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## The Screen Speaks: Disability, Media & Schooling

Alicia S. Campbell

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# THE SCREEN SPEAKS: DISABILITY, MEDIA & SCHOOLING

by

ALICIA SIMMONS CAMPBELL

(Under the Direction of Julie G. Maudlin)

## ABSTRACT

As society becomes more technological on a daily basis, we are heavily influenced by the steady influx of information we receive from various types of media. This dissertation will investigate the relationship between our investments with popular media, particularly film, and with teachers' perceptions of students with disabilities in secondary schools. I will first look at how disability is viewed in society, discussing both the more traditional models that are moral, medical and rehabilitative in nature and the more contemporary social model. I will explore the history of disability in society, schooling, and film and uncover patterns that illustrate the perpetuation of disabled stereotypes. Using the popular film *Radio*, I will examine how the messages we receive from film about disability may inform teachers' perceptions of the abilities of and educational outcomes for their students with disabilities. In order for our students with disabilities to feel they are valued members of society, they must receive educational opportunities that are equitable and just. This study will focus on how these texts may be informing our practices as teachers.

INDEX WORDS: Disability, Media, Film, Teaching, Special Education

THE SCREEN SPEAKS: DISABILITY, MEDIA & SCHOOLING

by

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A Dissertation Submitted to the Graduate Faculty of Georgia Southern University in Partial

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THE SCREEN SPEAKS: DISABILITY, MEDIA & SCHOOLING

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DEDICATION

To Lee

The wind beneath my wings.

To Kelsey and Witt

My joy and happiness.

I love all of you with everything I have.

In Memory of Daddy

I know he is very proud.

## ACKNOWLEDGEMENTS

Words will never be enough to adequately describe the love and support I have had throughout this journey from my husband, Lee. He is, without a doubt, the most patient, kind-hearted, loving man in the universe. We have shared triumphs, tragedy, championships and losses, and it is with great honor that I share this accomplishment with him. Thank you for everything!

To my two wonderful children, Kelsey and Witt, you both have always been the motivation for me to complete this journey. You encouraged me when you did not even realize you were doing so. I have watched you both overcome one obstacle after another with grace, dignity and perseverance. Thank you for being the most amazing children in the world!

My mom has been my number one fan since she gave birth to me 48 years ago. I could not have accomplished writing this dissertation without her love and support. She truly has shown me that faith in God can move mountains. Thank you, Mama!

The guidance and support I have received from the chair of my committee, Dr. Julie Maudlin, has been phenomenal. I appreciate her timeliness in answering my numerous emails and her specific feedback. She has opened my mind to new ways of thinking about disability and media. Dr. Maudlin and the members of my committee have given me support, encouragement, flexibility and guidance. I will be forever grateful. The Department of Curriculum Studies at Georgia Southern University has been instrumental in guiding me to think outside of traditional protocols. I am a better teacher and a better person because of their influence.

Finally, I give all thanks to my Lord and Savior Jesus Christ, who loves me beyond measure.



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## CHAPTER 1

### Why Disability?

The first time I viewed the film *Radio* in late November, 2003, it stirred an emotional response in me that I could not explain at first. The film chronicles the true story of a man with a cognitive disability that is befriended by a high school football coach. I realized, after seeing the film a second time a few months later, that I saw my own relationships with my disabled students displayed on that screen. I was guilty of permitting what others told me about my students or about their disabilities to guide my own thoughts and perceptions about their academic and behavioral abilities. I listened to former teachers, parents, and even linked my knowledge to literature and film depicting people with certain types of disabilities to “identify” my students and to form expectations of their abilities to be successful in my classroom. Viewing *Radio* the second time was a pivotal experience for me as an educator of students with disabilities. Exploring my own relationship with disability and my immersion with popular culture helps me to investigate how my own perceptions of my students may be shaping how and what I teach them. I was guilty of “giving” my students an identity and I took **from** them the opportunity to establish their own identity.

I began to consider how I myself might be contributing to the unequal and differential educational opportunities are prevalent in American public schools for over six million students with disabilities. The category of disability has been used to support separate regular education and special education programs that assign students based on academic achievement and desirable classroom behaviors. In 2010, 14.2% of all students with disabilities were separated into small classes in the name of special and individualized instruction (Fast facts, 2012). Skills

learned in segregated special education classes permit very few students with disabilities to be employed followed formal schooling. If they are employed, their jobs are “located at the lowest rungs of the social division of labor” (Erevelles, 2005, p. 66). Many, however, are permanently unemployed and dependent on government assistance for survival. Students with less severe impairments who are served in regular classroom or inclusive settings do not fare much better. According to the National Council on Disability, **all** people with disabilities have lower rates of employment and annual earnings and lack sufficient access to housing, transportation and health care (National Disability Policy: A Progress Report, 2011). They also are more likely to live in poverty. The education of students with disabilities is at a critical juncture. Students who are served in restrictive special education classes are often allowed access to only certain areas in school buildings and only at certain times of the day. The curriculum they are taught is a diluted version of the one taught to students in general education classes. They are often instructed by constant repetition and remediated with numerous worksheets. The texts that are used to teach secondary students are often discarded materials from the elementary and middle schools in the system. Their educational experience is substandard. As scholars of curriculum studies, we can either ignore current oppressive practices for these students or we can thoughtfully and intently engage in discourse that will lead to more equitable and just educational opportunities.

Disability has long contributed to notions of identity and achievement that dominate the discourses of public education. In fact, Nirmala Erevelles (2006), a noted professor and contributor to the field of Disability Studies, asserts that disability is the “central device in the organization of social difference in narratives of public education” (p. 369). Students with disabilities are marginalized in numerous and covert ways much more than students who differ from the norm based on race, class, gender and sexual orientation. Students who do not achieve

academically and are served in special education classes are often taught a significantly diluted version of the regular curriculum. Remediation and repetition are the focus of these classes and serve as “an obstacle or deterrent to that democratic effort” of resolving social inequity (Danforth, 2006, p. 79). If disability is due to a behavioral issue, students are taught “obedience rather than school knowledge as contained in the traditional academic disciplines or practical knowledge as embodied in vocational preparation programs” (Danforth, 2005, p. 86). They are encouraged merely to learn to follow rules rather than being taught to skills and knowledge that will enable them to become citizens who can support themselves and become productive citizens in society.

The majority of students who are considered different based on their race, class, gender or sexual orientation can “carry off” normalizing appearances, unless of course, their difference is compounded also with a disability. Students with physical and moderate to severe cognitive disabilities are not as fortunate as those who can conform to societal norms. According to the National Center for Education Statistics (NCES), students with cognitive disabilities accounted for roughly 6% of the total student population within a school in 2011-2012 (Fast facts, 2012). They not only look markedly different, they act different and are not considered “normal” in school environments. They experience schooling that is inequitable and limited, often relegated to self-contained classrooms with little or no interaction with non-disabled peers. Because these students cannot “visibly” conform to normality, they are confined to certain areas in school buildings and restricted to only specific parts of the curriculum afforded to non-disabled students. The justification for such inequality is often that educational decisions are made by teachers, administrators and parents based on the individual needs and best interests of disabled students. If however, we view their placement in restrictive classes from a social and

organizational model as Erevelles (2005) suggests, we see that these practices are oppressive and debilitating. Only a few are allowed to learn skills in community-based worksites. The students who are offered this type of on-the-job training are those who are less offensive to “normal” society due to their appearance or actions. We can easily see how students with moderate to severe cognitive disabilities are treated differently; however, we may not readily understand how students who do not have “visible” disabilities are oppressed because of their educational placement. The inequity of their educational experience is subtle and not nearly as discernible as those students with moderate to severe disabilities.

Many different disabilities that are “invisible” seem to have become more prevalent in the last two decades, particularly in school-age children. Students who have Attention Deficit Disorder (ADD), Asperger’s Syndrome, Dyslexia, Traumatic Brain Injury (TBI) and mild Autism, just to name a few, have disabilities that limit their academic abilities but are not visibly apparent. The increased awareness of these disabilities is reflected in popular culture, both in film and particularly young adult literature. If we do not have a disability, or we do not have experience with someone who has a disability, our perceptions about living with challenges and limitations due to disability may be wholly dependent on what we view on film or read in literature.

These disabilities may not be readily obvious to onlookers but they may limit daily activities and range from mild to severe challenges and limitations. Students with learning disabilities, behavior disorders, other health impairments (such as ADD or TBI) do not always look and act differently, but they are perceived to be different despite their “normal” appearance. Their segregation is evident through the use of instructional and testing accommodations as well as modifications to the curriculum. Students with disabilities gained the right to these

instructional accommodations with the passage of the Individuals with Disabilities Act of 1975 (IDEA), which provides that each student with a disability who is served by special education is provided an equal opportunity to receive an education as every other student. An Individual Education Plan (IEP), a mandate of IDEA, is written for each student in special education that details the accommodations and modifications that must be made in the environment, materials, or instructional delivery they receive in the classroom. They may require classroom accommodations and curricular modifications that alter the methods used to deliver instruction to them in regular classroom or small group settings. These students are often pulled out of the general education setting to have tests and assignments read aloud to them, they may be given extra time to complete assignments, or they may receive copies of teacher notes and graphic organizers. All these differentiated strategies are well within their rights, but these differences serve to label them as deficient in their ability to learn like their peers. When students with disabilities are served in co-taught settings, they are to receive specialized assistance from both teachers in the classroom; the special education teacher, often called the support teacher, and the regular education teacher, or the content teacher. However, in the majority of inclusive classrooms, the support teacher is held responsible for the students in the room who are served by the special education program (Boyle, Topping, & Jindal-Snape, 2013). The extra attention given to these students is evident to their non-disabled peers, and they are set apart based on this evidence. In the eyes of the law, these accommodations are meant to empower students with disabilities and give them equal access. However, they also have the unintended consequence of separating students receiving services from those in general education that are considered normal. Casale-Giannola (2012) conducted a study based on observations of 37 inclusive academic classrooms and 30 inclusive career-technical/vocational classes in two secondary



schools. She identified six weaknesses of inclusive classes that limited educational equity for students with disabilities. First is a lack of necessary strategies and resources by both the content and support teachers to support the students with disabilities in their classrooms. Although both teachers brought much skill and many strategies to the co-taught classroom, they felt the need for continual building of their expertise in meeting the needs of diverse learners. Secondly, students with disabilities often lack basic reading, writing and mathematical skills that are vital to keeping pace with instruction in secondary classes. They require remediation and intense skill development that is sometimes not available due to time and scheduling challenges. Next, Casale-Giannola identified the lack of communication and respect between the content and support teacher of many co-teaching teams observed. Some of this, she noted, could be attributed to the scarcity of common planning times and lack of knowledge of various co-teaching models to maximize instruction for all students. Also noted was a dependence on the content teacher for the bulk of instruction while the support teacher serves as an assistant for the students requiring extra attention. Lack of the content teacher's knowledge about special education laws and practices was recognized as the fourth weakness in inclusive settings. Of the content teachers who were interviewed in the study, many indicated they were not responsible for the instruction of the students with disabilities in inclusion classes. They stated they felt these students and their achievement was the responsibility of the support teacher. Another weakness of inclusion was the uneven scheduling of students in general education settings. Many of the classes observed in her study were overloaded with special education students while some of them only had two or three. Support and content teachers agreed that a more equal distribution of students in the classes would create more opportunities for all students to learn. Lastly noted was insufficient time and lack of continual student assessments to adequately assess needs. Content and support

teachers both addressed the need for frequent assessment in order to make critical and insightful instructional decisions. All of the weaknesses identified in this study are barriers to equitable educational opportunities for students with disabilities and limit their experiences in schooling, greatly affecting their prospects for future success as employable citizens. The laws and practices that are required and prevalent in special education are not meant to be oppressive, rather our inability, as teachers, to adapt the curriculum and our teaching skills to meet the needs of our students lead to unequal educational opportunities for students with disabilities.

Lack of equitable educational opportunities has grown as the number of students with disabilities has continued to rise. The United States Department of Education reports indicate that during the 2009-2010 school year, 6,481,000 children in grades Pre-K through 12 were enrolled in some type of special education services (National Center for Education Statistics). These students represent 13.1% of the total population of school-age children in public schools, a statistic that rises each year. The simple fact that *at least* one in ten students has some type of disability makes awareness and action necessary to ensure these students receive an education that is not only free and appropriate, but also meaningful and relevant. In addition, special education students are counted equally with students in the regular population in calculations for graduation rate and the College and Career Ready Performance Index (CCRPI) which are used to grade public schools on their success in preparing students for post-secondary options. The CCRPI includes End of Course Test Scores for eight classes, which all regular and special education students must take before graduation. Also included in calculation of school performance is evidence that schools are closing the achievement gap between students who come from low-income and minority families. The overwhelming majority of students served in special education also come from these families. If schools do not show progress on the CCRPI

for several consecutive years, not only is it an indication that they not providing educational opportunities for students, they are in danger of being taken over by state education officials. Therefore, not only is it morally and ethically imperative that the needs of *all* students are met it is vital to the success of our educational system as a whole. As mentioned earlier, the ways we are currently attempting to meet the academic and behavioral needs of students with disabilities are limiting their educational experiences. What is needed is a new way of thinking about disability that includes critical analysis of the role perception of student ability has in their education. *We think* we know what is best for students and we base our policy decisions on these beliefs but do we consider *where* our ideas originate? We must consider that there is a connection between special education policy designed to individualize instruction for students with disabilities and the popular culture in which we engage on a daily basis. We have to acknowledge that our understanding of identity, not just disability many be informed by what we view and read. We may learn what it is like to be something or someone else by vicariously experiencing their life through film or literature. The connection between special education and popular culture is us: teachers, administrators and parents that collaborate to make important decisions on schooling for these students.

Viewing *Radio* for the second time provided me the motivation for my academic work. With this dissertation, I seek to advance a deeper understanding of the way our investments with popular culture may be shaping the educational decisions we make for and about students with disabilities. We must “interrogate the ways that society has constructed disability by perpetuating a fiction of normalcy” (Maudlin, 2007, p. 114) to try and form an understanding of the ways our own perceptions of our students are shaped. Our immersion with popular culture not only informs us how to think about our own bodies and minds, but through representations of

disability on film and in literature we learn “prevailing narratives of disability in educational settings” (Maudlin, 2007, p. 115). To explore the connection between disability and popular culture, I will engage in a postmodern analysis of the film *Radio* in order to illustrate how teachers may view and behave differently towards students with disabilities in their classrooms.

### Disability and Identity

How are our perceptions about students with disabilities shaped? Disability Rights activists today, such as Linton (1998), Charlton (2000), and Siebers (2008) focus on the social construction of disability to explain the experiences and challenges people with disabilities face in their day to day lives. However, the special education programs in public schools continue to be mired in the medical and rehabilitative models of disability and seem to adhere to teaching students to appear and act more “normal” so they can hopefully escape the stigma of disability. Students who have disabilities are rarely able to escape this label given to them based on their ability to fit in with everyone else. Students with disabilities are labeled and stigmatized, and most often remain that way the rest of their lives.

Students who are referred for special education services by their teachers are either failing academically or exhibiting behaviors that impede their own learning or the learning of peers in the regular education setting. Classroom interventions, such as peer tutoring and remediation follow, and if students still are not progressing, screening and psychological testing follow. If through psychological testing, classroom observations and teacher rating scales, a student is believed to have a disability, a team is formed to decide eligibility and services in special education. From the very moment the team determines eligibility, the child receives an identity. They are labeled as mildly, moderately, severely or profoundly intellectually disabled,

learning disabled, emotionally or behaviorally disordered or other health impaired. This new label limits their educational experience and most often, their lived experience as people with disabilities.

Identity in social, political, cultural and educational situations is closely linked with the ability of our bodies to behave as society believes a normal body should. Linton (1998) points out that “disabled people are left in the unenviable position of having to keep up with norms and standards but with no opportunity to shape them” (p. 54). She maintains that the experiences of people with disabilities are shaped and defined by dominant “normal” culture, and they themselves buy in to this characterization and identify themselves as such. According to Linton, they often have negative perceptions of the capabilities of their bodies and minds to make them competitive in schooling and in life. Hunt (1998) an academic with progressive physical disabilities challenges the way society views the disabled body but says he “is aware of the danger of concentrating on the ways in which disability makes us like each other and unlike the normal, and thus being trapped into the common fault of viewing people in terms of one characteristic to the exclusion of all others” (p. 8). He admits to buying in at times to what society tells him about his own body. The only way to change this cycle is for society to engage critically in conversations about the meaning it places on disability identity and to realize that this meaning may one day include many of us as we age. Disability Studies provides us with a “location and a means to think critically about disability” (Linton, 1998, p. 1). Siebers (2008) asserts that we must view disability as a “minority identity that must be addressed not as personal misfortune or individual defect but as the product of a disabling social and built environment” (p. 3). We must be willing to acknowledge the factor that the able-bodied members of society play in placing limitations on people with disabilities.

While Disability Studies advocates promote growing awareness of the difficulties people with disabilities of all ages face, it is imperative that disability scholars explore practical concerns of educational practices and procedures involving students with disabilities. Rather than focusing on individual illnesses and diseases that cause impairments, the goal is to seek increased awareness of the disabled as an oppressed group and go “beyond mere pedagogical practices and arrangements to challenge educators at the level of personal and communal ethics, asking troubling yet hopeful questions about who we are and who we are together” (Danforth & Gabel, 2006, p. 2). Due to the work of advocates and the awakening of people with disabilities to advocate for themselves as a group rather than individually, much progress has been made to understand the underlying factors that contribute to the oppression of all people with disabilities. By coming together as a collective force, people who have disabilities are forming and taking charge of their own identities. They are deciding who they want to be and how they want to live.

### My Personal Relationship with Disability

The personal experience I have with disability is essential to the understanding of why I choose to write about people with disabilities and those who care for and teach them. Disability, over the years has become somewhat of a passion for me. I began to notice early in my life that people with disabilities were drawn to me. Several older members of my church were disabled, either mentally or physically, and I spent a great deal of time with them. My mother insists this was the beginning of my desire to become an educator of students with disabilities. I thought I was just being nice, and to be honest, I enjoyed their lavish attention. As I grew older, I noticed people with disabilities asking me for assistance in stores, particularly the grocery store. It was as if they were drawn to me, they knew *somehow* I was a friendly person who would help them find

what they needed. These are reasons enough for me to write about disability, however, my relationship with disability became much more personal as my own family grew.

Austin, my great-nephew, was deprived of oxygen for several minutes during his difficult birth and has significant developmental delay as a result. He is now 18 years old and completely dependent on his mom, dad, and other caregivers for his basic needs. He cannot walk, talk, or feed himself, but he is precious to everyone in my large family. We have always considered him to be a blessing, although admittedly, all of us went through a period of denial when we first became suspicious of his physical and mental development as an infant. I, being the only teacher of students with disabilities in my family at the time, was the one my niece and nephew would call with concerns about Austin's development. I felt certain with what they both were telling me that something wasn't quite right, going more so on my own daughter's milestones than my experiences with young students in the classroom, but I did not know enough to say anything that would cause more concern on their part. Numerous doctors kept telling them that there was probably nothing to worry about, but something told them differently.

Austin was born on October 31, 1995 and immediately, because of his birthdate, we nicknamed him our "little pumpkin." He is the third grandchild to my brother and his wife and the first-born to my youngest nephew, Chris and his wife, Kathy. With the exception of my own children, he was one of the most beautiful and perfect babies I had ever seen. His crystal blue eyes and dimpled chin only made his chubby cheeks and perfectly shaped head stand out. It wasn't until he failed to even attempt crawling that Chris and Kathy began to wonder if there was something wrong with their beautiful baby boy. After countless visits to specialists and even a six week stay at a clinic in Poland, his parents, and the rest of our family, had to accept that Austin would always live with limitations and challenges.

Austin's educational experiences differ greatly from his non-disabled peers. He spends his school days confined in a self-contained classroom with his teacher, two paraprofessionals, and three other students. The only opportunity he has to leave this classroom is twice per week when he goes to adaptive physical education classes. Austin eats lunch in this room, his occupational and physical therapists serve him in this room, the bus even leaves and picks him up at the fire door to this classroom. The fact that he has little to no interaction with non-disabled peers is disturbing, but what is most troubling to me is the fact that Austin is served in a middle school environment when he is considered a high school senior. The rationale for this situation, according to special education administrators, is that the high school facility is not equipped to accommodate a student with such a severe disability. Austin's few interactions with non-disabled peers are not with students of his own age group. His educational opportunities are limited and inequitable.

My husband, Lee, also has a step-sister with cerebral palsy. Cristi, now 36, is a remarkable young woman. Born two months premature and weighing less than two pounds, Cristi was given little chance of survival. Quite the fighter, she thrived against all odds. She is non-ambulatory and has difficulty with fine motor skills, but she was able to earn all her Carnegie units, pass all portions of the Georgia High School Graduation Tests, and graduate from a large Georgia high school with a regular education diploma. Cristi took several elective classes and ate lunch with non-disabled same-age peers. She remembers her schooling as a remarkable experience; however, she wishes she had been given the opportunity to take all her classes in the regular education setting. She now lives at home with her parents and spends her days on her computer writing, talking with friends on Facebook, playing games and shopping. Spending time with her in the early years of my relationship with Lee is probably the most



significant reason I decided to become a teacher of students with disabilities. I see in her a remarkable spirit to accomplish things many of her teachers and even family members never thought possible.

Also significant to my work is the recent loss of my father-in-law, Billy, who was also Cristi's dad. Billy was diagnosed with a brain tumor in the spring of 2001 after years of debilitating headaches that would send him to the emergency room for relief. Finally, he was referred to a neurologist who found the tumor after ordering a battery of tests including a MRI. The tumor was found to be pushing against his brain stem, causing the significant pain he was experiencing. The doctor assured him that his pain would only increase if he did not have surgery to remove the tumor, and he was told he was at significant risk for stroke. Unsure of his quality of life if the tumor was not removed, Billy decided to go ahead with surgery. What was supposed to have been a 4 hour procedure turned into 8 hours because of an unexpected discovery that the MRI did not detect. The tumor had long "feelers" that had attached themselves to nerves in his neck. The surgeons spent hours peeling the tumor away from the nerves, without knowing how much damage was being done to the nerves. Billy recovered fairly well from the lengthy surgery, but it became evident very soon that he had lost the ability to swallow and his balance and speech had been greatly affected. With hopes that his ability to swallow would return once the nerves had healed from the trauma of the surgery, a temporary feeding tube was inserted and a tracheostomy was performed to facilitate his breathing. At the time, these were to be temporary measures, but as weeks, then months passed, Billy and the family were told by the neurologist and other specialists called in for his case that any improvement in swallowing, balance, or the ability to breathe without the tracheostomy would be a miracle. He was encouraged to accept that he would be disabled for the rest of his life.

This revelation was extremely difficult for a very active man of 54 at the time to accept. He was employed at Robins Air Force Base and a member of the Georgia Army National Guard with over 30 years of service in each. He played golf at least twice a week and attended every football and baseball game his sons, Lee and Chad, played in and later coached. The life he knew and loved, in his eyes, had ended the day he went into surgery. He was forced to retire from his job at the base and the National Guard, and most devastating to him, to rely on his wife, already a full-time caregiver for their daughter Cristi, for his basic needs. Getting to Lee's and Chad's games was going to be almost impossible, as was going to birthday parties, activities for his four grandchildren, and church. Also, he was no longer able to eat barbeque, catfish, and steak, something he dearly enjoyed. He was devastated, depressed and disabled.

For twelve years of his life, Billy spent a couple of months each year in the hospital and then in the rehabilitation hospital where he would receive therapy before the doctors would let him return home. He saw a few of his sons' teams play football, including one state championship win, from his van parked in the end zone, and saw his grandson, Witt, play one baseball and one football game. He missed two state championship football games and his oldest granddaughter's high school graduation, along with 12 years' worth of birthday parties, honors' ceremonies, choral programs, gymnastics meets, and sports competitions.

Just a week before his death on May 20, 2013, he admitted to Lee that he wished he had never had the surgery. Lee, who had the same type tumor removed in 2003 with no problems except some numbness and tingling in his left arm and hand, knew exactly what his dad meant. If Billy had known he would come out of the operating room disabled and unable to enjoy his life as he had previously, he would have never consented for the procedure. For him, disability was a

burden, and his life with a disability was a burden to those around him, those who had to care for him and those who missed his company.

### Disability Becomes Very Personal

I have experienced brief episodes of disablement at times in my life that have breathed new life into my already conceived notions of what it is like to be disabled in a society that values; the able body and mind. Although able to maintain a façade of normality, emotionally I have felt helpless, and at times disabled. Through these experiences, I became more than just surrounded by disability. I became immersed in disability.

On a very cold, but otherwise beautiful, sunny day in February of 2001, the 21<sup>st</sup> of that month to be exact, I was planning at my desk in my classroom, busily preparing lessons for my next several English classes at a small high school in my hometown. As a teacher of students with learning disabilities and behavior disorders, I had found my weekly lesson plans to be derailed at least by Wednesday, if not before, and this was a Wednesday. As I sat planning interventions and individualized lessons to match each student's needs, the thought never crossed my mind that in less than ten minutes, my life was to be drastically changed forever.

