LABELING PEOPLE AS “DISABLED:”
A PRODUCTION OF MODERN SOCIETY AND THE ROLE OF MARKETING

MURAD CANBULUT

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LABELING PEOPLE AS "DISABLED:"
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Prof. Dr. F. N. Can Ş. MUĞAN
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Doctor of Philosophy.

Assoc. Prof. Dr. Melike DEMİRBAĞ KAPLAN
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree Doctor of Philosophy.

(Title and Name)
Co-Supervisor

(Title and Name)
Supervisor
Assoc. Prof. Dr. Deniz Atik

Examining Committee Members
(Title and Name in alphabetical order of last name)

Prof. Dr. Gülem Atabay

Doç. Dr. Deniz Atik

Prof. Dr. Gül Bayraktaroğlu

Prof. Dr. Ayla Dedeoğlu

Doç. Dr. Melike Demirbağ Kaplan

ABSTRACT

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Canbulut, Murad

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Throughout the history, disabled people *(labeled as disabled – LAD)* have been discriminated, oppressed and labeled in society. For a while, religious institutions discriminated LAD people. Then, they were classified in terms of medical interpretations and marginalized in asylums and special hospitals. Experiencing industrialization, they were labeled through their contributions to the production system. Today, the market system enforces these labels. This thesis, therefore, investigates the impact of consumer culture among other factors on the lives of LAD people and makes theoretical contributions to the relatively silent literature in marketing about the needs of this vulnerable group.

Taking a consumer centric approach, with a qualitative perspective, 30 in-depth interviews were conducted, aiming to achieve a deeper understanding of the feelings, thoughts, and perceptions of those who experience disability, and those who have impact in setting the norms about disability. The findings lay out the inclusion and exclusion process of LAD people in society, investigating the actors behind, and questioning “normality”. Taking into consideration the critiques and limitations of the major disability models, an alternative model, the social marketing model of disability is presented, and marketing and societal implications are explored.

Keywords: Disability, norms, marketing, consumer culture, exclusion, qualitative.

ÖZET

İNSANLARIN ENGELLİ OLARAK ETİKETLENMESİ: MODERN TOPLUMUN ÜRÜNÜ VE PAZARLAMANIN ROLÜ

Canbulut, Murad
İşletme Doktora Programı, İşletme Bölümü

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Engelli bireyler (engelli olarak etiketlenmiş bireyler) tarih boyunca toplumdan ayrıştırıldılar, toplum tarafından baskı altına alındılar ve etiketlendiler. Bir süre dini kurumlar tarafından ayrıştırılan engelli olarak etiketlenmiş bireyler, sonrasında, tıbbi kurumlar ve yorumlamalar aracılığıyla özel hastanelerde ayrıştırıldılar. Sonrasında, endüstrileşmeyle birlikte bu bireyler, üretim sistemine olan katkılarıyla değerlendirilip etiketlendiler. Günümüzde piyasa mekanizmasının bireylerin etiketlenmesi ve ayrıştırılmasında tetikleyici olduğu görülmektedir. Bu tez, engelli olarak etiketlenmiş bireylerin hayatına etkisi olan diğer faktörlerle birlikte tüketim kültürünü incelemekte, nispeten az sayıda çalışmanın yapıldığı hassas grupların ihtiyacıyla ilgili pazarlama literatürüne teorik katkılar yapmaktadır.

Bu kapsamda, tüketici odaklı bir yaklaşım kullanarak, nitel bakış açısıyla 30 derinlemesine mülakat ile engelliliği tecrübe eden ve engellilik ile ilgili normları koyan aktörlerin duygu, düşünce ve algılarına ilişkin detaylı fikir edinilmesi amaçlanmaktadır. Bulgular, engelli olarak etiketlenmiş bireylerin dahil edilme ve dışlanma süreçlerindeki aktörleri incelemekte ve normalliği sorgulamaktadır. Bu çalışma, engellilikle ilgili var olan iki ana modelle ilgili kısıt ve eleştirileri dikkate alarak "sosyal pazarlama modeli"ni sunmakta, pazarlama ve sosyal açıdan çözüm önerileri sunmaktadır.

Anahtar Kelimeler: Engellilik, normlar, pazarlama, tüketim kültürü, dışlanma, nitel yöntem

To my family:

my mother and my sister

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CHAPTER 1: INTRODUCTION

> *It is not because of our bodies that we are immobile – but because of the way that the means of mobility is organised that we cannot move… It is not because of our bodies that we are segregated into special schools – but because of the way education is organised. It is not because we are physically impaired that we are rejected by society – but because of the way social relationships are organised that we are placed beyond friendships, marriages and public life. Disability is not something we possess, but something our society possesses* (Finkelstein, 2004; p.14).

We tend to differentiate ourselves and classify each other in society. We create labels and barriers for minorities. Life is even more difficult for an individual who is different in terms of body. What does it mean being different in society? The story begins just after the mid-20th century. In 1970, when the hero of our story was about in his 30s, using quantum theory and general relativity, he discovered how black holes emitted the radiation through the universe (we thank him for all our knowledge about black holes). In 1973, he established the theory of Hawking radiation which focused on the black holes and their relation with energy. In 1988, he wrote his one of the most famous books about Big Bang and black holes. In 2004, he announced that he solved the concept of the black holes[1]. Stephen Hawking, the physicist, cosmologist, made all these ground-breaking discoveries. He is a great scientist with several physical impairments (deficiencies) while he has been greatly contributing to our knowledge about physics and space. His impairments have pushed him to use a wheelchair to move, and a computer system to translate his thoughts into words, and things continue to get harder for him. His doctors worry

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[1] Irvine C. (2014)

that he will lose his ability to move his mouth (which helps him use the computer system), thus to communicate. Looking from a disabling perspective, our medical interpretations (Smith, 2009) could hide Hawking's abilities and talents which helped him to be one of the greatest scientists of the 21st century. In brief, the man, who changed our knowledge of the universe, went against our expectations despite his disability.

In a world of societal norms, every individual tries to look normal with the fear of isolation. Everyone has an idea of normality because it is a common practice for modern people to be measured or tested to see if they meet the standards (Davis, 2006). Beginning from the childhood, most people believe that physical perfection is the norm and disability is the problem (Stone, 1995). Children are, for example, tested to see whether they are above or below the average IQ. In order to meet these physical and mental standards, people change their consumption habits (e.g., eating healthy foods, going to gym, or buying branded products). Young or old, rich or poor, people cannot think of a life without norms and standards.

Among minority groups such as the ones based on ethnicity, gender, sexuality, and religion, disabled people constitute one of the largest in society. About 15% of the world's population (about one billion people) live with some form of disability[2], 2-4% of whom experience significant difficulties in functioning (World Health Organzation (WHO), 2011). Not surprisingly, Turkish statistics are similar to the worldwide statistics. There are around 8.5 million people with various disabilities in Turkey (ÖZİDA, 2009).

As a multidimensional concept (Altman, 2001; Bickenbach 2011), the disability discourse is more than just statistics, since talking only about statistics cannot help us understand disability. Statistics is a way for counting and classifying items or concepts. In his report, Barnes (1992) cites the disabled author Hunt's emphasis on the insignificance of statistics by saying "*We are tired of being statistics,*

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[2] Disabilities are; physical impairments; sensory impairments: visually and hearing impaired people; chronic illness or health issues including HIV and AIDS; people having learning difficulties and emotional and behavioral problems. Some impairments such as epilepsy, diabetes, sickle cell anemia; specific learning difficulties such as dyslexia, speech and language impairments are also considered as disability (World of Inclusion, 2014)

cases, wonderfully courageous examples to the world, pitiable objects to stimulate funding" (p. 6). Compared to the previous decades, today, disabled people are more welcomed in society (Burnett and Paul, 1996) due to regulations imposed by governments and increasing awareness of people in general. Despite these good news, disabled people still experience poorer health conditions, fewer economic opportunities, and higher rates of poverty than other people (WHO, 2011).

Looking at the scholarly debates, disability literature consists of various studies from different fields. Disability and rehabilitation (medicine and health), and public policy are the leading fields, which investigate the phenomena from a medical perspective. In contrast to those areas, there is still limited research on disability in marketing and consumer research (e.g., Burnett, 2006; Vezina, d'Astous, and Deschamps, 1995). Considering this lack, the aim of this thesis is to investigate this important topic from micro (e.g., understanding the feelings and desires of disabled individuals) towards macro (e.g., the role of influential forces such as marketing) perspectives. From a consumer research perspective, the study aims to develop a deeper understanding on consumption desires and feelings of physically and visually impaired people when exposed to consumer culture.

Since the historical background of the phenomenon is crucial to understand how it evolved throughout the history, the study begins with an investigation and literature on disability discourse, which sheds light on the history of labeling as disabled, and oppression. After examining the historical background, the study analyzes the modern times and investigates capitalism's influence on disability. Then, the following chapters present the major/dominant perspectives in disability research, the medical and the social models in detail. Then, from a consumer perspective, I present the disability discourse in marketing literature, taking into consideration previous studies in especially Macromarketing and Transformative Consumer Research (TCR). After such an introduction to previous scholarly work on disability, the research findings are laid out, following the methodology. Taking into consideration the criticisms of the two major models (medical and social), the study proposes an alternative model of disability as a major contribution.

Below, Table 1, which consists of studies from disability and sociology fields, highlights some of the main contributions in literature. The disability studies in marketing field are presented in further chapters.

Table 1. *A summary of disability studies*

Highlights of Disability Studies Literature			
The Emphasis	**Author(s)**	**Journal/Book & Field**	**Context**
Under the influence of industrialization, the author investigates how disability evolved throughout the history. The study has important contributions for the social model.	Oliver, 1990	Book, Sociology	Conceptual
The authors take attention to the Marxist foundations of the social model. Taking social (individual) medical (pathologic) perspectives, the authors try to make the social model more adequate and efficient.	Shakespeare and Watson, 1997	Disability and Society, Disability Studies	Conceptual
The author emphasizes that disability research has been dominated by people who are not disabled. The study lays out how some disability studies ignored the voice of disabled individuals and failed to translate findings and recommendations into the public sphere	Kitchin, 2000	Disability and Society, Disability Studies	Conceptual and Empirical
The author emphasizes that disability is not a medical condition but a social status. He suggests that the researchers should take into account the political implications attached to that status.	Barton, 2005	Educational Review, Sociology	Empirical

The authors state that disability can not be reduced to a medical condition or a singular identity, because it is composed of multiplicity and plurality.	Shakespeare and Watson, 2002	Research in Social Science and Disability, Disability Studies	Conceptual
The author states that disability is a socially constructed condition. The language has an important impact on the construction of this condition. The author suggests to focus on the use of the word “ableism” to change discrimination issues.	Harpur, 2012	Disability and Society, Disability Studies	Conceptual
The author is the founder of the social model, and he discusses how the model evolved throughout the history. Taking into consideration the critisims, the study emphasizes how the model has improved disabled people’s lives by taking attention to the barriers and the human rights.	Oliver, 2013	Disability and Society, Disability Studies	Conceptual

Taking attention to the rise of capitalism and the influence of medicine, the authors suggest an alternative approach to disability. Thus, this table presents the studies which have investigated disability especially from a social perspective. The main idea of this perspective is that disability is a socially constructed condition rather than a medical condition, thus, it focuses on the issues such as barriers, discrimination, and isolation. The further analysis and comparison of the medical and social models will be presented in the detail.

CHAPTER 2. LITERATURE REVIEW

2.1. What is Disability? So Many Words, So Much Confusion…

Clearly, human beings cannot be reduced to one singular identity; people classify each other in numerous easily identifiable categories such as, “gender”, “race”, “age”, or “class” (Devlieger, 2010; Shakespeare and Watson, 2002). When we talk about physical and mental deficiencies, we have a number of alternatives to indicate those deficiencies. Throughout the history and across the world various terms, definitions, and terminologies have been used to indicate people with differences. The terms “disabled”, “handicapped”, “impaired”, “disadvantaged” or “crippled” aimed to unite and link people showing similar features. In addition to creating a group, society also determines the identities and the roles of the members of those groups. For example, physically different people may be determined to be useless because of lacking some important norms (e.g., physical appearance) (Burnett and Paul, 1996).

For a while, assigning medical meanings to the conditions (e.g., disability) helped physicians improve disabled people’s health and well-being. Since disability has involved people with physical, emotional, or intellectual conditions, it has come to have a broad meaning over time. During the 70s, a brand new term, “people with disabilities” appeared, emphasizing that disability was an individual characteristic. Terms such as physically challenged, the able disabled, handicapable, and special people were also used to indicate disabled people. Moreover, the disability studies field witnessed the use of less subtle or more idiomatic terms such as; cripple, vegetable, dumb, deformed, retard, and gimp. Considering all discussions and definitions, however, disability is part of the human condition. Almost anyone can be temporarily or permanently impaired at some point in life (WHO, 2011). The main problem with disability is the word “disability” itself, which evokes negative meanings. The word disabled disaggregates into ‘‘dis,’’ meaning “un” or “not”, and ‘‘abled’’ (Barnartt, 2010). Usage of this kind of disablist language makes disabled people feel oppressed and alienated. The question of why the definitions are important is answered by Oliver (1990). He states that, firstly, a definition helps us to give meaning to the phenomena of disability. Secondly, from a political perspective, definition is the process of identification and classification by establishing a legitimate status, and it is useful to redefine the problems facing minority groups for political reasons.

Below, Table 2 points out the similarities and differences of various institutions’ definitions of “disability”.

Table 2. *Disability definitions*

Definition of Disability	**Institution**	**Keywords**
“*Results from the interaction between persons with impairments, conditions or illnesses and the environmental and attitudinal barriers they face. Such impairments, conditions or illnesses may be permanent, temporary, intermittent or imputed, and include those that are physical, sensory, psychosocial, neurological, medical or intellectual*[3]”	United Nations	*Environmental and attitudinal barriers *Impairments, conditions, or illnesses *Physical, sensory, psyhosocial, Neurological, medical, or intellectual
“*The umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal*	World Health Organization	*Impairments, activity limitations, participation restrictions *Negative aspect of interaction *Individual and individiual’s contextual factors

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[3] UN Web Site: (United Nations enable, 2014)

factors)[4]”		
“*The loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers*[5]”	Northern Officer Group	*Loss or limitation of opportunities *Social and environmental Barriers
“*A condition (such as an illness or an injury) that damages or limits a person's physical or mental abilities and the condition of being unable to do things in the normal way*”	Merriam-Webster Dictionary	*Damage or limit physical and mental abilities *Conditon of being unable to do
“*Disability is not solely a set of physical or mental limitations but the product of an interaction between physical and cultural environments shaping the perception and experience of different capacities*[6]”	University of Michigan Disability Studies	*Product of an interaction *Physical and cultural environments

Above, the table aims to bring different institutions’ “disability” definitions together, and underline the similarities and differences between those definitions. Definitions based on medical conditions often emphasize the physical limitations of the individuals, while other definitions emphasize the social dimension of the phenomena. This is also a reflection of the two major models (the medical and social models) that will be discussed later.

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[4] World Report on Disability (2014) The first ever World report on disability, produced jointly by WHO and the World Bank

[5] Defining Impairment and Disability (2014)

[6] University of Michigan (2014)

As this study takes place in Turkey, the Turkish definition of disability is also important. The Turkish Disability Act (2005)[7] defines a disabled individual as "a *person who has difficulties in adapting to social life and in meeting daily needs due to the loss of physical, mental, psychological, sensory and social capabilities at various levels, by birth or by any reason thereafter, and who therefore needs protection, care, rehabilitation, consultancy and support services*."

In this study, I use Bickenbach (2011) (a social policy researcher) definition of disability as "*a complex, dynamic, multidimensional concept that engages both intrinsic features of human physiology and functioning – the domain of health – and features of the physical, human-built, social and attitudinal environment*" (p.656), because this definition emphasizes the complexity and multidimensionality of the phenomena.

In the literature and readings, it is common to find the term "impairment" which mostly indicates physical differences. Considering this, in order to clarify whether disability and impairment are similar terms, I look at what the term impairment means. According to disability rights activist Oliver (1996), impairment is;

> *lacking all or part of a limb, or having a defective limb, organism or mechanism of the body and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities* (p.22).

Taking into consideration these definitions, we can conclude that impairment and disability are distinct, when we talk about a continuum; the two terms are located in different places on this continuum. What causes confusion is that it is difficult to determine where one ends and other starts (Shakespeare and Watson, 2002). To sum up, on the basis of the previous literature, impairment seems solely to present the medical dimension, while disablement incorporates the social dimension (Braddock and Parish, 2001). "Disability" is not only a medical condition (Oliver, 1996; Rioux

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[7] United Nations ESCAP (2014)

and Bach, 1994; Shakespeare and Watson, 2002), it is social status and multiplicity (Priestley, 1999). At the beginning of her impressive book, Liachowitz (1988) declares that she uses the term "disability" to indicate a diminished ability to function socially.

Taking a normalization approach, Tremain (2005) interprets impairment as deviation from the norm, and emphasizes that it is not a natural state; it is a given state by society, a “product of cruelty”. The crucial point in the interpretation of disability or impairment is the experience or perception of the subject (Hughes and Paterson, 1997; Hughes, 1999, 2000; Paterson and Hughes, 1999). Disabling attitudes of able-bodied individuals change the experience of impaired individuals by excluding, restricting, discriminating, and oppressing (Hughes, 2004). Although the usage of the phrase “people with disabilities” appears less disabling and negative, it is an incorrect use, and needs further explanation. Individuals who have impairment do not necessarily have disabilities. The phrase “people with disabilities” emphasizes the medical dimension of the condition, ignoring that the disability is a social construct. It also encourages negativity, such as discrimination and isolation. This phrase also ignores the collective, political identity of individuals.

It is very difficult to achieve a core definition of “disabled people”, because it is not clear exactly who is disabled (Shakespeare and Watson, 2002). Considering this confusion and the existence of negative definitions for physical differences, this study also aims to create a definition which has a more positive connotation, although it is difficult to avoid using terms or using classifications. Because of the negative connotations of the terms (disability, impairment, or handicap), in this study, I use the term “Labeled as Disabled (LAD)” instead of disabled, handicapped, or disadvantaged, as it underlines that disability is a label which is socially constructed.

2.2. From Ancient Times to the 20th Century: The Birth of the Medical Model of Disability

Without examining the historical roots of disability, and the treatment of disabled people throughout history, we cannot understand disability. Focusing on the historical roots can help understand the past, what we have learned from the past, and guide future action (Rimmerman, 2012). The first section of this chapter focuses on a time period between ancient and modern times. There are several developments on disability throughout the history, but the late 19th and early 20th centuries are turning points for disabled people and disability studies. The second section of this chapter, thus, emphasizes the importance and influence of the modern thought, medicine, industrialization, and war.

There are very limited written documents about lives and experiences of disabled people, but most of the existing ones point out that the history of disability goes back to ancient times, to ancient Roman and Greek civilizations. Disabled people have always been part of social order (Rimmerman, 2012), part of society (Braddock and Parish, 2001), and also mentioned in holy books (e.g., the Bible, the New Testament, and the Qur'an) in both negative and positive ways. For instance; Leviticus, the third book of the Torah, highlights on the protection of the deaf, and the blind, commanding: "*Thou shalt not curse the deaf nor put a stumbling block before the blind, nor maketh the blind to wander out of (his) path*". In Islam, disability is considered as a natural part of the human condition (Bano, 2013). Focusing on the documents, disability is not directly located in written sources (e.g., the Qur'an), but the barriers created in society for the people with physical, social or economical disadvantages are found in the book. In Qur'an, terms such as deaf, blind, and dumb are mentioned, but these words do not refer to disabled individuals. For Qur'an, deaf, blind and dumb people are the ones who cannot use their intelligence, reject the truth, and become complete unbelievers (İsik, 2014). There is one surah "Abasa" sent after the Prophet ignored a blind man who was poor, but seeking for the truth. For God, a truth seeker, even if weak, poor or disabled is more valuable than the ones who are strong and rich, but ignore and reject the truth (Bano, 2013).

In ancient times, average life expectancy for citizens of Roman Republic, and Greek polis was 37 for women, and 44 for men (Garland, 1995). A great proportion of population was disabled (Edwards, 1997). "*Life in the ancient world was nasty, brutish, and short. The most privileged were those who happened to be freeborn, well to do males in perfect health. But the overwhelming majority did not, of course, belong to that ideal category*" (Garland 1995; p. 11). Due to disease, war, poor medical care, and malnutrition, impairment was part of the daily life of citizens. Even an ordinary arm break resulted in physical deficiencies. Ancient people had various attitudes towards disabled people. Some people believed that disabled people (even infants) were being punished by the gods, and they should be killed. While disability was perceived as "*divine punishment, karma or moral failing, or biological deficit*" (Shakespeare, 2014; p.1) by some, others tended to be more positive and supportive of disabled people. Disabled citizens of Greek society were integral to society, and some historians claim that there is no source emphasizing the oppression or other negative attitudes towards them (Edwards, 1996).

From an administrative perspective, disabled citizens were protected by the Constitution of Athens which states that;

> *The Council inspects those who are disabled. For there is a law which bids those who possess less than three minai (Greek currency), and who are incapacitated and incapable of work to undergo inspection by the Council, which is to give them two obols (Greek currency) per day each at public expense* (Garland 1995; p.35).

In addition to the ancient Greeks who aimed to support disabled people by constitution, the Roman law also made some attempt to protect the rights of disabled citizens through a classification. This law was the underlying source for most of the European countries' laws during the 6th and 8th centuries as it explained the rights of every minority in detail. It is very difficult to make an interpretation of disability in ancient times, due to the long time period, and conflicting attitudes of different sources. In some cases, disability was seen as a sign of sin and anger of gods, but in other cases, interpreted as a part of normal life, and people with physical deficiencies were financially supported by the polis.

Following the ancient period, during the 4th and 6th centuries, we see the establishment of hospices for visually impaired people in three regions, where is now modern Turkey, Syria, and France. During those centuries, people believed that various deficiencies such as epilepsy, visual impairment, and mental illnesses had supernatural causes, which could be cured with religious procedures (Clay 1966; Neaman 1978 cited in Braddock and Parish, 2001). For instance; a drink (antidote) was offered for people with mental illness;

> *A pleasant drink against insanity. Put in ale hassock, lupine, carrot, fennel, radish, betony, water-agrimony, marche, rue, wormwood, cat's mint, elecampane, enchanter's nightshade, wild teazle. Sing twelve Masses over the drink, and let the patient drink it. He will soon be better* (Russell, 1980; p. 45).

Later, however, under the influence of religious ideas, specifically mentally disabled people in particular were labeled as witches, and hundreds were executed. However, in the middle ages, attitudes towards disabled individuals were not necessarily completely negative. Some sources prove that people with epilepsy and mental illnesses were sent to the distant religious areas to seek cures (Rosen, 1968 cited in Braddock and Parish, 2001). A significant relationship between disability and poverty arises in the medieval period. Meanwhile, an interesting detail takes attention, that begging was a common means of living for most of the disabled during that period. It is clear that begging was caused by poverty, not disability.

During the 13th century, Arabs introduced the Greeks and Romans' tradition of medicine and philosophy to Europe through conquests in France and Spain (Alexander and Selesnick, 1964 cited in Braddock and Parish, 2001). Considering that mental illness was a message from god (it was a natural statement) rather than Satan, Arabs took care of people with mental illnesses. In 1409, the first special hospital for mentally disabled people (called asylum) was established in Valencia (Rumbaut, 1972) and then, other asylums followed. Further positive changes occurred for disabled people in that period; however, we still come across two common beliefs (dominant approaches) about disabled people during the medieval period. One group stated that disability was due to natural reasons, while others argued that mad or deaf people were witches who deserved punishment. What is clear about that period is that there is no single significant definition or interpretation of disability.

During the 14th and 16th centuries, there was an increase in awareness towards people with different impairments (e.g., physical, hearing, or visual) associated with advances in humanity and arts (Edwards, 1996). One significant advance in the 16th century was the establishment of special schools for deaf people in Spain and the Ottoman Empire. Sixty years after the establishment of these schools, a special alphabet for deaf people was published (Wright, 1969). Miles (2000) highlights the importance of usage of sign language in Ottoman Empire. While Europeans believed it was impossible that for deaf people to be educated and included in society, they were employed in highly responsible and important positions in Ottoman palaces, made possible through sign language.

Dominant and settled ideas of the Middle Ages were based on myths, beliefs, and supernatural philosophies. By the 17th century, Bacon, a politician and philosopher, argued that myths or beliefs would not lead to improved knowledge. Under the influence of Copernicus and Galileo, he introduced a systematic approach to science. In 1605, in his study *The Advancement of Learning, Divine and Humane*, he refuted the idea that mental disability is divine punishment, opening a new window to change ideas about the mentally disabled. The Enlightenment Age, which is a turning point for changes in thought, began in the 17th century Europe. In addition to its effects on society in general, changes had an effect on the care and treatment of disabled people, through evaluating disability as a natural phenomenon. Following this movement, new institutions, charity organizations, and studies in the disability field appeared. For the first time medicine was seen as the solution to disability, and people witnessed the birth of the medical model of disability. Further chapters examine this model in detail.

