the involvement of the disabled presenters on *You and Yours* was reduced through time. Some moved on to other non-disability programmes - an outcome which would seem to fit with the controller's strategy.

The controller believed that, as a result of the initiative, Radio 4's disability-related content had broadened post-mainstreaming and that disabled listeners were catered for within the network's general agenda. However, this view was challenged by other informants. Some felt that the range of disability issues covered post-mainstreaming had narrowed and, in particular, that *You and Yours* was unsuited to cover 'Good News' stories. It was also felt that, while coverage of disability issues may have increased, there had been a shift in their tonal presentation. The inclusive presentational tone of *Does He Take Sugar?*, it was argued, was absent from the *You and Yours* treatment of disability issues. There were two reasons posited for this – the presentation of disability issues by non-disabled media professionals and the time-consuming need for non-specialist programme presenters to 'set the scene' for non-disabled listeners. Although one informant suggested that disability coverage would be enhanced as *You and Yours* responded more quickly to breaking news, findings elsewhere in the study indicate that, in the context of disability, this did not invariably happen. While less controversial newsworthy topics concerning disability were found to be covered by *You and Yours*, findings show that the programme avoided coverage of more politically-charged disability news stories.

Content: changes in Radio 4's post-mainstreaming output

The findings show that, post-mainstreaming, coverage of disability issues on Radio 4 changed. While *You and Yours* covered around the same number of topics per week as *Does He Take Sugar?*, it became less easy for interested listeners to locate items on disability as regular weekly coverage was lost and there was no overall identifiable pattern in the presentation of disability issues on *You and Yours*. It was also found that, on average, a disability issue was given less airtime on *You and Yours* than *Does He Take Sugar?*. As a result, *You and Yours* presenters had less time to unpack more in-depth or complex debates. *You and Yours*, in tending to position disabled people as 'consumers', included fewer in-depth and reflective items involving the experiential and political aspects of disability which had

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been regularly covered by *Does He Take Sugar?*, preferring instead to focus more on the 'problems' of disability to the virtual exclusion of 'good news' stories and light-hearted or broader cultural disability-related issues. In its approach to disability, *You and Yours* initially adopted a more medical model frame although this approach altered through time. Its consistent identification of its disabled contributors as disabled (one of 'them' as it were) inevitably meant that *You and Yours* was less likely to 'hail' its audience of disabled listeners as 'us' with a common identity. The tone of *Does He Take Sugar?*, on the other hand, had been more inclusive. The study's brief look at the content of *In Touch*, suggests that this programme continues to be presented in an inclusive tone.

There was also less input from disabled contributors, particularly that of disability activists, in discussions of disability issues on *You and Yours* than there had been on *Does He Take Sugar?*. It was also noticeable that *You and Yours* failed to incorporate more radical disability organisations in its output, relying more on establishment bodies from which to draw its disabled contributors. The incidence of the treatment of disability issues by disabled presenters on *You and Yours* gradually declined. Inevitably, perhaps, the tonal treatment of these issues came to reflect a loss of that awareness of 'living' disability which had permeated *Does He Take Sugar?*'s presentational style and which had provided authoritative reassurance to disabled listeners and didactic expertise to their non-disabled counterparts.

However, the findings from my content analysis of *No Triumph, No Tragedy*, show that, post mainstreaming, *Does He Take Sugar?*'s treatment of disability issues was not entirely lost to the network. Indeed, in exploring the most sensitive areas of 'living' disability, the content of *No Triumph, No Tragedy* arguably represented a groundbreaking advance in the treatment of disability issues on radio. As was mentioned in Chapter 7 (Radio 4 and the experiential dimension of disability), *No Triumph, No Tragedy* could be seen as re-introducing personal politics to theorising disability. It was also pointed out in Chapter 7 that *No Triumph, No Tragedy*, in offering a platform to individual voices within the disabled community, opens up debates around disability and oppression by highlighting the diversity of individual experiences and responses which are to be found within that community. The findings from the content analysis of this series, and of the *Does He Take Sugar?* sample, lends weight to the argument that a shared identity makes no small contribution to the ways in which disability issues may be treated on Radio 4.

Audience response: the implications of the changes for the disability movement

The majority of focus group participants felt that Radio 4's treatment and coverage of disability issues had changed post-mainstreaming. They welcomed the inclusion of disability issues within the network's general output, and, for some at least, the weekday coverage provided by *You and Yours* was preferable to a single weekly timeslot devoted to disability. Participants' main criticisms concerned the loss of predictable coverage of disability issues, the continuing under coverage of mental health issues, and the absence, post-mainstreaming, of the voices of radical disability organisations from Radio 4's disability-related output. Some participants felt that mainstreaming had been introduced as a result of a ratings-driven decision to drop *Does He Take Sugar?*. There was considerable support for the view that *You and Yours* tended to treat disability issues in a more superficial way, although it was admitted that the time- consuming need for a non disability-specialist programme to 'set the scene' when presenting a disability issue may have contributed to this. Almost unanimously, participants regretted that dropping *Does He Take Sugar?* should have been considered to be a necessary component of the decision to mainstream disability on Radio 4.

The study has shown that, while *Does He Take Sugar?* had operated from the standpoint of the social model of disability, *You and Yours,* in favouring the positioning of disabled people within the medical model of disability, tended to reinforce notions of 'difference' and offer support to the 'personal tragedy' theory of disability. While *You and Yours* did occasionally highlight the social and economic barriers faced by disabled people as a group, the findings show that disabled people tended, in the main, to be positioned as individual consumers. The more inclusive tone of *Does He Take Sugar?*', on the other hand, had presented disabled people as members of a community of citizens. For some disabled people, treatment of their concerns as individuals may have been a welcome development. For others, losing their portrayal as part of a community with shared identities and interests, may have been construed as a retrograde step in their struggle against socio-cultural and political discrimination.

It is reasonable to assume that the disability movement would have regretted the loss, post-mainstreaming, of the voices of radical disability organisations from regular coverage of disability on Radio 4. *Does He Take Sugar?* had regularly afforded these voices a platform, while *You and Yours* preferred representatives from establishment disability organisations as contributors to its disability items. Disabled people could reasonably conclude that, in

including fewer 'activist' voices, the production team of *You and Yours* were indicating a preference to avoid covering radical action in the context of disability.

Findings from the analysis of *You and Yours* suggested that there was often failure to comment on the relevance of a general topic to disabled people. For example, an item dealing with Blue Flag awards to beaches failed to mention issues of accessibility. Many disabled people would have reasonably expected that mainstreaming disability would have led to a reduction in instances of 'omission'.

One of the most significant outcomes for disabled people highlighted by the study concerns the positioning of disabled contributors on *You and Yours*. In the *You and Yours* sample, the findings show, disabled contributors were almost invariably 'framed as disabled'. Framing disabled people in this way tends to reinforce notions of 'difference' and suggests that impairment is a significant aspect of their identity. Albeit that there are occasions when disclosure of impairment is helpful (and even necessary) in social intercourse, arguably the decision to provide such disclosure should be left to disabled individuals. On the one hand, a disabled person may choose to make the disclosure explicitly, while, on the other hand, his or her experience of disability may be implicit in the way in which he or she responds conversationally. The study's coding of programme contributors as 'presumed disabled' was used in relation to instances when disability was implied rather than explicit. The findings from the study's sample of niche disability programmes concerning these codings, showed a relatively low incidence of 'framing as disabled'. It has been suggested that the tendency of the producers of *You and Yours* to label their disabled contributors as having impairments invites consideration of non-disabled programme-makers' assumptions about 'normality'. Indeed, it has been admitted that, the findings from the application of disabled/non-disabled coding to *Does He Take Sugar?*'s contributors produced misleading results. In this programme, 'being disabled' seemed a less noteworthy issue.

Post-mainstreaming, there were new disability-related programmes commissioned by Radio 4 which many disabled people would have welcomed. The study has referred to *Freaks, Lies and Celluloid,* and '*A Life worth living*' as instances of Radio 4 commissioners' preparedness to include in-depth coverage of profound disability issues in the network's output. In addition to these one-off programmes, series of disability-related programmes such as *Yessir, I can Boogie, Blind Man on the Rampage* and *No Triumph, No Tragedy* were commissioned. It is reasonable to suppose that commissioning of these programmes flowed from the mainstream

initiative, as they represent a departure from Radio 4's previous output. As noted earlier, in stressing the importance of disabled people's individual experiences, socio-political and cultural status, sexuality, and self-esteem, and in exploring the issue of ambivalence concerning the 'cure' issue, the potential of the *No Triumph, No Tragedy* series' contribution to the aspirations of the disability movement in their struggle to achieve parity with their non-disabled contemporaries is difficult to underestimate.

The study, then, has identified both negative and positive implications for disabled people resulting from the mainstreaming initiative. Their only niche general disability programme was dropped. Their radical voices were partially silenced and regular in-depth treatment of complex and profound disability issues was greatly reduced. The incidence of the presentation of disability issues by disabled presenters also decreased, and the status of disabled people as a social group, for many a source of leverage in their struggle against discrimination, was weakened. On the other hand, disability was afforded a higher profile in Radio 4's output, and one-off programmes and series which explored important under-exposed areas of the experience of disability were commissioned and aired.

The study's implications for disability theory

This research reflects the view that analysis of disability in the media should be rooted in an understanding of the politics and practice of disability theory and research. The emergence of the social model of disability which countered the longstanding medically based approach to disability was traced. The study showed that, over time, inadequacies inherent in the social model were identified by disability researchers who favoured a more pro-active role for disabled participants in the research process. Theories of the emancipatory model challenged existing power relations. Examination of the feminist critique of socially based models of disability revealed that the critique focussed on the decline of individual experience as a component of the social model. In exploring its theoretical development, two emerging arguments concerning disability research were identified. Firstly, it was argued that disabled researchers may be better qualified to conduct such research and, secondly, that disability research outcomes should contribute to the cause of disabled people in their struggle against discrimination. My experiences as a disabled person researching disability and the media suggest that the identity of the researcher plays a critical role in accessing meaningful data, thus reinforcing arguments for the involvement of disabled people in the research process.

Radio 4's niche disability programme, *Does He Take Sugar?*, had been clearly grounded in the social model. Its entire production team comprised disabled people. The vast majority of its contributors were disabled people, and it had provided a platform for voices from the widest range of disability organisations. In relation to disability theory, *Does He Take Sugar?*'s approach was significant in several ways. Firstly, it reflects arguments which have been made for the active involvement of disabled in all aspects of life, from the production of radio programmes to the conduct of research. Secondly, it focussed on individual as well as political experience. Finally, the programme reflected the view that disabled people should be involved in the struggle for political change.

The study showed that, in the period immediately following the introduction of the initiative, regular disability coverage, provided by *You and Yours,* reflected a return to placing disability in a medical context, although incidences of a social model approach emerged through time. Post-mainstreaming, the study has shown, the input of disabled producers and presenters to *You and Yours* was reduced, and impairment became, more often than not, a 'framing' characteristic for its disabled contributors. Radical disability voices were marginalised in the regular coverage of disability issues. However, post-mainstreaming, the treatment of disability and disability issues in one-off programmes e.g. *A Life Worth Living* and series such as *No Triumph, No Tragedy* did, to some extent, reflect recognition of the political, social and cultural of the disability movement.

Methodological reflections

An important issue to emerge from the key informant interviews was the interpretation of the views expressed. While the interviews played an important part in addressing the first of my research questions, it is important to note that the comments from the producers and presenters were based on their perceptions rather than hard evidence. To ensure that their views were accurately reflected in the chapter, they were all sent a copy and invited to comment. The controller disagreed with some of my analysis, arguing that the decision to cut *Does He Take Sugar?* was ratings-driven. This was not supported by any evidence, and therefore it was not possible to present this as a factual piece of information, as he would have wished. This raises questions about the extent to which respondents should influence the researcher's interpretation of their comments. With hindsight, the study would have benefited from the inclusion of interviews with representatives of disability organisations who were involved in the controller's pre-implementation consultations. I was unable to conduct such interviews, and, admittedly, their absence weakens the study's findings.

