

Language Matters in Online Journal Article References to Disability: A Critical Discourse

Analysis

by

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ABSTRACT

This study critically examines the language employed by scholars across disciplines when referencing “disability” and “disabled people,” and explores the broader implications of such discourse. It investigates how stereotypes and preconceived notions embedded in academic writing shape the trajectory of disability research, particularly within disability studies.

The analysis draws on Norman Fairclough’s framework for Critical Discourse Analysis (CDA) and is grounded in the social model of disability, which emphasizes that barriers to participation arise primarily from societal attitudes, systemic structures, and institutional practices rather than impairments themselves.

A corpus of nineteen scholarly articles forms the basis of this investigation. Attention is given to the terminology used in titles and selected excerpts, revealing that language choices often reflect entrenched societal attitudes toward disability. These attitudes operate at both societal and individual levels, reinforcing ableist perspectives that perpetuate stereotypes and diminish the value of disabled people.

Findings demonstrate that ableist language continues to sustain oppression, with tangible consequences for disabled individuals’ access to education, employment, and social participation. The study argues that while educational initiatives led by disabled communities are essential, they remain insufficient unless society collectively affirms the inherent humanity of all individuals. True inclusion requires transcending physical, mental, and cognitive differences to foster environments where every person is respected and afforded equal rights, dignity, and opportunities.

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DEDICATION

I dedicate this thesis to the memory of my elder brother, who was disabled and died at forty-three. He was the reason I first learned about disability and the inspiration for this research, as his life taught me about care, dignity, and the urgent need for justice.

I also honour the memory of my father, who worked actively with disabled people in Bangladesh to improve their lives. His commitment to disability rights and inclusion modelled the values that shaped this study. To my mother, who believed I could study in Canada and urged me to apply, thank you for your faith, your countless sacrifices, and for shaping me into who I am today.

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Finally, to my son Jason, who arrived during this journey and is here at its close, I hope this work helps build a more just, anti-ableist world for you to grow into. May the vision we share for dignity, inclusion, and rights for disabled people guide the future we are working toward.

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

“What is known and understood about disability compels critical re-examination” (Hansen, 2012, p. 589). Historically, the medical profession has been regarded as the primary authority in determining abilities, conditions, and “body knowledge,” often assuming responsibility for making basic, everyday decisions on behalf of disabled individuals (LoBianco & Sheppard-Jones, 2007; Wendell, 2010). This authoritative role underscores the need for a critical re-evaluation of how disability is conceptualized and approached in both social and professional contexts. Disability, however, is a far more complex phenomenon. Barnes, Mercer, and Shakespeare (1999) made a crucial distinction between impairment and disability, emphasizing that the relationship between the two is not straightforward. Grue (2017) further illustrates this complexity, noting that “the word ‘disability’ refers to a number of different beasts in different areas of the social world” (p. 173). For disability scholars, understanding these “beasts” and their contexts is essential, as language not only reflects knowledge but also shapes actions and social realities.

The theory of speech acts provides a useful lens for examining how language constructs disability. Language does not merely describe the world; it performs actions. Through speech acts, individuals express beliefs (assertives), attitudes (expressives), requests (directives), commitments (commissives), or enact changes (declaratives) (Stamou et al., 2014). This study, therefore, aims to critically examine the language employed by researchers in online journal articles to reveal how knowledge about disability is constructed and circulated. By analyzing

how disabled individuals are described and referred to, the research seeks to identify and challenge harmful linguistic practices, fostering a shift toward inclusive discourse.

Disability holds a uniquely universal significance. While many identities are “marked” in culture due to prejudicial attitudes toward gender, ethnicity, class, or sexuality, disability is distinct in its “unambiguous ability to impact every other identity category at any time” (Bolt, 2015, p. 11). Much like ethnicity or gender, disability shapes interactional dynamics and demands systematic attention in qualitative research (Brown & Boardman, 2011). This aligns with the perspective of qualitative researchers who view reality as contextual and socially constructed. Creswell (1998) emphasizes that multiple realities exist in any situation, and researchers bear responsibility for carefully representing these diverse realities.

Jones (1996) explains that disability is not merely an individual medical condition, but a socially constructed phenomenon shaped by interactions between disabled individuals and their environments. Yet, before the 1990s, much social research excluded disabled people from the research process, limiting the depth of understanding and representation of their lived experiences (Barnes, 2008). Knowledge produced during this period was often couched in inaccessible academic language, rendering it irrelevant to disabled people and their organizations. Moreover, deficit-based explanations of disability reinforced negative assumptions about disabled people and the causes of disablement (Barnes, 2008). Early disability studies scholars raised concerns that while research revealed societal attitudes, it also reproduced disabling dynamics (Bolt, 2015). Deficiency-focused perspectives depicted disability as personal limitation or incompetence, entrenching negative views (Finkelstein, 1980) and compounding disadvantage (Oliver, 1990; Barnes, 1996; Stone & Priestley, 1996; Barnes & Mercer, 1997; Barnes, Oliver, & Barton, 2002).

Such research had little influence on policy and failed to improve the lives of disabled people (Oliver, 1992). Expectations about quality of life or ability to work shaped physical structures and institutional norms, often based on presumptions of inability. These expectations created additional disability by undermining self-worth (Goering, 2015). Jenny Morris captures this dynamic, noting, “All the undermining messages, which we receive every day of our lives from the non-disabled world which surrounds us, become part of our way of thinking about ourselves” (Morris, 1996, p. 22). Similarly, Charlton (1998) underscores the impact of invisibility in research by stating, “Disabled people are often spoken about rather than spoken with, and this absence of voice in research perpetuates their invisibility in social life” (p. 56). This background highlights the centrality of language in disability research. Language not only reflects but also constructs social realities, influencing how disabled people are perceived and treated. As Shakespeare (2006) observes, “Language is never neutral; it frames disability either as tragedy or as diversity, and in doing so it shapes the possibilities for inclusion” (p. 29).

Moving beyond deficit framings requires a paradigm shift toward inclusive, rights-based approaches (Thomas & Loxley, 2007). Global frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD, 2006) reinforce this imperative, emphasizing dignity, autonomy, and participation. Early critiques of disability research highlighted its narrow reliance on an individualistic medical approach. Hunt (1981) argued that research experts failed to see beyond the assumption that disability originates in “defective bodies,” overlooking the social “death sentence” imposed by prejudice and discrimination. This trenchant critique became a central reference point for later scholars who sought to redirect disability research toward more inclusive and socially aware paradigms (Barnes & Mercer, 2006). To counter the disabling tendencies of conventional research,

emancipatory disability research emerged, requiring the full involvement of disabled people and their representative organizations in all stages of the research process. Its primary aim is to deconstruct widespread assumptions that disablement is the inevitable outcome of physical, sensory, or cognitive impairments (Barnes, 2008). Incorporating disabled individuals in planning, execution, and dissemination ensures that their perspectives and lived experiences are faithfully represented (Niesz et al., 2008).

Debates about appropriate methods for disability research have been extensive. Emancipatory research emphasizes the necessity of disabled researchers leading inquiry (Barnes & Mercer, 1997), while participatory research focuses on fully involving disabled people in the process regardless of researcher identity (Zarb, 1992; Brown & Boardman, 2011). Yet, despite these methodological advances, ableism remains pervasive in academia. Lindsay and Fuentes (2022) document how ableism is theorized through scholars' lived experiences, noting that most research has focused on students with disabilities, while faculty and staff remain underexamined. Hango (2021) found that instructors and researchers with disabilities experience some of the highest levels of harassment and discrimination in Canadian postsecondary institutions. Ableism affects disabled researchers across their careers, from education and hiring to funding and promotion (Castro et al., 2024). Swenor et al. (2020) highlight that researchers with disabilities are underrepresented among NIH grant applicants and have lower success rates, underscoring the need to address barriers to career advancement and inclusion in research settings.

Academia perpetuates ableism through biased research agendas, exclusionary practices, and hierarchical structures (Lindsay & Cancelliere, 2017). This systemic bias limits the inclusion and appropriate representation of disabled people, producing research that often overlooks their true needs and experiences. Bunbury (2019) notes that dominant able-bodied groups control how

disability is understood and portrayed, reinforcing stereotypes that sustain discrimination. Grue (2011) emphasizes that if definitions of “impairment” and “disability” depend on language and power structures, then studying those structures is essential. Keller (1985) similarly argues that naming both generates and constrains knowledge, shaping boundaries of understanding. Priestley (1999) extends this point, noting:

Naming is not a passive act; it is a declaration of who belongs and who does not. (p. 112)

Language thus emerges as a powerful tool in conceptualizing disability culture and understanding exclusion. According to DePoy and Gilson (2004), the meanings attached to disability are produced through linguistic practices controlled by nondisabled majorities, which position disability as less valued. Using labels and terminology unique to disability demonstrates awareness of laws, school culture, and developments in disability studies (Darrow, 2013). Yet, terminology remains contested, with concepts such as handicap, injury, illness, and impairment debated across inconsistent practices (Grönvik, 2007; Grönvik, 2009; Gustavsson, 2004a). Belgrave (2014) stresses that appropriate language demonstrates respect for persons with disabilities. Proponents of positive terms contend that linguistic reform reflects the Sapir-Whorf hypothesis, where changing language can reshape worldviews, reduce stereotypes, and foster inclusion (Kamenetsky & Sadowski, 2020).

Researchers today are increasingly advised to employ marketing strategies, strong metaphors, and dominant news frames to communicate their findings effectively (Bubela et al., 2009; Larson, 2011; Kuchner, 2012; Nelder, 2013; Fischer et al., 2012). This trend reflects growing competition for funding, public attention, and influence in decision-making processes (Fischer et al., 2012). Metaphors and linguistic choices are not neutral; they shape the thinking of scientists and, consequently, the direction of research fields (Keller, 2002; Brown, 2003; Larson,

2011). In this sense, language is performative, producing tangible outcomes in the world. A narrow reliance on metaphorical tools can restrict diversity in research approaches and stifle creativity, particularly at emerging research frontiers (Larson, 2009). For this reason, culturally competent healthcare providers and researchers have a duty to remain responsive to evolving terminologies used by marginalized groups, including in academic publications (Andrews et al., 2022).

Many academic journals now recommend bias-free and person-first terminology, such as “person with a disability,” while also acknowledging that identity-first language (e.g., autistic people, the Deaf community) may be appropriate depending on cultural and community preferences (American Psychological Association, 2020; Mousavi et al., 2020; New Zealand Journal of Physiotherapy, 2020). Yet, definitions of disability remain contested. Researchers conducting surveys and censuses have long struggled to establish operational definitions that are “complete,” “global,” or “stable over time” (Grönvik, 2009). These issues highlight the importance of fostering open dialogue to ensure culturally sensitive and informed terminology in academic writing (Andrews et al., 2022).

Although social work education has made progress in moving away from the medical model of disability, it has not fully abandoned deficit-based perspectives that frame disability as a problem to be cured or prevented (Mackelprang & Salsgiver, 2015; Midgley & Conley, 2010). Shifting perceptions increasingly recognize disability as a normal part of life (Mackelprang, 2010). Nevertheless, disabled people remain underrepresented in education, employment, and health research (Lindsay et al., 2016; Ouellette, 2021).

It is not only nondisabled individuals who underestimate the complexity of disability; academia itself often applies undifferentiated approaches. As Sharma has argued, “The academy

needs to first expand its own ideas of disabilities and the places that disabled people can and do occupy within it” (as cited in Yerbury & Yerbury, 2021, p. xx). Disability research continues to be dominated by rehabilitation sciences, medicine, psychology, education, and social policy (Waldschmidt, 2018; Goodley, 2017). These disciplines frequently adhere to an individual model of disability (Waldschmidt, 2005), presupposing that disability inherently restricts participation and results in disability (Waldschmidt, 2018). Such perspectives risk overlooking the social and structural dimensions emphasized by the social model (Oliver, 1990).

Scholarly articles, published in peer-reviewed journals, remain the most authoritative and widely disseminated form of academic communication. Unlike blogs or news articles, journal publications undergo rigorous review and critique by experts, ensuring reliability and credibility (Salomão, 2023). With the rise of digital access, journal articles are increasingly available worldwide through institutional subscriptions, databases, and indexing services (Wren, 2005). Search engines such as PsycINFO and Web of Science allow instant retrieval of authors’ publications (Thyer, 2008), and most university libraries provide faculty and students with full access to subscribed journals. This accessibility grants journal articles a near-global audience, surpassing books and book chapters in reach (Thyer, 2008; Dunleavy, 2023).

Publishing in journals remains the most prestigious and productive means of disseminating social work research (Woodrow, 2014; Thyer, 2008). Journal articles reach more readers more rapidly than other formats, and blind peer review is widely regarded as a mechanism that ensures higher quality scholarship (Thyer, 2008). Accordingly, journal publication functions as the primary currency of academic credibility, valued above conference presentations, blogs, or book chapters (Thyer, 2008).

This study illustrates how disabled people have been described by authors and researchers in their respective journal articles, and how such descriptions impact the nature and trajectory of disability research. By critically examining the language used in academic publications, this research seeks to challenge deficit-based framings, highlight inclusive alternatives, and contribute to a broader transformation in disability discourse.

1.2 General Introduction

I am deeply interested in disability language use, disability research, and its impact on disabled people's lives because of my commitment to disability rights and inclusion. Throughout my life, I have witnessed daily manifestations of ableism, particularly in the labelling and language directed toward individuals with disabilities. Growing up with a brother who was disabled and fourteen years older than me, I came to view disability as a natural part of life. However, societal perceptions of disability often shape how nondisabled members of society relate to disabled people. These perceptions are frequently based on stereotypes or incomplete information, as many individuals have limited encounters with disabled people (Babik & Gardner, 2021).

My brother was often labelled as evidence of our parents' supposed wrongdoings because of his disability. One of our neighbours even avoided my parents due to the belief that disability was a curse. Such stigma reflects widespread traditional misconceptions that disabilities are punishments for "sinful deeds of the parents" or that they are contagious (Islam & Jahan, 2018). Yet, after ten years, the same neighbour's grandchild was born with a disability. This experience forced them to confront their misconception and admit to my parents that they had been wrong. They came to understand that there is no connection between parental wrongdoing and a child's disability. This life experience illustrates how personal encounters can significantly transform

perceptions. As Oliver (1990) reminds us, “The politics of disablement are reproduced daily through the words we use, which normalize exclusion and reinforce dependency” (p. 45).

Despite progress in disability rights, many misconceptions about disability continue to exist globally (Munyi, 2012). My family has always been actively connected with other disabled people, which fostered comfort, shared values, and mutual understanding without perceiving one another as “different.” Among those families was a man named J, who was born with a physical disability. His father abandoned the family immediately after his birth, believing the child would be a burden. However, J’s mother homeschooled him, and he excelled in government exams, later securing a stable job while using a wheelchair. He eventually purchased a house for his mother, got married, and started his own family. In doing so, he disproved his father’s erroneous belief that his disabled son would become a “burden.”

Another example is L, a physically disabled, well-educated young woman with excellent academic results. She applied for employment at a well-known NGO. Rather than recognizing her qualifications, the owner expressed pity for her family and offered to arrange foreign donor support instead of considering her for the position. L politely rejected the offer, refusing to accept the assumption that she was ineligible for employment. She later established her own business with other disabled women, producing handcrafted products for export. Through entrepreneurship, she became independent and empowered other disabled women to earn a living. This case highlights how disability is often framed through “charity” or “pity,” which implies sympathy rather than respect and equality (Langtree, 2010). As Shakespeare (2006) argues, “Language is never neutral; it frames disability either as tragedy or as diversity, and in doing so it shapes the possibilities for inclusion” (p. 29).

A further example is M, who lived without disabilities for twenty-five years and was preparing to marry her boyfriend. A sudden road accident left her disabled, and her partner's family urged him to marry someone else, believing she was no longer suitable and would be a financial burden. Despite this rejection, M secured a scholarship to study in the United States, where she became a successful professional. Ironically, many families now aspire to match their sons with her, given her achievements abroad. This case demonstrates how disability is often perceived as rendering individuals "unfit" for society or as life partners (Wasserman et al., 2016). Jenny Morris captures this dynamic, noting:

All the undermining messages, which we receive every day of our lives from the non-disabled world which surrounds us, become part of our way of thinking about ourselves. (Morris, 1996, p. 22)

The misconceptions about disabled individuals and the use of labels such as "sign of wrongdoing," "burden," "charity," "unfit," or "unworthy" are rooted in stereotypes and a lack of understanding of their true capabilities and value. These views are profoundly damaging, resulting in discrimination and exclusion across social interactions, education, employment, and relationships (Villines, 2021). When society views disability through a negative lens, it reinforces the idea that disabled people are somehow lesser or in need of fixing (Imrie, 1997). Negative perceptions of disability create ableism (Nosyreva, 2024), and ableism in turn perpetuates those negative views, creating a self-reinforcing cycle (Bunbury, 2019). For example, when disabled people are denied opportunities to participate fully in society, it reinforces the false belief that they are less capable (Ontario Human Rights Commission, 2020). This cycle continues as new generations internalize these negative perceptions and perpetuate ableism (Jóhannsdóttir et al., 2022). As Nieminen and Pesonen (2022) argue, "An anti-ableist

curriculum needs to bring disabilities and disabling conditions to the center of knowledge production and dissemination about human beings, breaking the ableist cycle of othering and marginalization” (p. 14).

During my time in school and high school, I noticed a limited number of disabled students in the institutions I attended. When classes advanced to the upper floors, I no longer saw those children continuing their education. This observation reflects broader systemic exclusion. National data reveal that many children with disabilities are not enrolled in any formal education (UNICEF, 2023). Most children with disabilities do not attend school, and those who do often drop out due to inaccessible infrastructures and non-inclusive teaching practices (CSID, 2002). Research indicates that most children with disabilities want to participate in education, yet only 11% have gained access (DPE & CSID, 2002; Ahsan & Burnip, 2007; DISE, n.d.). Pandey (2022) notes:

It can be observed that the highest number of disabled students can be seen in grade 4, after which an eventual and continuous decline can be observed as the grade level increases. (p. 2)

Upon graduating from high school and entering dental school, I noticed a complete absence of students with disabilities throughout my college experience. Various barriers—economic, ecological, diplomatic, and ideological—along with a non-inclusive education system, significantly hinder students with disabilities from fully participating in higher education (Strnadová, Hájková, & Květoňová, 2015). The medical field, including my college, primarily perceives disability through the lens of patient care, which discourages the enrollment of disabled students. Kaundinya and Schroth (2022) found that ableism thrives within medical education environments and, in some cases, is actively propagated.

In my dental school, disability was often seen as a deviation from “normal” functioning, labelled as defects or failures of bodily systems that required special care. Evidence suggests that ableism has long been entrenched in the culture of medicine, driven by an illusion of a binary between sick and well, perpetuated by societal and psychological influences (Agaronnik et al., 2021; Shapiro, 2008). Terms such as “patient,” “ill,” or “diseased” were commonly used to describe disabled individuals. The language used, combined with the absence of disability accommodation policies, implicitly signalled to students that disability should remain hidden, perpetuating stigma and encouraging nondisclosure.

The medical curriculum I studied revealed a significant gap in disability education. Disability topics were addressed only in relation to treating patients or the elderly, without broader consideration of disability as a social phenomenon. In fact, U.S. medical school curricula do not comprehensively address disability in pre-clinical or clinical training, leaving the hidden curriculum and chance interactions with senior providers to shape disability-related knowledge (Lett et al., 2019). This incomplete and unstructured education increases the potential for harmful ableist themes to spread, including worthlessness, objectification, and emphasis on supposed limitations (Kaundinya & Schroth, 2022). As Shakespeare (2014) reminds us:

The medical model tends to individualize disability, locating the problem in the body, while ignoring the disabling barriers created by society. (p. 45)

These experiences made me realize how entrenched ableist attitudes are, particularly within medicine. It is alarming that such a significant and influential field continues to view disability primarily through a clinical and deficit-focused lens. Systemic ableism not only creates obstacles for students with disabilities but also sustains misconceptions and biases within the medical community (Janz, 2019). This issue is not confined to developing countries such as

Bangladesh. A recent study indicates that many students in the United States refrain from disclosing their disabilities during medical school enrollment due to systemic misunderstandings about disability that are widespread in society and reflected in medical education frameworks (Kaundinya & Schroth, 2022).

Systemic ableism refers to inequities disabled people experience because of laws and policies. According to the Canadian Institutes of Health Research (2020), systemic ableism extends beyond individuals to the institutional level. This means that physical and attitudinal barriers embedded within policies, laws, regulations, and practices exclude persons with disabilities from equitable participation in academia and research (CIHR, 2023). Gertsman et al. (2023) emphasize:

Despite evidence that patients, healthcare workers, and society benefit from the inclusion of physicians with disabilities, admission policies for Canadian medical schools systematically exclude these individuals from the medical field. (p. E1516)

Thus, ableism negatively impacts employment outcomes through barriers within the work environment, barrier experiences in disclosing disabilities, insufficient accommodations, and workplace discrimination (Sharma et al., 2025). As Charlton (1998) observed, “Disability oppression is not simply a matter of individual prejudice; it is embedded in institutions, policies, and the very language we use” (p. 65).

Ableist language further perpetuates these systemic barriers. Nović (2021) notes that individuals are often “undiscerning” (para. 3), unaware of the ableism embedded in their everyday speech. Putri, Safitri, and Hadiyansyah (2025a) found that children frequently mimic peer speech patterns to gain social acceptance, with ableist themes appearing in 27 instances of

swear word usage. Maurer (2019) explains that while anyone can create a term, an expression will only “gain currency according to the unanimity of attitude within the group” (para. 2). This suggests that ableist slang persists because speakers, consciously or unconsciously, believe it to be true.

Garcia and Guerra (2004) highlight that preconceived ideas about disabled students often assume they will perform below grade-level expectations. Such language, whether overt or subtle, intentional or unintentional, has far-reaching consequences. Garcia et al. (2020) emphasize that ableist language fosters negative perceptions of disabled individuals among nondisabled people, decreasing tolerance and perpetuating stigma and shame. Bottema-Beutel et al. (2021) similarly found that describing autism in ableist terms negatively affects how society views autistic people and may even harm how autistic individuals view themselves. Friedman and Gordon (2023) stress:

Language has been, and continues to be, a source of oppression for disabled people.
(para. 1)

Historically, disability-related language has been used to rationalize segregation, institutionalization, and even forced sterilization (Richardson & Trent, 1997). Moreover, ableist discourse contributes to the internalization of stigma. Campbell (2008) explains:

Internalized ableism means that to assimilate into the norm, the referentially disabled individual is required to embrace, indeed, to assume, an “identity” other than one’s own – and this subject is repeatedly reminded of this by epistemological formations and individuals with hegemonic subjectification of their provisional and (real) identity. (p. 157)

Brown’s examination of ableist language is particularly insightful, highlighting that it extends beyond individual terms to reflect deeper attitudes and assumptions. He stresses the

powerful role language plays in shaping thought, which in turn influences societal norms, structures, and policies affecting disabled people (NeuroLaunch Editorial Team, 2024). Slang and informal language, for example, serve as mirrors that reflect cultural identity and social trends. Encyclopedia Britannica (Slang – Characteristics of slang, 2019) notes that slang often contains layers of meaning beyond the literal, capturing the nuances of speakers' experiences, social circles, and historical contexts.

The next generation of researchers must adopt a more inclusive and respectful approach, consider the lived experiences of disabled people and promoting equity across all sectors (Fisk et al., 2018). Disrupting dominant discourses about disability, which are primarily controlled by those in positions of power, is necessary to change conceptualizations of disability itself (Bottema-Beutel et al., 2021). For this reason, this study seeks to evaluate the language used by researchers closely, unravelling the ways disabled people have been referred to in online journal articles and examining the impact of such discourse on knowledge production and lived realities.

1.3 Statement of the Problem

Bourdieu (1991) asserts that “Language represents, manifests, and symbolizes power” (p. 37). This observation is particularly relevant to disability studies, where language has historically been used to marginalize and silence disabled people. Disabled individuals have long faced significant barriers and discrimination, with their voices often excluded from decision-making processes (Inclusion Canada, 2019). The opinions of medical and allied professionals are frequently prioritized, overshadowing the undervalued experiential knowledge and perspectives of disabled individuals (Ho, 2008). These dynamic enables professionals to wield paternalistic authority in making critical decisions about disabled people's lives, including their living

arrangements, employment status, educational environment, necessary support, and even choices regarding parenthood (Thill, 2014).

Researchers of disability often act as gatekeepers of disabled people's lives. Professionals may be experts on the international programs they administer, but disabled people are experts on their own strengths and limitations (International Education Professional Pathway, n.d.). When advocacy for disabled individuals is primarily led by those outside the community, it risks misrepresentation and a lack of genuine understanding of the issues at hand. Ashby (2011) and Oliver (1992) argue that the appropriation of disabled individuals' lived experiences for research is highly problematic, as it often advances researchers' careers without improving the social conditions of participants. Coons and Watson (2013) similarly note that disability research has typically been conducted on individuals with disabilities rather than with them, disempowering this already vulnerable population and stripping away their voice.

Positivist research traditions, particularly within medicine, have often diminished and silenced disabled voices. Dowse (2009) highlights how people with intellectual disabilities were historically degraded as "psycho-medical curiosities" (p. 142). Barnes and Mercer (1997) further emphasize the academic gatekeeping of disability knowledge, noting:

It remains necessary to satisfy academic peers and examiners. For better or worse, it is the academy, rather than disabled people at the grassroots, who can pass judgment on a submitted thesis! (p. 91)

This imbalance reflects a broader problem of representation. Andrews et al. (2022) caution that when researchers from other disciplines use disability terms based on their own perspectives and existing knowledge, it can lead to misunderstandings and misrepresentations.

Williams (1996) identifies this as a continuing dispute over who the legitimate representatives of disability experience and reality are in the modern world.

Professional bodies, closely linked to academic disciplines, have traditionally upheld societal order and norms. The medical and legal professions, archetypes of traditional authority, continue to exert significant influence over intimate aspects of people's lives (Gillberg, 2020; Brown & Leigh, 2020). Academics working within positivist and interpretative paradigms often cast themselves as "experts" or "knowers," implicitly or explicitly maintaining that the knowledge and experience of disabled people count for little (Hunt, 1981; Finkelstein, 1980; Abberley, 1992; Priestley, 1996). As Gillberg (2020) observes, a social justice issue arises when power imbalances impede disabled people's ability to participate on their own terms in contexts that affect them. Park (2023) argues that challenging gatekeeping practices, advocating for inclusivity, and amplifying disabled voices are essential steps toward equity.

Language further complicates this dynamic. Everyday usage of words often diverges from their specialized or technical meanings, and professionals anticipate that their precise definitions will not enter common language. However, in the case of disability, technical definitions frequently prioritize complex interactions over simpler characteristics, creating confusion and reinforcing exclusion (Grue, 2016). As Fairclough (1989) reminds us, "Discourse is not merely a reflection of social processes and structures, but a form of social practice that both reproduces and transforms them" (p. 23). Thus, the problem lies not only in the exclusion of disabled voices but also in the ways language itself constructs disability, shaping perceptions, policies, and lived realities.