In the 18th century, schools for the blind and the deaf have become widespread in different regions of Europe, such as Vienna, St Petersburg, Amsterdam, Brussels, Copenhagen, and Milan. Two consecutive centuries (the 18th and 19th centuries) had special meanings for the disabled people through important changes in their lives. Mental and intellectual disability were distinguished, possibly the attempt to point out the existence of different disability groups and the need for a definition. The Enlightenment Age made significant contributions, as people noticed that nature and humans could be made perfect. Modern thought became a part of people’s daily lives. This awareness brought new treatment opportunity for people with different deficiencies (e.g., visually, hearing and mentally disabled people).

Disability studies progressed in the light of two major perspectives in the 20th century; the medical model and the social model (DePoy and Gilson, 2011; Kaufman-Scarborough and Baker, Gentry, and Rittenburg, 2005; Oliver 1996). Following parts summarize these two models.

2.3. Modern Times, the Rise and Dominance of Medicine and Rehabilitation: The Medical Model of Disability

> *The development of successful medical practices in hospitals ensured greater numbers of people with physical impairments surviving and must have strengthened the connection between disabled people and institutions as well as facilitating the medical dominance in the field* (Finkelstein, 2014; p. 10).

At the beginning of the 20th century, medicine dominated treatment of ill people, while the influence of religion was losing its position. In addition to developments in medicine, the world was in the process of adapting to the conditions of industrialization. Individuals had new roles as consumers. They had to consume to satisfy their needs, which constantly increased. In order to meet consumers' needs, producers had to produce increasing amounts in factories, machines and labour. The interpretation of physical and mental deficiencies and disability changed dramatically as members of the work force were evaluated in terms of ability, body, and health.

Disability existed long before the capital system. However, with capitalism, the disability phenomenon was seen from a different social relations perspective. The system controlled the individuals' availability through medicine by focusing on their bodies. If the individuals met the standards, they were included in society and regarded as healthy, if they did not; they were excluded from society and regarded as ill (Tremain, 2005). The solution was to exclude them from the whole system; there was no equal participation to work force for disabled people (Priestley, 1999) because disability was considered as an individual pathology (Oliver, 1990).

Even worse, by definition, the new capitalist system classified and evaluated people according to their contribution to the production system and their effectiveness in the whole economic system. In the era of industrialization, from a production point of view, disabled people had a lower value than able-bodied people have or expect (Shakespeare, 2014). As they cannot meet expectations, employers tend to exclude them from the workforce, which resulted in high levels of unemployment among disabled people. Thus, they were more likely to be poor (Hughes, 2014), and experience worse healthcare levels and face more aggression.

The dominance of medicine shifted responses to disability from a social to a more scientific (Conrad and Schneider, 1980; Manning and Oliver, 1985). As medicine was growing in importance, doctors were becoming the central actors of societies. It was questioned whether this kind of involvement was the best approach. There were two answers: The positive answer focused on the appropriateness of involvement as the doctors examined and observed the conditions. The negative answer emphasized that the doctors sometimes crossed the limits, by suggesting use of wheelchairs, writing reports for driving licenses, and assessing individuals’ ability to join the workforce. This questioning resulted in the birth of new professions, such as physiotherapy, nursing, health visiting and so on. With these attempts to meet disabled people’s needs (Hiranandani, 2005), the medical model of disability was born. Due to wars, accidents, and ageing, the number of people with impairments was growing, and they needed to be rehabilitated, to become a “normal” person in society. Rehabilitation centers were naturally under the control of medicine and the doctors.

In addition to disabling practices of industrialization, changes for disabled people occurred as the world moved into the World War I, bringing up issues such as nationality, race, and gender (Davis, 2006). The war produced millions of dead and wounded, and destroyed living areas, while industrialization brought loss of limbs in factory accidents. Post World War II period was another milestone which promoted the growth of rehabilitation that aimed to help veterans to repair their damaged bodies and be integrated in society (Bloom, 2002; Meyerson, 1988). Both world wars were key actors for the development of rehabilitation issues. During the postwar period, industrialization and technological improvements led to the rise of prosthetic tools and technologies, and victims could quickly return to their work lives and start earning a living (Serlin, 2006). According to Oliver (1990), rehabilitation was a machine constructed based on “normality”, the aim was to help disabled individuals to live like “normal” people, to recover as much ability as possible.

Under the influence of developments in medicine and rehabilitation mentioned above, medical approach was the first attempt to consider disability as a problem which belonged to the individual. Under the medical model, disability has been seen as the inescapable product of the individual’s biological defects, pathological condition, or illnesses (Barnes, Mercer, and Shakespeare, 1999; Oliver 1990, 1996; Priestley, 2003). Healthcare workers and physicians felt themselves responsible for overcoming disability. During the modern era, medicine dominated the explanation of disability, as it did for alcoholism and homosexuality. As years passed, alcoholism has come to be seen as a disease; homosexuality has become considered as human rights; disability has been interpreted in terms of social barriers (Lane, 2006).

The problem with the medical model has been that it evaluates the individual based on her/his deficiencies or functional limitations (Oliver, 1996). It emphasizes individuals' need for a medical cure (Quinn, 1995 cited in Haller and Ralph, 2001), but it ignores the negative attitudes and barriers that society has built (French and Swain, 2001).

2.4. The Social Model as a Reaction to the Medical Model of Disability: Disabled Human versus Disabled Society

> *The tragic aspect of blindness does not inhere in the condition nor can it do so. In nature it is absent. It is an entirely civilized idea. The world in which a man finds himself creates the tragedy for him and in him* (Chevigny, 1946; p.ix cited in Braddock and Parish, 2001).

Perceived as a personal tragedy, for several decades disability has been subject to medicine rather than social and human sciences (Vehmas, Kristiansen, and Shakespeare, 2009). Albrecht (1976), Blaxter (1976) and Townsend (1979) were the leading actors who called attention to disability studies in the sociology field. Although there was an interest in disability studies in social sciences before the 1980s, these attempts were not purely social, but closely related with medicine or medical issues. The effects of medical issues in studies of disability in English universities continued until 1990s (Barnes, 2004). Since then, disability has developed under the influence of views from social fields such as anthropology, sociology, public policy, and political science during last decades (Barnes, Mercer, and Shakespeare, 1999). The "big idea" of British disability movement (Hasler, 1993), the social model of disability was developed during 80s. Under the influence of Marxism, Union of the Physically Impaired Against Segregation (UPIAS) was a small group of disabled people who founded the social model of disability. The group’s philosophy was in opposition to liberal, mainstream disability organizations (Davis, 2006). The social model of disability has been largely associated with the critiques of capitalism and modernity (Oliver, 1990; Hughes, 1999). To understand the social model’s roots, Shakespeare and Watson (2001) provide this framework;

> *This social model was a modernist project, built on Marxist foundations. The world, and social theory, has passed it by, and we need to learn from other social movements, and from new theoretical perspectives, particularly those of post-modernism and post-structuralism* (p.44).

The UK and the US have been the centers of movements for disabled people (Albrecht and Verbrugge, 2000). Following these developments in the UK and the US, further landmarks in disability rights were the establishment of Disabled Peoples’ International (DPI), and the declarations of some international organizations (e.g., United Nations (UN), International Labour Organization (ILO) (Winance, 2007).

UPIAS (1976) underlines that disabled people are an oppressed group through isolation and exclusion from society. As a result, the social model emphasizes the oppression of disabled people, by distinguishing between physical impairment and social experiences. The group, UPIAS makes clear a distinction between disability (social side) and impairment (physical differences). This distinction has also been an important criterion for disability studies, while the social model of disability has been increasingly eclipsing the medical model. The social model considers disabled people as an oppressed group, the cause of which is the able-bodied (Davis, 2006). In comparison with the traditional medical model, the social model emphasizes that the problems arise from oppression, rather than from bodily impairments (Shakespeare and Watson, 2002).

Social, environmental, and other barriers are more disabling than various disabilities (Oliver, 1996; Priestley, 1999). The social perspective has two main benefits, first, by removing barriers, and second, by replacing the deep-rooted medical model of disability. Due to the social model, society becomes aware of disabling barriers, and attempts to include disabled individuals in society. The social model is interested in areas such as negative social attitudes, accessibility problems in public buildings and public transportation, and exclusion from education and work life (Hiranandani, 2005).

Davis (2006) lays out the strengths and weaknesses of the social model of disability. On the positive side, the social model is valuable in allowing disabled people to construct a social movement. It is easily understood, and it presents solutions for a change. Disabled people have difficulties participating in society due to lack of self-esteem and self-confidence. The model draws attention to barriers created by society, and aims to remove those barriers. It is an attempt to improve disabled people’s self-esteems and help them to participate in society. Contrary to the traditional perspective (the medical model of disability), this approach moves the problem from the individual level to societal level.

Despite its strengths, the model also has some weaknesses (Davis, 2006). The major weakness of the model is that it totally ignores the impairment and the medical dimension of the phenomena. The social model focuses on the collective experiences of disablement rather than personal experience of impairment (Oliver, 1990, 1996, and 2004). It also lacks connections with race, gender, or sexuality. There is a great emphasis on accessibility and barriers. However, it is not easy to distinguish the influence of physical impairment, and the influence of social barriers. It is questionable whether it is possible to construct a completely enabling environment, or remove the barriers entirely. For instance; an enabling environment for deaf people may be a disabling environment for people with wheelchairs or blind people. Furthermore, according to Oliver (1990, 1996, and 2004), the social model in its current state does not meet the requirements to be a full social model theory of disablement.

With strengths, weaknesses, and criticisms, the two models take different persperctives. Below, Table 3, syhnthesizing the literature, aims to highlight the differences of the medical and the social models.

Table 3. *Comparison of two dominant models.*

Keywords for Two Models of Disability	
The Medical Model of Disability	**The Social Model of Disability**
• Personal Tragedy and Pathology	• Non-tragedy
• Impairment	• Disability
• Individiual	• Societal
• Body	• Social Barriers
• Illness	• Discrimination
• Medicine	• Social Sciences
• Medical Care	• Accesibility
• Capitalism	• Critique of Capitalism
• No right to equal participation	• Rights (and disability movement)

(**Sources:** Barnes, 1992; Barnes et al., 1999; Oliver, 1990, 1996, 2004; Priestley, 1999, 2003; Shakespeare and Watson, 2001; Tremain, 2005)

2.5. Contemporary Times: Disabled Human or Disabled Society?

In the following sections, I examine the dynamics that exist beyond the medical and social models. Oppression is not the only difficulty that disabled people face. As humanity and societies progressed, new topics such as labels, exclusion, and normalcy have emerged, mainly emphasizing the social aspect of disability. The first section below is an analysis of society's attitudes towards disabled people. The second part presents an explanation of the term "normal" and examining the body from a normalcy perspective. Here, I question whether the individual or society itself is disabled.

2.5.1. Social Reactions to Disability: Labels and Stigmatization

People tend to classify and identify others according to concepts they form themselves. The problem occurs when others cannot meet these expectations. When someone is not normal or different, stigma is constructed. Goffman (1963), the father of the concept of stigma, explains it as "*the devaluation of an individual and the exclusion from full societal acceptance*" (p.3). The history of stigma goes back to Greeks, who used various marks on people's bodies to show that they are unusual or not normal (Goffman, 1963). Today, as a popular topic, stigma is studied through different contexts such as social class, mental illness, race, and gender (Corrigan and Penn, 1999; Granfield, 1991). Stigma exists in a society in which groups exist; normals and the stigmatized, and when there are dynamic social relationships between those groups (Goffman, 1963). People bring stigma into existence when they focus on differences. The fact is that all individuals differ in some aspect: physical appearance, skin color, gender, age, job, political view, cultural background, sexual orientation, and so on. Most people are afraid of being classified as different or not normal. In order to avoid feeling isolated, individuals try to meet the norms, and be a part of a non-stigmatized majority (Coleman, 2006). A “normal” person excludes a disabled one from society; but also builds the norms and decides who meets these norms (Winance, 2007). Goffman (1963) talks about three different types of stigma:

1) The stigma of mental illness,
2) The stigma of race, ethnicity, and religion,
3) The stigma of physical difference.

As for this research context, I focus on the stigma of physical difference. Any person from any minority group can experience difficulties of being different from the majority, but disabled people have faced greater oppression through isolation, prejudice, and control (Davis, 1997). Disability, as a stigma of physical difference, is often considered as a negative trait in society (Amosun, Volmink and Rainer, 2005; Taleporos and McCabe, 2002). It is because “*perhaps the disabled body evokes a neurotic fear of our own disintegration through aging, accident, or illness*” (Creal; 1999, p.4).

Disabled people and also their families face a great number of barriers related to transportation, inaccessible buildings, and employment problems. In some cases, the social system, such as work life is even harsher. Since disabled people do not meet the bodily norms of either the social system or work life, they are excluded from work places, which results of poverty making it more difficult to participate in society (Wates, 2004). There is also a vicious cycle at this point. Disabled people do not meet the norms, and they are excluded from the work force. They are excluded from society and ignored by the majority because they are poor. Moreover, they may experience physical and emotional abuse, low self-worth and depression, and increased stress levels because they do not have a chance to show their potential (Abramson, Metalsky, and Alloy, 1989). These negative attitudes are partly due to the negative portrayal of disabled individuals in media. The following sections shed light on this issue. The modern system does not let the disabled to fully participate in education, healthcare, or marketplace activities, making them feel outsiders (Middleton, 1999).

In a conference, Young (2014)[8], a comedian and disability activist, complains about society's attitude towards disabled individuals, and its tendency to exclude them from society: "*Your kids are going to stare. And that is perfectly okay. If you tell them not to stare, or discourage them from asking questions because you think it might upset us, you are teaching them that looking different is something to be ashamed of. It is not."* She is the voice of the majority of disabled people, who have had similar experiences.

2.5.2. Normality

> "'*We' normals have constituted ourselves through the exclusion of others, criminals, mad people, disabled people*" (Foucault, 1988; p.146).

In modern world, the majority ("the normals") aims to define society in terms of other "normals". The norm is constructed with a group of normals (Taylor, 2009). They react to differences by alienating and excluding the outliers, especially criminals, the insane, and the disabled. If a person with a physical deficiency is able to perform daily activities and feels normal, Schutz (1962) asks whether we could call her/him disabled. We can say that "*everyone is impaired, in varying degrees*" (Shakespeare and Watson, 2001; p. 24). For example, depending on the context, even a "normal" individual could experience disability due to inabilities. I am not able to use my ten fingers with the skill of a professional pianist, and this may be considered as disability. At the same time, that pianist could not run as fast as an athlete. In this context, the pianist experiences disability. Moreover, having nine fingers is not a

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[8] Young (2014)

problem for a professor, but it may be disabling to a musician. We do not realize that we may experience disability due to our inabilities.

In different cultures, disabled people are oppressed and excluded since they are often classified as abnormal. Able-bodied people form the majority, and they have the power of domination and superiority (Charlton, 2006). We come across terms such as, "normal", "normalcy", "average", and "abnormal" in the second half of the 19th century, the times when science was a significant actor in people's lives. Foucault (1979) argues that medicine, as a "normalizing gaze" of the human body, had the right to define what normal is and is not. He also draws attention to the task of statistical analysis and the normal curve in managing populations. As Hughes (2004) would say, what we mean by "normal" is a statistical average. The norm determines the majority's conformation to norm. As a deviation from the standards, disabled people have been considered as abnormal (Davis, 1997).

In order to understand the concept of normal and normalcy, the term "norm" needs further investigation. In his studies, Foucault (1979) considers the norm as a modern concept, and connects it to power. Norms are normalizing when they aim to improve capacities and widen the power within society. One of the most significant examples is gender. As female and male, people are divided into two groups, and are expected to perform their predetermined behaviors during their lives. When those behaviors are fixed, it is considered as "normal."

For Foucault (1979), in the modern world, the norm is the modern form of power. In modern societies, individual and societal bodies should be disciplined, as the body is the object of knowledge and power. It can be made politically and economically useful by technologies of power. *"(T)he body is seen as a site of jouissance, a native ground of pleasure . . . The nightmare of that body is the one that is deformed, maimed, mutilated, broken, diseased. . .*" (Davis, 1995; p.5). There are two different mechanisms to control bodies and make them useful: *biopower* and *disciplinary power*. Foucault (1976, 1979) defines the term "biopower" as the force which controls and normalizes human subject (populations) through control on births, deaths, and several illnesses. In the case of biopower, the focus is society instead of individuals. "Disciplining power" is the other type, which focuses on individuals. One of the aims of modern societies is the "project of the self", which means greater control and self-regulation over the self. Idealized, powerful, and young bodies are emphasized in modern consumption societies. As medicine has improved throughout history, the practices of the construction of the self and body have changed. In addition to Foucault's concepts, bodies can be controlled and normalized as much as possible through rehabilitation. Another way of controlling bodies is "diet". Today, people have a chance to change their bodies and appearance through cosmetic surgeries; disabled individuals can overcome their deficiencies through organ transplants (Turner, 2001). All those developments could emphasize the ongoing dominance of medicine and the medical approach on "normal" and "disabled" people. Medicine has been considered the main actor in the construction of self and control of body.

The body helps people to understand what is normal and desirable. Our understandings of how bodies should be and look like and the visualization of the ideal body is constructed by cultural messages. For example; the dominant societal discourses have supported male and able-bodies as norm throughout history, while female and disabled bodies have been considered as deviant (Heiss, 2011).

The historical and cultural discussions take us to a point where disability researchers should be questioning the whole concept of physical normalcy, instead of creating a line between "normal" and "disabled" (Shakespeare and Watson, 2002). Barnartt's (2010) example may help us to realize borders between disability and normalcy:

> *If 'normal' is defined as being able to jump six feet, I have never been normal and never will be. I do not feel disabled by that inability, but I would if everyone else around me could jump that far or if I needed that ability in any of my roles* (p.74).

It is assumed that disabled people cannot feel normal due to their impairments; however, we can attempt to understand those disabled individuals who feel normal in society (Deegan, 2010). There is no perfect body, as it has been shown. Even able-bodied people have some kind of impairment (Sutherland, 1981), compared to idealized images. Despite all the efforts, the idea of creating ideal bodies is a phantasy of humanity (Wendell, 1996).

As a problematic concept, normality is favored in modern times and consumer societies. Every human-being feels the pressure of looking normal (Tremain, 2005). There are various actors imposing the need for normalcy, the media being one of them. The following section investigates the role of media from disability perspective.

2.5.3. Idealized Body Images and Representation of Disability in Media

In today's consumer societies, there are many agents which influence people, and shape their attitudes and consumption practices. For disability phenomenon, media is one of the main actors constructing the norms, representing idealized images, and shaping people's attitudes towards disabled people. Interestingly, the norms and images of disability have been created by able-bodied majority through their paternalistic and prejudicial views. Those views, for instance, assume that disabled people are poor, and therefore need financial support and able-bodied individuals' help (Hiranandani, 2005).

Media is a powerful tool as it can reach millions, and have an influence on the construction of identities, imposing ideal beauty images (Finkelstein, 2004). Latest statistics show that about 98 per cent of Turkish homes have a TV, 74 per cent have a computer, and 64 per cent have internet connection (RTUK, 2013). As Murray (2002) suggests:

> *Since the media often constructs simulated identities, based around product and brand ensembles, which are portrayed as successful, healthy, secure, happy, youthful, and sexy, consumption sometimes becomes a source of false promises* (p. 436).

Especially, "*women are identified socially with their bodies*" (Odette, 1993, p.1), who are bombarded with messages such as weight-losing, having cosmetic surgeries, or buying stylish clothes. Those messages emphasize the importance of engaging in activities in order to have a desired body and a happy life (Bordo, 1993; Wolf, 1991). Moreover, disabled women focus on clothing more because fashion can improve their self-image (de Klerk and Ampousah, 2002). These false messages negatively affect both younger and older women, by reducing their self-esteem, creating eating disorders, and increasing their tendency to undergo cosmetic surgery.

Being imposed by media, women try to fit in so called “ideal” sizes. In her thesis, Atik (2006) emphasizes that her informants focus not only on their weight, but also on some body parts. They are worried if they cannot meet the norms of “ideal” body parts, such as breasts, hips, and face. Taking into consideration all of the above, a difficult situation for able-bodied people is even more challenging for disabled people.

Although advertising is mostly affected by cultural messages, it has an important influence on understanding the body and creation of ideal body (Heiss, 2011). Slim, young women with high-cheek bones, long legs, without disability or deformities are represented as normal and ideal by the media (Garland-Thomson, 2002; Kilbourne, 1994, 1998). Those representations influence both society’s and individuals’ definitions of beauty by creating expectations about normal body. Media leads people to live, act, and consume as the majority. On the other hand, some representations seem to encourage being different from the majority. At this point, the conflict between following the majority or being different from society emerges. The answer is simple; the deviation is good if it continues for a short time (Tremain, 2005).

Furthermore, Bonnie (2004) and Barnes (2004) take our attention to the exclusion of disabled individuals from mainstream media, films, TV programs, and advertising. While there is an increasing tendency to use disabled models[9], “*how often have you seen disabled people on the catwalks of London, Milan or Paris Fashion Week or on the pages of Cosmo, Vogue or FHM?*” (Bonnie, 2004; p. 125). The mass media usually represents the lives of majorities[10] (able-bodied people) instead of minorities (disabled people) (Lichter, Lichter, and Rothman, 1994; O’Guinn and Shrum 1997).

Taking into account several TV and media representations, Barnes (1992) makes a synthesis of twelve media portrayals of disabled people, which I find relevant to summarize here:

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[9] In the appendix there are examples.

[10] The majority depends on the context. In terms of disability studies, the majority is the able-bodied individuals while the minority is the disabled people.

- *The Disabled Person as Pitiable and Pathetic*: These representations are based on the dominant medical approach with an emphasis on negative images of disabled people. Disabled children are portrayed in hospitals with nurses. The main idea is that disability is an illness. The aim is to raise money from able-bodied volunteers, since disabled people are pitiable, and they need financial support.

- *The Disabled Person as an Object of Violence*: As mentioned in previous sections, disabled people have been the victims of violence throughout the history. This portrayal suggests that disabled people need help and cannot look after themselves, and they are subject to violence, sexual abuse, robbery, and vandalism.

- *The Disabled Person as Sinister and Evil*: This kind of representation is widely used in films, and this creates a barrier to the integration of disabled people into society. The message is that disabled people are dangerous for society, and they are not trustworthy. This misleading image can cause aggression against disabled individuals.

- *The Disabled Person as Atmosphere or Curio*: Disabled characters are used to create a certain atmosphere, mystery, or curiosity.

- *The Disabled Person as Super Cripple*: As a general usage, some minorities are represented as super people with extraordinary power or abilities. For instance; black people are often showed as great athletes or musicians. In disability context, this is a concept used in newspapers news and TV programs to draw attention of audiences by emphasizing disabled people’s achievements and incredible abilities.

- *The Disabled Person as an Object of Ridicule*: Throughout the history, disabled people are considered as sources of jokes and amusement for able-bodied people. This behavior was dominant especially before the Enlightenment.

- *The Disabled Person as Their Own Worst and Only Enemy*: This representation is based on medical approach, in which disabled people are depicted as full of self-pity. The message encourages them to stop worrying for those people and think positively, to be able to overcome barriers and face challenges.

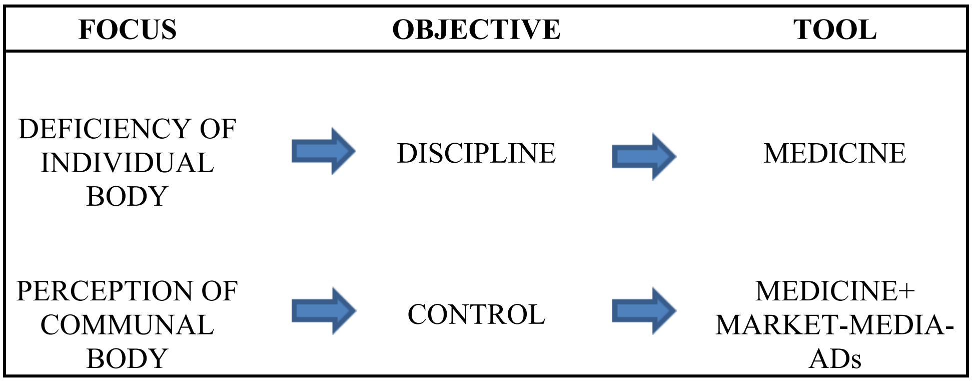
- *The Disabled Person as Burden*: This representation emphasizes that disabled individuals are helpless, and they need the support of able-bodied people. This approach creates barriers between the disabled and the able-bodied.
- *The Disabled Person as Sexually Abnormal*: This representation is similar to previous item with an emphasis on disabled people having sexual differences from able-bodied individuals, ignoring the lack of direct relationship between physical deficiencies and sexuality.
- *The Disabled Person as Incapable of Participating Fully in Community Life*: Disabled people are not usually represented as members of society, such as students, mothers, athletes, or members of the work-force. The main actors in society ignore them. This absence creates barriers for disabled individuals, and they are excluded from society.
- *The Disabled Person as Normal*: This is a very recent representation, which focuses on the normalcy of disabled individuals. It is an important approach, but still insufficient to provide solutions, as this representation is one dimensional and unrepresentative of the whole disability community.

As a summary, most of the representations have negative connotations/keywords, such as violence, evil, ridicule, burden, or pity. However, more recently, a very small number of positive portrayals have been emerging as awareness increases. The truth is that media is a powerful tool for classifying people, shaping their desires and establishing societal norms, but the question is whether media is an abling or disabling actor. From this point, the following section aims to investigate “marketing”, as an important controlling and shaping mechanism, by investigating its potential benefits for minorities and vulnerable individuals.

