Object, Problem, or Subject?: A Child with a Disability as Found in Reports of Professionals

By Tanja Vehkakoski

Abstract: This study examined the representations of one Finnish child with disabilities as constructed in reports written by professionals. The professional action models which appeared in the discourse of the reports were also explored. The theoretical framework of the study was based on the social constructionist approach. Research data consisted of 145 documents, the analyses of which were based on critical discourse analysis developed by Fairclough (1992). Results indicated that the child with a disability was constructed in the documents in varying ways, either as an object, a problem, or a subject. Professional expertise, mechanistic and objectivist practices, and seeing disability as an individual problem were verified as the professional modes of action. By revealing how institutionalized views shape the lives of children with disabilities, this study discusses the prevailing and alternative ways to construct disability.

Disability has been approached in the fields of rehabilitation and special education traditionally from a clinical, individual-centred viewpoint. Thus, it has been considered to be an individual's own abnormality and personal problem inevitably causing general inability, dependence, and emotions of psychic loss (Allan, Brown & Riddell, 1998; Linton, 1998; Soder, 1989; Turner & Louis, 1996). Research has been influenced by theories based on psychology, biology, and medicine, whereas general philosophical or sociological discussion has been overlooked (Ainscow, 1998; Booth, 1998; Heshusius, 1995).

During the past few decades, however, a social-constructionist perspective has led to new discussions about the nature of disability. One of the common presuppositions of the orientations included in social constructionism is that the language people use not only describes the world but also creates it (Gergen, 1985; Soder, 1989). From this view, then, disability is not just a question of a physical or psychic, medically defined difference, but it is also defined as a relative, socially created concept, the meanings of which vary according to historical time, context, and the definers of disability.
Views on disability from social constructionism are described by the social model (Abberley, 1987; Oliver, 1990, 1996), the socio-political approach (Hahn, 1986; Hahn, 1988) and the rights-outcome approach (Rioux, 1997). All these approaches stress disability as a condition caused by attitudes from non-disabled members of society, institutions, and physical environments which are not able to take into consideration different variations which appear in any particular community (Abberley, 1987; Hahn, 1986; Hahn, 1988; Oliver, 1990, 1996; Rioux, 1997). In addition to material and social barriers, interest has nowadays also been directed toward exploring the construction of disability in a discursive or post-structuralist sense (Priestley, 1998; Thomas, 1999).

In this study, I will concentrate on the representations created of one child with disabilities appearing in the discourse of reports by professionals in the field in Finland. In research, written texts tend to have been ignored, although they form a crucial part of professional practices (Gunnarsson, Linell & Nordberg, 1997; Miller, 1997; Spencer, 1988). Reports usually represent clients as cases, and develop into different types of clinical biographies comprised of reporting clinical identities of these clients. In addition, they indirectly tell about the function of institutions and their ways of intervening in a client’s life (Atkinson, 1995; Atkinson & Coffey, 1997; Foucault, 1979; Goode, 1992).

This study is based on principles of social constructionism in disability research. In addition, critical discourse analysis (CDA) developed by Norman Fairclough (1992) is applied as the theoretical and methodological frame of reference (see also Chouliaraki & Fairclough, 1999). The aim of critical discourse analysis is to examine the construction of different social problems in various social practices. The analysis presents possibilities for changes by making the hidden aspects of discourse, such as inequality and power, more visible (Fairclough & Wodak, 1997; Wodak, 1996, 1997).

For the intervention-centred fields of rehabilitation and special education, this study addresses the need to examine disability from a social viewpoint, not just from individual-centred approaches. Since definitions of disability always reflect cultural situations, the study also presents prevalent ways of thinking about humanity. Knowing professionals’ views on disability is the starting point for influencing those views, deconstructing them socially, and creating alternative solutions (Barnes, 1992, 1996; Danforth & Rhodes, 1997; Wendell, 1996).

Based on their discourse, professionals are contributing to the meanings of disability and childhood, and the ways in which people with and without disabilities construct their identities and
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mutual relationships. Especially in Western societies, discourses on medical topics and personal welfare make a significant contribution to the construction of differences between people (Oliver & Barnes, 1998; Thomas, 1999). Influences may appear by transferring concepts and ways of thought, conveyed in reports, to spoken language and everyday life (Conrad & Schneider, 1992; Gillman, Swain & Heyman, 1997; Skinner, Bailey, Correa & Rodriguez, 1999). Functionality of professional discourse is still strengthened by its authoritative nature.

In order to examine the written discourse of professionals, I have concentrated on two primary research questions. The questions are as follows: 1) What kinds of representations of a child with a disability are created in the reports of professionals, and 2) What kinds of theoretical approaches and models of action form the basis for the written discourse of professionals? Before discussing the research questions I will present the research data and the course of the analysis in greater detail in the next section. After that, I will examine the contents and discourse of the reports in the results chapter, and draw the final conclusions in the last section.

Method

Data Collection

In this study I followed qualitative research methodology and based the analysis on professional documents as the research data. Documents consisted of the reports of professionals written on one Finnish female child with multiple disabilities during the first fourteen years of her life. They were selected on the grounds of purposeful sampling, i.e., the possibility of getting information-rich data in relationship to the research questions (Patton, 1990). As already-existing material, the documents gave the possibility of capturing the largest possible number of examples of researcher-free interpretations of the world, as compared with collecting data specifically for the purpose of research (Bogdan & Biklen, 1992; Potter & Wetherell, 1987).