Lee, the school's athletic director and head football coach, appeared at my classroom door, and I could immediately tell something was very wrong. He slowly and very deliberately told me we needed to leave school and go to the hospital. I knew it was my Daddy. Just the night before, as I ironed our clothes for the next day, I had said to Lee that I was worried about my Daddy. The stress of farming and the uncertainty of receiving a farming loan for the next operating year were taking a tremendous toll on him. He usually had his financing arranged by the end of January every year however, the two previous years had been difficult. Droughts and

low crop prices had made paying back previous loans difficult for every farmer in our county as well as surrounding counties. Daddy was not alone in carrying over debt, but his age, seventy-five years old, put him at a great disadvantage in the eyes of lenders. Although healthy and very active, he was not viewed as a good candidate for being able to pay back a sizable loan plus at least 2 years of carry-over debt. Therefore, his options were limited. He had exhausted all avenues except one, and on the 19<sup>th</sup> of February he had been told that particular loan was probably not going to be approved either. Faced with an uncertain future and a life that to him had become hard and painful my daddy made the decision to end his life. It was like at the very moment of realizing my daddy was gone forever, Depression opened a door for me and I walked through willingly, seeking comfort, solace and acceptance in the depths of despair.

I call Depression by a proper noun to emphasize the role it played in my life and the toll it took on both my body and my mind. The days following my father's death are a blur. I went through the motions. I greeted friends, I smiled at their attempts to cheer me and remind me to hold on to good memories. I remember being even more vigilant in the care of our two children. Kelsey, our daughter, was eight and in 2<sup>nd</sup> grade, and had been extremely close to her Gandy. He was her favorite playmate and their long rides on his gator around the farm were their "together thing." Our son, Witt, named for my daddy, was only four. I became obsessed with making sure they were cared for, physically and emotionally. By channeling my energy towards the care of my children, I didn't have to deal with what was really killing me inside. My daddy left me, intentionally, and he didn't say goodbye.

The world returned to normal following that February day, visitation, and the funeral. I resumed day to day activities and became the emotional support person for my mom. Day after day, I sat with her, either in person or on the phone, and listened while she vented understandable

anger and rage at what Daddy had done. This almost daily ritual went on through that summer and by early fall, I was an emotional wreck. Bouts of crying and severe depression finally led me to our family doctor, also a close family friend. He encouraged me first of all to have a delicate, but frank discussion with my mom about branching out to others for her emotional support. Then, he broached the subject of prescribing an anti-depressant for me. Although I was completely against the idea, as was Lee, I listened as he explained to me that he would prescribe Zoloft, a very mild medication that would just “assist” me with dealing with the day to day challenges of my busy life. Finally, after days of debating the pros and cons, talking extensively with both Lee and a trusted friend, and yet more days of crying and despair, I relented and decided to take the medication on a trial basis. I thought at that time, that anything would be a vast improvement over the emotional and physical roller coaster ride I felt my life had become.

In the coming weeks I had that dreaded conversation with my mom and pinned my hopes on what I thought at the time to be a miracle drug. I did eventually, after four to six weeks, find day to day difficulties easier to manage and my emotions seemed to level off instead of the tremendous mood swings I had been experiencing. I was able to deal with students who were disruptive in my classes without retreating to the restroom to cry and shake uncontrollably. My own children seemed to settle down and do better academically, socially and at home. Yes, my life seemed to flow better and more easily with the help of the anti-depressant my doctor had prescribed. My hopes for a new normal in my life were restored.

The next several months were extremely busy, as the fall always is at our house. Lee is a head high school football coach, and our family life revolves around the game from August to November, and hopefully into playoff December. I have always been very involved with his career, and I immensely enjoy getting to know his players and helping them and their families

any way I can. When I started feeling ill, I attributed my symptoms to being extremely tired and overwhelmed. I went to bed early one night and drug myself out of bed the next morning, because I was sure the school wouldn't be able to run without me. By lunch that day, I was in the hospital, being prepped for an emergency appendectomy. I had been taken to the hospital by our school nurse, refusing to let her tell Lee she was even taking me. I had caused my family enough stress, it was his busiest time of the year, and besides, I was sure it was a false alarm. Only after the surgeon had been called did I consent for her to call Lee and my mom. The surgery went well, and soon I was home recovering with everyone doting over me. I had recovered from cesarean sections with both of my children and found those recoveries fairly easy compared to the appendectomy. I attribute much of the difficulty I had with this surgery and recovery to the overwhelming grief and depression from which I was still reeling, six months following my dad's death.

I was still taking Zoloft and my mood continued to improve, however I began to experience some undesirable side effects. I was extremely tired and at times, dizzy. I also noticed a marked decrease in sexual desire and sleeplessness. Concerned about these issues, I consulted my doctor who decided a change in medication might help and prescribed Welbutrin, an antidepressant medication often used to assist people who are trying to quit smoking and that had been reported by patients as having fewer side effects. This medication seemed to work just as well as the Zoloft at helping me manage my moods and emotions and with fewer side effects. I still wasn't sleeping well, but I attributed much of that to the fact that I just couldn't turn my mind off at night. I was still thinking about Daddy and wondering why he had chosen to take his own life.

Throughout the fall, I began to feel better; however, little did I know feeling better wouldn't last. The headaches started during Thanksgiving break. I had two severe headaches that week, both accompanied by nausea and sensitivity to light. The next week, I had three. On Thursday of the second week, our school nurse took my blood pressure. It was extremely high, so she sent me home to lie down. When she came by my home later to check on me, it was down some, but nowhere near normal. At this point, I was more than frustrated with what seemed to be one issue following another that was impacting my performance as a teacher and my life as a wife and mother. Another trip to the doctor resulted in yet another high blood pressure reading and an explanation by my doctor that my elevated pressure was due to extreme stress. He prescribed another medication...Toprol, a drug from a class of beta blockers to block the effect of adrenaline on the cardiovascular system, slow the heart rate, and reduce stress on the heart and the arteries. He cautioned that I might experience some minor side effects, possibly feeling very tired and maybe even dizzy. Lee, who was with me for this appointment, was the one who received the final order from our doctor. He told Lee to get me out of town for at least a couple of days, and recommended a cabin at Pine Mountain, Georgia that he and his wife had recently visited. Lee, very willing to do whatever he could to help me feel better, immediately began making plans and reservations. By the next afternoon, our children were packed and excited to be spending the weekend with their grandparents and we were on our way. I enjoyed the time away immensely, and even though I missed our children terribly, I hated the thought of returning home and going back to work. Christmas was also in a few weeks and I had everything left to do, decorations, gifts, Christmas cards, cooking, and the million and one other things over-achievers like myself try to add to the holidays. I came home feeling ready to tackle almost anything, until two weeks later when the Toprol was finally completely in my system and causing my entire

body to feel like a 500 pound weight I was trying to drag around. I could hardly hold my head up; much less accomplish all that I felt like I needed to for my children to have a wonderful Christmas. After voicing my concerns with my doctor, he decreased my dosage and told me to purchase a blood pressure monitor to have at home. I was to take my pressure three times daily and email the results to his office, calling immediately if my reading reached a dangerous level. With the decreased dosage, I was soon feeling less tired and listless and had more energy to do most of what I wanted to do. For a few weeks, my blood pressure remained within a normal range. After that short period of time, both my blood pressure and my anxiety began to rise again. Thinking that a complete change in my anti-depressant medication would help, my doctor prescribed Cymbalta. This was the beginning of a period of time when I felt completely impaired, and in retrospect, disabled. The one good thing that came out of this experience is perhaps a greater understanding of what my family members and students with disabilities face.

Although I am not suggesting that being diagnosed with depression is a disability in itself, I do believe that across the spans of our lifetimes, many of us can be or at least feel disabled for a time. In high school, I broke both my arms at the same time in a freak cheerleading accident, only to be followed by a broken foot just three weeks later. I was helpless and impaired, unable to do very much for myself. That period of time passed quickly, as I look back on it, and I was back to doing whatever I needed or wanted to within a relatively short period of time. My experience with depression was much the same; however, the time period was much longer, and my impairment was much less visible than two casted arms and a foot. Mainly due to the fact that I believed the main problem was deep within my mind, and something that I should be able to control without professional assistance.



I became an observer of my own life. My body was an active participant in my day to day activities, but mentally, I was somewhere else entirely. I felt like I was living in a fog, even to the point where it didn't feel like I was the one making my arms and legs move. It was the strangest feeling, one that is even now very difficult to describe. My family and friends noticed that I was smiling much more and seemed to be happier and more content. So, through their eyes, I was better, and I used their observations to convince myself that Cymbalta was finally the answer for which I had been searching for months. Looking back, although in the back of my mind, I knew I wasn't "myself," I also knew I was functioning better than I had in the months following my daddy's suicide. Situations that I had viewed as problems that had really upset me in just the few weeks prior to beginning Cymbalta were now not nearly as serious as they had been. I no longer cried when my son's football pants weren't clean or when my daughter had two hours of homework to complete, I simply did what I had to do to get things done, and I did not waste precious time agonizing over situations that were beyond my control. My life had certainly changed. My body and mind were no longer under constant and tremendous stress. I had a nonchalant attitude toward most everything and everyone. Having a carefree attitude was great until I began to shirk serious responsibilities.

Paying a bill late no longer bothered me, nor did the tidiness of our house. I gained weight, simply because I did not try or care to improve my health or the way I looked. Cymbalta told me that I was just fine the way I was. So was the world. Everything rolled off my back. Every now and then, I would feel a small part of my old self, wanting to take charge and get things accomplished, but I would quickly revert back to the security of my medicated world. I "floated" through life for almost three years. During this time, I was taking Cymbalta, Toprol, and Protonix, a medication to decrease the amount of acid in my stomach. My bathroom vanity

resembled a drug store, but I was coping and providing my family with a functioning wife and mother.

It wasn't until I began graduate school at Georgia Southern University that I fully realized the impact the anti-depressant was having on my intellectualism. It had been some time since I thought about the education of my students with disabilities in more than a superficial way. This is not to say that I didn't take care of them or care about their education. I just did not make very much of an attempt to look past their day to day interactions in my classroom to the why and how their impairments affected their lives outside my classroom, and outside the walls of the school building. It was at this point that I wanted out of the "fog" my life had become. I wanted desperately to be able to think productively again, to feel things deeply and strongly, and to live a life that was my own, not one that was produced by a drug.

As I write this, I have been able to have a clearer picture of the impaired life I was leading. I was mentally ill. I knew during the time that it was difficult, and I was only going through the motions, but it was not until I began to push myself academically and intellectually that I knew something had to change. I made the decision to stop taking Cymbalta and to take control over my illness. This entire experience with depression and the decision to stop taking anti-depressants spoke volumes to me about people who live with disabilities. I became even more determined to tell the story of their oppression and shed light on the possible origins of this oppression.

At the same time, I found myself making a tremendous transformation in the ways I thought about teaching and learning. I began to question and reflect on my beliefs that had been so essential to the decisions I made for my students with disabilities. My experiences and critical

conversations with the other members of my cohort allowed me to greatly expand my thought processes to take into consideration the lived experiences of my students with disabilities. From my experiences in this program, I have been encouraged to engage in critical conversations **with** my students in order to increase the value of their educational experiences.

My relationship with my relatives and students that deal with impairments daily and my own depression which made me feel disabled motivate me to write about disability. My struggle with mental illness afforded me the opportunity to know and understand what being different and set apart from others might feel like. So much of who I am, as a person and a teacher, is defined by my experiences with disabilities. I am surrounded by disability. Disability is such a constant in my life I cannot imagine an existence without it. As of this moment in time, I am not a person *with* a disability, however I am a person greatly affected *by* disability. At this point in my life, I have control over my body. For the most part, my body serves me well. My mind, with the exception of temporary lapses in memory caused from the often overwhelming schedule and demands of a busy wife, mother, educator and student; functions within the normal range of intellectual ability. However, I do realize that my able body and mind are tenuous and temporary. The possibility of my body or mind to fail me increases as I age, as it does for everyone. For my family members, students, friends, and for myself, I write about disability. I want understanding and better educational and employment opportunities for my family members and my students. I want their voices to not only be heard, but for society to listen, to hear their message. Whatever the message, it is important, just as important as that of any other oppressed group of people.

In this study, I will argue that our interactions with popular culture, particularly films depicting characters with disabilities, may be informing how we teach and what we teach to students with disabilities. As a special education teacher, I personally want to gain greater personal insight into how my own perceptions of my students might be shaped by films I choose to watch strictly for entertainment. How do we make decisions about the content students with varying degrees of disability should learn? How do we decide appropriate school settings for students with disabilities? What influences these educational decisions? In the chapters that follow, I will explore these questions. First, I will examine postmodernism as it relates to disability, drawing on the social construct of disability to examine and question our perceptions of personal identity and value. Here, I will draw on work from postmodern theorists, like Charlton (2000) and Davis (2002 & 2006) who have opened avenues for critical discourse of disability. Next I will discuss the depths of disability oppression through a history of perceptions, attitudes and actions that goes along with being labeled a person with a disability. Important to my study are the deep and long-held beliefs that people with disabilities are of little value to society. The history of disability will reflect just how ingrained these ideas and beliefs are in our society and thus explain why this societal barrier has been so difficult to penetrate. I will trace this oppression to present day, where people with disabilities are only allowed and feel comfortable in certain places in society. Next, I will investigate specifically the history of disability in film, relying heavily on Norden's (1994) comprehensive examination of Hollywood movies that have influenced society's relationship with disability. This industry, through media depictions of disabled characters, has encouraged us to regard people with disabilities with pity, sympathy, awe, humor, or fear – as outsiders, "Others" who are of little value and deserve to be isolated from the "normal" world. Then, I will critically examine the film *Radio*, for subtle

nuances of influence that might tell us as movie-goers how to feel about and educate students with disabilities. This film will be used specifically as a metaphor for the current state of academic programs for students served by special education programs in secondary schools. Finally, through the lens of disability studies, I will attempt to encourage teachers to consider the ways media depictions reflect special education policy, practice and curriculum. Here, I hope to inspire teachers to consider influences from popular culture that might be contributing to their perceptions of their students and to use this knowledge to better serve students with disabilities in their classrooms. In order to begin, I will first discuss how disability has been traditionally viewed in society as well as how these views have changed in the last several decades.

## CHAPTER 2

### Disability in Society

Across lines of race, religion, class, gender, sexuality and disability lies a blanket of discourse created by the hegemony of white and “normal” America, the power-holders of countless generations. These holders of power made life and death decisions concerning who did and did not deserve to inhabit communities, states, countries, and continents. Included in the non-deserving were those considered feeble-minded, the disfigured and lame, people of color, homosexuals; even being a woman was considered in many societies to be a disability or in any case, a liability. Anyone whose body or mind did not conform to normative standards was thought to be disabled.

Exploring how disability is generally viewed in society can aid in understanding how and why the educational opportunities are often limited for students with disabilities. Disability is a pervasive category; anyone can become disabled. In fact, most of us will develop physical and mental limitations as we age. According to the World Health Organization (WHO) report in 2013, at least 15% of the people in the world have some type of disability. This accounts for over one billion people worldwide who live with a physical or mental impairment. In the United States, 15 to 20% of the population has a disability (Disability & health, 2013), and if we include their caregivers and family members, we can reasonably say that up to 50% of Americans deal with disability on a daily basis. As the baby boomers continue to age, this number is projected to increase significantly. These factors, along with continuously advancing technologies in medicine and healthcare, make people with disabilities the largest physical minority in our country (Davis, 2002). Disability is an uneasy discourse, but one that cannot be ignored simply because of the massive number of people affected and for those that disability may affect in the

future. For those who are currently dealing with disability, cultural norms established by those without disabilities set them apart from “normal” people.

People with disabilities may feel exposed to “inspection, interrogation, interpretation, and violation of privacy” (Couser, 2006, p. 400). They are vulnerable to others in that their body is on display, subject to intense gazes and interrogations. People with disabilities may believe they are obligated to put non-disabled people at ease by offering an explanation for their bodies’ inability to appear and behave normally. The disabled body is interpreted as less valuable than an able body due to the “widespread belief that having an able body and mind determines whether one is a quality human being” (Siebers, 2008 p. 4). People with disabilities may feel pressure to dispel this belief by constantly validating their worth and apologizing for their disabled condition.

The able-bodied often make many assumptions about the lives of the people with disabilities. Hunt (1998) identifies five perceived aspects that he believes challenge the relations of the disabled with “normal” society. These interpretations also reflect and help to explain their low social status within the communities in which they live. First, disabled people are generally considered to be “unlucky, to be deprived and poor, to lead cramped lives” (p. 8). Viewed as unfortunate and thus having fewer opportunities for marriage, family, and career, they are believed to receive little enjoyment from life. If people with disabilities seem genuinely happy and content, they are thought to simply have tremendous courage to accept their physical and/or mental challenges. However, if they appear to be struggling and depressed, they garner pity from the able-bodied. Admiration and pity are two of the common reactions to people with disabilities, dependent upon how they are thought to handle their “unfortunate” situation.

A second assumption of people with disabilities that is troubling for the non-disabled is that they are useless and unable to contribute economically to the community. Once again, the question of value is raised. Is a person who is unable to work, earn and spend money less important than someone who can do these things? Do people with disabilities accept this devaluation or feel the need to defend worthiness by their willingness to contribute to the community in less obvious ways?

The next challenging characteristic is that people with disabilities are abnormal and different. Hunt (1998) notes “normality is so often put forward as *the* goal for people with special handicaps that we (the disabled) have come to accept its desirability as dogma” (p. 11). Acceptable or normal behavior for the disabled mind or body would be to simply be more like the majority by conforming to society’s rigid standards of proper behavior. If a person with a disabling condition is able to conceal their impairment so that it is not observable to a new acquaintance, they have met a critical goal that has been set for them by the non-disabled community. If they cannot achieve a semblance of normality, they are often avoided or ignored.

Also, people with disabilities experience discrimination and oppression from their position in society as a minority. Many times, people with disabilities find that when their input is relevant and valuable, it is often not acknowledged as such and dismissed. They are thought to be incapable of meaningful contributions *because* they are disabled, “branded again as being unrealistic and impossible subjective” (Hunt, 1998, p. 13.) If they choose to challenge this perception, they are accused of imagining the situation. The disabled are often given the impression they are equal, but when they *act* as though they are, they encounter resistance.

Lastly, Hunt identifies the last assumption society makes about people with disabilities is that they are *sick*, diseased and in constant pain. People with disabilities represent things that



incite fear in the able-bodied: tragedy, loss, disablement and the unknown. What is troubling to people who do not have disabilities is that their own body is subject to disability. The able body is capricious; at any given moment any of us can become disabled. Being human places us at risk that our bodies will “eventually come into contact with some form of disability identity” (Siebers, 2008, p. 5). The able-bodied often view disablement as a precursor to death, part of the final tragic journey to the end.

Disability is viewed in society in many negative ways. Tolerance for people with disabilities is increasing, but there is so much more to the “problem” of disability than just accepting that it *is*. The challenge is to alter the negativity that surrounds disability. Part of this process is analyzing where attitudes and perceptions originate that devalue a significant and integral part of our population.

### Disability in Theory

There are as many interpretations of disability as there are questions about the place of the disabled in society. Able-bodied people raise these questions, and often answer them based on beliefs that are influenced by day-to-day interactions with people with disabilities, their families, and interpretations of the lives of people with disabilities. Davis (2002) reminds us that identity once seemed simple, we were either white or black, male or female, but the “issue of identity by race, gender, or sexual orientation, particularly in America, has become more clouded, fuzzier, and grainier than it used to be” (p. 9). Add to these the identity of disability and the complexity escalates. Underpinning the understanding of disability is the role of societal beliefs about the value of a life that is impeded by impairment. Here, I will present this social construction of disability and explore the theories that underlie its development.

The social model of disability is relatively new and came about in opposition to the moral, medical, and rehabilitative models discussed at length in chapter three. Although widely accepted, the social model is still a “matter of social debate” (Linton, 1998, p. viii). To understand the representation of disability from a social viewpoint, it is necessary to separate disability from medical and rehabilitative models and focus critically on how and why normality is defined in society. Historical perspectives of disability focus on medical models where a disabled body is considered broken. The definition of disability here is narrow and centers on what is medically wrong with an individual. The ideas that are dominant in a society, those provided by people who hold and employ power (usually white, non-disabled males), influence societal perception of the disabled body. Perceptions and prejudices like these are difficult to overcome because they have become “built into the environment” (Siebers, 2008, p. 134). The lived experiences of people with disabilities are invaluable in breaking down societal barriers such as these that are so established that the legitimacy of them are not questioned. As Brisendon (1998), a disabled activist explains “*our* experiences must be expressed in *our* words and integrated in the consciousness of mainstream society” (p. 21).

The quest for an inclusive society disrupts the “social order” (Linton, 1998, p. 3), in ways much like gays, lesbians, women and blacks have done in their demands for equal rights and representation. Individuals with impairments are the latest and most recent oppressed group to collectively find a voice against dominant social structures that serve to isolate them within society. As Hunt (1998) states “we are set apart from, or rather have a special position *within*, the everyday society that most people take it for granted they belong to” (p. 8). They are disabled, different, and special; they are the Other.

Tremain (2002) asserts that an understanding of Foucault is pivotal to disability studies, particularly when looking at the classification of the Other. In *Birth of the Clinic*, Foucault (1973) says that much of what we think of as pure science related to disability and disease is greatly influenced by social and cultural beliefs and attitudes. At the time of the emergence of clinical medicine, during the late eighteenth century, the body “was created as the effect and object of medical examination, which could be used, abused, transformed and subjugated” (Tremain, 2002, p. 35). The physician was thought to be all-knowing, “endowed with the power of decision and intervention” and equipped with a penetrative vision that could see through to the underlying causes of illness (Foucault, 1973, p. 89). The gaze, according to Foucault, is a separation of the patient’s body from the patient’s identity, a classification of sorts that allows us to segregate and socially exclude based on disease and illness. The body is subject to control of and dependence on someone else, and categorized into common groups. This process of division and subjugation leads to subjects labeled as sick or healthy, sane or mad, criminal or good (Foucault, 1973). Here is where the patient becomes attached to a personal and social identity. Therefore, our understandings of life and death, illness and disease are not entirely medical, but are tied with social attitudes and beliefs, and managed by those with power to make these classifications.

Otherness is considered a social difficulty if offensive to the dominant culture, dependent on “situational criteria including stigma and power” (Rogers & Swadener, 2001, p. 20). Perception of disability includes social discernment of problems, illnesses, disorders, syndromes, diseases, conditions whether considered physical or psychological in nature. Kasnitz and Shuttleworth (2001) explain socially guided discrimination as existing when people are discriminated against based on limitations “normal” people perceive them to have. A particular

physical or mental difference may not be a disability, depending on whether or not the person with the difference can maintain a façade of normality that is acceptable to cultural views. If individuals are able to compensate for their impairment without requesting accommodations, they can be accepted with fewer stigmas than the person who has to rely on assistance from the non-disabled. Those who do require assistance, such as accommodations of goods, services, attitudes, and other sociological strategies, are viewed as burdens. Non-disabled people establish these rules, therefore oppression stems from “ableist views” (Kasnitz & Shuttleworth, 2001, p. 21). *Ableist* and *ableism* are terms used to “organize ideas about the centering and domination of the non-disabled experience and point of view with *ableism* defined as “discrimination in favor of the able-bodied” (Linton, 1998, p. 9). The abilities of a person with a disability are perceived to be inferior to non-disabled people and all people with disabilities are marginalized because of this perception. This marginalization occurs in many forms: spoken, symbolic, hidden and overt. Though the delivery method of oppression differs, the message remains clear: people with disabilities are de-valued and inferior.

Ableist attitudes serve to permeate discrimination even within the hierarchy of disability itself. Charlton (2000) suggests people with mental disabilities and those perceived as having mental disabilities have the most difficult lives, followed by people with hearing disabilities...people with physical and visual disabilities have greater political, social, and economic opportunities and support systems” (p. 97). Mental disabilities are most often less visible and less obvious, until a person with one or more mental impairments has to advocate for him/herself. Then the disability is obvious and ableist attitudes ensue. People with physical impairments are lauded for their efforts to be successful despite an obvious, observable disability. Society views them as heroic and capable of overcoming often insurmountable odds.

However, this is not the case for more severely disabled individuals. Rarely, however, is a mentally disabled individual commended for providing water for a football or basketball team, working at a fast food restaurant or cutting grass for a landscaper. Even the smallest accomplishments are victories in the lives of the cognitively challenged and should be recognized as such. There is also a hierarchy of accomplishment within disability that suggests efforts to acquiesce to normative standards are not recognized as heroic or even valuable if they are mundane and performed by people who have mental deficits. Their efforts, as commendable as they should be, are not enough to counter the attitudinal differences people with disabilities face in our increasingly social world.

### Disability in a Social World

As a relatively new discipline, the study of disability is concerned with the ways society constructs the definition of disability and the place of people with disabilities within society. Siebers (2008) describes the importance of viewing disability as a social construction in order to make possible the ability to “see disability as the effect of an environment hostile to some bodies and not to others” (p. 54). Cultural structures are created within societies that determine standards of normality. These structures are created by able-bodied people and serve to exclude people with disabilities that are not able to meet the standards and “lack the equipment for social integration” (Brisendon, 1998, p. 23).

Burr (2003) identifies key assumptions critical to understanding disability as socially constructed. First is a general suspicion toward knowledge that is considered fixed and widely accepted as truth, particularly when the knowledge affects the social position of people within a society. He posits the premise that knowledge is culturally and historically relevant and based on “particular social and economic arrangements prevailing in that culture at that time” (p. 34).

Thus any idea or assumption that is common within a society originates from the members constructing it among themselves through social processes. Secondly, there is the idea that the social constructions of societal ills spur social actions of members. An example of this would be attitudes toward alcoholics before and after the temperance movement. Once seen as solely responsible for their behavior, alcoholics now experience a somewhat softened view of their addiction. Many believe alcoholism is more of a disease than a crime. Burr (2003) explains, “our constructions of the world are therefore bound up with power relations because they have implications for what is permissible for different people to do and for how they may treat others” (p. 5). The dominant processes in society and those who lead them, the holders of power, are responsible for changing attitudes over time.