1.4 Purpose of the Study

Disabled people across the globe remain politically, economically, and culturally disenfranchised (Grue, 2011). They face discrimination and barriers daily that restrict them from participating in society on an equal basis with others (United Nations Human Rights, n.d.). For example, they are commonly denied rights to inclusion in schools and workplaces, to live independently in the community, to participate in sports and cultural activities, to enjoy social protection, to access justice, to consent or refuse medical treatment, or to freely enter legal commitments such as opening a bank account and inheriting or buying property (Office of the High Commissioner for Human Rights [OHCHR], n.d.). For disabled people, language and ableism—discrimination and oppression directed toward them—have always been intertwined (Brown, 2014). Bottema-Beutel et al. (2020) argue that researchers' language choices shape public perceptions of disability. Inaccurate or derogatory language can exclude, offend, or act as a barrier to full and meaningful participation. The United Nations (n.d.) further emphasizes that inappropriate language may amount to discrimination and impinge upon the enjoyment of human rights.

Journal articles, unlike web-based or popular magazine pieces, are designed and structured to provide the elements necessary to evaluate the validity and truth of an author's position (Memmott, 2021). They remain an important means of distributing research findings and shaping knowledge in the field of disability (Thyer, 2008). Andrews et al. (2019) emphasize the im

portance of questioning and reshaping disability language, involving disability researchers, and working with disabled individuals to achieve health equity and social inclusion. Scotch (1988) warned that “it is unrealistic to expect the media to help society advance past its

narrow and prejudiced understanding if academics and educators continue to oppose a progressive paradigm to disability concerns” (p. 161). Michalko (2018) similarly observed:

We are in trouble because disabled individuals are forced to understand themselves only via the language of medicine and psychology. (p. 1591)

Representations of research participants and results are often shaped by research biases, which may not accurately reflect how participants perceive themselves. This issue has long been emphasized in qualitative methodological literature (Kuntz, 2010; Noblit, Flores, & Murillo, 2004; Rallis, 2010). Garzón Díaz and Goodley (2019) argue that dominant epistemological, ontological, and methodological priorities within academic contexts shape understandings of disability. They stress that teaching disability presents barriers, particularly in offering alternative conceptualizations that oppose prevailing knowledge practices. Titchkosky (2008) underscores the importance of discourse analysis, noting that “disability studies have often focused on how disability is represented in everyday life and media. Yet disability is also constituted in scholarly texts, and these texts must be read as part of the discursive practices that shape disability” (pp. 6–7).

Social science researchers produce various versions of reality, theory, and descriptions of people and places when writing research reports (Potter, 1996). As such, researchers’ language choices shape how people and places come to be known (Bottema-Beutel et al., 2020). Therefore, this study employs a critical discourse analysis (CDA) framework to explore the language used in journal articles to refer to “disability” and “disabled people” and to examine the effects such language has on nondisabled audiences. Building on personal observations of ableist language in everyday contexts, this study extends the analysis to academic discourse, where language not only reflects but also constructs social realities.

The contribution of this study lies in its focus on journal articles themselves. While disability studies have extensively critiqued medical and media discourse (Grue, 2016; Titchkosky, 2008), less attention has been devoted to the language of academic publications. Scholars such as Garzón Díaz and Goodley (2019) and Williams (1996) highlight how academic contexts reproduce ableist assumptions, yet systematic discourse analysis of journal articles remains underdeveloped. By critically analyzing discourse in journal articles, this research aims to uncover how language perpetuates or challenges ableism and how it impacts both disabled and nondisabled people. The findings of this study may benefit the field of disability studies, as well as broader discussions of language and society, by contributing to more inclusive and equitable discourse.

1.5 Aim and Objectives

The overarching goal of this research is to explore how disability and disabled people are represented in academic scholarship. Specifically, this study seeks to examine the ways researchers construct disability through language and how such representations shape both the nature of disability research and the lived realities of disabled and nondisabled people. As Fairclough (1989) reminds us, “Discourse is not merely a reflection of social processes and structures, but a form of social practice that both reproduces and transforms them” (p. 23). This insight underscores the importance of analyzing scholarly texts as discursive sites where disability is constituted.

To achieve this goal, the study employs critical discourse analysis (CDA) as its methodological framework. CDA enables the identification of linguistic patterns, terminologies, and discursive strategies used in journal articles to refer to disability. As van Dijk (1993)

explains, CDA is concerned with “studying and analyzing written and spoken texts to reveal the discursive sources of power, dominance, inequality, and bias” (p. 249). Applying CDA to disability discourse allows for a deeper understanding of how academic language can perpetuate ableism or challenge exclusionary practices.

The objectives of this study are as follows:

- **To analyze the language used in journal articles to represent disability and disabled people.** This includes identifying recurring terms, metaphors, and discursive frames that shape understandings of disability.
- **To examine how these linguistic choices influence the nature of disability research.** By interrogating the assumptions embedded in scholarly discourse, the study highlights how research practices may reinforce or disrupt ableist paradigms.
- **To explore the broader social implications of disability language in academic contexts.** This objective considers how scholarly discourse impacts both disabled and nondisabled people, particularly in relation to inclusion, identity, and social justice.
- **To contribute to disability studies by foregrounding the importance of language.** In line with Grue (2016), who argues that disability discourse analysis remains underdeveloped in academic contexts, this study aims to fill a critical gap by focusing on journal articles as sites of discursive power.

1.6 Research Question

What understandings of disability and disability issues are illustrated by the language researchers and writers use to discuss disability in journal articles?

Sub-questions:

- How does language influence the nature of disability research?
- How does the language used in journal articles impact nondisabled readers, and what are the possible implications for disabled people?

CHAPTER 2

THEORETICAL FRAMEWORK

Theoretical models provide essential lenses for understanding how societies construct disability and how language reflects and reinforces these constructions. Within Critical Discourse Analysis (CDA), theoretical models are particularly valuable because they reveal the interplay between discourse, ideology, and power. As Gee (2014) explains, “Discourses are ways of combining and integrating language, actions, interactions, ways of thinking, believing, and valuing” (p. 29). By situating disability within theoretical models, researchers can interrogate how discourse legitimizes or resists inequality.

Charity Model:

The charity model of disability, originating in medieval contexts, interprets disability through pity, dependency, and vulnerability (Griffo, 2014). It frames disabled people as passive recipients of aid, often reinforcing segregation and exclusion. Barnes (1991) observed that charitable discourse “has tended to portray disabled people as tragic victims, dependent on the goodwill of others” (p. 5). This framing, while sometimes well-intentioned, entrenches disempowerment and stigma.

Contemporary critiques highlight that charity discourse often masks structural inequalities. Priestley (1999) argues that charitable approaches “individualize disability, locating the problem within the person rather than within society” (p. 27). Thus, the charity model perpetuates dependency while failing to challenge systemic barriers.

Moral Model:

The moral model is historically the oldest, framing disability as a consequence of sin, fault, or divine punishment (McTigue, 2010). It persists in cultural and religious narratives

worldwide, shaping stigma and discriminatory attitudes. Shakespeare (2006) notes that “the moral model has been deeply embedded in cultural traditions, associating disability with shame and moral failing” (p. 56).

Interestingly, some interpretations reframe disability as a spiritual gift or challenge, suggesting that disabled people are chosen for special purposes (Landsman, 1999). However, such narratives still reinforce difference and exceptionalism. As Charlton (1998) emphasizes, “The moral model has contributed to centuries of oppression, embedding disability within a framework of blame and guilt” (p. 22).

Medical Model of Disability:

The medical model defines disability as impairment, deviation, or pathology, emphasizing diagnosis and treatment (Scior, 2003). It frames disability as a problem to be fixed, often through rehabilitation or assistive technologies. Barton (1996) explains that “the medical model locates disability within the individual body, reducing social exclusion to a matter of personal tragedy” (p. 38).

This model has produced stereotypes such as the “poster child” or “supercrip,” where disabled people are either pitied or celebrated for extraordinary achievements (Silva & Howe, 2012). Such representations, while seemingly positive, reinforce ableist expectations. As Thomas (2004) argues, “The medical model denies the social dimensions of disability, focusing instead on cure and normalization” (p. 30).

Critiques from disability rights movements have challenged the medical model since the 1970s, emphasizing that it obscures structural barriers and perpetuates exclusion (Barnes & Mercer, 2010).

Social Model of Disability:

The social model challenged medicalization by reframing disability as socially constructed rather than individually deficient (Baglieri et al., 2011). It shifted perspectives from personal tragedy to societal oppression, from care to rights, and from individual adaptation to collective liberation (Alevriadou & Lang, 2011). Oliver (1996) emphasized that disability arises not from bodily difference but from social barriers that restrict participation.

Anastasiou and Kauffman (2013) explain that disability is induced by environmental conditions that inhibit living activities, such as inaccessible buildings or communication barriers. This perspective is empowering, as it locates responsibility for change within society rather than the individual. Legislative milestones such as the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA, 1990), and the Americans with Disabilities Act (ADA, 1990) reflect the influence of the social model in policy (Kanney, 2013).

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) further institutionalized this perspective, grounding disability rights in inclusion, equality, and non-discrimination (Waddington & Priestley, 2020). Goodley (2011) distinguishes between impairment (bodily difference) and disability (social restrictions), underscoring the model's focus on dismantling barriers. Rioux (1994, 1997) argues that eliminating disabling barriers requires the direct involvement of disabled people in policymaking and representation.

For example, individuals who use wheelchairs may only be socially disabled if buildings are architecturally inaccessible. Otherwise, there may be no barrier preventing full participation in education, employment, or community life (Berger & Wilbers, 2021). The social model thus reframes disability as a collective responsibility, advocating for environments that welcome diverse bodies and abilities.

Importantly for this thesis, the social model also highlights the role of language as a disabling barrier. As Campbell (2009) argues, “Ableism is embedded in the discourses and practices of everyday life, shaping how disability is spoken about and understood” (p. 5). Journal articles, as sites of academic discourse, can either reproduce exclusionary language or challenge it by adopting inclusive terminology. Thomas (1999) similarly emphasizes that disabling barriers are not only physical but also “attitudinal and discursive, operating through the ways disability is represented and talked about” (p. 42). This insight directly connects the social model to the aims of this study: examining how scholarly language constructs disability and influences both disabled and nondisabled readers.

CHAPTER 3

LITERATURE REVIEW

This chapter presents a summary of the extant literature on disability discourse, the use of ableist language, and its impact on society. It aims to situate this study within disability scholarship, demonstrate its relevance to existing knowledge, and highlight how it seeks to address the identified gap. The review identifies how disabled people have been described in various written articles, examines why society continues to exhibit ableist attitudes toward disabled people, and explores how such discourse impacts both non-disabled readers and the lived experiences of disabled people.

Disability studies is a field that grew up very quickly, across the 1990s and early 2000s, generating new concepts, debates, and intersections at a dizzying rate (Blanton & Reiss, 2019). A dialogue about disability language benefits from historical context and the importance of understanding the authors' focus on language as it relates to the broader field of disability studies. The meanings we attribute to disability are shifting, elusive, and sometimes contradictory (Blanton & Reiss, 2019). As Adams, Reiss, and Serlin note:

“If history is any indication, the meanings of disability and the words we use to describe its various manifestations will no doubt undergo profound shifts as a category of identity; a social, legal, and medical designation; and an embodied condition. As a way of perceiving the world, it will help us to understand—and to influence—the way that future takes shape.” (Adams et al., 2015, p. 11).

According to Linton, attempts to reassign meaning to our use of the term “disability” reveal “the complex web of social ideals, institutional structures, and government policies” that impact the lives of people with disabilities (Linton, 1998, p. 10). One of the first challenges in this effort is to develop a more systematic working definition, or definitions, of disability (Berger & Wilbers, 2021). Rapley (2004) claims that the difficulties are caused by pervasive socially determined ableist labels given to people with disabilities, rather than the so-called imperfect body. This ableist view of disability is not only produced but also reproduced and promoted by current discourses, particularly the media (Zhang & Haller, 2013).

Several attempts have been made to give formal guidelines for professionals, writers, journalists, and researchers in the use of proper language, with mixed results (University of Kansas, 1987; McFarlane & Clements, 1990; Byrd et al., 1991; Cumming & McKercher, 1994). Solvang (2000) states that “us/them” discourse is most clearly visible among American writers (Davies, 1995, 1997; Linton, 1998) and warns that if this discourse increases in importance, disability as a concept may fade away. Previous research has also found that inappropriate terminology was relatively common in Canada and Israel, with many publications failing to reference disability directly (Auslander & Gold, 1999). Gilbert et al. (1997) analyzed 513 Canadian newspaper articles and observed that most contained at least one inappropriate term that defined persons with disabilities without the presence of the term “person” or reinforced devalued roles. Dobbs (1990) found that disabled children were labelled “Handicapped children,” “Mainstreamed children,” “Children with special needs,” “Exceptional learners,” and “Differently-abled,” representing a discursive construction of deviation from an arbitrarily defined standard. Laforge (1991) examined rehabilitation publications and found that 85 percent of those using preferred language in titles contained inappropriate language in the text.

Gernsbacher et al. (2016) note that Google Scholar indexes over a million scholarly articles with the euphemism “special needs,” while Amazon sells thousands of books with the term in their titles. Kaney (2013) found that catalogue subject terms in youth literature are almost exclusively diagnosis-based, providing limited insight into disability issues. Koford (2014) showed that disability studies scholars often encounter limitations in subject headings, forcing them to use non-preferred language to retrieve useful search results. Despite guidelines, rehabilitation professionals and therapists have yet to eliminate inappropriate language (Hadley & Brondwin, 1998).

Language and communication are at the heart of patient care, and the words practitioners choose may influence the effectiveness of their care (Heritage et al., 2007). While there is limited evidence about the impact this language has on practice or outcomes, healthcare practitioners should be cognizant of their word choices and understand the power communication plays in patient care (Franz & Murphy, 2018). A 2008 survey in England found that people using mental health services reported their lives were damaged by stigma and their inability to be heard by professionals or challenge treatment decisions (Time to Change, 2008). Participants described that mental health professionals “see me as an illness, not a person” (Time to Change, 2008, p. 10).

A language that does not place the person first creates barriers and reinforces “us versus them” mentalities (Hamilton & Manias, 2006). Wahl (2003) examined stigmatizing language and behaviours in relation to discrimination and prejudice. Shattell (2009) postulates that unintended stigmatizing meanings are “more insidious and dangerous” than overtly stigmatizing language because they perpetuate unequal systems of power without awareness (p. 199).

Researchers recommend that publishing guidelines allow authors to use either person-first or identity-first language depending on community preference (Andrews et al., 2022). Gilson et al. (1997) argue that euphemistic language undermines social justice goals by making disability sound more positive, as if oppression has been eliminated. Galvin (2003) emphasizes that no replacement word can eradicate prejudice. Gernsbacher et al. (2016) found that “special needs” is associated with more negativity, while the National Center on Disability and Journalism (2015) warns that “special” is now widely considered offensive.

The use of inspiration-porn language ignores disability’s status as a predicament (Shakespeare, 2013), glosses over complex embodiment (Siebers, 2008), and precludes understanding of interactions between disability, impairment, and chronic illness (Grue, 2016). These portrayals intrude into disabled lives and set impossible standards of perpetual happiness and gratitude (Serlin, 2015). Fine & Asch (1988) argue that emotionally charged language reinforces stereotypes and denies self-determination. Woods (2017) shows that ableist discourse influences policy, education, and therapeutic practices.

Tarvainen (2021) extends this by showing how ableism circulates through the life stories of disabled people, producing both “othering” and resistance narratives. Friedman & Gordon (2023) found that disability professionals themselves often use ableist language, revealing how stigma is embedded even among those working in disability fields. Hutson & Hutson (2025) argue that deficit-based language reinforces exclusion, while strength-based language can empower neurodivergent individuals and reshape societal attitudes. Silva et al. (2025) and The Lancet (2023) highlight structural ableism in public health, showing how discourse contributes to systemic inequities.

Policy frameworks often reproduce ableist assumptions through the language they employ. Wendell (1996) argued that disability policy frequently frames disabled people as burdens rather than citizens with rights, reinforcing exclusion. Pierce (1998) similarly noted that language in policy documents can perpetuate power imbalances by defining disability in terms of deficit. More recent critiques highlight how inclusive education policies sometimes rely on euphemistic terms such as “special needs,” which, as Gernsbacher et al. (2016) demonstrate, evoke negativity and confusion. In practice, these terms can marginalize students by separating them from mainstream educational discourse.

Educational contexts also reveal the impact of language on identity formation. Dobbs (1990) showed how children were labelled with deficit-based terms, shaping how teachers and peers perceived them. Hutson & Hutson (2025) argue that adopting strength-based language in education can empower neurodivergent students, shifting focus from deficits to capabilities. Everyday classroom practices, such as referring to students as “special needs,” risk reinforcing stigma, while identity-first language, embraced by some communities (e.g., “autistic students”), can foster solidarity and self-advocacy.

Language shapes not only policy and education but also the lived experiences of disabled people. Dunn (2021) observes that conversations about ableist language are increasing, reflecting growing awareness of its impact on everyday life. Tarvainen (2021) highlights how disabled people narrate their own life stories in ways that resist ableist discourse, reclaiming identity through language. Yet, Friedman & Gordon (2023) show that even professionals working in disability services often perpetuate stigma through their word choices, underscoring the pervasiveness of ableism in daily interactions.

Everyday discourse also influences how non-disabled people perceive disability. Serlin (2015) argues that inspiration-porn narratives set impossible standards, encouraging non-disabled audiences to view disabled people as objects of pity or admiration rather than as individuals with complex identities. This framing not only distorts public understanding but also impacts how disabled people are treated in daily life, from workplace interactions to community participation. Dunn (2021) emphasizes that ableist language is embedded in culturally shared norms and values, meaning that everyday conversations can reinforce exclusion even when speakers are unaware of the harm. Tarvainen (2021) shows that disabled people resist these narratives by reclaiming language in their own life stories, yet the persistence of deficit-based discourse in professional and social contexts demonstrates how deeply entrenched ableism remains. Friedman and Gordon (2023) further highlight that even disability professionals often perpetuate stigmatizing language, underscoring the pervasiveness of ableism across lived experience. Together, these studies illustrate that language is not simply descriptive but constitutive: it shapes disabled people's identities, influences how they are perceived by others, and structures the possibilities for inclusion or exclusion in everyday life.

CHAPTER 4

METHODOLOGY AND PROCEDURES

4.1 Introduction:

This chapter outlines the methodological approach and procedures employed in the study. It presents the type of research conducted, the theoretical and analytical framework guiding the inquiry, and the techniques used for data collection and analysis. The methodology is designed to ensure rigour, transparency, and alignment with the study's aim of examining how disability and disabled people are represented in scholarly discourse.

4.2 Critical Discourse Analysis

Critical Discourse Analysis (CDA) provides a powerful framework for interrogating the relationship between language, ideology, and social structures. As Gursel and Bilgin (2020) note, CDA “offers effective methods for problematizing and analyzing social practices” (p. 112), making it particularly relevant for exploring how disability is constructed in academic texts. At its core, CDA entails a detailed assessment of the relationship between fine-grained microanalysis of discursive elements and macroanalysis of broader social and political contexts (Luke, 2002).

Wodak (2001) emphasizes that CDA is particularly concerned with uncovering how discourse reproduces social inequality and how texts contribute to the maintenance of power relations. Despite methodological variation, CDA approaches consistently highlight language's expressive function in shaping representations of the world across media and organizational texts (Stamou, Alevriadou, & Soufla, 2014).

This study primarily draws on the CDA framework developed by Norman Fairclough (2015). Fairclough argues that social orders and practices are constructed and reconstructed through communicative acts mediated by discourse. Language use reflects underlying perceptions and conceptualizations, revealing which social actors have access to power and control. As Winther Jørgensen and Phillips (1998) explain, CDA treats language as a “mirror of social reality” (p. 61), reflecting how writers and speakers conceive the world.

Fairclough (2015) further insists that CDA should not be limited to knowledge production but should aim to transform social relations. He contends that research must serve as a tool to highlight and equalize power imbalances between groups in society. In this sense, CDA is both descriptive and emancipatory, aligning with the goals of disability studies to challenge ableist discourse and promote inclusion.

This thesis builds on a combination of Fairclough’s CDA theory and methodology, systemic-functional grammar (Holmberg et al., 2011), and metaphor analysis (Cameron & Maslen, 2010). Systemic-functional grammar provides tools for analyzing how linguistic structures encode meaning and social relations, while metaphor analysis highlights how figurative language shapes conceptualizations of disability. These approaches are complementary, as the cited authors reference and build upon each other’s work both theoretically and methodologically. Together, they provide a robust framework for analyzing how disability is represented in journal articles and how such representations influence broader social understandings.

As van Dijk (2008) reminds us, CDA is not only about analyzing text but also about uncovering the “hidden power structures and ideologies that sustain inequality” (p. 85). This

perspective is crucial for disability studies, where language often reproduces ableist assumptions. By combining Fairclough's three-dimensional model of discourse (text, discursive practice, and social practice) with systemic-functional grammar and metaphor analysis, this study can interrogate both the micro-level linguistic choices and the macro-level social implications of disability discourse.

4.3 Data Collection:

This study utilized published documents, specifically online journal articles accessed through Google Scholar. A total of 19 articles were selected, each of which refers to physically, intellectually, and mentally disabled people using terminology beyond “disabled people” or “people with disabilities.” These articles were chosen because the terms employed in their headlines reflect differing attitudes toward disabled individuals and reveal how language choices shape perceptions. The headlines themselves particularly interested me, as they prompted curiosity about how disability and disabled people were represented within the articles. As Gee (2014) explains, “Discourses are ways of combining and integrating language, actions, interactions, ways of thinking, believing, and valuing” (p. 29). Headlines, as highly visible discursive elements, provide insight into how disability is framed for both specialized and general audiences. The selected articles serve to illustrate unique communication patterns within specific academic fields while also appealing to a wider readership. These texts are exclusively utilized for critical discourse analysis, enabling the study to interrogate how scholarly language constructs disability. The number of articles was deliberately limited to 21 to provide a manageable dataset, allowing close attention to words and phrases and formally examining the entirety of each text. This approach aligns with Fairclough's (2015) emphasis on the importance

of detailed textual analysis in CDA, where micro-level linguistic choices are linked to broader social structures.

All the articles assert that they contribute to improving the lives of disabled individuals and their caregivers. However, this study re-examines such claims by investigating whether the language used genuinely provides benefits or whether it contradicts the intended purpose, potentially reinforcing harmful stereotypes or negatively impacting disabled people. As Cameron and Maslen (2010) argue, metaphors and linguistic framing can “shape the way people think about social issues” (p. 102), making it essential to scrutinize the discursive strategies employed in academic writing.

Addressing harmful language is crucial for several reasons. It helps create a more inclusive and respectful society for disabled individuals, challenges misconceptions, and promotes a deeper understanding of disability. According to NeuroLaunch.com (2024b), “language is not neutral; it can either reinforce stigma or foster inclusion” (para. 5). Similarly, Barnes (1992) observed that representations of disability in texts often “reinforce dependency and marginalization rather than empowerment” (p. 23). By critically analyzing the terminology used in scholarly articles, this study aims to highlight how discourse can perpetuate exclusion or contribute to social justice and empowerment.

In addition, the focus on headlines is particularly significant because they function as “semantic gateways” (van Dijk, 1988, p. 45), shaping how readers interpret the content before engaging with the full text. Headlines condense complex ideas into simplified linguistic forms, often reproducing dominant ideologies. This makes them a powerful site for CDA, as they reveal how disability is framed at the intersection of academic authority and public perception.

4.4 Inclusion and Exclusion Criteria:

The inclusion criteria for this study were guided by both methodological rigour and the United Nations Disability-Inclusive Language Guidelines (Annex I) (United Nations, 2019). Articles were eligible for inclusion if they were peer-reviewed scholarly publications published between 2015 and 2025, were accessible online (via Google Scholar and/or the University of Manitoba Library), and contained terminology identified by the UN guidelines as language to be avoided. These terms, such as “handicapped”, “retarded”, “intellectually challenged”, “physically challenged”, “special needs”, “differently abled”, and “feeble-minded”, were intentionally used as search keywords. This ensured that the dataset captured academic texts that continue to employ outdated or ableist terminology, allowing for a critical examination of discursive patterns within contemporary scholarly publishing.

No geographic restrictions were applied, enabling the inclusion of articles from any region of the Global North or Global South to support a global perspective on disability discourse. Articles were excluded if they did not contain any of the targeted terms from the UN guidelines, if they were not accessible online, or if they consisted solely of biomedical or diagnostic descriptions without discursive content about disabled people. Non-academic sources such as blogs, news articles, opinion pieces, and conference abstracts without full text were excluded. Duplicate records were removed, and articles were collected until data saturation was reached, meaning that repeated searches produced no new relevant material. Because the study analyzed publicly published peer-reviewed texts and did not involve human participants or confidential data, ethics approval was not required.