2.6. Marketing and Disability

As discussed earlier, disability has been the focus of medicine for a very long time, from the earliest asylums, then hospitals and modern rehabilitation centers. Medicine has been the primary actor which has been used to control the human body. Then, emergence of the social approach had a crucial impact on the interpretation of disability. Instead of controlling individual bodies, it was aimed to control perceptions of the masses through media, advertisement, products and services. The market system began to take a role alongside medicine. The initial focus was individuals and their bodies in the context of disability studies. Considering the deficiencies, medicine was the mechanism to discipline those bodies as much as possible. When populations grew, the role of medicine evolved throughout history. The focus was communal bodies through perceptions of people. In order to control those bodies, medicine and market mechanism collaborated with each other. Below, Figure 1 is a summary of transition from the medical approach to the social (specifically market) approach.

Figure 1. *Transition from medicine to marketing.*



FOCUS	OBJECTIVE	TOOL
DEFICIENCY OF INDIVIDUAL BODY	DISCIPLINE	MEDICINE
PERCEPTION OF COMMUNAL BODY	CONTROL	MEDICINE+ MARKET-MEDIA-ADs

Most people, who have taken a marketing course are familiar with terms such as need, customer value, customer satisfaction, and 4Ps. At the beginning, marketing orientation focused on production, product and selling. Only recently has there been growing interest in social issues, such as poverty, vulnerability, and sustainability.

Considering the societal problems, marketing has unfortunately remained mainly a mere spectator. Following the emerging approach, "social marketing[11]", marketing has begun to focus on consumer groups and issues which were ignored previously. Although, it has been about twenty years since the initial attempts to investigate disabled individuals in marketing, there is still only limited research on disability in marketing and consumer research fields. There are two main streams in marketing which specifically have focused on social issues: The earlier one macromarketing, is described by Hunt (1981) as a multidimensional construct which focuses on marketing systems, and the bilateral relationship between marketing systems and society. The later one is Transformative Consumer Research (TCR), which "*is a movement within the Association for Consumer Research (ACR) and it aims to alleviate some of the pressing social and economic problems around the world*" (Mick et al., 2011; p. x).

Below, Table 4 makes a summary of disability research in marketing field.

Table 4. *Disability literature in marketing*

Highlights of Literature Review from Marketing			
Authors	**Field**	**Emphasis**	**Future Research**
Vezina, d'Astous, and Deschamps, 1995	Consumer Research	The study emphasizes that consumer behavior begins paying attention to smaller, special consumer groups. The study is conducted with blind individuals and aims to guide different actors.	The study was conducted with blind people, and they represent only a small portion of disabled people. The results could not be generalized for all disabled people. Moreover, how disabled individuals perceive themselves should be studied.
Burnett and Paul, 1996	Advertising	The study focuses on the emerging needs of disabled individuals for communication. The authors underline that advertisers ignore	-

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[11] Kotler and Zaltman (1971) research, "Social Marketing: An Approach to Planned Social Change", is accepted as the birth of social marketing.

		disabled people.	
Burnett, 2006	Advertising	The study is an attempt to go into the ignored segment for web advertising, disabled consumers. The author investigates attitudes toward web advertising and disabled people's usage habits of the Internet.	There is a need for an understanding of people with different disabilities.
Pavia and Mason, 2006	Marketing Management	The study emphasizes that the marketplace is constructed for "normal families" and families with disabled children have been ignored.	Future studies should take into account the perspectives of all members of the market mechanism. Since disabled people are invisible in the market system, there is a need for product/service design and development for disabled people.
Baker, Holland, and Kaufman-Scarborough, 2007	Services Marketing	The study makes an emphasis on the differences of disabled people. It develops a discussion on how disabled people shape their behaviors as consumers. The authors aim to help retail managers and service providers by providing insight.	New studies need to focus on the experiences of disabled people in different environments (e.g., restaurants, hotels, and etc.)
Coogan and Cluley, 2012	Macromarketing	The study is a review of disability studies in marketing field by using the social model of disability. The authors emphasize that disabled people are excluded and they look for ways to avoid those problems.	-

Pavia and Mason, 2014	Macromarketing	The study focuses on how different impairments (physical, cognitive, and behavioral) lead to vulnerability.	Future research should focus on the role of body on consumption.
Beudaert, Ozcaglar-Toulouse, and Ture, 2015	Consumer Research	The study makes an attempt to redefine the concept of normalcy through an understanding of self-transformation processes of sensory disabled people.	Different data collection methods could provide fruitful insights. It should be investigated how the type and duration of disability influence self-transformation process.

Disability is not an intensely studied topic in marketing. To summarize the above table, the first study on disabled people in marketing is about twenty years old. Vezina, d'Astous, and Deschamps (1995) are the first researchers who use the word “disabled consumer” in their studies with a very few marketing references. The authors draw marketing scholars’ attention to smaller, special consumer groups, and they focus specifically on blind individuals, stating their aim as attempting to guide different actors in marketing environment. Following this initial research, about 12 publications[12] from advertising, retailing, marketing management, consumer research, and macromarketing have specifically investigated disability issues during the last 20 years. Aside from these articles, there is only one page for disabled people in the most popular consumer behavior course book[13]. What is common in most of the researches is that disabled individuals are considered as consumers (e.g., Baker, Holland and Kaufman-Scarborough, 2007; Burnett, 2006; Kaufman-Scarborough and Childers, 2009; Vezina, d'Astous and Deschamps, 1995). Rather than considering them as valuable consumer segments, some researches aim to gain an insight on the social barriers, limitations, and the disability experience (e.g., Coogan and Cluley, 2012; Pavia and Mason, 2014). Taking different actors’ perspectives into consideration, this study aims to understand disability, and determine a road map to

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[12] According to the literature review, there are 12 publications which specifically use the term “disabled”, “handicapped”, or “impaired”.

[13] The course book is “Consumer Behaviour: A European Perspective (2013)” by Solomon et al. (2013). It considers disabled people as consumers and valuable market segments.

enable marketing to provide solutions, and alleviate the problems of disabled individuals.

Disabled people as consumers are generally ignored by consumer behavior and marketing scholars (Burnett, 2006; Baker, Holland and Kaufman-Scarborough, 2007). However, marketers, public policy makers, and consumer behavior scholars may benefit focusing on special needs of disabled people (Baker, Holland and Kaufman-Scarborough, 2007; Vezina, d'Astous and Deschamps, 1995). For instance; during new product development phase, since able-bodied people tend to ignore problems that the disabled people face, disabled people may help firms to design special products that meet their needs (Friedman, Lopez-Pumarejo and Friedman, 2014). There is also a need in consumer behavior field to understand disabled individuals'/consumers' consumption desires and inclusion/exclusion processes.

Under the vulnerability concept, researches in the marketing and consumer behavior fields have investigated social issues, such as consumers who elderly, or from a sub-culture, the needs of the homeless and disabled, and the healthcare needs of poorer consumers (Hill, 1991; Viswanathan, Rosa, and Harris, 2005). These researches have helped marketing scholars to establish a connection between marketing (specifically consumer behavior) and public policy (Baker, Gentry, and Rittenburg, 2005).

According to popular wisdom, marketing increases vulnerability by emphasizing consumption, ideal body images, and so on. However, it can be designed to reduce the negative effects which it creates. For instance; applying social programs (Andreasen, 2006), and increasing awareness towards consumer vulnerability, marketing could reduce poverty (Kotler, Roberto, and Lee, 2002). In recent years, positive market changes for disabled individuals include widening ramps, constructing special parking areas, and increasing the number of sign language interpreters. Moreover, the lives of disabled people have changed through developments in education, access to health care, and advances in biomedical engineering. Compared with the past, disabled people are more frequently represented on TV and other mainstream media, increasing their recognition in society. All those developments have opened more of the market to disabled individuals (Pavia and Mason, 2014). The limited literature points out some future research as below:

- Different disability groups need to be studied (Burnett, 2006; Vezina, d'Astous and Deschamps, 1995).
- A new theory on consumer resistance is needed (Baker, Holland, and Kaufman-Scarborough, 2007).
- New research should take into account different actors of the market system such as state, and society (Pavia and Mason, 2006).
- Different data collection methods could be useful in disability research (Beudaert, Ozcaglar-Toulouse, and Ture, 2015).

Considering the general lack of disability research in marketing and the future research directions for this currently limited field, the following chapter addresses the aim and the research questions of this study.

CHAPTER 3. THE LITERATURE GAP, CONCEPTUAL MODEL AND RESEARCH QUESTIONS

As shown by the limited marketing literature outlined, there is still a pressing need to investigate disability in marketing. The marketing literature so far has focused on specific disability groups (e.g., physically disabled or blind people). Moreover, it has so far labeled disabled individuals as valuable market segments (consumers). The literature calls for studies which provide a better understanding of disabled individuals, taking a bottom-up approach. The dominant models (the medical and social models) seem to overlook some experiences of disabled individuals by focusing on a limited number of conditions. For instance; the medical model makes interpretations through medicine, and the social model through social perspective. My understanding of the background emphasizes that the disability experience changes under different contexts. This study suggests a medi-social and cultural approach (medical, social and cultural approaches) to better understanding of the phenomena. The two established models often overlook the interactions between powerful actors, such as state, societal discourses, and market system. These interactions are valuable in understanding definitions and labels.

Taking into consideration the lack of disability research in marketing, the aim of this study is to construct an alternative model of disability, and understand the phenomena in terms of those who experience it, and those who have an impact on it. Moreover, the thesis criticizes the role of marketing as a consumption motivator, especially for vulnerable people. It attempts to shed light on issues that are important not only for those labeled as disabled individuals, but also for other minorities (people from different ethnicities, genders, sexual orientations, or religions) who are oppressed and excluded. Below, Figure 1 represents the conceptual model of this study.

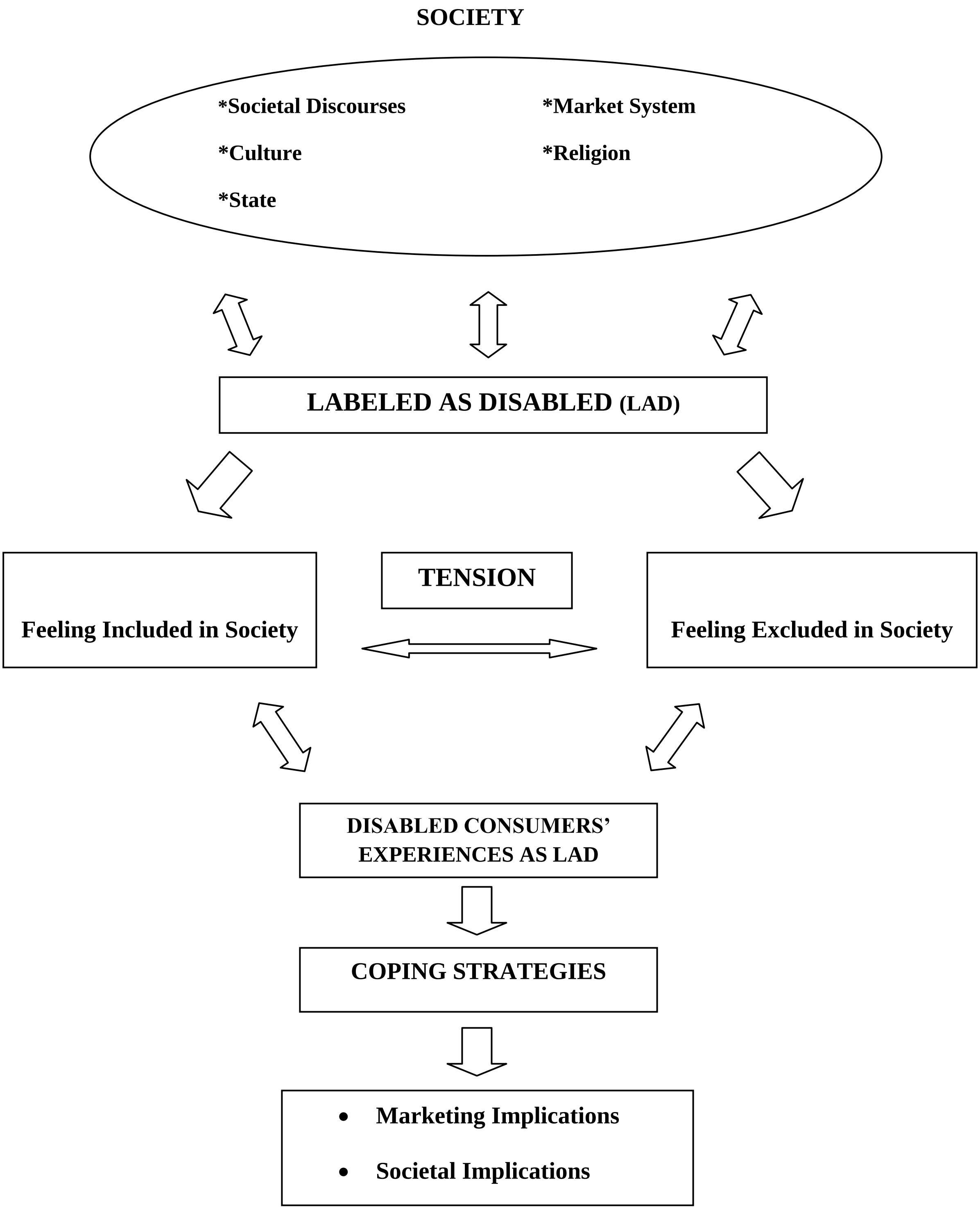

Figure 2. *The conceptual model.*

As seen in Figure 2, this study is an attempt to understand relationships between society and disabled individuals. Considering society as a huge cluster, societal discourses, culture, state, marketing, and religion come front as important aspects. During the interaction, society often excludes and oppresses individuals by labeling them as disabled. Considering this, in this study I find it valuable to use the term “Labeled as Disabled” (LAD), instead of “disabled” individuals. Labeled as disabled individuals are neither fully included nor excluded from society, and the model emphasizes this tension. Depending on time, place, or experiences, a particular individual could feel included or excluded. The study lays out the role of actors in society, the experiences of LAD individuals, and actors’ reaction to the differences.

The research questions are;

1. Considering that disabled people are not disabled in most of the contexts, do we really need a definition such as disabled, handicapped, or disadvantaged? Is it possible to construct a more positive term?
2. How do disabled people construct their identities? For instance; do they use fashion or other consumption tools to create their identities? Is consumption a normalizing tool?
3. Who excludes disabled people from society? Who includes disabled people in society? How do disabled people cope with exclusion/inclusion processes?
4. If someone with severe disabilities/impairments is able to meet their own basic needs such as food, water, and shelter, should they still classified as impaired/disabled or “handicapped”?
5. Which strategies can marketing use to alleviate consumer exclusion (imprisonment) from society and increase LAD’s well-being?

CHAPTER 4. METHODOLOGY

When I began to read about disability, I was struck by disabled researchers' concern on the dominance of able-bodied researchers (Kitchin, 2000. They question whether able-bodied researchers (without disability experience) have sufficient understanding of disability and disability experience. In their opinions, this does not completely represent the voice of disabled individuals, and it could result with the creation of false perceptions of disability. To avoid this problem, they suggest that disabled people should be included in the research process to help the able-bodied researchers, from data collection to analysis. This will be useful for able-bodied people to understand the disability experience, and helping them to gain insights into disability research (Irvine, 2010). I am not a typical able-bodied researcher since I have a physically disabled sister who is psychologist, and our combined experiences have the potential to make insightful contributions to the research. To take into consideration all the concerns mentioned by disabled researchers, and to avoid any possible biases, this research has been conducted with the help, input, and experiences of disabled individuals.

Before laying out my experiences as a researcher, I discuss my background as a researcher, the research context, and the data collection process. In the further sections, I share my experiences before, during, and after the interviews.

4.1. Researcher's Background

The Chernobyl Nuclear disaster occurred in 1986. Exact numbers are not available but most reports suggest that the accident affected around 8 million, of whom 500 thousand have died. After the accident, several regions were affected by acid rain which contains radiation, and the rains polluted natural resources (e.g., food, water). Living in an area which was only 2000 km away from the disaster, we were inevitably affected. My mother was one of the victims, affected by the radiation during pregnancy. While there were several tragic births followed by almost immediate death, my sister survived birth as a physically disabled individual. She has only one hand with three fingers, and she has scoliosis, which is the curvature of spine. She is the motivation for this study.

My parents and I have never treated my sister as a disabled person. She has been a "normal" person as she could do her own work and self-care (e.g., eating, dressing, and so on). Despite her physical conditions, she succeeded at every level of school; eventually working as a psychologist at a rehabilitation center. At the same time, she is a successful artist with several domestic and international rewards. In terms of ability, she has only three fingers, but has a great ability for drawing, whereas I have no physical deficiency, but no talent for drawing. Although life was normal at home, outside was different, as people (no matter what age, education or income level) stared and treated her as abnormal. This is how I directly and indirectly noticed, and learned society's attitude towards an individual with disability. It is difficult to be a woman in Turkish society, but it is even worse to be a woman with physical disability. She is interested in bioenergetics, and at the age of 23, she applied to take courses, but was refused because of her physical deficiency. When I think about those days, I admire her strength. I still remember that people felt pity for her and us, saying "Oh poor girl, she is so beautiful, but has a disability. God protect us!" I asked myself: Protect us from what?" I realized that whatever your abilities, people did not forget that you did not meet physical norms. Even when she was on TV, it was her deficiencies, rather than her own thoughts, intellectual capacity, or knowledge of psychology that were highlighted. This experience taught me that disability experience is not a personal issue, but a collective experience with family, friends, society, and the culture as a whole. Parents are blamed for the deviant baby that they brought into the world. They are questioned about the possible reasons for the disabled baby. The brother is questioned by his friends about his sister. "What is wrong with her?" You hear people warning their children "if you do not behave yourself, you will become like her!" While everything is normal at home, hell faces you when you go outside.

It has been also very interesting for me to realize that my sister did not have disabled friends, or join disability organizations. This is why I do not have enough experience about other types of disabilities. This research process also brought insight, especially on visual and hearing impairments.

4.2. The Research Context

Turkey has a population of 80 million, with 8.5 million disabled people. There is still not enough information on the number and the proportion of disabled people, and their socioeconomic characteristics in Turkey. As Charlton (1998) emphasizes, disabled people are often abandoned or hidden by their families, and are not allowed to enter the mainstream of social life. Moreover, there is limited academic research with social and marketing focus in Turkish context (e.g., Atak, 2008; Bezmez, Yardımcı, and Şentürk, 2011; Burcu, 2007; Büyüktürkoğlu, 2007; Eryılmaz, 2010). Below, Table 5 and Table 6 represent the updated statistics on disability. It is notable that the most comprehensive statistics for disabled individuals were recorded in 2002 and 2010.

Table 5. *The proportion of disability in Turkey*[14]

	Total disabled population			**Orthopedically, seeing, hearing, speaking and mentally disabled population**		
	A	B	C	A	B	C
Turkey	12,29	11,10	13,45	**2,58**	3,05	2,12
Age group						
0-9	4,15	4,69	3,56	**1,54**	1,70	1,37
10-19	4,63	4,98	4,28	1,96	2,26	1,65
20-29	7,30	7,59	7,04	2,50	3,34	1,74
30-39	11,44	10,43	12,42	2,56	3,18	1,95
40-49	18,07	15,15	21,08	2,65	3,29	1,99
50-59	27,67	22,56	32,67	3,23	3,73	2,74
60-69	36,96	31,60	42,02	5,14	5,65	4,65
70+	43,99	39,77	47,77	7,89	8,45	7,38
Unknown	11,68	6,30	**14,17**	0,34	0,53	0,25
Place of residence						
Urban	12,70	11,38	13,99	2,20	2,60	1,81
Rural	11,67	10,69	12,63	**3,16**	3,74	2,59

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[14] The table was modified from Turkish Statistical Institute (2014) with a focus on the relevant data. The statistics of the population having chronic illnesses have been excluded.

Region						
Marmara	13,13	11,66	14,59	2,23	2,60	1,87
Aegean	11,86	10,69	13,00	2,59	**3,15**	2,05
Mediterranean	12,16	11,15	13,15	2,60	2,99	2,21
Central Anatolia	12,52	10,78	14,23	2,60	3,01	2,20
Black Sea	12,98	11,62	14,32	**3,22**	3,66	2,80
East Anatolia	11,80	11,29	12,30	2,53	3,18	1,90
Southeast Anatolia	9,90	9,86	9,94	2,72	3,45	1,99

Notes: A. Total / B. Male / C. Female

As highlighted in the table, it is interesting to see that nothing is known about 15% of the disabled population. Considering the disabled population statistics, the percentage increases with age (see Table 5; starts with 1.54% and goes to 7.89%). The table also indicates that about 1.5% of the disabled population was born with disability (see age group 0-9). It is notable that the male population is more prone to disability (3.05% > 2.12%). The dominant role of males in Turkish society is significant here. When we analyze gender roles, males seem to be the breadwinners, meaning that it is the men who work hard for their carreers, and focus on status and material success (Holt and Thompson, 2003), while women historically have been the ones in the private sphere of life, taking care of the housework and children. Although gradually changing, especially in major cities, this situation is still dominant in Turkish society. Males are the breadwinners and active working members in most of Turkish families. Thus, the males tend to experience more accidents, problems, or disability-related issues.

Another interesting point is the proportion of disability being higher in rural areas (see place of residences; 3.16% rural and 2.20% urban). This is highly related with the physical and infrastructural conditions, healthy eating habits, education and income levels.

Finally, when it comes to the regional statistics, the number of disabled individuals is remarkably high in the Black Sea region (3.22%). In addition to the disability statistics, cancer and some chronic illness rates are also considerably higher in this region. It is still debated whether the Chernobyl Disaster is the main cause. In contrast, Marmara is the region with the fewest disabled individuals. It may be because Marmara is the most developed region in Turkey in terms of education and income levels, infrastructure, and industry.

Table 6. *The proportion of disabled population by type of disability*[15]

					(%)
	Orthopedical disability	Seeing disability	Hearing disability	Speaking disability	Mental disability
Turkey	1,25	0,60	0,37	0,38	0,48
Age group					
0-9	**0,64**	0,33	0,20	0,46	0,42
10-19	0,77	0,36	0,29	0,43	0,58
20-29	1,21	0,45	0,32	0,42	0,65
30-39	1,26	0,46	0,35	0,31	0,54
40-49	1,39	0,62	0,35	0,26	0,39
50-59	1,79	0,91	0,41	0,30	0,26
60-69	2,80	1,56	**0,77**	0,41	0,27
70+	3,94	2,98	**1,70**	0,39	0,31
Place of residence					
Urban	1,09	0,52	0,32	0,33	0,38
Rural	1,49	0,73	0,45	0,46	0,64
Region					
Marmara	1,11	0,53	0,37	0,33	0,37
Aegean	1,19	0,61	0,36	0,38	0,53
Mediterranean	1,22	0,58	0,34	0,38	0,55
Central Anatolia	1,27	0,63	0,37	0,38	0,50
Black Sea	**1,60**	**0,66**	**0,45**	**0,46**	**0,63**
East Anatolia	1,27	0,57	0,31	0,40	0,44
Southeast Anatolia	1,25	0,70	0,36	0,45	0,45

The numbers reveal that total disabled population is divided equally in terms of region (except for the Black Sea region), gender, or place of residence. It is also

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[15] The table was modified from Turkish Statistical Institute (2014) with a focus on the relevant data.

remarkable that about half of the disabled individuals have physical/orthopedical disability (1.25% of the population). Therefore, the image of wheelchair is commonly associated with disability. The least common disability groups are speaking and hearing disabilities (0.37% and 0.38%). It is very interesting that hearing disability rates increase rapidly after the age of 70, due to age-related issues. The regional statistics also verify the previous Table 5 that Black Sea is the region with the most disabled individuals, while Marmara has the fewest.

When it comes to definitions, there is confusion over the precise meaning of disability in Turkey. Bezmez, Yardımcı and Şentürk (2011) use “disability” for “sakatlık” and “impairment” for “yeti yitimi” in Turkish. Stating that the evolution of words and phrases in Turkish are not a direct match with corresponding English words, the authors emphasize the difficulty of finding Turkish equivalents of the English version. The French use the word “handicap”, however, this term is no longer in use in English, because it has a negative meaning. Regarding terminology, there is no term unity for disability across different organizations and institutions. For instance; in governmental institutions “özürlü (impaired)” was used until 2013[16], and after a legislative regulation, the term “disabled (engelli)” has become more common, aiming to take a more positive and rights-based perspective.

In the Turkish context, Turkey Disability Survey (2002 in Turkish Statistical Institute, 2014) can be considered as the first detailed report on disabled people in Turkey. This report was an attempt to determine the state of people with disabilities regarding issues such as education, employment, income levels, treatment, and inclusion in society and social life. The survey underlined the medical dimension of disability. Some of the findings of this study questioned the relationships between disability and the lack of education; disability and poverty, and disability and isolation/exclusion. Another considerable work is “Being a Disabled Individual in Turkey: Research on Basic Sociological Characteristics and Problems of the Case (Burcu, 2007)” which was supported by State Planning Organization (now Ministry of Development). The book aims to determine the characteristics and problems of physically disabled and visually impaired individuals in Turkey. Following the first

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[16] Parliamentary Minutes (2015)

report, Prime Ministry Administration for Disabled People published another survey which was conducted in 79 cities in 2008.