Burr’s third assumption is that knowledge is gained through viewing the work from various perspectives and because of this there is no way to construct knowledge for a perceived reality. Reality is a perception of the beliefs and interests of a society at a given time in history. One reality just simply does not exist. In order to understand the world and the underlying structures of any paradigm of thought, we must recognize the numerous and various socially constructed ideas that lend themselves to the development of knowledge.

One major reason we have become such a global and informed society is media. We are connected through television, movies, and social media. This study focuses on the film industry in particular as playing a “major role in perpetuating mainstream society’s regard for people with disabilities” (Norden, 1994, p. 1). Our engagement with film is easily explained by our fascination with watching outrageous, intriguing and often dangerous characters and events from a safe distance. I admit my own fascination with horror movies and crime shows. I can immerse myself in the plot of a movie but remain detached from the danger and tragedy I am witnessing.

Likewise, audiences can maintain separation from characters with disabilities in order to judge and evaluate them without feeling guilt or remorse. Norden (1994) suggests images and representations of disablement in film have traditionally further isolated characters with disabilities from their able-bodied peers and from each other. To viewers without disabilities, the “Otherness” of the disabled is enhanced in film by reducing them to objects to be pitied, ignored, feared or loathed. To disabled viewers, these representations of disability can contribute to their own isolation and feelings of self-doubt. Our understanding of the role media plays in the perceptions we have about disability allows us to reflect on the way we use these thoughts and ideas in our daily interactions with people who have disabilities. Studying disability from a postmodern perspective allows us to take into account the effect popular culture may have on our perceptions of the disabled.

#### Disability in a Postmodern World

A social model of disability is simply not sufficient to make us aware of and tolerant toward social differences and the ambiguity and conflict that surrounds these differences. A postmodernist perspective allows disability to be included in critical discourse that includes the role of society in the construction of disability but that also emphasizes the uncertainty and instability of identity. Identity is not inherently biological and stable but greatly dependent on social and cultural interactions. Viewing the world in diverse ways unbound by any universal truths and considering the impact of daily interactions within our world are critical in the effort to theorize disability. Lyotard (1989) defined and argued against grand metanarratives, totalizing stories based on reason and rationality. A universal and simplistic view of disability does not provide explanation for the social dynamics that interplay to define life experiences. These social dynamics include discourse and experience from the disabled and non-disabled communities.

Corker (1998) states that postmodernism takes these socially constructed themes into consideration and “rejects the dominant belief of western cultures that the world can be understood in terms of underlying structures, such as the economic structure exemplified in the world of Marx and the psychic structures of Freud and Piaget along with the supposition that such structures can be explained by all-embracing grand theories or metanarratives” (p. 222). Therefore, she suggests the social model of disability can operate through postmodernism because of the rejection of “ultimate truth.”

Davis theorizes that “disability can be seen as the postmodern subject position” (2006, p. 233). Disability theorized from a postmodern perspective is vital in this study because it reflects the impact of cultural influences on society’s understanding and perception of disability as well as the human experiences of a person with a disability. Corker & Shakespeare (2002) agree that “disability is the ultimate postmodern concept” (p. 15) because the experience of disabled people is too complex to be viewed from a unitary and simplistic model. Attempting to do so excludes important dimensions of the disabled experience and the knowledge of those who live with disability. Solitary and deficit models ignore the intersection of disability with other oppressed identities and the challenge of impairment to notions of embodiment.

Postmodernism allows us to view disabled subjects as “embedded in a complex network of social relations” (Corker & Shakespeare, 2002, p. 3) that are constantly negotiated and re-negotiated. These relations permit interpretation and perspectives of disability that challenge models that are deficit and center on disability as intrinsic. Postmodernism assists us in recognizing that disability and the social processes that construct it are inseparable and essentially interconnected with each other.



Awareness of and tolerance for social differences is invaluable in theorizing disability. When we view disability as postmodern and a social phenomenon, we see and understand how we, as a society, often disregard social tolerance when distributing worthiness and value among citizens. People with disabilities are reminded of this daily when searching for jobs, medical services, entertainment activities, education and general living needs. They are indeed the divided and the devalued, subject to societal interpretations of their identity. They are separated into smaller classes in educational settings and deprived of well-paying jobs because of their perceived limitations. People with disabilities are still very much divided and separated from the able-bodied and given an identity that is solely based on difference.

#### Disability and Dismodernism

Postmodernism provides a means of opposing medicalized models, but according to Davis (2002) does little to address the difference of disabled bodies embedded in identity politics. To bridge this gap, he suggests an extension of postmodernism discourse, what he terms dismodernism, to include the concept that difference is what we all have in common. He says culture and society cannot be examined without disability, and this creates a tension between identity and disability. Davis proposes dismodernism as seeing “disability as a social process in which no inherent meanings attach to physical difference other than those assigned by a community” (p. 41). The only commonality of people in a society lies in the fact that we are all different. Disability complicates this difference because at any given time, anyone of any race, gender, sexual orientation or class, may become disabled. Our able bodies are not guaranteed to remain so. Therefore, disability may very well be the “identity that links other identities” (Davis, 2002, p. 14).

Davis proposes that a new ethics of the body is needed in order to recognize that even with numerous advances in science we will never return to a simple idea of identity. Three areas are central to this new ethics of the dismodernist body. First is the care *of* the body, which he states is essential to our role in society as consumers. We buy cosmetics and other personal grooming products to make our appearance more appealing. In a world where beauty is valued, we wear contact lenses, get breast implants and nose jobs, and undergo lap-band surgeries to appear attractive and normal. The pursuit of the perfect body is limitless and people with disabilities feel they have to “subscribe to this model to join the ranks of consumers” (p. 27).

Davis also recognizes care *for* the body as a component of dismodernism and economically important to society. The disabled body is at the center of the billions of dollars spent yearly in various healthcare fields. Medical interventions to “cure” the abnormal body take place in physician’s private offices, clinics, teaching hospitals and dependent care facilities. New medications are developed at research facilities and sold through pharmacies. Extended care facilities, rehabilitation hospitals and hospices take care of individuals who either need time to heal or won’t heal at all. The ethics involved with the distribution of healthcare resources and the economic impact of the industry is a “major part of our approach to an ethical society” (p. 28).

Finally, Davis emphasizes caring *about* the body as key to a dismodernist discourse of the body. Here, we must care about the oppression people with disabilities are subjected to, and we also must be concerned with how the disabled poor are treated. Because the majority of disabled people are unemployed, under-educated, and poor, class once again becomes an issue and intertwines disability with numerous identities. Davis stresses his point as “with a dismodernist ethic, you realize that caring *about* the body subsumes and analyzes care *of* and care *for* the body” (2002, p. 29).

By examining the body in a way that recognizes the malleability of identity, we can begin to understand that difference is what unites us. Our bodies are all substandard and we are all oppressed by some type of injustice. The body is limited and will never conform to the ideologies of perfection that our democracy and culture demand. The goal of living in an inclusive society is a long process and must begin with the realization that disability may indeed become the one identity to which everyone of us may experience at one point or another during our lifetimes. Efforts to collectively fight oppression come from this understanding, because we then perceive that normality is only a dream. We view the body as fragile, changing and limited and here we find common ground.

### Complicating Disability

The instability of a postmodernist perspective in disability studies is problematic for some, particularly if they have a disability or are close to someone who does. Viewing disability from a variety of viewpoints may take away the power of an individual with a disability to define his/her experience. Also, postmodernism has been attacked for being “unable to deliver an alternative ethics... (having) nothing to say of consequence to those who are in any way morally dispossessed, including people with disabilities” (Price & Shildrick, p. 73, 2002). For those who are oppressed because of a disability, it is a very personal and profound experience. The pluralism of postmodernism may, for some, represent a dismissal of this personal experience. Individuals with disabilities own their lived experiences...good and bad, and postmodernism encourages the sharing of these intimate thoughts and feelings with the non-disabled society. Allowing these private thoughts, feelings and experiences to be sharing with others can be difficult and unsettling.

Erevelles (2011) calls for a “materialist” conception of disability that extends the concepts of postmodernism to focus on “the actual social and economic conditions that impact (disabled) people’s lives, and that are concurrently mediated by the politics of race, ethnicity, gender, sexuality, and nation” (p. 26). She argues that a poststructuralist view tends to “romanticize” disability as a category that complicates these dominant forms of social organization. The reliance on the terminology of disability, she also notes, denies the existence of any material reality outside of language. Instead she calls for a “critical pedagogy that provides the intellectual tools that can render visible the material structures and ideological discourses that have different effects on black, white, lesbian, working-class, disabled and third-world students, and yet at the same time have to be transformed so that all students can achieve social, economic, and political liberation” (p. 47).

The social model of disability and the theories of postmodernism and dismodernism that provide a discursive platform do not discredit the medical and rehabilitative models entirely. The input of the applied fields in diagnosis and treatment of disease and disabling conditions remains invaluable in properly managing impairments and assisting in accommodations to improve quality of life for people with disabilities. What the social model of disability and theory do is place the blame for the oppression of people with disabilities on society. People within a society make a decision, whether conscious or not, to segregate and categorize people based on individual differences. People with impairments are disabled because holders of power in society have socially constructed a view of normal and further, conditions they consider to be disabling. These views are not universally accepted and therefore offer no universal truth as to what a disability is or to what is normal. The oppression that stems directly from impairments and disabling conditions is even fragmented. All people with impairments experience oppression

albeit along a spectrum ranging from shame, pity, and paternalism to disgust, exclusion and even exile.

### Disability and Schooling

The concept of a social construction of disability also has a significant impact on students with disabilities and their experiences in schooling. They are oppressed because of what people in a society believe about their ability to learn and contribute meaningfully in economic activities after formal schooling. Boundaries have been created that limit educational experiences for students with disabilities who are served in special education programs of public schools. The work of Smith and Erevelles (2004) and Erevelles (2005), who study the impact of disability and race on the education of students, has prompted disability discourse to include the oppression of students in special education programs. These students are forced to conform to normative standards set by some authority that sees their existence as a challenge to rehabilitate a mind and body, and quite literally, a problem to fix. Perhaps even more so than adults with disabilities, students with disabilities believe what those in power (teachers, administrators, psychologists, etc.) tell them about their bodies and minds. Their beliefs and attitudes about their own abilities are molded and shaped by the oppression that surrounds them.

Students with disabilities experience marginalization in schooling. When they do not conform to normative standards, they are “subjected to ‘treatments’ that would be regarded as a violation of human rights in any other context” (Smith & Erevelles, 2004, p. 1). These treatments are considered essential to “normalizing” school practices and are done without “examining the ignorance, fear, and prejudice that deeply influence thinking” (Longmore, 2003, p. 3) about students who experience disablement and difference. Public schools have become very adept at the task of “disciplining the student population into conformity” (Erevelles, 2006, p. 365).

Through standardized testing and school policies, an image of a “normal student” has emerged. This student exemplifies one who can adapt to rules of behavior, achievement, skills, and attitude that those in power consider desirable. The intended outcome of schooling, and thus the generalized goal of education, is to produce students who are normalized and able to perform in a competitive world. When students do not “fit” this mold, they are “ostracized and warehoused in self-contained classrooms on account of their significant physical/cognitive/behavioral differences” (Erevelles, 2006. p. 366).

Public education has succeeded in using difference and disability to justify inequitable and unjust educational experiences for students with disabilities. Through the use of programs labeled “special,” school systems have created spaces for these students that, on the surface, appear democratic and just. It is necessary for discourse to expose the normalizing practices that work to unjustly segregate students based on a desired outcome. Exploring disability as it is viewed in society, theory and schooling, as well as an investigation of the depths of oppression in modern history, is vital to initiating a conversation in order to open doors and opportunities continually denied to students with disabilities.

## CHAPTER 3

### Disability in Modern History

In the last several decades, legislation such as the Americans with Disabilities Act (1990) and the Individuals with Disabilities Education Act (1975) became laws that protect the rights of people with disabilities by eliminating discrimination based on disability and ensuring disabled students receive education from birth through age 21 in appropriate settings. The passage of these laws proposed to move people and students with disabilities from the margins of society into the mainstream. Wheelchair access ramps, parking spaces and the removal of other physical barriers to public places seemed to be the beginning of a vast transformation from exclusion to inclusion. Indeed these changes indicated at least “that *disability* is no longer hidden and taboo” (Longmore & Umansky, 2001, p. 2). In contrast, however, perceptual trends of disability have changed very little. People with disabilities may still, at present, be viewed with pity, repulsion, fear, or empowered and hailed as able to contribute politically and economically to society. These contrasting views and beliefs are symbolic of the competing ideas about disability that have been prevalent throughout the late 19<sup>th</sup> and 20<sup>th</sup> centuries. Many trends, belief patterns and models of disability that were repressive operated simultaneously with those that were more progressive and accommodating toward people with disabilities (Snyder & Mitchell, 2006). Most of the models of disability discussed in this chapter are oppressive and serve to segregate people with disabilities from groups and people considered “normal.” People with disabilities share similar oppression with other groups considered different because of their race, gender, sexual orientation or social class. To gain a clearer understanding of how and why perceptions of disability seem to remain constant over time, we must study the historical depths of disability oppression in a world where the most devastating impact of disability may not be the way it

affects one's body or mind but rather how disability impacts one's place in the social hierarchy. Traditional models of disability have focused on causation and position in society rather than on theorization and societal understanding of the trials disabled individuals face every day of their lives. Even though discrimination against people with disabilities dates much farther back than the late 19<sup>th</sup> century and early 20<sup>th</sup> century, societal attitudes towards these individuals in America during this time period give us great insight into the persistence of the impression that disability is a drain on economic resources (Charlton, 2000, Longmore & Umansky, 2001, Siebers, 2008).

### Early American Perceptions

In the early 1800s asylums were built to house people with severe disabilities who had previously been kept in their homes and cared for by their own families. The asylums were primarily utilized as rehabilitative facilities for people considered insane. This ideology was “based upon a transcendentalist belief that immersion in unspoiled Nature could cure beleaguered citizens reeling from the impact of a burgeoning industrial environment” (Snyder & Mitchell, 2006, p. 71). The asylums were beautiful rural sanctuaries, considered a haven where the afflicted could reconnect with nature, but were generally considered to be failures in rehabilitating residents. They were rarely able to complete treatment as productive citizens with complete integration into “normal” society. When administrators of the asylums realized rehabilitation efforts were not effective, around the middle of the 19<sup>th</sup> century, the objective of treatment shifted from rehabilitative to custodial (Snyder & Mitchell, 2006). Patients were permanently placed in these institutions for their own good and to keep them off the minds and out of sight of society. Physicians and scientists who worked with the patients in the asylums changed their roles as well. They were charged with intensive evaluation of patients and if



necessary, internment. Foucault (2003) says of the changing role of the physician from a healer to that of “a judge; he really undertakes an investigation, and not at the level of the individual’s legal responsibility, but of his or her real guilt” ( p. 23). Physicians were not only to evaluate patients’ abilities to situate themselves in normal society, but also their “culpability for the possession of a discordant biology as the origin of person and social dysfunction” (Snyder & Mitchell, 2006, p. 72).

People with disabilities not housed in asylums were left to the care of their family or church. In the United States, up until the late 1890s, Protestant ideals of the good and blessed taking care of the less fortunate were prevalent across much of the eastern part of the country. Family and church members cared for physically and mentally handicapped children and adults, considered disabled through no fault of their own. Disability was thought to be simply God’s will, just part of life’s journey and it was the community’s moral and religious responsibility to see that those who could not protect themselves were given care (Holicky, 2003).

Several models are used to define the way society interacts with people who have disabilities. The moral or religious model is the oldest and least prevalent in modern societies, but was the guiding model of disability in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. (Longmore & Umansky, 2001). This model is based on the idea that disability is regarded as “a preordained fate, a divine stigma incurred at birth, or a result of individual moral flaws and self-destructive habits such as criminality, alcoholism, and sexual promiscuity” (Hickel, 2001, p. 241). If the disability was present at birth, sins of the parents were thought to have caused the impairment, whereas if acquired after birth and early childhood, sins of the individual were to blame. Society’s acceptance and dependence on this explanation produced shame not only on the individual with the impairment but on the entire family as well, particularly if the supposed sin

was thought to be rationale for dismissal from social acceptance. Obscure religious practices and alcoholism were also believed to cause impairments in adults as well as their children (Dorn, 1999). Whatever the supposed reason, the presence of impairments placed “moral weight” (Creamer, 2012, p. 340) and shame on individuals and families because they were thought to be solely to blame for their situation. The majority of people in society in the early to mid-1800s accepted and depended on this explanation and decidedly did not want to be associated with someone who would commit a sin so formidable that it would manifest itself in disability (Longmore & Umansky, 2001). Impairments that were very visible and detectable such as facial deformities or limb abnormalities brought more disgrace upon the family than those less obvious. It was believed that “external body features functioned as reliable markers by which the identity of a person could be fixed” (Snyder & Mitchell, 2006, p. 38). Because of the social stigma attached to disability during this time, many people with impairments and their families stayed hidden from society, only leaving their homes when absolutely necessary. Sometimes, infants who were born with visible and severe impairments were simply allowed to die (Campbell, 2002). The practice of mercy killing or euthanasia was popular in some cultures where societal acceptance was valued more than family. Holicky, 2003 describes the moral model as a lapse in morality.

Phrases such as “There but for the grace of God...” and “God gives only as much as we can handle” suggest “divine retribution for sinful deeds, ...preparation for the hereafter, as warning to one who strays from the path of the devout, or as a test of a person’s faith.” Such thinking suggests that the person with the disability is somehow responsible for his condition and should use it as an opportunity to learn a valuable lesson. Those who feel shame or embarrassment about their

disability, who try to hide or minimize it, who rarely request help because they consider the disability as their problem, or who view their disability as a punishment adhere to the moral model. (p. 215)

This model forced people with impairments and/or their parents to examine their own lives for transgressions deserving of such punishment, and to either accept castigation or to take radical measures to alleviate shame and humiliation.

Many children with disabilities who were of age to attend school during the early part of the century were taught at home or simply uneducated. There were few formal educational opportunities for disabled children at this time. Beginning in the middle of the 19<sup>th</sup> century, children who were deaf, blind, or impaired in speech were educated in special and separate schools. Following the Civil War, residential institutions were built for children with severe cognitive disabilities, or “imbeciles” as they were called at the time (Rury, 2002, p. 153). Many parents who could not afford to send their children to the institutions or who were unwilling to part with them were left with little choice. A few schools in rural areas would agree to accept these children since the prevalence of disability was low at the time. If parents were unable to find a school that would agree to enroll them, they had to keep their children at home. In urban areas like Cleveland and Boston, where the number of children with disabilities was greater, special vocational courses were established within city schools (Rury, 2002). By the end of the 19<sup>th</sup> century many other urban areas began to follow suit. These classes seemed to signal a gradual shift in thinking about disability to a more scientific viewpoint.

## Changing Perceptions

As the country moved closer to a new century, a secular understanding of disability was beginning to take shape. The first “hospital schools” (Byrom, 2001, p. 133) emerged in the latter part of the 19th century and marked a shift in beliefs of supernatural causes of disability to those more medical in nature. Rehabilitation was thought to be the key in preparing people with disabilities to enter the work force and become productive citizens (Snyder & Mitchell, 2006). These institutions evolved into rehabilitation facilities with the focus of patient care on assisting them to become less dependent on society. Normalizing was beginning to become the task of caregivers of people with disabilities in order to increase the probability of employment, and was considered to be “the best solution to the problem of disability” (Byrom, 2001, p. 135). Those who could be “cured or fixed” were taught skills to assist them in being included and accepted in normal social settings.

Disagreement emerged with the effectiveness of these normalization procedures and a movement began with a distinct line drawn between two belief systems. The two groups, social rehabilitationists and medical rehabilitationists (Byrom, 2001), disagreed on exactly what needed reforming: society or the disabled individual. Social rehabilitationists like John L. Childs (Dennis, 1992) and Douglas McMurtrie (Shyman, 2013) argued for acceptance of the disabled by society without repair to physical or mental capabilities. Medical rehabilitationists, such as Dr. James Knight (Byrom, 2001), believed the only way for the disabled to be accepted into society was for them to gain independence and relieve the burden of their existence on others. Neither group actually rejected the belief system of the other, viewing their task at hand as much more important than arguing with each other. Out of compromise between the two groups, rose an objective of realizing gainful employment for the disabled where their contributions to

society, no matter how minor, were accepted and perhaps celebrated. McMurtrie, who focused on “healing the minds and bodies of young cripples and increasing their chances to become full citizens of American society” (Shyman, 2013, p. 62) began lobbying companies to hire people with disabilities. The medical rehabilitationists were encouraged because they could continue rehabilitation practices by intense education and at times, surgical procedures (Byrom, 2001). Knight, the first superintendent of the New York Hospital for the Ruptured and Crippled, was considered a conservative in the medical field and sought alternative ways to achieve rehabilitation without risky or experimental surgical procedures. Braces and other corrective orthopedic devices as well as physical exercises were preferable in his practice for physical impairments. Patients with mental disabilities were instructed in attaining morals as well receiving academic and vocational education. The goal of this treatment was to bring them into conformity with “non-disabled norms” (Byrom, 2001, p. 136).

When society began looking to science to explain the presence of disability, the medical model became prevalent in the body of research. Emphasizing symptoms, diagnosis, and treatment served to “situate disability exclusively in individual bodies and strive to cure them by particular treatment, isolating the patient as diseased or defective” (Siebers, 2008, p. 54). With the development of modern medicine in the late 19<sup>th</sup> century and the enhanced role of the physician, disability was believed to be caused by an error in biology. This thinking shifted the focus of explaining disability from a moral position of sin and punishment to one of cause and effect (Byrom, 2001). It was believed that if the origination of a disabling condition could be determined, then a cure could be discovered and the “problem” of disability would cease to exist. Societal perception began to change slightly from a position of moral degradation and total exclusion to partial acceptance and excusal of disabled individuals from normal obligations

because of their biological condition. Many non-disabled people in society began to realize that disabling conditions were not the fault of an individual or family because of moral impurities (Smart & Smart, 2006). Though this model differed significantly from the moral model, disability was still “a deficit located within individuals” (Longmore & Umansky, 2001, p. 7) rather than dependent on society’s perceptions of disability and people with disabilities. Physicians widened their search for diseases capable of producing disabling conditions and sought treatments and eradications for these illnesses (Hickel, 2001). From the medical model, attention began to focus on not only preventing future disabilities but on treating people already affected.

Another sweeping movement was functioning parallel to the reformers throughout the late 1800s and early 1900s among individuals with little tolerance for differences of any kind. Kliewer (2008) identifies the eugenics movement as destructive to the social structure of America and the perception of immigrants new to the country. Brought on by the rise of industrialization and the influx of European immigration, “eugenic science staked a firm foothold in the social psyche of America’s privileged classes” (Kliewer, 2008, p. 94). Immigrants were thought to be at the core of the moral decline of the country because of their economic status. Most were unemployed, poor, and thought to be feeble-minded and undesirable (Fox, 2012). President Theodore Roosevelt proclaimed his support for applying evolutionary and genetic principles to human society when he stated, “someday we will realize that the prime duty, the inescapable duty, of the good citizen of the right type is to leave his or her blood behind him in the world; and that we have no business to permit the perpetuation of citizens of the wrong type” (Gallagher, 2004, p. 213). Citizens of the “right type” were those who were independent of government assistance due to illness or disability and who could contribute to the

economic stability of the country. Blamed for poverty and moral decay, feeble-mindedness, a descriptor used during the early 20<sup>th</sup> century for intellectual impairment, was not well tolerated among the wealthy. Many of them blamed the lack of intellectual development on the increasing numbers of mothers working outside the home, rising a little more than 10 percent between 1890 and 1910 (Kliewer, 2008, p. 96), leaving their children with little social direction and guidance. The belief that only poor mothers worked outside the home further fueled the belief that mental deficiencies and poverty were intricately related. For some children who were not significantly mentally impaired, early childhood programs began to be developed to teach these young children when their mothers could not; relieving the burden they would eventually place on society. Institutionalization was believed to be the only option for significantly impaired children where they would not be seen nor heard from again. It was not until parents united and forced a change in opportunities for their children that this position began to shift (Kliewer, 2008).

Around the turn on the century in large cities such as Boston, New York and Chicago, day schools for children with disabilities were beginning to be organized (Myhill, 2010). The first schools served children with physical disabilities, followed by many more which sought to educate visually-impaired students. By 1928 in the United States, the number of classes for children with varying degrees of blindness had risen to over 300 while there were 74 for deaf students in the same time period. Classes for students with intellectual impairments were operating in 315 cities in the United States by the year 1927 (Myhill, 2010). Even with the increasing number of schools that were offering classes for students with disabilities the majority of disabled children were simply not educated in formal educational settings. Time and time again, state court decisions would uphold legislation that excluded children with physical,

intellectual and sensory disabilities from being educated with their non-disabled peers in publicly funded educational settings (Myhill, 2010).