Methodological issues also arose in relation to the content analysis. The range of Radio 4 programmes broadcast pre-mainstreaming available for analysis was extremely limited, as the BBC infrequently provides recordings of past programmes. Indeed, it is important to stress my gratitude to James Boyle for providing the 1997 editions of *Does He Take Sugar?* which are included in the study's data. It has been acknowledged that, in deciding to record and analyse the editions of *You and Yours* broadcast during September 1998, 1999 and 2000, a vast amount of the programme's output was unresearched. It was also not possible to analyse the programme's pre-mainstreaming output. On reflection, the study would have benefited from their inclusion. However, switching Radio 4's regular coverage of disability issues from a niche to a non- specialist programme was one of the most significant outcomes of the mainstreaming initiative. This prompted my decision to focus on the content of *Does He Take Sugar?* to inform my analysis of disability coverage pre-mainstreaming and the disability-related content of *You and Yours* to provide insight into disability coverage post-mainstreaming.

An alternative approach would have been to record an entire week's post-mainstreaming output from Radio 4 and subject this to analysis. This would have provided a snapshot of the network's coverage of disability. However, this methodology would have produced a narrower sample of *You and Yours* disability-related output and the findings from its analysis would have excluded conclusions relating to how post-mainstreaming coverage of disability developed over time and the extent to which post-mainstreaming disability coverage was news-driven e.g. a significant disability-related news story may have broken that particular week. The study has shown that, on average, *You and Yours* presented around four disability issues each week. Consequently, it would have been difficult for a study focussing on one week's editions of *You and Yours* to effect a meaningful comparison between its tonal presentation of disability issues and the tone in which they were found to be presented on niche disability programmes. In addition, conclusions regarding the input of disabled presenters and contributors to *You and Yours* would have been less sustainable.

Recordings of other niche disability programmes broadcast, post-mainstreaming, on Radio 4 were collected. These included the one-off programmes *A Life Worth Living,* and *Freaks, Lies and Celluloid* and the two series of programmes *Blind Man on the Rampage* and *No Triumph, No Tragedy.* The series *No Triumph, No Tragedy* was selected for detailed content analysis and inclusion in the thesis because its content reflected so many of the facets of the content of *Does He Take Sugar?* which, as the study has shown, were absent from the content of the disability items regularly presented on *You and Yours.* Undoubtedly, the study would have benefited from the inclusion of content analyses of the other programmes recorded, but,

owing to the constraints of time and restrictions on the length of the thesis, this was not possible. Inclusion of the content analysis of two editions of *In Touch* was useful as it provided additional data relating to the contrast between the tonal presentation of disability issues in niche disability programmes and non-specialist programmes.

Perhaps the weakest aspect of this study concerns audience response. I have stressed, in my chapter on audience response, that the study's focus group discussions revolved around participants' perceptions of the mainstream initiative rather than their interpretations of the messages encoded by the producers of disability-specific issues on Radio 4.

The focus groups for the study included disabled and non-disabled listeners to Radio 4. It was not difficult to include disabled and non-disabled people in the focus groups. The inclusion of Radio 4 listeners, however, did cause difficulties. Only 15 of the 27 focus group participants listened regularly to Radio 4 and most of the findings from the group discussions emerged from two of the four groups. An alternative, and, perhaps, preferable methodology would have been to play recordings from the study's sample of programmes and invite participants to comment on them. For example, a future project could involve playing recordings of *No Triumph, No Tragedy* to groups of people with and without different disabilities and exploring how they identify with and make sense of the series' messages. Adopting such methodology may have provided this study with more 'interpretative' audience responses.

The inclusion of the focus group which mainly consisted of people with learning difficulties, while providing interesting findings about disability *per se,* contributed little to the study. This was entirely my fault as, in retrospect, my methodology was inappropriate for this group. It is now clear that the focus groups consisting of people with learning difficulties should have been played tapes from my sample of programmes and invited to discuss their content. This focus group discussion lasted considerably longer than the others and only ended because it was closing time at the day centre in which it took place. As the discussion was, at that juncture, gaining momentum, I feel that, in future radio studies, it may be more appropriate to conduct more than one session with focus groups consisting of people with learning difficulties.

The study's implications for the policy and practice of the mainstreaming initiative

The policy of mainstreaming disability on Radio 4 has resulted in gains and losses. On the one hand, the likelihood is that disability's higher profile within Radio 4's output has raised the 'disability awareness' of non-disabled listeners. Post-mainstreaming, significant programmes and series focussing on disability have been slotted throughout the network's schedule. Disability, then, is no longer a topic whose regular coverage is usually confined to an evening slot once a week. While, post-mainstreaming, regular coverage of disability issues is provided on a daily basis, the depth of treatment of disability issues formerly provided by *Does He Take Sugar?* has been replaced by one-off programmes and series. It is difficult to deny that, in these respects, the policy has worked well. On the other hand, disabled people could argue that the loss of *Does He Take Sugar?* was an unnecessary and regrettable outcome of the initiative. They have lost their regular slot in Radio 4's schedule and, for some disabled people, the coverage of disability on *You and Yours* may not constitute an adequate replacement. Listeners who are blind or visually impaired, the study has shown, are fortunate that their niche programme was retained as, on reconsideration, the controller felt that it, too, should have been dropped from the network's schedule.

Research participants have posited various arguments concerning the meaning of 'mainstreaming' disability. 'Mainstreaming' disability has been construed as a 'weaving' process, a process which reduces notions of 'difference' or a process through which disability is afforded greater exposure. The study has shown that Radio 4's disability mainstreaming has not resulted in disability 'permeating' the network's output. Arguably, this would have been counter-productive as constant referral to disability, as one research participant pointed out, could become a 'turn-off' for many listeners. On the other hand, switching regular disability coverage from a niche programme to a magazine programme tends to reduce notions of 'difference' and foster a more inclusive approach towards the interests and concerns of disabled people. While the niche programme's coverage of profound aspects of disability has been replaced by occasional one-off programmes and series, heightening the profile of disability could scarcely be better achieved than by placing regular coverage of disability issues on a network's flagship programme. These outcomes reflect what has been gained by mainstreaming.

It has been shown that the initiative has impacted on the representation of the politics and culture of disability. Radical disability voices have been virtually silenced and the coverage of cultural aspects of disability, referred to in the study as 'Good news' stories, has been greatly reduced. The study suggests that these outcomes flow, in the main, from placing regular

coverage of disability within a programme which focuses on consumerism. On the other hand, for the disability movement, the post-mainstreaming niche one-off programmes and series, with perhaps the exception of *Yessir, I can Boogie,* would, arguably, have represented progress in the field of portrayal of disability on Radio 4. However, the constant framing of disabled people as 'disabled' on *You and Yours* suggests that the more subtle aspects of disability awareness continues to elude that programme's presenters.

Conclusion

In the light of this study, it is surprising that the medium of radio is under-researched. This ubiquitous medium is, the study has shown, replete with opportunities for mass media researchers to explore issues surrounding production, content and audience response. In the context of disability, the study has shown that radio can provide non-disabled people with a rich source of information about disability, assist in dispelling their misconceptions, and offer them insights into the experience of living with an impairment. Perhaps most importantly, the 'intimacy' of radio affords this medium the potential to offer disabled listeners reassurance that their life experiences, their personal anxieties and their aspirations are shared rather than singular experiences.

The period covered by this study is August 1997 to December 2000. Its sample of pre-mainstreaming disability-related output on Radio 4 is restricted to ten editions of the network's niche disability programme. The sample of post-mainstreaming programmes on Radio 4 relate to the months immediately following the introduction of the initiative. The programmes selected for analysis constitute a fraction of the vast output of Radio 4 over this period. Developments in the network's coverage and treatment of disability issues may have taken place since the end of my research period. The research was also limited by practical considerations e.g. availability of data, time constraints. The limitations of this study are clear, and it is important that I acknowledge them. On the other hand, the scope and depth of the study are sufficient to indicate some of the significant developments which emerged from the introduction of the initiative on Radio 4. These have been outlined and discussed in the thesis.

The thesis has also provided a bridge between disability studies and media studies. However, while studies of disability portrayal in the media have tended to concentrate on representation, my study has gone beyond this and explored issues surrounding production and audience response. It has examined more broadly how disabled people are addressed and framed and

how they are positioned as audiences. The study endeavoured to trace the development of theoretical thinking in disability studies through the changing content of programmes focussing on disability. For example, the analysis of *No Triumph, No Tragedy* highlighted the attempt to explore the links between personal experience and political struggle. This reflects new thinking in the field of disability studies, which, in line with feminist analysis, has tried to reconnect the personal with the political, rather than seeing subjective experience as a dangerous diversion.

This research commenced when the controller of Radio 4 announced that the network's programmes were to be rescheduled and that, post-rescheduling, disability was to be treated as a mainstream issue. Pre-mainstreaming data relate to the period immediately following the controller's statement of intent, while post-mainstreaming data spans the first two years of the initiative's implementation. My position within the BBC afforded the opportunity to explore the rationale underpinning the initiative and to trace the immediate outcomes of its implementation in terms of programme content. Access to BBC data concerning audience response assisted the section of my study which addressed this area of media studies. In order to conduct an informed study of these media-related data it was necessary to examine how theories in this field have developed through time. The study explored how media scholars theorise about how media messages are processed from production, through content to audience response.

It was also important that the study reflected a sound knowledge of the development of theories surrounding disability. The shifts in theorising about disability from a 'personal tragedy' approach through a socially-grounded approach to an approach which accommodates both sociological and personal perspectives provided enlightenment for me and, hopefully, those readers of this thesis who have hitherto conceptualised disability as less complex than the study has shown. The crucial role of disabled people in the field of disability research has been revealed through this learning exercise. The study's reflections on the role of disabled people researching disability highlighted the necessity of their bearing in mind the advantages and disadvantages of drawing upon the lived experience of disability in order to produce a balanced set of conclusions.

In structuring this disability-grounded study around Hall's (1973) theory of mass communication – providing a bridge between two discrete areas of study – the thesis has revealed a similarity between the theoretical developments in both disability studies and media studies. Current disability theorists, the study has shown, acknowledge the importance of the voices of disabled people who are now afforded a proactive role in conceptualisations

of disability. Media theorists, it has also been shown, now acknowledge the importance of the voices of message receivers and view audience response as a 'juncture' in the circuit of mass communication. In my thesis, then, I have shown that disability theorists and media theorists have come to acknowledge that, in their respective areas of study, those participants whose roles had been previously viewed as passive, are key players in the theorists' respective fields of enquiry.

It is reasonable to conclude that the introduction of the mainstreaming initiative on Radio 4, insofar as it reflected acknowledgement that previous disability coverage had been insufficient, was a welcome development for disabled people. However, the study identified that the way in which disability issues were treated in their regular post-mainstreaming coverage is, at the time of writing, a matter of concern. This may, admittedly, improve as the outcomes of the initiative develop over time. While welcoming Radio 4's initiative, it is to be hoped that, eventually, a disability mainstreaming policy, which sensitively acknowledges the potential of the medium to enhance the lives of disabled people and to assist them in their struggle against disablism, will be adopted and applied not only throughout Radio 4, but also throughout the UK radio networks.

Appendix 1.

Schedules: key informant interviews and focus group discussions.

1.1

Interview framework: James Boyle

PRODUCTION

Was the decision to mainstream disability on Radio 4 yours or were others involved?

Can you remember what happened in the discussions which took place about the proposed initiative?

Did you have a clear idea of what mainstreaming was to mean?

Prior to the initiative what did you think of the treatment and coverage of disability issues on R4? (Probe – 'Ghetto')

What was wrong with the treatment?

Did some programmes do it well/others not so well?

Why did you choose *You and Yours* to provide regular coverage of disability issues?

CONTENT

What is the difference in how disability issues were treated BEFORE and AFTER the initiative?

What happened to the issues which used to be dealt with by Sugar?

Did the content of *In Touch* change after the initiative?

How did *You and Yours* change after the initiative?

Did you see a difficulty with the Medical/Social model of disability?