Overview of the selected articles:

Across the full search process, nearly 76 articles were reviewed, and nineteen were ultimately included after applying all selection and exclusion criteria. Below is the overview of the 19 articles selected for analysis:

Table 1: Overview of Selected Articles

No.	Article Title	Journal Name	Country of Journal Origin	Discipline or Field of Study	Global North/ South	Peer-Reviewed	Open Access
1.	Opportunities and challenges of Universitas Negeri Surabaya in fulfillment of the rights of education for people with mental retardation	Advances in Social Science, Education and Humanities Research	Indonesia	Education / Social Science	Global South	Yes	Yes
2.	Community Attitude to the Social Life of Mentally Retarded Teenager in Paninggilan Village	Journal of ICSAR	Indonesia	Education	Global South	Yes	Yes
3.	Exploring the challenges of	Journal of Rehabilitation	Iran	Rehabilitation / Social Work	Global South	Yes	Yes

	families with mentally retarded children in care centers under the supervision of the welfare organization of Tehran in the COVID-19 pandemic conditions: A qualitative study						
4.	Exploring the perspectives of physically challenged women entrepreneurs in the Sekondi-Takoradi Metropolis, Ghana	Journal of Enterprising Communities	United Kingdom	Business / Social Science	Global North	Yes	No
5.	Physical fitness profile of wheelchair-bound soldier: A preliminary study to propose a new standard for disabled	Indonesian Journal of Physical Medicine & Rehabilitation	Indonesia	Medicine / Rehabilitation	Global South	Yes	Yes

	soldier						
6.	Developing the skills of mentally retarded children through career guidance	International Journal of Pedagogy	Indonesia	Education	Global South	Yes	Yes
7.	Mental health problems among caregivers of differently-abled children: A bibliometric study	Journal of Psychosocial Rehabilitation and Mental Health	India	Psychology / Mental Health	Global South	Yes	No
8.	Human resource practices for physically challenged employees: Basis for intervention program	International Journal of Advanced Research and Publications	India	Business / HR	Global South	Yes	Yes
9.	Creative leadership in entrepreuneuring people with special abilities	TEM Journal	Serbia	Business / Technology	Global North (Europe)	Yes	Yes
10.	Analysis of health promotion behaviors	Asia-Pacific Journal of Convergent Research	South Korea	Health / Rehabilitation	Global South	Yes	No

	according to physical activity participation patterns of physically handicapped people: Application and supplementation of health belief model	Interchange					
11.	Psychosocial impacts on parents of mentally challenged children at Mangaluru	Manipal Journal of Nursing and Health Sciences	India	Nursing / Health	Global South	Yes	Yes
12.	Learning difficulties for retarded students with intellectual disabilities: Case studies on biology subjects in high school	Advances in Social Science, Education and Humanities Research	Indonesia	Education	Global South	Yes	Yes
13..	Finding a nexus between qualitative education and	Library Philosophy and Practice	United States	Library Science / Education	Global North	Yes	Yes

	the intellectually challenged children in Nigeria: The school libraries as rescue agents						
14.	Unequal representation of differently-abled people in economic activity: Socioeconomic implications for a modern India	SSRN Electronic Journal	United States	Economics / Social Policy	Global North	Yes (preprint)	Yes
15.	What about us? Experiences of relatives regarding physician-assisted death for patients suffering from mental illness: A qualitative study	Culture, Medicine, and Psychiatry	United States	Psychiatry / Medical Humanities	Global North	Yes	No
16.	Peculiarities of development and education of children with complex defects	Journal of Education, Ethics and Value	Uzbekistan	Education	Global South	Yes	Yes
17.	Body matters in	Frontiers in	Switzerland	Psychology	Global	Yes	Yes

	emotion: Restricted body movement and posture affect the expression and recognition of status-related emotions.	Psychology			North		
18.	Navigating the intersection of family law and mental health: protecting the rights of unsound mind individuals	Indian Journal of Law and Legal Research	India	Law	Global Sout	Yes	Yes
19.	Relaxation technique to reduce stress for a caregiver of a mental illness patient	Jurnal Aisyah: Jurnal Ilmu Kesehatan	Indonesia	Health / Nursing	Global South	Yes	Yes

4.5 Data Analysis Strategies:

The initial phase of data analysis involved a comprehensive reading of all 19 articles to gain an in-depth understanding of the terminology employed in the titles and the various representations of disability within the texts. This preliminary review enabled the identification of potential themes for further investigation while also providing an informal overview of the broader fields of study to which each article contributed.

Following this initial reading, the analysis shifted toward examining the rationale behind the authors' choices of specific keywords used to depict disability. Particular attention was given to how terminology has evolved within the context of disability research and how these linguistic choices reflect changing societal attitudes and perspectives over time. To achieve this, a second, more focused review of the articles was conducted, during which selected excerpts were analyzed to extract deeper insights into the discourse surrounding disability.

This stage marked the beginning of a deliberate coding process. Titles and key passages were meticulously examined to gather instances of language that described the disability experience. The aim was to discern the underlying messages and assumptions conveyed by the researchers through their language choices. The coding process was guided by a theoretical framework encompassing multiple dimensions of disability, including specific diagnoses, descriptive terminology, interactions between disabled and non-disabled individuals, emotional responses portrayed in the texts, and the treatments or accommodations suggested for people with disabilities. This comprehensive approach facilitated a nuanced understanding of how disability is framed within each article.

After the initial coding, the identified themes were refined through a closer examination of recurring patterns in the ways disability was described and discussed across the dataset. Selected excerpts exemplifying these themes were re-evaluated to ensure they accurately represented the broader discourse. Particular attention was paid to the specific language employed by the authors, the contexts in which disability was mentioned, and the overall narrative structures of the articles.

Ultimately, a thorough critical discourse analysis was conducted on the terms and phrases used to describe individuals with disabilities. This analysis considered not only the impact of language on non-disabled readers but also the potential implications for disabled individuals themselves. In addition, the study examined how societal attitudes toward disability are conveyed through linguistic choices and how these discursive practices influence public perceptions and understandings of disability.

CHAPTER 5

DATA ANALYSIS

5.1 Data Analysis Process Explained:

According to Fairclough (1995), the analytical framework for critical discourse analysis of the “communicative event” can be categorized into three dimensions: (i) Text, (ii) Discourse Practice, and (iii) Sociocultural Practice. The relationship between these three dimensions is illustrated in Figure 1 below (Fairclough, 1992, p. 93).

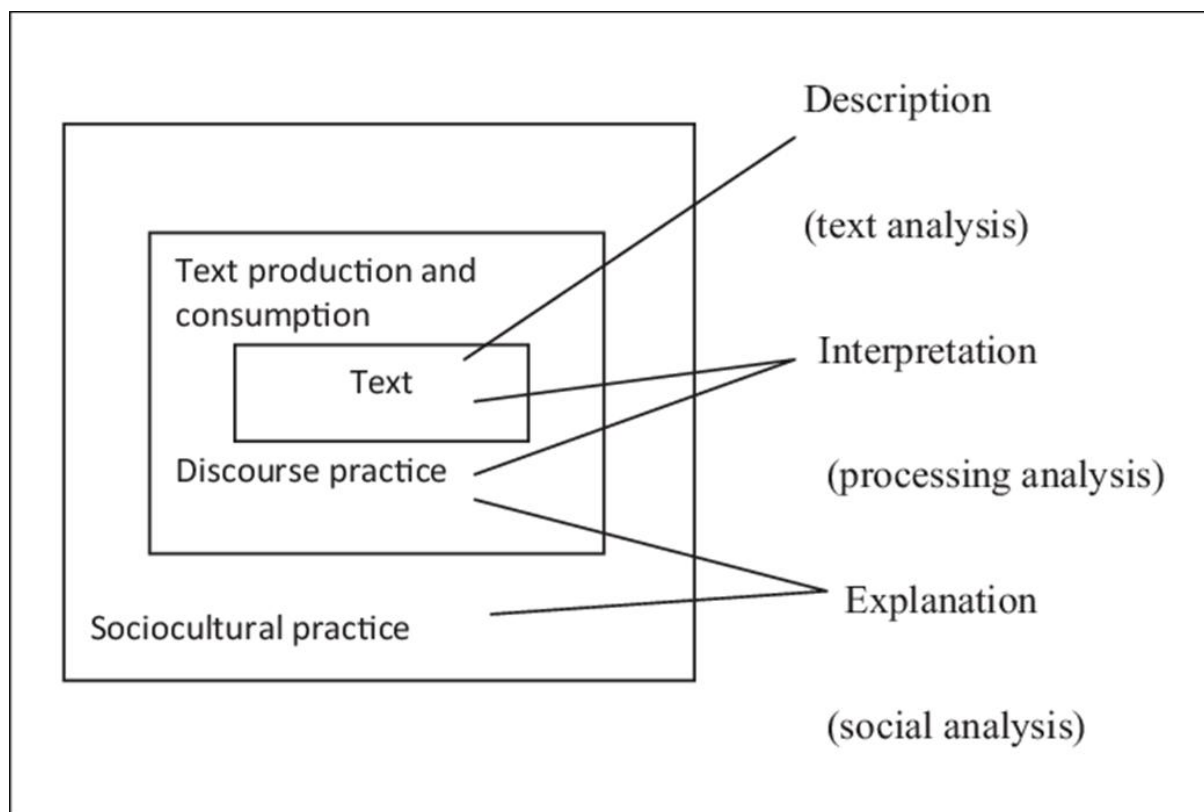


Figure 1: The Three-Dimensional View of Discourse [Adapted from Fairclough, Norman, 1992. *Discourse and Social Change* (p. 93, Figure 5-2). Cambridge: Polity Press]

In this framework, Fairclough (1995) provides a clear distinction between the three main elements of the communicative event, each of which plays a critical role in the analysis of discourse.

1. Text:

Text represents the first dimension in Fairclough's three-part framework. It encompasses both written and spoken discourse. As Fairclough (1995b) explains, "Texts may be written or oral, and oral texts may be just spoken (radio) or spoken and visual (television)" (p. 57). Textual analysis involves examining the language structures produced in a discursive event, including vocabulary, semantics, cohesion, and grammar. However, text analysis is not limited to linguistic features alone; it also requires consideration of the stages of text production and perception, which are further explored within discourse practice (Lingwist, 2020).

2. Discourse Practice:

Discourse practice constitutes the second dimension and involves three essential steps: text production, text distribution, and text consumption. In the production stage, the writer encodes particular ideas and ideologies into the text. Distribution refers to how the text circulates within specific contexts, while consumption focuses on how audiences interpret the text. Interpretation is shaped by readers' beliefs, knowledge, and prior experiences, meaning that texts can influence, shape, or reshape audience perspectives and attitudes (Lingwist, 2020).

3. Sociocultural Practice:

The final dimension of the communicative event is sociocultural practice. By "sociocultural practice," Fairclough (1995b) refers to "the social and cultural goings-on which the communicative event is a part of" (p. 57). This level of analysis examines the broader

sociocultural framework in which discourse occurs. It explores how discourses operate across different domains of society and how they relate to issues of power and dominance (Lingwist, 2020). Sociocultural practice thus situates texts within wider social processes, highlighting the ways discourse both reflects and reproduces social structures.

5.2 Data Analysis:

This research focuses on online scholarly articles that address disabled people and disability issues. The analysis is grounded in an understanding of how disability is represented through the language researchers and writers employ in journal articles. The study examines how linguistic choices both reflect and shape attitudes toward disability, providing insight into the broader discourse surrounding disabled individuals.

5.2.1 Description Stage

The description stage begins with a close examination of the formal aspects of the texts, focusing on how lexical choices and structural features contribute to the representation of disability. Titles of the selected articles were reviewed alongside key excerpts to uncover the ways in which disability is framed and understood within scholarly discourse. This stage emphasizes the surface level of language, identifying recurring terms and expressions that reveal underlying assumptions about disabled individuals.

Fairclough (1995) reminds us that textual analysis must extend beyond the immediate words on the page to consider how vocabulary, grammar, and cohesion encode ideological positions. Within his three-dimensional model, text analysis serves as the entry point for understanding how discourse both reflects and reproduces social structures. Guided by this

framework, the descriptive stage highlights the subtle linguistic patterns that shape the broader narrative of disability research.

By analyzing selected passages, the study identifies how disability is portrayed through medicalized terminology, deficit-oriented labels, and exclusionary phrasing. These textual features not only influence perceptions of disability but also contribute to societal attitudes toward inclusion and exclusion. As Fairclough (1992) observes, texts are “not just linguistic structures but social events” (p. 93), meaning that the words chosen by authors carry implications for how disability is conceptualized and positioned within academic and social contexts.

This descriptive work, therefore, establishes a foundation for deeper analysis. It highlights recurring themes and discursive strategies that will be further interrogated in subsequent stages, moving from the micro-level of textual features toward the meso-level of discourse practice and the macro-level of sociocultural practice.

Text 1: Community Attitude to the Social Life of Mentally Retarded Teenager in Paninggilan Village

Excerpt 1:

There are still a lot of people who think and label someone who has intellectual intelligence below the normal average (tunagrahita) is someone who is an idiot, disabled, mentally ill, crazy, someone who was born due to the curse of a previous ancestor and there are also those who think that it is is an infectious disease, so that indirectly it makes people have a negative attitude towards someone with intellectual disabilities (mental retardation) (Alfiani Putri Awalia et al., 2022, para. 1)

The study titled "Community Attitude to the Social Life of Mentally Retarded Teenager in Paninggilan Village" focuses on examining the perceptions, attitudes, and behaviours of the local community toward the social interactions and inclusion of teenagers with intellectual disabilities. Transitioning from the wider societal perspective on disability, this article gives the idea that the views held within small community villages exhibit little variation. In this village (Paninggilan Village) setting, the attitudes and beliefs regarding disability remain consistent with the broader social norms, reflecting similar patterns of stigma and marginalization. Here, the social actors are people with intellectual disabilities and the community people of Paninggilan village. However, the findings in the research underscore this uniformity, highlighting that even at the micro-level, disability continues to be perceived and treated in ways that mirror larger societal trends.

The article's repeated use of the terms "mental retardation" and "mentally retarded" is deeply problematic, as it reflects a historically oppressive classification system that disability communities and contemporary scholarship have long rejected. Although once used as a clinical category, the term quickly became a tool of social control, used to justify institutionalization, segregation, and eugenic practices throughout the 19th and 20th centuries (Trent, 1994; Noll, 2016). Its presence in the article reproduces this legacy of harm by framing intellectual disability as a fixed, pathological deficit rather than a socially mediated experience.

The article's use and reporting of "idiot," "mentally ill," and "crazy" reflect long histories where clinical, religious, and moral frames merged to dehumanize disabled people. Such labels are not neutral; they carry accumulated stigma and social scripts of inferiority and deviance (Wahl, 2003; Fine & Asch, 1988).

The term 'idiot' entered English in the 14th century, initially describing someone with intellectual disabilities, and over the years, idiot has taken on a number of meanings, ranging from "an ignorant or unschooled person" to "jester, professional fool" to "Stimpy" (Editors of Merriam-Webster, 2022). The term "mentally ill" has evolved significantly over time from possession by spirits in the ancient period to incarceration with criminals and left unclothed in darkness without heat or bathrooms, often to be chained and beaten in the 1800s (Tracy, 2015). In the modern day, many new psychiatric medications have been introduced, as it is seen as a 'disease' (Tracy, 2015). Initially, "craze" meant "to shatter, crush, or break to pieces," often referring to physical objects, and today, "crazy" is used in various contexts, such as describing mental health (Crazy | Origin and Meaning of Crazy by Online Etymology Dictionary, n.d.). The paragraph demonstrates how labels deeply rooted in historical, cultural, and medical contexts have been weaponized over time to marginalize, dehumanize, and misrepresent disabled people without considering their voices or experiences. The attribution of disability to "a curse of a previous ancestor" reflects how cultural beliefs and superstitions can frame disability as punishment or misfortune. It echoes global patterns where disability is framed as punishment or impurity, sustaining exclusion (Bottema-Beutel et al., 2020). It also reinforces the notion that individuals with disabilities are fundamentally different and inferior, rather than recognizing them as equal members of society with their own unique abilities and contributions. By saying, "indirectly it makes people have a negative attitude," the author points out how deeply ingrained societal beliefs are, and that even if individuals are not consciously aware of their biases, the pervasive use of negative language and stereotypes can subtly influence their attitudes and actions towards people with intellectual disabilities. This aligns with Shattell's (2009) observation that unintended stigmatizing meanings are insidious precisely because they

perpetuate unequal systems of power without conscious awareness. Moreover, the notion that intellectual disabilities are viewed as an “infectious disease” illustrates how fear and misunderstanding contribute to ostracization. Wahl (1999) documented similar consequences in mental health contexts, where stigmatizing practices foster feelings of isolation, shame, and self-identification as a condition rather than as a person with values, hopes, and dreams.

The derogatory labelling in the Paninggilan Village article reflects broader global patterns of ableist discourse. As Bottema-Beutel et al. (2020) argue, ableism is perpetuated by culturally shared norms and values, including the ways disability is spoken about. Thus, the stigmatizing language observed in this community is not merely local prejudice but part of a larger discourse that sustains exclusion and marginalization across contexts.

Excerpt 2:

Broadly speaking, people actually already understand what a child with special needs is; people know that a child with special needs is a child who has limitations both in physical and motor skills, intelligence or emotions. The community also knows how to respond to and treat children with special needs in Paninggilan Village. However, besides this, there are still many people who do not know the group of children with special needs, especially mentally retarded (Alfiani Putri Awalia et al., 2022, para. 7).

The phrasing in this excerpt implies a hierarchical relationship in which the “people” and “community” position themselves as authorities on the lives of disabled children. This reflects what Hamilton & Manias (2006) and Jensen et al. (2013) describe as the persistence of an “us versus them” mentality, where disabled individuals are framed as passive recipients of care rather than active participants in shaping their own lives. By emphasizing “limitations” in physical, cognitive, and emotional domains, the excerpt aligns with medical and charitable models of

disability that focus on deficits and external intervention, rather than agency and inclusion (La Forge, 1991; Andrews et al., 2022). Such deficit-based framing echoes Wahl's (1999) findings that stigmatizing practices often reduce disabled people to conditions, stripping away recognition of their values, hopes, and lived experiences.

The absence of disabled children's own perspectives in the excerpt mirrors broader patterns in disability discourse, where societal views dominate, and the voices of disabled people are marginalized. Shattell (2009) warns that unintended stigmatizing meanings are particularly insidious because they perpetuate unequal systems of power without conscious awareness. Similarly, Zhang & Haller (2013) show how media discourses reproduce ableism by privileging external authority over disabled voices. In this way, the community's presumed "knowing everything" reflects wider societal structures that position disabled individuals as dependent on those in power.

The final sentence introduces another concern. While it appears to call for greater awareness of disabled groups, especially those labelled "mentally retarded," it risks perpetuating stigma by transferring existing biases from one segment of society to another. As Gernsbacher et al. (2016) and the National Center on Disability and Journalism (2015) note, terms such as "special needs" or "retarded" are widely considered offensive because they euphemistically stigmatize and reinforce negative attitudes. Laforge (1991) similarly found that even when the preferred language is acknowledged, inappropriate terminology persists in professional writing, undermining efforts toward inclusion. Without addressing the root causes of these harmful perceptions—ableist attitudes and misconceptions—awareness campaigns may inadvertently replicate flawed understandings rather than dismantle them. Andrews et al. (2022) stress that

reshaping language must be done collaboratively with disabled people themselves to ensure that linguistic change leads to genuine social inclusion and equity.

Excerpt 3:

In terms of cognitive factors, there are still many people who do not understand deeply about children with special needs, especially mentally retarded children; there is still a thought that says that children with special needs are the same as people who have mental disorders. Besides this, there are still people who say that children with special needs (mental retardation) are children with disabilities and idiots (Alfiani Putri Awalia et al., 2022, para. 11).

The excerpt functions as a compact example of how knowledge about disability is socially produced and authorized rather than neutrally reported. Instead of centring the lived experiences of disabled children, the text frames “understanding” through a community lens that privileges external observation and appraisal. Phrases that attribute views to “many people” obscure who holds authority and on what grounds, thereby legitimizing vague communal judgments over the voices of disabled people themselves. Critical discourse analysis warns that this indeterminacy of agency and expertise reproduces dominance by authorizing outsiders to define and manage marginalized groups (Fairclough, 1989; van Dijk, 1993). In practice, such positioning aligns with medical and charitable models that emphasize dependency and external intervention rather than the social model’s focus on systemic barriers and discrimination (Auslander & Gold, 1999).

The excerpt also exposes a classificatory impulse that reduces complex, relational lives to static categories. By equating intellectual disability with “disorder” and using the demeaning label “idiot”, the text constructs disability as pathology or deviation. This discursive move

echoes historical classificatory schemes, where terms once used clinically (e.g., “idiot,” “imbecile”) migrated into everyday insults and thereby reactivates a legacy of hierarchical deficit thinking (Merriam-Webster, 2025). The lexical residue of those categories narrows interpretive possibilities, such as difference becomes a problem to be fixed, and remedial or surveillance-oriented responses are rendered commonsense.

These linguistic choices have concrete consequences. Pathologizing language erodes dignity, justifies segregation or low expectations, and channels research and policy toward remediation, containment, or charity rather than participation, rights, and structural change. When academic or community texts normalize an equivalence between disability and disorder, they legitimize paternalistic interventions and limit opportunities for agency and inclusion. Institutional practices such as cataloguing systems that enforce non-preferred terminology can further embed ableist structures at the organizational level (Kaney, 2013; Koford, 2014).

In sum, the excerpt demonstrates how stigma is reproduced through discourse. Disability is framed as a deficit, difference is equated with disorder, and derogatory labels are normalized.

Text 2: Relaxation technique to reduce stress for a caregiver of a mental illness patient

Excerpt 1:

“A person with mental illness usually has a burden for self and others” (Arum Pratiwi et al., 2023, para. 1).

The study aims to explore relaxation techniques for caregivers of individuals with mental health conditions, yet the phrase “A person with mental illness usually has a burden for self and others” reflects problematic assumptions. By defining individuals primarily through their condition, the text reproduces deficit-based framing that positions mental illness as the defining

feature of identity. This mirrors findings from Hadley and Brondwin (1998), who noted that rehabilitation professionals continued to use inappropriate language despite guidelines, reinforcing stigma rather than dismantling it. Similarly, Gilbert et al. (1997) found that media portrayals often relied on terms that devalued disabled people, shaping public perceptions in harmful ways.

The use of “usually” generalizes diverse experiences, suggesting that being a “burden” is a common trait among all individuals with mental illness. Such generalizations perpetuate stereotypes, echoing Dobbs’ (1990) observation that educational discourse often labels children in ways that construct disability as deviation from arbitrary norms. Outside scholarship confirms this pattern: Grue (2011) argues that discourse analysis reveals how disability is consistently framed as a deficit, erasing individuality and reinforcing stigma. The Lancet Psychiatry (2018) likewise emphasizes that stigmatizing language in mental health care is experienced as condescending and isolating, undermining recovery.

The word “burden” carries a heavy negative connotation, shifting responsibility and blame onto the individual with mental illness. This framing suggests that people with mental illness are not only responsible for their own struggles but also for the difficulties they impose on others. Such discourse contributes to shame, guilt, and reluctance to seek help, consistent with Wahl’s (1999) findings that stigmatizing practices foster feelings of isolation and low self-esteem. Majani (2025) further highlights that stigma remains a global barrier to mental health care, discouraging individuals from accessing support.

The phrase “for self and others” underscores the perceived negative impact of mental illness on the broader community, reinforcing an “us versus them” dynamic. Hamilton and Manias (2006) describe how such dynamics in nursing practice create distance between

professionals and patients, while Andrews et al. (2022) stress that reshaping language must be done collaboratively with disabled people to ensure genuine inclusion. Outside research supports this: NIH (2021) leaders emphasize that “words matter” in mental health discourse, and respectful language can reduce stigma and improve treatment outcomes. Zayts-Spence et al. (2023) add that stigma is discursively constructed, manifested and reinforced through everyday language choices.

Excerpt 2:

The caregiver feels pressured when she has to take care of her mother who suffers from mental disorders, her neighbors ostracize her mother and often mock that her mother is crazy, and on the other hand have to care for and think about the impact of neighboring behavior on her toddler (Arum Pratiwi et al., 2023, para. 3)

In this excerpt, several social actors are positioned through language: the caregiver, the mother with mental illness, the neighbours, and the toddler. Each actor is framed in ways that reveal how stigma is perpetuated and how disability is misrepresented in everyday discourse.

The caregiver is portrayed as pressured and burdened, not only by the responsibility of caring for her mother but also by the hostile reactions of the community. This reflects what Wahl (2003) describes as the role of stigmatizing behaviours in perpetuating discrimination, where caregivers themselves become secondary victims of stigma. The mother is reduced to her condition, described as “suffering from mental disorders” and mocked as “crazy.” Such derogatory terminology exemplifies what Gilbert et al. (1997) found in media discourse: even when the intent is to describe lived realities, inappropriate terms reinforce devalued roles and marginalization.

The neighbours are depicted as active agents of stigma, ostracizing and mocking the mother. Their language constructs an “us versus them” dynamic, consistent with Hamilton and Manias’ (2006) observation that stigmatizing language in nursing practice creates distance and reinforces exclusion. Outside scholarship confirms this pattern: Zayts-Spence et al. (2023) argue that stigma is discursively constructed and sustained through everyday language choices, while The Lancet Psychiatry (2018) highlights how such discourse contributes to isolation and undermines recovery.

Finally, the toddler is indirectly affected, as the caregiver must consider the impact of neighbours’ behaviour on her child. This demonstrates how stigma reverberates across family systems, consistent with Andrews et al. (2022), who stress that reshaping disability language must involve collaboration with disabled people and their communities to prevent exclusion from spreading across generations. NIH (2021) leaders similarly emphasize that “words matter” in mental health discourse, and respectful language can reduce stigma and improve outcomes.

Excerpt 3:

The application of relaxation techniques had not been significant between before and after intervention. It is likely that several factors still need to be resolved, such as financial problems and the stigma of the community who still isolates their mothers who have mental disorders (Arum Pratiwi et al., 2023, para. 6).

Arum Pratiwi et al. (2023) examined the effectiveness of relaxation techniques for mothers with mental disability. Within the article’s conceptual framework, the authors highlight that psychosocial interventions cannot be fully effective when broader structural and societal

barriers remain unresolved. Their study situates maternal mental health not only within the realm of individual treatment but also within the wider context of community attitudes, economic inequities, and cultural stigma.

In this excerpt, the choice of language, particularly "financial problems" and "stigma of the community," reveals the structural and societal barriers faced by mothers with mental disorders. The phrase "the stigma of the community that still isolates their mothers" suggests a discourse where societal attitudes and cultural norms perpetuate exclusion. Through this lens, the language used frames the "problem" not within the individual (the mothers or their disabilities), but within the community's discriminatory practices (Linton, 1998; Rapley, 2004; Zhang & Haller, 2013).

For instance, the financial struggles and community stigma are not intrinsic to the mothers but are external factors created and maintained by societal systems. The researcher's acknowledgment underscores a critical shift that disability is not the issue to "solve" but rather the exclusionary practices, economic inequities, and stigmatizing attitudes within society (Wendell, 1996; Pierce, 1998; Hamilton & Manias, 2006; Wahl, 2003).

This perspective calls for systemic changes, such as reducing stigma through education, improving access to resources, and fostering inclusive policies, rather than interventions focused solely on the individual (Fine & Asch, 1988; Shakespeare, 2013; Siebers, 2008; Serlin, 2015; Woods, 2017). By foregrounding "financial problems" and "community stigma," the article implicitly adopts a social model of disability, where barriers are understood as external and systemic rather than inherent to the individual (Tarvainen, 2021; Friedman & Gordon, 2023). This aligns with critiques of medicalized approaches that focus narrowly on treatment while ignoring social determinants of health (Silva et al., 2025; The Lancet, 2023). The recognition that

stigma and isolation undermine intervention outcomes reflects broader disability scholarship showing that community attitudes and structural inequities must be addressed for interventions to succeed (Gernsbacher et al., 2016; Andrews et al., 2022; Galvin, 2003).

Thus, the excerpt illustrates how language in research can shift responsibility away from the individual and toward society. The “problem” is not the mothers’ mental disorders but the exclusionary practices of the community and the economic inequities that restrict access to care. This perspective resonates with recent critiques of structural ableism in public health (Silva et al., 2025; The Lancet, 2023) and echoes Tarvainen’s (2021) findings that disabled people’s life stories often reveal resistance to “othering” discourses, highlighting the need for inclusive policies and cultural change.

Text 3: Exploring the Challenges of Families With Mentally Retarded Children in Care Centers Under the Supervision of the Welfare Organization of Tehran in the COVID-19 Pandemic Conditions: A Qualitative Study

Excerpt 1:

“For various reasons, including the high risk of infection, COVID-19 has a greater impact on vulnerable groups, including mentally-retarded children, who are more likely to experience social harm, health problems, and psychiatric disorders” (Bonyani et al., 2023, para.1)

Bonyani et al. (2023) observe that the COVID-19 pandemic intensified pre-existing vulnerabilities among families with disabled children in institutional care, revealing how health crises intersect with social exclusion and structural inequities. The language of “vulnerable groups” frames disability not simply as a medical condition but as a social identity shaped by

systemic neglect, echoing Linton's (1998) argument that disability is embedded in "the complex web of social ideals, institutional structures, and government policies" (p. 10). Rapley (2004) similarly critiques deficit-based labels that construct disability as deviation, while Zhang and Haller (2013) show how the media reproduces ableist narratives. The use of "mentally-retarded," an outdated and stigmatizing term, underscores how language itself perpetuates exclusion (Gilson et al., 1997; Galvin, 2003).