The historical context of the data covers the period from the middle of 1980's to the end of 1990's. I received the documents directly from the child's family. I also informally interviewed the mother about the child's history and the experiences of the family. The interview offered a verifying context for analysing the documents.

The original number of documents was 218. From the original material I omitted reports not concerning the child herself. In addition, I excluded home and school notebooks since they differed from other official reports by containing much interactive texts, and familiar language used between teachers and parents. After these eliminations, actual research data consisted of 145 documents. The division of the reports according to the professional types of written discourse gathered is shown in table 1.
Table 1. Reports of Professionals as Used in the Research Data
(n = 145)

<table>
<thead>
<tr>
<th>Professional</th>
<th>Number</th>
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<tbody>
<tr>
<td>Medical</td>
<td>93</td>
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<tr>
<td>School</td>
<td>13</td>
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<tr>
<td>Psychological</td>
<td>8</td>
</tr>
<tr>
<td>Rehabilitation plans</td>
<td>6</td>
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<tr>
<td>Course evaluations</td>
<td>5</td>
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<tr>
<td>Music therapy</td>
<td>4</td>
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<tr>
<td>Rehabilitation instructor</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>3</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>3</td>
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<tr>
<td>Social worker</td>
<td>2</td>
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<td>School administration</td>
<td>2</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>1</td>
</tr>
<tr>
<td>National Pensions Institute</td>
<td>1</td>
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<tr>
<td>National Board of Customs</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of reports</strong></td>
<td><strong>145</strong></td>
</tr>
</tbody>
</table>

The reports were written for many different purposes, such as conveying information between other professionals, applying for social benefits, guaranteeing different services, registering follow-up assessments, elaborating plans for the future, and counselling parents. Application forms for obtaining social benefits usually contained a section for general information about personal identifying factors, the description of the child and the family’s life situation, selected examination results, and proposals for granting benefits on the grounds of the given information. The rehabilitation plans, medical “epicrises” and case records, and school reports had been written on pre-formulated forms, which consisted of completed titles and brief writing spaces listing the order of the items to be included and the maximum length of the text. The rest of the reports were relatively informal accounts of the child’s life situation, following a traditional writing structure with a beginning, a middle and an end (e.g., course feedbacks).

The most typical type of text of all the reports resembled a descriptive narrative,
simply registering events. In particular, school reports and ones prepared by rehabilitation personnel described concrete issues related to the child in a school or rehabilitation setting by means of common, everyday language. The rest of the reports were more argumentative and persuasive. Their purpose was to influence readers, in such a way as to get readers to believe in presented facts and recommendations.

**Data Analysis**

The main principles of critical discourse analysis (CDA) as developed by Norman Fairclough (1992; Chouliaraki & Fairclough, 1999) were used to analyze the data. Critical discourse analysis aims to take into consideration three dimensions of discourse: the text, discursive practices, and social practices. Text analysis represents traditional linguistic analysis of the text (Halliday, 1985). Discursive practices refer to the concept between what is presented in a text and what is social reality, the context of how writers produce texts and how readers receive them. Social practices mean the analysis of the discourse in relationship to social structures; the word ‘social’ is related to the way people, together, produce reality where they live (Fairclough, 1992). In practice, this means that I paid attention to both the content and the linguistic aspects of the texts. The emphasis was in identifying the social functions of the discourse, and the purpose of more detailed text analysis was to verify consistency between my own interpretations and the actual qualities presented in the text. Thus, the text analysis especially bound my analytical claims to the certain context (Fairclough, 1992; Halliday, 1985).

After the first reading of the data, I coded topical themes (e.g. diagnosing, rehabilitating), within which I listed different discourses in detail. By discourses I mean internally consistent interpretation frames and ways to construct social reality by means of a certain system of concepts, expressions and meanings. This corresponds to Fairclough’s (1992) definition of the term, and the concept of interpretative repertoire as used by Potter & Wetherell (1987). After naming the discourses I compared their occurrences, contents and functions in different contexts. Partial counting of their occurrences directed me in taking up the discourses consistently embedded in the data for further exploration.

The smallest context consisted of micro analysis of the text (e.g. a sentence, a paragraph). The next analytical context contained the report itself, its purpose and the social roles represented by its author (e.g. professional group). This meant placing the text into a certain time, place, and institutional context, not necessarily concluded directly from the text. Finally, I expanded the analysis to include different views from prevalent cultural and societal values as presented in literature (Miller, 1997; Wodak,
1996). This systematic approach confirmed the coverage of all of the analysis and prevented me from concentrating only on the most interesting aspects of the data (Potter & Wetherell, 1994).

In order for the consistency between my analytical claims and the research data to be assessed by readers, text provides a sufficient number of representative extracts of data per each interpretation. The original language of the extracts was Finnish but after carrying out the analysis they were translated into English with the assistance of a language consultant. Although the extracts were translated as literally as possible, the main focus was on the idiomatic translation, in order that the texts would raise the same connotations despite the differences of grammatical structures between languages.