What do you feel works well/not so well in the coverage of disability issues?

AUDIENCE RESPONSE

How do feel about the way the initiative went?

How do you think producers/editors/presenters responded to your initiative?

How did audiences react to the change?

1. 2

Interview framework: other key informants

Background

Could you describe the nature of your current post?

PRODUCTION

Who is usually involved in this kind of policy initiative?

Who was involved in the decision to mainstream disability?

Can you tell me a bit about what happened / what you remember from those discussions?

What would make you decide to cover/not to cover a disability issue?

What does mainstreaming disability mean to you?

CONTENT

How conscious are you of the mainstreaming commitment within the remit of your post?

How do you try to address it?

What are the problems you encounter?

Has the content of *In Touch* changed since the initiative? (Peter White)

How does *You and Yours* treat disability issues?

What has happened to the issues that *Does He Take Sugar?* used to deal with?

Are there any other programmes which have a particular focus on disability issues?

AUDIENCE RESPONSE

How do you think the initiative has gone?

What has been the feedback from audiences since the initiative was introduced?

What do you think of the way disability is now regularly covered?

1. 3

Focus Group Questionnaire

1. Sex: male ( )   female ( )

2. Age: 19 or under ( )
   20-29 ( )
   30-39 ( )
   40-49 ( )
   50-59 ( )
   60 and over ( )

3. How often do you listen to the radio?
   Every day   ( )
   most days   ( )
   2 or 3 days a week ( )
   about once a week ( )
   2 or 3 times a month ( )
   less often ( )

4. Where do you listen to the radio most?
   At home ( )
   at work ( )
   travelling ( )

5. Thinking about listening *during the week*: At what times would you say that you listened most? (You may listen more than once e.g. mornings and after midnight. Tick more than one period if this is the case)
   Morning up to 12 noon   ( )

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Afternoon up to 5 o'clock   ( )

Evening up to midnight ( )

after midnight ( )

Never listen to the radio during the week ( )

6. What about listening *at weekends*? At what times would you say that you

listened most? (You may listen more than once e.g. mornings and after

midnight. Tick more than one period if this is the case)

Saturday: Morning ( )

Afternoon ( )

Evening ( )

after midnight ( )

Sunday: Morning ( )

Afternoon ( )

Evening ( )

after midnight ( )

Never listen to the radio at weekends ( )

7. How often do you listen to Radio 4 even if just for a short while?

Every day ( )

most days ( )

2 or 3 days a week ( )

about once a week ( )

2 or 3 times a month ( )

never ( )

8. *In Touch* is a weekly programme on Radio 4 which addresses issues of

special interest to listeners who are visually impaired.

How often do you listen to *In Touch*?

Every week ( )

2 or 3 times a month ( )

less often ( )

never ( )

9. *You and Yours* is a programme on Radio 4 broadcast every weekday at
    lunchtime 12 noon till 1 o'clock.

How often do you listen to *You and Yours*?

Every weekday ( )

2 or 3 times a week ( )

about once a week ( )

less often ( )

never ( )

10. *Does He Take Sugar?* was a weekly programme on Radio which addressed
    general disability issues. It was dropped from Radio 4 a few years ago.

How often did you listen to *Does He Take Sugar?*

Every week ( )

2 or 3 times a month ( )

never ( )

Thank-you for completing this questionnaire.

1. 4

FOCUS GROUP: Glasgow and West of Scotland Society for the Blind (FG1)

QUESTIONNAIRES: explain these will be produced in Braille.

Focus Group discussion path

Thanks to everyone for agreeing to take part.
Could everyone please introduce him or herself.

I've been looking into the way disability is treated in the media and particularly on Radio 4 for a few years.

What I would like you to do is to tell me what you think of the way disability is treated in the media in general, then with reference to the radio and particularly Radio 4.

Ask if anyone knows about the initiative. If not explain it.

In general does the media cater for the interests of disabled people? Are they included as audiences? KEY QUESTION TO ALL GROUPS

Introductory paths.
HOW DO YOU THINK PEOPLE WITH VISUAL IMPAIRMENTS ARE TREATED ON THE MEDIA?
LITERATURE – AUDIO CASSETTES?
OR THE NEWSPAPERS (IN BRAILLE FORMAT)?
WHAT ABOUT THE MOVIES? CAN THIS BE A FORM OF ENTERTAINMENT FOR VISUALLY IMPAIRED PEOPLE?
WHAT ABOUT DRAMA – PLAYS AND SO ON – DO YOU THINK THAT PEOPLE WITH VISUAL IMPAIRMENTS ARE INCLUDED IN THIS MEDIUM? HOW WIDESPREAD IS THE USE OF AUDIO-DESCRIPTION?

IS IT TRUE THAT PEOPLE WITH VISUAL IMPAIRMENTS HAVE A SPECIAL INTEREST IN THE RADIO? DOES THE RADIO HAVE A SPECIAL APPEAL FOR THEM IN GETTING INFORMATION? DO YOU RELY ON THE RADIO IN ANY PARTICULAR WAY?

Staying with the medium of radio, has anyone heard an item or programme in which you felt a disability issue was well done, or you were glad that it was covered, or you felt was a missed opportunity?

What about the issue of knowing about programmes which deal with disability issues – do you know when such programmes are being broadcast?
Probe
If you did would you tend to tune in to hear them?

Narrow down to Radio 4.

Does He Take Sugar? for instance was on each week and *In Touch* is on each week. What about these programmes?

Probe
How did *Does He Take Sugar?* treat disability / how does **In Touch** treat disability – any differences?

What do you think about *Sugar* being dropped and **In Touch** being retained? (General disability issues to go to *You and Yours*)

You and Yours does deal with disability issues on a regular basis.

Does anyone know this?

Is this an appropriate type of programme for disability issues? KEY QUESTION FOR ALL GROUPS

How does *You and Yours* treat disability issues? If you don't listen to *You and Yours* might you start now, now that I've told you about its disability coverage?

Thinking about disability and the radio, is there an ideal way in which radio should cover disability issues? KEY QUESTION TO ALL GROUPS

Does anyone feel that radio _can_ play some part in the issue of the social inclusion/exclusion of disabled people? KEY QUESTION TO ALL GROUPS

For instance, are there radio programmes which you feel could refer to disability and do not, or some programmes that you feel do refer to disability issues even if only now and then?

1. 5
FOCUS GROUP: Glasgow Association for Mental Health (FG2)

Distribute questionnaires.

Focus group discussion path

Comments on disability.
What is disability– mental health as a disability?

Ask if anyone knows about the initiative. If not explain it.

In general does the medium of radio particularly Radio 4 cater for the interests of disabled people? Are they included as audiences? KEY QUESTION TO ALL GROUPS

Refer to mental health problems

What about the issue of listeners knowing about programmes which deal with disability issues – is this more difficult now that _Does He Take Sugar?_ has been dropped?
Probe
If you did know would you tend to tune in to hear them?

Regular coverage of disability is now being provided by *You and Yours.*
Does anyone know this?

Is this an appropriate type of programme for disability issues? KEY QUESTION FOR ALL GROUPS

Refer to mental health problems

Thinking about disability and the radio, is there an ideal way in which radio should cover disability issues? KEY QUESTION TO ALL GROUPS

Refer to mental health problems

Does anyone feel that radio *can* play some part in the issue of the social inclusion/exclusion of disabled people? KEY QUESTION TO ALL GROUPS

Refer to mental health problems

For instance, are there radio programmes which you feel could refer to disability and do not, or some programmes that you feel do refer to disability issues even if only now and then?

What difference do you think it would makes now that disability is regularly covered by *You and Yours* and not *Does He Take Sugar?* ARE THERE ISSUES WHICH WOULDN'T BE ADDRESSED NOW?

In what way would you think that the presentation of disability issues by disabled people would differ from non-disabled people's presentation of them?
FOR EXAMPLE PEOPLE WITH MENTAL HEALTH PROBLEMS.
IS THERE A DIFFERENCE? WOULD YOU EXPECT A DIFFERENCE?

MAINSTREAMING – WHAT SHOULD THIS MEAN?

1. 6

FOCUS GROUP: People working in the field of radio. (FG 3)

Distribute questionnaires.

Focus Group discussion path

Thanks to everyone for agreeing to take part.
Could everyone please introduce him or herself.

I've been looking into the way disability is treated in the media and particularly on Radio 4 for a few years.

What I would like you to do is to tell me what you think of the way disability is treated on Radio 4 post-mainstreaming.
THESE WILL BE YOUR PERSONAL VIEWS BUT THEY WILL BE INFORMED BY YOUR CONNECTION WITH THE RADIO.

In general does Radio 4 now cater for the interests of disabled people? Are they included as audiences? KEY QUESTION TO ALL GROUPS

You and Yours.
Is this an appropriate type of programme for disability issues? KEY QUESTION FOR ALL GROUPS

Thinking about disability and the radio, is there an ideal way in which radio should cover disability issues? KEY QUESTION TO ALL GROUPS

Does anyone feel that radio *can* play some part in the issue of the social inclusion/exclusion of disabled people? KEY QUESTION TO ALL GROUPS

Key questions: **ensure these questions are covered.**

1. Currently, i.e. post-initiative does Radio 4 cater for the interests of disabled people – are they included as audiences?

2. What has happened to the sorts of issues that *Does He Take Sugar?* used to cover? Are they covered on *You and Yours*?

3. What differences can you detect between the way disability was treated on *Does He Take Sugar?* and the way it is treated on *You and Yours*?

4. How appropriate is *You and Yours* as a programme with the remit to cover disability issues on a regular basis?

5. How do you think *You and Yours* views its disabled listeners?

6. What about disabled presenters treating disability and non-disabled people presenting it? Has it made a difference that this tends not to happen now?

7. *In Touch*: What's been happening there since the initiative?

8. The mainstreaming initiative. How has it gone? Is it what you expected? If not, Why?

1. 7

FOCUS GROUP: People with learning difficulties. (FG4)

Distribute questionnaires.

Focus Group discussion path

Thanks to everyone for agreeing to take part.

Could everyone please introduce him or herself and tell us about coming here to the centre – how often and so on.

I've been looking into the way disability is treated in the media and particularly on Radio 4 for a few years.

What I would like you to do is to tell me what you think of the way disability is treated in the media in general, then with reference to the radio and particularly Radio 4.

Ask if anyone knows about the initiative. If not explain it.

In general does the media cater for the interests of disabled people? Are they included as audiences? KEY QUESTION TO ALL GROUPS

HOW DO YOU THINK PEOPLE WITH LEARNING DIFFICULTIES ARE TREATED ON THE MEDIA?

Has anyone seen, read or heard anything about disability recently which you thought was particularly well done or particularly poorly done?

Turning to the medium of radio, has anyone heard an item or programme in which you felt a disability issue was well done, or you were glad that it was covered, or you felt was a missed opportunity?

What about the issue of knowing about programmes which deal with disability issues – do you know when such programmes are being broadcast?

Probe

If you did would you tend to tune in to hear them?

Does He Take Sugar? for instance was on each week and *In Touch* is on each week. What about these programmes?

Probe

How did *Does He Take Sugar?* treat disability / how does *In Touch* treat disability – any differences?

What do you think about *Does He Take Sugar?* being dropped and *In Touch* being retained? (General disability issues to go to *You and Yours*)

You and Yours does deal with disability issues on a regular basis.

Does anyone know this? (If not, explain what type of programme *You and Yours* is).

Is this an appropriate type of programme for disability issues? KEY QUESTION FOR ALL GROUPS

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How does *You and Yours* treat disability issues? If you don't listen to *You and Yours* might you start now, now that I've told you about its disability coverage?

<u>Thinking about disability and the radio, is there an ideal way in which radio should cover disability issues? KEY QUESTION TO ALL GROUPS</u>

<u>Does anyone feel that radio *can* play some part in the issue of the social inclusion/exclusion of disabled people? KEY QUESTION TO ALL GROUPS</u>

For instance, are there radio programmes which you feel could refer to disability and do not, or some programmes that you feel do refer to disability issues even if only now and then?