From the state's perspective, the year 2005 was a turning point for disabled individuals. The developments indicate that disability has begun to being considered from a more sociological perspective. The medical approach had been the dominant perspective for a long time, but the state has begun to take steps to reduce social barriers and solve accessibility problems. The regulations for disabled individuals (Law no: 5378 of 2005 on Disabled People and on making amendments in some laws and decree laws) went into effect aiming to solve accessibility, employment, health, and education problems[17] of disabled individuals. Unfortunately, this attempt had to be revised five times. It was initially aimed to bring the law into effect within seven years, but most of the attempts failed to satisfy disabled individuals. Even a 3-year extension did not work, and disabled individuals still continue to have problems. In the appendix, the photos, which were taken in different cities of Turkey, are beneficial in understanding of the infrastructal arrangements.

In addition to governmental works, there are a number of disability associations which aim to work for the rights and well-being of disabled individuals. Some of these are listed below.

- Turkish Disability Association (TSD); the association is more focused on the needs of the physically disabled individuals, with 62 offices in Turkey. They aim to provide crutchs, wheelchairs, prostheses, and financial aid for people of all ages, and provide grants for physically disabled students.
- World Disability Foundation; focusing on all disability groups, accessibility, and rehabilitation, their vision is to create a world without barriers. The foundation even has projects for disabled animals.

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[17] According to the Law, the local governments should have done access ramps, disabled elevators, made arrangements in buildings, facilities, pavements, and public transportations, and provided services for disabled citizens to help them socialize.

- Six Dots Foundation for the Blind; the association works for the well-being of blind individuals, with 32 offices in Turkey. Their main project is producing audiobooks and setting up audio libraries.
- TÜRGÖK; the association works for providing audiobooks for blind individuals. It has around three thousand members in Turkey, USA, Holland, and Germany.
- Association of Societal Rights and Research (TOHAD); this association focuses on all disability groups in order to solve accessibility problems, overcome oppression, and support individuals on education and employment issues. The association collaborates with universities and about 20 local disability associations.

Only 0.04[18] of the total disabled population in Turkey is member of disability organizations which is a cause for concern. Moreover, when viewing the websites of these associations, accessibility problems appear as the key issue. Most of the websites are supposibly prepared for physically disabled individuals. However, no provision is made for visually and hearing impaired individuals to use those websites. Websites also strongly support the stereotype that disabled individuals need financial support; most of the associations' websites advertise account numbers for financial aid. There is no attempt for collaboration between individual associations to provide solutions or make suggestions to improve the well-being of all people from different disability groups.

In addition to disability associations, some well-known companies have attempts to increase awareness towards disability and provide products and services for disabled individuals. For example, although their good intentions have been questioned, Garanti Bankası (a well-known Turkish bank) is the sponsor of wheelchair national basketball team and league. The bank aims to simplify services for its disabled customers. Peugeot (French car manufacturer) has undertaken a 3-year social responsibility project with the Ministry of Family and Social Policies and United Nations Development Programme (UNDP) to develop cars for people with

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[18] Alkaya (2015)

different physical disabilities. With its advertising “Hearing Hands”, Samsung (worldwide cellphone producer) aims to increase awareness and introduce its brand new services for hearing impaired individuals. In cooperation with the Blind Association of Turkey, Atlas Halı (Turkish carpet producer) has engaged in a project for increasing awareness and helping blind individuals to realize their creative abilities (e.g., designing and producing a tangible product) through carpet.

More specifically, Izmir, where the research was conducted, is the third populous city in Turkey with people from different socioeconomic, cultural backgrounds. Izmir Metropolitan Municipality is leading efforts to increase accessibility, improve living standards and well-being of disabled individuals. Their aim is to help all minorities to participate in social life. Buses and underground system have been adapted for disabled individuals. They organize conferences to discuss ideas and create solutions. Compared with other cities in Turkey, most of the participants and the media emphasize that Izmir is a disabled friendly city[19]. Even though they have a very long way to go, the team Accessible Izmir (Engelsiz İzmir) is making good progress.

4.3. Data Collection

Most research in the marketing and consumer behavior fields have been conducted with ideal/normal participants (e.g., able-bodied, middle class, and Caucasian consumers) (Baker, Gentry, and Gentry, 2005), but some researchers began to focus on long overlooked consumers (Baker and Gentry, 2006). The researchers encounter different challenges according to topic. For instance; some topics may pose potential physical or emotional threats to both the researcher and the participants. These are called “sensitive” topics, which researchers have little information about how to conduct the research (Hill, 1995). Some examples of sensitive topics are: death, political groups, homeless people, and subcultures (Ger and Sandikci, 2006).

Disability is one of these sensitive research topics. In the modern, consumer culture era, able-bodied individuals need a deeper understanding of disabled

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[19] In the appendix, there are pictures of accessibility practices from different cities of Turkey.

individuals' experiences, needs, desires, and daily experiences through a more humanistic approach. To achieve this, qualitative methods are suitable. Instead of accumulating more statistics on disabled individuals, and investigating cause and effect relationships, this study aims to explore the social and cultural dynamics behind the phenomena of disability through a qualitative approach. Considering the sensitivity of the topic, semi-structured in-depth interviews were conducted with 30 people, 12 females and 18 males. 17 of the pariticipants had a disability (physical or visual impairment), and 13 were able-bodied. The participants were between the ages of 17 and 55, with different social and cultural backgrounds. For instance; some were from the fashionable district of Alsancak, while others were from the working class areas of Eskiizmir and Gaziemir. In-depth interviews allow informants to express themselves freely at their own pace (Mariampolski, 2001), and supporting informants' creativity (Fontana and Frey, 2000). Below, Table 7 provides information about these informants.

The interview data have been enriched with semi-participant observations. I took field notes during and after interviews to record the research setting, my experiences, and the participants' reactions. My experiences with my sister also provided a deeper understanding of the phenomena. The following sections present information about my experiences as a researcher. Taking ethical considerations into account, the participants were informed about the aims of the study and assured anonymity about personal information (Fontana and Frey, 2005). Because the topic is so sensitive, to make participants feel secure and comfortable, building a trust relationship during the interviews was of key importance in this study (Rubin and Rubin, 2005). Building an athmosphere of trust, they could feel comfortable, share their feelings, experiences, and thoughts.

***Table** 7. Details about the informants.*

No	Gender	Age	Disability	Status
1	Male	17	Physical disability-Born with disability	Student/Going to rehabilitation center
2	Male	22	Physical disability-Born with disability	Not working/Going to rehabilitation center
3	Female	25	Physical disability-Born with disability	Not working/Going to rehabilitation center

4	Female	25	No disability	University student
5	Female	26	Physical disability-Born with disability	Working/Bachelor degree
6	Male	26	Physical disability-Born with disability-CP[20]	Working/Going to rehabilitation center
7	Male	27	Physical disability-Born with disability	Basketball player
8	Female	30	Physical disability-Subsequent disability	Basketball player
9	Male	30	No disability	Public Relations/Advertising
10	Male	30	No disability	Public Relations/Advertising
11	Male	31	Physical disability-Polyomtelitis/Subsequent disability	Success story/Basketball player/University student
12	Female	32	No disability	Public Relations Manager
13	Male	32	Physical disability-Born with disability-CP	Not working/Cannot find a job/Going to rehabilitation center
14	Male	33	Physical disability-Polyomtelitis/Subsequent disability	Success story/Basketball player/Married+Kid
15	Male	33	Physical disability-Accident/Subsequent disability	Success story/Basketball player/Civil servant/Married+3 Kids
16	Male	33	No disability	Public Relations/Advertising
17	Male	34	Physical disability-Born with disability	Basketball player
18	Female	35	No disability	Public Relations Manager
19	Female	35	No disability	Public Relations Manager
20	Female	36	Physical disability-Born with disability	Working/Bachelor degree
21	Male	36	No disability	Social media icon
22	Male	36	No disability	Owner of Rehabilitation Center
23	Male	38	Visually impaired-Subsequent disability	Undersecretary Position
24	Female	38	No disability	Public Relations Firm Manager
25	Female	39	Physical disability-Subsequent disability	Success story/Basketball player/Married
26	Female	40	No disability	Public Relations Manager
27	Male	42	No disability	Trainer/Teacher/Former Athlete
28	Male	45	Physical disability-Born with disability	Team Manager
29	Male	48	Visually impaired-Subsequent disability	Success story/Bachelor and Master degree/Former MP
30	Female	55	No disability	Mother/Has a disabled son

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[20] CP refers to cerebral palsy. Cerebral palsy is considered a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child’s brain is under development. Cerebral palsy primarily affects body movement and muscle coordination (Cerebral Palsy, 2015)

At the beginning of the research, I prepared an interview protocol which mostly focused on the body. As the research progressed, I realized that a broader focus was needed. Then, the interview protocol evolved after feedback and limitations faced during the interviews, and my continuous background reading. Since the research aims to take different actors' perspectives, two different interview protocols were prepared; one for disabled individuals to understand their feelings and experiences, and the other for able-bodied individuals, to understand their attitudes towards disability, and their current/potential reactions to disabled individuals.

The research was conducted in two different cities of Turkey, Istanbul (the most populous city) and Izmir (the third most populous city and my hometown) between March 2014 and September 2015. In the early stages of the research, my sister helped me to contact the participants from Izmir from different social classes and different neighborhoods. My trips to Istanbul helped me to make observations, meet people from different cultural and socio-economic backgrounds. As the research progressed, I sent messages via e-mail (using my work account; name.surname@edu.tr), and social media (my Facebook and Twitter accounts are with my name, surname, and photo) to inform people about the aim of my study, and ask about their availability to participate in this kind of research. All those, who were positive in the first connection, participated. However, all those, who hesitated to participate in study and had doubts or made excuses about their availability did not participate. Although I tried to be clear about the aim of the study, some could not connect disability and marketing. For the state authorities, it was very difficult and time-consuming to make connections with government agencies, since they required permission and strict procedures to participate in interviews. For instance; I attempted to make contact with the head of department of one of the government agencies (Izmir Office of the Ministry of Family and Social Policies) and they demanded a permit from governorate, my proposal, and the interview protocol for security reasons. Only after assuring that all procedures were done, did they let me conduct interviews. The head of department mentioned that the process took a minimum of 3 weeks or one month making it impossible to conduct research with them due to time constraints. After each interview, I gave small presents such as Turkish delight or fig (special products of the region I live) to the participants to show my gratitude. I realized this helped me to strengthen the relations with them. After completing my interviews, some of the participants e-mailed me with additional comments, which both indicated the trust of the participants, and enriched the data. For instance; one of the participants reminded me of the forthcoming disability event in Istanbul. One of the interviews was conducted with the managers of a well-known French car manufacturer and their advertising agency. After this interview, they contacted me to invite me to participate in one part of their social responsibility project[21] with my sister. This event was a marathon, a part of 3-year project in cooperation with Ministry of Family and Social Policies and United Nations Development Programme (UNDP) aiming to increase disability awareness. Before the marathon, we had breakfast with the team (e.g., the managers, employees, and people from different disability groups such as hearing and visually impaired and physically disabled people). Then, we put on t-shirts to draw attention to physical differences, and increase awareness. During the marathon, I had the chance to observe how people with different abilities, intellectual capabilities, and physical characteristics could come together for a common purpose, without barriers. It was also uplifting to see positive reactions (e.g., inclusive, supportive, and so on.) to disability. Being part of this social media project, I gained insights into disabled individuals', corporations', and able-bodied individuals' thoughts about disability.

For the purpose of this research, I also attempted to contact some leading disability associations. I did not get any reply from some, but two directed me to buy and read their books and other publications, and follow their web-sites or social media accounts. They seemed to focus on the financial dimension of the topic, because they were not supposed to work actively for the rights and demands of disabled individuals.

4.4. My Experiences and Position as a Researcher

During the interviews, I met participants from different social classes, education levels, backgrounds, and disability groups. Although I had some experience of living with a disabled sister, I felt uncomfortable and I had difficulties,

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[21] This was a social media project "Bir Hayalim Var (I Have a Dream) and gave a chance to attend to Istanbul Marathon with a famous social media person who has thousands of followers (@taci_kalkavan).

I did not know how to ask some sensitive questions during some interviews (especially during initial interviews with female participants).

During the interview stage, my sister's assistance (as a professional and a physically disabled individual) was very helpful in making participants feel comfortable, and allowing a more effective approach to research. For example; some participants used medical or disability terms which were obscure to me. Moreover, some participants who feel disabled and excluded from society had difficulties understanding some of the concepts I used. At those times, my sister helped both me and the participants by explaining the terms and expressions. One of the challenges I faced during the research was that the use of quantitative methods may not provide sufficient data. For instance; some of the participants had only physical disability, but they felt disabled and excluded from society. In those cases, my observations reveal that these participants had limited communication abilities which could cause the researcher problems. One participant was so nervous when he first encountered me and the research. He did not know if he could answer the questions or speak well. He looked uncomfortable during the interview, and asked if he was doing well. Managing the time, the interview, and the very nervous participant were all challenge for me as a researcher. I learned during the interviews that disabled individuals were not a homogenous group. Even people in the same disability group may experience in many different ways the same situation. This emphasizes how unique individuals are. I realized that I needed to interpret the participants in two contexts; the individual her/himself and the individual in her/his environment. This means that interpretation of individuals' behaviors may vary depending on time and context.

Early in this research, I claimed that I had no biases on disability, disabled individuals and minorities. As I focused on this topic, I began to read literature, participate in meetings and conduct interviews. Then, I realized that in fact because I had some biases and prejudices. In the initial stages of this research, I felt sorry and pity for the participants. I was thinking about the difficulty of using wheelchairs in an environment with accessibility problems, the possible discomfort of not being able to use arms or legs. It was media and society (e.g., it was mentioned in the previous chapters) who shaped my biases and perception. Being part of a consuming society, it is not possible not to be negatively affected by stereotypes. I became very depressed. When I noticed this, I attempted to change my perspective and attitude. The interview stage was a continuous learning process in which I learnt a lot about myself. This change also helped me to make better interpretations and contributions throughout the research. At the beginning of this research, I started taking notes and writing, but I did not pay special attention to the use of most appropriate word for the sake of this research. I used several words such as handicapped, disabled, impaired, disabled consumers, people with disabilities, and people with physical deficiencies. None of these reflected the spirit of this research, in a way that the term “labeled as disabled” does. This phrase emerged with the help of my advisor, my readings, and interpretations.

As I did interviews, I became familiar with disability and rehabilitation terminology. Initially thinking that all physical disabilities were same, I came to realize even similar disabilities have different effects. Every individual, their disabilities, experiences, environments, and interpretations can be different. Spending some time and sharing ideas with others increased my understanding and my ability to contribute.

4.5. Data Analysis

The analysis started when I was conducting the interviews. I started transcribing the interviews immediately to see where I could modify the interview protocol and the important topics to focus on. After completing the fieldwork and the transcriptions, I started the anlysis, following the guidelines provided in the literature (e.g., Carson et al. 2001; Silverman 2005; Spiggle, 1994, Strauss and Corbin, 1998). All texts were analyzed according to the main themes; findings were compared and contrasted, and then categorized into main and sub-categories (Carson et al., 2001; Fischer and Otnes, 2006). By using axial coding, sub-categories were related to main categories, and I constructed a better clarification of the topic as a whole (Strauss and Corbin, 1998). As axial coding was not the ultimate point of coding in the study, the process was supported with selective coding to “integrate and define categories (Strauss and Corbin 1998; p.143)”, based on data. During the analysis, I avoided forcing data into predetermined categories because it could prevent me from bringing out new categories and themes. Studying this highly sensitive topic, I tried to avoid taken-granted assumptions, shaped by societal discourses and stereotypes in my mind

(Thompson, 2002). By conducting constant checks with each transcript, I aimed to avoid any possible bias during my interpretations. The researcher's biases may limit the interpretation of the data (Baker and Gentry, 2006). Considering this, in the cases that I could not relate the findings to some concepts, I got help from my sister and adviser to clarify the concepts and have a better understanding of the findings. Being unfamiliar with some of the concepts and discourses, this has been an important and valuable experience for me. I conducted constant triangulations between my biases, the data, and the theory. Without eliminating any cases, I could reach multiple realities rather than reaching a single reality or truth (Belk, 1988). Moreover, getting life stories of the participants, I tried to employ triangulation across participants' stories (Hopkinson and Hogg, 2005).

CHAPTER 5. FINDINGS

After analyzing the dominant models of disability, namely medical and social models discussed in medicine, public policy and sociology fields, and introducing the relatively limited discussion in marketing field, this thesis takes a detailed look at the world of disability, with an emphasis on the often ignored dimensions of disability and consumption.

The findings are organized in 3 main sections; starting from a micro level (e.g., feelings, experiences, and perceptions of the individuals), moving towards more macro dimensions such as the actors establishing the norms and the impact of marketing. In more detailed, laying out the feelings, experiences, and reactions of both able-bodied and labeled as disabled (LAD[22]) individuals, the first section explores the normalization and the exclusion processes of LAD individuals. The next section idenifies the main actors playing role in disability issues. Then, the third section specifically investigates the impact of marketing and its relationship with disability. Showing especially the roles of media and advertising, this last section also discusses marketing's impact in shaping desires, norms, and the ideal body images, and introduces a new concept, the consumer imprisonment. This concept helps to understand how the exclusion process affects LAD individuals through marketing. Representation of disability, norms, and ideal body image are explored in further detail, and then the section continues with a description of the vicious cycle of being minority and exclusion from mainstream activities. One of the aims of this study is to emphasize the importance of breaking this cycle, helping them to question the stereotypes.

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[22] In the following parts LAD will be used instead of "labeled as disabled". This phrase emphasizes that disability is a label.

5.1. Feelings, Experiences and Perceptions of Disability

Disability is not just a condition, but a process of recognition of LAD people in society. The stories of the participants, the news, and other sources related to disability and exclusion processes reveal the various difficulties that LAD individuals face in their lives. For instance; while walking in the streets, a wheelchair user cannot use the ramps. While boarding a bus, a visually impaired person cannot know what to do due to the lack of audio warning systems. While shopping in malls, sales representatives do not know how to deal with LAD customers. Thus, these people become victims of the rigid norms, physical and emotional barriers as they attempt to participate in daily modern life. On the other hand, the more they are able to participate in mainstream activities, the more normal they feel. Able-bodied people's perceptions also influence their feelings and experiences. As a collective experience, certain actors such as families, relatives, neighbors, friends, company people, and government officials have a greater role in setting the barriers for people who have physical, cultural, religious, or sexual differences. Considering different factors, LAD individuals develop coping strategies to survive. To be able to explore all these important matters, this section starts with questioning the meaning of "normal" for LAD individuals, and continues with feelings, experiences, and perceptions of individuals.

5.1.1. Definitions: Questioning Normality

There are a number of terms indicating disability in the Turkish context. As the number increases, people feel more uncomfortable with these terms.

> *Impaired, disabled, or handicapped. None of those words satisfy me. By the way, I am not disabled because I can do my work without help. What does impaired (özürlü) mean? Am I a commodity? I do not like those words. They do not describe me!* (F, 26-LAD).

The use of these words can be disturbing for LAD individuals. For instance; impairment is translated as "özürlü" in Turkish, and is also used for broken/damaged commodities. Some of these definitions may make LAD people feel non-human.

> *I am thinking about the concepts and definitions. It sounds to me strange, because people are brought up with these biased concepts. In my opinion, people's abilities or characteristics are too important to be evaluated in terms of definitions. We do not need more definitions; we need tolerance and awareness* (F, 25-Able-bodied).

> *I do not understand the term disability. We are human, that's the common point of our lives. You can run, but I cannot and I do not have to! I do not have to run faster than you. I focus on someone's abilities. I cannot walk too much, or run, this is my deficiency, but I can play basketball better than most able-bodied people* (M, 34-LAD).

The quotations above emphasize how social forces create definitions and label people from birth. In contrast to able-bodied people, LAD individuals emphasize people's abilities. Some participants underline that people do not need more definitions to understand disability. What they need is tolerance for differences attempting to understand the feelings, experiences, and the barriers that LAD people face.

> *Some people say "You are disabled, but have achievements". This is irritating. Every individual (disabled or able-bodied) can achieve something under equal conditions. Disability is only a physical condition, normal people should know that* (M, 32-LAD).

The most common approach in disability issues is to evaluate the person's physical state of body. On the basis of the societal norms, able-bodied people focus on the physical attributes. People need to practice equal respect for everyone, as defined by Habermas (1998) "*Equal respect for everyone is not limited to those who are like us; it extends to the person of the other in his or her otherness* (p. xxxv)". The otherness is discussed in further detail later.

> *When we meet a foreigner speaking Turkish, we really become happy, right? It is the same for hearing-impaired people. Like normal people… I do not know how to say. Normal is weird! During this project we are so sensitive about using these terms, or concepts. We call ourselves "normal", but are we*

> *normal? We all experience barriers, difficulties in this life* (M, 30-Able-bodied).

Are we setting the norms only on the basis of physical normality and judging everything else according to it? It is common to hear “well done, but you are disabled”. What able-bodied people often focus on are people’s deficiencies and disabilities. During the interviews, participants were asked about their ideas for the definitions of disability. Most of the conversations were around the concepts of “norm” and “normal”. In the initial stages of the study, I was planning to construct a new definition of disability. As the research progressed, however I realized that each new definition created new problems and discriminatory dimensions.

> *I felt normal, and did not know what disability meant till someone told me that I was disabled. Then I became confused about the meaning of normalcy* (F, 26-LAD).

This above quotation exhibits the importance of societal forces in shaping one’s perception of self and questioning what normal is. This participant tries to understand the meaning behind the concepts as in social contexts.

> *Normal is an absurd word. What is normal? If someone is called normal, am I abnormal? I do not understand that. Let’s compare each other in terms of intellectual abilities. I am more qualified than most of the “normal people”* (He gives an emphasis on the word) *people* (M, 26-LAD).

This questioning process begins at the individual level. The individual attempts to understand the complete meaning of “normal”. For most of the participants, “normal” does not have a significant meaning. They emphasize humanity, and the intellectual abilities, not the physical attributes. The problematic meaning of normality is explored further in following sections.

5.1.2. Feelings and Experiences of LAD Individuals

Only 15% of disabled people are born with their impairments, and the rest become disabled later due to accidents, malpractices or aging. Despite these facts, disability is often considered as a life-long experience without solutions (Siebers, 2006).

Being a member of the modern consumption society, every individual has the pressure to conform to the standards. As soon as s/he gets involved in daily life, the system pushes individuals to evaluate each other in terms of material characteristics, such as physical attributes, income and education levels, and place of residence, or so on.

One of the aims of the study is to better understand of the feelings and experiences of both able-bodied and LAD individuals. During the interviews, LAD participants shared their feelings about having physical deficiencies while able-bodied participants shared their experinces, reactions and feelings towards people with impairments.

The findings of the study reveal that LAD people may feel either normal, disabled or both at any point in their lives.

i. Feeling Disabled

We are all born equal without norms or standards. As people grow older and attempt to participate in mainstream daily activities, they learn about the differences, labels, and the barriers maintained and created by the social environment. A LAD person only becomes aware of her/his deficiencies through social experiences. In this study, “Feeling disabled” was a common theme among participants, as Deegan (2010) emphasizes that able-bodied people generally assume feeling disabled is the most common experience in LAD individuals’ lives. In this stage, the individual deeply feels his/her impairment and the exclusion.

> *I do not have the chance to walk around due to my disability. I cannot walk. I stay at home by myself. I spend most of my time infront of the computer and Facebook. I like playing computer games. I feel happy when I play computer games. I do not have friends. If I had the chance to go out, I would have had more friends. Some of my cousins are my friends, that’s all* (Observation: He is physically disabled, but his little world without friends affects his general abilities and communication skills. He is like an 8 year-old child) (M, 22-LAD).

For instance; the quotation above belongs to a 22-year old person, but he has a very limited vocabulary, which causes communication problems. The more he stays at home, the more isolated he is. Being imprisoned at home, his physical disability does not differ from mental disability. Some look for an alternative escape, such as surfing on the Internet.

> *Beginning with my school life, I always experienced the difficulties due to my physical condition. Mom carried me to school for several years. We were living in a small town without arrangements for disabled people. I had friends, but I could not accompany them. This made me feel sick and as a loser. As days passed, I was excluded from society. Think about having a friend with wheelchair. You cannot play any ball game, go to cinema, run, or anything else. Anything else… Is that friendship?* (M, 33-LAD).

Although one could assume that school life can be helpful in participating in daily life, the quotation above emphasizes that the exclusion process does not cease in school life. School can be useful to help children to socialize, but also learn about reality. For some individuals, the exclusion process starts at school age, as most of the school administrators do not accept students with impairments. Some think that a student with impairments may be a negative example for an ordinary child, and cause emotional harm, or some parents may object to their children being educated with disabled children[23]. If they are lucky to find a school, the buildings almost always lack disabled access, and are not designed for disabled individuals. The students experience accessibility problems in every part of the country, metropolitans and villages. Disabled students are oppressed by their peers, and excluded from the social milieu.