Beginning in the middle of the 20<sup>th</sup> century, parents, seeing their children as human beings and worthy of life outside an institution, began to form organizations such as the United Cerebral Palsy Association (1948), the National Association of Parents and Friends of Mentally Retarded Children (1950), and the Muscular Dystrophy Association (1950). These groups organized the first educational programs for children with moderate to severe physical and mental disabilities. Parents, “facing deep, societal-wide intolerance toward their children” (Kliewer, 2008, p. 96), were forced to create schools which were completely separate from public schools for non-disabled students. These schools were not publicly funded and were very expensive to staff and maintain. Many parents could not afford to send their children to the private schools and therefore had little recourse than to fight for their children to be allowed to attend publicly funded schools. Some of the more progressive public schools in urban areas did begin to offer classes for disabled children; however these classes were separate from the general population and maintained in such a way that there was little to no interaction with non-disabled peers. Even with the apparent gains for educational opportunities for students with disabilities, less than 15 to 20% of school-age children with disabilities were served in public education in the middle of the 20<sup>th</sup> century (Daugherty, 2001). Most children who had intelligence quotients (IQs) below 50 were considered “trainable” rather than “educable” meaning they could only be trained to perform life skills such as feeding and toileting and would never benefit from traditional classroom education in public schools (Daugherty, 2001, p. 2). Parents of these children still had to face the impossibility of their children being educated outside of restrictive and mostly residential institutions.



Parents would continue to challenge negative perceptions about the disabilities of their children and fight for them to be educated with their non-disabled peers well into the mid to late 20<sup>th</sup> century. Every class that would be formed in public schools for students with disabilities would be considered a victory for equitable educational practice however, these victories were few. There were still many non-disabled people who held on to the belief that people with disabilities were worthless, weak, and inferior. There was, and perhaps still is to some extent, societal coercion to “guilt-trip people with disabilities into ending their life for the ‘good’ of society” (Siebers, 2008, p. 66).

The concept of assisted suicide was also prevalent in the United States during the first half of the 20th century. Budget concerns and the large sums of money spent on research and prevention rather than on resources to care and support people who need immediate care sent the message that “the government would rather eradicate people with disabilities than assist them” (Siebers, 2008, p. 66). This concept was evident in the late 1930s when Raymond Repouille and Jerome Greenfield were victims of mercy killings by their very own fathers. Raymond and Jerome were adolescent boys with disabilities living with their families in New York City. Raymond was severely intellectually disabled, blind, and unable to use his limbs. Jerome was described as an “incurable imbecile who had fits” (Brockley, 2001, p. 295). Though their disabilities and the impact of those disabilities on their lives and that of their families differed, both young men suffered the same fate.

Jerome Greenfield’s immediate family included his father, Louis, a forty-two-year-old milliner and Jewish immigrant from Australia and his mother, Anna. While his mother was at work on January 12, 1939, Jerome’s father killed him with two chloroform soaked handkerchiefs. With the story unfolding in the newspapers, people in society pitied the father and

viewed him as a suffering, but loving father who made an unbelievable sacrifice. Charged with first-degree manslaughter, Louis Greenfield's attorney argued that Jerry's severe disability placed such a burden on his parents that the father was not guilty because of his "defective reason – after years of physical and mental torture caused by the suffering of the boy" (Brockley, 2001, p. 296). When Louis Greenfield testified, he told a story of tragedy, intense suffering and a family life consumed with the care of Jerome who had to be watched every moment he was awake. With the strength of his testimony on the impact of the disability on their lives as parents, the jury acquitted Greenfield of all charges.

Louis Repouille also used chloroform to kill Raymond, 13 at the time. Raymond was bedridden due to a massive inoperable and incurable brain tumor. He was blind, deaf and a "helpless cripple" according to his father (Brockley, 2001, p. 297). Louis and Florence, Raymond's mother, were under extreme financial stress and unable to care for Raymond and their four other children. The courts intervened and ordered the couple to have Raymond institutionalized, however on October 12, 1939, before the order could be carried out, Louis Repouille stayed home from work to kill his son.

Neither of these fathers served time for the murders of their sons. Louis Greenfield was acquitted and Louis Repouille served two years' probation and no time in prison. In the 1930s, both fathers received sympathetic support in the form of "tolerance and even social approval" (Brockley, 2001, p. 293). The cultural attitude in the United States towards disability in the 1930s was simple: value can be placed on life and there are some circumstances that deem a particular life not worth living.

## Disability as Social

In the latter half of the 20th century, research turned toward a social construction of disability in an effort to improve the quality of life and societal acceptance for the disabled. This movement was aimed at placing the blame for oppression of people with disabilities on non-disabled members of society and remains the most prevalent way of studying disability from a scholarly viewpoint at present. Social restrictions placed by an unthinking and able-bodied population in society are discriminatory and further disable persons from taking part in the “normal life of the community on an equal level with others because of physical and social barriers” (Oliver, 1998, p. 1447). Watson (1998) describes these barriers as “induced by a fear of contamination, of physical or psychic damage” (p. 147). He further asserts that non-disabled people base their beliefs about people with disabilities on stereotypic characteristics such as reliance and weakness.

Taylor (2008) states disability should be viewed by society as not a “condition to be cured but rather as a difference to be accepted and accommodated...it is a social phenomenon through and through” (pp. xx). Traditional medical and surgical interventions for people with disabilities have included cochlear implants for deafness, cosmetic surgery for people with Down’s Syndrome, and genetic screening for congenital defects leaving parents with heart-wrenching life or death decisions. The move toward a social model of disability has changed such interventions to include the teaching of sign language in educational settings, disability awareness education, removal of physical and social barriers and legislation for equal opportunities. According to Watson (1998), disability can be thought of as a social issue because “by removing disabling structures, disability itself can be eliminated” (p. 148). Perhaps one of

the most resistant spaces to the removal of barriers for the disabled has been within the walls of public schools.

As parent groups, such as the United Cerebral Palsy Association and the National Association of Parents and Friends of Mentally Retarded Children, gained more numbers and strength during the middle of the century, they hired lobbyists to challenge policymakers in Washington to re-think their stance on education for disabled children. In a 1955 journal article, the Council for Exceptional Children, a group formed in 1922 of administrators and faculty members at the Teachers' College at Columbia University, made a plea to end segregation for children with disabilities in public schools (Daugherty, 2001). Parents continued to take disability issues to courts and legislatures until finally, they felt they had a supporter with enough power and prestige to raise critical awareness and produce significant changes. In 1961, President John F. Kennedy created a group of physicians, scientists, educators, psychologists, lawyers and social scientists to research, discuss, and solve problems experienced by people with mental retardation (Ainsworth & Baker, 2004). Called the President's Committee on Mental Retardation, the group's final report made over 100 recommendations to prevent and treat mental retardation. The findings of this team and President Kennedy's personal support prompted awareness and fiscal aid to the states to promote equity for people with mental retardation to include the education of children in public school settings (Ainsworth & Baker, 2004).

With the passage of the Elementary and Secondary Education Act in 1965, the federal government provided the first federal funding support for public education (Crockett & Kauffman, 1999). When the Act was amended just a year later, the Bureau for Education of the Handicapped was formed as part of the federal education program to conduct research on needs, staff training programs and other disability-oriented educational programs that would be

eventually funded by the government. The National Advisory Council on Disability was also established in 1966, followed by a federal grant program that was provided strictly for the education of children with disabilities in local public schools. This program would bring local education under federal civil rights protections (Harris, 2006). Even with increased awareness and progression of services for disabled students, by 1967 only half of the nation's 25,000 public schools at the time were offering classes for students with special needs (Reports to the President, 1967). The progressive changes that occurred during the 1960s would lay the foundation for equitable educational opportunities for children with disabilities in the decades that would follow.

According to the United States Department of Education, only one in five students with disabilities were educated in public schools in the United States in 1970 (Archived: 25 Year History of the IDEA, 2007). Much work remained to be done to secure free and appropriate education for disabled children. Perhaps the largest step that laid the foundation for current special educational law was the *The Mills v. Board of Education of the District of Columbia* and *PARC (Pennsylvania Association for Retarded Children) v. Commonwealth of Pennsylvania* cases in 1971 (Daugherty, 2001). In these cases the court affirmed the right to education at public expense as well as ensured due process for students who have disabilities. By "challenging segregated, inconsistent, or nonexistent programs for educating disabled children" (Daugherty, 2001, p. 2) these cases, and the 27 federal court cases that followed dealing with the education of children with disabilities, would eventually lead to the passage of the Education for All Handicapped Children Act in 1975, also known as P.L. 94-142.

Described as "probably the most prescriptive education statute ever passed by Congress" the act was passed to guarantee that free and appropriate education would be provided to all

children and youth with disabilities (Ravitch, 1983, p. 308). Individualized Education Programs (IEPs) were mandated to ensure that the services employed for each student were unique and directly related to their specific needs. Due process safeguards were also put into place to protect students and their parents from questionable and unfair practices by teachers and administrators. States were required to follow the guidelines of P.L. 94-142 to receive federal education funding. The law guaranteed the right of children with disabilities access to public education however; it did not mandate that they were to be educated in the same classrooms, or the same schools, as non-disabled children.

The law was re-authorized in 1990 and 1997, and at that time it was renamed the Individuals with Disabilities Education Act (IDEA). The law continued to work in the best interest of students with disabilities, granting them access to educational opportunities they had previously been denied. Students received services from special education in the least restrictive environment, and if at all possible, in general education settings. Schools and systems were required to provide all resources students needed to reach their full academic potential. These included, but were not limited to interpreters for deaf students, alternative material formats such as large print or braille for students with visual impairments, and computer-assisted technology for students with physical disabilities. Students with disabilities were finally receiving services that were somewhat equitable to those of their non-disabled peers. In order to receive these much needed services and accommodations necessary for students with disabilities to be successful in public schools, it was necessary for them to be “labeled” with a specific disability. This labeling of students, as well as the special education classes in which they are placed, has come under great scrutiny by disability theorists in recent years.

Many disability theorists, like Linton (1998), agree that students with impairments may adapt to the labels applied to them in school when “negative expectations are assimilated and internalized by the disabled children with devastating long-term consequences” (p. 63). He also views special education classes as problematic, not necessarily because the quality of instruction is inferior, but because the classes are isolated, stigmatized and placement in them is not voluntary. Students are recognized and labeled as special education students and the classes they attend are known by students, staff, and parents to be special education classes. Linton (1998) says this attachments happens even when “overt lessons are taught at the school about respect for difference or other such seemingly committed agendas with weak impact, the hidden curriculum, the stronger message, is that children in special education are different, incompetent and unsavory, and because of their isolation, easily avoidable.” (p. 63). The stigma attached to children who enter special education classrooms is very destructive and limiting. Students with disabilities suffer ridicule and are often at the mercy of non-disabled students.

The intent of the medical and rehabilitative models primarily adhered to in schools continue to be the pursuit of helping individuals with disabilities lead a “normal” life. However, many people with impairments or illnesses that lead to disabling conditions reject the notion they are “abnormal.” Special education programs in public schools have often been criticized for adhering to more “traditional models and discourse of technical rationality” (Broderick, Reid, and Valle, 2008, p. 133), and the seeming determination of special education professionals to rehabilitate students to behave in ways more like their “normal peers.” Barton (1998) asserts “one of the outcomes of this process is the establishment of a culture of dependency between disabled children and professionals, (and) another outcome is that of social restrictions and thus exclusion from particular interactions, contexts and opportunities” (p. 59). Students, particularly

become dependent on their special education teachers, and likewise, teachers protect and nurture students much as a parent would. Also, students who are served in resource and separate classes that include only other students with disabilities are thought to be missing valuable social skill training that they could be getting through interactions with non-disabled peers in regular classroom settings. To adhere to this mode of thinking is to admit the abnormality of disability and adhere to a model of rehabilitation. Many special education programs also offer community based instruction models where students are taught employment skills in community settings. While in itself, an admirable attempt at helping students learn employable skills to aid them in becoming productive members of society, community based instruction also places students into categories of deficiencies both within the walls of the school building and in the community at large. Self-contained, resource, and even community based classes are problematic because they are often “isolated, stigmatized classes and placement in special education is not voluntary” (Linton, 1998, p. 63).

For people who were educated in special education classes, many indicated they “believed that Special Education made them more passive and convinced them of their lot in life” (Charlton, 2006, p. 224). They cited immediate labeling when diagnosed with a disability and were painfully made aware of their inferiority. Being told consistently what they could and shouldn’t expect from their educational experience was seen by many of the students interviewed by Charlton as a form of emotional abuse. Ware (2005) says that education of students with disabilities sometimes “estranges and others our differences” (p. 103). Her research indicates there are few special education professionals who take hold of humanities-based disability studies and rather adhere to the traditional culture of special education which is more medical or rehabilitative in nature. While many progressive strides were made in the last half of the 20<sup>th</sup>



century to provide equitable educational opportunities for students with disabilities, many problems and barriers continue to remain in existence.

### From Past to a Not So Different Present

Simpson (1999) believes “for the past 200 years, the discourse on intellectual impairment has basically involved the manipulation of three elements: intelligence, behavior, and the organic and functional impairment of the body” (p. 148) not only in the United States but worldwide. People with disabilities have been judged on a continuum based on the severity of their impairments. In the late 1800s to the early 1900s they were labeled idiots with an IQ of less than 35, imbeciles if their IQ reached 49 and morons with IQ’s ranging between fifty and seventy-four. Then came the years of using the “R” word: profoundly mentally retarded, severely mentally retarded, moderately mentally retarded, and mildly mentally retarded. The “R” word began to sound too severe, and was replaced with “handicapped” and eventually “intellectually disabled”, still using the adjectives to describe severity. The language used to describe people with mental impairments has changed however there is question as to whether long held beliefs and attitudes have changed very little at all. If an individual is able to maintain social competence or adequate social functioning, he/she is generally accepted into society. Education has become even more focused on “turning out socially competent citizens and teaching mental defectives to perform basic manual work and become financially self-supporting” (Simpson, 1999, p. 152). Gere (2005) reflects on current trends another way: “Statistics, the concept of the norm, and the attendant notions about various populations continue to permeate much of the epistemology of our field” (p. 62).

Davis (2006) challenges the concept of normalcy and states “the ‘problem’ is not the person with disabilities; the problem is the way that normalcy is constructed to create the ‘problem’ of the disabled person” (p. 3). The desire to compare our abilities, achievements, health, and looks to others is embedded in building a social ideal of who and what fits within the realm of normal, and our seemingly innate need to name and label those who do not meet the standard of normal. People with disabilities are “studied as deviation from the norm in order to increase the knowledge about and stature of the norm” (Linton, 1998, p. 73), and are thought to live very different lives from what is considered normal, therefore their experiences are compared to those of non-disabled people. The concept of normalization is a very important part of understanding disability as a social construct. For normalization to occur, a person with a disabling condition must be able to maintain a quality of life that is equivalent to a non-disabled person. People in a society create the ideal of normalcy in a “culture which is otherwise known for notions of complementarity rather than polarity, fluctuation rather than fixity” (Stone, 1999, p. 142-143).

Even with laws advancing the rights of people with disabilities, to many nondisabled people there remains question on the value of life for people with mental and physical impairments. The persistence of negative attitudes reflects the complacency of society towards change and acceptance of the Other and the sometimes unconscious belief that because a person has mental or physical flaws, that he/she is devalued and perhaps without value at all. The socially constructed stereotypes of disability are extremely hard to overcome, especially for those with mental and physical impairments. These “cultural locations of disability in which disabled people find themselves deposited” (Snyder & Mitchell, 2006, p. 3) are oppressed places where society organizes the world according to standards decided upon by white, non-disabled

people. The premise seems to be that it is easier to accept than challenge society's notion of what and who you are and "claim disability as a positive identity" (Siebers, 2008, p.11). Only with the continuous raising of disabled voices will the status quo be challenged and perhaps one day changed to a new concept of normalization.

Disability theorists take small steps forward in their efforts to encourage society to acknowledge its part in defining disability and normality. Siebers (2008) writes:

The central issue for the politics of representation is not whether bodies are infinitely interpretable but whether certain bodies should be marked as defective and how the people who have these bodies may properly represent their interest in the public sphere. More and more people now believe that disabled bodies should not be labeled as defective, although we have a long way to go, but we have not even begun to think about how these bodies might represent their interests in the public sphere for the simple reason that our theories of representation do not take account of them. Only by beginning to conceive of the ways that disabled bodies change the process of representation, both politically and otherwise, might we begin to tackle the difficult issues of how access bears on voting rights, how current theories of political subjectivity limit citizenship for the mentally disabled, and why economic theories cast people with disabilities exclusively as burdens (p. 59).

The truth lies in this fact, the largest percentage of people with disabilities have acquired those disabilities since birth. For many people, disability will come and will happen to them, whether by accident, age, or illness. Abilities or non-abilities are not stable, just as the perception of

disability, they change over time. The reality of the human body and mind is that both are fragile and delicate. Siebers (2008) urges the able-bodied to “remember what you already know about people with disabilities, so the knowledge will be useful to you when you join us” (p. 52). Our task, as temporarily able-bodied individuals, is to increase and refine our knowledge about disability so that we may use what we know to create better and more equitable educational and social opportunities for people with disabilities. Part of this process involves the recognition of the role that popular culture, and particularly representations of disability in film, may be informing our practices and educational decisions we make for students with disabilities.

## Chapter 4

### Disability in Film

Media holds an intense fascination for society in the United States. Used mainly in its beginnings to disseminate information to the masses, media has grown to become something society seems unable, or at least unwilling, to do without. We are misinformed, entertained, and miseducated by media. As a society, we are influenced greatly by media when forming our ideas and perceptions about people and things. Disability is something that if we do not have experience with ourselves, our perception of what it is like to be disabled can be completely guided by what we see and hear through media.

Preconceptions about disability are often formed as the result of exposure to everyday technological exchanges. Maudlin (2007) states “we must accept that the media that we engage in shapes our assumptions about disability” (p. 115). Popular culture serves as a mirror in which we can observe our passions, ideals, and standards; yet it also challenges the mind to conceive of ideas and question convictions from differing viewpoints. We have become so drawn into the lure of mass media that, as a society, we cannot imagine our lives without the daily exchange of information and entertainment. Understanding how the mass of information affects us and our daily interactions with others is key to making tangible connections with influence and practice. Postmodernism encourages the study of popular culture to challenge the “narrowness of structuralist vision, by taking the deep interrogation of every breathing aspect of lived experience by media imagery as a starting point” (McRobbie, 1994, p. 14). The images of disability we view on screen are assimilated into our sub consciousness and manifest themselves when we interact

with people who have disabilities. We may not realize how powerful these images are and how deeply they can affect our attitudes and beliefs.

In popular media, the dominant representation of people with disabilities is that they can be accepted as “normal” by society if they can “pull-off” a non-disabled appearance and have a personal desire to learn how to act “normal.” That is, if people with disabilities do not have physical deformities that are visible or noticeable mobility or speech problems, they can blend in the able-bodied community with little notice. The movie industry entertains us with “feel good” stories about people with disabilities and their ability to overcome impairments and adjust to life in “normal” society. These movies, like *Radio*, place impairment and disability at the center of the story; thus telling us how to think about disability, how to treat people with disabilities, and how to be tolerant, yet still look upon them with pity. Popular culture quite simply assists in placing people with disabilities as the “Other.”

The cultural trends that surround us impact not only our perceptions of the identities of people around us but our own identities as well. We often decide who we want to be or who we think we *should* be based on what we see, read, and hear. We use these perceptions to define what we believe to be normal. These ideas may manifest themselves within school buildings and individual classrooms. Daspit and Weaver (2000) stress the importance of popular culture to pedagogy because our students’, and indeed our own identities are constantly constructed, re-constructed and shifted by popular culture. So much so that it becomes imperative for students, teachers and administrators to “negotiate within the terrains of popular culture and to constantly remake their own identities in response to ever changing postmodern worlds in which images construct reality” (Daspit & Weaver, 2000, p. xv). We, as educators, have to be mindful and reflective of how our engagement with film affects our identities, our images of our students and

the realities of their educational experiences. The on-screen images of disability hold a power to revolutionize our thinking about disability or to reinforce existing ideas about the abilities of our disabled students. Our challenge is to decode the constant onslaught of mass media messages and resist the urge to create realities for our students that are oppressive and inequitable.

Here, I want to examine disability in popular culture, focusing on images and representations of disability in film and how these images speak to us. Snyder and Mitchell (2006) note, “alternative ways of comprehending disabled bodies and minds are often best explained within experiential forms, such as personal narratives, performance art, and films, rather than in the often objectifying realms of ‘research’ about disabled people” (p. 4). Films speak to us in both obvious and covert ways. We conceive our ideas of normality and disability based on our personal experiences and many of these experiences come from our interactions with media. Cinematic images “offer a measure by which we can identify shifts in social attitudes towards marginalized groups, and an indication of particular sites of resistance to change” (Darke, 1998, p. 181). Often used as a tool to “shore up a sense of normalcy and strength in a presumed-to-be able-bodied audience” (Chivers & Markotic, 2010, p. 1) disabled characters in film arouse feelings of pity, fear, and/or repulsion. Within the safe confines of a dark theater or the comfortable surroundings of a familiar living room, films offer audiences an opportunity to stare at disabled figures without reservation. Staring and gawking is permitted and encouraged, and reactions are private. Viewers are not judged in any way by their decision to turn away, identify, or fear a similar fate. The anonymity viewing a film affords audiences when observing disability may help to explain much of the appeal of popular films like *Radio, Forest Gump, I am Sam*, and *Million Dollar Baby* which feature characters with various disabilities.

Film has created excitement, wonder and entertainment for audiences since April 23, 1896 when the first moving picture premiered at Koster and Bial's Music Hall in New York (Jacobs, 1939). These first films were acclaimed for “true-life action” (Jacobs, 1939, p. 4) and gave society a taste of escape from the demands and routines of daily life. Through the years, as the production of films has become more advanced and the imagery more “real,” we may find that it becomes increasingly difficult to separate fiction from reality, and that we may opt instead to construct new realities based on our interactions with film. Therefore, our perceptions of disability and people who have disabilities may be altered by our interactions with films that feature disability and disabled characters.

### Living Pictures

Disability, and most particularly physical disability, has been a feature of many films since the beginning of film-making. The first moving films brought images previously in still form to life and often exploited social concerns of the time. In the late 1800s beggars had become a problem in the streets of New York City and other cities on both sides of the Atlantic. As a result of the beggars often faking disabilities, police in New York, London and Paris began to crackdown on these individuals and sentencing them to jail if they were found to be pretending to have impairments. Filmmakers soon began to look upon this societal ill as fodder for entertainment. Norden (1994) documents the first instance of disability in a storytelling film as occurring in 1898 when Thomas Edison's film *Fake Beggar* was shown in New York. This short film of less than a minute featured a legless beggar and a blind man on the street receiving coins in a cup from passersby. When a coin hits the sidewalk instead of the cup, the blind man picks it up, only to be grabbed by a policeman for stealing. The blind man wrestles out of his coat which is held by the policeman and takes off down the street to the laughter of the audience,



who then realize his impairment is an obvious deception. In this short time on-screen, viewers saw disability as an object of humor, “one of the more contemptible trends” (p. 15) of filmmakers using disability as a theme according to Norden (1994). Using disability and impairment as crude humor is perhaps the most troubling way disability has been used in attempts to entertain audiences. Moeschen (2010) notes “the humorous disparity posited between the seemingly competent law enforcement official and the supposedly less intelligent or capable social deviant no doubt provided pleasure to working class audiences particularly cognizant of class and economic delineations” (p. 93). Particularly amusing to audiences was the ingenuity of the deviant to use disability as a means to trick passersby into giving him money. The popularity of this humorous approach led other filmmakers in Britain and the United States to quickly begin filming plots featuring beggars faking disabilities. A British company released *The Fraudulent Beggars* in 1898 and in 1900, a company in the United States released *The Beggar's Deceit*, both films in which a beggar pretends to be an amputee (Norden 1994).

Only occasional reviewers cast any criticism toward filmmakers for the use of disability for comedic purposes, and audiences seemed to immensely enjoy plots featuring disabled characters (almost always played by able-bodied actors). Disability remained a popular focus of these short comedies. People with disabilities were objectified from the very beginning, a "thing" used to produce amusement and laughter, especially when able-bodied viewers could stare and laugh without feeling shame for doing so.

Although many film companies on both sides of the Atlantic were producing these films, the American Mutoscope & Biograph Company emerged as a pioneer in the industry. Biograph, as it was renamed in 1909, was one of the most influential film houses of its time. This company is thought to be the first to use actors with real disabilities in what was called "slapstick"

comedies (Dale, 2000). Audiences were prepped for this role change in 1902 with the serious film of a deaf and mute girl reciting the Star Spangled Banner on location in Washington, D.C. Though not following the pattern on a comedic focus, this film tested the fortitude of viewers by featuring a girl with a real disability, not just an actor playing a character with one. Following the positive reception of this film, Biograph released *The Lost Child* in 1904, a film featuring a one-legged boy hopping along on crutches and an older gentleman in a wheelchair giving chase to a man who is thought to have kidnapped a child. Audiences found delight in two characters with disabilities chasing an able-bodied man in a chaotic scene with both characters intent on helping other townspeople catch the "bad man." The comedic factor came from the many obstacles placed in the way of the two disabled characters; they had to constantly maneuver around objects and people to maintain chase. Just as in the beginning of film, people with disabilities were placed in situations where they were at the center of ridicule (Bordwell, Staiger, & Thompson, 1988).