1.8

<u>Letter to prospective interviewees</u>

Dear ******,

<u>Mainstreaming Disability on Radio 4</u>

I am presently conducting some independent research into the treatment and coverage of disability on Radio 4, and I am writing to ask if you would be willing to be interviewed in connection with this. My research is concerned with the way in which mainstreaming disability on radio can contribute to the social inclusion of disabled people (Project Outline enclosed).

If you were willing to talk to me I would hope to arrange to meet you in London, or, alternatively, we could set up an interview over the telephone if that is easier to fit in. I would also send you an outline of the kind of questions I'm interested in before the interview.

I will try ringing you next week to see if an interview can be arranged (or please do ring me if you prefer).

I realise that you are very busy but would really appreciate your help - even if you can only spare me half an hour.

I look forward to speaking to you soon.

Yours sincerely

Project Outline

Mainstreaming disability on Radio 4.

When, in the Autumn of 1997, it was announced that Radio 4's programmes were to be rescheduled, a commitment was given that disability would become a mainstream issue for the network when the rescheduling was introduced. Both the rescheduling and the mainstreaming of disability commenced in April 1998.

I have been conducting some research into this mainstreaming initiative since it started. The research involves:

- Examining the process by which the decision was made to mainstream disability on this network.
- Comparing the present and previous treatment and coverage of disability on Radio 4.
- Recording the reactions of BBC personnel and Radio 4 listeners to the changes.

The overall aim of the research is to determine the extent to which mainstreaming disability on Radio 4 has contributed to the aims of that policy of social inclusion which is particularly concerned with disabled people.

Appendix 2.

Radio audiences.

2.1 Radio 4 listenership compared to total BBC radio listenership. (Source RAJAR 2000).

Radio Joint Audience Research Ltd. (RAJAR) was established in 1992 to operate a single audience measurement system for the BBC, UK licensed and other commercial stations. It is wholly owned by the BBC and the Commercial Radio Companies Association and its results are published on a quarterly basis.

This chart shows the average hours per listener per week for the period from Quarter 4 1997 to Quarter 1 2000.

Chart App.2.1.1.
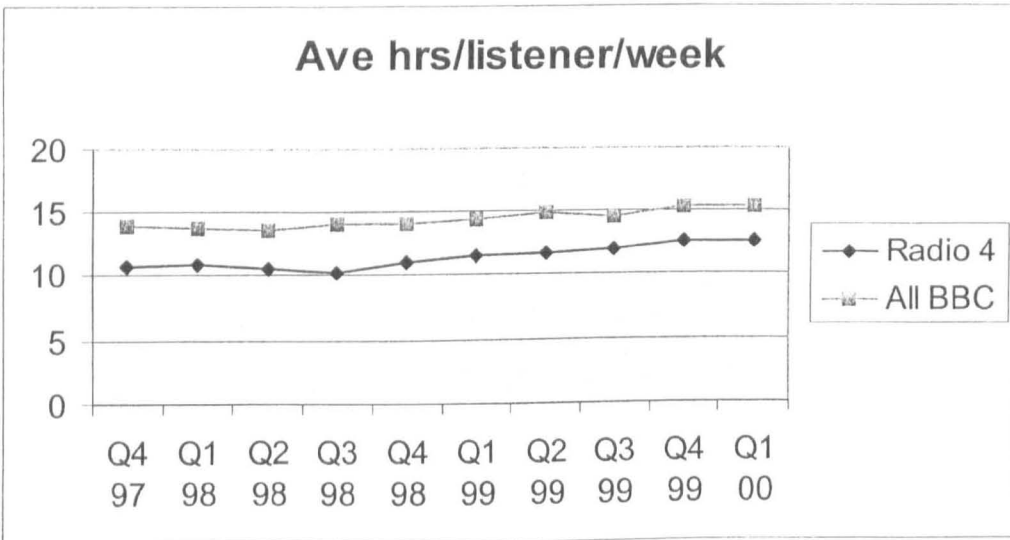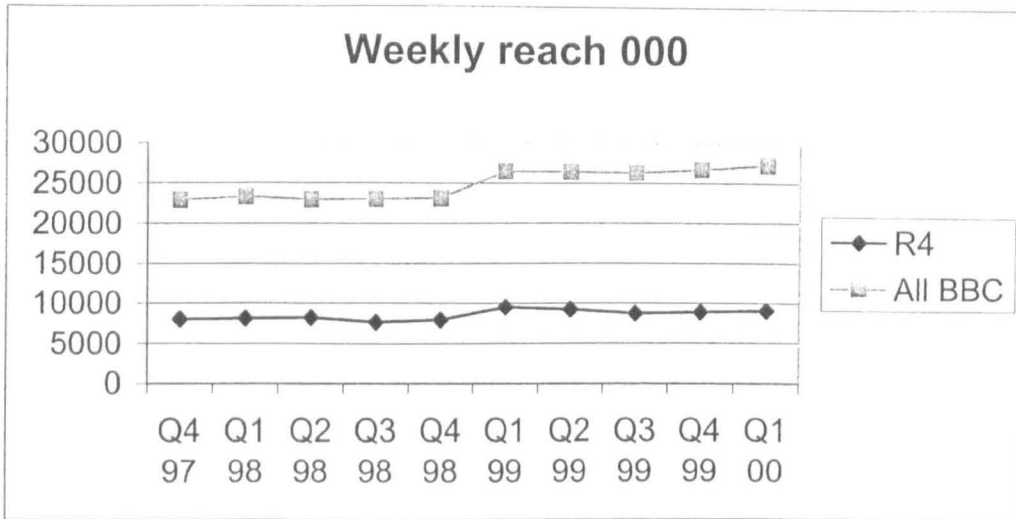
Weekly reach 000

Chart App. 2.1.2.

This chart shows how the weekly reach of Radio 4 developed from Quarter 4 1997 to Quarter 1 2000.

Weekly reach, as defined in this RAJAR report, shows the number listening across the week to a consistent timeslot (e.g. *You and Yours* 12.04-12.30pm Mon-Fri. Programme airtime extended to 12.04-12.55pm from May 1998).

(Source RAJAR, 2000)

The charts seem to indicate that the rises and falls in Radio 4's listening figures for the period Quarter 4 1997 (rescheduling announced) to Quarter 2 1998 (rescheduling implemented), did not markedly depart from the trend of the entire all-BBC figures for the same periods. Indeed, post-rescheduling, at least until Quarter 1 2000, there is little significant difference between the trends.

2.2 *Does He Take Sugar?* **listenership. (Source: Radio 4 Programmes: Trends in Audiences. Quarter 4 1997. BBC Broadcast Information and Analysis. no date. RAJAR/RSL)**

The listening audience of *Does He Take Sugar?* prior to its being dropped is shown in the following chart, which will be compared with overall Radio 4 listening figures. In this instance, according to the BBC publication 'The New Schedule', 'Weekly Reach' is the number of people who listen to Radio 4 'at some point during a typical week' (BBC Radio 4,

1998, p.36), and 'Percentage share' is 'what proportion of all radio listening is accounted for by a particular station' (BBC Radio 4. 1998. p.36).

Chart App. 2.2.1.
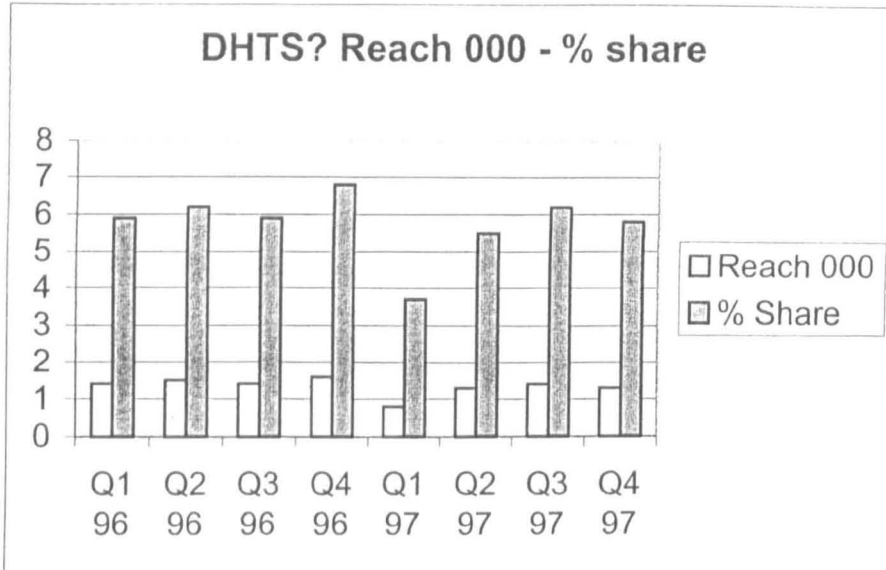
This chart shows the listening figures (average weekly reach and percentage of listening audience) for *Does He Take Sugar?* from Quarter 1 1996 to Quarter 4 1997.
(Note that the reach is expressed in hundreds of thousands.)

During the period, *Does He Take Sugar?'s* quarterly average listening figures rose from 140,000, peaked at 160,000 (Quarter 4 1996), fell to 80,000 (Quarter 1 1997) and finished at 130,000 (Quarter 4 1997).
 The programme's share of listening audience rose from 5.9% (Quarter 1 1996), peaked at 6.8% (Quarter 4 1996), fell to 3.7% (Quarter 1 1997) and finished at 5.8% (Quarter 4 1997).

By way of comparison, below is a chart for the same period showing the same data for all Radio 4 programmes:

Radio 4 Quarterly Reach millions - % Share

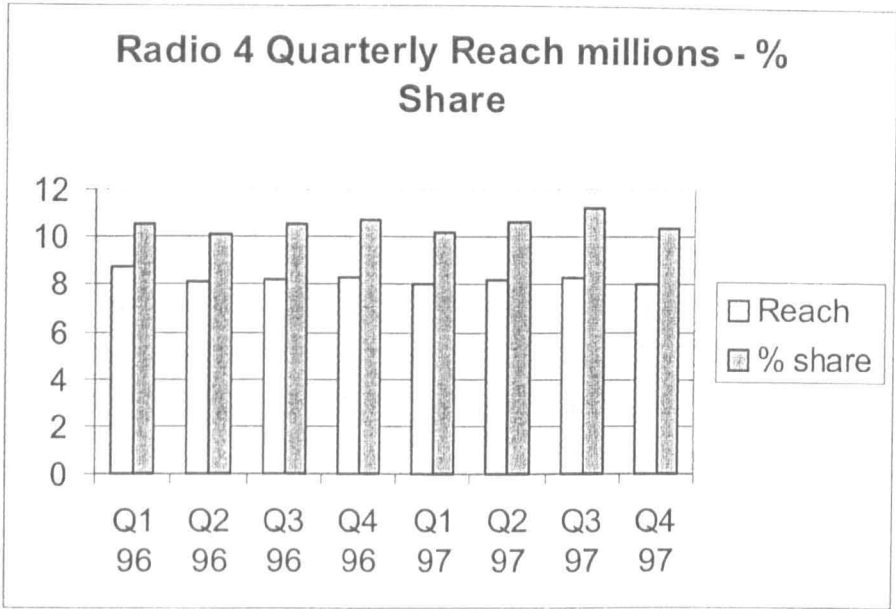| | Q1 96 | Q2 96 | Q3 96 | Q4 96 | Q1 97 | Q2 97 | Q3 97 | Q4 97 |

Legend: □ Reach, ▨ % share

Chart App.2.2.2.

This chart shows the Topline Trends (average weekly reach and percentage share of listening audience) in all Radio 4 programmes from Quarter 1 1996 to Quarter 4 1997.

(Note that the reach is expressed in millions)

Quarterly weekly reach figures fell from a high of 8.6m (Quarter 1 1996), reached their lowest point at 7.9m (Quarter 1 1997), when *Does He Take Sugar?*'s figures were also at their lowest, and finished at 8.07m (Quarter 4 1997).