In some examples, able-bodied students attempt to integrate their disabled peers to their groups, but in that case, the friends themselves can also experience barriers. In the following sections, "Collective Disability Experience" is presented in more details. The barriers prevent them from doing activities together (e.g., going to cinema or shopping mall, going out for a walking, or etc.). The friendship does not

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[23] There are several disabled children who have troubles during school enrolments. The following link is an example of one of those stories (Sabah, 2015).

last long and the LAD children are excluded from society. The fieldnotes and the participants' comments (both able-bodied and LAD) emphasize that the individuals do not have a LAD friend image in their minds. Being influenced by societal norms and taking into consideration the physical appearance, the individuals (even LAD people) prefer having able-bodied friends who are more close to the norms and ideal images. When able-bodied people have LAD friends, they also feel and experience the pressure, negative attitudes and barriers in society. In every attempt, LAD people are forced to feel disabled.

Furthermore, another participant highlights how protective families can harm their children. The quotation below belongs to a young disabled boy, talking about his school life:

> *I really do not know how my school life is. My mother says I am doing fine, but I cannot write or count. I do not really need to do this because I am disabled. I need special help. I am going to school, because I have to go. When I go to the canteen, I give money to the guy, and ask him if it is enough or not. I am disabled. I do not need those staff* (M, 17-LAD).

This conversation clearly illustrates how an individual can feel imprisoned and isolated. Although he is participating in school life, it has no positive effect. This boy does not feel the need to do something to be a part of society; when I had the chance to talk to the parents, the picture became clearer. The parents have had a protective and disabling behavior. Ignoring the child's abilities to participate in daily life, the parents have already labeled their child as disabled. Under the influence of his parents' negative behavior, the participant feels disabled, and internalizes his physical condition. In contrast to the participants who feel disabled but look for ways to make friends, this participant does not look for an alternative to survive, and he feels no responsibility to perform the daily activities. He has internalized being disabled.

Some participants did not have the opportunity to go to school because they lived in small towns, where residents tend to isolate LAD individuals. In these situations, LAD people experience barriers and isolation at very young ages. Their social milieu, the low income levels and physical limitations make them believe that they are disabled and useless. They have no chance to realize their abilities. The following quotation summarizes the feeling of the disabled, and how a LAD individual is excluded from mainstream activities.

> *My exclusion process had 3 steps. As soon as I became blind, I experienced the exclusion from social practices. For example; I could not go to school because the schools had infrastructural problems. In the second place, my family started setting barriers for me. Finally, I experienced the social barriers which limited and ignored my abilities* (M, 48-LAD).

The quotation above highlights how the exclusion process works for this individual. The process usually starts at home, continues at school, and expands in other social environment. This three step exclusion process resembles throwing a stone into the water, and watching the circles expanding around it. Disability is thus a collective experience which influences the individuals, their families, friends, and the social environments. The findings reveal that people often do not feel disabled until a certain age, but they are taught to feel disabled as they experience the barriers set by their families, neighbors and society. Under the able-bodied standards of normality, life becomes more difficult for LAD individuals when they internalize this process. Feeling disabled may be a life-long process for some, while for others, specific events may help to escape from isolation and imprisonment.

ii. Feeling Normal

Deegan (2010) underlines the limited research on the experience of "feeling normal" LAD individuals. The findings of this thesis reveal that some individiuals may feel normal in terms of society's definitions (norms), while others may feel normal within their own definitions. Although feeling normal can be an integration process in society, it does not mean accepting the barriers, and normalizing the discrimination process (Deegan, 2010).

Most participants could do their own daily tasks, while the assumption has often been the opposite. LAD people need to prove that they can meet society's expectations. After experiencing the feeling of being disabled, they look for alternatives to prove they are like other "normal" people, trying to escape from imprisonment.

> *I remember how difficult my school life was at the beginning* (Observation: His face changed, as he started to talk about old, bad memories). *I was the only one with physical deficiency at school. Other children were staring at me. They were asking each other and their parents about my condition. I never gave up. After a while, they got used to my condition, they got familiar with disability* (Observation: He starts smiling) (M, 27-LAD).

Remembering and talking about these first experiences of feeling disabled can be painful for participants. In order to adapt to daily life and feel normal, attending school or work life, joining certain associations may help people to feel normal, which is the ultimate goal for many. However, some disability groups, such as those with mental disability or CP will never be able to meet these societal norms, so this “feeling normal” process does not work for them. For instance; people with CP have difficulty controlling their muscles, and may cause harm in the work environment. The social norms are in force while normalizing the LAD individual.

> *I was getting depressed before I graduated from the high school. I passed the exam for disabled civil-servants (e-KPSS). I started working as a civil servant. Meanwhile, I enrolled in a university. A friend of mine asked me join a disability association. They were forming a wheelchair basketball team. I started playing basketball, and this was a milestone in my life. I felt really happy to be a part of that team. After years, everything was going well. People stopped us to take our photos, get signatures. We are in media with our achievements* (M, 33-LAD).

> *As soon as you achieve something, win a cup, earn some money, you are normalized in society. People expect financial freedom, participation in work life, achievements, and success stories* (F, 40-Able-bodied).

When the LAD people perform more than society’s expectations, such as graduating from university, working, playing sports, and winning cups, they are normalized.

> *I have a blog in which I share my daily life. I do not use my own photo or name. I have a nickname, and a different profile than who I really am. I get positive feedbacks about what I share in my blog. This motivates me to write*

> *about myself continuously. My followers demand more writings. Every time I get a comment, I feel excited. I realize that I am being followed, liked, and noticed by some people. I feel normal and comfortable when I take attention without my disability; this really makes me feel happy* (F, 25-LAD).

Social media can be an important socializing, even normalizing, agent for those who are able to feel comfortable and normal while they spend their time online, as physical characteristics have no significance. People or followers do not know about their deficiencies; thus, LAD people are not exposed to the same barriers, questions, as when they are offline. Being recognized by normal people helps them feel normal online.

Furthermore, some LAD individuals (who have relatively good physical conditions) may even provide inspirations for able-bodied people. However, Young[24] (2014), criticized this mentality in a speech by saying "*These images –there are lots of them out there- they are what we call inspiration porn. And I use the term porn deliberately because they objectify one group of people for the benefit of another group of people*". The success stories work for the well-being of able-bodied individuals rather than LAD people.

> *Our dream has been blending into the crowd, and living peacefully with normal people. Turkish mentality on disabled people and athletes is completely different from the European mentality. We have put a lot of effort to make this dream real. In order to be a part of society, we proved that we were not different from the rest of society. We have a long way to go* (M, 45-LAD).

When compared to European or other developed countries, Turkey cannot be classified as a very disability friendly country, as the participants mention. LAD individuals often need to put greater effort in order to be normalized in society. Success stories are one of the alternatives to becoming normalized, but they are strongly supported and represented when they can touch able-bodied people in a positive manner.

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[24] This was mentioned in the StellaYoung's (disability activist) Ted Talk speech (2014).

> *My drawings are not like me. They are physically completely different than who I really look like. I have one arm, but people have two arms and legs in my drawings. I mean that they are like how I feel myself. I do not feel disabled. When I look at myself on the mirror, my expectation is seeing a girl with two arms* (F, 26-LAD).

The quotation above highlights that some LAD individuals may feel themselves to be normal by internalizing the societal norms, regarding the ideal body images and standards of body. On the other hand, others may feel normal by ignoring these societal norms. Although their physical states of bodies are far from the norms, they have the confidence to set their own norms. *"...All disabled bodies create this confusion of tongues—and eyes and hands and other body parts. For the deaf, the hand is the mouth of speech, the eye, its ear. Deaf hands speak. Deaf eyes listen*[25]" (Siebers 2006; p.173).

In comparison with some disability groups, visually or hearing impaired people are better able to exploit their senses. They can develop an advanced sense of hearing and seeing. They can speak with their hands using sign language, they can see with their ears, hearing, and feeling every detail.

> *Think about a football team with 11 players, what happens if one of the players are shown red card? Rest of the team puts extra effort to win the game. Our bodies are the team, and our ability of moving, seeing, or hearing become the team members. I am blind, but I can see the world with my senses. Someone may be deaf, but he can hear the minimum level of sound with his senses* (M, 38-LAD).

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[25] This paragraph is a part from Sieber's (2006) introduction to the chapter in the book "The Disability Studies Reader" edited by Davis (2006). The story begins with "*In the hall of mirrors that is world mythology, there are none more ghastly, more disturbing to the eye, than the three Graiae, sisters of Medusa—whose own ghastliness turns onlookers to stone. Possessed of a single eye and six empty eye sockets, the three hags pass their eyeball from greedy hand to greedy hand in order to catch a glimpse of the world around them. Is the lone eyeball of the Graiae blind while in transit from eye socket to eye socket? Or does it stare at the world as it moves from hand to hand? If so, the eye is more than a metaphor for the experience of the disabled body. It is its reality, and therefore should tell us something about the construction of reality. The hand is the socket of seeing for the Graiae, just as it is for every other blind person. The blind alone do not live this way* (p.173)" and concludes with above paragraph.

In those cases, the individuals may not be normal in terms of societal norms, but they normalize themselves through their senses. They compensate for their deficiencies in order to survive. My observations and field notes also emphasize how advanced their senses are. For instance; in one of the interviews, the participant (visually impaired) depicted my position during the interview. He told me of many details in the room which I had not notice.

> *I am satisfied with my body and I love my physical appearance. Let's talk about in terms of being physically different. Is my appearance an ordinary image in society? My body is unique, and I differ from most able-bodied people. I think I am a very special man. People feel and show that I differ from them, and they are right. I am a member of that society with my special physical appearance. I am handsome and perfect!* (M, 32-LAD).

During the interview, this participant could not control his muscles, and I really did not know what to do. In addition, I could not easily understand him because his voice rose and fell. He told me about accessibility problems, barriers and people's negative reactions to his disability. The life seemed to be hard to an able-bodied individual, but he explained how he survived, building his own norms despite his physical appearance and abilities. He showed what a special person he was, choosing not to isolate himself from society. Ignoring the societal norms, those people normalize themselves in their own eyes, bodies and intellectual abilities. By creating their own ways of feeling normal, they do not need to look for an alternative to feel normal within society's definitions. Those people develop a process of normalization enriched with inner beauty. In the following sections, other findings reveal how focusing on inner beauties and developing coping strategies.

In contrast, life may be more difficult for some individuals while performing daily activities. It may not be so easy to feel normal when someone dictates that you are deficient.

The individuals' feelings may not be related to the societal norms. One of the important factors is being dependent on someone's help may contribute to the person's feeling of normal or disabled in society. The more LAD individual is dependent on someone (e.g., parents, friends or take-carers) to perform daily activities such as eating meal or drinking water, the more LAD person is grateful to others and feel pity for him/herself. Apart from being dependent on someone, the individual’s personality also influences his/her disability experience. For instance; a person in higher levels of disability may welcome his/her condition and feel normal and participate in daily life, while a person in low levels of disability may reject his/her condition and feel isolated and disabled.

In addition to this, past experiences, especially negative ones may increase LAD person’s feeling of disabled. To sum, these are not directly about the societal norms, but about individual characteristics and tendency to feel disabled and isolated. Sociocultural factors also influence the individuals’ feelings and perceptions. For instance; a poor family tends to be out of mainstream activities; thus, the child experiences feeling of isolation and disabilty. The more an LAD person is an outsider in society, the more s/he feels isolated and disabled.

iii. Feeling Disabled and Normal

Disability as discussed earlier has distinct medical (body and physical condition) and social (barriers and isolation processes) dimensions. For most LAD individuals, physical pain is the enemy, and disability is the source of that pain (Siebers, 2006). Time and context determine feelings of being normal or disabled. On one hand, societal barriers, and oppression may be the cause of feeling disabled, on the other hand, people may feel disabled because of their deficient bodies. Considering those two dimensions (medical and social), Liachowitz (1988) defines disability as a continuous relationship between impairment and the individual’s social environment. This definition emphasizes that individuals may feel disabled under some circumstances, while they may feel normal and able-bodied at other times and other conditions.

> *Sometimes, in some places, I feel myself to be disabled or average. I compare myself with other able-bodied people. I cannot travel due to my disability. I see people traveling and opening exhibitions. I ask myself why cannot I do better. It is my disability which makes me feel sick and disappointed. I feel my limits. I realize that I am an insufficient person* (F, 25-LAD).

When people are faced with the social environment, they are also faced with their deficiencies and limits. Being a time and context bound condition, disability creates a paradox in the lives of LAD individuals, even if they want to feel normal.

5.1.3. Disability Experiences and Perceptions of Able-Bodied People

Besides analyzing the feelings and experiences of LAD individuals, analyzing the disability experiences of able-bodied individuals can broaden our perspective for understanding disability.

Most able-bodied people do not have much experience of disability. Some may have experiences of LAD relatives, but in those cases, the experience is limited to a specific disability group (Deegan, 2010). On the other hand, the able-bodied are familiar with some issues and tools related to disability. For example; people know about prostheses, wheelchairs, canes, or the braille alphabet in general, or they may change their Facebook profile photos on some special days, and participate in some conferences on the International Day of Persons with Disabilities. People may feel happy and proud of the achievements of LAD individuals, but fear becoming like them. They consider impairment as the source of the problem, rather than focusing on accessibility and inclusion issues (French and Swain, 2001).

> *During our disability programs, we made a combination of theoretical knowledge and practice. Able-bodied participants experienced visual impairment in dark rooms, and they used wheelchair to understand physically disabled people. We evaluated the changes in attitudes after the programs, and the results were incredible. The program made a positive contribution to the lives of able-bodied participants. After the program, the participants learned how to assist disabled people without giving emotional or physical harm* (F, 33-Able-bodied).

The quotation above belongs to a public relations manager of a global car manufacturer. Aiming to create awareness of the problems of LAD individuals, the company highlights the different disability groups, and calls other companies to conduct similar long-term projects. Today, more people have an understanding of LAD people, and have intention to support them. As global firms are conducting several social responsibility projects, LAD people have the opportunity to benefit. However, despite the good intentions, some attempts may have harmful results.

> *In some disability workshops, able-bodied people try to use wheelchair, or close their eyes, and try to move from one room to another. I do not think this is useful to develop empathy towards disability. You cannot experience disability with those kinds of workshops. What you experience is the pain and trauma of disability for a short period of time. It may be harmful, especially for the kids* (M, 38-LAD).

For LAD individuals, disability is a life-long experience, and it cannot be experienced in a day or couple of hours what able-bodied experience in workshops or other organizations are the trauma of disability experience giving little opinion. The findings lay out that in some cases; LAD people prefer marginalizing and segregating their lives, experiences and feelings from the majority. This is one of the ways of feeling special and different in society, but it stimulates isolation and disrcrimination. From an able-bodied perspective, wheelchair and dark room experiences are valuable to show emphathy towards LAD individuals. On the bright side, these people do not have another option to have similar experiences like LAD people. Having similar experiences do not assure developing empathy. For instance; a physically impaired person may not show empathy towards a visually impaired individual while an able-bodied individual may be more sensitive to this condition.

> *What we realized during the project was that we, able-bodied people, have decided on behalf of the disabled individuals. Assuming we knew their needs, understood their feelings, we prepared projects, made arrangements, built houses, and so on. We realized that all our efforts were full of feeling of pity* (F, 33-Able-bodied).

While able-bodied people may claim that they understand the experience of disability, they forget that this is a continuous process; LAD individuals face inaccessible buildings, and buses without ramps, and so on. As people learn more about disability and experience similar barriers themselves, they come to realize the needs of LAD people are ignored. For instance; a professor may be more sensitive to the learning process of all students, after teaching a LAD student. An architect may be more aware of the need for accessible buildings due to having a LAD relative, or a salesman may decide to learn sign language after a difficult experience with a hearing impaired customer.

> *We thought we were really knew something about disability issues, but then we realized we did not know anything! Anything! Everytime we go into the project, we learn something new. During our meetings with hearing impaired participants we could not talk to them, just smiled at them. We know English, French, or German, but not the sign language. Those people live among us, and we cannot communicate. We cannot speak the same language. At the beginning of the project, we planned to prepare posters using sign language! I feel pity for us* (M, 32-Able-bodied).

The quotation belongs to an advertising manager of a global cell-phone producer. The company conducted a project, after the managers realized that there are 3 million people with hearing impairments, most of them having a potential as customers. The project aimed to provide special service for these potential customers. LAD people, especially the visually and hearing impaired, are alien for the able-bodied majority, who do not know about them, their languages or problems.

> *We are not thinking about visually impaired people. Can they access everything they need? I do not know. We (society) focus on people who use wheelchairs, and forget the others. Different disability groups experience different accessibility problems* (F, 25-Able-bodied).

People have a general opinion on physical disability because physically LAD individuals are more visible than other disability groups. By pushing hearing and visually impaired people into the background, disability has come to be over-represented by physical disability.

> *You assume that I cannot see, right? You are wrong because you do not know the experience of being blind. I know how you sit, and where your face is looking. I can see the glass in front of me, and I can drink my tea without seeing. Some people ask how I eat. Do you see when you put the spoon in your mouth? Of course no! At home, I turn off the light when I go to bed. We do not see in terms of sighted people, we develop a better understanding of*

> *the environment. The main problem is that people are far from understanding us* (M, 48-LAD).

Although the majority does not know the disability experience, they make decisions, make laws, or produce products and services on behalf of the LAD people. For instance; people do not know about visual impairment experience, but make assumptions. For able-bodied people, the eyes are the center of seeing, in fact this is not always the case.

> *People with hearing impairments live among us, but we cannot realize their disability looking at their appearance. You realize the disability if someone is blind or physically disabled. Considering their disabilities, you attempt to help them. Looking at their physical appearance, you cannot understand who is hearing impaired or not because their physical appearances are like us (able-bodied people)* (M, 32-Able-bodied).

People focus on physical attributes when discussing about disability issues. The visibility of the impairment influences society's perceptions and the stigma created by society (Goffman, 1963; Joachim and Acorn, 2000). Today, LAD people have the chance to reduce visibility of their impairments and experience little vulnerability due to advanced prostheses and medical developments. The more the person is close to physical normalcy, the more s/he is considered as normal, and s/he experiences less vulnerability (Pavia, 2014). Being more visible and noticable, physically impaired people tend to experience difficulties in society compared to other disability groups because visual or hearing impairments do not often create physical differences.

> *Disabled people spend most of their time at home, they are invisible… When we meet a disabled person, we do not know how to communicate. We believe that all disabled people have mental disabilities. If they do not have a leg or have hearing impairment, we consider them as mentally disabled people. We recognized our mistakes during the awareness programs. There are several issues we really do not know about disability. As soon as we realized the mistakes, we conducted and developed this project aiming to remove barriers* (M, 30-Able-bodied).

It was surprising to hear that some may consider physical and mental disability as equivalent. This false perception is based on false representations, in which a physically disabled person is immediately assumed to be mentally disabled. Awareness programs are also important to change this false perception.

> *Most people think that all disabled people are also mentally disabled. If you are physically disabled, you also have mental problems. If you cannot hear, this means that you are also mentally disabled. I do not understand how this mentality works* (M, 30-Able-bodied).

All these quotes shed light on the experience and perceptions of able-bodied individuals. The findings reveal that disability is a collective experience, involving the individual himself, and also family, friends, neighbors, and society. The actors who set the norms and barriers for the LAD individuals also suffer from the negative results of the disability experience, encountering barriers or losing market shares. The detailed discussion on the main societal forces will be discussed in the following sections.

LAD individuals share their experiences with their families and friends. Some people realize the existence of the problems when they temporarily become disabled (e.g., a broken leg), but disability is a life-long experience.

> *I spend my time at home. In bayrams or special days like weddings, I go out with my parents, but those times are tiring for us. They experience the barriers with me. I had few friends some years ago; but those difficulties drove my friends away. They wanted to avoid the procedures, the time wasting activities that they experienced with me* (M, 22-LAD).

LAD individuals are accustomed to barriers and negative attitudes, but it may not be so easy for their families or friends. The quote above reveals how LAD people consider themselves as the source of the problems. Experiencing the rigid norms and barriers, some families prefer to hide their children in order to avoid difficulties, while potential friends do not have the patience to carry the burden of disability.

> *My disability does not direcly affect my walking so I do not have accessibility experiences. I have friends who have to use wheelchair to walk or move.*

> *When we go somewhere with them, I notice what they live and feel. I start paying attention to ramps, pavements, toilets, ramps for busses or so on* (F, 26-LAD).

Disability experience may differ among different disability groups. A visually impaired person may not be aware of the barriers that a physically disabled individual faces or a person with one leg has different experiences than a person with CP.

5.1.4. Otherings[26]: We and Others

When people talk about different groups, they often use "we" to refer themselves, and "they" to refer the others. In this study, both LAD and able-bodied individuals used the term "we" and "they/others" to make comparisons. Additionally, LAD individuals attempt to make comparisons with people from other LAD groups. This section highlights how this othering process works.

i. LAD people comparing themselves with able-bodied individuals

LAD participants usually compare themselves with able-bodied individuals, because they are the majority, setting the norms and constructing the barriers.

> *Able-bodied people ignore that we (disabled people) are as normal as they are. They only feel sorry for disabled people and oppress them. I do not ignore the existence of some functional limitations, but I believe that a disabled person can do everything. Changing the mind is the solution* (F, 26-LAD).

Taking into consideration the evaluation through bodily norms, "normal" is used as the opposite of "disability". In the study, participants use the word "normal" several times to refer able-bodied people.

> *I do not differ from YOU!* (He is pointing at me) *With You, I mean "normal" people. I live, feel, and experience the similar things like normal people. I feel*

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[26] Othering: It is a process that identifies those that are thought to be different from oneself or the mainstream, and it can reinforce and reproduce positions of domination and subordination (Johnson, et al., 2015).

> *sorry for the same issues, and think about the same problems. Am I different?* (M, 32-LAD).

As we talked about being normal, the participants questioned whether they are different from me and they were trying to understand the concepts as I asked questions about being normal. For the participants, being normal has been more than having an able-body or perfect physical appearance. Thus, being normal meant thinking about the same problems as able-bodied people, crying over the same problems, or laughing at the same jokes.

> *We (meaning the basketball players) have a better life than most able-bodied people. We are known by millions of people, we earn above average and have the chance to travel different countries and cities. Despite all, some people still focus on our physical appearance. It is a time-consuming thing to change people's thoughts, but we will change negative attitudes. The situation is better than the past* (F, 39-LAD).

The comparison stage is not limited to individuals. For older participants, when compared to past conditions, LAD individuals have more rights, and able-bodied people are more aware of disabilities; also the actors put more effort into their well-being. Despite all this progress, there is still much to do.

> *Fortunately, I am a disabled person. I really like myself. There are several people who want to be in my shoes. I am famous. I have several championship cups. I was selected among several able-bodied athletes to be the face of Garanti Bankası (Turkish well-known private bank). If I had been a normal individual, would everything have been the same? I do not think so. I have several able-bodied supporters and followers* (M, 34-LAD).

It may sound strange to able-bodied people to hear that some disabled participants may even feel lucky. Some LAD people have fame, money, and success, the kind of things most able-bodied people dream of. Those people are aware of their own capabilities, ignore the societal norms, and they are happy to normalize themselves through self-improvement.

> *I did not have disabled friends until I started working at a rehabilitation center. When we were talking about people, healthy individuals (without any physical or mental deficiencies) came to my mind although I had physical disability. Those are the times I questioned myself and other disabled people* (F, 26-LAD).

Under the influence of medical interpretation of disability, LAD people consider able-bodied people "healthy". Being exposed to the ideal body images and disability stereotypes, disability is still considered as illness and pain. However, some participants take the medical interpretation to a different level.

> *Our differences are our common point, even though you do not have a disability. My fingerprint is special to me. You and I have different retinas. We have different feelings and attitudes. You like dessert and I do not. The second thing that makes us special is our limits. You (as an able-bodied person) have limits. You cannot speak Japanese, but I can. If we go to Japan together, I will be able to speak and help us, but you will be less able than me. Tell me what disability means* (M, 48-LAD).

This participant once more reveals that we, able-bodied individuals, have very superficial stereotypes about disability, not even considering that physical disability is only one dimension that can differentiate people from each other. For instance; a person may not have hearing impairment, but not be able to play music either. On the other hand, Beethoven had hearing impairment, but changed the world of music with his abilities. Also, having less than 10 fingers may not be a problem for a professor, because it is intellectual capacity and qualification that are needed. Interestingly, we do not discriminate able-bodied individuals who cannot run, who cannot draw, who cannot sing, or etc. Instead, we focus on physical appearance, not abilities. This once more shows the emphasis is on appearance rather than inner soul in modern lives.

ii. LAD people comparing themselves with other LAD individuals

There are several disability groups, each with different experiences, and even two people from a specific disability group may experience different dimensions of disability. In some cases, LAD people compare themselves with other LAD individuals in order to feel better and more normal.

> *I have disabled friends in my social milieu. Some of them live in worse conditions. For example; some of my friends cannot control their muscles, one of my friends need personal assistance because she is not able to use her legs or arms. Some of them are not physically so bad but their families do not help them to socialize and achieve something. Thank God, I am much better when compared. I feel lucky. I experience difficulties, but not like other disabled individuals* (F, 25-LAD).

Making a comparison with someone in worse conditions may help people to to feel better, more normal or less disabled. Some LAD people tend to compare their physical conditions with other disability groups. For a person who uses wheelchair, a person with CP is in worse condition; a visually impaired person may feel lucky after meeting a child with Down Syndrome. After meeting a person in a worse condition, the individual may be grateful that her own condition is less severe.