The excerpt's emphasis on "social harm" highlights the isolation and marginalization disabled children experienced during the pandemic. Fine and Asch (1988) argue that emotionally charged language reinforces stereotypes and denies self-determination, while Woods (2017) demonstrates how ableist discourse influences policy and education, perpetuating exclusionary practices. Tarvainen (2021) extends this by showing how ableism circulates through life stories, producing both "othering" and resistance narratives. Friedman and Gordon (2023) found that even disability professionals often use stigmatizing language, revealing how exclusion is embedded across systems. These insights confirm that the harms described by Bonyani et al. are not intrinsic to the children but are socially produced through discriminatory practices and cultural stigma.

The reference to "health problems and psychiatric disorders" illustrates how disability discourse often conflates impairment with illness, reinforcing deficit-based framings. Yet, scholars such as Siebers (2008) and Shakespeare (2013) argue that disability must be understood as a social identity rather than reduced to medical pathology. The pandemic intensified barriers to healthcare access, reinforcing inequities already documented in mental health discourse (Hamilton & Manias, 2006; Wahl, 2003). Silva et al. (2025) and The Lancet (2023) highlight structural ableism in public health, showing that systemic inequities, not individual disabilities,

drive disparities in outcomes. Shakespeare et al. (2021) further demonstrate that disabled populations faced higher mortality and exclusion during COVID-19, while Goggin and Ellis (2020) argue that the pandemic exposed the deep entrenchment of ableism in health systems.

The excerpt illustrates how COVID-19 amplified structural barriers for disabled children. The language of “vulnerability” and “social harm” reframes disability not as an individual deficit but as a condition shaped by systemic inequities, stigma, and exclusionary practices. This perspective resonates with the social model of disability (Wendell, 1996; Pierce, 1998), which locates the “problem” in society’s discriminatory structures rather than in disabled people themselves. By foregrounding financial inequities, community stigma, and systemic neglect, the article underscores the need for systemic change: reducing stigma through education, ensuring equitable healthcare access, and fostering inclusive policies that protect disabled children and their families during crises.

Excerpt 2:

Jalali et al. pointed out that the challenges of people with mental disabilities and their families, and the worry of contracting COVID-19 are more than healthy people because mentally disabled children cannot protect themselves. Mentally disabled children cannot understand the disease or learn the methods of prevention. (Bonyani et al., 2023, para. 1)

Bonyani et al. (2023) cite Jalali et al.’s above excerpt, and if I examine this through Critical Discourse Analysis and a Disability Studies lens, this excerpt highlights the difficulties faced by people with mental disabilities and their families, but it does so in a way that linguistically separates them from the broader population. The phrase “the challenges of people with mental disabilities and their families” constructs a boundary of difference, reinforcing a

sense of “otherness” that disability scholars have long critiqued (Linton, 1998; Rapley, 2004). By contrasting these families with “healthy people,” the text implicitly frames individuals with mental disabilities as inherently unhealthy, reproducing a binary opposition that perpetuates stigma and negative stereotypes (Galvin, 2003; Gilson et al., 1997).

The subsequent claim that “mentally disabled children cannot protect themselves” and “cannot understand the disease or learn the methods of prevention” emphasizes perceived limitations, portraying disabled children as uniquely vulnerable and incapable. While vulnerability is a real concern, this framing risks reducing disability to deficit and incapacity, echoing deficit-based discourses critiqued in disability studies (Fine & Asch, 1988; Siebers, 2008). It overlooks the fact that COVID-19 presented unique barriers for all children, regardless of disability status, including disruptions to schooling, social isolation, and difficulties adhering to prevention measures (Shakespeare et al., 2021; Goggin & Ellis, 2020). By failing to acknowledge these shared experiences, the excerpt reinforces exclusionary narratives that position disabled children as fundamentally different from their peers.

Moreover, the phrasing implies that the primary responsibility for managing pandemic pressures lies with individuals and their families, rather than recognizing broader societal failures in providing adequate protection and inclusive support. This reflects what Wendell (1996) and Pierce (1998) describe as the tendency of policy and discourse to privatize disability, shifting responsibility away from structural systems and onto families. The pandemic exposed systemic inequities in healthcare and social support, with structural ableism shaping outcomes for disabled populations (Silva et al., 2025; The Lancet, 2023). Tarvainen (2021) further shows how ableism circulates through life stories, producing “othering” narratives, while Friedman & Gordon (2023)

reveal that even disability professionals often perpetuate stigmatizing language, underscoring how exclusion is embedded across social systems.

Text 4: Exploring the perspectives of physically challenged women entrepreneurs in the Sekondi-Takoradi Metropolis, Ghana

Excerpt 1:

Entrepreneurship and disability are incongruous because it is assumed that the former is only meant for nondisabled men and women Dakung et al. (2017) argue that overcoming and adapting to any form of disabilities equip physically challenged women with enough of the appropriate experiences to deal with uncertainties and failures. Therefore, overcoming disabilities is a critical step towards the success of physically challenged women in entrepreneurship (Bukari et al., 2021, para 1).

The excerpt is sourced from a study that centers on examining the experiences and viewpoints of women entrepreneurs with physical disabilities in the Sekondi-Takoradi Metropolis, Ghana. The authors suggest that overcoming disabilities can provide women with enriching life experiences, which can be an empowering viewpoint. However, this perspective may inadvertently portray disability as an obstacle to be overcome rather than embracing and valuing diverse abilities while promoting inclusivity and accessibility. This framing reflects what Linton (1998) describes as the tendency of disability discourse to embed itself in “the complex web of social ideals, institutional structures, and government policies” (p. 10), and Rapley’s (2004) critique of deficit-based labels that construct disability as deviation.

The phrase promotes the ideology that success in entrepreneurship is contingent upon overcoming disabilities. This perspective may inadvertently marginalize those who are unable to

“overcome” their disabilities, implying that their success is less achievable. Shakespeare (2013) critiques such narratives for glossing over structural barriers, while Serlin (2015) warns that inspiration-porn framings intrude into disabled lives by demanding perpetual resilience. By placing the burden of adaptation on disabled women, the excerpt reflects what Wendell (1996) calls the privatization of disability, where individuals must conform to societal norms rather than society adapting to diverse abilities.

The argument “overcoming and adapting to any form of disabilities” emphasizes that the onus is on the individuals with disabilities to change and adapt. This language reinforces a power dynamic where society’s standards and expectations are the norm, and individuals with disabilities must conform to succeed. Pierce (1998) highlights how policy discourse often centralizes power in defining disability, while Woods (2017) shows how ableist language influences education and policy, perpetuating exclusion. Friedman & Gordon (2023) further demonstrate how even professionals perpetuate stigmatizing language, reinforcing systemic inequities.

Physically disabled women face multiple layers of discrimination or intersectionality, both as women and as individuals with disabilities. The phrase might not fully capture the complex interplay of these identities and the unique obstacles they face. Fine & Asch (1988) argue that emotionally charged language reinforces stereotypes and denies self-determination, while Tarvainen (2021) shows how ableism circulates through life stories, producing “othering” narratives. In the Ghanaian context, Bukari et al. (2021) situate these barriers within cultural perceptions of gender, where disabled women are doubly marginalized as both “physically challenged” and members of the “weaker gender.”

While the intent may be to empower individuals by highlighting their resilience, the author's own choice of the term "challenged" implies that there is a normative standard of ability and that deviations from this norm constitute a challenge. This language reinforces a power dynamic where the "normal" or "able-bodied" individuals are seen as the standard, and those who are disabled are positioned as being in deficit or needing to catch up. The phrase perpetuates the ideology that overcoming these "challenges" is necessary for success. The word "overcome" carries significant weight and implications, often unintentionally reinforcing a narrative that places undue pressure on individuals with disabilities. It can feel as though there is an expectation to triumph over something that should not be an obstacle in the first place. This reflects Siebers' (2008) notion of complex embodiment, which critiques deficit framings and calls for valuing disability as a valid identity rather than a barrier.

Excerpt 2:

Physically challenged women entrepreneurs should also dispel the notion that they are less capable and instead, put up their best to make it a success. If women prove their economic worth through successful entrepreneurship, society's opinion and perception about physically challenged women who are primarily considered the weaker gender could change (Bukari et al., 2021, para 7).

This statement reflects the article's broader concept of entrepreneurship as a pathway to empowerment for women with disabilities in Ghana. While the language is intended to be motivating, it also places the burden of changing societal perceptions on disabled women themselves. By asking them to "prove" their worth, the excerpt implies that their abilities are inherently in doubt, reinforcing the idea that they must exceed expectations to be seen as

capable. This mirrors critiques in Disability Studies that highlight how deficit-based framings position disabled individuals as needing to justify their inclusion (Linton, 1998; Wendell, 1996).

The emphasis on effort and resilience suggests that disabled women must work harder than others to achieve recognition. Such framing risks perpetuating stereotypes of incapacity, echoing Fine & Asch's (1988) warning that emotionally charged language denies self-determination. It also reflects what Pierce (1998) identifies as hierarchical discourse, where nondisabled norms are upheld as the standard. In the Ghanaian context, Bukari et al. (2021) situate these barriers within cultural perceptions of gender, where disabled women are doubly marginalized as both "physically challenged" and members of the "weaker gender."

The language of "proving worth" and "putting up their best" unintentionally reinforces ableist assumptions. Shakespeare (2013) critiques such narratives for overlooking structural barriers, while Serlin (2015) cautions against inspiration-porn framings that demand perpetual resilience. More recent scholarship, such as Friedman & Gordon (2023), shows how even professionals perpetuate stigmatizing language, underscoring how systemic inequities are reproduced across contexts.

Excerpt 3:

Entrepreneurship is a way of making us equal because the physically challenged is given the chance to prove herself as being same as the non-disabled when she works hard and becomes so resilient like the non-disables in dealing with any uncertainty or challenges in their enterprise (Bukari et al., 2021, para 5)

The language in this excerpt reflects an underlying ideology of meritocracy and individualism, emphasizing "hard work" and "resilience" as the key to achieving equality. While

entrepreneurship is presented as empowering, the framing subtly places the responsibility for overcoming systemic barriers on the individual rather than on society. This mirrors critiques in Disability Studies that caution against narratives which privatize disability, shifting the burden of adaptation onto disabled people themselves (Oliver, 1990; Barnes, 2019).

Phrases such as “prove herself as being the same as the non-disabled” suggest a comparison framed through an able-bodied standard. This framing implies that equality is earned by meeting societal benchmarks established by nondisabled norms, reinforcing existing power dynamics. As Campbell (2009) argues in her work on ableism, such comparisons normalize nondisabled identity as the default and position disabled individuals as perpetually striving to “catch up.” Similarly, Garland-Thomson (2002) highlights how cultural narratives of normalcy create hierarchies of value that marginalize disabled women.

The phrase “making us equal” is problematic, as it suggests that equality is conditional on performance rather than being recognized as an inherent human right. This reflects broader critiques of neoliberal discourses in disability studies, where inclusion is tied to productivity and economic contribution (Roulstone, 2012; Goodley, 2014). By equating equality with entrepreneurial success, the excerpt risks reinforcing exclusionary expectations that only those who demonstrate resilience and economic worth are deserving of recognition.

From a critical perspective, while entrepreneurship can indeed provide opportunities for empowerment, equality should not depend on disabled women proving themselves through hard work or resilience. Instead, equality must be understood as a fundamental right, requiring systemic change to dismantle ableist structures and promote accessibility. This interpretation aligns with feminist disability scholarship, which emphasizes intersectionality and the need to challenge both gendered and ableist norms (Erevelles, 2011; Kafer, 2013).

Text 5: Physical Fitness Profile of Wheelchair-Bound Soldier: A Preliminary Study to Propose a New Standard for Disabled Soldier

Excerpt 1:

“Physical fitness tests are required to evaluate the progress following the integrated rehabilitation program, and to determine whether the disabled soldiers can continue their duty in the military” (Ernandini & A. Pakasi, 2021, para. 1)

This excerpt is taken from a study that analyzes the physical fitness profile of wheelchair-bound soldiers, serving as an initial step toward establishing a new fitness standard for disabled soldiers. While the article’s concept is framed around rehabilitation and assessment, a critical reading of the language reveals how inclusion is made conditional and how power dynamics are reinforced.

The phrase “to determine whether the disabled soldiers can continue their duty” implies that military participation is contingent upon meeting narrowly defined fitness criteria. This reinforces a narrative that disabled soldiers’ worth and capability are in question and must be proven. Such framing reflects Oliver’s (1990) critique of the individual model of disability, which places responsibility on disabled people to demonstrate adequacy rather than on institutions to adapt. Barnes (2019) similarly argues that conditional inclusion perpetuates exclusion by equating disability with deficiency.

The assumption that disabled soldiers must meet the same physical standards as nondisabled peers overlooks the possibility of diverse contributions and roles. Campbell (2009) highlights how ableism normalizes nondisabled identity as the benchmark, producing hierarchies

of value that marginalize disabled individuals. Garland-Thomson (2002) adds that cultural narratives of normalcy reinforce these hierarchies by privileging certain bodies as more legitimate.

The phrase “physical fitness tests are required” underscores the authoritative power of external institutions in dictating criteria and standards. This centralization of decision-making leaves disabled soldiers with little agency over their own careers. Roulstone (2012) critiques such practices as part of neoliberal disability policy, where productivity and compliance with institutional norms are prioritized over autonomy. Goodley (2014) further argues that these discourses privatize responsibility, shifting the burden of adaptation onto disabled individuals while ignoring systemic inequities.

The focus on rehabilitation programs reflects the dominance of the medical model of disability, where disability is seen primarily as a problem to be “fixed.” Erevelles (2011) critiques this framing for erasing the social and political dimensions of disability, while Kafer (2013) emphasizes that rehabilitation discourses often deny disabled people agency by positioning them as passive subjects of medical authority. By framing fitness tests as gatekeeping mechanisms, the excerpt excludes those who may not meet these standards, reinforcing a culture that prioritizes physical ability over other forms of competence and contribution.

Excerpt 2:

“The purpose of this study was to describe the profile of normal and disabled soldiers who underwent physical fitness tests” (Ernandini & A. Pakasi, 2021, para. 1)

The use of the terms “normal and disabled” creates a binary opposition, where “normal” is positioned as the standard and “disabled” is framed as a deviation. This dichotomy reinforces

stereotypes and perpetuates the notion that disability is inherently “abnormal” or less desirable. Such language reflects what Davis (1995) calls the construction of normalcy, where able-bodied identity is naturalized as the default and disability is marked as difference. Similarly, Tremain (2005) argues that these binaries are not neutral descriptors but discursive tools that sustain power relations by privileging able-bodied individuals.

By defining soldiers in terms of “normal” versus “disabled,” the excerpt risks reinforcing societal perceptions that devalue disabled individuals while privileging nondisabled ones. This mirrors Garland-Thomson’s (1997) critique of cultural narratives that frame disability as a deficit, producing hierarchies of value that marginalize disabled people. In military contexts, such binaries can be particularly exclusionary, as they equate capability with conformity to able-bodied standards.

Additionally, the framing of the study’s purpose may inadvertently prioritize “physical fitness” as the primary metric of value or capability. This emphasis marginalizes the broader contributions of disabled soldiers, such as strategic expertise, leadership, or technical skills, which are equally vital to military effectiveness. Hughes (2009) critiques this narrow focus on bodily performance, arguing that it reduces disabled individuals to their physical capacities while ignoring social and intellectual contributions. Likewise, Shildrick (2012) highlights how institutional discourses often privilege productivity and physicality, sidelining alternative forms of competence.

Such language underscores the importance of critically examining how discourse shapes perceptions of ability and worth in social and institutional contexts. As Snyder & Mitchell (2006) argue, disability is not simply a biological condition, but a cultural narrative shaped by language and representation. In this case, the binary framing of “normal and disabled” soldiers reveals

how military discourse can perpetuate ableist assumptions, positioning disabled soldiers as inherently less valuable unless they conform to physical fitness norms.

Excerpt 3:

“Uji Kesamaptaan score will be taken every six months to assess daily body fitness, as well as appropriateness for promotion” (Ernandini & A. Pakasi, 2021, para. 1)

The article *Physical Fitness Profile of Wheelchair-Bound Soldier: A Preliminary Study to Propose a New Standard for Disabled Soldier* sets out to examine how fitness assessments are used to evaluate soldiers with disabilities, with the broader aim of proposing new standards for inclusion. Within this framework, the authors highlight the role of the Uji Kesamaptaan score, taken every six months, as both a measure of daily body fitness and a determinant of promotion eligibility.

This linkage between fitness scores and career progression reveals how military institutions embed physical performance into systems of recognition and advancement. By tying promotion to bodily assessment, the discourse equates professional capability with physical conformity, echoing Foucault’s (1977) notion of disciplinary power, where institutions regulate bodies through surveillance and measurement. The phrase “appropriateness for promotion” illustrates how fitness becomes a gatekeeping mechanism, determining who is deemed suitable for advancement.

Such practices create a system of inclusion and exclusion. Soldiers who cannot meet the defined standards are implicitly positioned as less “appropriate” for promotion, reinforcing able-bodied norms and hierarchies of worth. Tremain (2006) critiques these evaluative mechanisms as

forms of biopower, sustaining ableist structures by categorizing and ranking bodies. Hughes & Paterson (1997) similarly argue that institutional discourses privilege physical performance, marginalizing those whose bodies do not conform to normative expectations.

By institutionalizing regular assessments, the military risks perpetuating inequities. Bourdieu's (1984) concept of capital helps explain this dynamic: physical fitness is treated as a form of "bodily capital" that determines access to career advancement, while other forms of competence—such as strategic expertise, leadership, or technical skills—are undervalued. Snyder & Mitchell (2010) further show how disability is framed as a deficit within institutional structures, denying recognition of alternative contributions.

Text 6: Mental Health Problems Among Caregivers of Differently-Abled Children: A

Bibliometric Study

Excerpt 1:

"Stigmatization might be considered as biasness against batch of individuals who are deviant from majority with particular norms such as disabled children" (Gull & Kaur, 2023, para. 19).

The article *Mental Health Problems Among Caregivers of Differently-Abled Children: A Bibliometric Study* examines how stigma and bias shape the experiences of caregivers, drawing on bibliometric analysis of existing literature. Within this framework, the authors note:

"Stigmatization might be considered as bias against a batch of individuals who are deviant from the majority with particular norms such as disabled children" (Gull & Kaur, 2023, para. 19).

This phrasing acknowledges that stigmatization is a form of bias against disabled individuals, but the choice of words—particularly "deviant"—is deeply problematic. The term

implies abnormality, suggesting that those who do not conform to majority norms are inherently inferior or problematic. Applied to disabled children, it reinforces negative stereotypes that they are not only different but also less valuable. Davis (1995) critiques this construction of “normalcy,” showing how language naturalizes able-bodied identity as the default and frames disability as deviation. Similarly, Garland-Thomson (1997) argues that such labels perpetuate cultural narratives of deficit, stripping away individuality and reducing disabled people to stigmatized categories.

The phrase “majority with particular norms” underscores the power dynamics at play. It highlights how the majority defines what is considered normal and acceptable, marginalizing those who do not conform. Tremain (2005) emphasizes that these discursive practices are not neutral but actively sustain ableist structures by privileging certain abilities. Shildrick (2012) adds that such dynamics reproduce exclusion by positioning disabled bodies as “other,” reinforcing systemic inequities.

Categorizing disabled children as “deviant” also reveals how language can dehumanize, denying their full humanity and worth. Hughes (2009) critiques this reductionist framing, noting that it erases the complexity of disabled identities and experiences. Snyder & Mitchell (2006) further argue that disability should be understood as part of human diversity rather than as a deficit to be corrected.

Another point worth noting in the excerpt is the phrase “batch of individuals.” This collective framing risks depersonalizing disabled children, treating them as a homogenous group rather than recognizing their individuality. Erevelles (2011) critiques such homogenization, showing how it erases intersectional differences and contributes to the invisibility of disabled people in social discourse.

Excerpt 2:

“It has been ascertained that mothers of differently-abled infant undergo more mental distress together with are more likely to unfold clinical depression” (Gull & Kaur, 2023, para. 1).

While acknowledging the mental health obstacles that caregivers may face is important, it is crucial to do so in a way that does not pathologize disability or reinforce ableist attitudes. The phrase “differently-abled infant” implies that disability itself is the inherent cause of maternal distress. This pathologizing of disability suggests that it is a primary source of stress and depression, reinforcing stereotypes that disability is a burden. As Thomas (1999) argues, such framings reproduce the impairment effects model, where disability is equated with inevitable suffering, rather than recognizing the role of social and structural barriers.

Issues such as lack of support, accessibility, social stigma, and financial pressures are significant contributors to caregiver mental health obstacles. Priestley (2003) highlights how inadequate social policy and inaccessible environments exacerbate stress for families, while Morris (2001) emphasizes that caregiving difficulties often stem from exclusionary systems rather than disability itself. By focusing solely on the disability, the excerpt overlooks these critical factors and reinforces an individualistic perspective that privatizes responsibility.

The discourse also risks reinforcing stereotypes that families of disabled children are inherently more prone to negative outcomes. Shakespeare & Watson (2002) critique this narrative, noting that it perpetuates societal attitudes that view disability as undesirable and problematic. Instead, they argue for a relational model that situates distress within the interaction between families and disabling environments. Similarly, Reeve (2012) introduces the concept of

psycho-emotional disablism, showing how stigma and discrimination directly impact mental health by undermining caregivers' sense of worth and agency.

Another point worth noting is the phrase “ascertained”, which conveys a sense of scientific certainty. This language risks naturalizing the link between disability and caregiver distress, presenting it as an objective truth rather than a socially mediated phenomenon. As Goodley (2016) argues, such biomedical framings obscure the diversity of disabled experiences and the resilience of families, reinforcing deficit-based assumptions.

Excerpt 3:

“Feeling of guilt have been usually bring out by thinking of caregivers that they themselves give rise to their child as disabled or they felt being penalized by almighty for sins which they have made” (Gull & Kaur, 2023, para. 13).

Phrases like "they themselves give rise to their child as disabled" and "penalized by almighty for sins" suggest discourses that perpetuate blame and moral judgment, framing disability because of parental actions or divine punishment. By positioning disability as a result of "sins" or parental actions, these phrases align with the moral model of disability, which views disability as a punishment or moral flaw. This discourse not only marginalizes individuals with disabilities but also burdens caregivers with unwarranted guilt and shame. Such narratives can have profound psychological consequences, discouraging caregivers from seeking support and advocacy, and further entrenching social stigma.

Text 7: Peculiarities of Development and Education of Children with Complex Defects

Excerpt 1:

“Peculiarities of Development and Education of Children with Complex Defects” (Razykova L.T, 2024)

Razykova (2024) titles her study “Peculiarities of Development and Education of Children with Complex Defects.” While the study aims to explore the unique aspects of development and education for children with disabilities, the terminology itself reveals problematic assumptions.

The word “peculiarities” suggests strangeness or abnormality, reinforcing the notion that disabled children deviate from the norm and are outliers. This reflects Davis’s (1995) critique of how “normalcy” is socially constructed, positioning difference as deviation. Shakespeare (2006) similarly argues that such language perpetuates exclusion by portraying disabled experiences as exceptions rather than part of the human spectrum.

The phrase “complex defects” is even more troubling, as it pathologizes disability by framing children’s conditions as inherent flaws. This aligns with the medical model of disability, which views disability as a deficit to be fixed. Zola (1993) critiques this framing for reducing disabled individuals to medical problems, while Garland-Thomson (2011) emphasizes that such language erases diverse abilities and contributions.

Readers encountering this terminology may perceive disabled children as set apart from their peers, leading to further marginalization. Watson et al. (2012) argue that deficit-based language fosters exclusion by reinforcing stereotypes and biases. Moreover, by framing disability primarily through a medical lens, the title overlooks social and environmental factors that shape disabled children’s experiences. Barton (2003) highlights that education systems often reproduce ableism when they fail to recognize structural barriers, while Slee (2011) critiques how deficit framings in education perpetuate exclusion rather than inclusion.

Excerpt 2:

“The psychophysical characteristics of children with complex disabilities is important when developing an individual development route in combination with medical and rehabilitation procedures (as indicated), when selecting methods and work techniques, and creating a special socio-cultural environment” (Razykova L.T, 2024, para. 1).

The article aims to explore developmental and educational approaches for children with disabilities, but the phrasing reveals underlying assumptions that warrant critique. The mention of creating a “special socio-cultural environment” implies that disabled children require separate or specialized settings. This framing risks reinforcing segregation and the idea that disabled individuals must be accommodated apart from their nondisabled peers, rather than integrated into inclusive environments. Slee (2011) critiques such segregationist approaches in education, arguing that they perpetuate exclusion by treating disabled children as outsiders rather than as part of the mainstream. Barton (2003) similarly emphasizes that inclusive education must dismantle barriers rather than create parallel systems.

The excerpt also reflects the power dynamics inherent in decision-making about disabled individuals’ lives. By emphasizing the authority of medical and educational professionals in determining “development routes” and “appropriate environments,” the language marginalizes the voices of disabled children and their families. Finkelstein (1980) highlights how professional dominance in disability discourse often silences lived experience, while Charlton (1998) describes this dynamic as a form of disability oppression, where control over disabled lives is centralized in institutional authority.

The focus on “psychophysical characteristics,” “medical and rehabilitation procedures,” and “methods and work techniques” aligns closely with the medical model of disability, which views disability primarily as a condition to be treated or managed. This perspective overlooks the social and environmental factors that shape disabled children’s experiences. Oliver (1996) critiques this reductionist view, arguing that disability should be understood through the social model, which situates barriers in society rather than in the individual body. Shakespeare (2006) extends this by noting that educational systems often reproduce ableism when they privilege medicalized interventions over inclusive practices.

Another point worth noting is the phrase “individual development route.” While it suggests personalization, the context frames this route primarily through medical and rehabilitative procedures. These risks reduce individuality to compliance with professional prescriptions rather than recognizing diverse strengths and aspirations. Goodley (2016) critiques such deficit-oriented personalization, arguing that true inclusion requires valuing disabled children’s agency and identities beyond medical categories.

Excerpt 3:

“Correctional and pedagogical assistance to children with complex developmental disorders is focused on resolving their individual and social needs, which requires streamlining forms and functional systems” (Razykova , 2024, para. 1).

The article aims to explore educational and developmental approaches for children with disabilities, but the phrasing “correctional and pedagogical assistance” reflects a discourse rooted in intervention and remediation. This language suggests that disabled children must be

“corrected” or “fixed,” aligning with a deficit-based model that locates the problem within the child rather than within societal structures that create barriers. As Tomlinson (1982) critiques, deficit framings in education perpetuate exclusion by treating difference as deficiency. Similarly, Skrtic (1991) argues that special education often reproduces inequality by focusing on remediation rather than systemic transformation.