The network's percentage share of the listening audience was 10.5% (Quarter 1 1996), fell to 10.2 % (Quarter 1 1997), peaked at 11.2% (Quarter 3 1997), and finished at 10.4% (Quarter 4 1997).

It would seem that, during this period, the trend in the listening percentage share of *Does He Take Sugar?* was, with the exception of Quarter 1 1997, fairly similar to the listening trends of the Radio 4 network. This may be demonstrated in the chart below:
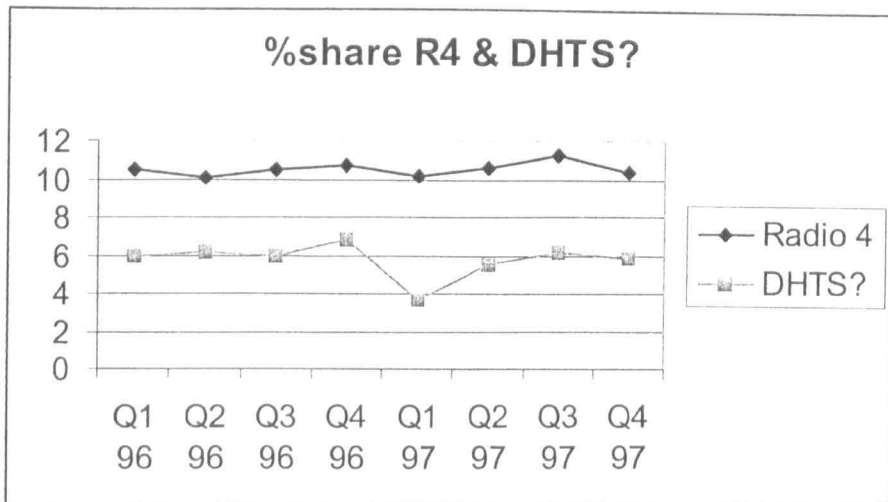
%share R4 & DHTS?

Chart App. 2.2.3.

This chart shows the percentage share of listening audiences of all Radio 4 programmes and *Does He Take Sugar?* from Quarter 1 1996 to Quarter 4 1997.

With the exception of the steep fall in *Does He Take Sugar?*'s percentage share in Quarter 1 1997 (which would have been, perhaps, a crucial time in terms of Boyle's decision-making), there is a consistent co-relation between the rise and fall in the two sets of data.

(Source: 'Radio 4 Programmes: Trends in Audiences. Quarter 4 1997. BBC Broadcast Information & Analysis. No publication date).

Does He Take Sugar? had the lowest average audience figure (0.13m) of the selection of Radio 4 programmes analysed in the above publication. However, in its summarised overview of the programmes, under the column 'Main Trends', the comment on *Does He Take Sugar?* is as follows: 'Share generally around 60% of station norm. Audiences and share had looked steady long term, but slipped during 1997'.

2.3

RAJAR reports indicate that, prior to the initiative (and programme rescheduling) Radio 4's listening figures had been on a downward trend since Quarter 1 1996. According to the RAJAR statistics for Quarter 4 1997, *Does He Take Sugar?* was attracting 5.8% of the UK listening audience. This was around half the then topline figure for the Radio 4 network (10.4%). It is noticeable that *Kaleidoscope* with a 5.5% share of the UK listening audience, and *Afternoon Shift* (4.9%) were also dropped in the network's rescheduling. However, it is difficult to conclude that James Boyle's rescheduling was based solely on programme

listening figures as *Women's Hour* (5.6%) and *Gardener's Question Time* (5.9%) were retained.

2.4

According to RAJAR Audience Profile figures for *You and Yours* (Quarter 1 1996 to Quarter 4 1998), on average, listeners from the South of England accounted for 46% of the *You and Yours* audience (UK Population: 35.8%); 35% of the programme's audience were of Social grade AB (UK Population: 19.3%); while 60% of the audience were aged 55+ (UK Population: 31.8%).

Appendix 3.

3.1 'The Radio 4 Disability Initiative': survey by Broadcasters' Audience Reaction Service (BARS).

Ipsos-RSL is a UK-based market research company within the French-owned Ipsos Group. Its media arm, Ipsos-RSL Broadcast has been running the Broadcasters' Audience Reaction Service (BARS) in the UK since 1994. This service is funded by the BBC, the Independent television companies (ITV) and the Independent Television Commission (ITC) (source: Ipsos-RSL Media). In 1998, BARS produced a Reaction Report for the BBC entitled 'Radio 4 Disability Initiative'. The report covered the period Monday 17th August to Sunday 30th August 1998 and comprised the responses of 2954 individuals to a series of 13 questions relating to disability coverage on Radio 4. In its introduction, the report stated:

> This Spring (1998), the Radio 4 Disability Initiative was introduced. The initiative means that, instead of being dealt with in specialised programmes, items of particular interest to people with disabilities will be included in any programme to which they may be relevant e.g. current affairs, consumer or leisure programmes. In addition, the BBC Disability Helpline – a 24-hour phone service – has been set up to provide information and advice about disability issues that have been covered, and information on issues about to be covered on Radio 4.

The first question addressed the frequency of respondents' listening to Radio 4. The other questions were all disability-specific, ranging from 'Did you know the Disability Initiative had been introduced?' to questions about what kinds of programmes should include disability issues. Respondents were asked how often the used to listen to *Does He Take Sugar?* and how often they currently listened to *In Touch*. Included in the questionnaire was the 'Open Ended' question: 'Any other type of programme which should include disability issues?'.

(BARS, 1998)

3.2

In the BARS survey, question 13 was:

> Is there anything else you would like to say about Radio 4's coverage of disability issues?

Among the responses to this question were:

> I think it is important that those with disabilities and their carers have a
> known 'slot' in the [Radio 4] schedules when they can listen to a programme
> that is specifically aimed at them. Having an 'initiative' disperses the
> information through the Radio 4 programmes and may mean that an issue of
> interest is not heard or picked up.
>
> (male: age 25-34)

> As a worker who works in the field of social care, particularly learning difficulty, I
> feel that this aspect of disability issues is often given low priority
>
> (male: age 25-34)

> I was aware of *Does He Take Sugar?* but regret that I am completely unaware of
> the disability initiative.
>
> (male: age 55-64)

> I feel that specialist programmes are important, general programmes cannot go into
> the detail needed. It also [is] important to have specialist presenters who have deep
> understanding of the problems and approaches to disability.
>
> (female: age 45-54)

> Although I think programmes specifically aimed at disabled people are preferable, I
> do think that not enough information is offered in such programmes as holiday
> information, leisure activities and consumer programmes to benefit people with
> disabilities.
>
> (female: age 45-54)

> The BBC should keep the specialist programmes but also include coverage of
> disability in other programmes where relevant.
>
> (female: age 35-44)

Appendix 4.

4.1 The BBC Helpline

'The BBC Helpline' was the original name given to the BBC's call centre in Glasgow. Subsequently its title has been changed to 'The Radio 4 Disability Phone Line', 'BBC Radio Action Line', The BBC Radio Helpline', and 'The BBC Action Line'.

From the 1930's further information for BBC radio and television audiences has been, and continues to be, been provided by the BBC Information Office in London. However, in 1994, following the corporation's decision that a specific 'helpline' would 'promote and strengthen the BBC's links with its licence payers' the BBC Radio Helpline was commissioned. It was launched in 1995 by Liz Forgan, the then Managing Director of BBC Network Radio, under the auspices of Broadcasting Support Services, an independent charity which had been created by the BBC in 1975. In the summer of 1998, BSS was unsuccessful in retendering to retain its existing contract with BBC, who awarded the new contract to The Capita Group plc. On 1st December 1998 Capita commenced its management of the Helpline which had been renamed in the autumn of 1998 as 'BBC Audience Lines'. The call centre was subsequently renamed 'The BBC Action Line'.

(Source: BBC Radio Helpline 1998)

4.2 The Radio 4 Disability Monitoring Group.

The Radio 4 Disability Monitoring Group, formally convened in March 1998 and disbanded in October 1999, received reports from BBC personnel concerning the arrangements being made within the Radio 4 network after the mainstream initiative had been announced and in the early stages of its implementation. I participated at an early informal meeting of the group and accepted an invitation to join the formal group and attended all of its meetings from May 1998 until its last meeting in October 1999. James Boyle's rescheduling of Radio 4's programmes and his disability mainstreaming initiative were introduced on 6th April 1998. The following information draws upon data produced by my participant observation reports.

During my Participant Observation of a preliminary informal meeting of the Disability Monitoring Group on 16th December 1997, Boyle reported that he had held consultative talks

with some of the major disability-related organised charities in the summer of 1997. According to information supplied to me by The Royal Association for Disability and Rehabilitation (RADAR), Bert Massie, at that time RADAR's Director, had attended a meeting with Boyle mid-1997 to discuss issues surrounding the presentation of disability on Radio 4. It was agreed at the meeting that Boyle's proposed changes concerning disability coverage on Radio 4 'must be monitored and must involve disabled people and their organisations'. RADAR agreed to be part of a 'Disability Group' which Boyle would set up to monitor the disability-related output of Radio 4 and the related work of the BBC Helpline (source: RADAR. 1998).

At an informal meeting of the Disability Monitoring Group (16th December 1997) it was decided that various disability-related organisations should be visited by a delegation from the BBC Helpline with a view to establishing lines of communication for the exchange of information. After a further informal meeting in January 1998 it was agreed that the group should elect a new chair (Boyle had been chairing the meetings hitherto) and continue to meet for a period of 12 months.

The first formal meeting of the group was held in London on 20th March 1998, shortly before the implementation of the mainstream initiative (April 1998). Representatives from disability-related charities including RADAR, Royal National Institute for the Blind (RNIB), National Federation of the Blind (NFB), Scope, MENCAP and Disability Scotland attended this meeting. The meeting also involved Radio 4 producers and editors. The BBC Radio Helpline was represented. It was decided that the chair would rotate between Boyle, Sue Baker (MIND) and Jill Allen-King (National Federation of the Blind). A handout relating to this meeting set out the group's terms of reference. Among its 'objectives' were that the group should contribute to the Radio 4 'review process on disability', provide the Director of Radio with feedback on the mainstreaming of disability issues within the new schedule, the 'development' of the BBC Helpline and the disability-related Internet services which were to be introduced to the Radio 4 website. The group's reports were to be submitted at meetings held during a 12-month period commencing with the introduction of the new schedule on 6th April 1998. (Source: Attachment to Radio 4 Disability Monitoring Group Minutes. March. 1998).

At the meeting on 20th March 1998, Boyle reported that, at his meetings with interest groups around the country, the 'grass roots organisations' were 'still disturbed at the loss of *Sugar*' and would have preferred 'to have *Sugar* and mainstreaming' (Radio 4 Disability Monitoring Group.1998a). Among the items discussed at the meeting were that Disability Awareness

training should be provided for BBC and Radio Helpline staff and arrangements would be put in hand for this to be carried out. The introduction of BBC information in Braille format was recommended. A few months after this meeting management and staff of the BBC Radio Helpline received Disability Awareness training. At a subsequent meeting Boyle reported that BBC staff had received similar training. BBC publications are now available in a number of formats.

Also at this meeting Boyle announced that the BBC Helpline service would be split into two phone lines:

> The actionline will be a freephone number and will cover areas such as health, social action, disability and education; and [for non-actionline calls there will be] a general number charged at a national rate

> (Radio 4 Disability Monitoring Group 1998a. p.4)

Boyle also announced that the BBC was carrying out a review of its customer service strategy (Radio 4 Disability Monitoring Group 1998a. p.4). Colin Hughes, then producer of *Does He Take Sugar?*, announced that the Radio 4 web site would include a disability zone from 6th April. It would feature a weekly column by Peter White, then BBC Disability Affairs Chief Correspondent, picking up on the 'big issues' of the week and a range of fact sheets based on items in Peter White's column on issues covered by *You and Yours* 'or elsewhere'. The website would also contain a list of 'useful contacts' and links to other sites (Radio 4 Disability Monitoring Group 1998a. p.4).