I have also used previous empirical and theoretical research as analytical resources. This promotes highlighting the traits of discourse, which have been noted in different studies, and may assist in making general applications in other contexts (theoretical generalization). The transferability of research results is also justified by the presumption of the study. According to the presumption, discourses cannot be reduced to the individual minds of professionals but to the socially shared meanings and general discursive-social practices. It is important to notice, however, that the results cannot tell anything about the way in which professionals are face to face with the child or what happens to the child outside the world of the documents.

**Participant Profile**

The child described in the reports goes under the fictive name of Miia. Miia is the first child of her family. Her little brother was born five years later.

The first records concerning Miia were written during the mother’s pregnancy; according to medical reports, the feets had some pericardial abnormalities two weeks before the birth, and immediately following the birth the baby suffered from breathing difficulties. As early as two or three weeks of age Miia received her first diagnoses: “exudative pericardial sac, suspected cytomegalo virus infection, small for date, lowered hearing, and symptoms of abnormal appearance”. At three years of age Miia was classified as having epilepsy, severe hearing problems, and minor visual disabilities. A short time afterward, delayed motor and mental development were also detected. When Miia was four years old, it was put forth that extensive brain damage and severe mental disability were the most serious factors retarding her development. In addition, when Miia was five years old her behaviour was classified as autistic.

Before school age Miia was cared for at home. She started school at six and was placed in the local special school for students with mental disabilities. After two years she was transferred to a class...
for students with hearing and visual disabilities at a state-run special boarding school. During the weekdays she lived in the school dormitory, and on weekends she returned home.

Results

In this section I will describe typical ways in which texts were written concerning Miia and her disability in the reports. Results are presented according to the following themes under which different discourses are explored. First, I will describe how the process of diagnosing proceeds and how new reports frequently refer to previously given diagnoses. Secondly, I will concentrate on the descriptions of Miia’s development and the meanings of rehabilitation in this process. Finally, I will present how the reports can construct a many-sided image of Miia as a whole person. Based on all of this, I will return to the actual research questions in a discussion section immediately following the presentation of the results, i.e. discussion of how the discourses construct different representations of Miia and how they are based on different professional models of action.

Longer direct quotations from the research data have been separated from other text by using indentations. Shorter quotations have been italicized. Three ellipses points ( . . . ) within a sentence indicate that I have omitted from the original data irrelevant text or text revealing too much. If I have wanted to emphasize the meaning of an italicized expression in the interpretation, it has been underlined. At the end of the quotations I have recorded each writer’s professional title and the purpose of the report. All other identifying information has been omitted from the citations.

Diagnosis as a Starting-Point

Diagnosing Miia’s disabilities is the starting-point for describing her development and her status as a client. The process of diagnosing proceeds in the reports in a similar way as in the traditional medical model: the identification of a crucial symptom, finding a cause, and planning the cure (see also Bayliss, 1998).

Extract 1:

At the stage of arrival the child appears in good condition in general examination, is found to present with, thin eyelid chinks, a broad bridge of the nose, a turned-up nose, low features when seen from the side, a small jaw, an ear conch folded abundantly into the right ear. Does not react to auditory stimuli, follows well with the eyes, no squinting, good upholding of the head when pulled from the hands, to some degree raised muscle tonus, fontanel loosely open, puts weight well on feet, does not enjoy being on stomach, does not turn.
Heart pulsations normal, peripheral pulses minor, heart auscultation normal, EKG: normal, X-ray: heart larger than normal and exhibits further growth as compared with previously in July, in the ultrasound examination pericardial effusion discovered, because of which the pericardium puncture was performed, from which the prize was not, however, obtained.

In the eye specialist’s consultation normal eye ground finding discovered, no reference to cytomegalo. Because of doubt concerning lowered hearing a BEP-examination was performed in which responses were not received by the stimuli which represent 80 dhBL, referring to a strong hearing impairment.

(Assistant physician, child cardiologist and child neurologist: the epicrisis)

The typical way of writing about Miia’s symptoms appears in extract 1; the writers describing the symptoms by means of a list, written in short descriptive prosaic phrases. The symptoms are separated from the child who owns the qualities. Instead, the focus is on different examination methods, individual parts of the body, and isolated groups of physical symptoms. This easily produces an image that Miia has nothing to do with her physical qualities, nor is able to influence their manifestation. Furthermore, the discourse reinforces technological rationality - because of limited writing space, an essential idea has to be written as briefly as possible and left to other colleagues to connect the information as a whole in respect to the child.

The findings, presented with exact numerical values, are classified in a bipolar way either as normal or abnormal. The discourse does not give possibilities for alternative interpretations. This type of factual discourse is generally used in modern medicine, which uses numerical definitions of health more and more frequently, and compares symptoms within a numerical range displaying normality (Helman, 1994).

However, uncertainty in discourse, expressed by means of potential and conditional verbs and unsteady words (e.g. doubt), is typical especially when discussing a final official diagnosis. The writers of extract 1 mention that because of doubt concerning lowered hearing a BEP-examination was performed in which responses were not received by the stimuli which represent 80 dhBL, referring to a strong hearing impairment. By using a hypothetical text structure, the writers comment on the truth of their own claims rather than emphasizing an absolute relationship between their perceptions and reality (Tadros, 1994; Winter, 1994).

