



## Media Coverage and Audience Reception of Disfigurement on Television

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### Background and research design

This research examines the role of television in representing disfigurement and considers how representations might be improved. The project was funded by the Healing Foundation and the Welsh Office of Research and Development. The Healing Foundation is a leading UK organisation dedicated to 'champion the cause of people living with disfigurement and visible loss of function'.

A team at Cardiff University was commissioned to examine:

1. The nature of those representations across the span of terrestrial television output (primetime and daytime).
2. How television representations of disfigurement are produced (e.g. decisions by commissioners, script writers and presenters).
3. The response to such representations by those with, and without, personal experience of disfigurement.

### Research methods

- A. **Content Analysis of 8,650 hours of television:** one year's *primetime* television output (October 2006 to 2007) complemented by analysis of one month's *daytime* television (October 2006).
- B. **17 focus groups** exploring audience views about, and reception of, representations of disfigurement on television. The focus groups (and small number of interviews) involved 85 people both with, and without, personal experience of disfigurement.
- C. **Interviews with 16 media producers:** script writers, commissioning editors, disability champions, and documentary producers involved with programmes which have represented disfigurement.

### Key findings

1. Television representations **differed considerably by genre**. Soap, drama, documentary, reality TV and news all frame disfigurement slightly differently and offer different opportunities and challenges.
2. Disfigurement is often presented as an **individual 'problem'** that can be solved with biomedical/technological/practical solutions.
3. People with a disfigurement are often positioned as the **object of a voyeuristic gaze** and **rarely given a voice**.
4. There are **repeated patterns** deployed in the representation of disfigurement e.g. association with evil, reclusiveness, bitterness.
5. **Historical archetypes and stereotypes** are still being drawn upon in fictional representations of disfigurement.
6. Certain 'high-profile' programmes **focus on unusual/rare/extraordinary** disfigurements (justified by producers because of high viewing figures and increasingly competitive commercial environment).
7. **Ordinary or everyday disfigurement issues** (particularly prejudice and stigma) are **neglected** and less 'visible'.

### Section One: Overall conclusions from content analysis of 8,650 hours of television

	Time frame	Individual Instances	Ratio	With Repeats
<b>Overall</b>	Oct 2006 – Oct 2007	332	6.5 per week	497
<b>Primetime</b>	12 months	293	5.75 per week	446
<b>Daytime</b>	1 month	39	9.75 per week	51

1. Disfigurement is rarely shown on British television: in 7650 hours of primetime television, there were 293 individual representations of disfigurement. When representations do appear, they fall into distinct categories, which are strongly linked with genre:
  - a. Extremely rare, congenital conditions affecting children from overseas appear on documentaries and in the news;

- b. Common disfiguring conditions, often affecting the skin, appear on reality television programmes, such as *Embarrassing Illnesses*, *Street Doctor* and *City Hospital*;
  - c. Representations based on stereotypes and myths surrounding disfigurement are used in fictional programming as plot devices (people with burns living as a recluse, gangsters with scars etc).
2. Disfigurement is far more likely to appear in non-fiction (85% of the representations) rather than fictional programming
    - a. 33% of representations appeared in news programming; 31% in reality TV; and 15% in documentaries; 6% other;
    - b. 9% appeared in drama, 3% in film, 2% in soap, 1% in comedy.
  3. The most common types of disfigurement represented on television are scarring (21%), burns (18%) and limb loss (16%).
  4. Representations of disfigurement are more likely to be explained by a traumatic incident during primetime (50%) television, whereas 55% of the representations in daytime programming are explained through disease.
  5. Representations of men with a disfigurement are more likely to occur during primetime (61%) compared with daytime, when women are more likely to be featured (63%).
  6. There are similarities and differences between disfigurement and the representation of **other minority groups and social issues** (eg. race, sexuality, mental health) on television.
    - a. **Similarities** - television can raise awareness and understanding;
    - b. **Differences** - compared to other minority groups and social issues:
      - i. the relative invisibility of people with disfigurement means TV can be the only time audiences see disfigurement;
      - ii. disfigurement has a back story and there is inevitable curiosity about how the disfigurement occurred;
      - iii. disfigurement is often difficult/impossible to hide;
      - iv. because disfigurement can occur at any point in someone's life, 'negative' portrayals of disfigurement can have a particularly damaging psychological impact if someone has not received adequate psycho-social support to help them adjust.

## Section Two: Overall conclusions from audience response

1. The audience demonstrated **more similarities than differences** between groups.
  - a. Participants with personal experience of disfigurement were slightly more outraged by negative portrayals, but many participants with no experiences were similarly outraged.
  - b. **'Natural curiosity' to look at difference** was something which appeared to be shared by all.

2. People's reactions to representations of disfigurement **depend entirely on their own experiences**. People with a particular type of disfigurement identified with representations of their own type of disfigurement but not with others.

Recurrent themes from the audience research include:

- Participants believed that television did have an impact on attitudes towards disfigurement.
- 'Shock-docs' clearly encourage people to talk about disfigurement with others, although not in a uniform way.
- There were high levels of discomfort about knowing how to talk about disfigurement (particular discomfort with the term '**normal**').
- Belief that disfigurement is the '**last taboo**' (comparisons with representations of other minority groups).
- Audience members frequently contextualised the representations within the **current obsession with appearance** on television.
- There was a shared belief that there should be **more incidental, everyday representations** of disfigurement.

### Section Three: Overall conclusions from interviews with media producers

1. Some media producers believe **television** has an educational remit, and is a **potentially positive force for good**.
2. **Others** believe its role is purely an entertainment one, and has **little influence** on the audience beyond that.
3. The **current competitive climate** within television production has significant impact on output.

A sample of views from television 'producers' include:

#### **Fictional**

- Fear that audiences would switch off as there is a belief that the audience does not want to see representations of disfigurement.
- Fear that representations would look tokenistic.
- Logistical concerns (make-up, casting) about the difficulty of including storylines which included disfigurement.

#### **Factual**

- Upset about the term 'shock doc' – see the programmes as science and health documentaries.
- Working within a context in which 'shock docs' gain large audiences.
- Within the documentary genre, there is a race to find the rarest conditions ("the bar keeps rising").
- A shared belief that it's not about disfigurement, it's about telling the best story.

### **For Panellists**

The ultimate aim of this project was to produce research which would act as a catalyst for discussion, in an attempt to identify ways in which change might be achieved. The following recommendations are intended merely as a starting point for a wider discussion by media producers rather than a list of concrete, but perhaps unrealistic suggestions by an academic research team. Our hope is that by the end of the evening we will have come up with a list of reasonable guidelines for media producers who are working on programming content which includes disfigurement:

### **Overall Recommendations**

1. More people with disfigurement in front of and behind the camera.
2. Give voices to people with disfigurement.
3. Television producers should find ways to challenge societal ignorance about disfigurement.

### **Recommendations for Fictional Programming**

1. Less reliance on the myths which surround disfigurement.
2. More thoughtful use of disfigurement, particularly scars or burns in fictional storytelling.
3. Less reliance on using disfigurement as a way of writing characters out of series.
4. Thinking about more incidental representations of disfigurement.
5. Thinking about including storylines which focus on disfigurement.

### **Recommendations for Factual Programming**

1. More focus on UK-based cases of disfigurement.
2. Awareness of the heavy reliance of the problem/solution structure with bio-medicine offered as the only way of framing disfigurement.
3. More focus on the psycho-social support which is available professionally.
4. Show more representations of the levels of prejudice, ignorance and stigma which is attached to disfigurement.
5. Think about the ethical dimension of including children.