The BBC Helpline's Radio 4 Liaison Officer, announced that the Helpline was setting up its own web site on http://www.sugar@bbc.co.uk . The Helpline could be e-mailed at this address and the Radio 4 Disability area could be accessed through this site. This name for the web site 'was adopted *because of audience recognition*' (Radio 4 Disability Monitoring Group 1998a. p.4 My italics). It does seem ironic that 'sugar' was the name chosen 'because of audience recognition' in the light of the dropping of *Does He Take Sugar?*.

The 'Disability Zone', part of BBC Online's Radio 4 website, was introduced in April 1998. I first visited the site, http://www.bbc.co.uk/radio4/disability , on 29th August 1998. On revisiting the site on 11th October 1998, 3rd September 1998 and 26th June 2000, I noted that no updating had taken place since my first visit. The site was unavailable on 11th July 2001. Disability issues covered on Radio 4 were, on that date, accessed via the main BBC Radio 4 Online site under the heading 'Consumer and Disability'.

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Appendix 5.

Newspaper extracts.

5.1

In an article in The Independent, written in the form of a diary running from 1996 to 1997, Boyle recounted his preparations for the new schedule. The following quotes are extracts from his article:

October (1996): On my first day at Programme Review Board the Radio 4 audience reach touches a historic low – under eight million. I begin to investigate and go searching for the audience research officer from Radio 4 [...] David Bunker [Senior BBC Radio 4 Research Analyst] becomes a member of my team. [...]

December: The team is assembling. Jagdip Jagpal [then PA to James Boyle] becomes chief assistant. She is a solicitor. I recruit five commissioning editors to deal with the workload; Caroline Raphael, Mary Sharp, Jane Ellison, Elizabeth Burke and Fiona Couper (job share) and Andrew Caspari. [...]

January (1997): I recruit a marketing manager [...] Vanessa Griffiths [...]

February: We are assembled as a team and begin to review the schedule and design a new commissioning process [...]
March: My editors and I are to tour the London Departments, the BBC centres around the country, and the independent producers to discuss Radio 4 [...]

April: Producers have responded enthusiastically and we now have a sizeable volume of thought on the schedule, the inherent problems and the likely solutions. Audience research is under way. It is the biggest such project ever launched in network radio. I also take the team to confer with the Voice of the Listener and Viewer committee [...]

May: We are heading for the first test; the Radio Directorate strategy conference, where all five radio networks will unveil plans. Matthew Bannister postpones to allow Radio 4 to complete work. We are now at the 20th version of the schedule [...] My work is to go before the Governors on 24 July. [...]

June: The schedule is examined, revised, tweaked [...] and reaches version 40 [...]

16 July: I've consulted as many people as I can about the dilemmas for Radio 4 inherent in the research. The schedule is at version 49.

17 July: The BBC Executive Committee: [...] I run over the allotted time doing my presentation. Board members look inscrutable. [...]

22 July: A raiding party of Governors led by paramount chief Sir Christopher Bland himself is to be briefed – not on the schedule, but on the process and results of audience research [...] Matthew Bannister, Director of Radio, and Will Wyatt, Chief Executive of BBC Broadcast, flank me. Was it OK? The Governors seem reserved. [...]

24 July: [...] I rewrote my whole presentation at 7 am. [...] I address the Governors [...] There is much questioning. [...] But there is no doubt about it. The vast work of my staff for six months is appreciated. The Governors support my plan and indicate a quick release to curb speculation. [...]

(The Independent. 4th August 1997).

It is interesting that, in this outline of the preparations and consultations which preceded the rescheduling of Radio 4's programmes, no reference is made to the disability mainstreaming initiative.

5.2

The decision to drop *Does He Take Sugar?* prompted the following letter which appeared in *Ariel*, the BBC in-house publication:

On pages 3, 6-7 of *Ariel* week 30 there is a description of the revamp of Radio 4. This, and several other publications I have read omit to mention the full list of programmes that are to be axed.

It would appear that one of these programmes is *Does He Take Sugar* (sic). If this is true, then how could I go about finding out the thinking behind this? It seems an extraordinary decision in the supposedly liberal, caring 90s.

I realise that *Ariel* is given articles to print but please could you inform me who to write to in order to find out more.

Ginny Bowden.

(*Ariel*. week 33. 1997).

Under this letter is Boyle's response:

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Does He Take Sugar (sic) has pioneered broadcasting about disablement and set standards over the years. It is a familiar fixture in the evening on Radio 4 and has done great work. Radio 4 now has a new and exciting plan for helping its disabled audiences – 24 hours a day.

The next step for Radio 4 is to promote disability, place the issues in daytime slots and add 24-hour telephone information service. It really is time to update our approach to such an important matter as disability and to recognise that phone services can be as important as a programme itself.

Disability will become a mainstream matter for Radio 4 next spring. It will have an important place within the new longer *You and Yours* each weekday. In addition there will also be occasional programmes about disability during the afternoon. This will mean bigger audiences and it will mean more exposures for these issues, which by one estimate, affect up to 40% of the entire population.

The important experience and expertise built up over the years in the production of *Does He Take Sugar* (sic) will not be lost. The team will move to the consumer unit and get the chance to deal with wider issues while encouraging others to understand disability. This is good for everyone.

What if you are working during the day? Well, you can be brought up to date on topics and issues by using the Radio 4 Disability Phone Line. It will be a brand new service and, to set it up, Radio 4 will work with other agencies interested in disability.

The Radio 4 Disability Phone Line will be there when you need it – weekdays or weekend, day or night. This is a free phone line.

The new service will reach more people and serve more people. Good for disabled people. Good for Radio 4!

<div align="right">(Ariel, week 33, 1997).</div>

Appendix 6.

Does He Take Sugar?: Audience reaction to the programme. BBC internal document prepared by Lucy Ferguson. R4/96/510.   November 1996.

A selection from the document's findings under the heading 'Summary':

- Just over half these listeners had some connection with disability, although few were disabled themselves

- Most had heard *Does He Take Sugar* (sic) only infrequently, and tended not to tune in specially

- Those who came across it unexpectedly, however, usually stayed with it, and hardly anyone had been put off from listening more often because of a dislike of the programme itself

- Listeners responded positively towards the programme, with many commenting that *it has made them aware of issues they would not otherwise have known about.*

(Ferguson, 1996a. no page number. Report's emphasis).

In Touch: Audience reaction to the programme. BBC internal document prepared by Lucy Ferguson. R4/96/530   December 1996.

A selection from the document's findings under the heading 'Summary':

- Around 2 in 5 listeners had some connection with visual impairment, but very few were blind or partially blind themselves

- Most heard the programme only infrequently, and did not tend to tune in specially for it

- Those who came across it by chance however, usually stayed with it

- Many commented that *In Touch* had increased their awareness and understanding of the issues surrounding visual impairment, which they would have not otherwise known about.

(Ferguson, 1996 b. no page number).

The similarity in the findings of these two research documents raises the question as to why Boyle decided to drop *Does He Take Sugar?* while retaining (although shortening) *In Touch*. Arguably, it would have been more logical either to retain both programmes or drop both of them. It may have been that his decision was related to listening figures for *In Touch* but, as these were not included in RAJAR's 'Trends in Audiences Quarter 4 1997', this could not be investigated.

Appendix 7.

Press reaction to the rescheduling proposals.

January 1997

In January of 1997, Andrew Culf, in his article on the decision that Radio 4 rescheduling (then unspecified) was to take place, quoted Boyle as saying that he (Boyle) would not be 'held hostage by sectional audience interests resisting change' (The Guardian. 13th January 1997). Culf concluded his article by referring to the programmes which, it had been mooted, would be affected by rescheduling proposals. These included *In Touch* and *Does He Take Sugar?*. He described these two programmes as 'Radio 4's two long-running disability strands', continuing, '*In Touch*, launched 35 years ago, was the world's first radio series for the blind and visually handicapped, while *Does He Take Sugar?*, launched in 1978, was the first for disabled people. Now it is being asked whether the programmes justify their 9 pm. weekly slots' (The Guardian. 13th January 1997).

July 1997

Writing in The Times (30th July 1997), Brenda Maddox, in an article entitled 'Spin doctors take knife to healthy Radio 4', felt that there was little basis for Boyle's claim that the fall in listening figures for Radio 4 necessitated the removal or curtailment of 'as many as 20 favourite programmes'. On the contrary, argued Maddox, referring to statistics produced by RAJAR, Radio 4 was 'thriving', and its audience was 'remarkably steady and loyal'. It commanded, by the then latest quarterly measure, 10.2 per cent of the national audience for radio – commercial and BBC combined. According to RAJAR figures, she continued, Radio 4 had increased its listening share since 1995 despite increased competition. Maddox suggested that 'the real reason for the trauma about to be inflicted lies elsewhere' pointing out that the kind of produced speech which Radio 4 'does so well is the most expensive form of radio. All round the BBC (except at the top) belts are having to be tightened to free the huge sums required for the forced march into digitalisation' (The Times. 30th July. 1997. Article's brackets). Details of Radio 4's annual budget 1997/98 may be found in Appendix 8.

The next day, in The Times (31 July 1997), Carol Midgely cited the BBC's claim that the loss of some of Radio 4's 'most respected' programmes was necessary to 'halt sliding ratings'. Her article instanced reaction to the proposed changes. Betty Boothroyd, then Speaker of the House of Commons, wrote Midgely, had urged the BBC to preserve *Yesterday in Parliament*

in its then current form (post-rescheduling this programme was to be transmitted only on Long Wave frequency). In response, continued Midgely, Boyle had said that in its existing form (broadcast on medium wave, long wave and VHF frequencies) the programme 'caused 350,000 people to switch off at 8.40am after *Today*'. Referring to *Farming Today* which was being moved from 5.30 to 5.45am, Midgely reported that Boyle had claimed that few actual farmers listened to the programme. However, she continued, Sir David Nish, then President of the National Farmers' Union, had said that his members would be disappointed that *Farming Today* was being cut to ten minutes and the extended Saturday edition was being scrapped, but he had welcomed the continuance of the daily programme. Nish had argued that, as farming was the backbone of many rural communities, 'submerging' rural communities' needs and concerns in a general programme output would have been 'a grave disservice to the millions who look to the countryside for their jobs and way of life' (The Times. 31ˢᵗ July 1997).

Midgely also reported that Rachel Mawhood, then UK co-ordinator of the lobby group 'Radio 4 Watch', had expressed concern that *Does He Take Sugar?* was being scrapped and that disability issues would, in future, be covered by *You and Yours*. Mawhood had thought that Radio 4 should not be 'watering down the public-service element of its remit', pointing out that 'Many disabled people are out at work when *You and Yours* is on' (The Times. 31ˢᵗ July 1997). An indication of listeners' reaction to Boyle's published proposals for rescheduling is reflected in Midgely's reporting that 'Within three hours of the announcement of the new schedule, more than 1,200 listeners had telephoned the BBC to ask for copies' (The Times. 31ˢᵗ July 1997).

In an article in The Guardian (31ˢᵗ July 1997, Andrew Culf reported on Radio 4 listening figures. Culf wrote that Radio 4's 'reach' had been declining by one per cent a year for the previous five years. 'At 8.00 am', it was stated, 'Radio 4 has 2 million listeners, but within an hour loses half of them. Many have gone to work, but a quarter retune to other networks. Between 9.00 am and 11.00 am, Radio 4 sheds another 500,000 listeners, with its share dropping from a morning peak of 18 per cent to 6 per cent of listeners' (The Guardian. 31ˢᵗ July 1997).

August 1997

In The Guardian (4ᵗʰ August 1997, Matthew Bannister, then Director of BBC Radio, argued that the general decline in BBC listening figures may have been caused to some extent by the increasing choice of networks becoming available to the listening public. He pointed out that,

where the BBC once had a monopoly, the UK, by 1997, had 237 radio stations of which 185 were provided by commercial broadcasting and the 'average listener' could, at that time, receive 15 radio stations – six from the BBC and nine from commercial radio. In London, he added, 'listeners can hear 24 services of which only six are from the BBC' (The Guardian. 4th August 1997).