The narration of the reports is typically in the passive form. Thus, the writers only mention the measures performed,
but not who has done them: e.g., *pericardial effusion discovered, because of which the pericardium puncture was performed*. The comparable means of concealing the professionals’ contribution is to refer to technology as an agent. In that case, the findings are reduced directly to only the examination methods as demonstrated in the following style: *EKG normal and in X-ray: heart larger than normal.*

When concealing the writer’s responsibility, the interpretations seem to be objective, factual and reliable. This style refers to reality, which remains unchanged, irrespective of any certain writer. At the same time, it creates an image of the interventions as being so mechanical that it is unnecessary to mention their performer (Atkinson, 1995; Atkinson & Coffey, 1997; Hydén, 1997; Moon, 1994).

In addition to the use of the passive form, professional slang, such as Latin diagnostic terms and foreign words (e.g. *peripheral*), weakens the possibilities of approaching the texts critically. The use of professional expressions creates an impression of neutrality and solidarity between colleagues. It may strengthen the professionals’ own status in the formal hierarchy by separating the inside members of institutions from outside clients who are not familiar with the language (Bloom, Wood & Chambon, 1991; Coombs, Chopra, Schenk & Yutan, 1993).

Initially given diagnoses are presented in later reports as the factual basis by which to explain Miia’s respective qualities. The lack of critical assessment of earlier reports by later writers makes the textual world of the reports resistant to change and reports remain still more closed, permanent and self-reinforcing (Halliday, 1985; Hydén, 1997). In addition, as a result of basing Miia’s qualities on individual medical diagnoses, difficulties become inherent in Miia and/or her parents. This leaves out the possible effects of situational factors, earlier life experiences, or larger social and political forces which are not taken into consideration as influencing Miia’s condition.

**Extract 2:**

Instead, the pulse level is quiet nor can any manifest heart insufficiency be found. Heart auscultation finding is surprisingly normal. Heart sounds are heard as clear and strong at the proper location nor am I able to detect a clear heart murmur. Neither abnormal distributions nor emphases. The liver has not distinctly increased [in size] and femoral pulse feels as wholly clear. . . . Plethora does not seem obviously abnormal, neither has mediastinum pathologically widened.

(Child cardiologist: the case record)

In the fourth sentence of extract 2, the child cardiologist describes the presence of Miia’s normal, healthy qualities...
through the absence of abnormalities by stating that there is *neither abnormal distributions nor emphases* in the examination results. The use of negation and appealing to the absence of pathological features produces an image that the writer’s presupposition has been to find deviations from normal development, corresponding with the characteristics of the already given diagnosis. The writer’s way to take personal responsibility for the positive finding strengthens its unexpectedness. He or she tells about the result by using the active voice, in first person singular, not in the passive voice as is usual in reports: *nor am I able to detect a clear heart murmur.* Surprise is also directly expressed by mentioning that the heart auscultation finding is *surprisingly normal.*

Basing diagnoses on negations is typical in the medical model, in which weaknesses and disorders are the centre of attention at the expense of one’s strengths (Mackelprang & Salsgiver, 1996). The discourse may also contribute to reinforcing normality; after mentioning all the abnormalities for which a search has been made without result, the writer can declare the child to be, in fact, normal.

**Normative Age Criteria as the Basis for Assessment**

Observing Miia’s development is the central focus from the beginning of the first reports. The typical criterion for assessment is her age group’s average performance level, in other words, the normative expectations of skill development a child of her age should have.

**Extract 3:**

An attempt has been made to examine Miia during the visits to the guidance centre by means of psychological tests and by observation. In the examination situation Miia has acted very independently, has not cared about the given instructions or objects offered to her, but explores the environment herself, picking up objects from a hole where they are found, slips them on to her fingers and rolls them. Did not agree to kick or throw a ball, did not build with bricks, did not play with a doll, but found only leafing through books and papers to be interesting, even with them was not interested in pictures or looking but only in fiddling, rolling and clapping. Also, in the doctor’s examination room Miia would have liked to take the doctor’s papers, when not receiving permission to do so, went down and banged her head on the floor and also showed her opinion by whimpering.

(Psychologist and social worker: the rehabilitation plan)

Extract 3 is a negative report of Miia’s behaviour in the child welfare clinic. Miia’s autonomy, mentioned in the second sentence, is a negative quality in
this context, although in general, activity and independence are positive qualities in reports. Even the quantitative adverb *very*, mentioned in front of the adverb *independently*, strengthens the negativity.

Concerning examples of autonomy, the paragraph includes a long list – formed by means of negations – of those desirable things Miia has *not* agreed to do in the clinic. Emphasized by use of the verbs *has not cared, did not agree and was not interested*, the list does not refer to Miia’s lack of skills, but rather unwillingness to act on one’s instructions. The use of negation leaves the writer’s and readers’ potential common implicit expectations for the child’s development unfulfilled. Unrealized expectations are accompanied by the normative viewpoint: absent skills should be otherwise (Pagano, 1994).

The only mentioned object of interest for Miia is leafing through books and papers. Nevertheless, even this is negated on the grounds that she is only interested in the non-desirable activities of *fiddling, rolling and clapping*, instead of looking at pictures, considered to be a desirable activity. In addition, the word *only* minimizes the importance of showing interest in any form by referring to a limited number of what were considered to be interesting activities in the discourse of the psychologist and social worker.