> *Physically disabled people are luckier than us (visually impaired people). Everybody is aware of them. Most of the infrastructural and legal arrangements are made considering the physically disabled individuals. Did you hear anything about us? I did not* (M, 38-LAD).

For some other LAD people, specific disability groups are considered to be more privileged than the others. For instance; visually impaired people emphasize that physically LAD people are luckier because they have more opportunities to participate in daily life, read books, watch films, or socialize. On the other hand, sharing their own experiences, physically LAD people complain about their dependency, due to their physical limitations.

5.1.5. Childhood and Adolescence: Milestones in Disabled Lives

In most cases, LAD children fall behind their counterparts, and their peers behave differently towards them. Is it learnt or natural to focus on differences? As a natural fact, physical similarities and differences take young children’s attention (Brooks and Lewis, 1976). Easily identifying and experiencing the barriers, most children try to look normal in terms of bodily standards, and they are careful to prevent social isolation due to their bodies (Priestley, Corker and Watson, 1999). Some practices may even extend this isolation. For example; being educated at segregated schools and classes prevent disabled individuals from participating in "normal" life like their able-bodied peers (Oliver and Barnes, 1998).

Most LAD people feel disabled at some point in their lives. Especially during their childhood, they learn about physical differences, ideals and norms. Most participants underlined that they had a turning point in their lives which helped them to face the feeling of being disabled. Those times seem to be crucial, as if they have no power to survive, the individual may be fully isolated throughout his/her life.

> *I started playing basketball, and then, my life began to change. Primarily my family, then my friends and normal people changed their attitudes. They realized that I could achieve something despite my physical deficiencies. In the basketball team, we won national and international cups, positively changing people's opinions on disability* (M, 34-LAD).

Developing hobbies or playing sports may help LAD individuals to socialize and realize their own capabilities, rather than thinking on their disabilities, and feeling self-pity.

> *I did not have disabled friends for a long time. I could not realize what disability experience meant. One of my friends was talking about a disability association. When I went there, I met several disabled individuals. I was very happy to see that I was not the only one person with disabilities. This was a turning point for me to increase awareness towards disability* (M, 31-LAD).

The socialization agents (e.g., clubs, special schools, or associations) may be helpful for those who feel alone and unwanted. When they visit associations, they meet other LAD individuals, learn more about disabilities, their rights, and their capabilities. In these associations, sharing life experiences, and success stories motivate them to feel normal and participate in daily life. The associations will be discussed in more detail in the following section.

> *The school life was a milestone in my life. We had blind teachers who were our role models. The problem is that they still felt disabled and they were excluded from some social activities. We knew that we should do more than our teachers. We have guest speakers at school. They told us their success stories, and it was motivating for blind students like us. We heard that disabled people could use computers, become managers, or publish books* (M, 48-LAD).

The Turkish education system, organized for ordinary students (e.g., Western, Muslim, Turkish and able-bodied majority), pushes some minorities to adapt the norms. Most disabled students do not have the opportunity to attend schools specially designed for their disabilities. In those cases, being less fortunate than physically LAD children, school life is even more difficult for visually and hearing impaired children. They need special curriculum, teachers and books, but unfortunately in Turkey, there is only a limited number of special schools equipped for these students. Some participants were lucky (especially the visually impaired ones) to have the chance to go to special schools for blinds. Compared with others, they had role models to give advice about visually impaired living.

In addition to the infrastructural issues, the disability images in curriculums are not helpful. “Textbook Analysis Project[27]” reveals how disability is considered and represented in the Turkish education system. The project is based on the analysis of disability images in the textbooks from 1st grade to 12th grade. According to the discourse analysis of the texts, and the visual analysis of the representations, the main findings reveal that disability is considered as an illness, deficiency, or dependency. Dominant visuals are wheelchairs, canes, and visually impaired individuals. Published by the Ministry of National Education (MEB), these books endorse children’s prejudices and negative attitudes towards disability by placing an excessive emphasis on being healthy.

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[27] The project was conducted by SEÇBİR (Center of Sociology and Education Studies). The findings of this project are available on http://www.secbir.org/tr/yayinlar/30-turkce/yay-nlar-m-z/93-ders-kitaplar-nda-engellilik (Ders Kitaplarında Engellilik Raporu, 2015).

5.1.6. Coping Strategies of LAD Individuals

> *Until the adolescence period, I did not think about freedom, beauty, physical attractiveness, or similar stuff. I knew that I would not have a boyfriend. When I began the university, my social milieu changed. I did not have many friends so I had to do something. I focused on myself and became aware of my abilities. Everytime I felt tired or depressed, I drew something and this helped me normalize myself. Before that time, I was worried whether I would have a boyfriend or someone would ever love me. I knew that the physical attractiveness was not important* (F, 25-LAD).

Beginning from the early childhood, physical attractiveness is emphasized as an important trait by family, peers and the media. Physical attractiveness has been a criterion which is widely used to evaluate a potential partner in a romantic relationship (Eastwick et al., 2011). Some participants are worried that they are not worthy of a partner because of their physical deficiencies. Adolescence is an important period since individuals often focus on "*who they are, how attractive they are, how they should interact with someone, and how it all looks to their peer group*" (Furman and Wehner, 1997; p. 23).

> *I like my eyes. I really like myself* (Observation: He is smiling, and makes you feel that he likes his body. As he heard the question, he was not confused, he overwhelmingly answered my question). *Inner beauty is what I focus on. Give me two alternatives; being a good person or being handsome and physically perfect man. I choose the first one* (M, 32-LAD).

> *I am questioning myself if I am a good person. I ask myself what I can do to improve my inner beauty* (M, 22-LAD).

The social life is arranged on the basis of bodily norms through a medical perspective. Being aware of their deficiencies, as an alternative survival technique for LAD people is to focus on their inner beauties. Those individuals use disability as the source of their strengths, instead of allowing it to be a tragedy (Deegan, 2010). The participants underline that physical sufficiency is not enough for a better life; the inner beauty is stronger than the appearance.

> *My friends know me that I do not pay attention to physical appearance. Inner beauty and being a good human are my focuses. I describe an ideal woman with her "gönül[28]". I have several students with disabilities; they are so pure and innocent. When you see them smiling and take a deeper look at their personalities, you do not see any deficiency* (F, 36-LAD).

Making comparisons with able-bodied individuals, the informant states that spirituality and the inner beauty are in the center of her life. My initial observations were biased, because I thought that she was simply substituting her inner beauty for her deficiencies. As I conducted more interviews, the findings reveal how physical deficiencies and negative experiences contribute to the improvement of LAD people's feelings about themselves.

After getting participants' opinions on disability experience, and the condition of their bodies, I also asked whether they were willing to have surgery, organ transplantations, or some other treatment to improve their physical appearance or change their conditions.

> *I would try if I had a chance to cure my illness (disability). This does not mean that I do not like my body, but I would try it, at least. Everything would be better, I would feel happier, and do whatever I want easily* (M, 32-LAD).

Although some participants stated that they liked their bodies, they still preferred to have surgery. Because of the problems in their daily lives, surgery is a chance for freedom where long term negative results (e.g., cancer due to drug usage after the surgery, or risk of death) or great expense was involved the participants' surgeries.

> *In order to overcome the problems I live, I would try the option of surgery, transplantation. Life is so difficult for me with accessibility problems, negative attitudes, prejudice, or so on. Moreover, my family experiences the similar things. I just want the surgery not only for myself, but also for the well-being of my family* (M, 22-LAD).

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[28] Gönül is a Turkish word that refers to the inner feelings that come from heart. It describes the inner beauty.

For some participants, the surgery is a survival option not only for themselves, but also for their families or friends. Depending on someone limits the individuals. As they get older, limitations in work or travel are exacerbated.

> *I am really at peace with my body. I know people do not understand me. As long as I do my own work as a healthy person, I would like to live in this body. I do not think about surgery or prostheses* (F, 26-LAD).

Only few participants were at peace with their own bodies. This is related to the way they internalize their appearance and feel normal within their own definitions. These people have higher self-concept; others' opinions or reaction do not matter.

5.2. Main Actors Establishing the Norms

The findings of this study reveal that 4 main forces are essential in setting the norms in disability issues: dominant societal discourses, the state, others, and marketing. These actors take an active role in shaping perceptions of able-bodied and classifying LAD individuals on the basis of the societal norms. In this section, the first three forces, dominant societal discourses, state and others are presented. The impact of marketing will be explored in the following section.

5.2.1. Dominant Societal Discourses

Society has a great impact on the LAD individuals in making them feel the disabled or normal. Being a part of society, dominant societal discourses in families, friends, culture, and so on have an influence on disability in shaping perceptions, constructing stereotypes and prejudices. For instance; on the one hand, other families, friends or neighbors may influence a family's perceptions on their LAD children. On the other hand, the family's decision to isolate their LAD children from society may influence other actors in the environment through creation of false perception of disability.

At a disability conference in Izmir, there were several participants with different societal backgrounds and disability experiences. For instance; some people had disabled children or relatives, while others had a limited interest in disability issues. Before the conference, we, the conference organizers, distributed pieces of paper for participants to draw or write something about what disability meant for them. Almost everyone drew a character with an arm or leg missing. The bodies were incomplete or they had significant physical deficiencies. In order to give an emphasis on disability, the characters had canes or wheelchairs. It is possible to see the dominant models' influences in the drawings and accompanying notes. When it came to the notes on disability, a different attitude emerged. For some participants, disability was a mind-related issue, not a body-related one. The individuals' disability experience directly influences their perceptions. One of those notes is an awesome example of how a mother internalizes her son's condition.

> *I cannot satisfy my needs, but I have dreams, hope, and love. I am happy and lucky, because everyone loves me and shows their love* (Mother of a disabled son –over 95% of disability-) (F, 55-Able-bodied).

> *I cannot use my feet, I use wheelchair to move from one place to another, and I have problem controlling my muscles. This becomes really problematic when I am in a crowd. People (from every age group) feel sorry about my condition. They feel pity for me; they reflect their thoughts through their looks. I can react to this scene, but most disabled friends cannot say anything, they just accept* (M, 26-LAD).

At some periods of their lives, all LAD individuals internalized the negative attitudes with no active reaction, thinking it is impossible to change attitudes. This is also the stage in which they feel most disabled and most isolated from society.

Able-bodied people still are not familiar with disabilities, and their behavior may be hurtful to LAD people in many cases. Being shocked or surprised, feeling pity, perceiving the LAD person as a deviant, or focusing on the disabled body may be some of the initial reactions of able-bodied people.

> *If people have a disabled friend or family member in their lives, their attitudes towards disability change. If they do not, they ignore it, do not understand the feelings and experiences of the disabled individuals* (F, 40-Able-bodied).

Most people have negative feelings about disability. During the interviews, I realized that the people are more prone to disability issues if they have a disability experience (e.g., having disabled family member or friend, having temporary disability, or being sensitive to other minorities). These people attempt to join organizations, share something positive on social media, or work voluntarily in associations to help LAD people.

> *If someone calls me and asks for a meeting on the phone, we do not experience surprises until we meet each other physically. I see that person's shock, because they do not expect someone with disability. Some people avoid handshaking. Older people feel sorry for me by saying "Poor girl! Oh God may save our children from being like her!" I got used to this* (F, 26-LAD).

People have stereotypes in their minds based on names, jobs, education, and so on. In some cases, people learn from their social experiences that these steretoypes do not always apply. For instance; a person mails someone without specifying his/her physical condition, sexual orientation, religion, or cultural background. During a face-to-face meeting, it may be shocking for the person to meet someone who differs from his/her expectations (or labels in her/his mind) related to name, job, or education. However, such differences between expectations and reality may change people's attitudes.

A detailed report on disability[29] emphasized that 70% of the Turkish citizens preferred not to have a disabled neighbor. Moreover, 57% of the participants agreed that LAD children should attend segregated schools. Emphasizing negative attitudes, the report took able-bodied people's attention on disability issues. In the year 2015, some minorities still experienced barriers when accessing needs such as food, accomodation or education. Generally, preventing access to basic needs is a crime, but in the case of LAD people, it is not so.

> *I had a very hard childhood because of facial injuries. Everyone treated me like a monster... I did not have a permanent job. After the face transplantation,*

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[29] Engelliler.biz (2014)

> *I look for a decent job with my new face* (Ugur Acar, 19, he had a face transplantation).

> *As I started working as a civil servant and earn money, my family pushed me to marry in "görücü usulü"*[30]*. They thought nobody would choose a man with a deficient body. For my parents, marriage would help me to survive in the long term* (M, 33-LAD).

2012 was a milestone year for some disabled people, bringing the chance to change their lives. Organ transplantations created some interesting stories. All the candidates were excited by the dream of having a "normal life" after the surgeries. Those LAD individuals insisted on surgery in spite of risks to health, even risk of death. Having long procedures and being a tiring process, the organ transplantations do not seem to be available for most LAD individuals. Because the organ donors are very limited in Turkey, there are several campaigns aiming to increase awareness and directing people to donate their organs. Having personal and religious concerns (e.g., having questions such as is it appropriate to donate in Islam? or may someone kill me to get my organs?), people do not prefer organ donations. It is a difficult process for the person waiting for the available organ. After having the transplantation, the control process continues to see whether there are any complications and the person uses drugs lifelong to overcome the side effects of the surgery. There are only a limited number of people who have arm, face, and leg transplantations. As recent news article points out one of these people got married with an able-bodied woman who was blamed for marrying to get benefit of the man's popularity. One of the problems with these surgeries is that social security system (SGK) does not pay some of them. It is not affordable for most individuals waiting for organs. Another problem is the selection of the candidates, and there are discussions whether these people really need organ transplantation or they were chosen without objective criteria.

As it was emphasized in the previous section, some modern life practices, such as marriage, going to school, having a job and earning money help individuals

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[30] "Görücü usulü" has been a very common marriage method in Anatolia for several years. The bride and groom does not know each other. In those marriages, there is not a flirt period. Third party (e.g., families, relatives, or neighbours) selects the bride and groom and decides for their marriages. They meet each other just before the wedding.

to survive their isolation. For instance; in Turkish society, after a certain age marriage is seen as obligatory. Considering this, LAD individuals' dreams were the adaptation to normal life practices as soon as they have legs, arms, or faces. In opposition to their families' opinions, marriage did not help LAD individuals survive. The main logic of "görücü usulü" rejects the bride's and groom's feelings and opinions about each other. For LAD people the life gets even harder since they do not have an option to marry someone they love. For the participants, however, görücü usulü marriages did not bring happiness. However, considering some stories, societal norms also shape individuals' perceptions on marrying a LAD person. Under the influence of prejudices, LAD people are not expected to be brides or grooms due to their physical impairments. In a society where people are judged by their physical appearances, most LAD people are not married or marry another LAD person.

> *I wanted to play basketball, but my family had several concerns making decisions on behalf of me. They were worried about infrastructural problems. They asked how I could go to the trainings by myself. They had concerns but I showed my determination as an individual. I know that I could do something good for myself. My family set the initial barriers that I faced in my life. Now, they are proud of their sons, they are my biggest supporters now* (M, 31-LAD).

For most participants, families were the initial barriers before they attempt to go out of home, and participate in social life. Trying to be protective, some families had a disabling role for their children. The findings also reveal that the families and society are not conscious about LAD baby. For instance; a baby with disabilities could be disappointing, and embarrassing for the families, and people may blame the parents for bringing a disabled baby into the world. In those cases, the parents are questioned for their sins, masculinity and femininity. In society's eyes, the parents of a disabled child are considered as disabled/deficient individuals, like their children.

5.2.2. The State

The state is the second actor, comprising of local authorities, the government, regulations and laws. It has the power to make laws and control the regulations. State has a prejudice against disabilities, like other actors, it is becoming increasingly more enlightened. However, the state does not support LAD individuals in becoming MPs, governors, or civil servants.

> *Disabled friendly cities…?* (Laughing for a while). *We travel to European and American cities for basketball games. To make a comparison with Turkey, we should feel lucky to live under those circumstances. We have no infrastructure or transportation, but so many problems, barriers, and exclusion in Turkey. Istanbul is one of the most crowded cities in the world with lots of problems for every individual. For instance; even able-bodied individual may fall and break his/her leg or arm while walking in the streets in a usual day* (F, 30-LAD).

What accessibility means is not just ramps, wheelchairs, or special toilets for LAD individuals. It means adapting buildings, houses, streets and public buildings and services.

> *Well… The state pretends to do something. It does nothing but, it pretends to do! For example, there are still accessibility problems. LAD individuals cannot access education or they are not supported financially to access education. We hear about developments on disability issues. That's right, but most news is for show. LAD kids should be rehabilitated, and educated. A normal kid takes about 30 hours/week education, while this is just 2 hours/week for a disabled kid. Prostheses are so expensive, people cannot afford them. This is not the behavior of a social state* (M, 36-Able-bodied).

Education, as a constitutional right, governed by the state, is a right for every citizen. When it comes to LAD children, they are not equally educated like ordinary children. The cities, even metropolitans, are still inaccessible; the buildings, the transportation, the education system lack proper organization. As it was mentioned in the previous chapter, the state, in 2005, emphasized that most accessibility problems would be solved in 5 years. After two extension periods, today, in 2015, the barriers still exist. An extensive report[31] summarizes that 96% of the streets have no special arrangements for visually impaired people. 81% of the streets have no ramps for wheelchair users. There are about 1.5 million public buildings, and 99.8% (almost all) are not designed for LAD individuals. It is impossible for LAD people to become judges in Turkey, because the regulations require health certificate, and having deficiency is an obstacle. LAD university students are 0.18% of the total university population. Considering all those, it is possible to say that the state has not kept its own promise.

> *Our project is supported by the Ministry of Family and Social Policies. This is motivating for the company, the managers and the employees. The project would not have succeeded without this support. They share documents, statistics, and voices of people from disability groups. UNDP also supports the project, so the project moves to another stage. We feel so lucky that we have national and international organizational supporters* (F, 38-Able-bodied).

The quotation above belongs to the public relations manager of a car manufacturer. Being a global firm, the firm aims to increase awareness towards disability worlwide. Having national and international support motivates the managers to conduct projects. The state has a role as a law-maker, and auditing; and it has another role in legally and financially supporting private sector efforts. In some cases, the corporations may need guidance from the state. This supportive role is more important than being an auditor of the regulations, because under free market conditions, the state usually has no incentive to invest in disability arrangements or other issues. Considering this, the private companies are willing to take action to benefit from the projects (e.g., getting financial awards and improved reputation).

> *Nobody dreamed a blind member of parliament (MP), but I did it. When I decided to be an MP, some people laughed at me. I remember one saying "Even normal people cannot do something, what are you planning to do?"*

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[31] The report "Mevzuattan Uygulamaya Engelli Hakları İzleme Raporu 2013" is published by Social Rights and Research Association (TOHAD), and the findings were presented in a symposium organized by Bilgi University (October, 2015). The findings are available on: http://www.engellihaklariizleme.org/tr/files/belgeler/ozet_2013.pdf (Akbulut, 2015)

> *They did not believe me that I could do something as MP. I changed the image of disabled people. People were surprised seeing me joking, smiling and staying positive because disability meant problems, complaining, and negativity. The state's attitude (I call it philosophy) began to change with me. The governments began to realize the needs of disabled people in society. This also helped the state to understand other minorities* (M, 48-LAD).

For the state, asking people's opinions on some special topics seems a waste of time and money. For instance; a law on women is made by male MPs. A regulation regarding old people may be discussed without consulting those people. It is the same for the LAD individuals. Most participants complain about being excluded from law-making and the decision stages. The cycle was broken at the end of 20th century when a visually impaired individual became an MP, and worked actively for the benefit of LAD individuals. That person helped the state to change its stereotype opinions about LAD people.

> *The state was established with modern principles with a focus on standardizing people. This mentality did not aim to provide solutions for people who do not meet the norms. Today, the state has moved away from classifying and standardizing people. Governments have made an attempt to become aware of differences, and avoid excluding differences from society* (M, 48-LAD).

The main problem with the regulations is that all citizens are considered as the same. This perspective is not based on equality but on ignorance, and attempting to standardize differences.

5.2.3. The Impact of Other Actors

In addition to societal discourses and state, some actors such as religion, associations, and academia influence the experience, and perception of disability.

In the Turkish context, the religion is one of the dominant actors in people's lives. In such a highly religious context, it was very interesting to hear very little said about religion and disability. To be honest, before the research I was planning to present my findings on religion in a long chapter, but instead, I have just a few quotations.

> *I remember a little kid asking his mother my condition, and he got an answer like this. "She had been a very naughty girl, and God punished her. If you do not want to be like her, you should listen to your parents* (F, 25-LAD).

Another aspect of religious belief is that able-bodied individuals pray to God not to be like LAD people. It is irritating for an individual to hear such strange statements in public. Having such experiences, some participants asked me whether they had broken the laws or killed someone.

The rigid norms of society usually prevent LAD people from participating in daily life. As a reaction to medical interpretation of disability, the social model introduced new concepts, such as the disability movement, and disability rights. Being one of the major elements of disability movement, the associations help LAD people to become aware of differences. However, today, people have questions about disability associations in their minds. The main question is whether disability movements represent LAD people as a whole, and whether they genuinely fight for their well-being.

The associations working for the benefit of the LAD individuals have an important role building bridges between different actors. The associations are useful both at the individual and the societal levels.

> *Disability associations are not just associations. As we took a deeper look at them, we realized that there are some other issues other than disability issues. Conflict of profit or interest, political or personal power… Some of the associations do not work or fight for disabled people. I was shocked!* (M, 30-Able-bodied).

Able-bodied people do not encounter LAD people in society, and they are not familiar with disability issues, so they contact the associations to learn more about disability experience and meet LAD people.

> *Some disability associations may want to show their sympathy to the political party they support or some hope to get benefit from government. Disabled*

> *people have a potential for achievement, but they feel a great oppression at the same time. In my opinion, some individuals have large egos, and it can be difficult to control the egos. If you create barriers for them, how do you manage their potential of achievement? In the case of associations, ego, power, need for achievement are the initial concerns* (M, 48-LAD).

I did not know much about disability associations. To learn more, I tried to contact some people from some of the leading associations. Two of my connection efforts failed, due to misunderstandings of the main aim of my research and my request for the interview. Then, those people guided me to visit the official website of the association, and buy the publications to learn more about them. I think the associations have a key importance for LAD individuals, to help them to socialize, defend their rights, and change stereotype public opinions. My observations and some participants' opinions suggest a great conflict between the associations, some of which work the well-being of specific groups, rather than the whole LAD community. For instance; blue bottle cap collection campaign has influenced people from different backgrounds. The aim of the campaign was advertized as collecting and recycling the blue caps, to raise money for people who need wheelchairs. This project was organized with the support of some associations. However, about one year ago, other associations not involved in the campaign claimed that the project was exploiting LAD people, but not benefiting them. We are still confused with the project whether it is valuable or not.

> *I was born without disabilities. At the age of 11, I fell from tree and became a disabled person. When I heard the bad news, I was shocked. I did not know what to do with my disability. My life moved to another stage. I contacted an association, and they asked me to play basketball, and a new page in my life began* (M, 32-LAD).

After experiencing barriers and isolation at home and school, for some participants, the associations help individuals escape from isolation and imprisonment.

> *Until I went to a disability association, I felt alone and disabled thinking that I would spend my whole life at home. I thought that my social milieu would be*

> *limited to my parents, brothers, and books. This was so saddening. Helping me to believe myself the association opened me a window* (F, 36-LAD).

> *People in general do not understand what we are trying to do. They are just feeling pity for us. As an able-bodied coach, I was not familiar with disability issues. This is a learning process in which I learn something about life. I am trying to share my experiences with different parties of society. Attending meetings in universities, getting together with kids, I am trying to share my disability experiences, and help them increase their awareness towards differences* (M, 42-Able-bodied).

LAD individuals alone do not feel the pressure and isolation in society, but able-bodied people working for the well-being of LAD individuals experience isolation and discrimination. Under the influence of societal norms, most able-bodied consider disability as an individual experience that should not be the concern of able-bodied people. This process is similar for other minorities. For instance, if heterosexual people work actively in LGBT organizations or projects, they are marginalized and labeled as gay or lesbian.

> *I think universities have important role to create disability awareness in society. We (disabled people) really need the help of universities and academicians. Their scientific contributions would be helpful for disabled society* (M, 45-LAD).

The findings emphasize that childhood and adolescence periods are important for able-bodied and LAD individuals. Most initial meetings take place in these two stages. It seems crucial for the individuals to be educated how to behave or react to the differences. As both groups learn more about each other, the future would be better in terms of accessibility, regulations, rights, inclusion, or well-being. Moreover, in some cases, the scientific approach may be helpful to build a better society in every sense.

5.3. The Impact of Marketing

Taking attention to the lack of academic research in disability, the findings' of this study also reveal that corporate efforts are still limited[32] for the well-being of LAD individuals. However, compared to the previous decades, there have been more social responsibility projects and attempts to provide special products and services for vulnerable consumers. The companies put more effort for those people to increase awareness for the needs of LAD individuals.

> *Modernity standardizes people regardless of their age, income, culture, or so on. The system does not look for solutions for individual problems, assuming all people love chocolate, hamburger, or cola. All individuals have differences that can be used as an advantage. Ignoring these differences, we are moving into a world consisting of monotype individuals (people who eat same food, drink same beverages, do same activities, and so on). The modern system does not try to understand these differences. Having differences, we (disabled people) do not create problems for humanity; the system creates problems for all people!* (M, 48-LAD).