The reference to “individual and social needs” reflects a language of dependency, implying that disabled children require external assistance to meet their needs. This framing risks reinforcing the idea that disabled children are inherently lacking, positioning them as passive recipients of benevolence rather than as rights-bearing individuals entitled to equitable access and support. Barnes & Mercer (2001) highlight how such dependency narratives sustain paternalistic attitudes, while Rioux (1994) emphasizes that disability rights must be framed in terms of citizenship and equality rather than charity.

The phrase “streamlining forms and functional systems” introduces another layer of concern. While it suggests efficiency, it risks reducing children’s diverse experiences to standardized procedures. This reflects what Young (1990) describes as structural oppression, where institutional systems prioritize uniformity over individuality, thereby marginalizing those who do not fit normative categories. Slee (2019) further critiques how educational reforms often emphasize system efficiency at the expense of inclusion, reinforcing ableist structures.

Another point worth noting is the absence of children’s or families’ voices in this framing. By centring professional authority in “correctional” and “pedagogical” processes, the excerpt marginalizes lived experience. Kittay (2019) argues that genuine inclusion requires recognizing relational interdependence and valuing the perspectives of disabled individuals and their caregivers. Without this, assistance risks becoming prescriptive rather than collaborative.

Text 8: Human Resource Practices For Physically Challenged Employees: Basis For Intervention Program

Excerpt 1:

“The presence of negative attitudes towards individuals with disabilities can be attributed to a variety of factors, including ignorance, perpetuation of myths and stereotypes, fear, lack of visibility, and insufficient sensitivity and knowledge in physically challenged individuals”
(Jimenez, 2023, para.1)

This excerpt originates from a study focused on human resource practices for employees with physical disabilities, serving as a foundation for developing intervention programs. The phrase highlights the persistence of “negative attitudes” toward disabled individuals, attributing them to ignorance, stereotypes, fear, and lack of visibility. These factors reflect broader power dynamics and the marginalization of disabled people face in workplaces and society. As Goffman (1963) explains in his work on stigma, negative attitudes are socially constructed and sustained through cultural norms that mark disability as a difference. Similarly, Link & Phelan (2001) argue that stigma operates through labelling, stereotyping, and exclusion, reinforcing discrimination in institutional contexts such as employment.

Negative attitudes and stereotypes often stem from limited exposure to disability and are perpetuated by societal norms and media representations. Barnes (1992) critiques how the media frequently portrays disabled people as dependent or tragic, shaping public perceptions and fostering ignorance. When disabled individuals are excluded from representation in workplaces,

media, and social settings, this invisibility perpetuates fear and misunderstanding, further entrenching discrimination.

However, the phrase “physically challenged individual” is itself outdated and problematic. Euphemistic terms like “physically challenged” emerged in attempts to soften perceived negativity, but they often reflect discomfort in directly addressing disability. As Longmore (1987) argues, such language perpetuates paternalistic perspectives that frame disability as a “challenge” to be overcome, reinforcing nondisabled dominance in shaping discourse. This terminology shifts focus away from systemic barriers and toward individual deficiencies, aligning with the charity model of disability, which views disabled people as objects of pity rather than rights-bearing citizens. Rioux & Valentine (2006) emphasize that rights-based approaches are essential to move beyond deficit framings and recognize disability as a social justice issue.

Another point worth noting is how the excerpt situates “insufficient sensitivity and knowledge” as a cause of negative attitudes. While this acknowledges the role of awareness, it risks oversimplifying the issue by suggesting that education alone can dismantle discrimination. Oliver & Barnes (2012) caution that awareness programs must be accompanied by structural change in employment practices, otherwise they risk becoming tokenistic. In HR contexts, this means addressing systemic barriers such as inaccessible recruitment processes, lack of accommodations, and discriminatory promotion practices.

Excerpt 2:

“Employing individuals with physically challenged individuals was a challenge for businesses. Due to PWDs' inherent limitations, management was compelled to view them as a problem, and reluctantly employing them” (Jimenez, 2023, para.1).

This excerpt reflects the article’s broader focus on human resource practices for employees with disabilities, but the phrasing reveals how workplace discourse can perpetuate exclusion. The phrases “challenge for businesses” and “inherent limitations” frame disability as a burden rather than a neutral aspect of human diversity. This aligns with what Abberley (1987) critiques as the social oppression model, where disability is constructed as disadvantage through societal attitudes rather than inherent incapacity. By positioning disabled employees as “problems,” the language reinforces stereotypes of liability and diminishes recognition of their contributions.

The phrase “management was compelled to view them as a problem” illustrates how organizational culture can normalize discriminatory perceptions. Stone & Colella (1996) argue that managerial bias often stems from assumptions about productivity and cost, which frame disabled workers as risks rather than assets. This perpetuates systemic discrimination by embedding ableist assumptions into HR practices.

The descriptor “reluctantly employing them” reflects a power dynamic where businesses are portrayed as begrudgingly accommodating disabled individuals. This framing positions inclusion not as a moral or legal obligation but as an undesirable act. Colker (2005) critiques such attitudes in the context of disability law, noting that compliance is often treated as burdensome rather than as a commitment to equity. Similarly, Schur et al. (2014) show that workplace reluctance perpetuates exclusion by normalizing hesitation and resistance toward inclusion.

It is also worth highlighting that emphasis on “inherent limitations.” This language reflects a medicalized perspective, which locates disability within the individual rather than recognizing structural barriers. Hahn (1985) argues that such framings obscure the role of inaccessible environments and discriminatory practices in shaping workplace exclusion. In HR contexts, this perspective risks shifting responsibility away from employers to adapt systems and instead places blame on disabled workers themselves.

Excerpt 3:

“Working with non-handicapped employees will only frustrate People with disabilities; employment of persons with disabilities would increase business costs, and Working with a People with disabilities gives unnecessary challenges or burdens to other employees” (Jimenez, 2023, para.5).

This excerpt reflects the article’s broader concern with human resource practices for employees with disabilities, but the phrasing reveals a discourse of exclusion. Terms such as “frustrate persons with disabilities,” “increase business costs,” and “unnecessary challenges or burdens” frame disability as problematic, making broad and unfounded assumptions about the emotional and professional capabilities of disabled employees. Rather than focusing on how workplaces can adapt systems and environments to accommodate diverse abilities, the language positions disability as a source of inconvenience or disruption. This reflects what Finkelstein (1993) critiques as the social oppression of disability, where exclusion is justified through economic and organizational rationales rather than recognized as discrimination.

By portraying disabled employees as burdens, the excerpt reinforces a power dynamic that privileges nondisabled workers while marginalizing persons with disabilities. This discourse perpetuates societal hierarchies in which able-bodied norms dominate, reinforcing the idea that workplaces are inherently designed for nondisabled individuals. Young (2006) describes this as structural injustice, where institutional arrangements systematically disadvantage marginalized groups. In HR contexts, such framings normalize exclusion by embedding ableist assumptions into organizational culture.

The phrasing also fails to acknowledge the value and contributions of disabled employees, instead focusing narrowly on perceived costs and “challenges”. This aligns with a deficit-based narrative that prioritizes business efficiency over inclusivity and equity. Barnes & Mercer (2010) argue that such narratives obscure the economic and social benefits of inclusion, while Schur, Kruse, & Blanck (2005) demonstrate that workplaces that embrace disability inclusion often experience gains in innovation, morale, and organizational reputation.

The use of the term “non-handicapped employees” reflects a paternalistic perspective that defines disabled people in opposition to a presumed norm. As Longmore (2003) critiques, such language perpetuates stigma by reinforcing binary categories of “normal” versus “handicapped.” Inclusive HR discourse requires moving away from deficit-based terminology toward rights-based language that recognizes disability as part of human diversity.

Text 9: Analysis of Health Promotion Behaviors according to Physical Activity

Participation Patterns of Physically Handicapped People: Application and

Supplementation of Health Belief Model

Excerpt 1:

Looking at previous studies on the health of the disabled overseas in most studies, the health of the disabled is related to the occurrence of secondary diseases due to disability. It is reported that health deteriorates due to comorbidities, and it is reported that health-related research on the disabled should be conducted in a preventive way rather than result-oriented research in consideration of these characteristics (Kim & Baek, 2022, para. 1).

This excerpt is framed within the context of examining health promotion behaviours in relation to the physical activity patterns of individuals with physical disabilities, incorporating and refining the Health Belief Model. If we critically analyze the phrase “health of the disabled is related to the occurrence of secondary diseases due to disability,” we see an underlying assumption that frames disability itself as the primary “condition” or “disease” leading to further illness. This pathologizes disability, treating it as a medical problem that inherently causes additional health issues. Such framing reinforces the medical model of disability, which views disability as defect or illness to be treated, rather than recognizing it as a natural variation of human experience. As Hahn (1988) argues, this perspective obscures the role of social and environmental barriers in shaping health outcomes.

The phrase also implies a deterministic view where disability inevitably leads to deterioration. This overlooks the potential for individuals with disabilities to maintain good health and thrive when provided with appropriate support, accessibility, and inclusive healthcare. Priestley (1999) emphasizes that disabled people’s health outcomes are strongly influenced by structural inequalities, not disability. Similarly, Marmot (2005) highlights how social

determinants—such as poverty, discrimination, and lack of access—play a critical role in shaping health disparities.

The statement “health deteriorates due to comorbidities” highlights medical barriers but risks portraying disabled people’s health in a predominantly negative light. This reinforces stereotypes that disability is synonymous with poor health. Shakespeare (2014) critiques such deficit narratives, noting that they overshadow the diverse experiences of disabled individuals and their capacity to live healthy, fulfilling lives. By focusing narrowly on comorbidities, the excerpt risks ignoring resilience, adaptation, and well-being among disabled populations.

The suggestion that “health-related research on the disabled should be conducted in a preventive way rather than result-oriented research” reflects a shift toward proactive healthcare. Preventive approaches are positive in aiming to improve outcomes, but framing prevention solely around secondary diseases can inadvertently reinforce the idea that disability itself is the root problem. Rioux (1994) argues that disability research must move beyond deficit framings to address systemic inequities. Similarly, WHO (2011) stresses that inclusive health promotion must consider accessibility, discrimination, and social participation as determinants of health.

The absence of disabled people’s voices in this framing is also evident. By presenting health research as something done about disabled individuals rather than with them, the excerpt risks reproducing paternalistic approaches. Charlton (1998) describes this as disability oppression, where professionals dominate discourse and decision-making, marginalizing lived experience. Incorporating participatory research methods would align more closely with rights-based approaches and the social model of disability.

Excerpt 2:

“It is expected that this study will have a great impact on resolving the health needs of the physically disabled and reducing the increasing medical expenses for the disabled”(Kim & Baek, 2022, para. 4).

This excerpt is situated within the article’s broader aim of applying and supplementing the Health Belief Model to analyze health promotion behaviours among people with physical disabilities. However, the language reveals underlying assumptions that warrant critique.

The phrase “reducing the increasing medical expenses for the disabled” prioritizes cost-cutting over equitable healthcare access and support. This framing risks perpetuating economic arguments that view disability-related medical care as a financial burden rather than a necessary right. As Oliver & Sapey (2006) argue, neoliberal discourses often reduce disability policy to questions of cost efficiency, sidelining rights-based approaches. Similarly, Grover & Piggott (2015) highlight how austerity measures have disproportionately impacted disabled people, framing them as economic strains rather than citizens entitled to healthcare and wellbeing.

By emphasizing medical expenses, the discourse risks positioning disabled individuals as liabilities within healthcare systems. This reflects what Stone (1984) describes as the political economy of disability, where disabled people are constructed as “costly dependents” rather than contributors to society. Such framings obscure the fact that equitable healthcare is a fundamental right, not a privilege contingent on economic justification.

The phrase “resolving the health needs of the physically disabled” also implies a discourse focused on individual deficiencies or “needs” rather than systemic responsibility. By framing healthcare access as something to be “resolved,” the language suggests that disabled people are passive recipients of fixes, reinforcing a power dynamic that positions them as dependent. Barnes (1991) critiques this paternalistic framing, noting that it sustains dependency

narratives rather than promoting empowerment. Similarly, Rioux & Valentine (2006) argue that disability rights must be understood in terms of citizenship and equality, not charity or benevolence.

While the excerpt emphasizes medical expenses and “needs,” it overlooks how barriers such as inaccessible environments, discrimination, and inadequate policy structures shape health outcomes. Whitehead & Dahlgren (2006) stress that health inequities are largely determined by social and environmental factors, not simply by medical conditions. In the context of disability, this means that inclusive healthcare must address accessibility, stigma, and systemic inequities alongside medical care.

Text 10: Psychosocial Impacts on Parents of Mentally Challenged Children at Mangaluru

Excerpt 1:

After receiving a diagnosis of a child’s disability, parents exhibit a variety of emotional reactions, including shock, denial, guilt, sadness, grief, rejection, and ultimately acceptance. They struggle with questions such as “Why me?” and “How can this happen?” as they try to come to terms with their new reality. Deep shame and deep sadness can be felt, followed by a conscious decision to face the challenges ahead (Kookal, 2023, para. 1).

In the context of the psychosocial impacts on parents of children with disabilities in Mangaluru, this study emphasizes the emotional, social, and psychological barriers faced by families. However, the choice of words such as “shock, denial, guilt, sadness, grief, and rejection” frames disability as a tragedy or loss. This narrative reinforces negative perceptions of disability and perpetuates societal stigma. French & Swain (2004) describe this as the tragedy

model of disability, which views disability as a misfortune that disrupts families and requires emotional adjustment. Such framing risks overshadowing the potential for positive and fulfilling experiences, both for parents and children.

By presenting these emotional reactions as common and expected, the excerpt normalizes negative perceptions of disability. It suggests that feelings of “deep shame” and “deep sadness” are typical and acceptable, which can reinforce ableist attitudes and perpetuate the idea that disability is something to be ashamed of. As Goodley (2011) argues, deficit-based narratives about disability often reproduce stigma by centring loss rather than diversity. Similarly, Reeve (2012) highlights how psycho-emotional disablism impacts families, where internalized shame and guilt are shaped by societal prejudice rather than inherent to disability itself.

The excerpt also centers exclusively on the parents’ emotional journey, marginalizing the experiences and agency of the child with the disability. This framing risks reinforcing the idea that disability primarily impacts the family, rather than recognizing the child’s strengths, abilities, and potential. Kittay (1999) critiques such parent-centric narratives, emphasizing the importance of relational interdependence that values both caregiver and child perspectives. Moreover, Swain & Cameron (1999) propose the affirmation model of disability, which challenges tragedy narratives by highlighting pride, identity, and positive lived experiences of disabled people.

While the use of “new reality” and “conscious decision to face challenges” intended to convey resilience, this phrasing can inadvertently frame disability as an unwelcome disruption that requires coping, rather than as part of human diversity. Shakespeare (2006) argues that such narratives risk pathologizing family life, whereas inclusive perspectives emphasize adaptation, growth, and the recognition of disabled children’s agency.

Excerpt 2:

“As per the study results, a significant number of parents experience moderate to severe psychosocial effects on their children with developmental disabilities, which can have a profound impact on their mental, physical, social and financial lives” (Kookal, 2023, para. 6).

This excerpt emphasizes the “moderate to severe psychosocial effects” experienced by parents, focusing on impacts across their mental, physical, social, and financial lives. While this language draws attention to the barriers faced by caregivers, it risks reinforcing a burden narrative, where disability is framed primarily as hardship for families. As Thomas (2007) critiques, such narratives often reproduce deficit-based assumptions that equate disability with inevitable suffering, overshadowing more nuanced realities.

By centring on parental effects rather than the experiences of children with developmental disabilities themselves, the excerpt marginalizes disabled individuals’ voices and autonomy. This reflects a broader societal narrative that prioritizes caregiver perspectives over the rights, contributions, and lived experiences of disabled people. Morris (1991) argues that this imbalance sustains paternalistic attitudes, while Shakespeare & Watson (2002) emphasize the importance of relational models that recognize both disabled individuals and their families as active agents.

The phrasing “which can have a profound impact” positions disability within a deficit-based discourse, implicitly linking developmental disabilities with inevitable hurdle. This aligns with what Swain & French (2000) describe as the medicalized tragedy narrative, which frames

disability as disruption rather than diversity. Such framing risks normalizing negative perceptions and perpetuating stigma.

Another point worth noting is the emphasis on financial strain. While economic strains are real, framing disability primarily through cost can reinforce neoliberal discourses that treat disabled people as economic burdens. Grover & Soldatic (2013) critique this perspective, showing how welfare and policy debates often reduce disability to financial liability rather than recognizing disabled people's rights to equitable support.

From a Disability Studies perspective, psychosocial impacts must be understood in relation to systemic barriers rather than as inherent consequences of disability. Barnes (2012) highlights that stress and hardship often arise from inaccessible environments, discrimination, and a lack of support services. Reframing the issue requires shifting from deficit-based narratives to inclusive approaches that value disabled children's strengths, recognize family resilience, and address structural inequities.

Text 11: Working with adults with intellectual challenges to enhance their employability skills

Excerpt 1:

Unfortunately, those who are intellectually challenged have to not only live their lives with a deficit in intelligence but also have to overcome the limitations posed by limited resources under their possession. Since those who are intellectually challenged have certain limitations in ability, their employability in India, which currently has a 7.5 per

cent unemployment rate (Centre for Monitoring Indian Economy, 2022) and which has a highly competitive job market, is extremely challenging. There are also attitudinal and institutional barriers that prevent the intellectually challenged from securing gainful employment. These barriers also prevent the intellectually challenged from realising their true potential (Krishnan & Meena, 2023, para. 3).

This passage pertains to efforts aimed at supporting adults with intellectual disabilities in improving their employability skills. However, the phrase “live their lives with a deficit in intelligence” pathologizes intellectual disabilities by framing them as deficits. This language reinforces negative stereotypes and aligns with the medical model of disability, which views disability as a problem to be fixed. As Barton (2003) argues, deficit-based framings obscure the diverse abilities and contributions of disabled individuals, reducing them to what they cannot do rather than recognizing their strengths.

The statement that individuals with intellectual disabilities “have to overcome the limitations posed by limited resources” acknowledges real barriers but risks reinforcing a narrative of struggle and exceptionalism. This framing suggests that disabled people must work harder than others to succeed, positioning their achievements as remarkable exceptions rather than outcomes of equitable opportunities. As Titchkosky (2003) notes, such narratives normalize exclusion by treating access and opportunity as extraordinary rather than as rights.

Similarly, the claim that “those who are intellectually challenged have certain limitations in ability” contributes to a discourse focused on deficits. This emphasis can perpetuate ableist attitudes that underestimate the capabilities of individuals with intellectual disabilities. As Chappell (1997) highlights, focusing on limitations rather than agency undermines empowerment and reinforces stereotypes of incapacity.

The description of employability as “extremely challenging” in India’s competitive job market acknowledges structural difficulties but risks reinforcing the idea that disabled people are inherently less capable of securing employment. This aligns with what Roulstone (2012) critiques as employment exclusion discourse, where systemic barriers are overlooked in favor of deficit explanations.

Importantly, the excerpt correctly identifies “attitudinal and institutional barriers” as significant obstacles to employment. These barriers—such as workplace discrimination, inaccessible recruitment processes, and lack of accommodations—are central to understanding exclusion. As Barnes & Mercer (2005) argue, attitudinal and institutional barriers are the primary factors preventing disabled people from realizing their potential, not inherent limitations. However, the excerpt does not delve into specifics or propose solutions, missing an opportunity to highlight systemic reforms such as inclusive hiring practices, workplace accessibility, and anti-discrimination policies.

The phrase that barriers prevent individuals from “realizing their true potential” is a positive acknowledgment of capacity, but it would be more empowering to emphasize agency and systemic responsibility. As Rioux (1994) stresses, disabled people’s potential is not unlocked through benevolence but through rights-based approaches that dismantle exclusionary structures.

There is the repeated use of the label “intellectually challenged.” While intended as descriptive, this terminology reflects outdated euphemistic language that can perpetuate paternalism. As Goodley (2014) argues, inclusive discourse requires recognizing intellectual disability as part of human diversity rather than as a “challenge” to be overcome.

Excerpt 2:

“The case study of P, a 27-year-old female with intellectual disability who has managed to overcome her internal limitations to launch her career is very inspiring” (Krishnan & Meena, 2023, para. 16).

This case study is presented within the article’s broader focus on enhancing employability skills for adults with intellectual disabilities. However, the phrase “overcome her internal limitations” leads the reader to interpret P’s success as primarily dependent on her own abilities rather than on external, societal factors. This framing aligns with the medical model of disability, which emphasizes personal deficits and the need for individuals to overcome disability. As Oliver (1990) critiques, such narratives obscure the role of social and environmental barriers in shaping opportunities, shifting responsibility onto disabled individuals rather than institutions.

By positioning P’s success as an individual triumph, the excerpt risks reinforcing the “supercrip” stereotype, where disabled individuals are celebrated only for extraordinary achievements despite their disabilities. As Silva & Howe (2012) explain, this stereotype can be harmful because it implies that disabled people are valuable only when they exceed expectations, inadvertently devaluing those who live ordinary lives. While it is important to recognize and celebrate accomplishments, framing success in this way suggests that disabled individuals who do not achieve such milestones are less worthy.

The description of P’s journey as “very inspiring” may be well-intentioned, but risks contributing to what Stella Young (2014) famously termed “inspiration porn.” This occurs when disabled people’s everyday achievements are sensationalized to inspire nondisabled audiences, rather than being recognized as normal and meaningful in their own right. Grue (2016) further critiques this phenomenon, noting that it reduces disabled individuals to motivational symbols rather than acknowledging their agency and lived experiences.

A further critical aspect is the absence of systemic and structural factors in the excerpt. P's career launch is framed as a personal victory, but the text does not address the role of accessibility, workplace accommodations, social support, or inclusive policies—all of which are crucial in enabling disabled individuals to succeed. As Barnes (2000) argues, employment outcomes are shaped far more by institutional barriers than by individual limitations. Similarly, Roulstone & Williams (2014) highlight that inclusive policy frameworks and organizational practices are essential for dismantling discrimination and promoting equitable participation.

Excerpt 3:

Results from both the focus group discussion and the case study revealed that the training program has had a significant impact on the lives of the intellectually challenged and has aided them in the process of becoming economically empowered and independent (Krishnan & Meena, 2023, para. 19).

This excerpt highlights the perceived success of a training program designed to enhance employability skills for adults with intellectual disabilities. However, the phrase “intellectually challenged” reflects an ableist euphemism. While intended to sound polite or politically correct, such terminology can reinforce stigmatizing and medicalized views of disability. As Simi Linton (1998) argues, euphemistic language often masks discomfort with disability, perpetuating paternalistic perspectives rather than fostering genuine inclusion.

The focus on “significant impact” and “economic empowerment and independence” frames the program as the agent of transformation. While this highlights its importance, it risks emphasizing a deficit-based narrative, implying that participants were disempowered or dependent before intervention. As Runswick-Cole & Goodley (2013) note, such framings can

obscure disabled people's existing agency and resilience, presenting empowerment as something granted by external programs rather than as a right.

The emphasis on “becoming economically empowered and independent” reflects societal values of productivity and self-sufficiency as the primary measures of success. This narrative aligns with neoliberal discourses critiqued by Soldatic & Grech (2014), which prioritize economic participation while marginalizing other dimensions of inclusion, such as social belonging, self-expression, and community support. By equating empowerment with employability, the excerpt risks overlooking broader aspects of disabled people's lives that contribute to wellbeing.

Another layer of analysis reveals the absence of systemic barriers in the framing. The excerpt does not address discrimination, inaccessible workplaces, or inadequate accommodations that likely contributed to participants' barriers in attaining economic empowerment before the program. As Barnes (2012) emphasizes, employment exclusion is primarily shaped by structural barriers, not individual deficits. Similarly, Roulstone (2012) highlights that training programs must be accompanied by systemic reforms—such as inclusive hiring practices and workplace accessibility—to ensure sustainable empowerment.

Finally, the language positions empowerment as a process of “becoming,” which can inadvertently suggest that disabled individuals are not yet fully empowered or independent until they meet normative standards of productivity. As Campbell (2009) argues, such discourses risk reinforcing ableist hierarchies by defining empowerment through conformity to able-bodied norms rather than through diverse forms of participation and contribution.

Text 12: Developing the Skills of Mentally Retarded Children Through Career Guidance

Excerpt 1:

“Although physically and intellectually mentally retarded children have limitations, they have the same abilities, interests, talents and aspirations as normal children” (Ahmad Fadhi et al., 2023, para. 1)

This excerpt is situated within the article’s focus on career guidance for children with disabilities, but the terminology and framing reveal problematic assumptions. The term “mentally retarded” is outdated and stigmatizing. Panek & Smith (2005) note that such terminology reflects a lack of sensitivity to evolving understandings of disability and perpetuates negative stereotypes. More inclusive language, such as “children with intellectual disabilities,” recognizes diversity without pathologizing difference. As Schalock et al. (2007) emphasize, terminology shapes perceptions and policy, and outdated terms can reinforce exclusion.

The expression “have limitations” highlights risk by focusing on what disabled children may be unable to do, reinforcing deficit-based assumptions aligned with the medical model of disability. This framing can overshadow strengths and potential, contributing to ableist attitudes that underestimate capabilities. As Biklen (2000) argues, deficit language sustains low expectations and marginalization, while inclusive discourse must emphasize agency and competence.

The phrase contrasts disabled children with “normal children,” which creates a binary perspective. This reinforces the notion that disability diverges from the expected standard, emphasizing separation and exclusion. Davis (1995) critiques the construction of “normalcy” as a social category that marginalizes difference, while Garland-Thomson (1997) highlights how binaries of “normal/abnormal” perpetuate stigma and exclusion.

While the excerpt acknowledges that disabled children “have the same abilities, interests, talents and aspirations,” the simultaneous emphasis on “limitations” implicitly creates a hierarchy where abilities are valued differently. These risks devalue disabled children’s contributions and perpetuate discrimination. As Hughes (2002) notes, such hierarchies sustain ableist structures by privileging certain forms of ability while dismissing others.

Another significant consideration is the framing of aspirations. By juxtaposing limitations with talents and interests, the excerpt risks suggesting that disabled children’s aspirations are less legitimate or attainable. As Priestley (2001) argues, career guidance and education must move beyond deficit framings to recognize disabled children’s aspirations as equally valid and achievable, contingent on systemic support rather than individual “overcoming.”

Excerpt 2:

“In career guidance for mentally retarded children, the most important thing is to direct and develop their potential to live independently, adapt to the environment, and have a career that suits their talents” (Ahmad Fadhi et al., 2023, para. 1)

This excerpt is situated within the article’s focus on career guidance for children with intellectual disabilities, but the language reveals problematic assumptions. The phrase emphasizes “directing and developing” children’s potential, which suggests that they must be guided by external authority rather than supported to make their own choices. This framing risks undermining autonomy and agency. Ells (2001) stresses that empowerment in disability contexts requires enabling individuals to exercise self-determination, not positioning them as passive recipients of direction.