BBC Radio's listening figures for Quarter 2 (April to June) 1997, less than a year after Boyle's appointment as controller of Radio 4, were reported in an article in The Telegraph (9th August 1997). Citing Radio Joint Audience Research (RAJAR) figures, the article reported that Radio 4 had attracted 8.2 million listeners a week during this period, compared with 8.07 million during the same period in 1996. However, a 'Radio 4 spokesman' was reported as saying that the increase in the figures was 'due to Ashes cricket and were only a blip in a long-term pattern of decline'. Radio 1, the article continued, had reported a figure of 9.7 million listeners a week for the same period; 'the first time in the station's thirty-year history that it has dipped below the 10 million mark'. Radio Five Live listening had dropped from 5.53 million listeners a week between January and March 1997, to 4.93 million during Quarter 2 1997. Radio 3 listenership, too, had fallen. According to the article this network had 2.3 million listeners a week during Quarter 2 1997, down by almost 100,000 from Quarter 1 and was then attracting 'only one-third as many listeners as Classic FM'. Radio 2 audiences had 'remained steady with a weekly figure of 8.5 million listeners' (The Telegraph, 9th August 1997).

November 1997

Raymond Snoddy, in The Times (21st November), focussed on Radio 4's abandoning its only programme for children. (*Children's BBC Radio 4,* broadcast on Sundays at 7.00 pm., was to be dropped in favour of an extra edition of *The Archers.*) He wrote that Boyle had been publicly criticised at a Voice of the Viewer and Listener conference in London for 'killing off children's radio'. Snoddy had found the BBC's arguments in defence of this 'totally unconvincing', arguing that 'the very point of the modern BBC is to provide programming that could not otherwise survive in a commercially driven, ratings-dominated world. [...] Other programmes to go include *Does He Take Sugar?*, a long-running programme looking specifically at issues concerning the disabled. We are assured such issues will be covered just as well in the general run of programming. We shall see' (The Times. 21st November. 1997).

Appendix 8.

Radio 4 running costs

According to a report in The Telegraph, Radio 4's £73 million budget, the highest of all five BBC networks, had run £1million into the red for the year 1996 (The Telegraph, 14th January 1997).

To place Radio 4's budget in context, the BBC's allotment of funds to its 5 networks in 1997 was reported by Matthew Bannister, then director of BBC radio, as follows:

Radio 1 - £38m

Radio 2 - £43m

Radio 3 - £63m

Radio 4 - £90m

Radio 5 Live - £54m

(The Guardian. 27th July 1998).

Hendy's (2000) figures focus on the difference in programme production costs between Radio 1 (dominated by pop music) and Radio 4 (with virtually no music, but a high proportion of news and news-related programmes, drama and arts productions). He cited these networks' average cost per hour of 'originated' programmes according to the BBC Annual Report and Statement of Accounts 1997/8:

Radio 1 average cost per hour: £2,700

Radio 4 average cost per hour: £10,200.

(Hendy, 2000, p.37)

Appendix 9.

The Ross reports.

The Ross Report: Disability and Broadcasting. A View from the Margins. February 1997.

Dr. Karen Ross, then Head of Research and Professional Development in the Faculty of Education and Social Sciences at Cheltenham and Gloucester College of Higher Education, was commissioned by the BBC TV Equal Opportunities department in 1996 to undertake a study of disability and the media. The study 'aimed to explore the attitudes which disabled audiences hold towards the portrayal of "disability" and disability themes in fictional and factual programming, across broadcast media, mainly concentrating on television' (Ross.1997a. p. i. Her inverted commas). The research was undertaken between March and December 1996. The report was based on data from 384 people. 184 individuals completed and returned postal questionnaires. The other 200 were organised into 31 focus groups. Group interviews took place mainly in England, although three groups were held in Scotland. In her report, Ross argued that, while the findings from her study could not be viewed as strictly representative of 'the estimated 6.2 million people in Britain (OPCS, 1985) who are disabled, due to the relatively small sample size', they did provide a starting point for 'understanding the perceptions of a wide range of differently (dis) abled individuals towards the representation of disability in popular broadcast media' (Ross.1997a. p. i. Her brackets).

Although it dealt mainly with television, Boyle referred to the report in reply to a question about the setting up of the Radio 4 disability monitoring group. He said that 'the original impetus' for setting up the group had been Ross's report which had 'recommended the mainstreaming of disability issues' (Radio 4 Disability Group. 1998b). In the course of my interview with him, he also mentioned that the report had been 'part' of the 'input' into his decision-making process (Boyle. 2000. Interview with the author).

Ross has written that her study had aimed to undertake a qualitative study of disabled viewers' attitudes towards, and perceptions of disability themes as portrayed through broadcast media with an emphasis on television representation. She pointed out that disabled people were the only 'special interest' group specifically mentioned in the Broadcasting Act (1996), and contended that any commitment to responding to their viewing and listening needs 'makes it necessary to know what those needs are' (Ross1997b p.670). The majority of her interviewees believed that, as a specific medium, radio simply 'does' disability better and

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that, because radio is a 'hearing' medium, they felt that it was possible to deal more realistically with issues which may have been a visual 'turn-off'. 'Thus', she argued, '*imagining* a character with a visually "unattractive" impairment was regarded [by her interviewees] as more acceptable to a non-disabled audience than actually *seeing* that person on screen' (Ross.1997b. p. 674. Her italics and inverted commas). Ross, in the conclusion of her article reported that 'Crucially, what disabled audiences want is an acknowledgement of the *fact* that disability is a part of daily life and for the media to reflect that reality, removing the insulting label of "disabled" and making it ordinary' (Ross.1997 b. p.676. Her italics and inverted commas).

The findings of Ross's (1997a) report were summarised under three headings. Under the first heading - Mainstream fictional programming - Ross reported that her research participants had felt that 'negativity' was an unhelpful and 'almost ubiquitous' focus when disability appeared as a narrative theme (Ross. 1997a. p.ii), and that the way in which disability is routinely portrayed 'has negative effects on disabled audiences' (Ross. 1997a. p. ii). The participants had also been concerned that many disabled characters were required to 'act' disabled i.e. that they must be 'a disabled character first and be labelled with that descriptor, and only after that can be a mother, shopper, bank manager or friend' (Ross.1997a. p. ii).

Under her second heading - Mainstream factual programmes - the participants had felt that the use of 'so-called expert commentators' who were routinely invited to speak on disability was patronising, since many of these individuals do not have 'actual first-hand experience of the disability upon which they are asked to comment' (Ross.1997a. p.iii). This was an interesting finding as the issue of 'expert' commentators is one which emerged during my comparison between *You and Yours* with *Does He Take Sugar?* and is explored in chapter 6 (*Does He Take Sugar?* and *You and Yours*: a comparative analysis). Ross's research participants also regarded the language that was used about disability as 'too often' being 'stereotypical, uninformed and derogatory, playing into the preconceptions and fears about disability' (Ross.1997a. p.iii). For her participants, the ways in which disability issues were treated in documentary and current affairs programmes tended to fall into two discrete categories – tragic but brave or helpless and dependent – neither of which, argued Ross, describe the majority of disabled people's lives. Treating disability in these ways, she added, served to 'perpetuate misperceptions and misinformation about the actual experience of disability' (Ross.1997a. p.iii).

Under its third heading - Specialist disability programmes – the study reported further criticism from the research participants regarding what Ross described as the 'ghetto' slots

which many specialist disability programmes occupied which, for Ross, confirmed 'the disregard with which disabled audiences are treated, reinforcing their marginalised position as a discrete viewing and listening segment' (Ross.1997a. p. iii). The participants were also concerned about the lack of 'trails and pre-publicity' for disability programmes and their unpopular scheduling which, contended Ross, meant that the potential audience for such programmes remained largely untapped, although, she added, those respondents who had watched or listened to this particular programme genre were generally favourable and supportive of the content (Ross.1997a. p. iii).

Interestingly, participants in Ross's study were ambivalent about niche disability programmes. Ross reported that there was concern among her participants over 'the implicit (and explicit) marginalisation of disability by their containment in a specialist programme slot' (her brackets) which, they felt, enabled 'mainstream departments to largely avoid including such themes in their own content' (Ross.1997a. p. iv). On the other hand, respondents felt that as 'an interim measure', specialist disability programmes did at least keep disability themes on the agenda but they added that the units producing such programmes should also be 'working towards the incorporation of disability themes across all(mainstream) genres.' (Ross.1997a. p. iv. Her brackets). The report favoured the introduction of mainstreaming. Until mainstreaming had been effected, however, a regular niche general disability programme should be retained.

The Ross Report: An Audience with the Listeners. Research Report to BBC Radio 4 Broadcast and Equality Unit. May 1999.

The principal aim of this study was 'to ascertain the views of disabled listeners towards the portrayal of disability and disability issues on the radio'. The secondary aim was 'to identify the desirability (or otherwise) of targeted specialist disability programmes in relation to mainstreaming disability across all BBC radio channels and genres' (Ross, 1999 p. i. Report's brackets). Fieldwork for the report took place between November and December 1998. A total of 792 individuals took part in the study. In Appendix 1, the report states

> As with the previous study of disabled TV audiences, there was a desire on the part of the Project Steering Group and the research team to avoid involving disability activists or those people or groups who could be seen as 'the usual suspects' and instead give a voice to those 'ordinary' disabled listeners whose views are not usually canvassed (Report's inverted commas. No page number).

Below is a selection of the report's findings:

- There are as many problems associated with where disabled people are not than with the way in which disability issues are actually portrayed i.e. the problems are of *o*mission as much as *co*mission (report's italics)
- Is there any such thing as a 'disabled audience'? The answer seems to be rather that people with disabilities also happen to listen to radio and watch TV (report's inverted commas)
- Disabled people do not necessarily have special and different listening needs but see radio as having considerable potential for informing and educating a non-disabled audience about disability and disability issues
- Mainstreaming was popular but only if it works and is not token
- Disabled listeners want clear signposting to features on disability if contained within mainstream programmes such as *You and Yours*
- The study found a series of contradictory responses which, in themselves, are not unusual or unexpected but which do, nonetheless, make planning a little awkward: on the one hand, disabled listeners say they make a point of tuning in to a programme if it has a disability theme: on the other, they say they rarely listen to targeted programmes—these two things are not necessarily mutually exclusive but what people say and what they do appears a little contradictory.

(Ross, 1999 pp. i-ii)

Appendix 10.

The New Schedule.

Radio 4's new programme schedule was announced in the autumn of 1997. The network's response to its listeners' reactions to the proposed changes was forthcoming when, shortly before the rescheduling was introduced (April 1998), the BBC published 'The New Schedule' (BBC Radio 4. 1998). This publication provided details of the rescheduling and under a section entitled 'Your Questions Answered' appeared the heading 'Disability Issues'. The question in this section was 'What is happening to disability programming?'(BBC Radio 4. 1998, p.27), beneath which was the following:

Radio 4 is placing disability within our mainstream programming by bringing *Does He Take Sugar* (sic) to an end and placing the disability unit which is responsible for producing disability programmes within our principal consumer strand, *You and Yours*. Coverage of disability issues within *You and Yours* and within other programmes throughout the schedule ensure a much wider audience for disability issues: *You and Yours* has an audience of 800,000; *Does He Take Sugar* drew around 160,000.

Key disability groups were consulted and plans developed as a result.

The key features of the strategy are as follows:

- Disability issues are integrated within the broad range of Radio 4 programming and appropriate editorial obligations will be observed by the programme makers
- A permanent free helpline service is now available via the BBC Radio Action Line number on 0800 044 044. This includes programme information and referral to other sources of help
- An ad hoc group comprising representatives of the principal agencies such as RADAR and RNIB has been convened and will meet regularly during the forthcoming year to ensure the success of the strategy
- A new on-line site has been established within the Radio 4 Website at www.bbc.co.uk/radio4. This site will be dedicated to coverage of disability issues

In addition to the plans outlined above, and to regular coverage on *You and Yours*, other programmes have already been commissioned across the schedule. These include features and a scientific documentary, as well as plans for a special phone-in discussion on *Call You and Yours* during the next twelve months

Other changes under the rescheduling were explained throughout the 'Your Questions Answered' section. The responses to a range of concerns among listeners are contained in the following selection from the document in 'question' and 'answer' format:

Why have the Timings of *The Archers* been changed?
They are a response to change – the change in the pattern of daily life for many (though, obviously, not all) of our listeners [...]