Under the influence of modern consumption society, marketing actors try to standardize people into segments. Classifying consumers on the basis of age, gender, income, and so on, the companies do what medicine has done to classify and standardize individuals for several years. Considering this, LAD people do not meet the norms, and their needs are ignored.

In the case of LAD people, marketing actors create barriers for them. For instance; taking into consideration the stereotype of disability, marketers consider LAD people as ill, useless, and poor without desires. LAD people need some special products related to their disabilities, but even if they are able to find these products are not affordable. Retail spaces are not disability friendly with unaccessible

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[32] Peugeot, a global car manufacturer, conducts a long term social responsibility project. The project is also supported with specific products for physically LAD people. The details are available on the official project web site. http://www.peugeotengelsizyasam.com/. Second example; Being one of the leading mobile communication providers, Turkcell has social responsibility projects for visually impaired people. The company provides special service for these customers. The details are available on: http://www.turkcell.com.tr/kulup-ve-programlar/engel-tanimayanlar (Accessed on 06.06.2015).

buildings and stores. LAD people are not welcome and treated as normal people in stores. Media representations oppress and discriminate these people.

Talking with marketing terms, LAD consumers form a significant market (millions of consumers and estimated spending power of billions of Turkish liras). Not only considering them as an important customer group, but also from a social responsibility perspective, this thesis investigates the impact of marketing in disability issues by asking whether it increases the oppression or works for the well-being of the individuals.

Marketing elements can influence people in two ways; first by setting and imposing the norms, triggering the consumption often ignoring the social issues. On the other hand, with societal concerns, some marketing actors may spend effort for the well-being of some vulnerable individuals (consumers).

5.3.1. Dark Side of Marketing

This section now looks at the dark side of marketing. In the case of vulnerable consumers, marketing actors may influence people negatively, ignoring their needs, endorsing normality, building barriers and preventing from access to marketplace.

i. Marketing and Normality

As it was emphasized in the previous sections, people have been classified in terms of bodily norms. The more they do not meet the norms, the more they are classified as outsider, ill, disabled, and deficient. Marketing actors have done the same for consumer, segmenting them on the basis of behavioral, demographic, psychographic or geographic variables. LAD individuals cannot meet the standards of neither body nor market segmentation.

In modern consumption society, the individuals have the potential of being consumers. The more they consume, the more they are attractive for the marketers. Baker, Gentry, and Rittenburg (2005) make a list of some factors affecting the feeling and experience of being consumers. These are *biophysical factors,* such as, age, appearance, functional ability, gender and health; *psychosocial factors* such as, socioeconomic status; *individual factors* such as, motivation, and goals; and *external factors* such as discrimination, repression, and stigmatization. Among these factors, disability is mostly related to appearance, functional ability, health, discrimination, stigmatization, and repression. For instance; the body image appears to have an important role for consumers and it is even more crucial for LAD individuals. Able-bodied people have the chance to use fashion, diets, fitness, surgeries and tattoos (e.g., McKinley, 2004; Thompson and Hirschman, 1995) if they have lower body satisfaction and self-acceptance, but these may not be enough for an LAD person.

> *Marketing elements such as companies, marketers, advertisements consider disabled people just as consumers. It is the nature of business life. In disability issues, able-bodied people fall behind the disabled individuals, but disabled individuals are one step ahead them. This is the same for marketing. Does my blindness affect my needs? Marketing assumes that I do not have desires, or I do not have money to consume. I have needs (as an individual) and extra needs (due to my disability). I can count you a list of products a disabled person need, at a sitting* (M, 38-LAD).

Modern life is constructed based on norms, standards, and normal people. The school and work life, the transportation, production. Marketing, as an important element of this modern system, is constructed with modern principles. On the basis of the norms, companies produce, provide services, promote mostly for normal (able-bodied) people. For instance; people need to eat hamburger and drink cola to fill themselves. They need to use specific cosmetic products to feel beautiful or handsome. Wearing specific brand clothes, having a car, they feel special in society. In order to have this kind of life, they need to work hard. To sum, marketing, as an institution sells, promotes the normality through standard products/services. People are in fact imprisoned within the system, but they have the freedom to choose within what are offered to them.

ii. Consumer Imprisonment through Marketing

Considering the able-bodied majority, marketing actors may have an exclusionary role for LAD people. For instance; ATMs are not accessible for a wheelchair user, so the person cannot do his/her own banking transaction. Malls are not accessible; shelves are so high that an elder, LAD, or short able-bodied person cannot reach. For marketing, disabled consumers represent the stereotype of poor, unemployed, or dependent on other people. In contrary, LAD people have needs to satisfy, they work and earn money.

> *Marketers ignore something about disabled people. They assume that I am not an ordinary consumer but I am! Please let me explain this simply. I feel thirsty, and I need to drink water. I feel hungry, and I need to eat. Those are the basic needs according to Maslow's Hierarchy of Needs, right? Marketers consider me incapable. Marketers assume that blind people cannot go out of their homes, but they do not have problems with walking, they have problems with physical and emotional barriers. They ignore the needs of disabled people. As a stereotype in their minds, disabled people are classified as poor and dependent consumers, but they are not! They have need and demand for different products and services, but marketers ignore them!* (M, 48-LAD).

The quotation above highlights how LAD people are isolated in the market system. Considering the Maslow's Hierarchy of Needs, LAD people have physiological needs such as food, clothing, and shelter. They are more vulnerable to violence or discrimination so they have need for safety. They have a need for love and belonging, but they cannot satisfy these needs due to their deficiencies, physical and emotional barriers. LAD people have a need for esteem as the findings reveal that some participants have the chance to have it through success stories and self-development.

> *I have legs, but I have friends without legs. Those friends can wear only something produced for normal people. Is it normal? Are not they people? We are trying to create our own solutions. You are in marketing, right? Do well-known firms have marketing or public relations department? I think they do not! We have problems; our needs are not satisfied* (M, 33-LAD).

The efforts are still limited. In some cases, most of the corporations are ignorant to the disability issues. They do not have knowledge about their LAD customers and their needs. Neither they produce goods or services for them, nor do they know how to serve them. Taking into consideration the marketing mix, LAD individuals do not feel welcome to marketplace. Below, examples highlight how these people experience barriers with every P.

- Product; most LAD people have special needs, even they find the proper products or services they are not affordable. Most companies do not know the needs of LAD people.

- Place; LAD people are surrounded with accessibility problems. Those who can use the Internet have more chance to access the marketplace.

- Promotion; due to lack of products/services, the promotional activities remain limited for LAD people.

- Price; most products are not affordable because they are not specialized products for LAD people. The cost increases when a product is produced in small quantities.

> *Disabled consumers' market has limitations in terms of distribution channels, advertisement, and promotion. I mean that we still do not have 4Ps for disabled consumers. Moreover, marketers do not have knowledge about entering into the little known market of disabled people. They should consider it like entering into a foreign market because they are foreigner to that market conditions* (M, 48-LAD).

Entering into a new market has questionmarks for the marketers since they do not like uncertainty. For a firm with strict financial concerns, different markets are not worth to try. This may be the one of the major reasons why marketers are unwilling to enter to LAD consumers market.

In the previous sections, the findings emphasized how an individual could be imprisoned within societal norms. In the case of marketing and LAD people, when consumers cannot access to products/services and satisfy their needs, this prevents them from participating in market activities and marketplace. The more they are excluded, the more they feel imprisoned. Those who can adapt their needs to market conditions can survive. For instance; a person with CP need special pencils to write, but having no chance to use special pencils (no access to product and not affordable) s/he uses an ordinary pencil in her/his daily life.

iii. Media and Disability

Media has power to impose the norms and influence the masses. It may have negative roles for some individuals. Based on the stories that come from the past, and stereotype disability images, media (specifically advertisements) focuses on the appearance of the body (Gills, 2009), through giving ideal body image messages. By doing so, those representations not only influence the individual, but also the society's perception of the ideal body images.

During the adolescence period, young people focus on physical attributes and body shape. Being imposed to the ideal body messages, and beauty representations, LAD individuals may feel isolated and disabled as they do not have the opportunity to meet these norms. Lerner and Karabenick (1974) take the attention on how media representations could be more harmful for LAD people especially young LAD individuals. Idealized body images may negatively affect LAD people making them aware of their deficiencies.

> *At the age of 19, when I saw the poster of an Indian film, the actress's back then took my attention. I could not take my eyes off her. I remember that I was really impressed by her image. I know I will never be like that because of my disability* (F, 26-LAD).

This informant has a back problem which affects her physical appearance. The findings reveal that LAD people are more sensitive to the body parts, which they do not have. For instance; legs are important for a wheelchair user or a person with facial injuries pay attention to able-bodied face representations.

> *As a physically disabled person, I cannot walk without help… An ideal male should be tall (e.g., 180cm), a muscle man, brunette, and wear fashionable dress. Kıvanc Tatlıtuğ (a very famous actor) is my idol. He is very handsome, and I like his style. I wish I were like him* (M, 22-LAD).

Most people spend their evenings watching soap operas. Giving emphasis on their perfect bodies, male characters are handsome, tall with muscular bodies, or female characters are beautiful, blond, or brunette. However, in the year of 2015, there is only one LAD character, having physical deficiency and using wheelchair, in one out of several series.

In one of the most popular Turkish cartoons, Pepe, physical or racial differences were portrayed in one of the episodes. Comparing a white and black doll, the characters emphasize that people have may have differences. Then, representing a doll without a leg and an eye, the characters took attention to the impairments. This is a valuable attempt to increase awareness of children towards differences through these kinds of popular cartoons although this was a one time broadcast.

People are more familiar with disability representations in special days such as International Day of Persons with Disabilities. In such special days, successful LAD individuals are presented as a source of inspiration emphasizing how they overcome the difficulties and make achievements with a deficient body.

Public Service Announcements (PSA) are used for giving social messages by public organizations or some associations. The main aim is to take attention on social problems such as health, violence against women, tobacco and alcohol usage, and disability. During the content analysis of the PSAs, the paradox of media takes the attention. Representing and imposing the idealized images as a norm in the advertisements, PSAs emphasize that LAD people are like able-bodied individuals. On the basis of stereotypes, PSAs consider disability as tragedy, pain, and illness. PSAs give messages on overcoming disability, achieving impossible, and performing a miracle. In addition, emphasizing that everybody has a potential of being LAD at one point of their lives, PSAs negatively influence able-bodied people’s perceptions.

In contrast to brands using able-bodied models with perfect bodies, some brands choose to represent non-standard individuals (e.g., fat, short females) who do not meet society’s physical norms. For instance; being one of the leaders in beauty products, Dove uses a different method in the advertisements emphasizing that every woman (e.g., being fat and old or having non-standard body) is beautiful and special, and they do not need to be like models. However, there are questionmarks with the campaign. Having no cellulite, the fat model they represent is not a typical fat. There is a great emphasis on beauty, and it still attempts to create norms. Despite all favorable steps, the brand does not represent a disabled woman image still assuming that disabled women are not attractive, and do not need beauty products (Heiss, 2011). In 2015, Dove conducted another campaign representing women from different age groups having different physical attributes. In this campaign, an LAD and other non-standard people were used, differently from the first campaign which ignored these women.

The findings emphasize how the well-being of consumers or social issues comes after the well-being of the system or financial concerns (e.g., Bordo, 1993; Wolf, 1991). On the other hand, Borgerson and Schroeder (2002) take our attention that the companies should focus on social issues rather than trigger them.

5.3.2. Bright Side of Marketing

While marketing, as an institution, has an exclusionary role for LAD people, it can also help to increase awareness, produce appropriate products/services, and put effort for their well-being (e.g., Andreasen, 2006; Kotler, Roberto, and Lee, 2002). The problems such as environmental pollution, poverty, obesity, illicit drug usage put individuals (consumers) at risk. Considering the negative results of these troubles, marketing elements need to put more effort contributing to the well-beings of the individuals.

In the last few decades, marketing, as an institution, attempts to be more humanistic. Social marketing, macromarketing, and transformative consumer research approaches are the initial steps to focus on the social issues. With those efforts, sustainability, green production, vulnerability, and young and older consumers are taken into consideration by the marketing actors.

> *Our aim as a global manufacturer is to create positive attitudes towards disabled people. If normal people are aware of disability and disabled people, they will not isolate them. Isolation and oppression are the results of lack of knowledge. During our social responsibility projects we actively use Twitter and Facebook. We are planning to make a 3-year project aiming to reach nearly 1 million people and increase their awareness* (F, 40-Able-bodied).

The quotation above belongs to a manager of global car manufacturer. As French based company, the firm conducts social projects for LAD people. Pointing at different dimensions of disability, the firm is successful in learning more about LAD people, increasing awareness among all the stakeholders. Inclusion of global corporations to the social projects is remarkable to take attention of more people in society. Those corporations have a great number of stakeholders, so the projects can have a larger impact. It would be more efficient when they use the technological communication tools such as Facebook, Twitter, or so on.

> *We are working with Peugeot during this social responsibility project. This is my first work on disabled people, and I had my first experiences with those individuals. I was not sure about participating in this project at the beginning. Then, I accepted the offer. I have more than 300 thousand followers, and as I became a part of this project, we reached thousands of people. I get positive feedbacks emphasizing my contributions to this sensitive topic. In contrast to other social media icons promoting and advertising products, I did a different work attending a social project* (M, 36-Able-bodied).

The quotation above belongs to a social media icon with thousands of followers. As technology develops, marketers use alternative ways of promotion.In recent years, the companies use effectively social media (e.g., Instagram, Twitter) promoting their products and imposing the messages direcly to their consumers. Compared to traditional promotion methods, using famous people is a more efficient, cheaper, and faster way to reach the consumers. After the interview, the informant showed me that his posts on the project were shared by thousands of people. Moreover, there were hundreds of comments under each post. Some of his sharings became trend topic. Checking the official project accounts, and I was shocked to see few people interacting with the account. Using social media alone is not an efficient way. The more famous people get involved in the projects, the more the projects influence people.

> *We were planning to produce an extraordinary project. We would like our employees attend the project voluntarily. Then, we decided on the topic; disability and disabled people. We first began to increase managers, employees, and the stakeholders' awarenesses because we did not know anything about disability. We had to be educated on this* (F, 32-Able-bodied).

This is an important attempt for the companies to work on vulnerable segments. The managers are aware of their limited knowledge on these individuals. Marketing actors can work for the benefit of LAD individuals providing products/services, working on a disability based 4P, listening to their voices, helping them access to marketplace.

Accessibility is not an architectural case. This section is an attempt to show how marketing could be an accessibility tool for LAD individuals.

> *I have difficulties with the public transport while using my wheelchair. I am not sure if the state and municipality work on infrastructural arrangements. As I go to the malls (by the way it is time consuming and tiring for a wheelchair user), I only see ramp (most with a straight angle), toilets (locked). That's all able-bodied people know about disability. If we go to the malls as a group of disabled people, nobody takes care of us. It is very boring talking about the problems. We sometimes need special help, but they are not interested in this. Is it because we are physically different? Salespeople do not consider us as normal people. I have bad experience with a salesman in my mind. I asked him for help but he said "Wait there for your turn! No one is privileged in this shop!"* (F, 36-LAD).

Accessibility works, if all the actors do their own work. The interaction between the actors (e.g., families, state, and marketing elements) also influence the way how marketing can contribute to accessibility issues. If malls are designed for LAD people, and salespeople are educated, these do not make people's lives accessible. The accessibility work when people take responsibility; the state takes steps for regulations, and supports the arrangements.

> *At the beginning of this project, we did not think about developing a new product or component for disabled individuals. After the project had positive results, the Ministry of Family and Social Policies insisted on us to produce components for disability friendly cars. Emphasizing the social aspect of the project, they asked us to extend the project into product development. With this project, any disabled customer could visit one of our distributors without*

> *accessibility and communication problems; and then choose the most appropriate car. That's awesome!* (F, 40-Able-bodied).

Some LAD people with specific deficiencies can have a driver licence. This project contributed to development of special components for those with specific deficiencies. For instance; a person with left leg, no legs, or one arm can use an equipped car. In most of the cases, the participants complain about their needs for special products/services. The corporations are not aware of the need for a special product/service. The social projects can be useful for both companies and individuals with special needs. In addition to the projects, the associations may build a bridge. As I mentioned before, all the actors are strangers to each other. After providing accessibility, and then producing the product, the marketers focus on the other elements of the mix.

> *This is a great project. We would like to educate our distributors to increase their awareness. They represent our brand (Peugeot). We would like them to welcome their customers without problems. Disabled customers will not experience accessibility problems any more. We are aware of the financial concerns they have. Our priority is our customers, and we plan to support our distributors* (F, 35-Able-bodied).

> *We care about this project. Thinking it as a long-term project, we move step by step. The project is a part of our strategic plan. We use scientific methods. It's because we won several awards with this project. We call this project as "sustainable development project". Increasing social unity, this is a unique project. Our aim is getting support of not only our managers and employees but also their families and friends. The more top managers show their patience, the more other employees feel motivated. Top managers are willing to be part of every activity in the project* (F, 38-Able-bodied).

The success of a project depends on how the firm takes it seriously and puts it in the center of its business. Encouraging participation of all the stakeholders help the manager to internalize the project and bring the success.

> *We got positive feedbacks from the top managers of the firm. There is still news, reports, and comments announcing the success of our project.*

> *Realizing hearing impaired people are invisible in the marketplace and social life; this motivated us to conduct such an important project without financial concerns. We had great results because we tried to do something good for vulnerable people* (F, 40-Able-bodied).

In addition to the participation of all the stakeholders, the intention for the project (e.g., considering the well-being, or increasing awareness) is a key element for the success. The firm may have financial concerns, it is the nature of the business life, but when it becomes the major concern, the project fails.

> *Our focus was hearing-impaired people, not the product or the services. The project would fail, if we positioned the product somewhere in the project. We moved with good will. We showed what our focus was. Feedbacks and comments underline the project's success* (M, 30-Able-bodied).

Most projects and representations are influenced by societal norms and prejudices. A project becomes successful when it is sensitive to differences, does not give emotional and physical harm, and takes attention of all parties of society. Being an inspiration for other corporations is another key element for success.

CHAPTER 6. DISCUSSION

The contributions of this thesis are not limited to understanding disability at level of the individual, but suggest academic, social, and corporate (business) implications. Focusing on the individual feelings, experiences, and perceptions of both able-bodied and LAD people, it highlights how the norms are set, and how the labeling, isolation and exclusion processes work for those who cannot meet these societal norms. The findings of this study reveal that false perceptions and stereotypes are created by multiple actors, showing how each actor (e.g., state, market system, and societal discourses) contributes to this labeling process. Considering the lack of disability research in marketing, this thesis furthermore contributes to the literature showing both the positive and negative relationships between marketing and disability. This may help marketing actors to understand disability experience and focus on the needs of LAD people. One of the major contributions is the development of a model shedding light on the interaction between the main actors, their influence on the feelings and experiences of LAD people, and their coping strategies. Another major contribution is the presentation of an alternative disability model based on the interviews, observations, and the grand narrative laying the similarities in participants' discourses.

6.1. The Grand Narrative: A Summary of Disability Experience

In recent years, more attention has been paid in research methodologies to take a consumer-centric approach, obtaining personal stories providing valuable explanation and insights. The stories grow in importance when marginal or vulnerable groups talk about sensitive topics (Hill and Stamey, 1990; Hill, 1991; Mason and Pavia, 1998; Pavia and Mason, 2004). Conducting a sensitive research, learning the stories of both able-bodied and LAD people have provided valuable data.

Analyzing and comparing the narratives, similarities and differences pointed at a grand narrative in disability experience.

Focusing on the feelings and experiences of LAD individuals, the findings highlight that the individuals experience disability on a continuum, of which one side refers to feeling disabled, and the other, to feeling normal. Feeling disabled is the initial stage of disability experience. At one point of their lives, almost every LAD individual feels disabled due to their deficiencies/impairments. At this stage, the individual is isolated from society and excluded from pariticipation in mainstream activities. These individuals are imprisoned within societal norms. Under the influence of the rigid norms of society, on one hand, the individuals create self-labels for themselves, and on the other hand, the major actors create labels for the individuals.

According to the grand narrative, some participants look for alternatives to survive, and move on to the next stage in disability experience. Participating in daily activities and performing in similar ways to able-bodied people, LAD individuals move towards another stage, in which they feel both normal and disabled. Meeting the norms, the individual may feel normal in some contexts, but disabled and isolated in others.

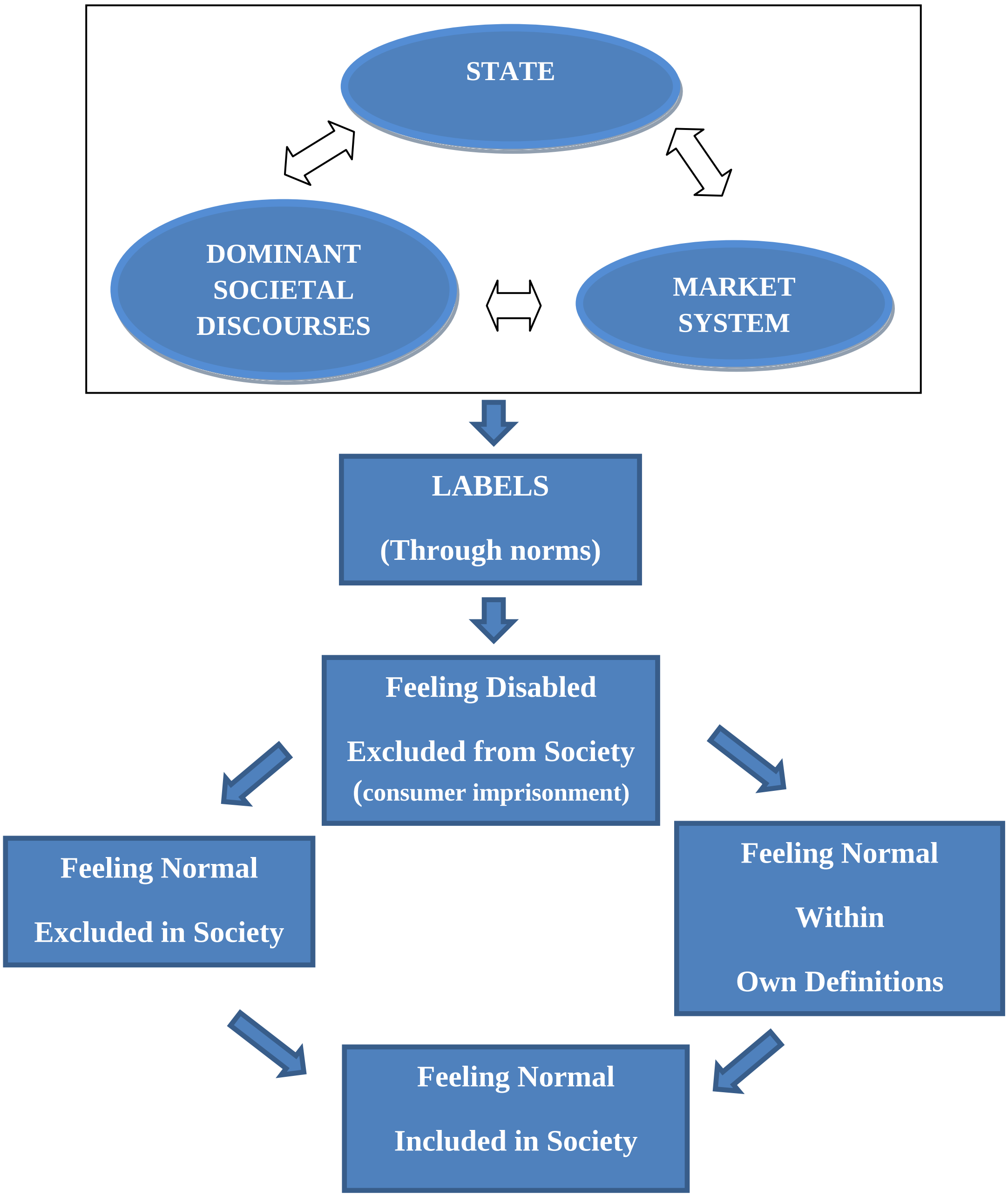
However, some individuals have no opportunity to meet society’s bodily norms, and they do not have the ability to perform modern life practices. However, those individuals feel normal and satisfied with their appearances, abilities, and lives. Focusing on their abilities and inner beauty, they find a way that they do not differ from the others. I call this stage as “Nirvana” for those individuals who have experienced the discrimination, oppression, and the exclusion. This stage is feeling normal within the individuals’ own definitions. These people are normalized through their selves.

For society, some LAD individuals can be normalized through different practices such as prostheses, rehabilitation, and some medical treatments. Those individuals are source of inspiration for able-bodied people, through success stories and various achievements. However, only a limited number of LAD people could reach this stage because their impairments could be treated.

The LAD individuals’ journey starts from feeling disabled and then some of them move towards the other stages. Only a very limited portion of those individuals reach the Nirvana level. Self-awareness, self-improvement, and strong support help them to reach the Nirvana.

Taking into consideration the findings and the grand narrative, Figure 3 presents the actors influencing disability experience, the isolation and exclusion processes, and the survival methods of LAD individuals.