Deafness, the "invisible" disability, became the focus of the next wave of films to be released, occurring at the same time health professionals were attempting to "normalize deaf people according to mainstream values" (Burch, 2001, p. 216) by developing and testing the first hearing aids. Children who were deaf were educated either at home or in separate, private, and costly schools. Deaf organizations, like the Union League of Deaf Mutes, frequently held large parties for members, and filmmakers decided to base several of their slapstick comedies around this kind of scenario. *The Deaf Mutes' Ball*, also produced in 1907, established a "durable stereotype we might call the 'Comic Misadventurer': a disabled person victimized by one or more able-bodied people, and a disabled person whose impairment leads to trouble" (Norden, 1994, p. 20). The plot of this short film features two males who are deaf, attending a masquerade

ball. One is dressed like a polar bear and the other as a bear trainer. The two have a bit too much to drink at the party, and become separated on the way home. The bear cannot communicate because his hands are hidden inside the claws of the costume, and he scares townspeople with his wild hand antics. He is finally apprehended by police and taken to the zoo. He is about to be put into the bear cage when his friend catches up with him and is able to communicate via sign language with police (Norden, 1994).

After 10 years of featuring disability as comedic material, a few dramas were produced, mostly depicting the disabled as victims at the hands of the able-bodied. In *The Faithful Dog* (1907) a blind beggar and his dog survive by trolling the streets, asking for handouts. The dog wears a tin cup around his neck to collect the coins given to the pair by people walking by. Late one night, the beggar becomes very ill and places a note to a doctor in the dog's cup. The dog races away to find the doctor, but does not do so in time to save his master. This is just one example of the tragic victim as a "poverty-stricken social outcast who often expires by film's end." (Wolfson & Norden, 2000, p. 295). Dramas of the time routinely contained plots that victimized characters with disabilities. Most of these characters ended up dying, leading audiences to conceive that death was ultimately better than living a life with a physical impairment. *His Daughter's Voice* (1907) tells the story of a young woman who sings on the streets for a living and her elderly blind father who accompanies her with his violin (Norden, 1994). After collecting a large sum from an appreciative listener, the pair is attacked by a drunkard. The young woman is seriously injured and later dies. The elderly father is overcome with grief and spends his days listening to the only recording he has of his daughter's voice. He eventually collapses and dies as well. Viewers pity him and believe he is better off, re-united with his daughter and no longer living without someone able to take care of him.

Norden (1994) notes these plots were realistic of the time: "with the implication that mainstream society as represented by specific able-bodied individuals bears responsibility for the victimization, these modestly exploratory tales were not far off the mark in their attempts to show the typical economic circumstances of physically disabled citizens at that time" (p. 27). Unless a person was disabled from a war injury, no financial assistance was available for them from the government. Disabled war veterans received meager assistance, but they were better off than physically disabled people who could not work, or even if they could were discouraged from doing so or could not find jobs, and who received no assistance at all. Children with physical disabilities fared no better than adults. They were educated at home if their parents chose to keep them for "some parents still were selling their children with disabilities to side-shows, freak shows, and circuses" (Jaeger & Bowman, 2005, p. 39). Physical disabilities could not easily be hidden and were still considered at this time to be markers of shame.

This realistic plight of people with disabilities during the early part of the 20th century led to films that depicted utter despair for the disabled. Many of these films featured people with disabilities striking back at the people who victimized them, bringing to light another stereotype, or as Longmore notes, a prejudice of people with disabilities: "disabled people resent the nondisabled and would, if they could, destroy them" (2003, p. 134). People in society learned from these types of films that the disabled were people to be watched, mistrusted and feared. Physical deformity according to the moral model, still very prevalent at this time, was often thought to be "connected to a bad mental or spiritual state of being" (Schalk & Powell, 2008, p. 13). Therefore, fear of people with disabilities, particularly of disabilities that were observable physically, was common, both on-screen and in society at large.

The disabled villain is also a stereotype that became prevalent during the early years of filmmaking and fed off the fear of the disabled that had been introduced in earlier films. Longmore states there has been, and to a certain degree continues to be a noticeable attitude in society that "deformity of body symbolizes deformity of soul" (2003, p. 133). Perhaps the greatest example of this concept in early motion pictures is the release of two film adaptations of Shakespeare's *Richard III*, one in America in 1908 and the other in Britain in 1910, (Norden, 1994). Angry and bitter about his lot in life, a physical deformity resulting in severe curvature of the spine, Richard begins a gruesome ascent to the throne of England. He uses any means necessary and kills anyone in his path. Once he becomes king, he rules with terror and evil, even killing his own wife so he can marry another. *Richard III* and Robert Louis Stevenson's character Long John Silver would set the trend for many short films featuring characters so angry about their disabilities that they strike out at those around them. Much like King Richard, the evil cripple is usually portrayed as very intelligent and cunning. Their intelligence is many times used as a match against the protagonist's super physical strength and stamina. The portrayal of the disabled as villainous and vengeful is perhaps one of the most disturbing trends in the history of disability in film and perpetuated the fear of people with disabilities that was already actively present in society. This accounted for much of the resistance to educating children with disabilities in the same schools with non-disabled children. Parents of children without disabilities were aggressive and vocal about their opposition to the inclusion of students with disabilities in the same school building.

Dicken's *The Christmas Carol* inspired the characters that appeared in films as the "Sweet Innocent" or the "Charity Cripple" (Norden, 1994, & Longmore, 2003). The first adaptation appeared in 1908 to a great audience reception and was followed by new versions released by

various film companies every two years until 1916. The popularity of these films influenced the making of films with similar plots. Like Tiny Tim, the disabled character was usually a child and dependent upon an able-bodied adult for all needs. In *The Blind Boy*, first released in 1908, the title character is orphaned at a young age and given his father's entire estate to the dismay of his older, good-for-nothing brother. The older brother kidnaps his blind sibling, keeps him captive in disgraceful conditions, and barely feeds him. Finally managing to escape, the younger boy is rescued, justice is served against the low-down older brother, and the blind boy is taken in and protected by local town leaders. His father's estate is eventually restored to him, and the boy is taken care of the rest of his days. This "providential protection" (Norden, 1994, p. 33) of Sweet Innocents as portrayed on film would be reflected in softened attitudes toward children with disabilities but would not illicit calls for change in educational practice. Although audiences feel pity for the title characters at the beginning of these films, by the end they are left with satisfaction knowing that *someone* will take care of the less fortunate. It was generally felt at the time that people and children with disabilities were the responsibility of some other entity. The general public did not feel obligated to provide financial or physical support. The overwhelming majority of films featuring innocents ended with the disabled looking forward to a new future full of prosperity and promise. Norden calls this the "classic manifestations of mainstream society's need to create and then 'service' a charity-worthy underclass to enhance its sense of superiority" (1994, p. 36). It was felt that if these individuals had the misfortune to have to live with their disability, there was at least some sense of relief in knowing they would be cared for and have their needs met.

Audiences responded more favorably when the outcome for characters with disabilities was one of a hopeful and carefree future, but they preferred films in which the disabled were

miraculously cured. Filmmakers soon realized that miracle cures sold more movie tickets and received more favorable reviews from critics and viewers. *The Blind Man of Jerusalem* (1909) is cured by Jesus and keeps his regained sight a secret, learning how his servants and even his own daughter have been deceiving him, even to the point of stealing from him. He later meets Christ again who teaches him to forgive those who have committed even the vilest offenses against him. He is left with a future of hope and a life without a visual impairment (Norden, 1994). This type of God-given cure was a sharp departure from the previous disability archetypes used in films. Viewers agreed with filmmakers that life without impairment was much more valuable than an existence with one. If students with disabilities could be cured, there would be no need for their placement in educational settings to be controversial.

These examples of early films dealing with disability reflect the recurring themes about disability and characters with disabilities since the beginning of filmmaking. These themes have persisted throughout over 115 years of motion pictures and more fully develop in the years following with the rise of the feature film. The images of the disabled as victimized and demonized continue to dominate films about disability. The preconceptions about disability as depicted in film reflected the beliefs of adherents to the religious and moral models that were prevalent in society at the time.

At this same time in society, the able-bodied community preferred to house people with disabilities in asylums. Not only did this keep the severely disabled out of sight in general, but it made them accessible when the able-bodied wanted to visit and gawk. Medical doctors began to encourage commitment of people with severe disabilities to residential facilities. It was not uncommon at the turn of the century for day-trippers to visit these asylums and leave feeling pleased about what their government was doing in the lives of the unfortunate. These visits

allowed visitors to “indulge in some of the spectatorial pleasures that they might be too ashamed to pursue in public, at the popular freak shows of the day” (Reiss, 2008, p. 13). Asylum superintendents encouraged these visits in order to promote funding, to gain legislative support and to rest the fears of society that people with disabilities were being harmed in these residences. Similar to the way the disabled were depicted in early film, people with disabilities housed in asylums were subjects and objects to be put away and out of sight yet displayed and observed when from a “safe” distance when wanted and convenient.

### Disability in Film and World War I

The rise of the feature film, or multi-reeler, in the early part of the 1910s and the return of disabled veterans from World War I in the latter part of the decade both had a significant impact on the characterization of people with disabilities in film. Feature films are significantly longer than the short films that dominated the early years of motion pictures and typically run from 50 to 200 minutes in length. The tales told of characters with disabilities in feature films were more fully developed than in the early years; however the same themes, with a few exceptions, recurred as patterns.

Fewer comedies were produced as filmmakers began to realize making fun of characters with disabilities is in poor taste, particularly when the number of people in society with some type of impairment dramatically increased due to the return of disabled veterans. People in "normal" society began to have somewhat of a conscience when it came to treating the disabled. It was no longer considered acceptable to laugh at the misfortune of others, however, feelings of fear and pity remained constant among members of the able-bodied population.

The portrayal of the bitter and angry orthopedically impaired villain continued to expand in the early years of the feature film. Considered to be the first full-length feature film with a



disabled title character, yet another version of *Richard III* was released in 1912 (Shapiro, 2000). A year after its release, the film gained popularity with moviegoers and led to more films featuring villains with a wide variety of impairments, even though the "hunchback" remained the most prominent and popular. Richard provided the "prototype for the innumerable maimed villains" that followed him (Shapiro, 2000, p. 110). The extreme popularity of the many versions of *Richard III* left viewers with the distinct impression that the evilness of the main characters was inextricably linked to their deformity.

Villains were high draws at theaters until the outbreak of hostilities in Europe in 1914. Even though Americans agreed with President Wilson that the United States should remain neutral, their interest in the conflict was very high. Filmmakers were quick to exploit this fascination and hurriedly re-released films that had anything to do with war or war-like conditions. Military newsreels were also shown before these features, but rarely revealed the poor and desolate conditions of wounded soldiers because of the military's censorship and regulation of the material included on the reels. Following the sinking of the *Lusitania* in 1915, in which 128 Americans were killed, sentiment changed toward the war and the information-hungry audiences wanted to know the truth about what was happening across the Atlantic. Movies like *The Battle Cry of Peace* in 1915, although a fictional account urged war preparedness against the Germans and showed the plights of many wounded and permanently disabled soldiers (Jacobs, 1939). This led to widespread concern about the problems facing disabled veterans should the United States decide to officially enter the war. As American sentiment for the war effort increased, so did the production of war films. Films like *I'm Glad My Boy Grew Up to Be a Soldier* (1915) were typically glamorized war movies with heroes and happy endings. Movies that did address disablement as a result of battle "represented disabilities

as not much more than noble badges of personal sacrifice on behalf of the greater good” (Norden, 1994, p. 56). The day to day problems and challenges disabled veterans would face upon their return to non-military life was not addressed, neither was the changes that society would have to make to accommodate their return to the workplace. However, the return of hundreds of wounded soldiers to the United States at the end of the war caused some change in the plots of films dealing with the aftermath of war.

The American People began to be concerned about the abilities of these soldiers to live a normal life and to contribute financially in a postwar economy. Who was going to take care of them if they could not work? Who would finance the care they needed? If they *could* work, who would employ them? Once again, the film industry targeted societal concerns and churned out numerous movies with disabled war veterans at the center of storylines. Rarely did these films depict veterans who were physically impaired as sound of mind. It seemed filmmakers could not, or rather would not, separate physical and mental capabilities. Knowing, however, that people desperately needed a respite from the horrors of war, the film industry continued the trend of miraculous cures and happy endings which were "the most significant development in the Cinema of Isolation during the 1910s and 1920s" (Norden, 1994, p. 58). In fact, the curability rate depicted in the movies of these two decades was three to four times greater by percentage than the actual number of disabled veterans that were cured in the United States in the same time period, but did reflect the importance society placed on rehabilitation and cure that had emerged as prevalent with the return of the veterans. This pattern entrenched the movie industry even deeper in the use of stereotypes of the past. A life without impairment was much preferred over a life considered to be less valuable and worthy.

Curing the disabled was a prevalent stance in society at the time as well. Viewers' fascination with the return of disabled soldiers on film mirrored the reality of care for those returning home. Returning veterans who were wounded needed to be able to make their own living and take care of themselves. Evidence of this attitude began with the federal government making an "unprecedented commitment to retraining wounded soldiers for the labor market; rather than simply increasing the amount of pensions" (Gelber, 2005, p. 162). The majority of disabled veterans were enrolled in courses in industrial and commercial trades. Those who lived in rural areas before the war, were re-trained in agricultural jobs, and there were also courses for those few soldiers who could not read as well as those who were professionals with college degrees (Gelber, 2005). In New York, the rehabilitation program in place also "attempted to retrain veterans through apprenticeships in 80 different shops and schools such as the City College of New York, The Art Students' League School, and Brooklyn Polytechnic Institute" (Gelber, 2005, p. 164). For the most part, wounded and disabled soldiers appreciated the efforts of the government to assist them in rehabilitating for the purposes of gaining employment, but many were upset at their lack of options and what some of them felt was the government's mandate toward certain training and occupations. Indeed, many of the rehabilitation facilities "employed experts to survey the post-war labor market and direct veterans towards undersupplied occupations" (Gelber 2005, p. 170).

Children with severe impairments who lived in large cities like Boston, New York and Chicago were educated in day schools that had begun cropping up around the turn of the century (Myhill, 2010). Most of these schools served children with physical impairments or those who were deaf or blind. Many cases levied by parents of children with disabilities went through the courts that would allow for their children to be educated in public schools, but this access was

denied time and again by the courts. Many children who were disabled were kept at home and received little education at all. The imagery of people with disabilities in film at the time mirrored the patterns of institutionalization, segregation and isolation that were prevalent in society at the time. These patterns would remain fairly constant throughout the years leading up to the Second World War.

### The Reality of the Post-War Twenties

Moviegoers grew tired of the curability trend that dominated the silent era in the years immediately following the war. By the early part of the decade most of society realized the extent of the horrible devastation of the war and that the overwhelming majority of the real-life stories of wounded and impaired veterans did not end so happily. Very few were cured, and even fewer basked in the limelight of heroism.

One of the first films to realistically show the difficulties facing veterans who were wounded was *The Big Parade* in 1925 (Eberwein, 2007). Jim is a veteran of the war who falls in love with a local woman while fighting in France. In a particularly fierce battle, he loses his a leg. Following his injury he returns home to find the transition back to normal life very difficult. He eventually finds adjusting to life back in the states impossible and returns to his love in France. Though certainly not an in-depth analysis of the trials faced by disabled veterans, the film did give some glimpse as to how disability can change a person's life and does not, like the overwhelming majority of war movies of the time, give the audience a happy ending. This film ran for several years and became one of the biggest money makers of the silent era and is still considered one of the "greatest war films of any era" (Eberwein, 2007, p. 17). It was evident by the popularity of this film that audiences were ready for more realistic tales of post-war life.

One of the best known actors to portray disabled characters during the era of silent films was Lon Chaney. Born to parents who were deaf, he became extremely popular because of his ability to communicate through gestures and facial expressions. He was soon named the Man of a Thousand Faces and starred in films such as *The Miracle Man* (1919) where he played a contortionist known as The Frog (Norden, 1994). His work in this film was considered phenomenal and led to numerous roles where he played the parts of disabled characters. Well-known for putting his body through immense pain and torment to realistically play a part, he starred as an amputee in *The Penalty* (1920) where he had his legs bound tightly behind him in a harness (McCaffrey & Jacobs, 1999). In 1923, he reprised the role of Quasimodo in *The Hunchback of Notre Dame*, wearing a fifty pound weight on his back during production (McCaffrey & Jacobs, 1999). Chaney was an actor willing to put his body into extreme discomfort to accurately characterize his roles. Attempting to “instill redeeming qualities” (Norden, 1994, p. 96) into people considered the dregs of society; he won the respect and admiration of audiences eager for realistic characters and scenarios. At times, he portrayed grotesquely deformed characters that were obsessively vengeful, once again equating disability with evil. These films were extremely successful and profitable, inciting other filmmakers to contribute to the “obsessive avenger” stereotype by rolling out film after film of characters with disabilities unsuccessfully taking revenge against the able-bodied. The portrayal of characters with disabilities in film in the 1920s was generally sentimentalized and a “serviceable means of keeping the physically disabled minority in its place” (Norden 1994, p. 108). Disabled characters were typically cured or killed; only a few were allowed to live hopeful and happy lives at the conclusion of films produced during this decade. Similarly, in society, the disabled were thought to live miserable lives.

As previously discussed in the previous chapter, many people in society and in government positions felt that assisted suicide was the answer for people with severe physical and mental disabilities (Siebers, 2008). The consensus of supporters was that if people with disabilities had no choice but to live miserable and pitiable lives, then the choice to end their life was perhaps the only “moral” and “right” decision that could be made by their families and physicians (Brockley, 2001). During this time period in Germany, people with severe disabilities were called “useless eaters” and ended up as victims of genocide (Friedlander, 1995, p. 82). Attitudes on both sides of the Atlantic toward people with disabilities were similar; however the occurrences of the Holocaust were the most visible manifestations of the superior ideology linked with disability.

### The Golden Age

The end of the silent era of movies in the late 1920s officially began what is known as Hollywood’s Golden Age. Lasting until the early 1960s, the Golden Age was symbolized by glitz, glamour, and society’s intense fascination with the screen and the actors and actresses that graced it (Norden, 1994). Films became more expensive to produce, resulting in the consolidation of many small movie houses. These larger companies competed for ticket sales, cranked out expensive productions, and borrowed huge amounts of money from the big lenders of Wall Street. Characters with disabilities gained a voice, but were still silenced by conservatives who still ruled the industry and told their own version of the disabled story.

The atrocities and the absurdity of the war were still on the minds of many Americans and the film industry fed off this focus. Considered a realistic story of the warfare in Europe during World War I, *All Quiet on the Western Front* was released in 1930 was one of the films that delved into the aftermath of amputation (Chambers, 1996). A soldier loses his leg following

a fierce battle. While being visited in the hospital by several of his comrades, one of them asks if he can have the wounded soldier's boots since he won't be needed them anymore. The boots become a symbol in the film, passed from one soldier to the next who is either killed or loses a leg. Although highly acclaimed and a financial success, the beginning of the Great Depression changed the focus of films in production. Audiences were weary of war and even more discontented with the depressing stories of war on-screen.

Sensing audiences needed and desired an escape from the realities of an unstable economy, filmmakers returned to the familiar "Obsessive Avenger." Yet another portrayal of Richard III in *Henry VI Part Three* and a reprisal of Captain Ahab in *Moby Dick* in 1930 signaled this return (Norden, 1994). The use of sound amped these depictions with the screams of Ahab during the graphic amputation of his leg and became a telling symbol of where disability was headed in film. Filmmakers were growing bolder in how they treated disability and disabled characters, and Americans became focused on the horror film. This combination led to monsters with disabled bodies and deranged minds.

In 1931, *Frankenstein* premiered and pitted one evil, disabled character against another (Forry, 1990). Dr. Frankenstein's assistant, Fritz, with his twisted spine and mind, terrorizes the monster created by the doctor. The monster, a physically deformed and unappealing creature, kills Fritz and seeks revenge on the doctor for creating him to appear so hideous. An enormous success at the box office, even though meeting some criticism for its exploitation of the two disabled characters, *Frankenstein* caused a frenzy of filmmakers to produce films that pushed the edge of acceptable portrayal of disability.

One of the most notable films of all time to exploit disability in an attempt to attract viewers was the production of *Freaks* in 1932 (Norden, 1994). Employing actors and actresses

who lived with physical and mental disabilities, the film was billed as a show of freaks (McRoy & Crucianelli, 2009). The cast included a bearded lady, conjoined twins, a limbless man, a half man/half woman, and several armless men and women in addition to many others considered “freaks of nature.” The plot centered on the characters of a circus sideshow trying to live normal lives dating, marrying, and having children, but took great advantages of making comedic situations out of their ordinary activities. Ridiculing their actions, making them seem either comedic or grotesque (such as the armless woman eating with her feet) the film “promotes divergent responses, simultaneously refuting and reaffirming the dichotomy between normal/abnormal and denying explicit identification at every turn” (McRoy & Crucianelli, 2009, p. 262). The director and producer of *Freaks* believed he was promoting tolerance and acceptance for people considered abnormal, however, the film seemed to solidify common expressions of pity, fear and horror that many people with disabilities faced in society (Norden, 1994). At the end of the film, the “abnormal bodies” collectively seek revenge against an able-bodied tormentor, resulting in a sense that people with disabilities would always seek jealous revenge on the normal. This scene was the most criticized of the entire sixty-two minutes of the film.

The comedic nature of the portrayals in the film served to convince viewers of the depth of the difference between the able-bodied and the disabled. They are seen as merely characters, there for entertainment only. Coupled at the time with the glitz and glamour that the Golden Age had become well known for, these people were “too” different, physically unappealing. Even the able-bodied actors who appeared in the film complained to producers about having to share facilities with them during breaks in production. They didn’t like using the same restroom or having to look at them while they ate a meal or snack. To keep the production of the film



moving, producers prohibited the disabled actors from using some of the common areas, such as the dining facilities (McRoy & Crucianelli, 2009).

The reactions of the able-bodied actors on set should have been an indication as to how the film would be received in the general public. The reception was one of disbelief and repulsion. The viewing public felt “the bodies of the actors in *Freaks* did not fit with how the dominant U.S. culture defined what a body should look like or be able to do” (Larsen & Haller, 2002, p. 169). The actors were not faking disability; they were real and offensive to the public. This same public flocked to circuses to see these sideshows before the end of the silent movie era, but was not ready or willing to watch these same people attempt to live as normally as the able-bodied does. As a result, *Freaks* was a disaster at the box office, registering a financial loss for Metro-Goldwyn-Mayer (MGM), and signaling the beginning of the end of a career for its producer, Tod Browning (Norden, 1994).

With only a few exceptions the 1930s were dominated in the portrayal of characters with disabilities as freaks. This vast number of freakshow films “corresponded with commonly held views of disabled people” (Norden, 1994, p. 143) at the time. In reality, people with disabilities who looked extremely different from the norm because of physical deformities were considered to be freaks and offensive to the general public. Once again, movie roles and images were mirroring societal realities for people with disabilities. Changes were coming however, led by increasing tensions in Europe that would lead to World War II and by government funded rehabilitation programs for the disabled in the United States.

#### Strength, Intelligence and War

In the most significant change for characters with disabilities since the beginning of filmmaking, MGM seemingly reversed direction and began focusing on characters that were

intelligent, resourceful, and strong. These roles were a significant departure from the obsessive avengers and horrid monsters that dominated screens in the 1930s. The first films by MGM to tread this new territory was a low budget series of movies featuring Dr. Kildare, a young doctor right out of medical school, who is mentored by an older physician named Gillespie, a physically disabled man confined to a wheelchair (Norden, 1994).

Lionel Barrymore, an actor who struggled with debilitating arthritis, played Gillespie and used his real-life disability to give the on-screen character formidable presence. In fact, Gillespie was not originally intended to be a disabled character, but Barrymore's arthritis had significantly worsened and his talents were considered paramount to the success of the films. What began as an accident became a huge success and became a turning point in the portrayal of characters with disabilities on the big screen, even though the films did not delve into the accessibility issues the doctor would have faced outside the hospital walls.

In 1942, another MGM movie featuring a visually impaired detective was released. The role of Duncan Shamus was created in *Eyes in the Night* (Langman & Finn, 1995). McClain, a very intelligent man with sharp senses, partners with his brave and smart seeing-eye dog to solve a murder and uncover a Nazi spy operation in Connecticut. Both McClain and Gillespie were strong characters with good morals, charismatic personalities and intelligence. MGM's success with particularly the Dr. Kildare films did not go unnoticed and soon other companies were looking for scripts with similar roles for characters with disabilities.

Warner Bros. offered up a film in late 1941 that combined America's interest with strong and intelligent disabled characters with the need to avoid films that had anything to do with war or soldiers. The rising conflict that would eventually launch the United States into another world war dominated newspapers and newsreels. The public was getting enough of war and flocked to

theaters in an attempt to escape from the conflict. *King's Row* revolves around the lives of four childhood friends, one of whom, Drake, loses his legs following an accident at the rail yard where he works. This production was one of the “first films to deal in a reasonably sensitive way with the psychological aspect of physical disability and to suggest that romance and careers for physically disabled people did not have to be what so many prior movies had passed off as unthinkable” (Norden, 1994, p. 153). Drake becomes bitter and isolates himself from his friends who are very worried about his psychological state. The friends work together to insist that Drake find a job and come out of his isolation. Their efforts are successful and Drake moves from despair to elation after finding a career in real estate. In a major way, these film studios departed from the Obsessive Avenger.

Hostilities in Europe threw the international market for American films into turmoil. Not only were American companies losing money in foreign theaters, once the United States entered the war in late 1941, actors and other studio personnel vital to turning out productions were signing up for military service. Unrest in the market caused the studios to rethink the scripts chosen for production. Once again, they turned to the interest of their viewers: the war.

The majority of the films produced between 1941 and 1945 were sentimental and patriotic. The disabled veterans were once again portrayed as sacrificing their bodies for the greater good. Just as during World War I, the “Noble Hero” dominated the big screen. These disabled heroes readily accepted their lot in life with pride and without regret. *Song of Russia* (1943), *Since You Went Away* (1944) and *Enchanted Cottage* (1945) were just a few of the many films depicting veterans with disabilities as “pitiable objects” (Norden, 1994, p. 158).