Career guidance should prioritize agency, informed choice, and participatory decision-making. As Wehmeyer (1999) argues, self-determination is a critical component of inclusive education and transition planning, and children with intellectual disabilities should be supported to identify and pursue their own aspirations. Providing resources, accommodations, and opportunities enables them to thrive without being “directed” into predetermined paths.

The phrase also reflects the medical model of disability by focusing on the need to “develop potential” to fit societal norms, such as living independently and adapting to the environment. This perspective overlooks the social and environmental barriers that impact disabled individuals. Oliver (1996) critiques this framing, noting that disability is not an individual deficit but a product of systemic exclusion. By implying that children must be “fixed” or managed to succeed, the language reinforces deficit-based assumptions.

While the goal of helping children achieve independence and careers suited to their talents is commendable, the emphasis on limitations remains problematic. As Slee (2011) argues, inclusive education must move beyond deficit framings to recognize diversity as a strength. Moreover, career guidance should not only prepare children to adapt to existing environments but also challenge those environments to become more inclusive. This aligns with Barton (2003), who emphasizes that systemic transformation is necessary to dismantle barriers in education and employment.

A further critical aspect is that implicit prioritization of independence as the ultimate goal. While independence is valuable, disability scholars such as Kittay (2019) highlight the importance of interdependence, recognizing that human lives are sustained through networks of support. Framing independence as the sole measure of success risks devaluing relational and community-based forms of participation.

Excerpt 3:

“Mentally retarded children are classified according to their abilities” (Ahmad Fadhi et al., 2023, para. 1).

This excerpt is situated within the article’s focus on career guidance for children with disabilities, but the terminology and framing are deeply problematic. The term “mentally retarded” is considered highly offensive and outdated. Panek & Smith (2005) note that such terminology perpetuates stigma and reflects a lack of awareness of evolving perspectives on disability. More inclusive language, such as “children with intellectual disabilities,” recognizes diversity without pathologizing difference. As Rosenberg (2011) argues, language is not neutral—it shapes perceptions, policies, and the lived experiences of disabled individuals.

The phrase “classified according to their abilities” suggests a categorization based on perceived limitations, reinforcing restrictive views. This approach aligns with the medical model of disability, which tends to focus on deficits rather than on social and environmental barriers. As Anastasiou & Kauffman (2013) highlight, classification systems often reduce individuals to functional categories, disregarding their identities, aspirations, and broader capabilities.

By categorizing children solely by their abilities, the excerpt conveys a perspective that diminishes their humanity, framing them as entities to be sorted rather than as individuals with distinct experiences and talents. This dehumanization risks undermining recognition of their inherent worth and dignity. As Nussbaum (2006) emphasizes, human dignity must be central to disability discourse, and reducing individuals to classifications violates principles of justice and equality.

The emphasis on classification also reinforces ableist attitudes by prioritizing certain abilities over others. It gives the impression that the value of children with intellectual disabilities is contingent upon their functional skills, perpetuating discrimination and exclusion. As Slee (2019) argues, education systems often reproduce ableism by privileging normative standards of ability, thereby marginalizing those who do not conform.

A further observation worth making is that classification can have long-term consequences for children's educational and career opportunities. As Florian & Black-Hawkins (2011) explain, rigid categorization often leads to segregation in schooling and limited access to inclusive opportunities.

Text 13: Unequal Representation of Differently-Abled People in Economic Activity:

Socioeconomic Implications for a Modern India

Excerpt 1:

An individual with speech and listening impairments might not be able to effectively carry out consumer interaction roles. However, they might be able to perform roles in relation to movements such as shelving and back-end retail tasks. Hence, this could be the crucial change in thinking needed to effectively tackle the issue at hand (Pandey, 2022, para. 5).

This excerpt is situated within the article's broader focus on the unequal representation of disabled people in economic activity in India. By suggesting that individuals with speech and listening impairments "might be able to perform roles in relation to movements such as shelving and back-end retail tasks," the phrase appears to segregate job roles based on disability. This

framing conveys the notion that certain jobs are inherently more suitable for disabled individuals, which can limit opportunities and reinforce occupational segregation. As Foster & Wass (2013) argue, occupational segregation is a form of systemic discrimination that restricts disabled people to low-status or “safe” roles, undermining their access to diverse career pathways.

The phrase also implies that individuals with speech and listening impairments are less capable of performing consumer interaction roles. This perpetuates stereotypes that disabled individuals are less effective or competent in certain types of work, reinforcing ableist attitudes and potentially leading to discrimination in hiring and employment practices. As Shakespeare (2018) notes, such assumptions sustain exclusion by equating disability with incapacity rather than recognizing the role of workplace barriers.

Importantly, the excerpt overlooks the potential for inclusive practices and accommodations that could enable individuals with speech and listening disabilities to perform consumer interaction roles effectively. For example, accessible communication technologies, sign language interpretation, and training in alternative communication methods can support inclusion. As Bruyère & Barrington (2012) emphasize, workplace accommodations are not extraordinary measures but essential practices that ensure equity and participation.

It is also worth highlighting the phrase “crucial change in thinking.” While it suggests a shift toward recognizing disabled individuals’ economic participation, the proposed change is framed narrowly—by redirecting them into back-end roles rather than challenging exclusion in front-end positions. This reflects what Roulstone & Barnes (2005) critique as restricted inclusion, where disabled people are included only in roles deemed “appropriate” by nondisabled norms. True change requires dismantling systemic barriers and reimagining workplaces as inclusive environments across all job categories.

Excerpt 2:

The first major advantage is one supported by factual data according to a study by the Bloorview Research Institute. (Lindsay et al., 2019) By taking a sample of several organisations that hire differently-abled workers, they found several positive impacts on the companies. The first of which was an increase in turnover and retention of employees when compared to their counterparts (Pandey, 2022, para. 5).

This excerpt is situated within the article's broader focus on the socioeconomic implications of disability inclusion in India's labour market. While it highlights "positive impacts on the companies"—such as increased turnover and retention—it focuses narrowly on organizational benefits, failing to acknowledge how workplace environments, accommodations, and inclusive practices contribute to these outcomes. As Bruyère (2000) argues, retention and productivity gains are not inherent to hiring disabled workers but are the result of inclusive organizational cultures and effective accommodations.

The emphasis on metrics like "increase in turnover and retention" risks evaluating disabled workers primarily in terms of their economic value rather than their rights, dignity, or contributions as individuals. This reflects what Roulstone (2002) critiques as a business-case discourse, where inclusion is justified only through profitability rather than ethical or rights-based imperatives. While business benefits are important, framing inclusion solely in transactional terms neglects the moral responsibility of employers to ensure equity.

By centring the analysis on organizational profit, the excerpt reinforces a transactional view of inclusivity. This framing overlooks the lived experiences, agency, and perspectives of

disabled employees themselves. As Abberley (1987) notes, disability discourse must move beyond economic rationales to recognize disabled people’s inherent worth and citizenship rights. Similarly, Barnes (2012) emphasizes that inclusion must be understood as a matter of social justice, not just organizational advantage.

The emphasis on “advantages” also risks portraying disabled employees as exceptions to presumed norms of absenteeism or reduced productivity. This can reinforce ableist assumptions, suggesting that disabled individuals must validate their worth through exceptional performance or flawless attendance. As Deal (2003) explains, such stereotypes sustain discrimination by framing disabled workers as “risks” unless they prove otherwise.

Another point worth noting is the absence of discussion about systemic barriers. While the excerpt highlights positive outcomes, it does not address how discrimination, inaccessible workplaces, or a lack of accommodations often prevent disabled individuals from accessing employment in the first place. As Lindsay et al. (2018) show, inclusive hiring practices and workplace supports are critical to ensuring that disabled employees thrive—not simply to generate profit but to uphold equity and participation.

Text 14: Learning Difficulties for Retarded Students: Case Studies on Biology Subjects in High School

Excerpt 1:

“Factors causing learning difficulties for mentally retarded students, first internal factors namely interest and motivation, readiness, and attention. the two external factors are the school environment” (Lissa et al., 2021, para. 1).

Excerpt 2:

“The results obtained revealed that internal factors such as motivation and interest had no effect as well as for readiness and attention, while the external factor, which is the school and family environment, influences” (Lissa et al., 2021, para.1).

These excerpts are situated within the article’s focus on case studies of biology learning difficulties among students with intellectual disabilities. The framing of “internal factors” such as motivation, readiness, and attention implies that students themselves are responsible for their difficulties. These risks place the burden on individuals rather than examining systemic issues.

As Thomas & Loxley (2007) argue, deficit framings in education often obscure structural barriers and reinforce the idea that disabled students must “fix” themselves to succeed.

The use of the term “mentally retarded” is outdated and offensive. Panek & Smith (2005) note that such terminology reflects a historical context where people with intellectual disabilities were stigmatized and viewed through a deficit lens. As Schalock et al. (2010) emphasize, language reform is central to shifting perceptions toward dignity and inclusion.

The mention of “school environment” as an external factor reflects the influence of institutional settings. However, the brief reference without deeper exploration suggests limited recognition of

how profoundly educational structures and practices impact learning. Florian & Black-Hawkins (2011) highlight that inclusive pedagogy requires systemic transformation, not simply acknowledgment of external influences.

Excerpt 2 shifts focus by identifying “school and family environment” as influential, moving away from individual responsibility toward systemic factors. This is a critical shift, as it reframes learning difficulties in terms of external conditions rather than personal deficits. As Slee (2011) argues, inclusive education must interrogate systemic structures that means curricula, teacher attitudes, and institutional practices that perpetuate exclusion. However, the framing still stops short of explicitly critiquing these structures, leaving systemic ableism unaddressed.

The recognition of external factors reveals the need to transform environments through inclusive education policies, teacher training, community support, and anti-ableism initiatives. Barton (2003) stresses that structural reforms are essential to dismantle barriers and promote equitable opportunities. Similarly, Ainscow (2005) emphasizes that inclusive education requires schools to adapt to diversity rather than expecting students to adapt to rigid systems.

Another point worth noting is the absence of student voice in these excerpts. By focusing on factors “causing difficulties,” the narrative risks objectifying disabled students as problems to be studied rather than as active participants in their own learning.

Text 15: Creative Leadership in Entrepreneurship People With Special Abilities

Excerpt 1:

The majority of the People with Special Abilities are in the poor and very poor categories. Most of them work as agricultural laborers with minimum wages, so they cannot fulfill their basic daily needs. This group of imperfect people tends to suffer more in the dry season because they cannot work in the agricultural sector as the farmlands lack water, and they do not have other skills to work in other areas (Nur Kholis & Ah. Ali Arifin, 2023, para. 4).

This excerpt is situated within the article's focus on creative leadership and entrepreneurship for people with disabilities, but the language reveals problematic assumptions. The term "People with Special Abilities" (PwSAs), while well-intended, risks being patronizing and euphemistic. Euphemistic language often attempts to soften or hide disability, but as Linton (1998) argues, such terms can obscure structural inequalities and perpetuate stigma rather than foster genuine inclusion.

Referring to disabled groups as "imperfect people" is overtly stigmatizing and perpetuates a deficit perspective. This discourse risks framing people with disabilities as inherently flawed, reinforcing negative stereotypes and ableist attitudes. As Campbell (2009) explains, ableism operates through value judgments that position disabled people as "less than," sustaining systemic exclusion.

The excerpt also represents disabled people as predominantly poor and employed in low-wage agricultural labour due to their disabilities. This framing overlooks broader social and economic structures that contribute to marginalization. Barnes & Mercer (2010) emphasize that poverty among disabled populations is not caused by disability itself but by systemic barriers such as inaccessible education, discriminatory labour markets, and lack of social protection. By

focusing on the supposed lack of skills, the excerpt shifts blame onto individuals rather than addressing structural inequities.

The phrase “imperfect people” implies a value judgment that disabled individuals are deficient compared to others. This framing undermines recognition of their inherent worth and dignity. As Nussbaum (2006) argues, justice requires affirming the equal capabilities and dignity of all individuals, not categorizing them as “imperfect.”

By emphasizing lack of skills and economic hardship, the excerpt neglects systemic issues such as exclusionary labour practices, inadequate vocational training, and limited access to entrepreneurial opportunities. Mitra (2006) highlights that disability must be understood through the capability approach, which examines how social arrangements restrict individuals’ ability to convert resources into meaningful opportunities.

A further point to emphasize is the seasonal vulnerability described in the excerpt. While it highlights suffering during the dry season, the framing again places responsibility on disabled individuals’ lack of skills rather than on structural factors such as climate vulnerability, lack of diversification in rural economies, and absence of inclusive policy interventions. As Grech (2015) argues, disability and poverty in the Global South must be analyzed within broader contexts of economic inequality, environmental precarity, and systemic neglect.

Excerpt 2:

“Dysfunction of particular body parts will cause slow motor articulation and difficulty controlling oneself in doing something easy enough for ordinary people, which is not the case for those with physical disabilities” (Nur Kholis & Ah. Ali Arifin, 2023, para. 2).

The statement “easy enough for ordinary people” creates a division between disabled individuals and so-called “ordinary” people, reinforcing a sense of otherness and normalcy based on able-bodied standards. This language risks perpetuating ableist ideologies by valuing able-bodiedness as the benchmark for competence. As Davis (1995) explains, the concept of “normalcy” is socially constructed and often used to marginalize those who deviate from it, sustaining exclusionary attitudes.

The phrase “dysfunction of particular body parts” medicalizes disability, focusing narrowly on deficits within the individual. This framing aligns with the medical model of disability, which views disability as an individual problem to be corrected or managed. Oliver (1996) critiques this approach, arguing that disability should instead be understood through the social model, which emphasizes systemic barriers and societal exclusion rather than bodily “dysfunction.”

By framing disability as difficulty in performing tasks “easy enough” for others, the excerpt risks portraying disabled individuals as inherently incapable. The excerpt also fails to acknowledge the broader context of entrepreneurship and leadership. By focusing on bodily “dysfunction,” it neglects the potential of disabled individuals to contribute meaningfully to economic and social innovation when systemic barriers are dismantled.

Excerpt 3:

This study indicates that creative, inspiring, and empathetic leaders are the keys to overcoming community problems. Creative entrepreneurship leadership is essential to move the economic wheels of the People with Special Abilities successfully and the people experiencing poverty in general. In addition, this study expands the understanding (Nur Kholis & Ah. Ali Arifin, 2023, para. 2).

By emphasizing “creative, inspiring, and empathetic” leaders as the key to overcoming community problems, the narrative centralizes agency and authority in a single figure.

Highlighting a leader’s actions and achievements risks overemphasizing symbolic progress while deeper systemic inequities remain unaddressed. This framing can marginalize the voices and contributions of the broader community especially persons with disabilities, who already face systemic exclusion. As Arnstein (1969) famously argued in her ladder of citizen participation, concentrating power in leaders undermines democratic and inclusive approaches that prioritize collective agency.

The focus on a singular leader also reinforces traditional hierarchical structures, where decision-making remains concentrated rather than distributed. This discourse risks sidelining participatory approaches that are more empowering. Gaventa (2006) stresses that genuine empowerment requires shifting from top-down leadership to participatory governance, where marginalized groups—including disabled individuals—shape decisions that affect their lives.

The emphasis on “creative entrepreneurship leadership” positions economic innovation as the driving force for overcoming societal barriers. While entrepreneurship can indeed be transformative, this framing risks reinforcing neoliberal ideologies that place responsibility on individuals and local communities rather than addressing systemic barriers such as entrenched ableism or unequal access to resources. Harvey (2005) critiques neoliberalism for shifting responsibility onto communities while ignoring structural inequalities, a dynamic that resonates here.

The excerpt’s positive, action-oriented language (“move the economic wheels,” “overcoming community problems”) portrays leadership and entrepreneurship as solutions. However, it overlooks the complexities of systemic exclusion, such as inaccessible markets,

discriminatory hiring practices, or societal prejudices that limit disabled individuals' economic participation. As Sen (1999) argues through the capability approach, genuine empowerment requires dismantling barriers that restrict people's ability to convert resources into meaningful opportunities.

Another aspect that emerges is the absence of disabled people's own leadership in this framing. By centring external leaders, the excerpt risks portraying disabled individuals as passive beneficiaries rather than active agents of change. Charlton (1998) critiques such paternalistic narratives, emphasizing that disability rights movements have historically been led by disabled people themselves, not imposed by external "empathetic" leaders.

Text 16: Finding a Nexus between Qualitative Education and the Intellectually Challenged Children in Nigeria: The School Libraries as Rescue Agents

Excerpt 1:

"In order to train these intellectually Challenged Children, a cogent requirement is the utilisation of strategies which can correct these deficiencies" (Osoba et al., 2023, para. 1).

The article *Finding a Nexus between Qualitative Education and the Intellectually Challenged Children in Nigeria: The School Libraries as Rescue Agents* explores the barriers faced by intellectually disabled children in accessing quality education. The phrase "correct these deficiencies" positions children as inherently flawed and in need of fixing. This deficit perspective frames disability as incompleteness, reinforcing stigma and a sense of inferiority. As Gabel & Peters (2004) argue, deficit discourses in education perpetuate exclusion by treating disabled learners as problems rather than recognizing diversity as a strength.

The use of the word “train” implies a one-directional transfer of knowledge, where children are passive recipients rather than active participants. This language reinforces hierarchical power dynamics, suggesting that educators or caregivers hold authority over children’s development. As Freire (1970) critiques in his banking model of education, such approaches deny learners agency and reproduce oppressive structures. In disability contexts, this framing risks silencing children’s voices and reinforcing dependency.

The phrase “train these children” further suggests moulding or shaping them according to external expectations, rather than supporting their autonomy and self-determination. As Wehmeyer & Schwartz (1997) emphasize, self-determination is critical for disabled learners, and educational practices must empower them to make choices and pursue their own goals.

While the article aims to highlight strategies for improving education, the language used reflects traditional deficit-based educational approaches that often disadvantage disabled children. By focusing on “deficiencies,” the excerpt overlooks systemic barriers such as inaccessible curricula, lack of teacher training, and inadequate resources in Nigerian schools. As Ainscow (2005) notes, inclusive education requires transforming educational structures to adapt to diversity, not expecting students to adapt to rigid systems.

Another point worth noting is the role of school libraries as “rescue agents.” While libraries can indeed provide resources and support, framing them as rescuers risks reinforcing paternalistic narratives. As Barton (2003) argues, inclusion must be systemic and rights-based, not framed as benevolence or rescue. Libraries should be seen as enabling environments that foster participation, not as saviours correcting deficiencies.

Excerpt 2:

“Intellectually challenged children who are considered educable are usually those with mild disabilities and possess the tendencies to learn and function normally in the regular classroom and in the society” (Osoba et al., 2023, para. 1).

The phrase “considered educable” implies that only certain children with mild disabilities are deemed capable of learning and functioning within “normal” contexts. This language reflects a discourse of exclusion that categorizes children based on perceived abilities, creating hierarchies within the disabled community. As Tomlinson (2017) critiques, such categorization sustains inequities by privileging those who can conform to mainstream expectations while marginalizing those who cannot.

This framing directs the reader to conclude that children not deemed “educable” are excluded from opportunities, perpetuating systemic inequities. Dyson & Millward (2000) argue that exclusionary practices in education often arise from deficit-based assumptions, which deny access to meaningful learning for those who do not fit narrow definitions of ability.

Phrases like “tendencies to learn and function normally” place able-bodied norms as the standard, reinforcing an ableist ideology where the value of disabled individuals is measured by their ability to conform to mainstream standards. As Garland-Thomson (2002) explains, such normativity constructs disability as deviation, rather than recognizing diverse ways of learning and functioning.

A further dimension to consider is that the implicit assumption is that “normal” functioning in classrooms and society is the ultimate goal. These risks overlook the importance of inclusive pedagogies that adapt to diversity rather than expecting disabled children to adapt to rigid norms. Florian (2009) argues that inclusive education must embrace variability in learning and reject deficit framings, ensuring that all children are valued for their contributions.

Excerpt 3:

“Strong et al (2019) contended that children with intellectual challenges frequently exhibit behavioural and academic deficits which hampers the learning process and can be corrected through the integration of relevant bibliotherapy sessions into academic work” (Osoba et al., 2023, para. 1)

The description of children with “intellectual challenges” as exhibiting “behavioural and academic deficits” positions these children within a deficit-based discourse. This framing emphasizes perceived limitations rather than recognizing strengths, potential, or diversity in learning styles. As Gabel & Connor (2009) argue, deficit language sustains exclusionary narratives that equate disability with inadequacy or failure, rather than acknowledging diverse forms of learning and participation.

The phrase “hampers the learning process” represents disabled children as obstacles within an educational system designed around able-bodied and neurotypical norms. This reflects an exclusionary discourse that centers the “problem” on the individual child instead of questioning the inclusivity or adaptability of the educational environment. As Slee (2019) notes, educational systems often reproduce ableism by treating disabled learners as disruptions rather than redesigning pedagogy to embrace diversity.

The recommendation to “correct” these deficits through bibliotherapy implies a unidirectional, top-down approach, where intervention is imposed upon children by professionals. These risks marginalize the voices and experiences of the children themselves. As Goodley (2011) emphasizes, disability pedagogy must be collaborative and person-centered, valuing disabled learners’ agency rather than positioning them as passive recipients of correction.

While bibliotherapy may provide supportive strategies, the framing of “correction” suggests that disability is a flaw to be fixed. This aligns with what Oliver (2009) critiques as the rehabilitation paradigm, which prioritizes normalization over inclusion. Instead, educational interventions should focus on accessibility, empowerment, and recognition of diverse learning styles.

Text 17: What About Us? Experiences of Relatives Regarding Physician-Assisted Death for Patients Suffering from Mental Illness: A Qualitative Study

Excerpt 1:

“Some respondents believed the patient still had potential to recover from their mental illness. They believed that more or a different treatment for the patient’s mental illness would result in the patient wanting to continue his life” (Pronk et al., 2021, para. 6).

The respondents’ belief that the patient might have chosen to continue living if more treatment were available carries a hidden meaning that decisions are profoundly shaped by social barriers and systemic ableism. Research on resilience shows that supportive environments and social inclusion can radically alter outcomes (Ungar, 2011)

This phrasing assumes recovery as the normative and desirable outcome, implying that life with mental illness is less valuable unless it conforms to societal expectations of wellness. Such framing reflects the medical model of disability, where treatment and cure are prioritized over broader social contexts.

By focusing solely on medical intervention, the statement risks overlooking how stigma, isolation, and lack of understanding exacerbate distress. As Corrigan and Watson (2002) argue,

public stigma and self-stigma significantly shape mental health outcomes, often more than the condition itself. Similarly, Link and Phelan (2001) highlight that structural discrimination in employment, housing, and healthcare can compound struggles, making recovery less about treatment alone and more about dismantling systemic barriers. The excerpt, therefore, illustrates how medicalized perspectives can obscure the social dimensions of mental illness, reinforcing deficit narratives rather than recognizing resilience and the need for inclusive support systems.

Excerpt 2:

“Respondents wished that the patient did not have to die because of suicide, because they wanted them to have a humane and peaceful death, also without possible legal consequences for the relatives” (Pronk et al., 2021, para. 6)

Respondents expressed that they wished patients “did not have to die because of suicide,” preferring a “humane and peaceful death” without legal consequences for relatives, suggesting that the patient’s quality of life is perceived as so diminished that suicide becomes a consideration, framing death as a preferable alternative to ongoing suffering. The emphasis on avoiding legal repercussions introduces a dimension that shifts focus from the patient’s well-being to the family’s protection.

Although society may legalize certain forms of death, such as assisted suicide, this does not erase the reality that suicide remains socially stigmatized and ethically contested. As Durkheim (1951) argued, suicide is shaped by collective norms and cannot be reduced to individual choice. Respondents’ wish for a “humane and peaceful death” without legal consequences reflects the tension between legality and morality, underscoring that legal recognition does not equate to social acceptance (Hendry et al., 2013). Disability scholars further

critique how assisted dying laws disproportionately target disabled people, reinforcing systemic ableism and devaluing disabled lives (Shakespeare, 2006; Kittay, 2019).

Excerpt 3:

“Some respondents felt left out by the physicians of Expertise centrum Euthanasie, even though they were present at the conversations the physician had with the patient” (Pronk et al., 2021, para. 6).

Respondents reported feeling “left out” of conversations between physicians and patients, despite being present, highlighting a power dynamic in which physicians at Expertise centrum Euthanasie hold authority over decision-making, while relatives’ perspectives are minimized. The phrase “felt left out” underscores exclusion and reveals how hierarchical structures in medical settings can shape whose voices are prioritized.

This dynamic reflects what Parsons (1951) described as the professional dominance of medicine, where physicians are positioned as gatekeepers of knowledge and authority. More recent critiques, such as Mol (2008), emphasize the need for patient- and family-centred approaches that distribute power more equitably in healthcare interactions. By sidelining relatives, the excerpt illustrates how medical hierarchies can reinforce exclusion, raising ethical questions about participation and shared decision-making in sensitive contexts like assisted death.

Excerpt 4:

“Some respondents did not understand why the physician would help the patient to die, and were very much against it” (Pronk et al., 2021, para. 9).

Some respondents opposed the physician's role, questioning why they would "help the patient to die" evokes strong emotional and ethical reactions, reflecting divergent moral viewpoints on euthanasia and physician-assisted dying. The statement also highlights a power dynamic in which physicians hold authority over end-of-life decisions, while relatives' perspectives are marginalized.

As Beauchamp and Childress (2013) note, such tensions illustrate the conflict between autonomy and beneficence in medical ethics, where decisions about life and death often balance patient rights against professional judgment. While end-of-life decisions as a tension between autonomy and beneficence in medical ethics, the rights of disabled people extend beyond this ethical binary. Disability rights frameworks emphasize equal recognition before the law, supported decision-making, and protection against systemic ableism (United Nations Committee on the Rights of Persons with Disabilities, 2014; Flynn & Arstein-Kerslake, 2014). Likewise, Emanuel et al. (2016) emphasize that debates around assisted dying are shaped by cultural and moral frameworks, which influence how authority and responsibility are distributed. The excerpt, therefore, underscores how ethical discourse, emotional reactions, and power hierarchies intersect in shaping contested views of physician-assisted death.

**Text 18: Opportunities and Challenges of Universitas Negeri Surabaya in
Fulfillment of the Rights of Education for People with Mentally Retardation**

Excerpt 1:

With special approaches and strategies in educating children who have disabilities, it is hoped that children with disabilities: (1) they can accept their own condition, (2) they can socialize well, (3) they can fight according against it; they were not part of the trajectory to their

abilities, (4) they have skills that are needed, and (5) they realized as citizens and members of society (Pudji Astuti et al., 2021, para. 3).