The description of Miia’s development is disconnected from its historical context; the text concentrates on describing the examination situation, but does not refer to what Miia has been like before, or what she is like in other surroundings. As a result, an outside reader is not able to put into proper proportion Miia’s current skills with her typical pace of development or other situations. The inaccurate information may be due to the supposition that all people develop in the same predestined way, in which statistical knowledge of general child development is also the sufficient basis for assessing any particular individual child’s qualities (Burman, 1994; Cannella, 1997). As a result of comparison, Miia is repeatedly labelled as immature and deficient, nor are any of her strengths allowed to surface behind the defects. The continuing emphasis on progression also leads one to think that the child is never qualified (Cannella, 1997; Gillman et al., 1997; Goode, 1992; Morss, 1996).

**Rehabilitation as a Healer**

When Miia’s development is determined to be in conflict with certain expectations, the writers classify Miia as in need of rehabilitation and guidance from a specialist. An example of this is found in the following report addressed to the municipality’s social welfare board for the purpose of obtaining support for the family:

**Extract 4:**

Miia needs continuous, amongst other things, teaching in the use of
vision and instruction in communication.

The parents have done a lot of work to teach Miia at home. Signing has been used with Miia at home from a young age onward. Development in the area of language and communication has, however, been slight. Epilepsy has deteriorated recently and it has been necessary to increase medication. In connection with this or because of some other reasons, other changes in Miia’s behaviour have been observed: there are days, when Miia is extremely irritable and weepy without an externally perceived reason and then resists all activity and contact initiated by an adult.

Independent initiative skills still also require much practice in order for them to go well. Eating requires help (at the moment independent performance in eating situations is being taught), Miia still needs to be dressed by others and toilet training is aimed at putting the child regularly on the potty, though it is necessary to still use nappies with Miia at all times.

In my opinion, the family needs all support which is possible in order to manage with their child with multiple disabilities.

(Psychologist: the statement for the municipality’s social welfare board)

At the beginning of extract 4, the writer claims that Miia continuously needs instruction in communication and in the use of vision (visual rehabilitation). The verb *needs* refers to the necessity of the instruction, and the use of the emphasizing word *continuously* to the largeness of the need. The abbreviation *amongst other things* creates an impression that the given examples of Miia’s needs are by no means the only ones, but the reader should imagine an innumerable amount of similar situations in which Miia would need guidance. Although emphasizing that the parents have done much work for Miia’s development, the writer reports that the progress has been slight, and Miia’s physiological illness, epilepsy, has deteriorated. In addition, he or she tells that Miia’s defective independent initiative skills, and internal negative emotions, impede the interaction between the child and her parents. Referring to positive aspects of development, the writer mentions Miia’s learning to cope with eating situations, and the practice of toilet training. However, the negative mention of *though it is necessary to still use nappies with Miia at all times* is still connected with the previous positive statement. The end of the extract stresses the family’s need to get much support in order to cope with their demanding child.

The descriptions of Miia’s continuing need for help construct a one-sided image of the child as merely a burden.
for the parents. The descriptions have been constructed in such a way as to provide indisputable concrete examples, in order to get people to express their general horror, understanding, and empathy. The examples are subjectively emphasized accounts in which chosen occurrences have a significant persuasive function. This is due to the way in which readers tend to consider examples as facts and not just opinions (van Dijk, 1987).

Writing about the activity of adults and the need for outside intervention as the preconditions for development reinforces an image of Miia’s passivity. It creates an image of the child’s development as a series of events progressing automatically, without Miia’s own contribution. The claim maintained concerning Miia’s slow development, despite continually given active rehabilitation, produces an interpretation that failures are caused by Miia’s internal qualities, whereas progress is based on successful outside intervention. The same interpretation appeared in Abberley’s (1995) study, in which occupational therapists were found to interpret success in their work as being due to their own efforts, whereas failures were perceived as being out of their control (Abberley, 1995; see also Linton, 1998).

Extract 5:
The biggest problem in Miia’s care and rehabilitation may be that Miia does not willingly let a stranger come close to her, does not hardly allow herself to be touched nor agree to act in a relationship of reciprocity. Success in a group situation does not seem probable, at least at this stage, but even in order to establish good contact, Miia would need a peaceful situation between two people, where concentration could be exercised and educational goals set. Regarding all possible alternatives . . . the working group of the guidance centre for persons with developmental disabilities has, for that reason, come to recommend as the schooling solution for Miia the instruction for those most severely disabled arranged through the . . . educational unit, where a teacher would visit Miia’s home or day-care centre and teach Miia individually. This would seem to be in Miia’s interest in consideration of her severe mental
disability and autism. . . . Considering Miia’s hearing and multiple impairments, it is hoped that the Finnish Federation for the Hard of Hearing would still take a stand on the school solution, whether the instruction should be arranged in a group setting or as individual instruction.

(Psychologist and social worker: the rehabilitation plan)

Extract 6:
Miia should get instructions according to the individual education plan. Although she is not at present able to participate in group instruction, other children’s presence would be important since Miia follows other children’s actions. Miia needs instructions during all school days, five days a week. Since Miia’s alertness state and reception vary, the instruction time should be maximized, in order for Miia’s active moments to be best utilized. Since Miia is at compulsory school-age, it would be important that a person outside the family would have responsibility for Miia’s instructions and the parents could be in their roles of mother and father. I consider a right solution for schooling to arrange Miia’s . . . schooling at the moment in the school for children with developmental disabilities with the additional help of a personal assistant.