The celebration of V-J Day marked not only the end of the war but the return of thousands of veterans who were disabled in one or more ways. Americans really did not know

how to feel about returning veterans. Gerber (1994) notes there was a “sharply divided consciousness that both honored the veteran and feared his potential to disrupt society” (p. 545). The issues of returning veterans had not been addressed in disability related themes up until this point in film, however in film “American society now possessed a powerful agent for representing its anxieties and for instantly and cathartically resolving the anticipated problems that prompted so much expert and lay concern” (Gerber, 1994, p. 545). *The Best Years of Our Lives* in 1946 would, to a certain extent, address these anxieties (Norden, 1994). The story of three returning veterans to their hometown, one of whom lost both hands, does develop a storyline into the discrimination the disabled veteran, Homer Russell, encounters upon his return home. He is shown learning to do things such as driving a car, dialing a phone, and putting on both his prosthesis. Upon learning that his girlfriend’s parents want to send her away in hopes that she will forget about him, Homer offers to back out himself from the relationship, a reflection of what people often thought (and to some degree still think) people with disabilities should do in similar situations. For the part, director William Wyler fought to cast real-life disabled veteran Harold Russell to play the part of Homer. Showing a real amputee on-screen was not considered in good taste and many executives of the production company, Goldwyn, simply felt the public was not ready for such a visual and real reminder of the devastation the war caused so many veterans.

Although certainly not an all-encompassing story of the disabled life for veterans, *The Best Years of Our Lives* did address two major issues facing these soldiers in their struggle for reintegration. Norden (1994) notes the disorientation that many veterans felt upon their return. They left a life in the United States before the war with a certain degree of comfort and stability. They came back to question their role, their mission, and even their dreams. Also, there is an

uncertainty of whether or not they would be accepted by their own family members. Would they be a burden? Would their family tire of having to assist them with everyday tasks all the time? Would the family eventually find their physical disability repulsive and disgusting? The first round of films in the immediate post-war years would reflect these concerns.

The latter years of the 1940s would feature films with war themes alternating between happy endings and, as in the past, darker views of the disabled experience. War would remain the dominant theme, even more so later in the decade when national attention centered on the Cold War. However, for the first time, the lived experience of people with disabilities was explored, many times in the form of original stories of disabled veterans. Hollywood seemed to be exhibiting increased sensitivity to issues of the disabled, but things would happen in the next decade that would return the progressive images of disability to the dark depths of the past. This depiction of strong disabled characters and increased sensitivity to disability in general on-screen correlated with the formation and activism by parent groups such as the National Association of Parent and Friends of Mentally Retarded Children, the Cerebral Palsy Association and the Muscular Dystrophy Association to have their children educated in public schools. Times and attitudes toward disability appeared to be headed for a positive change, however the Cold War and the threat of communism would seem to stall progressive efforts.

#### Hollywood on Trial

The threat of communism and the Cold War would have a remarkable impact on the film industry. In the late 1940s and early 1950s, many film company executives were accused of association with the communist party. Their progressive ideas and films, particularly those after World War II that were more sensitive to disability, were criticized as being subversive. A congressional committee, called the House Committee on Un-American Activities or the HUAC,

was formed to investigate the Hollywood industry and to identify people in film who might be working for or with communists (Bennett, 2012). As a result, witnesses of all kinds accused numerous executives of conspiring with the enemy and those so named were eventually blacklisted. In reality, these films were hardly progressive, but were finally, more humanistic in nature. However, the backlash of losing so many who had made such a positive impact on the portrayal of people with disabilities and the fear of others to continue their work, would bring progression of films featuring disability to a standstill for decades.

The film industry was struggling in general during the early part of the 1950s. Television was a new and competing attraction. The public was flourishing financially in the post-war era and was finding new and various ways to spend their leisure time in lieu of going to a theater. There was also a serious question of content. What material could be chosen that would not be considered politically offensive? When it came to portraying disability, there was always the “eminently serviceable, the victim-turned-hero formula” (Norden, 1994, p. 187) that had been a staple of the film industry for years.

Once again movie audiences would be reminded that the goal of all people with disabilities should be normalization, or at least that was what able-bodied people believed, and would lead to a strong following for the rehabilitative model discussed in the previous chapter. Films at the beginning of the decade featured disabled characters that were wealthy and had strong family support, a giant leap from the disabled veterans who depended on government assistance. Public opinion of U.S. involvement in the war in Korea made the popularity of war movies fade, and any disabled veterans that were depicted in film were in background roles where their presence was given only passing notice. The “Civilian Superstar” was front and center of the screen (Norden, 1994).

Civilian Superstar films were the hallmark of the conservative period of the early to mid-1950s. These films featured disabled characters that were strong-willed and determined to overcome any obstacles they faced because of impairment. These stories of inspiration and triumph reflected marked societal concern for rehabilitation issues for the disabled. The catalyst for films of this type was *The Stratton Story* released in 1949. This movie tells the true story of Monty Stratton, a pitcher for the Chicago White Sox in the 1930s who lost his leg in a hunting accident in 1938. Determined that his accident would not end his baseball career, Stratton overcame tremendous odds to live his dream and pitch again. In the film, he is shown as bitter and apathetic immediately following the accident, even refusing to leave his home. His wife and his best friend finally convince Stratton to try to get back into shape for baseball. With sheer mental and physical strength, and their assistance and encouragement, he makes a successful return to professional baseball. Unlike amputees who could not afford their own treatment, Stratton did not have to rely on publicly funded rehabilitation services. The film also did not address prejudices he faced, for in reality, many of his teammates did not believe he should even try to play again, nor did it go into problems of access he might have dealt with in his daily life. Conservative Hollywood, at least during the 1950s, did not encourage such brutal realities. Critics and audiences alike praised the storyline and the courage it inspired. The ultimate disability success story was born.

Every so often in the 1950s a moviemaker would decide to feature one or more disabled veterans in roles that were more than just background characters. The substance and message of these films was quite different from the noble warriors of the past. Disabled veterans were either treated with indifference, intolerance, or disgust. Mainly due to the unpopular war in Korea, the sympathy for soldiers returning from war disabled had vanished in film. They were regarded as

not much more than a “human novelty” (Norden, 1994, p. 196). Their military service was often de-emphasized and readjustment issues were minimized, if addressed at all. What many of these films did achieve was to stress disabled veterans’ differences and vulnerabilities. They were viewed as almost totally dependent on their families and friends, and in many instances the strain of disablement broke the support systems down. Public opinion about the Korean War would limit the number of films that featured disabled veterans in even supporting roles. Civilian superstars would remain the attraction and continue into the early 1960s.

Two films based on the lives of Franklin Delano Roosevelt and Helen Keller and Anne Frank, would treat triumphs as steps to becoming, or at least acting, able-bodied. *Sunrise at Campobello* (1960) downplayed FDR as a political figure and focused instead on his desire to appear able-bodied to increase confidence in his abilities as president (Norden, 1994). His return to glory was culminated in his ten-step journey to the podium at the Democratic convention. At the time of the actual moment in history, the public saw FDR’s emergence from the wheelchair as his return to politics. In the film, it was featured as more of a return to the able-bodied world, a sign to audiences that appearing and acting normal should be the goal of people with disabilities. In *The Miracle Worker* (1962), Helen Keller’s remarkable triumph of speaking words even though deaf and blind and Anne Sullivan’s ability to teach Helen in spite of her own blindness were “breakthroughs toward an approximation of able-bodiedness” (Norden, 1994, p. 204). Both of these films reflected the significance of the disabled working toward the norm to lead productive lives and further entrenched society into adherence to medical and rehabilitative models of disability.

Disability films of the 1950s and early 1960s featured a plethora of roles for disabled characters. Though Civilian Superstars were the staple of the period, there were films such as



*The Glass Menagerie* (1950) and *Walk Softly Stranger* (1950) that once again addressed Sweet Innocents ready and willing to be cured of their disabilities. *Treasure Island* (1950) and *Peter Pan* (1953) featured disabled villains, once again reviving the fear some people felt toward people with disabilities. Even with the myriad of roles for people with disabilities, the messages all of them projected was clear. Norden (1994) summarizes this message:

They carried implicit negative messages that audience members with physical disabilities could not help but perceive: that the only physically disabled people worth depicting are larger-than-life types (apart from the stereotypical extremes of innocents and villains, of course with a few veterans tossed in for good measure), and that any disabled person who does not stage a dramatic professional comeback, including a virtually mandatory attempt to pass – is a failure. (p.221)

The dual message was not lost on able-bodied audiences either. To achieve normal is to be an inspiration; to remain disabled is to be a burden. In 1957 audiences watched as Eve White, a young wife and mother, battles with a dissociative disorder in *The Many Faces of Eve* (Donaldson, 2005). Eve is committed when her evil alter-ego, Eve Black tries to murder her daughter, Bonnie, and her husband leaves her. Eve is miraculously cured when her multiple personalities merge into her third alter-ego, Jane, with the guidance of Dr. Luther. Jane marries, reunites with Bonnie, and lives the rest of her life without mental incidents. The desire for normality existed not only in able-bodied society, but also within cinematic images of disability, particularly during a time when content was closely watched and censored.

#### Civil Rights and Daily Life

The blacklisting and the censorship that dominated the 1950s and early 1960s ended with the rise of independent filmmakers and increased civil rights activism for disadvantaged groups.

Independent film companies began hiring some of the previously banned filmmakers who no longer felt they had to repress questionable material for fear of government repercussions. During this time period, a shift in thinking of disability from strictly moral, medical and rehabilitative models was occurring to one more social in nature. Many began to advocate for change in society instead of personal change on the part of the disabled. Activism for people with disabilities led to the passage of two key congressional acts designed to increase access for the physically disabled. The Architectural Barriers Act of 1968 the Rehabilitation Act of 1973 assisted the disabled in doing daily activities they wanted and needed to do independently (Norden, 1994). These factors influenced cinema in ways that would lead to a tentative but present mainstreaming of disability into society.

Previously treated in incidental ways, disability began to become a part of character's lives. Though little attention was given to rehabilitation issues or internal conflicts, films did address in minor ways the oppression people with disabilities face in their daily lives. *Patch of Blue* hit screens in 1965 and was one of the first films to present an awareness of disability similar to that in society at the time (Goudsouzian, 2004). The title character, Selina, is a poor young blind woman who strings beads for a living. She is befriended by a young black man, who sees beyond her disability and assists her in making a new life for herself, away from her alcoholic mother and grandfather. She, in turn, sees the good in him, looking beyond his race. The film received mixed reviews, mainly due to the mixing of disability and race. Many felt the roles of the characters made obvious that only those different from the norm (white and able-bodied) could come together and understand each other resulting in a sappy and sentimental "maudlin tearjerker" (Goudsouzian, 2004, p. 242). Others felt the film confronted the prejudices of both disability and race, even though emphasizing Selina's passivity as a Sweet Innocent and her willingness to be

led by someone else. Disability was treated as a significant part of the plot and also represented the poor and economically disadvantaged population, topics that had been missing from film since the depression.

A Hollywood icon, John Wayne, also tested the waters of disability in film in a role that became pivotal his successful career. In 1969, Wayne brought the role of Rooster Cogburn, a visually impaired U.S. Marshal, to the screen in *True Grit*, considered one in a group of films featuring “various misfits, loners, bullies, mavericks, and sociopath” (Howe, 2005, p. 202). Based on a novel by Charles Portis, the screen version scrapped one instance of disability in the original narrative to make the film less depressing for audiences. In Portis’ novel, Mattie, the young girl who hires Cogburn to track down the man who killed her father, loses her arm after being bitten by a snake. The film’s screenwriter, Marguerite Roberts, decided to scrap this part of the plot feeling Cogburn’s impairment was enough for the film to show that despite a significant disability, he is able to fulfill his duties as a marshal. These two films represented the intentions of Hollywood to step outside the stereotypical box of disability to portray impairment as significant without pressing for cure.

A few films appeared briefly that were excessively violent and looked to overshadow the good intentions of other films during this time period. *Start the Revolution Without Me* (1970) and *A Clockwork Orange* (1971) were among the films with significantly violent contexts and actions toward main characters with disabilities (Norden, 1994). This was a tenuous move for filmmakers, particularly with the nightly barrage of violence on the evening news about the war in Vietnam. Audiences did not receive these films well and their prominence was very short-lived. Most films produced that were war-related were centered on wars of a different era, not Vietnam. *Catch-22* (1970) had World War II as its setting and *M\*A\*S\*H* (1970) was set during the Korean War

(Norden, 1994). One film that did venture into the war in Vietnam as subject matter was the creepily sadistic *To Kill a Clown* in 1972. Alan Alda played the role of Evelyn Ritchie, a mentally unstable and physically disabled Vietnam veteran who rents a cottage to a young couple on a New England beach. Ritchie becomes unhealthily obsessed with the couple and challenges the man, Timothy to a friendly contest that turns deadly. In a ruthless twist, Ritchie begins to hunt Timothy like an animal in order to regain his manhood that he believes was lost when he was injured in the war. This film was the first, but sadly not the last to portray disabled veterans from Vietnam as sadistic and inhumane and “marked by the war in his murderous outbursts” (Beattie, 1998, p. 66).

Overall, the disability in film during the 1960s and 1970s inched toward mainstream, reflecting society’s response to the needs of the disabled. For the most part, characters with disabilities were treated with sensitivity unlike any in the past. More positive images of the disabled had begun to appear on screen and with a few exceptions, these portrayals would continue into the next decade. These changes were also reflected in society with increased activism for children with disabilities and their education in public schools. Many agencies were formed, such as the National Advisory Council on Disability and the Bureau for Education of the Handicapped, to provide research, training, and programs specifically for the education of children with disabilities. Increased activism led to increased exposure in the public and an outcry for funding from the federal government. As discussed in the previous chapter however, progress was slow. By 1967 only half of the nation’s 25,000 public schools were formally operating classes for students with special needs (Reports to the President, 2010). However, positive changes had begun.

### High-Tech Disability

Blockbuster films and new technologies would have an impact on all movies produced in the late 1970s and 1980s and would lead to a new focus on roles of disabled characters. Returning Vietnam War veterans and their real-life rehabilitation issues would concern the public and lead to more sympathetic treatment of disability in film. The sheer number of disabled veterans led to a new consciousness of the country toward independent living and employment issues.

Vietnam veterans would find themselves front and center of the first round of films more sensitive to disability. *Coming Home* (1978) was one of the first films to deal with sexuality as an issue in the lives of the disabled and is considered “one of the most significant characterizations of disability” (Nelson, 1994, p. 11). Luke, a paralyzed veteran, is caught in a love triangle with Sally, a bored military wife, and her husband, Bob, who is fighting in Vietnam. At the beginning of the film, Luke has returned from war disabled and angry. Sally is a volunteer at the hospital where Luke is being treated and as their relationship progresses they find comfort for their own present needs in each other. Sally’s husband is gone; she is lonely and desperately needs someone to talk to. Luke is bitter and feels useless as a man. As his feelings for Sally grow, he begins to have sexual desires and struggles in his attempts to fulfill them. This film “convincingly affirmed that disabled people are indeed sexual beings and set the stage for movies of the 1980s and beyond to explore the concept further” (Norden, 1994, p. 268). The disabled community applauded the producers for treating Luke’s character as a whole human being with needs beyond those of access and employability. *The Deer Hunter* (1978) is different in that it chronicles the lives of three Vietnam veterans before, during and after the conflict (Norden, 1994). Stevie, who loses both legs and an arm while serving, is characterized as a helpless dependent individual upon his return who has to adapt to his new life and the controversy surrounding his return. His friendship with

Michael and Nick, the two other veterans, is challenged because of their abilities and the lack of Stevie's. At the end of the film, Stevie is shown raising a glass to Nick following his friend's funeral while he sings "God Bless America" a sign that he is freeing himself of his bitterness, dependence on those around him, and making peace with his impairment. Once again, people with disabilities who viewed the film gave it positive reviews feeling that the producers addressed the majority of real issues they themselves were organizing and advocating for at the time.

Not all veterans adjusted easily to a disabled life and many had difficulties containing their anger and rage. One film that dealt with this struggle was *Cutter's Way* (1981). The film begins when Alex, "a physical, political, and spiritual outsider in post-war America" is released from a V.A. hospital after losing an eye, an arm, and a leg in the war (Gery, 1988, p. 58). He deals with his rage with self-destructive behavior. He smokes, drinks, and antagonizes everyone around him. His able-bodied best friend, Rich, is exasperated with trying to bring him out of his bitterness. This is accomplished when Alex's rage changes direction. Rich is accused of murdering a young woman, a crime Alex knows his friend could not possibly have committed. Alex decides to help his friend and the murdered girl's sister for two very personal reasons. First, he wants to be a hero, a status he was not able to achieve through his service in Vietnam. Secondly, and perhaps more important to the demons Alex carries with him from the war, he wants to reveal the immorality of people in power. The trio concludes the murder is a cover-up and involves several wealthy men in the oil corporation, including Rich's boss. This film is unique in that it casts the lead character in not one, but two stereotypical roles, the Noble Warrior and the Obsessive Avenger. *Cutter's Way* received less than favorable reviews and did not fare well at the box office. The relative failure of this film to intrigue audiences led filmmakers to abandon storylines with disabled veterans.

1980 and 1981 would be significant years in film for exploring disability, particularly for the physically disabled. The story of a group of men with physical disabilities was told in *Inside Moves* which premiered in 1980 (Norden, 1994). The cast includes: Roary, a man permanently disabled after a suicide attempt; Blue, an older black man confined to a wheelchair; Stinky, a visually impaired man; Wings, an older man who lost his hands and wears prosthesis on both; and Jerry, the young bartender whose leg injury has kept him from his dream of playing pro basketball. The five men meet in a bar known for catering to down and outs and become friends, bonding over their various impairments. Roary and Jerry become particularly close, but their friendship ends when Jerry has an operation to correct his impairment. Jerry dumps everyone in the group feeling he can longer be associated with them because they are disabled and he is not. This action by Jerry, along with the fact that he steals Roary's girlfriend, was a major reason critics in the disabled community objected to the film. They believed that although the film did give a realistic view of the emotional impact of impairment, it also perpetuated existing stereotypes. Jerry only befriends the members of the group because he was disabled as well. Once he regained his able-bodiedness, he felt they could no longer offer him anything in terms of a friendship. Because the disabled men are seen as worthless friends to the able-bodied, it invokes pity in the audience, a very typical reaction to the disabled. This film was not received well by able-bodied audiences. Producers felt this was mainly due to the fact that the story was told from the point of view of the disabled men. This was not the case in *The Elephant Man* in 1980 (Norden, 1994). The story of John Merrick, a significantly physically deformed man, was told from the viewpoint of his doctor, Dr. Treves. This film reflects a "longstanding ableist view: that the best way to attract audiences is to tell the story mainly from an able-bodied person's perspective" (Norden, 1994, p. 282). Throughout the film, Merrick is confined, with the exception

of the few times he is gawked at by carnival goers for his grotesque facial appearance, a freak used for entertainment. Unfortunately, people with extreme physical differences have frequently been fodder for curious onlookers, a “method of isolation and confinement” (Hayes & Black, 2003, p. 119).

With the introduction of new technology into film, a new stereotype, the “Techno Marvel” (Norden, 1994, p. 293). Inspired by the popularity of *The Six Million Dollar Man* in 1974, these films featured characters with disabilities who were either technologically savvy or wore prosthesis that were electronically enhanced. Perhaps the best known marvels were the characters of Darth Vader and Luke Skywalker of the “Star Wars” trilogy (1977-1983). The bionic parts of their bodies, many considered to be more efficient than the original, give a semblance to the age in cinema where curing disability was preferable. Technological geniuses who are wheelchair bound were the trend in *Starman* (1984), *Power* (1986), and *No Way Out* (1987). The disabled characters were portrayed as highly intelligent and created a disturbing stereotype of the disabled body. Characterized as “all brains and no body” (Norden, 1994, p. 299), disabled characters’ roles in these films imply their intelligence is the only thing they have of value to offer society. They carry out orders given to them by an able-bodied person, and because of their confinement to a wheelchair, they are viewed as more object or machine than human.

*Born on the Fourth of July* premiered in 1989 and was one of the few films of the decade to explore the experience of a disabled Vietnam veteran (Edmonds et al., 1999, p. 368). Based on the autobiography of Ron Kovic, a paraplegic, this film is perhaps the best example of progressive and positive roles for people with disabilities in the 1980s. Told from Kovic’s point of view, the camera angles chosen by the cinematographer are even mostly low, from his point of view in his



wheelchair. Critics praised the film as presenting Kovic as so much more than disabled, in fact his impairment is de-emphasized to promote more his activism against war.

At the end of the decade a film would be released that some activists viewed as a “turning point in how people with disabilities are represented in Hollywood film” (Hayes & Black, 2003, p. 114). Starring Daniel Day Lewis as Christy Brown, *My Left Foot* explores the life of Christy as an artist with cerebral palsy as he struggles to have a respected career. The film drew positive reviews for its attempt to transcend existing stereotypes of pity and paternalism. Hayes and Black (2003) noted the film may have succeeded in improving how the disabled are portrayed yet it “did not operate outside the most subtle and insidious workings of pity” (p. 115). Although Christy becomes successful and respected for his artistic ability, he is still pitied for the life he has to live with a substantial disability.

Much progress was made in the late 1970s to early 1980s in the film images of disabled characters. Still, old stereotypes appeared on a regular basis, and many progressive images and ideas ended up on the cutting room floor. Conservative views were still ruling Hollywood, and many filmmakers were simply afraid of crossing those boundaries. The passage of the Americans with Disabilities Act of 1990 would give filmmakers an opportunity to use this political momentum to be more progressive in images of the disabled. However, ambiguous images of the past would prove difficult to dismantle.

#### ADA and the Lag of Progression

In 1994 audiences were fascinated by *Forrest Gump*, an Oscar winner for best picture and five other awards including best actor and director. The story of Forrest, a young man with a cognitive disability, is told from his perspective spanning events from his early childhood to middle adulthood (Edmonds et al., 1999). The producers took great pains to make Forrest’s

appearance convey a message to the audience. His pants are too short; he has blank facial expressions and a funny haircut. Viewers also realize he something is not quite right by the way he sits, talks, and looks at other characters. The producers “relied heavily on inaccurate and misleading stereotypes” (Sandys, 1994, p. 36) to physically portray Forrest’s lack of mental intelligence. Forrest is the object of ridicule, both in childhood and as an adult. No one wants to sit by him on the school bus and he is ridiculed for wearing metal braces on his legs to straighten his spine. As an adult, he is called an idiot, a moron and just plain dumb. Great things do happen to Forrest in the course of the film: he becomes a football star, a decorated Vietnam veteran, a ping pong champion, a millionaire, and he marries Jenny, the woman he loves. Viewers feel good about these events, but notable is that Jenny does not marry him until she is dying and Forrest is wealthy, a subtle message to the audience that these may be the only reasons she decides to marry him and let him raise their son following her death.

Stereotypes of mental illness were explored and perpetuated in 1999 with *Girl Interrupted* (Norden, 1994). A drama of a young woman’s experiences in a psychiatric hospital in the 1960s, the film “in some ways troubled conceptions of women with mental illness as abnormal yet in other ways reinforces ableist tropes about mad womanhood as fundamentally other” (Chouinard, 2009, p. 802). The women are depicted as evil and dangerous, evoking fear and fascination, a common stereotype of the mentally ill. The main characters, Susanna, Georgina, Daisy, Polly and Lisa, are all patients in the ward and portrayed as menaces to society. Each has their own individual demons, but they are grouped together as “crazy” and of no value to the outside world in their current state. The ages-old notion of a miraculous cure is at play in this film, for that is the only way the women will be allowed by their doctors to re-integrate into society.

In 2001, *I Am Sam* featured Sam (Sean Penn), a father with a developmental disability fighting to maintain custody of his seven-year-old daughter, Lucy, after they both are abandoned by Lucy's mother (O'Hehir, 2002, p. 45). Lucy's mental capacity soon outgrows that of her father and questions arise as to his ability to be a father to an able-bodied child. When Lucy is taken from Sam by a social worker, a prominent lawyer, Rita Harrison agrees to represent him in a custody case pro bono. Several stereotypes are preserved in this film. First, Sam is the object of ridicule as Lucy is mercilessly teased by other children for having a "retard" as a father. Second, at the trial, Sam becomes convinced by the comments of the opposing attorney that he is indeed not mentally capable of being a good father and taking care of Lucy. He falls victim to the opinion of the able-bodied and begins to see himself as they do. One way the filmmakers did oppose Hollywood tradition was to hire actors with developmental disabilities to portray Sam's friends. While doing research for the film, the writers did research at various non-profit organizations for the mentally impaired and made the decision to ask the producers to cast two of the men they met in supporting roles. Although the roles were small, the move was seen as a positive step by the disabled community.

*A Beautiful Mind* directed by Ron Howard and starring Russell Crowe, was also released in 2001. Crowe plays the role of John Nash, a brilliant mathematician who struggles with schizophrenia, in this biopic of Nash's years at Princeton as a student and later, a professor at M.I.T. Nash is portrayed as "extraordinarily heroic" (Markotic, 2008, p. 2), which gives the audience permission to be in awe of Nash's ability to overcome such a life-altering disability to receive a Nobel Prize. Nash is a Civilian Superstar, worthy of praise and admiration.