Where are children's programmes in the new schedule?
Evidence shows that the children's Radio 4 slot – Sunday at 7 pm. – had the same proportion of children in the audience as the rest of Radio 4 [...]
What about Parliamentary programmes?
With the consent of the BBC Board of Governors, Radio 4 has rescheduled parliamentary programmes to strengthen the reporting of Parliamentary and constitutional matters [...]

(*Today in Parliament* and *Yesterday in Parliament* were, after 6th April 1998, broadcast only on Radio 4's Long-Wave frequency).

Appendix 11.

Stop Press! How The Press Portrays Disabled People.

Stop Press (Cook et al. 2000) surveyed ten UK national newspapers – five broadsheets and five tabloids - for the period 7th June to 8th August 1999 and addressed the way they covered stories relating to disabled people and disability issues. They carried out the same process with a selection of regional and local newspapers (both referred to as 'local' in the report) for the shorter period of four weeks – 7th June to 4th July 1999. The report addressed 18 subject areas ranging from Health and Education to Benefits and Employment. The language used to describe disabled people was also recorded. Comments on the way the press covered disability issues were obtained from four focus groups held in different parts of the country. The findings of this 1999 survey were compared to the findings of a similar (1991) survey by Scope – 'What the Papers say and do not say about Disability'.

Appendix 12.

Sandra Laing.

Sandra Laing was born in the small town of Piet Retief in South Africa in 1955. Although her Afrikaans-speaking parents and her two brothers were white, Laing's skin colour was noticeably darker and her black hair tightly curled. She was a pupil at a school for white children until the age of 10 when she was expelled as the school authorities decided that she was non-white. 'They said I was being expelled because I looked different', said Sandra. Nine other schools for white children refused to accept her. Her father contested an attempt by the state authorities to reclassify her as 'coloured' or 'mixed race', and his action prompted a change in the law. Thereafter it was mandatory that the child of two white parents must be classified as white. Blood tests having proved that Laing was the daughter of two white parents, the education department ruled that she could be re-admitted to her school although she was not allowed to board there. Being classified as white, however, did not prevent Sandra being turned away from buses and restaurants. 'I felt a lot of pain', said Sandra, 'and thought it would be best if I left and stayed with people I felt happier with'. In 1971, much to the displeasure of her father, Laing married Petrus Zwane, a black Zulu-speaker by whom she had two children. Her father disowned her. Two years later Laing's relationship with Zwane ended. As Laing was entitled to a white identity card, apartheid officials threatened to remove her two children from her under a law which stated that people of different races were not allowed to live together. After nine years Laing succeeded in having herself re-classified as 'coloured' in order that she could live with her children.

Appendix 13.

Does He Take Sugar? **and** *You and Yours.*

13.1

By way of a caveat, it is important to acknowledge that, as I was unable to access data from *You and Yours* programmes prior to the mainstream initiative, the extent to which disability issues were covered by the programme pre April 1998 cannot be assessed. Also, in randomly selecting editions of *You and Yours* broadcast during the months of September 1998, 1999 and 2000 for my sample, my findings and conclusions do not take into account disability issues covered by the programme outwith these periods. For example, although the issue of disability-related benefits was not covered in my *You and Yours* sample, the programme, according to the minutes of the Radio 4 Disability Monitoring Group, did cover this issue sometime in 1998 prior to September (Radio 4 Disability Monitoring Group.1998b).

13.2

The ten *Does He Take Sugar?* programmes comprised thirty-two items in a total time of three hundred minutes (100% total programme airtime). The sixty-five *You and Yours* programmes, each of fifty minutes (total airtime three thousand five hundred and seventy-five minutes) included forty-six disability-related items in a total time of three hundred and thirty-five minutes (9.3% of total programme airtime).

13.3

This breaks down to an average time for each item of: six minutes in the September 1998 sample; seven minutes and thirty seconds in September 1999; and eight minutes and thirty seconds in September 2000. (On average, every edition of *You and Yours* comprises a total of eight items in its fifty-minute airtime - an average of just under seven minutes per item).

13.4

Chris Burns referred to this item, included in the 3rd September 1998 edition of *You and Yours,* in the course of my interview with her. The item focussed on a report by the King's Fund which explored the issue of society's misperceptions about the sexuality of disabled women. Jo Kay, at that time a disabled presenter on *You and Yours*, had compiled the item which included clips from her interviews with Jenny Morris, 'disabled feminist and writer', and Michelle Taylor, 'disabled woman and poet'. Taylor quoted from her poetry in the course of the item. Burns, in her interview, was talking about her suggesting to her presenters that they 'mix' sound effects into tape recordings of interviews conducted for disability-related items as they did with non-disability items.

> The result is that Jo puts far more sound effects in. And then she wanted to do the bit
> on women's sexuality – the kind of thing that would have been done on *Does He*

Take Sugar?. Jo asked 'Should we do it?'. And I said 'Yes. It's not going to be done elsewhere on the network. And we should cover it that way [with Taylor's recitations], because that's the kind of material we should be covering, too'.

(Burns, C. Interview with the author. 5th November. 1999)

13.5

These were the Disability items on *You and Yours* during September 1998.
(22 programmes - 17 items – 103 minutes):
Table App. 13.5.1.

Date	Item	Theme	Length
1st	Carers M/S	Health service professionals' respect for carers	8 mins
3rd	Sexuality S	Social attitudes towards disabled women	5 mins
7th	Adoption S	Exclusion/Inclusion	8 mins
9th	Language S	Political Correctness	3 mins
10th	DDA S	Discrimination	4 mins
10th	Equipment for disabled peopleS	High costs of disability equipment	7 mins
11th	Schizophrenia M	Technique for early diagnosis	5 mins
14th	Housing Regulations S	Access	7 mins
14th	Arthritis M/S	Scarcity of rheumatologists in the UK	8 mins
16th	ASBAH M/S	Ethics	4 mins
21st	Alzheimer's M	Technique for early diagnosis	6 mins
23rd	Epilepsy M	Misdiagnosis (post code related)	9 mins
24th	DDA S	Review of the Act	6 mins
25th	Asthma M/S	Introduction of environmentally friendly inhaler	5 mins
28th	Churches for All S	Access/inclusion – physical and spiritual	5 mins
29th	Psychiatric care S	Cultural influences on diagnosis	8 mins
30th	Unpaid work in day-centres S	Exploitation of disabled employees	5 mins

The letter in bold type after each item indicates the way disability was contextualised:

M – disability framed within the Medical Model of Disability

S – disability framed within the Social Model of Disability

M/S – a framing which combines the two models.

Definitions used:

The Medical Model of disability defines disability as an abnormal human condition experienced by individuals who have a physical and/or cognitive impairment.

The Social Model of disability is one which identifies social attitudes, political indifference, and infrastructural barriers as being responsible for translating individual physical and/or impairment into disability.

Good News

Churches for All (28th September) was coded as a 'Good News' story.

Total number of disability items: 17

Items coded   M   3

                S   10

                M/S   4

Part week 1:   2

         2:   5

         3:   3

         4:   4

part week 5:   3

Instances of Omission: 10

Instances of Inclusion: 6

There was no regularity in the position/s of disability-related items in the programme running order.

Types of disability addressed directly (frequency):

Physical disability:	**Non-physical disability:**
Arthritis (1)	*Schizophrenia* (1)
Spina bifida/hydrocephalus (1)	*Psychiatric disorder* (1)
Epilepsy (1)	*Learning difficulties* (2)
Asthma (1)	
Visual (1)	
Alzheimer's (1)	

Of these:

Visible disability	**Hidden disability**
3 (SB/H; Arthritis;visual)	6
Disability-related issues:	**General issues in disability context**
Support for carers (1)	*Sexuality* (1)
Language (1)	*Discrimination* (4)
Access (2)	*Ethnicity* (1)

Some items covered more than one disability/disability-related issue

Number of contributors	57	female 23 male 34
Of whom framed as disabled	16	female 9 male 7
presumed disabled	2	female 1 male 1 (anon)
Presumed non-disabled	39	
Experts	30	female 7 male 23

Definitions:

Framed as disabled:

A contributor is coded in this way if, in the course of introduction, he or she was described as having an impairment:

' Michelle Taylor, disabled woman and poet, became blind twelve years ago.'
(Jo Kay. *You and Yours*. 3rd September 1998)

Presumed disabled:

A contributor is coded in this way if it could be inferred from the text, implicitly or explicitly, that he or she was a disabled person:

> I *have* cerebral palsy, but *I* should be the one who judges whether or not I am
> suffering from it.
>
> (David Hayes. *You and Yours*. 9th September. 1998)

Presumed non-disabled:

A contributor is coded in this way if it could be inferred from the text that he or she was not disabled, or if there was no indication in the text that he or she was disabled.

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There are about seven of us full-time, four of which work in the offices. We're not averse to employing anybody with a disability, but I can see there would be problems.

(Ron Bright. *You and Yours.* 24th September 1998)

Experts and Organisations:

Gerry Mahaffey - London co-ordinator: Princess Royal Trust for Carers

Dr. Armstrong - secretary: British Medical Association

Lee Robins   - a contributor to the just published King's Fund Report

Nick Glanville - Adoption and Fostering Helpline

Denise Platt - Chief Inspector at Social Services Inspectorate originally agreed to appear - declined at last minute - sent statement.

David Yelding - Director of Research Institute for Consumer Affairs

Mr.(Schten) Schlessor - British Healthcare Trades Association

Dr. Sutsos - Psychiatrist - St. Thomas's Hospital London

Cliff Prior - National Schizophrenia Fellowship

Marjorie Wallace - SANE

Marie Pye - Housing Officer RADAR

Roger Humbert - chief exec. Housebuilders Federation

Mike Donnelly - chief exec. Habintegs Housing Association (Housebuilders)

Professor Joe Edwards - Rheumatologist University College London

Richard Gutch - chief exec. Arthritis Care

Dwyffyd and Powys Health Authority invited to contribute - declined

Tony Britain - spokesman - Association for Spina Bifida and Hydrocephalus (ASBAH)

Steve Milton - senior information officer - Alzheimer's Disease Society

Dr. Joanna Iddon - senior neuropsychologist - Cennas Ltd. Biopharmaceutical Co.

Dr. Bruce Skeepers - neuropsychiatrist - David Lewis Centre

Nina Roland - solicitor

Dr. Tim Betts - president (British branch) - League Against Epilepsy

Professor John Duncan - National Society for Epilepsy

Ron Bright - owner of small cleaning company

Dr. Martyn Partridge - Dept. of Health

Dr. Mark Levy - GP and Asthma specialist

Paul Dicken - Churches for All Co-ordinator

Tony Phelps-Jones - director - Causeway Projects

Brenda Packley - Yately parish group leader

Professor Sashi Sashi Sashidaran - lecturer in community psychiatry - Birmingham University

(His contribution was an excerpt from a 1987 transmission of Radio 4's *Face the Facts*)

Judy Clements - chief exec. - MIND

Dr. Suman Fernando - retired psychiatrist and university lecturer (wrote letter to Guardian)

Frank Dobson/Paul Boateng both invited/declined. Boateng sent statement (read out)

Eve Amour - assistant director - Values into Action

Clackmannanshire's council leader and Clackmannanshire's head of adult services and

The Scottish Office invited to contribute. All declined

(Scottish Office sent statement)

<u>Note</u>

Of the 30 experts, 11 were from the medical profession.

Disability-related organisations supplying contributors:

Princess Royal Trust for Carers

National Schizophrenia Fellowship

SANE

RADAR

Arthritis Care

ASBAH

Alzheimer's Disease Society

League Against Epilepsy

National Society for Epilepsy

Churches for All

Causeway Projects

MIND

Values into Action

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