(Psychologist: the statement concerning schooling)

The starting-point for the writers in both extracts is Miia’s needs in the area of social development. In extract 5, the psychologist and the social worker come to recommend individual instructions for Miia because of her inadequate social skills (a pessimistic discourse). The conclusion is a strong statement since education is every child’s basic right, and the denial of it refers to the comprehensive deficit of Miia’s skills (Tronvoll, 1994). The discourse of the report is, however, only conditional and consists of many hesitating words which seek for alternatives: may be, does not seem probable, has come to recommend and would seem to be. In addition, the work group still wants to consult an interest group for people with hearing impairments for the solution.

In contrast to the previous writers, the psychologist in extract 6 considers group instruction and experiences of peer relationships as important promoters of learning (an optimistic discourse). The writer regards Miia’s weaknesses as the basis for long-term and regular teaching - because of variable alertness states, the instruction offered should be quantitatively sufficient, in order that Miia’s active moments could be best utilized. The style of writing is sharper than in extract 5, containing directive, assessing, and convincing expressions: needs, would be important, should be maximized and I consider a right solution (see Winter, 1994). The sentence before the final one emphasizes parenthood as the primary task of parents, therefore Miia’s
instructions appertain to professional duties.

Both of the previous extracts show that referring to Miia’s developmental needs is a strong rhetorical means of arguing either for or against certain forms of education. By writing about the needs through means of verbs and modal verbs such as needs and should the writers externally conclude what is good for Miia and not, for example, what meets organisational purposes (see also Ainscow, 1998; Hall, 1997; Hoey, 1994; Woodhead, 1997). This appeals to the benevolence and goodness of people, and strengthens the authority of the claims (Cannella, 1997; Woodhead, 1997).

The Child behind the Disability
Despite the centrality of disability, there also appear more many-sided images of Miia as an active agent and a whole person. Expressions emphasizing Miia’s personhood and mental processes include references to her ability to feel, want and think. They include at least one active subject equipped with consciousness to whom the pronoun ‘she’ refers (Halliday, 1985).

Extract 7:
With pleasant things Miia acts most independently. These are especially seen in her bustling around, such as when fetching own toys and an own coffee cup. Concentration still depends on moods. Fits of anger have decreased. Situations of waiting still feel uncomfortable. With pleasant tasks Miia concentrates best. Miia understands often repeated directions connected with daily routines. Miia can fetch objects when asked. Miia needs a lot of help. Individual work depends on the day. Motivation to accomplish tasks is crucial. Situations of dressing have begun to happen with less guidance. Miia enjoys staying with the group. She sits willingly in the company of others, although does not always participate. Miia plays ball with classmates. Now outbursts of anger occur most often for a good reason.

(Special education teacher: the assessment of school work)

Presenting Miia’s emotions as preconditions for successful action appears in extract 7, in which almost every sentence refers to Miia’s likes, motives, or mood. By stating that with pleasant things Miia acts most independently and that with pleasant tasks she concentrates best, the special education teacher reports that the pleasantness of learning improves Miia’s performances. In addition, in the sentences Miia understands... the directions connected with daily routines and individual work depends on the day, the writer refers directly to the context-based variation of Miia’s skills. Similarly, the teacher highlights the significance of Miia’s motivation by mentioning that motivation to accomplish tasks is crucial and that fits of rage most often come for a good
reason. The detailed definitions and relative assessments prevent immoderate generalizations, recognize the importance of different conditions for the skills, and create a more comforting image of Miia’s situation.

Miia’s own internal developmental possibilities become emphasized in the discourse of phased development. In this case, Miia’s development is presented as progressing in stages, in a certain, internally determined order.

Extract 8:

Now it is bad to stop her motor running and preventing her from climbing by means of any certain speech therapy, let’s give time to the girl and in the meantime take a breath in the rehabilitation of language. By loading the girl full of rehabilitation, the child’s own speed of development is soon forgotten and we ourselves get tired. What is most important has already been done: Miia is active, curious and trusts in people, and this is the basis for all the constructs that can be constructed into a human being.

. . . Yet, it is proper to analyse these things together and consider the whole situation, maybe some daily skill will be noticed and discussed together and will be the start. Like now dealing with objects, for example. In this moment Miia only explores the objects, they are like a part or an extension of the body without use. From a spoon and mug, however, begins understanding of the use, so that they are already the start. Now that Miia is growing up, could the pushing of big objects (a barrow) be maybe the next step for actual playing?

(Speech therapist: the report for the parents)

In extract 8, the speech therapist strictly warns against repressing Miia’s internal developmental readiness by excessive rehabilitation: now it is bad to stop her motor running and preventing her from climbing by means of any certain speech therapy, and by loading the girl full of rehabilitation the child’s own speed of development is soon forgotten. In addition, the writer claims that a future-oriented personality and reciprocal trust between people are the most important preconditions for a satisfying life – even more significant than individual achievements and skills: What is most important has already been done: Miia is active, curious and trusts in people, and this is the basis for all the constructs that can be constructed into a human being.