The issue of the right to die would be presented again in 2004 with the release of *Million Dollar Baby* (Kissel, 2009). Maggie, a female boxer, is blind-sided by her opponent in the

championship fight, and breaks her neck after landing on the stool in the corner of the ring. She spends several months bedridden and attempts to commit suicide twice by biting her tongue in the hopes of bleeding to death. Maggie finally asks Frankie, the owner of the gym where she trains, to help her end her life. After much thought, Frankie decides to go through with her request and gives her a deadly dose of adrenaline. Reaffirming a popular and old belief that it is “virtuous to take the life of the person with a disability” (Weber, 2007, p. 24). Critics noted this “focus on either curing or eliminating disability perpetuates the notion that there is only one way to think about disability as something entirely negative and life-threatening” (Boyle, Millington, & Vertinsky, 2006, p. 110). Filmmakers also chose not to give Maggie the option of using legal options available to patients since 1990 to refuse life-sustaining treatment. Also, she is not offered the option of counseling, nor do her doctors encourage her to talk with professionals about her disability. The message of the film is that becoming disabled is a “tragic downward spiral towards death” (Boyle, Millington, & Vertinsky, 2006, p. 110). In 2010 *Shutter Island*, a psychological thriller was released, which would again perpetuate the notion of the disabled life as useless (Clarke, 2012). The film takes place in 1954 and features a U.S. Marshall with schizophrenia, Teddy, as the major character. Viewers are led to believe throughout the majority of the film that Teddy is investigating the disappearance of a patient at a hospital for the criminally insane. In actuality, he is under the care of the physicians at the hospital for killing his wife, who was manic depressive, after learning she has drowned their three children. Teddy, who has blocked the tragic event from his mind, is considered by the doctors as the most dangerous patient they have ever treated and they initiate the investigative role play in an attempt to re-surface his memories so he can face his crime. When Teddy does remember killing his wife, he considers whether it is worse “to live as a monster or die as a good man.” He decides to continue denying his crime so that the

doctors will proceed with a planned lobotomy, thereby relieving him of having to live with his memories. The directive to the audience about the link between mental illness and crime is straightforward. Teddy's wife commits a heinous crime due to her manic depressive state and Teddy becomes mentally ill after shooting and killing his wife.

Images of disability in films made since the passage of ADA in 1990 have not progressed significantly and disabled characters "have proven particularly problematic; they have registered mostly regressive qualities with many of the old stereotypes still in force" (Norden, 1994, p. 309). Although Norden made this observation in 1994, we see these same patterns in films like *Forrest Gump* (1994), *I Am Sam* (2001), *Million Dollar Baby* (2004) and *Shutter Island* (2010). In these films we see people with disabilities used as metaphors for pity, ridicule, fear and evil. The images of disability in film have created a "discursive frameworks of domination and subordination through which the disabled are viewed in modern society" (Hayes & Black, 2003, p. 128). These representations of the disabled in film continue to stifle and exploit one of the largest minorities in our society, and speak volumes as to how we should address and behave toward people with disabilities. To further explain how this oppression occurs, I will now critically analyze the 2003 film *Radio* for nuances that may contribute to continued negative perceptions of people with disabilities.

## Chapter 5

### *Radio* and Disability

The ways disabled characters are portrayed in film provide us with critical insight to gain understanding on the ways disability in film can influence people in a society to have certain perceptions about the abilities and value of people with disabilities. As discussed in the previous chapter, thousands of films have featured disability as central to plot and character development since the beginning of film in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. People with disabilities in film have been portrayed as freaks that are problems in their communities and families to heroes who have overcome great and insurmountable odds to live “normal” lives in their communities. *Radio*, a popular movie released in 2003, is one example of a movie that delivers messages to audiences about disability, about people with disabilities, and about their place in society. *Radio* is a pivotal example leading to the understanding of disability as constructed under the guise of entertainment. An endearing, feel-good movie, the film not only leaves audiences feeling warm and fuzzy, but with a preconception of the abilities and social aptitudes of people with intellectual impairments. The indelible images of James’ inability to write his name and advocate for himself arouses pity and misunderstanding. James is a human being reduced to an object and given an object’s name...Radio. He is so named because of his love for music and fascination with the inner workings of the box that produces such wonderful sounds. There is a hidden message in his moniker; a message of oppression and dehumanization and of his presence in society as an object, not a human being. It is these messages that hold steady in popular culture and make the masses believe themselves justified in controlling the stigma attached to people with disabilities.

The primary setting of the film is T.L. Hanna High School, where Radio longs to find his place but struggles in the effort. Beginning in 1976, a year after the passage of IDEA, we can see that although laws had been enacted at the time to ensure equitable educational opportunities for students with disabilities, in this based on a true story film there was a lag in both services for and attitudes toward the disabled, particularly in rural areas like Anderson, South Carolina. The same was true of most schools systems during the late 1970s that were located in rural areas (Daugherty, 2001). James Robert Kennedy is 18 when he shows up at a late afternoon football practice and begins his journey to become a part of the high school. *Radio* provides an accurate glimpse of what life might have been like for a student with a disability during the late 1970s both inside the walls of a high school as well as his reception in the community. Also, the film shows that many negative attitudes that remain prevalent in society about disability linger despite legislation designed to prevent them.

By critically examining the hidden, as well as the overt messages about disability in *Radio* from a postmodern perspective, we can have a better understanding of how films may influence our attitudes and methods associated with teaching students with disabilities. Postmodernism challenges the belief in master narratives and accepted truths that modernists believe lead to human happiness and fulfillment (Beach). *Radio* seems a benign form of entertainment from the outset, but it assists in constructing meta-narratives about the abilities and worth of people with disabilities and sends messages to people in a society about how the disabled should be treated. The film further constructs an artificial reality about the life of the disabled, their desires and needs and destroys any distinction between media and reality. Baudrillard (1994) states that in a society dependent upon and saturated with messages from

media, “the loss of meaning is directly linked to the dissolving and dissuasive action of information, the media, and the mass media” (p. 76). We may not even realize that we have become so reliant on media messages that we accept what we hear and see without thinking, analyzing and drawing our own conclusions and making our own meaning.

Inspired by a 1996 article in *Sports Illustrated* written by Gary Smith, *Radio* was released by Sony Pictures Entertainment and premiered on the big screen in October of 2003. The film was immediately well-received by audiences. Produced by Todd Garner and directed by Michael Tollin, the film grossed over 13.3 million in its opening weekend and 52.3 million total in the United States. Movie-goers loved the film for its true and inspirational story of young man who is loved and guided by the local high school football coach, but critics felt it was excessively sentimental. Described as a “pokey, saccharine drama” (Rozen, 2003, p. 36) in *People Weekly*, the film garnered little attention as a contender for status as a major motion picture of 2003. *Entertainment Weekly* gave the film a rating of C+, referring to the plot as a “mushy upliftathon” (Radio Movie Review, 2003). The film was virtually dismissed for major award nominations, being nominated only for the 2004 ESPY award for best sports film, losing to *Miracle*, the true story of the 1980 U.S. ice hockey team that won an Olympic Gold Medal. Cuba Gooding, Jr. was nominated and won the 2004 Image Award for Outstanding Actor in a Motion Picture for his role as Radio, as did Alfre Woodard for Outstanding Supporting Actress in a Motion Picture for her portrayal of Ms. Daniels, principal at T.L. Hanna High School.

People who have disabilities are not considered normal, not considered worthy, and certainly not taken seriously. Without collective voices, their social status has long been challenged and overcome by the dominant ideology, and as a result they search aimlessly for a place in society to which they belong. Oppressed in so many ways and often unable to advocate



for themselves, they fight for the right to belong to a general community and change the popular perception of their disability. A significant part of this fight is against the inaccurate perception of their lives with disability because of the way disability is portrayed in movies and television and other media outlets. At one point in the film, Radio sits in a booth at a local diner in Anderson, South Carolina in the fall of 1976. Opposite Radio, sits one of the town heroes, Coach Harold Jones, the successful football coach at the local high school. The waitress serving them in the diner acknowledges Radio only in sideways glances of disgust, maybe at his crude table manners or more horridly, at his obvious mental disability. When Radio asks for **both** desserts of the day, the waitress looks at Coach Jones as if she's been asked to pick, clean, and slice the fruit and make the cobblers herself. Only when given affirmation by Coach Jones, does she take off to the kitchen to slowly fill Radio's order. As she returns to fill coffee, obviously not very hospitable to Radio, he asks, "where my pie?" Radio does not understand why the waitress is not in a hurry to fill his order. He views his place in society as just as important as anyone else who is sitting in the diner at the time. He does not realize that his place and his position in society are different, and he also does not know that he has no voice in society.

#### Students without a Voice

Radio is an 18-year old young man with an intellectual disability when he appears at a football practice for the T.L. Hanna High Yellow Jackets. He is of age to be attending classes at the high school, yet he does not. He is not welcome, and he does not feel he has a right to demand enrollment. Radio longs to find his place in the local high school and enjoys interactions with teachers, staff and the students at T.L. Hanna High School. Although he is older than most students served in public education, his experiences at T.L. Hanna tell us much about how education of students with disabilities is viewed in society. James Robert Kennedy actually first

appeared at the school in the mid-1960s, the writers and producers chose to situate the plot of the film in 1976, after integration and the passage of IDEA. It is interesting to note that attitudes and perceptions about students with disabilities have not changed very much, if at all in the last three decades. Education of students with disabilities was initially seen as “the tool by which the cripple could climb above the social and cultural barriers of American Society” (Byrom 1999, p. 160). Excluded from all other students in the regular education setting, students with disabilities were taught in small, cramped, and often dark classrooms. In many schools across the United States, special education classes remain in the smallest classrooms, with few windows and little to no access to the general curriculum. With the inclusion of students with disabilities in the general education setting, sitting alongside non-disabled peers, there has been much debate and discourse on the most appropriate settings, termed “least restrictive environment,” to produce the most optimal educational outcomes for all students. This concept is a significant part of IDEA in that it ensures students with disabilities will be educated in environments that are not only least restrictive, but that will serve their individual needs best. Danforth and Gabel (2006) describe the importance of these debates on the education of students served by special education programs and the on-going struggle for appropriate placements. Although these issues have been argued for over a century, in recent decades the arguments have heated. Termed “culture wars” by the authors (p. 8), these arguments place children’s education at risk while those in authoritative positions determine how they should be educated according to social and moral norms. These conflicts have generally taken place within the field of special education and have focused on “inclusion vs. continuum of services, positivist empirical research vs. interpretive, critical, and postmodern approaches, and legal/political policy stances vs. moral/philosophical positions” (p. 8). The inclusion of Radio into the student body at T.L. Hanna High as depicted in the film is an

example of this social and moral debate. Radio's presence at T.L. Hanna High is a continuous debate throughout the movie. He is called a "distraction" and a "liability." Parents are concerned about their children being around a man with such a severe mental disability and the principal, Ms. Daniels shares their concern, refusing to let Radio accompany the football team on the bus to a game in a neighboring town. In reality, this is a common occurrence in public schools. The particular language used in *Radio* may not be verbalized, but students with disabilities are often discouraged from joining regular students on field trips and athletic events unless they are accompanied by a teacher who is directly responsible for their behavior and safety, making their presence less of a liability. Many times, these students are simply not given the opportunity to join regular peers, but encouraged to take field trips with their resource class, i.e. their "own kind."

#### Inferior and Other

The film perpetuates the Otherness of disability. Otherness is vital to the understanding of disability as a social construct and as to the construction of identity in societies. Davis (2006) states "we live in a world of norms...each of us endeavors to be normal or else deliberately tries to avoid that state" (p. 3). To live or be outside of the norm is to be Other. According to Thomson (1997) "bodies deemed inferior become spectacles of otherness while the unmarked are sheltered in the neutral space of normalcy" (p. 8). As a society, we seem to focus on difference rather than commonalities. Radio appears, behaves, and speaks differently than the majority of the citizens in Anderson, South Carolina. What the residents of his town see is someone who is markedly different.

Radio is considered an outsider, an Other and a distraction for the able-bodied students. People in the community shun him as he walks the streets of his own home town. Radio has lived in the town of Anderson his whole life, yet he is an outsider. His home is humble, a shack at best, on the outskirts of the town. The film, with details such as the setting of his home and the reaction of people when Radio is on-screen, leaves viewers with the feeling that he is really not wanted or allowed to be a part of the community in which he was born and raised. *Radio* solidifies the difference of disability with its portrayal of James Robert Kennedy as an unwanted citizen of his town.

Principal Daniels often voices her concern over Radio's presence in the school building in the film. Radio is allowed to be at school as long as he is under the direct supervision of Coach Jones. The coach is solely responsible for Radio's actions and behavior. Coach Jones enjoys having Radio in his classroom, and one day when Coach Jones is called to the office, he makes a quick decision to leave Radio "in charge" of the class. The students immediately take advantage of Radio, as Coach Jones probably knew they would. They throw paper and talk excessively as Radio feverishly tells them all to "shhhhh....No talking....Co Jones will be mad." The students delight in their ability to completely ignore Radio. They, as a group and individually, feel themselves to be superior to Radio. He is different, he is Other.

The concept of superior ideology leading to disability oppression is nothing new in our culture. People with disabilities stand in line with women, the poverty-stricken, blacks, homosexuals and any group considered the Other. With the exception of parents advocating for the inclusion of their children with disabilities in public schools, Charlton (2000) states people with disabilities have not collectively challenged the "dominant culture by demanding recognition, respect, and responsibility" (p. 54). Many people with disabilities have resisted

individually but the collective value of their voices has not been heard until very recently. School-age children with disabilities do not resist individually or collectively; they do not believe they have a voice or a choice.

As Radio watches practice from the street the fence separates Radio from more than just proximity to the football team, it separates him from a life society has decided is normal. He stands alone on the side of not normal. Is he wishing he could be their definition of normal or is he just hoping for understanding of his life, of **his** definition of normal? Does he even understand that people acknowledge there is a difference?

Overt policies, practices and actions to segregate are those that are explicit and generalized across the culture and have not disappeared with the passage of the Americans with Disabilities Act of 1990 (ADA). Designed to prohibit discrimination based on disability, the act has allowed for better participation for people with disabilities in government programs and public education, but has failed to change the overall perception of the general public as the capabilities of people with disabilities to positively influence society. Although disability is part of the "natural physical, social, and cultural variability of the human species" (Scotch & Schriener, 1997, p. 154), it is not viewed as just an example of diversity but as a problem to be remedied. Obvious discrimination still occurs when people with disabilities are denied access to needed accommodations or access to the general curriculum in schools based on the judgment of the providers, who are often uneducated on the federal definition of disabilities. Prejudice and discrimination places disability as "the Other" and drive remaining "considerable sources of exclusion and helps determine the levels of access that a society allows individuals with disabilities" (Jaeger & Bowman, 2005, p. 5). White (1991) describes the Other as anything that is considered "marginal, suspicious and ultimately seditious" (p. 16). He goes on later to say that

the Other is “*always* pushed aside, marginalized, forcibly homogenized, and devalued” (p. 19). *Radio* perpetuates otherness with its treatment of Kennedy as an outsider in his own hometown. He is watched intently, and he is the topic of conversation once his presence becomes routine at the school and in the football program.

The language of disability that is commonly used perpetuates Otherness. Spoken discrimination is often expressed in the form of derogatory remarks using terms such as stupid, retarded, or idiot, or more subtle such as people *not* using words such as disabled, handicapped, or challenged when in the company of someone with a disability. Subtle and hidden discrimination occurs the most often and perhaps on a daily basis. Though “an inescapable element of human existence and experience” (Couser, 2006, p. 399), disability in human form is easy for people with able bodies to ignore. As Radio walks downtown Anderson, mothers steer their children to the opposite side of the street. As he walks down the halls of the high school, students stare and walk on the opposite sides of the hall. Storeowners turn their heads, ignoring Radio. Adults in the school turn and walk the other way as well. Many glance and whisper to their companions. Some complain anonymously to town councilmen and Board of Education members. Even a few wish Radio would be institutionalized, ridding the town and Radio, of obvious embarrassment.

Following the football season in the film, a particular disgruntled booster, Frank, father of Johnny, supposedly speaking for the majority of football fans, reports to the Board of Education that the team, and particularly Coach Jones, has experienced a “distraction” during this season which led to their less than average performance. He states that now this distraction is roaming the halls of T.L. Hanna High, interacting with the normal population of students. This “distraction” is Radio. The board sends an investigator, who meets with Principal Lou Daniels

and Coach Jones and warns them the risk of having a “severely retarded man” roaming school halls is enormous. He is not only a distraction, a problem, and a risk...he is Other.

### Disability and Paternalism

Able-bodied people may feel the need to take care of people with disabilities. People without disabilities sometimes assume the impression that the disabled are unable to care for themselves and need protection from those whose bodies and minds are “normal.” *Radio* reinforces this paternalistic perspective which “lies at the center of the oppression of people with disabilities” (Charlton, 2000, p. 52). Paternalism is a metanarrative associated with disability that often guides how people with disabilities are treated in society. It is not uncommon for a particular person in the life of a person with a disability to emerge as a protector. The protector feels they are helping someone who is “inherently inferior and unable to take responsibility for their own lives” (Charlton, 2000. P. 53). In the film, *Radio* is befriended and cared for by Coach Harold Jones. Coach Jones feels pity on *Radio* for the way he is treated by the members of the football team. In one of the opening scenes, Coach Jones watches as *Radio* pushes his grocery cart slowly along the fence separating him from the varsity football team, hard at work, preparing for hopefully another victorious season. *Radio* pauses at the gate, watching, but intermittently turning away, as if he is worried that his presence is not allowed. Coach Jones watches the young man intently and wonders if he is just curious or if he is secretly hoping to become a part of the close companionship of the boys and coaches. Even though he has never noticed the young man before, Jones wonders if this could be just part of his daily routine, a comfort in a world of hardships. Many are practicing, coaching or watching from inside the fence, but Coach Jones is the only one who sees...the only one who cares...the only one who struggles with his conscience to walk the line between enablement and understanding.

Coach Jones is intrigued by Radio standing at the fence. It seems as though he immediately views Radio as someone who needs protection, love, or just someone to look after him. This tug at the heart and soul to provide immediate and comprehensive care of parents, caregivers, and teachers is genuine and very common. The overwhelming need and desire to protect and help the disabled, particularly the young, reinforces the concept of paternalism and serves to oppress people who have disabilities. Parents, friends and teachers are all easily susceptible to giving too much assistance to children and students with disabilities. I have been guilty of this many, many times in my tenure as a teacher of students with disabilities, and in all honesty, I struggle to overcome this desire each and every day that I look into the eyes of many of my students. The understanding that I may be perpetuating paternalistic attitudes both among my peers and my students assists me in re-thinking how and why I relate to my students.

Aid becomes paternal when given without request or permission, such as a bystander assuming a blind person requires help crossing a street, asking the companion of a disabled person to describe needs or wants of the individual, or assisting a student with an assignment, without directly asking the person with the disability if he/she wants or needs support. Coach Jones, later in the film, often wonders if he is indeed helping Radio, if bringing and forcing him into the community was the right thing to do. Radio is subjected to more discrimination and humiliation than he was when living in his own small world. Mrs. Jones, the patient, generous and loving wife of Coach Jones, reminds Jones that caring for someone is never a mistake. Radio does have obstacles to face because of his new presence in the community, but in turn, he finds many people, especially the students and members of the staff at T.L. Hanna High, who not only love, but come to respect him. Parents of children with disabilities often face the choice of how to prepare their children for adulthood. The most frequent problem is “overprotection, excessive



shelter, and disallowance of normal risk taking for the age level of the child...leading to increased dependency and experiential gaps to the list of handicaps the child one day must overcome” (Vash & Crewe, 2004, p. 78). Parents, caregivers and teachers find the societal barrier to be difficult to navigate as well, particularly when they genuinely believe they are providing assistance that is needed to make life easier and better for someone for whom they care very deeply.

During the Christmas season in Anderson the residents have gather in the town square to celebrate the traditional lighting of the tree. Radio is extremely happy, perhaps more excited than anyone, telling all “Merry Christmas!” He relishes in the beautiful ornaments on the tree. In one of the ornaments, he sees his reflection. Distorted by the shape of the shiny ball, his face appears very large. “Look Mrs. Jones, there is a big Radio in there!” Indeed he does feel big. He feels accepted, part of the community. People have filled the back of the truck belonging to Coach Jones with gifts for Radio and his mother. Mary Helen, the daughter of Coach and Mrs. Jones, remarks at the haul of gifts, “There is no shortage of people who feel sorry for Radio.” Coach Jones looks stung and wonders if that is all he has accomplished.

Tregaskis (2004) states that people with disabilities are looked upon as “figures of fear or pity to be avoided” (p. 148). The able-bodied often feel very uncomfortable in the company of people with disabilities and pity them for what the non-disabled perceive as an awful existence. Charlton (2000) and Siebers (2008) when writing of their own experiences with having disabilities are emphatic that the overwhelming majority of people with disabilities do not desire pity. Rather, their desires are for acceptance and understanding, yet the two most commonly identified attitudes toward people with disabilities are shame and pity. Charlton (2000) describes the difference between the two as “shame looks in, pity looks upon” (p. 55). People with

disabilities and their families are made to feel shame when they do not or cannot fit into the model of normal as determined by society. They are also shamed when they feel forced to accept pity, feeling as if they are “accepting a socially devalued role” (Brown & Smith, 1992, p.158).

At many times in the film, it seems as though Coach Jones is assisting Radio out of pity. Jones feels sorry for Radio because up until the time he arrives at T.L. Hanna, he has lived a life of seclusion and separation from the majority of the residents in Anderson. What we later learn is that as a young boy, Jones rides by a particular house for two years on his paper route and witnesses a young boy with a severe disability held captive under his own home, secured by chicken wire. In the eighteenth and nineteenth centuries, people with disabilities in many cities in the United States were often oppressed by “ugly laws...(designed) to mandate that people who were maimed or disfigured or otherwise physically different not be allowed to be in public view in community areas and public spaces like sidewalks, parks, and public buildings” (Jaeger and Bowman, 2005, p.20). People with disabilities have previously been considered “sinners in the eyes of God and deserv(ing) to be punished” (Vash & Crewe, 2004, p. 31); somehow responsible for their disability. Feeling obliged to accept pity may be more preferable than being ostracized by society, however being pitied is devaluing and degrading.

People without disabilities often feel discomfort when in the presence of people with disabilities and tend to see the disability rather than the person. Pity is the seemingly acceptable response to this discomfort, which often appears in well-meaning comments such as, “you’re so brave, I’ll pray for you,” “I don’t know how you handle yourself so well,” or “I couldn’t live like you do.” Meant to uplift rather than devalue, these comments are everyday occurrences in the social life of people with disabilities. Disability “exposes affected individuals to inspection, interrogation, interpretation, and violation of privacy” (Couser, 2006, p. 400). The only other

option is seclusion, taking numerous steps backwards. It is as if their lives do not belong to them, that having a disability makes them public, in a world that had really rather keep them secret.

### The Language of Disability

When viewed from a postmodern perspective, language shapes our thinking and without it, there can be no thought, for humans think in language. The role of language is significant in how humans come to know and have the ability, or inability, to understand. We rely on words that are flexible and arbitrary to describe relationships between things and the language used to describe them. It seems that in our society, we feel an urgent need to label and signify everything and everyone and place them neatly into categories. This has been the intent of labeling within disability; to give impairments a name so that we may classify individuals. The language of disability over the years has had a profound impact on the oppression of people who have disabilities.

Numerous terminologies have been used throughout history to describe society's determination of disabilities. Used to assemble people with disabilities into a group, these labels have only served to solidify discrimination and "arrange people in ways that are socially and economically convenient to the society" (Linton, 1998, p. 10). These terms have been used so generally that there is no distinction within the groups, they simply "maintain the abnormality of disability and support the myth that we can and should strive to achieve perfect bodies" (Smith, 2001, p. 67). The "labeling process" (Linton, 1998, p. 9) began with terms such as *crippled*, *imbecile*, *idiot*, *retarded*, *slow*, *dim-witted*, and *simple-minded*. The term *disability* is the title most in use by professionals and confused citizens alike and is a "linchpin in a complex web of social ideals, institutional structures, and government policies" (Linton, 1998, p. 10). Disability

is generally used to describe a condition that is incapacitating in some way or a disadvantage to the normal interaction with society. From an economic standpoint, the term is used to define someone who has less “earning power” (Linton, 1998, p. 11) and thus must be dependent on the rest of society to provide for basic needs. Initially used as a medical term, *disability* certainly has more humane connotations attached than *retarded* or *crippled*. The advantages of this term have included improved medical care that has increased the quality of life for many considered by society to be disabled. Once attention was shifted to disability as a medical diagnosis, response by the healthcare community has prevented disease and paved pathways for increasing the well-being of people with disabilities. When used as a medical term, *disability* becomes more specific, with words attached that define significant impairments and separates people according to their particular medical diagnosis. From a postmodern perspective, the terminology employed to describe people with disabilities can serve to construct, clarify and/or distort social realities for them based on our “knowledge and understanding of the world is a function of the interpretive frameworks and contextual environments.” (Gabardi, 2001, p. 87). People with disabilities are in a subordinate position, their “realities” are constructed by those who have no lived experience with disability. They are oppressed and suffer discrimination based on what power holders in a society feel are appropriate or convenient. When used as a social or political category, *disability* draws a target for discrimination, “incorporating people with a range of physical, emotional, sensory, and cognitive conditions...a group bound by common social and political experience” (Linton, 1998, p. 12). While many of these terms serve to segregate people based on disability, the terminology can also be useful to clarify experiences of people with disabilities by the expression of the commonalities that do bind them together as a collective group. Collective

voices of experience can inform change in the perception of the abilities, capabilities and value of people who have disabilities.