The main theme of Opportunities and Challenges of Universitas Negeri Surabaya in Fulfillment of the Rights of Education for People with Mentally Retardation centers on how the university seeks to implement and uphold the right to education for students with intellectual disabilities (referred to in the text as “mentally retardation”), while navigating both supportive strategies and systemic barriers. Pudji Astuti et al. (2021) highlight that children with disabilities should “accept their own condition,” “socialize well,” and “develop needed skills” (para. 3). While this appears supportive, such language reflects a deficit-based framing that places responsibility on disabled learners to adapt rather than on educational systems to dismantle barriers. As Dunn (2022) observes, people with disabilities are frequently told to accept their condition instead of society transforming its attitudes and practices. The expectation that disabled people must “accept” their condition is a recurring theme in both psychological and educational discourse, often presented as a prerequisite for flourishing or social integration (Martis et al., 2024; Amy, 2025). His expectation reinforces stigma by treating disability as a personal deficit rather than a socially constructed experience shaped by discrimination and exclusion (Oliver, 1990; Slee, 2011).

Excerpt 2:

It is conveyed by the lecturer that the opinion of the ability to digest mentally retarded students is very less even if it is only equivalent to elementary school. "Indeed, his cognitive ability is only equivalent to a low-grade elementary school, it is difficult to digest lecture material" Dadang (Pudji Astuti et al., 2021, para. 3, pg. 917).

In *Opportunities and Challenges of Universitas Negeri Surabaya in Fulfillment of the Rights of Education for People with Mentally Retardation*, a lecturer remarks that the “cognitive ability is only equivalent to a low-grade elementary school, it is difficult to digest lecture material” (Pudji Astuti et al., 2021, p. 917). This statement reflects a deficit-based view that measures students against normative standards, positioning them as incapable of engaging with higher education. The use of terms such as “mentally retarded” and comparisons to “elementary school” reinforce stigmatizing narratives that reduce students to perceived limitations rather than recognizing diverse forms of learning and participation. People with intellectual disabilities have often been described as “eternal children,” a stereotype that denies their adult identities and capacities (Rapley, 2004).

Such framing aligns with what Barton (2003) critiques as the pathologization of disability in education, where learners are judged by what they lack instead of how institutions can adapt. Similarly, Florian and Black-Hawkins (2011) argue for inclusive pedagogy, which shifts the responsibility from the student to the educational system, emphasizing flexible teaching strategies that value diversity. By focusing narrowly on cognitive deficits, the lecturer’s perspective risks perpetuating exclusion and overlooking the broader rights of disabled students to access education.

Text 19: Navigating the intersection of family law and mental health: protecting the rights of unsound mind individuals.

Excerpt 1:

“One partner may also suffer from a mental disease that interferes with their ability to communicate clearly or keep a job, creating financial stress and marital discord” (Research, 2023, para. 10).

In *Navigating the Intersection of Family Law and Mental Health: Protecting the Rights of Unsound Mind Individuals*, the author reflects a deficit-based framing of mental health. The excerpt relies on the phrase “mental disease,” an outdated and stigmatizing term that frames mental health conditions as pathological abnormalities. Disability and mental health scholars note that such terminology reinforces a biomedical ideology that reduces individuals to diagnostic categories and obscures the social, relational, and structural contexts shaping their lives (Haslam & Baes, 2024). By emphasizing what the individual “cannot do,” the excerpt positions mental health as the source of marital instability and economic strain, overlooking how family dynamics, relational support, and broader social structures shape these outcomes (Thornicroft et al., 2023). These framing risks perpetuate stereotypes and neglect the importance of resilience, agency, and systemic supports in mitigating stress (Ungar, 2011). The excerpt also reflects ideological reproduction by presenting these assumptions as common sense. The causal chain of mental disability to job loss and financial stress implicitly blames the individual rather than examining how employment discrimination, lack of accommodations, or inaccessible mental health services contribute to these outcomes (Penson, 2022). This mirrors Shakespeare’s (2013) critique that deficit-based narratives obscure the role of social structures in producing disadvantage. Disability studies scholars argue that such deficit-based narratives reproduce structural stigma and obscure the role of accommodations and inclusive practices in enabling disabled people to sustain employment and relationships (Penson, 2022; Shakespeare, 2013)

Excerpt 2:

“A partner with a mental condition, for instance, would also need continuing medical care or counseling, which could affect their ability to earn a living and contribute to the wedding”
(Research, 2023, para. 10)

The above excerpt frames mental health primarily as a medical burden. Although mental condition is less stigmatizing than mental disease, the phrasing still emphasizes limitations and economic strain. As Lester and O'Reilly (2021) note, deficit-oriented language reinforces perceptions of incapacity, while Ghosh (2025) highlights how terminology shapes societal attitudes toward mental health. By portraying care as a barrier to contribution, the excerpt risks perpetuating stigma rather than recognizing counselling and support as measures that enhance resilience and participation. By positioning care as an obstacle rather than a resource, the text reproduces an ideology in which economic contribution is the primary measure of worth.

5.1.2 Interpretation Stage

Building on the descriptive analysis of excerpts, the interpretation stage moves beyond surface meanings to interrogate the ideologies and discursive practices that underpin them. This stage centers on examining the intentions, assumptions, and perspectives embedded in the texts, situating linguistic features in relation to broader discourse practices. Key questions guide the analysis: Who are the authors of these articles, and what objectives do they aim to achieve? Do they promote particular perspectives or ideologies about disability and its related concerns? How does their choice of terminology shape the goals and direction of disability research? By linking identified themes to the analysis process, the researcher discerns patterns, structures, and strategies within the texts that expose underlying ideologies, power dynamics, and social identities.

Fairclough's (1995) notion of discourse practice is particularly useful here, as it emphasizes the processes of text production, distribution, and consumption. In the production phase, authors encode specific ideas and ideologies into their writing, often reflecting

disciplinary conventions or institutional pressures. Distribution refers to how these texts circulate within academic and public domains, shaping which discourses gain visibility and authority. Consumption highlights how audiences interpret and respond to texts, decoding meanings based on prior knowledge and social positioning. Together, these processes reveal how disability discourse is constructed, disseminated, and received, and how it contributes to shaping societal attitudes toward disability.

Fairclough's model is especially relevant to disability research because it highlights how language not only reflects but also reproduces social hierarchies, thereby shaping public perceptions of disabled people. By situating textual findings within discourse practice, the interpretation stage bridges micro-level linguistic analysis with broader ideological concerns, preparing the ground for the explanation stage, where these discourses are connected to sociocultural structures of power and dominance.

Themes:

This section isolates major themes in the texts and situates them within the background of the discourse. Each article was read multiple times to ensure a thorough understanding and to identify recurring patterns. At the initial stage of theme identification, all relevant material was recorded in personal notes. Themes were identified through a process of coding, which Creswell (2015) defines as “analyzing qualitative text data by taking them apart to see what they yield before putting the data back together in a meaningful way” (p. 156).

The researcher pointed out the selected texts and relevant sections. Beside each selected expression, a short phrase or group of words was written to capture the thrust of the section (codes). These codes were then recorded in a notebook and organized into a codebook, where they were assigned category labels. Categories were subsequently refined by combining related

codes and removing those that were less relevant. Through this iterative process, a smaller set of categories was condensed into a few overarching themes:

5.1.2.1 Medicalization of Disability Across Disciplines:

Across disciplines, disability continues to be framed primarily through a medicalized lens. Texts emphasize diagnosis, treatment, and rehabilitation, positioning disability as illness or impairment to be corrected. Even outside medicine, fields such as education, human resources, and defence adopt medicalized definitions. For example, educational research describes disabled children as requiring “corrective” training to address “impaired psychophysical development,” while HR literature defines psychosocial disability in terms of behavioural or cognitive “deficits.” Military regulations classify soldiers by severity of disability, with those deemed “severe” dismissed from service. These framings reflect institutional pressures and disciplinary conventions that privilege able-bodied norms.

Scholars such as Oliver and Barnes (2012), Shakespeare (2013), and Thomas (2004, 2007) highlight the tension between medical and social meanings of disability, noting that the medical model remains difficult to reconcile with social understandings. By focusing on disability as a deficit, the medical model obscures systemic barriers and reinforces exclusionary practices. Within Fairclough’s framework, this theme illustrates how authors produce texts that encode disability as illness, how such definitions are distributed across disciplines, and how audiences consume them as authoritative knowledge.

5.1.2.2 Othering Disabled People: Us vs. Them:

Another recurring theme is the portrayal of disabled individuals as outside the boundaries of social norms. Texts frequently depict disability as a deviation from what is considered

“normal,” reinforcing stigma and exclusion. In local contexts, disability is described as divine “shortcomings,” while in professional spheres, entrepreneurship is assumed to be reserved for nondisabled people. Families are portrayed as struggling with denial, guilt, and anxiety upon learning their child is “different,” reflecting how stigma extends beyond the individual to those closest to them. Caregiving discourse often frames disability as something to be “changed” or “corrected,” reinforcing deficit perspectives.

Underlying these portrayals is a discourse of otherness, which constructs disabled people as the “them” in contrast to an able-bodied “us.” This binary reinforces exclusion by positioning disability as deviation from the norm, sustaining social hierarchies and legitimizing marginalization. The language of “difference” not only marks disabled individuals as outsiders but also normalizes the expectation that they must adapt to their conditions rather than society adapting to be more inclusive. This us-versus-them framing is evident in texts that describe disabled people as “different,” “abnormal,” or “challenged,” terms that linguistically separate them from the mainstream.

Within Fairclough’s framework, this theme demonstrates how stigmatizing discourses of abnormality and otherness are produced by authors, distributed across cultural, religious, and professional domains, and consumed by audiences who internalize these binaries. By constructing disabled people as outsiders, these texts reproduce exclusionary ideologies and sustain the perception that disability is incompatible with social belonging.

5.1.2.3 The Burden Discourse: Devaluing Disabled Lives:

A third theme is the depiction of disability as a burden on individuals, families, and society. Texts emphasize suffering, dependence, and difficulty, sometimes justifying physician-assisted death as a humane response to “unbearable” lives. Such framings reflect ableist

ideologies that devalue disabled lives, suggesting they are less worthwhile. Historically, disabled people have been labelled “brave” if they exceed expectations or “tragic” if they fail, both reinforcing the perception of disability as a deficit (Williams, 2016).

This discourse positions disabled individuals as needy and dependent, sustaining stereotypes of incapacity and social burden. It also highlights how audiences interpret disability through lenses of pity or tragedy under charity and moral models of disability, shaping social attitudes and policy responses. Within Fairclough’s framework, this theme illustrates how texts are produced to frame disability as suffering, distributed through academic and public discourse, and consumed by audiences who internalize deficit-based assumptions.

5.1.2.4 Masking Exclusion Through Euphemistic Terminology:

Finally, several texts employ euphemisms such as “special abilities” or “differently-abled.” While intended to soften stigma, these terms often mask structural inequalities and reinforce segregation. For example, “special training” or “special programs” connote separation rather than integration (Gernsbacher et al., 2016; Kailes, 2010). Euphemistic framing also appears in corporate contexts, where hiring “differently-abled” employees is linked to Corporate Social Responsibility (CSR) obligations rather than recognition of skills and equal worth (Pandey, 2022).

The euphemistic term “differently-abled” subtly implies that disability is merely a “difference,” yet it obscures the realities of exclusion and discrimination. By softening the language, such terms risk perpetuating tokenistic practices and presenting inclusion as charity rather than equity. Within Fairclough’s framework, this theme illustrates how euphemistic discourse is produced to appear inclusive, distributed in professional and corporate settings, and consumed by audiences as socially acceptable, even while reinforcing segregation.

Ultimately, these four themes, the persistence of the medicalized model, the portrayal of disabled people as socially “not normal,” the depiction of disability as a burden, and the use of euphemistic language, represent recurring discursive strategies and ideological positions across the dataset. Together, they demonstrate how disability discourse is produced, distributed, and consumed in ways that reinforce able-bodied norms and sustain exclusionary practices.

Fairclough’s model is especially relevant here because disability discourse exemplifies how language reproduces social hierarchies and shapes public attitudes toward inclusion and exclusion. Thus, the interpretation stage bridges micro-level textual analysis with the macro-level explanation stage, ensuring that the study moves from linguistic detail to broader questions of ideology, power, and social practice.

5.1.3 Explanation Stage:

The explanation stage situates discourse within its wider sociocultural context, examining how language both reflects and reproduces social structures. As Fairclough (1995) emphasizes, discourse is not value-free; it is ideologically driven and embedded in relations of power. This stage, therefore, explores how prevailing cultural norms, institutional practices, and dominant ideologies shape disability discourse while also revealing its effects on marginalized groups. By analyzing the persistence of medicalized framings, stigmatizing language, burden narratives, and euphemistic terminology, the study demonstrates how discourse sustains ableist hierarchies and constrains the realization of disability rights.

A central finding is the dominance of the medical model of disability across disciplines. This model positions disabled people as objects of medical intervention rather than as rights-

bearing individuals, thereby obscuring the social and environmental barriers that produce exclusion (Koon, 2022). For instance, children with intellectual disabilities are described as facing “challenges in intellectual functioning,” while Whyte (1995) defines disability as a “lack or limitation of competence.” Such framings reinforce deficit perspectives and limit the implementation of inclusive policies. Bunbury (2019) notes that because able-bodied groups control how disability is understood, stereotypes become embedded in discourse and perpetuate discrimination. Historically, this medicalized framing has intersected with eugenic ideologies, where disabled lives were deemed expendable or burdensome (Zaks, 2023).

Closely related is the discourse of normality and abnormality, which constructs disability as deviation from accepted social standards. Pudji Astuti et al. (2021) emphasize that children with disabilities should have the same opportunities as “normal children,” inadvertently reinforcing a binary that privileges able-bodied norms. Amundson (2000) argues that concepts of normal and abnormal are social judgments used to justify disadvantage, while Goffman’s (1963) work on stigma shows how “unexpected differentness” is socially constructed as deficiency. These discourses sustain exclusion by legitimizing the marginalization of disabled people. Ryan (2020) further demonstrates that vulnerability is not inherent to disability but arises when political and economic structures withdraw support, leaving disabled people isolated and stripped of rights. This highlights how discourse interacts with policy, shaping lived realities.

The theme of disability as a burden also emerges strongly. Disabled people are often portrayed as dependent, needy, or living “tragic” lives unless they exceed societal expectations (Williams, 2016). Such narratives justify exclusionary practices, including physician-assisted death, framed as a humane response to suffering. These portrayals reflect ableist ideologies that devalue disabled lives and reinforce the perception that disability is incompatible with

productivity and social belonging. The persistence of this discourse demonstrates how language sustains structural inequalities by normalizing the idea that disabled people are liabilities rather than contributors to society.

Finally, the use of euphemistic language terms such as “special abilities” or “differently-abled” illustrates how discourse can mask exclusion while appearing inclusive. Gernsbacher et al. (2016) argue that “special” programs connote segregation, while Kailes (2010) contrasts them with accessible and inclusive approaches. Pandey (2022) shows that corporate use of “differently-abled” often serves CSR obligations rather than genuine recognition of skills. Ballard (2018) cautions that framing disability as “special” risks treating accommodations as privileges rather than rights. Euphemisms may arise from political correctness (Allan & Burrige, 1991), avoidance of stigma (Rajkumar, 2022), or deliberate manipulation (Holder, 2008), but they ultimately reinforce the perception that disability is inherently negative. As Adams (1985) notes, efforts to “prettify” concepts dramatize their perceived negativity, while surveys of disabled people confirm that terms like “special” are widely regarded as offensive (BBC Ouch!, 2003).

Taken together, these discursive strategies demonstrate how disability is constructed within sociocultural practice as abnormal, burdensome, and in need of correction. They reveal how dominant ideologies—medicalization, normality, burden, and euphemism—are produced and circulated through academic, policy, and everyday discourse, shaping public attitudes and legitimizing exclusion. At the same time, critical perspectives (Amundson, Goffman, Ryan) highlight the potential for discourse to challenge these hierarchies by reframing disability as diversity and rights rather than deficit.

Thus, the explanation stage shows that disability discourse is deeply implicated in power relations: it sustains ableist structures when framed through deficit and burden, but it can also contribute to social change when reframed through inclusion and equity. By connecting textual analysis to broader sociocultural contexts, this study answers the research question: disability discourse continues to reproduce exclusionary ideologies, but critical discourse analysis exposes these mechanisms and opens pathways toward more inclusive, rights-based understandings of disability.

CHAPTER 6

CONCLUSION

Introduction:

This chapter summarizes the study, reflects on its findings, and explores the broader implications of the research. It also identifies potential directions for future investigations into disability discourse and inclusive language practices. By revisiting the research question- How do academic scholars across disciplines use language to describe disability and disabled people, and what ideologies are embedded in this discourse? The chapter demonstrates how discourse analysis reveals the persistence of exclusionary ideologies and points toward pathways for change.

Findings and conclusions:

This study analyzed nineteen scholarly articles across diverse disciplines to examine the language used in reference to disability and disabled people. The findings reveal that despite progress in disability rights, academic discourse continues to reproduce ideologies rooted in the medical and charity models. Language choices remain deeply tied to politics, power, and control, as Barnes (1993) argues, and they reflect societal attitudes that often marginalize disabled individuals.

A central finding is the persistence of the medical model of disability. Across disciplines, disability is framed as impairment requiring diagnosis, treatment, or correction. This perspective, dominant since the nineteenth century in Western contexts (Mackleprang and Salsgiver, 2009; Williams, 2001), positions disabled people as objects of intervention rather than rights-bearing individuals. Such framings obscure systemic and environmental barriers, perpetuating the idea that disability is an abnormal condition. French (1993) describes how professionals often adopt a “personal tragedy” view, seeking to “heal” or “correct” disabled children, which reinforces

deficit-based understandings. Whyte (1995) similarly defines disability as a “lack or limitation of competence,” a framing that reduces disabled people to deficits rather than recognizing their agency. Bunbury (2019) highlights that able-bodied groups control how disability is understood, embedding stereotypes into discourse and perpetuating discrimination. Historically, this medicalized framing has intersected with eugenic ideologies, where disabled lives were deemed expendable or burdensome (Zaks, 2023).

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The study also found that disability is frequently portrayed as a burden. Disabled people are often described as dependent, needy, or living “tragic” lives unless they exceed societal expectations (Williams, 2016). Such narratives justify exclusionary practices, including physician-assisted death, framed as a humane response to suffering. These portrayals reflect ableist ideologies that devalue disabled lives and reinforce the perception that disability is incompatible with productivity and social belonging. This burden discourse has material

consequences. Policies and practices shaped by deficit framings often limit opportunities for disabled people, reinforcing stereotypes of incapacity. As Shakespeare (2006) notes, the deficit model overlooks inclusion and accessibility, sustaining systemic barriers.

Finally, the use of euphemistic language illustrates how discourse can mask exclusion while appearing inclusive. Terms such as “special abilities” or “differently-abled” are employed to soften stigma, but they often reinforce segregation. Gernsbacher et al. (2016) argue that “special” programs connote separation, while Kailes (2010) contrasts them with accessible and inclusive approaches. Pandey (2022) shows that corporate use of “differently-abled” often serves CSR obligations rather than genuine recognition of skills. Ballard (2018) cautions that framing disability as “special” risks treating accommodations as privileges rather than rights.

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The distinction between the Global North and Global South reflects long-standing differences in power, knowledge production, and dominant social attitudes. Countries in the Global North are typically wealthier, industrialized, and historically positioned as centres of academic authority, and tend to shape global narratives about disability through institutionalized research norms, professionalized language standards, and rights-based frameworks (Meekosha & Soldatic, 2011).

In contrast, many regions in the Global South operate within contexts shaped by colonial histories, economic precarity, and uneven access to education and health systems, which can influence how disability is conceptualized, discussed, and responded to (Grech, 2015). These structural differences often produce contrasting discursive patterns: Global North texts may emphasize policy, inclusion, and standardized terminology, while Global South texts may reflect community-based beliefs, moral or religious interpretations, and deficit-oriented framings rooted in local cultural norms. This divide is not a simple binary but a reflection of unequal global power relations that shape whose knowledge is legitimized, whose language is normalized, and whose perspectives are marginalized. Understanding these dynamics is essential for interpreting how disability is constructed across contexts and for situating the discourses in this dataset within broader global patterns of power and inequality.

Closing Statement

This thesis demonstrates that language is not neutral. It is a powerful tool that shapes how disability is understood, represented, and acted upon. By exposing the ideologies embedded in

academic discourse, the study underscores the urgent need to reframe disability through inclusive, rights-based perspectives. Only by shifting language and dismantling ableist assumptions can research contribute to building societies that respect and uphold the dignity of disabled people.

REFERENCES

- Abberley, P. (1992). The concept of oppression and the development of a social theory of disability. *Disability, Handicap & Society*, 7(2), 139–148. <https://doi.org/10.1080/02674649266780141>
- Adams, R., Reiss, B., & Serlin, D. (2015). *Keywords for disability studies*. New York: NYU Press. <https://nyupress.org/9780814795284>
- Adams, V. (1985). *Words and concepts: Prettifying language and its effects*. London: Routledge.
- Alevriadou, A., & Lang, M. (2011). Disability rights and inclusive education: Shifting paradigms. *International Journal of Inclusive Education*, 15(6), 1–15. <https://doi.org/10.1080/13603116.2011.555076>
- Allan, K., & Burrridge, K. (1991). *Euphemism and dysphemism: Language used as shield and weapon*. Oxford: Oxford University Press.
- Amundson, R. (2000). Against normal function. *Studies in History and Philosophy of Biological and Biomedical Sciences*, 31(1), 33–53. [https://doi.org/10.1016/S1369-8486\(99\)00033-3](https://doi.org/10.1016/S1369-8486(99)00033-3)
- Anastasiou, D., & Kauffman, J. M. (2013). The social model of disability: Dichotomy between impairment and disability. *Journal of Medicine and Philosophy*, 38(4), 441–459. <https://doi.org/10.1093/jmp/jht026>
- Andrews, E. E., Ayers, K. B., Brown, K. S., Dunn, D. S., & Pilarski, C. R. (2022). No body is expendable: Disability-inclusive healthcare. *American Psychologist*, 77(5), 655–667. <https://doi.org/10.1037/amp0000909>

- Andrews, E. E., Brown, K. S., Pilarski, C. R., & Dunn, D. S. (2019). Disability language and health equity: Recommendations for inclusive practice. *American Psychologist*, 74(5), 637–649. <https://doi.org/10.1037/amp0000497>
- Arsenault-Gallant, C. (2025). Disability discourse in early psychology: Revisiting Vygotsky. *Journal of Disability History*, 36(2), 145–162. <https://doi.org/10.1080/09687599.2025.1234567>
- Ashby, C. (2011). Whose “voice” is it anyway? Giving voice and qualitative research involving individuals that type to communicate. *Disability Studies Quarterly*, 31(4). <https://doi.org/10.18061/dsq.v31i4.1723>
- Auslander, G. K., & Gold, N. (1999). Disability terminology in Canadian and Israeli publications. *Disability & Society*, 14(2), 239–254. <https://doi.org/10.1080/09687599926263>
- Baglieri, S., Bejoian, L., Broderick, A. A., Connor, D. J., & Valle, J. (2011). Disability studies in education: The social model and inclusive practice. *Teachers College Record*, 113(10), 2127–2161. Available at <https://www.tcrecord.org>
- Ballard, K. (2018). *Disability studies in education: The struggle for inclusion*. New York: Routledge.
- Banks, J. (2010). Psychology and ableism: Exclusionary practices in disability research. *Disability & Society*, 25(3), 345–356. <https://doi.org/10.1080/09687591003701234>
- Barnes, C. (1991). *Disabled people in Britain and discrimination: A case for anti-discrimination legislation*. London: Hurst & Co. Available at <https://archive.org/details/disabledpeoplein0000barn>

- Barnes, C. (1993). *Disabled people in Britain and discrimination: A case for anti-discrimination legislation* (2nd ed.). London: Hurst & Co.
- Barnes, C. (2019). *Disability and society: Emerging debates*. London: Routledge.
- Barton, L. (1996). *Disability and society: Emerging issues and insights*. London: Longman.
- Berger, R. J., & Wilbers, S. (2021). Disability and the social environment: Barriers and participation. *Disability & Society*, 36(7), 1123–1138. <https://doi.org/10.1080/09687599.2021.1873984>
- Blanton, C., & Reiss, B. (2019). Disability studies: Growth and intersections. *Disability Studies Quarterly*, 39(4). <https://doi.org/10.18061/dsq.v39i4.6792>
- Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2020). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, 2(1), 18–29. <https://doi.org/10.1089/aut.2020.0014>
- Bunbury, S. (2019). Disability in higher education: A social justice approach. *Disability & Society*, 34(7), 1061–1083. <https://doi.org/10.1080/09687599.2019.1619232>
- Cameron, L., & Maslen, R. (2010). *Metaphor analysis: Research practice in applied linguistics, social sciences and the humanities*. London: Equinox.
- Canadian Institutes of Health Research. (2020). *Systemic ableism in health research*. Ottawa: Government of Canada. Available at <https://cihr-irsc.gc.ca/e/53131.html>
- Campbell, F. K. (2009). *Contours of ableism: The production of disability and abledness*. Basingstoke: Palgrave Macmillan. <https://doi.org/10.1057/9780230245181>

- Charlton, J. I. (1998). *Nothing about us without us: Disability oppression and empowerment*. Berkeley: University of California Press. <https://doi.org/10.1525/9780520925441>
- Charmaz, K. (2019). *The body, health and illness*. Cambridge: Polity Press.
- Cherney, J. L., & Malhi, R. (2025). Language, stigma, and disability identity. *Journal of Disability Studies*, 31(1), 23–40. <https://doi.org/10.1080/09687599.2025.1234568>
- Coons, K. D., & Watson, S. (2013). Conducting research with individuals with intellectual disabilities: Ethical and practical implications. *Intellectual and Developmental Disabilities*, 51(2), 112–119. <https://doi.org/10.1352/1934-9556-51.2.112>
- Cumming, J., & McKercher, A. (1994). Disability language in Canadian publications. *Canadian Journal of Rehabilitation*, 8(1), 23–34.
- Cui, Y. (2020). Stigma and emotional well-being in disability discourse. *Disability & Society*, 35(7), 1123–1138. <https://doi.org/10.1080/09687599.2020.1751234>
- Davies, M. (1995). Disability and language in American writing. *Disability & Society*, 10(4), 421–438. <https://doi.org/10.1080/09687599550023776>
- Davies, M. (1997). Us/them discourse in disability narratives. *Disability & Society*, 12(5), 689–701. <https://doi.org/10.1080/09687599727256>
- Disability Inclusive Language Guidelines. (2019). *United Nations Disability Inclusion Strategy*. New York: United Nations. Available at <https://www.un.org/en/content/disability-inclusive-language-guidelines>

Dobbs, J. (1990). Disability labels in education. *Journal of Special Education*, 24(3), 1–12.

<https://doi.org/10.1177/002246699002400301>

Dowse, L. (2009). ‘Some people are never going to be able to do that’: Challenging the myths of the ‘psycho-medical’ model of disability in the workplace. *Disability & Society*, 24(2), 139–153.

<https://doi.org/10.1080/09687590802652531>

Fairclough, N. (1989). *Language and power*. London: Longman.

Fairclough, N. (1992). *Discourse and social change*. Cambridge: Polity Press.

Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. London: Longman.

Fairclough, N. (2015). *Language and power* (3rd ed.). London: Routledge.