The focus of the second paragraph of extract 8 is on already attained skills and future development. In the expression in this moment Miia only explores the objects, the writer classifies the achieved skill as unimportant by means of the
word *only*. However, the image is neutralized in the next sentence by emphasizing through the words *however* and *already* that the skill is the basis for more advanced activities: *from a spoon and mug, however, begins understanding of the use, so that they are already the start*.

Writing about the milestones of development stresses change and creates a more hopeful view of Miia’s future than merely assessing defects. In addition, dividing goals into smaller units may hinder them from remaining mere rhetoric of the reports. The fact is that it is easier to assess smaller entities rather than larger ones, and to plan sensible interventions for improving them.

The expressions about natural development are effective claims in defending the child as the starting-point for everything. However, they may also have a side effect of passivity if Miia’s own biological make up is not thought to be controllable by herself. In addition, Piaget-connected discourse about the series of predetermined phases of development and final competence may also be a mark of adult rationality and goals for a child (Morss, 1996; Prout & James, 1997).

Referring to the environment as a potential source of difficulties and support is an alternative to placing problems and their causes only “on” an individual. The special education teacher in extract 7 pinpoints the meaning of concreteness, practicality and common-placeness in learning. In extract 9 environmental possibilities are also taken into consideration:

*Extract 9:*

Home teaching of sign language has not been realized because of money difficulties. Day care arrangements planned . . . locally, both parents at work. Riding therapy during summer holidays has not met the criteria of the rehabilitation law of the National Pensions Institute. . . . Home teaching of sign language is considered as necessary for the family. Miia has advanced both in understanding, sociality and communication and needs the interactive communication environment.

(The doctor of the guidance centre for people with developmental disabilities: the rehabilitation plan)

In extract 9, the doctor bases inadequate services on scarce financial resources by revealing that *home teaching of sign language has not been realized in the municipality of residence because of money difficulties*. The writer also appeals to the obligations of law, and remarks that *riding therapy during summer holidays has not met the criteria of the rehabilitation law of the National Pensions Institute*. In addition to the mere level of mentioning, the writer emphasizes normatively that home teaching of sign language is regarded as *necessary* and Miia needs the interactive communication environment. The expressions used represent the idea that
lack of communication is not due only to Miia but also to the environment as Miia is a user of non-native language. Taking environment into account is connected with the thoughts of the social model of disability, according to which environmental hindrances have a crucial contribution to arising disability (Abberley, 1987; Oliver, 1990, 1996).

Discussion

The Representations of the Child with a Disability

The discourse of the reports produced three repeated representations of a child with a disability: 1) to reduce the child to an object, 2) to describe her as a problem, and 3) to create her as a subject. Objectifying and problem-oriented discourses are closely related together, whereas creating subjectivity consists of contrary textual and discursive elements. The relationship between linguistic means and representations and functions formed by them is shown in Table 2. In addition, the table shows a summary of the professional action models connected with the representations.

<table>
<thead>
<tr>
<th>REPRESENTATIONS</th>
<th>OBJECT</th>
<th>PROBLEM</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEXTUAL ASPECTS</td>
<td>writing without subject</td>
<td>concentration on developmental deficiencies</td>
<td>emphasis on child’s own possibilities to develop</td>
</tr>
<tr>
<td></td>
<td>emphasis on goals set from above</td>
<td>using normative criteria for assessment</td>
<td>dividing goals into smaller units</td>
</tr>
<tr>
<td></td>
<td>emphasis on outside interventions</td>
<td>attributing causes of failures to the child</td>
<td>recognizing the contribution of the environment as a potential source of difficulties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>anticipating new abnormalities</td>
<td>considering child’s whole personality</td>
</tr>
<tr>
<td>PROFESSIONAL ACTION MODELS</td>
<td>expertise</td>
<td>expertise</td>
<td>collaboration with clients and colleagues</td>
</tr>
<tr>
<td></td>
<td>objectivity</td>
<td>objectivity</td>
<td>emphasis on empowerment</td>
</tr>
<tr>
<td></td>
<td>mechanism</td>
<td>mechanism</td>
<td>holistic approach</td>
</tr>
<tr>
<td></td>
<td>individualization of disability</td>
<td>individualization of disability</td>
<td></td>
</tr>
<tr>
<td>POTENTIAL FUNCTIONS</td>
<td>passivity</td>
<td>powerlessness</td>
<td>empowerment</td>
</tr>
<tr>
<td></td>
<td>lack of self-determination</td>
<td>one-sided and negative self-image</td>
<td>positive future prospects</td>
</tr>
</tbody>
</table>
The child was reduced to an object by writing about her without referring to her as a grammatical subject. The child’s individual physical and psychic qualities, with their deficiencies, were the focuses of the assessments instead of the picture offered by taking into consideration the whole life situation. The emphasis was in the effectiveness of outside interventions, and the progress happened without the child’s own contribution to it. The child was set to aim for the goals imposed from above without her own intentions, or active processing by means of her own learning. According to past research (Atkinson, 1995; Reed & Watson, 1994) this kind of objectifying discourse is quite typical in the medical field.

In contrast to the objectifying and problem-oriented texts, the third discourse type emphasized the child’s subjectivity and represented her as a thinking, feeling, willing, and acting person, who should be treated as an individual. The child’s developmental possibilities were underlined, and the goals were divided into more easily attainable units. The child and her parents were described as full influential persons, and the contribution of the environment as a source of difficulties was also recognized. The discourse stresses positive change and the child’s own strengths, empowerment and ability to cope with difficulties (Riikonen & Smith, 1997). It approaches ecological and holistic orientations which aim at taking the child’s whole life world — including her values and family conditions — into account (Bailey, 1998; Heshusius, 1995). The use of discourse constitutes the resources of reports themselves to de- and reconstruct one-sided representations of disability.