Figure 3. *Labeling people as "disabled": A production of modern society and the role of marketing.*



This process is also experienced by other minorities discriminated by "normal" majority. Being unable to meet the societal norms, LGBT people were socially excluded until the 21st century, being isolated from society, most people choose to hide their preferences. For instance; they could not find permanent jobs or they did not have access to legal systems (Burden and Hamm, 2000; Fish, 2010). LGBT people still experience the social exclusion and discrimination in all spheres of their lives. They cannot access to employment, healthcare, education and housing, all of which making them vulnerable (Takacs, 2006). On the other hand, some of them choose to share their preferences at the risk of being isolated. Influencing the societal discourses, these people move towards feeling normal within their own definitions. As soon as the person normalizes him/herself through self-development, s/he reaches the Nirvana.

Considering the grand narrative, it is possible to replace the terms able-bodied and LAD words with rich and poor, religious and non-religious, white and black, or other labels used for classification and discrimination. This is the experience not only of LAD people, but also the experience of any individual feeling disabled, isolated or marginalized in particular contexts.

6.2. Theoretical Contributions

The historical summary earlier highlights that LAD people have been discriminated, oppressed, and labeled by different actors throughout the history. For a while, religious institutions discriminated LAD people. Then, people were classified in terms of medical interpretations in asylums and special hospitals. With the advent of industrialization, people were labeled through their contributions to the production system. Today, the market system enforces these labels. The actors changed, but the labeling process continued for LAD people. Taking into consideration the labels, actors and processes, this thesis makes several theoretical contributions.

6.2.1. Physical Appearance

The body is the central actor being the source of pleasure and the indicator of self. Physical appearance, as a sign, is valuable for individuals in identifying themselves and others (Slater, 1997). It is not the people themselves who determine how individual bodies are presented, but society, social situations, and other forces decide on the presentation (Bourdieu, 1990). Because the body is the center of all enjoyments, sensations, and tastes, in the consumer culture age, it must be maintained and improved through different practices such as diets and surgery (Featherstone, 2007; Goffman, 1959). Emphasizing beautiful bodies and lives of models and celebrities, the media representations push people to use different methods to construct more beautiful bodies and selves (Featherstone, 2010). Being exposed to beauty images and being judged by physical appearance, able-bodied people can also improve their self-esteem with, for example, cosmetic surgeries (Davis, 1997). Beauty products and surgeries give people the opportunity to construct a more beautiful appearance and self (Featherstone, 2010). For LAD people, it is even worse to be judged by their appearances and deficiencies. We are living in a society where people exist with their appearances rather than their inner souls.

Being evaluated in terms of body, the individuals experience vulnerability, and this has an impact on individual’s perceptions of self (Baker, Gentry, and Rittenburg, 2005). Despite developments in online shopping, most consumption activities still occur in stores, where there is emphasis on physical appearance (Pavia, 2014). Having different and deficient bodies, LAD people have limited product options in the marketplace, and they may need to pay extra for special products (Valtonen, 2013). The more LAD people are marginalized and isolated in marketplaces, the more they experience vulnerability. Being a collective experience, vulnerability is not experienced only by the individual, but also by families and friends. LAD individuals experience higher levels of consumer vulnerability due to consumption constraints, limited services providers, and isolation and discrimintion in the marketplace (Pavia, 2014).

6.2.2. Virtual Body and the Norms

The medical model of disability is based on capitalism, while the social model, on the critique of capitalism. Modernity introduced both the industrial and the consumer society. Experiencing the modern perspective through the medical and the social models, disability moves to a different level. In recent years, the developments in the organ transplantations promise new hope for individuals struggling to survive their impairments, and deal with the process of isolation and discrimination.

However, surgery can be a very long process, with potential deadly effects on the individual, as discussed above.

The results of World War I and II led to developments in medical techniques, such as prostheses, helping people remove the side-effect of injuries and deficiencies. Those were simple tools aiming to fill the deficient part of the body. In the following years the simple prostheses developed in sophistication, promising a more efficient use of the body. In the future decades, it seems that people may benefit even more from advances in prostheses (Siebers, 2006). The paragraph below is taken from a prostheses producer taking attention on how the technology has evolved. This also point at the future directions of technology.

> *A passive functional prosthesis is one that typically offers some basic function and closely resembles the natural body part it is replacing. People who select a passive functional prosthesis are primarily looking for aesthetic rather than functional features. With today's technology, passive devices can appear remarkably lifelike, matching the skin tone and contours of your natural limb*[33].

Advanced prosthetic technology would improve LAD individuals' opportunities to increase their abilities to move, walk, and run without help. Having connections with brain and neurons and the use of skin like materials, the individuals feel better with the prostheses. Taking this further, it is possible that even able-bodied people may adopt prosthetic technology to increase their abilities, and in the future, the body with advanced prostheses may be the norm. Consumers increasingly involve in experiencing the alternative modes of life, rather than experiencing the life in one way. The use of prostheses may be attractive for future consumers, who may replace current organs with prostheses. In contrast to modernism, postmodernism rejects the boundaries or standards (Firat and Venkatesh, 1995). The body experience moves toward a different dimension with the development of new technologies computerized aesthetic (Venkatesh, Karababa, and Ger, 2002). Taking this idea further, for Haraway (1991), people have become cyborgs with the introduction of

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[33] The company has been randomly selected. The paragraph has been taken from http://www.touchbionics.com/node/2453 (Touchbionics, 2015)

prosthetic technologies. A body with prostheses in the future may offer a chance to experience an alternative mode of life. Allowing people to move beyond their extended selves, the prostheses may change humanity. Bionic human seems to be the future desirable human form while today using prostheses can be undesirable for most people. In the future, people may normalize through prostheses (Normalization through bionic human). Moreover, the advanced technology may give people the chance of having longer lives without pain, illness, or even death.

6.2.3. Social Marketing Model of Disability

A major contribution of this thesis is constructing an alternative model of disability. Taking into consideration the literature, the critiques of the two dominant (the medical and social) models and the findings, below, Table 8 highlights the keywords for the new model "The Social Marketing Model of Disability".

Table 8. *Keywords for the Social Marketing Model of Disability*

An Alternative to the Models of Disability		
The Medical Model of Disability	**The Social Model of Disability**	**The Social Marketing Model of Disability**
Personal Tragedy and Pathology	Non-tragedy	Time and Context Dependent
Impairment-Illness	Disability-Discrimination	(Self) Labels
Individiual	Societal	State/Marketing/Societal Discourses
Body	Barriers	Norms
Medicine	Social Sciences	Medisocial+Marketing
Medical care	Accessibility	Tolerance for Difference
Capitalism	Critique of Capitalism	Postmodern
No right to equal participation	Rights (& disability movement)	Inclusion

In contrary to the two dominant models, the findings reveal that disability is a time and context bound condition. The individual's experiences and perceptions may change; the social and medical dimension of disability cannot be ignored. Having impairments, people are classified and discriminated through labels. Disability is an individual experience in the medical approach, while social approach takes it to a societal level. The new model suggests that disability has both individual and societal dimensions which are formed with the interaction of individual, dominant societal discourses, state, and marketing. Focusing on the individual, the medical model looks at treatment methods; on the other hand, the social model attempts to solve accessibility and barrier issues. The new model, at the individual level, helps people realize their abilities, and at the collective level, increases awareness to tolerate the bodily differences. The medical model analyzes disability in terms of capitalism, and it identifies who could participate to production system or how people could contribute to the system. In contrast, the social model is constructed on Marxist foundations. In sum, both dominant models have modern perspectives of disability. On the other hand, the new model takes a more postmodern approach, which emphasizes hyperreality.

6.3. Acceptance and Tolerance for Difference

As discussed earlier, disability is a concept that goes back to ancient times. The below quotation lays out how LAD people are perceived by contemporary able-bodied people.

> *I want to live in a world where we do not have such low expectations of disabled people that we are congratulated for getting out of bed and remembering our own names in the morning. I want to live in a world where we value genuine achievement for disabled people* (Young, 2014).

This study has specifically investigated the feelings and experiences of LAD individuals. However, when examining other minority groups, I realized that all people in these groups experience similar barriers, labels, and discrimination at some point of their lives. As “able-bodied” and “normal” individuals, it is important to increase our awareness towards minorities, being aware that all individuals are different, and less able than each other. The life would be easier for individuals when they accept and tolerate differences in society. Moving beyond our assumptions and stereotype opinions, our efforts for acceptance and recognition would be more efficient.

Oscar Pistorius was the first amputee athlete who had the chance to compete in the 2012 Olympics[34]. Using a special prosthesis (a carbon fiber foot), he has become a role model for the future. Despite his achievements, Oscar Pistorius is also a good example of how a LAD individual can behave like the majority. He proved how a LAD athlete with prostheses could break records like other famous athletes such as Usain Bolt or Tyson Gay. However, in 2013, by killing his girlfriend he showed that a LAD could break the laws, and kill someone. Despite, physical, sexual, or cultural differences, we are all human beings.

6.4. Consumer Imprisonment

From a Foucauldian perspective, modern life experience started at the end of the 18th century, when special hospitals/places were built to refine mad people under the control of doctors. Considering and labeling madness as an illness, doctors put effort to cure the illness. In this process, individuals were imprisoned to protect society from undesirables (Foucault, 1995). Labeled as Mad (LAM) people did not classify themselves, the majority decided who were mad or not. After two centuries, the same process appeared for people with impairments. Disability has been something defined by the majority as it was for the madness case.

Marketing is an important force (Pavia, 2014) and it is important not to ignore the impact on disability issues, through representations, ideal body and beauty images, and standardized products/services. Marketing, as a typical consumption motivator for most people, leads to feelings of powerlessness and isolation (Baker, Gentry and Rittenburg, 2005). Considering this, the findings lay out two sides of marketing; the dark, and the bright side.

Triggering excessive consumption, ignoring the environmental issues, and well-being of the individuals, marketing (as an institution) has a dark side. Furhermore, it is one of the actors who set the norms from a modern perspective. Marketing, as a whole, sells, advertises, and promotes normality. Based on the findings, this stage is consumer imprisonment stage, in which the individuals cannot meet their needs, and there is no option to consume. Being different and not meeting

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[34] Amputee Athlete Oscar Pistorius' biography (Bio, 2015).

the norms are the reasons for exclusion and imprisonment. While setting the norms, it labels and excludes people from society. Instead of creating barriers and excluding particular people, the marketers should attempt to focus on supporting those individuals.

In contrary to its dark side, marketing has a bright side, with a focus on the social issues such as environmental problems, sustainability issues, and so on. Marketing as an institution may help to remove barriers, and help vulnerable consumers to participate in society. Considering the needs and desires of LAD individuals, marketers may focus on the marketing mix elements for those consumers. The findings reveal that LAD consumers have a need for accessibility to participate in consumption practices. As soon as they access to marketplace, the marketing mix elements start working for them. As soon as they access the markets, then 4P starts working. For marketers, tribal marketing approach can be beneficial in LAD groups. A tribe is not a homogenous group in terms of objective characteristics such as gender, age, and attitudes, but it is formed around a collective identification, shared experiences, and the ability to engage in collective action (Cova and Shankar, 2012). In the case disability, LAD individuals have the collective identification, experiencing different disability experiences. These individuals need special products, and their participation in the product development phase may be valuable in their loyalty to the tribe, as mentioned earlier by Friedman, Lopez-Pumarejo and Friedman (2014).

As a key actor, marketing helps in the process of creating and determining the norms. Employees, managers, and corporate cultures are far away from understanding disability; the participation of all the stakeholders is needed. As they attempt to understand the experience, they realize the urgent need for the appropriate products and services. The aim of marketing is not just profit maximization, but also increasing the well-being of the individuals conducting long-term social projects, satisfying their needs, and consider them as normal people.

6.5. The Societal and Managerial Implications

By supporting efforts or ignoring LAD citizens, the state has a key role in the exclusion processes. Giving ideal body images and ignoring their needs, marketing, as an institution, labels and excludes LAD people in society.

Disability is a life-long experience which takes shape under the influence of different actors. LAD individuals experience the initial barriers at home with families. Most parents of LAD children (whatever the education or income levels are) feel shocked and depressed to have a LAD baby. They do not have knowledge about disability, and under the influence of societal discourses, stories, and stereotype representations, they may hide their children from others, keep them at home in the initial stages of disability experience. Families create the initial barriers, excluding children from society and mainstream activities through over-protective behavior.

In contrast to the families which exclude their children from society, some families make effort to support their children to socialize, and participate in the daily life. After the initial experiences at home, school is an important environment for LAD children to meet able-bodied ones, and get positive, but often negative reactions from them. Most LAD individuals realize their deficiencies, barriers, and the meaning of disability at school. In the Turkish context, the education life is even more difficult due to a number of problems. For instance; the buildings are not accessible, there are no special schools for different disability groups, LAD students are not welcomed by some able-bodied parents, and the education system is organized based on stereotypes, norms and standards.

State is one of the major actors with an influence on LAD individuals. The state has a medical perspective towards disability, and all the efforts on disability remain limited with rehabilitation, treatment, and prostheses. It took years for the state to realize the social aspect of the phenomena. More than 10 years ago, the state made an attempt to increase accessibility for LAD individuals. According to the regulation, all state buidings, transportation systems, public services would be accessible without exception. It was an incredible step, but ended in disappointment. Furthermore, the state cannot meet some basic needs of LAD individuals such as education, employment, or transportation. The education system discriminates minorities, LAD children being one of them, and the accessibility arrangements seem to be time and money consuming attempts. LAD individuals need to be included in law-making processes. Also, LAD and other minority children need a new education system which recognizes and accepts differences without discrimination. Considering all these, the findings reveal that the state may support some efforts. Private corporations need guidance and support in the disability case, and there are some examples how this role can be so efficient for all individuals.

Disability associations have an important role in LAD individuals' lives. The findings emphasize how the associations help those individuals to socialize, and realize their abilities. Despite its positive influence, some associations work for the benefit of corporations, rather than LAD individuals. However, these associations exist, and continue to increase. As an observation during the interviews, I realized the disconnection between the associations. Each works for a specific disability group and ignores the other groups. The associations are more efficient when they interact with each other and the other important actors. LAD individuals need them to build bridges with society. The association can be beneficial as they collaborate to improve the well-being of its members.

Under the influence of the state, academia needs to take action. Most university buildings are not accessible, nor the professors are aware of different disabilities. From a researcher perspective, there is a need for research on disability, and LAD people. This can help to increase awareness in academia and society, and to be the voice of these individuals. To sum up, individuals are not disabled, but the actors are disabling the individuals through labels.

CHAPTER 7. LIMITATIONS AND FUTURE RESEARCH

Considering the limited studies on disability in marketing literature, I aimed to discuss the experiences and feelings of both able-bodied and LAD individuals leading to some limitations and future research suggestions. Participants from different age groups, especially elderly participants, may provide valuable insights on this topic.

Being one of the important groups, government officials need further investigation. Due to time and access constraints, there were a very limited number of government officials among the participants. It needs time and long procedures to get permit from some institutions for security reasons; in further researches, this should be considered.

LAD people are among one of the most numerous minorities, but they are not the only ones with obstacles in society. A woman, a poor person, a person from a different religion or cultural background may experience difficulties and isolation. This study specifically did not focus intensely on the relationship between gender and disability issues, but it may provide valuable insights on the topic. Taking into consideration all of these, the experience of being from multiple minority groups need further research. For instance, future research may investigate the experiences of a woman with impairments, or an LGBT individual with impairment, from a different cultural background.

This study focused on the individuls who are physically impaired. The research questions aimed to understand the relationship between those individuals and the actors who influence the experiences of those individuals. Despite the barriers and the exclusion processes, those individuals with physical impairments have a chance to participate in daily life and make their own decisions on what to wear, eat or do.

However, there are people who are mentally disabled, and those people cannot make their own decisions, and they are fully dependent on their families or take carers. As a future research, I wonder how the families decide on the consumption practices of the mentally disabled individuals. For instance; if a family has a mentally disabled son, how do they decide to buy something on behalf of this person? Is it the child's identity or the family's identity that is dominant? How the identity creation process works for those individuals?

Turkey, in general, is not a disability-friendly country. LAD people have a tough disability experience without legal support, arrangements, and so on. Depending on the culture, disability experience may vary. Considering this, further research can investigate disability experience in different contexts and make a comparison of these experiences.

As another future research, amputee people's experiences may be interesting to investigate questioning their motivations for being amputee and the impact it has on their lives. Taking a deeper look at their lives, it may help to understand the future of bionic man exploring the before and after lives and experiences.

Today, as a result of civil war in Syria, millions of people leave their homes and flee abroad to survive. There is not so much news on LAD refugees in media, but we heard the news that some groups issued a fatwa[35] to exterminate LAD children. Being both a refugee and LAD person may be explored.

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[35] One of the news (Ng, 2015)

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APPENDICES

APPENDIX 1

Interview Protocol for LAD Individuals

- Could you please tell me about your life, family and friends?
- What do you do in your spare time?
- Could you tell me about your social milieu? (Do you have disabled or able-bodied friends or relatives? Give me detail please.) How do you feel when you meet other people (able-bodied and LAD)?
- Tell me about a **bad** experience. How did you feel and react? Give me details.
- Tell me about a **good** experience. How did you feel? Give me details.
- Tell me about a usual day. What do you do? Where do you go? Do you have hobbies? Give me details please.
- Tell me about your shopping habits. Do you shop alone or do you need help?
- Do you have special needs due to your physical condition?
- Does your social milieu influence your shopping habits?
- Could you please tell me about one regular shopping experience?
- Tell me about a **negative** shopping experience. Give me details of this experience. How did you feel? Tell me about the reactions and your answer.
- Tell me about a **positive** shopping experience. Give me details of this experience.
- Which experience is more common? (Negative or positive).
- What do you think about marketers’ and market elements’ attitudes towards disabled individuals?
- Could you please describe an ideal fe/male figure? Give me details please. What takes your attention? (Body, personality, fame, or so on).
- Any attempts to be like this ideal fe/male figure?
- What do you think about media representations, ideal fe/male figures, or so on? How do you feel when you see these representations? Give me details please.

- Tell me about your feelings and experiences when you participate in daily life. (Society, family, friends, neighbors, governmental organizations, rehabilitation centers, associations)
- Tell me a **bad** experience (exclusion, negative reaction, discrimination).
- Tell me about a **good** experience (inclusion, welcome, positive reaction).
- How do you feel when you participate in daily life? How does your physical condition affect your daily life experiences?
- What do you think about disability arrangements, laws, and so on? How do these arrangements affect LAD people's lives? If you were the top responsible person, what would you do for LAD people? Give me details please.
- What do you think about organ transplantations and surgeries?
- How do you feel when you hear the transplantation news?
- Would you like to receive a treatment? For instance; if there were a special medicine which would treat your physical condition, would you try it?
- There are some concepts such as disabled, impaired, disadvantaged, or so on. Which one do you prefer? Would you like to add another concept or word?
- Do you have more to add?

Interview Protocol for Able-bodied Individuals

- Could you please tell me about your life? (Where were you born? Family income level, education life, and so on).
- More specifically, could you please tell me about your disability experience? Do you have any disabled family member, friend, neighbor, or employee?
- Do you have individual disability experience? (e.g., dark-room experiences, wheelchair workshop, broken arm/leg, or so on.)
- Could you please tell me about your feelings, experiences in detail? How did you feel? How does it change your attitude?
- Could you tell me an experience with disabled individual? How did you feel? What did you do?
- What do you think about society's attitude towards disability?
- Have you participated in disability projects? What was the motivation? Could you give me details of the project? (The scope, feedbacks, reactions, before and after project results, your feelings, and so on).
- Tell me about your company. Are there arrangements for disabled people? Do they feel comfortable? Tell me from customer and employee perspectives.
- Would you like to conduct a similar project in the future?
- Do you have collaborations with associations, governmental individuals, or famous people?
- How did the project affect the company's future plans? (e.g., production of special products, more disabled employment, or so on).
- What do you think about different actors' attitude on disability issues?
- Could you tell me about the barriers and difficulties that disabled people face in their daily lives? What do you suggest? What are the reasons for these barriers?
- What do you think about the words disability, handicapped, impaired, or so on?
- Do you have more to add?

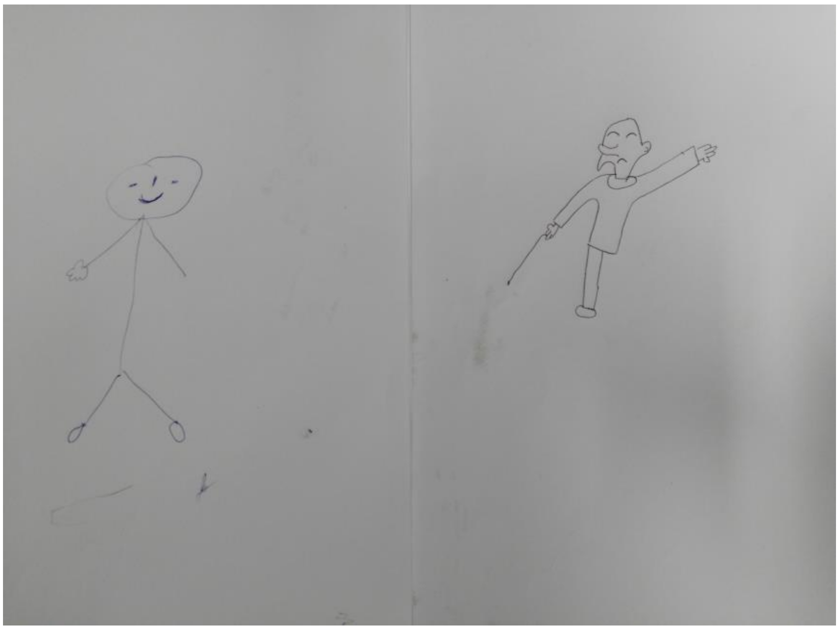
APPENDIX 2

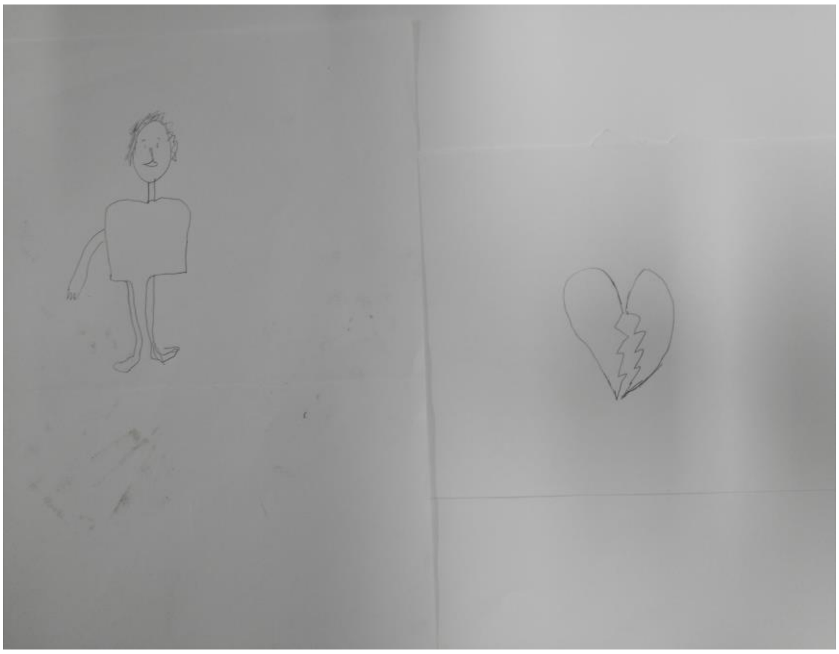
Photos from Turkey

These two photos above were taken in 2015, in Eskisehir, Turkey. The city centre was designed for wheelchair users. There were separate roads for wheelchair users and bikers. I could not see arrangements for visually and hearing impaired individuals.

This photo was taken in 2015, in Izmir, Turkey. Although Izmir Metropolitan Municipality makes arrangements for people from different disability groups, some attempts need to be improved. As it is seen, it is impossible for a visually impaired individual to walk in this road.

This photo was taken in 2015, in Istanbul, Turkey. I took this photo in a taxi. Visually impaired people have the chance to know the details about taxi. Using braille alphabet, the person can learn taxi’s licence number, emergency phone numbers, and so on.





These are drawings from a disability workshop which was organized in 2014, in Izmir, Turkey. The drawings present the disability perceptions of able-bodied individuals. Characters have half bodies, broken hearts, and missing legs or arms.

Today, it is possible to see LAD models on the stage. Rebekah Marine is one of the models with advanced prosthetic arm. She actively uses social media, and she has thousands of followers. (Photo source: http://www.rebekahmarine.com).

This photo was taken in FTL Moda's AW15 Show taking our attention on physical differences. An amputee and a wheelchair user models aim to change society's perception on disability.

(Photo source: http://www.dailymail.co.uk/femail/article-2955283/Disabled-models-catwalk-wheelchairs-New-York-Fashion-Week-promotes-diversity.html)

VITA

Murad Canbulut was born in January 26, 1986. He completed his high school education in Selma Yiğitalp Foreign Language Intensive (AYDB) High School. He had his bachelor's degree in Business Administration as a top student in the department, from Celal Bayar University, Manisa, 2008. He had a master's degree (MBA) from Izmir University of Economics, 2010. In 2010, he enrolled in the Ph.D. program in Business Administration with a major of marketing at Izmir University of Economics, and started working as a research assistant.