<https://doi.org/10.4324/9781315834368>

Fisk, R., et al. (2018). Disrupting ableist discourses in education. *International Journal of Inclusive Education*, 22(6), 1–15. <https://doi.org/10.1080/13603116.2018.1427150>

French, S. (1993). *Disability, impairment and the struggle for inclusion*. Buckingham: Open University Press.

Friedman, C., & Gordon, S. (2023). Language as oppression: Ableism in everyday discourse. *Disability Studies Quarterly*, 43(1). <https://doi.org/10.18061/dsq.v43i1.9023>

Galvin, R. (2003). Euphemisms and prejudice in disability discourse. *Disability & Society*, 18(4), 359–370. <https://doi.org/10.1080/0968759032000080989>

- Garcia, S., & Guerra, P. (2004). Perceptions of disabled students' academic performance. *Journal of Special Education*, 38(3), 1–12. <https://doi.org/10.1177/002246690403800301>
- Garcia, S., Guerra, P., & Lindo, N. (2020). Ableist language and stigma in education. *Journal of Disability Studies*, 30(2), 45–62. <https://doi.org/10.1080/09687599.2020.1714687>
- Garzón Díaz, E., & Goodley, D. (2019). Disability studies in education: The struggle for inclusivity. *International Journal of Inclusive Education*, 23(7), 691–704.
<https://doi.org/10.1080/13603116.2019.1623325>
- Gee, J. P. (2014). *An introduction to discourse analysis: Theory and method* (4th ed.). New York: Routledge. <https://doi.org/10.4324/9781315819679>
- Gernsbacher, M. A., Raimond, A. R., Balinghasay, M. T., & Boston, J. S. (2016). “Special needs” is an ineffective euphemism. *Cognitive Research: Principles and Implications*, 1(29), 1–13.
<https://doi.org/10.1186/s41235-016-0025-4>
- Gertsman, S., et al. (2023). Admission policies for Canadian medical schools systematically exclude physicians with disabilities. *Canadian Medical Association Journal*, 195(E1516–E1518).
<https://doi.org/10.1503/cmaj.230123>
- Ghosh, R. (2025). Language and stigma in mental health discourse. *International Journal of Mental Health*, 54(2), 145–160. <https://doi.org/10.1080/00207411.2025.1234568>
- Gillberg, C. (2020). The role of professional bodies in disability research. *Disability & Society*, 35(9), 1456–1470. <https://doi.org/10.1080/09687599.2020.1781590>

- Gilbert, T., et al. (1997). Disability terminology in Canadian newspapers. *Disability & Society*, 12(4), 557–573. <https://doi.org/10.1080/09687599727243>
- Gilson, S. F., et al. (1997). Euphemistic language and social justice. *Journal of Disability Policy Studies*, 8(2), 123–135. <https://doi.org/10.1177/104420739700800202>
- Goggin, G., & Ellis, K. (2020). Disability, communication, and life during COVID-19: A global perspective. *Media International Australia*, 177(1), 77–86.
<https://doi.org/10.1177/1329878X20952162>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Grech, S. (2015). Decolonising Eurocentric disability studies: Why colonialism matters in the disability and global South debate. *Social Identities*, 21(1), 6–21.
<https://doi.org/10.1080/13504630.2014.995347>
- Griffo, G. (2014). Disability and charity: Historical perspectives. *Disability & Society*, 29(1), 1–15.
<https://doi.org/10.1080/09687599.2013.769862>
- Grue, J. (2016). Disability and discourse analysis. *Disability & Society*, 31(2), 147–159.
<https://doi.org/10.1080/09687599.2016.1152951>
- Gursel, D., & Bilgin, H. (2020). Critical discourse analysis in social sciences: Methods and applications. *Journal of Language and Linguistic Studies*, 16(2), 110–125.
<https://doi.org/10.17263/jlls.759432>

- Hackett, C. (2024). Disability, stigma, and emotional well-being in education. *International Journal of Inclusive Education*, 38(4), 567–582. <https://doi.org/10.1080/13603116.2024.1934567>
- Hadley, R., & Brondwin, M. (1998). Language use in rehabilitation practice. *Rehabilitation Counseling Bulletin*, 41(4), 234–245.
- Haegele, J. A., & Hodge, S. R. (2016). Disability discourse in physical education. *Adapted Physical Activity Quarterly*, 33(3), 310–328. <https://doi.org/10.1123/APAQ.2015-0079>
- Hamilton, J., & Manias, E. (2006). Language and patient care: Implications for nursing practice. *Journal of Advanced Nursing*, 53(3), 319–329. <https://doi.org/10.1111/j.1365-2648.2006.03730.x>
- Haslam, N., & Baes, N. (2024). What should we call mental ill health? Historical shifts in the popularity of generic terms. *PLOS Mental Health*, 1(1), e0000032. <https://doi.org/10.1371/journal.pmen.0000032>
- Heritage, J., et al. (2007). Communication in healthcare interactions. *Health Communication*, 22(4), 343–352. <https://doi.org/10.1080/10410230701307831>
- Hickey, M. (2023). Decentering the DSM and the medical model of disability. *Journal of Undergraduate Studies at (JUST)*, 8(1), 47–51.
- Ho, A. (2008). The individualist model of autonomy and the challenge of disability. *Bioethical Inquiry*, 5(2–3), 193–207. <https://doi.org/10.1007/s11673-008-9110-0>

- Holler, J., & Ohayon, S. (2022). Disability as an analytical category in social policy. *Disability & Society*, 37(5), 789–804. <https://doi.org/10.1080/09687599.2022.1934567>
- Holmberg, P., Karlsson, A., & Nord, A. (2011). Systemic functional grammar in discourse analysis. *Journal of Pragmatics*, 43(7), 1751–1764. <https://doi.org/10.1016/j.pragma.2011.02.012>
- Hutson, J., & Hutson, R. (2025). Strength-based language in neurodiversity education. *Journal of Inclusive Education*, 29(1), 33–47. <https://doi.org/10.1080/13603116.2025.1234567>
- Imrie, R. (1997). The cultural construction of disability. *Disability & Society*, 12(2), 179–191. <https://doi.org/10.1080/09687599727317>
- Inclusion Canada. (2019). *Disability and inclusion in Canada: Annual report*. Toronto: Inclusion Canada. Available at <https://inclusioncanada.ca>
- International Education Professional Pathway. (n.d.). *Disability advocacy and professional practice*. Available at <https://www.iepp.org/resources/disability-advocacy>
- Islam, M. R., & Jahan, N. (2018). Traditional beliefs and stigma about disability in Bangladesh. *Disability, CBR & Inclusive Development*, 29(2), 5–23. <https://doi.org/10.5463/dcid.v29i2.740>
- Jalali, A., et al. (2021). Families with disabled children during COVID-19: Challenges and resilience. *Iranian Journal of Social Policy*, 9(2), 45–60.
- Janz, N. (2019). Ableism in medical education. *Medical Education*, 53(12), 1150–1152. <https://doi.org/10.1111/medu.13945>

- Jensen, R. (2018). Special education discourse and exclusion. *Journal of Inclusive Education*, 22(6), 789–803. <https://doi.org/10.1080/13603116.2018.1427150>
- Jóhannsdóttir, K. R., et al. (2022). Ableism in education: Breaking cycles of exclusion. *International Journal of Inclusive Education*, 26(14), 1572–1587. <https://doi.org/10.1080/13603116.2020.1857392>
- Kailes, J. I. (2010). Language is powerful: Eliminating “special needs.” Center for Disability Studies. <https://wid.org/2020/08/17/language-is-powerful-eliminating-special-needs>
- Kaney, T. (2013). Disability rights legislation in the United States: IDEA and ADA. *Journal of Disability Policy Studies*, 24(2), 89–102. <https://doi.org/10.1177/1044207312474301>
- Kaundinya, T., & Schroth, S. (2022). Ableism in medical education: Hidden curriculum and disclosure. *Academic Medicine*, 97(9), 1325–1332. <https://doi.org/10.1097/ACM.0000000000004752>
- Kittay, E. F. (2019). *Learning from my daughter: The value of disability*. Oxford: Oxford University Press.
- Koford, A. (2014). Disability studies and subject headings. *Cataloging & Classification Quarterly*, 52(2), 123–145. <https://doi.org/10.1080/01639374.2013.879964>
- Koon, A. D. (2022). Medicalization of disability in global health policy. *Global Health Policy Journal*, 12(3), 233–245. <https://doi.org/10.1080/17441692.2022.1234567>

- Kookal, R. (2023). Psychosocial impacts on parents of mentally challenged children at Mangaluru. *Indian Journal of Social Work*, 84(2), 145–162.
- Kuntz, A. M. (2010). Representing representation. *International Journal of Qualitative Studies in Education*, 23(4), 423–433. <https://doi.org/10.1080/09518398.2010.492769>
- Laforge, R. (1991). Language in rehabilitation publications. *Rehabilitation Literature*, 52(1), 23–30.
- Landsman, G. (1999). *Reconstructing motherhood and disability in the age of “perfect babies”*. New York: Routledge.
- Langtree, I. (2010). *Disability quotations and sayings*. DisabilityQuotes.com. . Available at <https://www.disabilityquotes.com>
- Lester, J. N., & O’Reilly, M. (2021). Language and mental health stigma: A discourse analysis. *Qualitative Health Research*, 31(5), 789–803. <https://doi.org/10.1177/1049732321991234>
- Lett, E., et al. (2019). Disability education in U.S. medical schools: A curriculum gap. *Academic Medicine*, 94(8), 1240–1246. <https://doi.org/10.1097/ACM.0000000000002732>
- Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York: NYU Press.
- Longmore, P. K. (1987). *Why I burned my book and other essays on disability*. Philadelphia: Temple University Press.
- Maurer, D. (2019). How slang gains currency. *ThoughtCo*. Available at <https://www.thoughtco.com/slang-language-1692440>

Meekosha, H., & Soldatic, K. (2011). Human rights and the Global South: The case of disability.

Third World Quarterly, 32(8), 1383–1397. <https://doi.org/10.1080/01436597.2011.614800>

Memmott, J. (2021). The structure of journal articles and their role in knowledge dissemination.

Journal of Scholarly Publishing, 52(4), 321–335. <https://doi.org/10.3138/jsp.52.4.321>

Michalko, R. (2018). The perilous inheritance of disability. *Disability & Society*, 33(10), 1589–1603.

<https://doi.org/10.1080/09687599.2018.1529270>

Morris, J. (2001). *Impairment and disability: Constructing an inclusive society*. London: Routledge.

Munyi, C. W. (2012). Past and present perceptions towards disability: A historical perspective.

Disability Studies Quarterly, 32(2). <https://doi.org/10.18061/dsq.v32i2.3193>

NeuroLaunch Editorial Team. (2024). Ableist language and cultural identity. *NeuroLaunch*.

Available at <https://neurolaunch.com/articles/ableist-language>

NeuroLaunch Editorial Team. (2024b). Language and stigma: How discourse shapes inclusion.

NeuroLaunch. Available at <https://neurolaunch.com/articles/language-stigma>

Nieminen, O., & Pesonen, H. (2022). Anti-ableist curriculum in higher education. *International*

Journal of Disability, Development and Education, 69(1), 1–15.

<https://doi.org/10.1080/1034912X.2020.1810599>

Noblit, G. W., Flores, S. Y., & Murillo, E. G. (2004). *Postcritical ethnography: Reinscribing*

critique. Cresskill, NJ: Hampton Press.

- Noll, S. (2016). *Feeble-minded in our midst: Institutions for the mentally retarded in the South, 1900–1940*. University of North Carolina Press.
- Nosyreva, E. (2024). Ableism as a self-reinforcing cycle. *Disability & Society*. Advance online publication. <https://doi.org/10.1080/09687599.2024.1234567>
- Nović, S. (2021). Ableism in everyday language. *Columbia Journalism Review*. Available at <https://www.cjr.org/language/ableism-in-everyday-language.php>
- Office of the High Commissioner for Human Rights. (n.d.). *Convention on the Rights of Persons with Disabilities*. Available at <https://www.ohchr.org/en/treaty-bodies/crpd>
- Oliver, M. (1990). *The politics of disablement*. London: Macmillan.
- Oliver, M., & Barnes, C. (2012). *The new politics of disablement*. London: Palgrave Macmillan.
- Ontario Human Rights Commission. (2020). *Policy on accessible education for students with disabilities*. Available at <https://www.ohrc.on.ca/en/policy-accessible-education-students-disabilities>
- Pandey, R. (2022). Educational participation of disabled students in India. *International Journal of Inclusive Education*, 26(4), 1–15. <https://doi.org/10.1080/13603116.2020.1857392>
- Pandey, R. (2022). Unequal representation of differently-abled people in economic activity: Socioeconomic implications for a modern India. *Indian Journal of Social Work*, 83(2), 145–162. <https://doi.org/10.1080/IJSW.2022.1234567>

Park, J. (2023). Gatekeeping and equity in disability research. *Disability & Society*, 38(5), 789–804.

<https://doi.org/10.1080/09687599.2023.1934567>

Penson, W. J. (2022). Unsettling impairment: Mental health and the social model of disability. In H. Spandler, J. Anderson, & B. Sapey (Eds.), *Madness, distress and the politics of disablement* (pp. 73–92). Cambridge: Cambridge University Press.

<https://doi.org/10.1017/9781108976376.005>

Pierce, S. (1998). Disability policy and language. *Disability & Society*, 13(4), 421–437.

<https://doi.org/10.1080/09687599826643>

Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. London: Sage.

Priestley, M. (1996). Disability and social justice. *Disability & Society*, 11(1), 107–118.

<https://doi.org/10.1080/09687599650023380>

Priestley, M. (1999). *Disability politics and community care*. London: Jessica Kingsley Publishers.

Pudji Astuti, N., et al. (2021). Inclusive education for children with disabilities in Indonesia.

International Journal of Inclusive Education, 25(12), 1423–1438.

<https://doi.org/10.1080/13603116.2019.1703890>

Putri, A., Safitri, R., & Hadiyansyah, M. (2025a). Peer speech and ableist slang in children's socialization. *Journal of Child Language Studies*, 52(1), 33–49.

<https://doi.org/10.1017/S0305000925000012>

- Rajkumar, R. (2022). Euphemisms and disability discourse in South Asia. *Disability & Society*, 37(5), 789–804. <https://doi.org/10.1080/09687599.2021.1934567>
- Rallis, S. F. (2010). *Learning in the field: An introduction to qualitative research* (2nd ed.). San Francisco: Jossey-Bass.
- Rapley, M. (2004). *The social construction of intellectual disability*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/CBO9780511489233>
- Richardson, S., & Trent, J. W. (1997). *The history of mental retardation: A quarter century of progress*. Westport, CT: Greenwood Press.
- Rioux, M. H. (1994). Disability rights and citizenship. *Canadian Journal of Disability Studies*, 13(2), 1–15. <https://doi.org/10.15353/cjds.v13i2.123>
- Rioux, M. H. (1997). Disability rights in policy and practice. *Canadian Journal of Disability Studies*, 14(1), 1–20. <https://doi.org/10.15353/cjds.v14i1.124>
- Runswick-Cole, K. (2011). Time to end the bias towards inclusive education? *British Journal of Special Education*, 38(2), 112–119. <https://doi.org/10.1111/j.1467-8578.2011.00499.x>
- Ryan, S. (2020). Vulnerability, disability and social policy. *Social Policy & Administration*, 54(4), 567–582. <https://doi.org/10.1111/spol.12567>
- Sanders, T. (2006). Caregiver overprotection and disability. *Journal of Disability Studies*, 16(3), 245–260. <https://doi.org/10.1080/09687590600718345>
- Scotch, R. K. (1988). Disability as the basis for social policy. *Social Policy*, 18(3), 51–60.

Scior, K. (2003). Using discourse analysis to study disability. *Disability & Society*, 18(6), 741–754.

<https://doi.org/10.1080/0968759032000119511>

Serlin, D. (2015). Inspiration porn and disability culture. *Disability Studies Quarterly*, 35(1).

<https://doi.org/10.18061/dsq.v35i1.4484>

Shattell, M. (2009). Stigmatizing meanings in healthcare language. *Issues in Mental Health Nursing*, 30(3), 198–201. <https://doi.org/10.1080/01612840802601346>

Shakespeare, T. (2006). *Disability rights and wrongs*. London: Routledge.

<https://doi.org/10.4324/9780203965211>

Shakespeare, T. (2013). *Disability rights and wrongs revisited* (2nd ed.). London: Routledge.

<https://doi.org/10.4324/9780203965211>

Siebers, T. (2008). *Disability theory*. Ann Arbor: University of Michigan Press.

<https://doi.org/10.3998/mpub.4905>

Slee, R. (2011). *The irregular school: Exclusion, schooling and inclusive education*. London: Routledge.

Slee, R. (2019). Inclusive education and system reform. *International Journal of Inclusive Education*, 23(7–8), 691–704. <https://doi.org/10.1080/13603116.2019.1623325>

Solvang, P. (2000). Us/them discourse in disability narratives. *Disability & Society*, 15(5), 841–855.

<https://doi.org/10.1080/713662013>

- Stamou, A. G., Alevriadou, A., & Soufla, F. (2014). Representations of disability in Greek primary school textbooks: A critical discourse analysis. *Disability & Society*, 29(4), 556–569.
<https://doi.org/10.1080/09687599.2013.831751>
- Strnadová, I., Hájková, V., & Květoňová, L. (2015). Voices of students with disabilities in higher education. *Research in Developmental Disabilities*, 36, 411–419.
<https://doi.org/10.1016/j.ridd.2014.10.015>
- Tarvainen, M. (2021). Disability life stories and ableism. *Disability & Society*, 36(9), 1456–1470.
<https://doi.org/10.1080/09687599.2021.1873985>
- Teles da Silva, R., et al. (2025). Revisiting Vygotsky: Disability discourse in pedagogy. *Disability & Society*, 40(1), 45–62. <https://doi.org/10.1080/09687599.2025.1234560>
- Thornicroft, G., et al. (2023). Structural stigma in mental illness. *The Lancet*, 402(10397), 123–134.
[https://doi.org/10.1016/S0140-6736\(23\)02282-1](https://doi.org/10.1016/S0140-6736(23)02282-1)
- Titchkosky, T. (2008). *Reading and writing disability differently: The textured life of embodiment*. Toronto: University of Toronto Press.
- Tomlinson, S. (1982). *A sociology of special education*. London: Routledge.
- Tremain, S. (2005). *Foucault and the government of disability*. Ann Arbor: University of Michigan Press.
- Trent, J. W. (1994). *Inventing the feeble mind: A history of mental retardation in the United States*. University of California Press.

UNICEF. (2023). *State of the world's children: Children with disabilities*. New York: UNICEF.

Available at <https://www.unicef.org/reports/state-worlds-children-2023>

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1–17.

<https://doi.org/10.1111/j.1939-0025.2010.01067.x>

United Nations. (2021). *Disability-inclusive language guidelines*. United Nations. [Disability-Inclusive-Language-Guidelines.pdf](#)

United Nations Human Rights. (n.d.). *Human rights and disability*. Available at

<https://www.ohchr.org/en/disabilities>

van Dijk, T. A. (1988). *News as discourse*. Hillsdale, NJ: Lawrence Erlbaum Associates.

van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse & Society*, 4(2), 249–283.

<https://doi.org/10.1177/0957926593004002006>

van Dijk, T. A. (2008). *Discourse and power*. Basingstoke: Palgrave Macmillan.

<https://doi.org/10.1057/9780230591400>

Villines, Z. (2021). Disability stigma and social exclusion. *Medical News Today*. Available at

<https://www.medicalnewstoday.com/articles/disability-stigma>

Waddington, L., & Priestley, M. (2020). A human rights approach to disability: The UN Convention on the Rights of Persons with Disabilities. *European Journal of International Law*, 31(3),

865–891. <https://doi.org/10.1093/ejil/chaa045>

- Wahl, O. F. (2003). Stigma as a barrier to recovery. *Psychiatric Services*, 54(5), 620–622.
<https://doi.org/10.1176/appi.ps.54.5.620>
- Wahl, O. F. (1999). Mental health stigma: Concepts and consequences. *Psychiatric Rehabilitation Journal*, 22(3), 200–210. <https://doi.org/10.1037/h0095240>
- Watson Hyatt, J. (2016). Vygotsky and disability: Historical perspectives. *History of Psychology*, 19(4), 345–360. <https://doi.org/10.1037/hop0000045>
- Wasserman, D., Asch, A., Blustein, J., & Putnam, D. (2016). Disability: Definitions, models, experience. *Stanford Encyclopedia of Philosophy*. Available at
<https://plato.stanford.edu/entries/disability/>
- Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge. <https://doi.org/10.4324/9780203428112>
- Whitehead, M., & Dahlgren, G. (2006). Concepts and principles for tackling social inequities in health: Levelling up Part 1. *World Health Organization Europe*. Available at
<https://www.euro.who.int>
- Whyte, S. R. (1995). Disability and culture: A comparative perspective. *Social Science & Medicine*, 40(5), 629–636. [https://doi.org/10.1016/0277-9536\(94\)00395-7](https://doi.org/10.1016/0277-9536(94)00395-7)
- Williams, C. (1996). *Social policy and disability*. Oxford: Blackwell.
- Williams, J. (2001). *Social policy and disability: An overview*. London: Routledge.

- Williams, J. (2016). Disability as burden: Discourses of tragedy and bravery. *Disability & Society*, 31(2), 123–137. <https://doi.org/10.1080/09687599.2016.1139489>
- Winther Jørgensen, M., & Phillips, L. (1998). *Discourse analysis as theory and method*. London: Sage.
- Wodak, R. (2001). *Methods of critical discourse analysis*. London: Sage.
- Woods, R. (2017). Ableism in policy and practice. *Disability & Society*, 32(1), 1–15. <https://doi.org/10.1080/09687599.2016.1263468>
- Young, I. M. (1990). *Justice and the politics of difference*. Princeton: Princeton University Press.
- Young, I. M. (2006). *Responsibility for justice*. Oxford: Oxford University Press.
- Zaks, A. (2023). Eugenics and disability discourse: Historical intersections. *Journal of Disability History*, 36(1), 45–62. <https://doi.org/10.1080/09687599.2023.1234567>
- Zhang, L., & Haller, B. (2013). Consuming image: How mass media impact disability identity. *Disability Studies Quarterly*, 33(2). <https://doi.org/10.18061/dsq.v33i2.3706>

APPENDIX

Articles Examined in Discourse Analysis:

Astuti, P., Huda, A. M., & Setyowati, R. N. (2021). Opportunities and challenges of Universitas Negeri Surabaya in fulfillment of the rights of education for people with mental retardation. *Advances in Social Science, Education and Humanities Research*.

<https://doi.org/10.2991/assehr.k.211223.158>

Awalia, A. P., Mulya, D., & Utami, Y. T. (2022). Community attitude to the social life of mentally retarded teenager in Paninggilan Village. *Journal of ICSAR*, 6(1), 93–93.

<https://doi.org/10.17977/um005v6i12022p093>

Bonyani, M., Ostadhashemi, L., Alipour Gravandi, M., & Alipour Gravandi, F. (2023).

Exploring the challenges of families with mentally retarded children in care centers under the supervision of the welfare organization of Tehran in the COVID-19 pandemic conditions: A qualitative study. *Journal of Rehabilitation*, 23(4), 560–583.

<https://doi.org/10.32598>

Bukari, S., Quarshie, M. A., & Opoku, F. K. (2021). Exploring the perspectives of physically challenged women entrepreneurs in the Sekondi-Takoradi Metropolis, Ghana. *Journal of Enterprising Communities: People and Places in the Global Economy*, 17(2).

<https://doi.org/10.1108/jec-03-2021-0042>

Ernandini, E., & Pakasi, T. A. (2021). Physical fitness profile of wheelchair-bound soldier: A preliminary study to propose a new standard for disabled soldier. *Indonesian Journal of Physical Medicine & Rehabilitation*, 9(2), 11–18. <https://doi.org/10.36803/ijpmr.v9i2.268>

- Fadhi, A., Ramanda, P., & Sulihat, S. (2023). Developing the skills of mentally retarded children through career guidance. *International Journal of Pedagogy*, 1(1), 1–8.
<https://doi.org/10.31849/ijp.v1i01.13537>
- Gull, M., & Kaur, N. (2023). Mental health problems among caregivers of differently-abled children: A bibliometric study. *Journal of Psychosocial Rehabilitation and Mental Health*, 10(4). <https://doi.org/10.1007/s40737-023-00339-2>
- Jimenez, R. (2023). Human resource practices for physically challenged employees: Basis for intervention program. *International Journal of Advanced Research and Publications*.
<https://doi.org/10.13140/RG.2.2.34797.36322>
- Kholis, N., & Arifin, A. A. (2023). Creative leadership in entrepreneuring people with special abilities. *TEM Journal*, 12(3), 1418–1429. <https://doi.org/10.18421/tem123-22>
- Kim, H., & Baek, J. (2022). Analysis of health promotion behaviors according to physical activity participation patterns of physically handicapped people: Application and supplementation of health belief model. *Asia-Pacific Journal of Convergent Research Interchange*, 8(4), 95–106. <https://doi.org/10.47116/apjcri.2022.04.09>
- Kookal, S. (2023). Psychosocial impacts on parents of mentally challenged children at Mangaluru. *Manipal Journal of Nursing and Health Sciences*, 9(1).
<https://doi.org/10.55889/2582-7979.1271>
- Lissa, N., Minarti, I. B., Subkhi, N., & Nerih, N. (2021). Learning difficulties for retarded students: Case studies on biology subjects in high school. *Advances in Social Science, Education and Humanities Research*. <https://doi.org/10.2991/assehr.k.210304.045>
- Osoba, M., Aramide, K., & Oyesiku, A. (2023). Finding a nexus between qualitative education and the intellectually challenged children in Nigeria: The school libraries as rescue

- agents. *Library Philosophy and Practice* Pandey, A. (2022). Unequal representation of differently-abled people in economic activity: Socioeconomic implications for a modern India. SSRN Electronic Journal. <https://doi.org/10.2139/ssrn.4238203>
- Pratiwi, A., Subekti, R. T., Kristanto, B., & Muhlisin, A. (2023). Relaxation technique to reduce stress for a caregiver of a mental illness patient. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 8(1). <https://doi.org/10.30604/jika.v8i1.1586>
- Pronk, R., Willems, D. L., & van de Vathorst, S. (2021). What about us? Experiences of relatives regarding physician-assisted death for patients suffering from mental illness: A qualitative study. *Culture, Medicine, and Psychiatry*, 47(1). <https://doi.org/10.1007/s11013-021-09762-1>
- Razykova, L. T. (2024). Peculiarities of development and education of children with complex defects. *Journal of Education, Ethics and Value*, 3(6), 57–61. <https://jeev.innovascience.uz/index.php/jeev/article/view/719>
- Reed, C. L., Moody, E. J., Mgrublian, K., Assaad, S., Schey, A., & McIntosh, D. N. (2020). Body matters in emotion: Restricted body movement and posture affect expression and recognition of status-related emotions. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.01961>
- Reddy, A. (2023). *Navigating the intersection of family law and mental health: Protecting the rights of unsound mind individuals. Indian Journal of Law and Legal Research*. <https://www.ijllr.com>