Models of Action of Professionals
The emphasis on expertise, objectivism, mechanism, and individualization of
disability were the main professional action models and theoretical approaches which were strengthened in the discourse of the reports. They constructed objectifying and problem-oriented representations of the child, and were also reinforced by these representations. Instead, the child’s subjectivity was created by the more child-centred and environmental action models based on the shared expertise and collaboration between all parties.

The images of professional expertise, objectivity, and reliability were constructed by diminishing the roles professionals play as the subjects of action behind passive-formed sentences. The use of professional slang also reinforced expertise and professionalism, as well as did the way in which one’s views were left unfounded. In addition, the lack of critical assessment of initial reports written by other professionals reinforced the expertise and independent world of the reports, and weakened possibilities for outsiders to gain access. All of this increased both the child’s and her parents’ receptive, compliant and ignorant role, and promoted the competency and control of professionals (Chewning & Sleath, 1996; Holbrook, 1995). The more hesitant way of writing, appearing in the context of making conclusions on the grounds of individual observations, however, gave room for professionals to admit that they did not have all the answers, instead of giving the opposite image of unlimited expertise. In addition, references to opinions of the child’s parents and other consultations by professionals created images of openness and flexibility. Furthermore, by expressing dissenting opinions in relationship to previous reports, writers separated themselves from the independent world of the quoted text.

The objectifying and mechanistic course of action appeared when assessing the child’s progress as a static condition based on goals of normalization. The child was treated as an empty entity and as an object of external forces, largely controlled from outside. Medical practices have been much criticized when applying action models such as these (Abberley, 1995; Linton, 1998; Reed & Watson, 1994; Stambolovic, 1996; Wodak, 1996), but these models also appeared in texts written in other professional sectors.

The individualistic model of disability was especially emphasized in reports aimed at obtaining social benefits. Preparing and handling applications for benefits has required institutions to become more sensitive to each person’s special qualities, but at the same time has reinforced the standards of examination, control and obligation to disclose individual areas of one’s life (Foucault, 1979; Sarangi & Slembronck, 1996). It requires discourse to emphasize disability as an individual’s personal problem, a source of difficulties, and a burden of relatives, as a result of which
it is the individual who should change to a far more competent person (Linton, 1998; Riikonen & Smith, 1997). A contrast to the individual-centred definitions was found in recognizing the meaning of medication, auxiliary facilities, and skills of sign language use by people in enlarging an individual's possibilities. This transfers attention from an individual's qualities to the obstacles produced by the environment, as emphasized in the social model of disability (Oliver, 1990; Rioux, 1997; Scotch & Schriner, 1997).

Expertise, mechanism, objectivism and the individualistic model of disability are closely related to the current orientation of "medicalizing" life in Western culture. The features of medical rhetoric (Conrad & Schneider, 1992; Foucault, 1979; Wendell, 1996; Zola, 1978) appeared from the reports in the form of externalizing abnormality, separating it from the child's other qualities, and setting it apart as an objectively defined phenomenon under the rules of positivistic science. The superficially humane and progressive purpose of all of this is to control negative conditions, and secure the possibility of changing them by use of different medical, rehabilitational, and educational interventions (Mackelprang & Salsgiver, 1996; Oates, 1996; Wodak, 1996), but at the same time it generates passivity, dependence and lack of personal control by the individual with disability. Furthermore, as a consequence of exact classifications, a child's life easily is broken down into fragments, for which a variety of professional groups takes responsibility.

**Suggestions**

Since drawing up the reports is directed by institutional structures and standards, changing the discourse of an individual report has to be related to the larger change of their writing practices. Current discourse practices seem to fit well with the needs of the medically and biologically oriented examinations, cure, and rehabilitation system. Nevertheless, the life situations of persons with disabilities should be conceptualized in different ways, also by means of classifications appropriate for other purposes. This would mean developing non-objectifying practices of preparing reports, which support the autonomy of clients, and aim at expressing their own resources and authority (Linton, 1998; Riikonen & Smith, 1997). Besides the separate descriptions and findings of professionals, reports should also contain the conclusions of the persons with disabilities and relatives involved in their life situation. To ensure fairness, the reasons for conclusions should also be presented in as much detail as possible (Gillberg et al., 1997).

Reading reports requires a critical attitude towards them in order that rehabilitational and special educational practices would not absorb medically emphasized argumentation without question, and individualize and objectify
problems in the discourse. The functions of discourse are not, however, mechanically causal. Children with disabilities themselves also participate as social agents in formulating institutionalized discourse, and may actively reformulate the interpretations from their own starting-points (Priestley, 1999).

As far as the construction of disability is concerned, this study could be extended to different contexts; for example, to the representations of disability in authentic situations of interaction representing verbal discourse, and the discourse of professional journals of rehabilitation. In addition, certain historical periods could be compared with each other. Research could also proceed to the more detailed analysis of the processes of writing out reports, consequences of those practices and comparisons of different professional interpretations.

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