More considerate words such as *physically challenged*, the *able disabled*, *handicapable*, and *special people/children* have been used at various times over the years as “well-meaning attempts to inflate the value of people with disabilities” (Linton, 1998, p. 12). Of these terms, *physically challenged* has been the most widely used by nondisabled people who seem to feel their adoption of the term is generally accepted by people with disabilities. In actuality, scholars of disability studies claim the term has a significant negative impact in that it implies that only physical, not social; obstacles are detrimental to participation within society. *Special* is used in educational settings, not to define a group of people as surpassing common, but rather to segregate a group of students based on their limitations. Special education teachers are a part of a “process of providing enough support for people with disabilities to act normally” (Smith, 2001, p. 67), and are educators trained to help students “overcome a disability”, suggesting that there are set expectations for people with certain disabling characteristics that can be exceeded. Another implication of *overcoming* a disability is the raising of the social status and acceptance for people with disabilities who prove themselves worthy by diligence and personal triumphs. Is the terminology of disabilities that important? Vash and Crewe (2004) describe the battle of words that “have the power to shape images of the referenced objects” (p. 26) and to oppress segregated groups and strip them of power. Therefore, the terminology used to label, as well as define people with disabilities is essential to understanding the social barriers that create oppression.

## Disability and Objectification

Foucault (1982) states that “human beings are made subjects” (p. 777). As previously mentioned, we may accomplish this through our labeling of disabilities or our actions towards those who have disabilities. James Robert Kennedy is called “Radio” because of his fond affection for music and his collection of portable radios. The name was given to him out of fondness, and stemmed from his inability to tell Coach Jones his name at the beginning of the movie. The name, however, carries a special significance as to the further separation of people with disabilities. A radio is an *object*, something that can be enjoyed when wanted and discarded or ignored when not. A radio can be entertaining, just as teenage boys on the football and basketball teams, led by the jealous, but athletically talented Johnny, are entertained by trapping Radio in a storage shed and throwing footballs at it, or sending him into the girls’ locker room, supposedly on an errand for the basketball coach. Objects do not have feelings and do not burden our consciences with ethical considerations. Kennedy’s feelings in *Radio* are rarely considered. He is considered a burden on the football field and as a student in the school. The principal even views him as a liability to the other students. So much so that she refuses to allow him to ride the bus to an away game. He is left at the school, in a heavy downpour, listening to the game on his radio. James Robert Kennedy is not only living life with a significant cognitive disability; he is living a life of “otherness and the experience of difference” (Gabardi, 2001, p. 22). Here in the film, we also sense the significance of the intersectionality of race, gender and disability. Principal Daniels is a black woman who has the power to make critical decisions about Radio’s inclusion in activities at T.L. Hanna High School. She is depicted in the film as an opposing force to his integration into the school. Her concern is expressed more for the students in the school who do not have disabilities, but she does ask Coach Jones many times in the film why he

is determined to give Radio this opportunity and exactly what it is Jones is expecting to gain in return.

The able-bodied proclaim power over people with disabilities with subtle yet oppressive tactics that place disabled bodies and minds in certain positions deemed appropriate by the power holders of society. Foucault (1982) termed these “dividing practices” as a means of manipulation that combine discourse with practices of social exclusion and segregation to categorize and classify individuals and thus, objectify them. With these practices, the able-bodied produce a “totalizing web of social control (that) is inextricably intertwined with and dependent upon its capacity to generate an increasing specification of individuality in this way” (Tremain, 2006, p. 186). By identifying and objectifying people as subjects, we make them “identify themselves in ways that make them governable” (Tremain, 2006, p. 186). Further complicating the nature of the film and the significance of practices that in some sense divide people into groups is the sense that the name Radio makes Kennedy feel he is an integral part of the culture at T.L. Hanna. **Everyone** calls him Radio; he even refers to himself as Radio.

Violence and ridicule are ways that able-bodied people separate themselves from the disabled. Arendt (1970) says “violence appears where power is in jeopardy” (p. 148). We want to believe we have power over people with disabilities to situate them, to place them where we want in society, to objectify them. When we feel we are losing this control or that we do not have control at all, we resort to violence and ridicule. One particular episode in the film offers us a glimpse of how intense and frightening violence can be against the disabled. Radio stands outside the fence that separates him from the football team. During a kicking drill at practice, the ball sails over the fence directly in front of the cart Radio is pushing. Johnny, the star player and son of a nay saying booster named Frank, runs over to the fence and teases Radio as to whether

he can throw the ball back. Radio places the ball in his cart and goes along his journey. Johnny is stunned, tells Coach Jones that the boy took their ball, and is disappointed when the coach does not respond. After practice, nine of the football players bring Radio inside the fence, bind his hands and feet with athletic tape, and lock him in the equipment shed. Outside, they throw footballs against the building and laugh hysterically at the reaction they know their havoc is having on Radio inside the building. Coach Jones and his assistant, Coach Honeycutt, stop the boys, who in turn will be severely punished at the next practice, and free the frightened Radio. The players know what they did was wrong and they are not surprised they will be punished, but they enjoyed laughing at Radio. He is an object of ridicule at T.L. Hanna High School in 1976 because he is cognitively disabled. Once Coach Jones invites him to be a part of the team and assist the coaches and players with managerial jobs, he is still teased and ridiculed but Radio takes it in stride. He is no longer frightened but often laughs at the players' pranks. They push him over with tackling dummies, they knock footballs out of his hands while he is picking up after practice, and the long snapper hits him in the head with the ball when practicing field goals. At that point in the film, Radio feels he is an accepted part of the football the team.

### Disability and Race

Giroux (1993) states there is a “resurgence of racism in this country” where the “boundaries of power appear to be solidifying in favor of rich, white, middle and upper classes” (p. 453). Poverty and unemployment are worsening among blacks and the dominant culture seems indifferent. Giroux goes on to say that “postmodern discourse provides a theoretical foundation for deconstructing the master-narratives of white supremacist logic and for redrawing the boundaries between the construction of experience and power” (p. 467). Postmodernism provides us with the tool to question the resistance of the dominant culture to accept difference



and fight forms of domination. Radio is not only different because he is disabled; he is different because he is black.

As previously mentioned in chapter one, Charlton (2000) asserts discrimination exists *within* disability. In the film, Radio's disability eclipses his race. He is not considered a black man, he is considered disabled. He is called retarded, stupid, dumb, and a distraction numerous times in the film, but in only a few instances is he referred to as black. Race is viewed from a postmodern perspective as a social construct, a "concept that reflects a mode of social interaction, not an essence" (Kramer, 1997, p. 119), in much the same manner as disability. That is, race is not biological but constructed to fit a societal purpose. Here, disability is more of an issue to the players than the color of skin. Radio's disability is more visible and relevant to the athletes on the team than is his color. However, in theory disability is usually not accepted as a primary marker for identity with a certain group or category of people. Couser (2006) explains this difference:

Although (disability) is as fundamental an aspect of human diversity as race, ethnicity, gender, and sexuality, it is rarely acknowledged as such. This is odd, because in practice disability often trumps other minority statuses. That is, for people who differ from the hegemonic identity in more than one way, certain impairments – such as blindness or deafness – may function as their primary defining characteristic, their "master status." In this sense, disability may be *more* fundamental than racial, ethnic, and gender distinctions."

(p. 399)

The challenge that James Robert Kennedy faces as a disabled person in the film separates him more from the norm as does his race. Admittedly, his experiences would have been much different had he been a young white man with a cognitive disability, and we must also take into consideration that the setting of the film also takes place in the South, roughly a decade after integration. However, in *Radio*, the audience is led to believe, and unintentionally accept, that his mental capacity is much more important to the plot than is race. He is tokenized because he is young, black man with a cognitive disability. However, the film appears to construct a reality of Otherness based on disability. He is victimized by the members of the football team not because he is a black man in a small southern town in 1976, but because he is mentally challenged. The intersectionality of minority in the film allows certain aspects of his identity, his race and gender, to be subterranean. This message permeates society and serves to increase oppression of people with disabilities who do not want to be defined by or treated differently because of their impairment.

### Disability, Empowerment and Acceptance

Disability rights activists have been at the forefront of the struggle to have people with disabilities recognized as integral and equal in society. Patterns have emerged that show progress on physical levels, such as greater access to public places, but emotionally there is much yet to be gained in the public eye. Too often isolated, real reformation begins with an acknowledgement and consciousness of self by people with disabilities.

Feeling recognition in self is liberating and empowering, allowing people to “recognize themselves in the context of commonalities they have with others” (Charlton, 2000, p.118). There is a “growing consciousness” (Charlton, 2000, p. 119) among people with disabilities that they can and should influence the world. Empowerment is emerging, as there is a “growing

authority in the disability community” (Vash & Crewe, 2004, p. 288). The disability community is coming together, bound by social oppressions, marginalizations, and exclusions. By beginning to collectively advocate for themselves, people with disabilities are “forming alliances with the wider disability movement to tackle wider structural disabling barriers and oppressive power relations” (Tregaskis, 2004, p. 17).

At the conclusion of the film, it appears Radio has gained complete acceptance into the life of the high school. Radio works tirelessly for the athletic department at T.L. Hanna High, enduring football players who knock balls out of his hands and lightly hit him with tackling dummies, and basketball players who trick him into going into the girls’ locker room. He copes with their jeering with character and dignity. His heart is good. He treats people all the time the way we should treat each other, with sincere honesty and goodness. Anderson, South Carolina, in 1976, learns to love and respect James Robert Kennedy, so much so that he is still a fixture at the local high school where he stops students from running in the hall and announces the lunch menu on the intercom. Coach Jones and his supporters only thought they were teaching Radio. What they find is that it is Radio who teaches them. The film complicates the issue of disability in that the audience is left with a sense of completion. Radio is accepted, loved and to this day considered a vital part of the community in Anderson. His life at the end of the film is much better than it was when he was a non-verbal young man pushing a grocery cart along the railroad tracks and by the practice field alone.

Radio’s trials and struggles were and, sadly, continue to be real and consistent among people with disabilities. Differing from society’s view of normal is never easy; stepping away from the worn path is difficult and uncertain. Flowing into the path and commingling is even more formidable. As Charlton (2000) writes, “disability is a part of the human condition, and

intrinsically no better or worse than other aspects of that condition” (p. 166); differences exist everywhere, some significant, others not. Life is full of constant struggles for all of us, regardless of the abilities of our bodies or minds. Our differences bring us unity, understanding, and finally, in Radio’s world... acceptance.

A daunting task in our society, “few social imperatives will be as pressing as our need to enrich and enhance our culture’s collective understanding of disability” (Linton, 1998, p. viii) creating a more inclusive society as well as enriching educational opportunities for the young. The challenge is one of changing both the mindset of the disabled and nondisabled. People with disabilities, out of their life experiences with society, “are lacking any genuine conviction of personal worth” (Charlton, 2000, p. 116). Nondisabled people focus their attention on modifying people with disabilities to “fit” into society’s definition of normal, and this is also the focus of the majority of special education programs in public education.

The recognition of the impact that our immersion with media has on our perceptions and ideas about things which we might not have direct experience with is vital to creating equitable educational opportunities for children with disabilities. It is imperative that we recognize the difference between what we have been led to believe from media depictions about the abilities and needs of our students and the information we glean from their own personal educational experiences. Viewing and analyzing *Radio* from a postmodern perspective assists us in realizing that film creates alternate realities for our students with disabilities. Difference and prejudice are perpetuated through viewing films such as *Radio* and internalizing the messages that are sent to us regarding the experience of living with a disability.

*Radio* changed my perspective as a family member, teacher and advocate of students with disabilities. I realized that I had been a victim of influence. The films, television shows, and

books that I had viewed and read delivered messages to me about how to think about disability. I was guilty of allowing faulty and misleading perceptions to guide my decisions about what and how to teach my students. Instead of listening *to* their voices, I felt I had the power and the knowledge to use my voice to make decisions *for* them.

Although *Radio* is an excellent example of a film that perpetuates the Otherness of disability, it is only one film and therefore limits the parameters of this study. There are as numerous and various perspectives from which to view film depictions of disability as there are films that feature disability. However, from analyzing the prevalent messages in *Radio* about disability, we should become more mindful of how our preconceived notions about our students impact the educational opportunities we create for them. It is from this understanding that we come to rethink our perspectives of how and what to teach our students who have disabilities so that their educational experience is just and equitable.

## Chapter 6

### Beyond the Message

Disability holds a relevant and very real presence in my life. Both my personal and professional life is greatly impacted by precious people who have varying degrees of disablement. So much of who I am is defined by my experiences with disabilities; with family members, students and friends with disabilities. I am a person greatly affected *by* disability. For my family members, students and friends, disability is a significant part of their lives, but one for which they refuse to be defined. Through theory, history, education and media people with disabilities have experienced segregation and oppression. As educators of students with disabilities, it is imperative that we provide our students with the opportunity to have an equal voice in their educational experiences and that we ourselves become more self-reflective in our role as mediators for justice.

From a theoretical perspective, disability has evolved in the last three decades from being studied from strictly moral, medical and rehabilitative models to a model that is socially constructed. Cultural trends have a significant impact on people and actions that are viewed as “normal” in a society. The oppression of people with disabilities is a “phenomenon of power in which relations between people and between groups is experienced in terms of domination and subordination, superiority and inferiority” (Charlton, 2000, p. 30). Those who are in power seek to remain in power by making the Other feel inferior, powerless and helpless to overcome imposed control. Students with disabilities experience oppression from people in power who are in those positions to protect them and to make important educational decisions presumably for their benefit.

Will educational opportunities for students with disabilities ever be equitable? Will teaching practices and assessment procedures become fair and unbiased for these students? When we, as teachers become vocal advocates for our students and take opportunities to teach them to raise their own voices, we can begin to challenge practices that have restricted educational experiences for students with disabilities. It is up to educators of the disabled to understand where these unfair practices originate both in our own beliefs and those of schools and systems so we may press for fairness and enriched educations for our students. Attitudes and perceptions about disability from a historical perspective provide critical insight as to the fact that although great strides have been made to fully include people with disabilities into our society, lingering perceptions about worth and abilities continue to oppress this vast group of people. Educational experiences for students with disabilities continue to be inequitable and subordinate when compared the education that able-bodied students are afforded. They are allowed to participate in fewer school activities, their participation with the general population is limited, and they are permitted to occupy certain places within the school building. Their “place” within the school has changed due to legislation in the last half of the 20<sup>th</sup> century, however students with disabilities remain oppressed simply because they learn and act differently from the norm. What we find is that they are still “limited less by the impairments than by societal attitudes” (Gartner & Lipsky, 1999, p. 102). The master narratives about disability that have been in place for decades, such as the notion that people with disabilities limited abilities and less value as human beings have proven difficult to deconstruct.

When we combine historical perspectives with ideas, beliefs, and trends we see in the media in which we engage, we can see patterns emerge that may have a direct influence on our attitudes and perceptions about people with disabilities and the lives they lead. Popular culture

has a certain power over our belief systems, “advancing our understanding not only of the specific texts or genre forms that they analyze, but also of disability representation itself” (Cheyne, 2012, p. 117). Disability has not been treated kindly in many of the representations of film, particularly in the early years of cinema. People with disabilities have been portrayed as freaks, evil and criminal, or pitiable. The majority of films depict life with a disability as negative, something to be avoided at all cost and cured if at all possible, while at the same time giving us a sense that the inclusion of people with disabilities into society is headed in a positive direction. These depictions feed our perceptions of the lives of disabled people and may influence the ways we interact with them socially and in educational settings.

As educators of students with disabilities, whether in general education settings or resource settings, it is vital to be mindful of where we get our beliefs as to the abilities and disabilities of our students. These notions drive the educational decisions we, along with parents and other teachers, make for them. How can we use this insight to create better opportunities for our students with disabilities in the hopes of eliminating oppressive educational practices? How can we promote the conceptualization of disability as socially constructed and reject deficit models of disability?

As members of an ever-increasing technological and global society, we are subject to representations of disability in media, and our beliefs about the abilities and value of people with disabilities can be and often are shaped by these images. These beliefs are also transferrable to students with disabilities in public schools and impact the ways and places they are educated. In a recent British study, Samsel and Perepa (2013) reported teachers were greatly influenced by media they viewed as “impacting their understanding, awareness and knowledge of disabilities and approaches” (p. 137). The tradition within special education is to adhere to deficit models of



disability, usually medical and rehabilitative. When students do not conform to normative standards of learning and behavior, their differences are presumed to be deficient and intrinsic (Ferri, 2008). The answer is either intensive remediation or medication. High-stakes standardized tests that are currently used to determine the effectiveness of schools compound this issue. Students with disabilities are placed at fault for their failure to achieve academically. These same students are also blamed, at least partly, when schools fail to achieve adequate progress as measured by the percentage of students who graduate on time and the readiness of these students to transition to either post-secondary education or a career. Often no thought is given to the effectiveness of instructional models employed to teach those who do not succeed. In fact, very little has changed in special education classes since IDEA was signed into law in 1975. While the field of special education has the very best intentions for students who have felt discriminated against, marginalized and excluded, the classes continue to be mired in deficit models that seek to teach students to act more “normal” in order to “fit in” general education classes. Students who remain in resource classes are often taught a watered-down version of the general curriculum, with repetitive and unchallenging lessons.

Mutua and Smith (2006) suggests “special education relies solely on the medical/deficit model in its dispensing of disability identities to children in school and has been impervious to disability studies’ argument that society plays a key role in the construction and production of disability” (p. 123). Looking to a social construction of disability is uncomfortable territory for those who make decisions on current practices in special education. Gallagher (2006) states: “to make the case for disability as a cultural construct strikes a powerful blow to traditional education ideology” (p. 72). However, we must tread the unfamiliar in the hopes of empowering students in order to shift disability “from a social problem requiring tactics of individual

medication and personal adjustment to an oppressed group with a history, an identity and a just cause” (Danforth & Gabel, 2006, p. 2).

Our charge is the “moral obligation to ensure equality of opportunity” (Gallagher, 2006, p. 67) for **all** students. What is ironic about procedures and practices for students with disabilities is that “the dominant source of knowledge about disability and education in schools is through the auspices of ‘special education’ – a field in which research is done largely by non-disabled people under the premise of social justice and equity for all” (Solis & Conner, 2006, p. 113). It is past time to include the disabled, both students and educators, into the critical conversation about policy and practice in special education.

While I do not presume to have an answer for changing current special education practices into progressive methods that promote efficacy and denounce oppression, I will propose ideas I believe are critical to understanding our students and their needs as learners in a competitive society and to opening discourse where change in their educational experiences can occur. For postmodernists, there is no true knowledge and concise answers to the questions that surround disability, however we can evaluate and question practices to encourage critical dialogue. We need to broaden our understandings of our students individually and consider how it is we come to know their educational and social needs. Our task is not to proceed with the status quo but to “question the representations of disability in cultural products, in history, and in language, but also within current educational practices and disciplinary structures – because together these perceptions, representations, and practices create and maintain disability as the devalued other” (Ferri, 2006, p. 290).

In order to re-imagine special education policy and practice, we must engage in frequent discourse within our schools with our disabled students, their parents, fellow educators and administrators. It is necessary to consider and present to others new ways to think about disability and students who are affected to promote equitable and inclusive educational opportunities. First, it is necessary to critically regard our own perceptions as educators and dismantle any apprehensions we have about moving out of the comfort zones that have become an integrated part of our educational system.

### **Realization**

*Radio* was the film that began my journey to realization that the way I perceive and teach my students might be influenced by movies depicting characters with disabilities. I saw myself as Coach Jones, the champion of James Robert Kennedy. I imagined I would find my own Radio, someone who desperately needed me, to love, to protect, to help. It was not until the film was released on DVD and I decided to view the movie a second time from my own home that I realized that I needed to re-think how and why I made educational decisions that affected my students.

Daspit and Weaver (2000) discuss the importance of engaging in multiple readings of popular texts to gain insight into schooling. Central to their idea is viewing many forms of popular culture as pedagogical texts. We have to recognize the impact that the way we view and engage in media may have on our perceptions about disability. We must learn to critically engage with film and literature to fully analyze the messages we receive and how those messages might impact us as educators. Once we make this realization, we can become better educators of and advocates for students with disabilities.

Every education major takes an undergraduate introductory course in characteristics of “special” or “exceptional” learners. While it is valuable for all teachers to recognize responsibility for students with disabilities in their classes, this course often teaches stereotypes of disabilities that become embedded in our conscience and transfer to our teaching practices. Often, the curriculum allows for a week to study each disability the characteristics of students who have that disability. Once we graduate and begin teaching in our own classrooms, we look for students who have “textbook” examples of these disabilities, and when we observe and select them, we expect “textbook” outcomes.

Textbook knowledge is not the only avenue to our misunderstandings about disabilities. Our attitudes and beliefs are greatly shaped by the media in which we choose to engage. When we view images and representations of the disabled, particularly those that appear to validate what we already believe to be true, these ideas become even more ingrained in our medicalized conceptions of disability. We must recognize this influence and reflect on how it affects our interactions with students who have disabilities. Critical self-awareness is vital for educators of students with disabilities to know and understand that normalcy is constructed by society and maintained by those in hegemonic positions. As Kincheloe (1993) argues, teacher thinking should be guided by political theory and critical postmodernism that involves consistent critical self-reflection and “demands a critical metaperspective” (p. 202) both on our students and how our attitudes and actions affect them in the classroom. This understanding has important implications for educational policy and practice. Once this realization occurs, we can begin to re-think and re-conceptualize the “special” in special education. What is so special about students with disabilities is that they learn differently than “normal” students and often do not succeed on state-dictated standards and tests. We have to change the way we “think” about our students and

resist the tendency to think and speak “for” them. We have to encourage them to think about their own learning and to be vocal about their own needs.

Also important is the perception of general education teachers about students with disabilities in inclusive settings. Ferri (2006) says of teaching in inclusive settings that the goal is not “simply working to get disabled students in the door, but rather finding ways to encourage general education teachers to rethink their basic perceptions about who *their* students are” (p. 292). As an inclusion teacher, I can recount numerous times when a general education teacher has commented to me that a particular student is on “my” roster and not hers. Students with disabilities are included physically in the general education setting, but not socially and academically.

When students do not progress academically, it is common practice to label the student as deficit and not give second notice to the curriculum or the teaching strategies used to convey material. We must pose several questions to ourselves when students do not achieve academically. How can this same material be taught in a different manner? How can I deliver this information in a way and at a level that all my students are able to comprehend and generalize to new tasks? Am I using pre-conceived notions I have about the abilities of my students to guide my teaching? Our reflection should include questioning of culturally accepted representations of disability critically, we cannot just accept message we receive from representations that are prevalent in society. We cannot accept traditionally used models of instruction as the **ONLY** way to teach material. We have to be proactive and progressive when we think about how we deliver instruction. We have to realize that our assumptions about students can be wrong. We have to realize, through critical reflection of our beliefs and practices that it is acceptable to change our theoretical viewpoints as we learn about our students and

experience their educational journey with them. It is not a weakness to question our effectiveness as a teacher, in fact it is vital to grow as a professional. Perhaps most importantly is the realization that our ways of looking at the world greatly affects the students we are fortunate enough to influence. We have the power to “radically challenge the ‘normalizing’ practices of schooling” (Erevelles, 2006, p. 363). Once we become accustomed to questioning **our** role, as educators, in the failure of students to learn and for their limited exposure to some areas of the curriculum, we can take a vital step in advocating for our students who have yet to find their own voices.

Once we are able to acknowledge that our stereotypical beliefs about disability shape our realities in order to construct new ones, we can begin to challenge practices that aim to “normalize” students. It is necessary to openly and thoughtfully critique current practices and focus on the things we do in education that turn student differences into diagnoses and labels. When we begin this process, we will have made an important step in complicating disability discourse so that we can promote social justice and equity for students with disabilities.

### **Complication**

Radio is considered a problem in his community once he begins interacting with “normal” students in the halls of T.L. Hanna High. In a school where one is either normal or not, he is not welcome. The teachers and students do not realize that they are the ones creating the barriers and obstacles for Radio. None of them consider their role in his oppression, nor do they want to complicate their own lives with the thoughts that they might be part of the problem rather than the solution. While the social construction of disability is not new in scholarship, it has lagged in being a part of discourse in public schools. Including the concept of disability as a

social construct into conversations with fellow teachers, administrators, students and parents will not be an easy task. Barriers to this new way to think about disability have been in existence since the beginning of formal education and will be extremely difficult to deconstruct. For postmodernists, simple binaries are problematic. Binaries simplify our perceptions about people and concepts, shaping “the very structure of thought by constructing an ‘essential’ centre, an authorising presence” (Usher & Edwards, 1994, p. 121). There is so much more to disability than one either is or is not disabled. Educators have to be mindful of simplifying the abilities/inabilities of our students. Disabilities are complicated. Our students are complicated. There is no simple fix or one method of teaching a child how to learn.

Special education was originally conceived as a set of specialized services that were designed to assist students individually with any accessibility issues they encountered that were keeping them from receiving an equitable education. However, several misunderstandings have materialized over the years that have led many to believe special education is a *place* to send students who do not conform to normative standards of academic achievement and/or behavior (Erevelles, 2005). Students who receive services from special education programs are separated and marginalized, and assumed to be markedly different than their peers without disabilities. The labels that are placed on students with disabilities “function as a discursively produced system of social othering that creates divisions between students who are considered normal and regular and those who are seen as deficient and disordered” (Ferri, 2008). We assume these labels are valid and neutral and necessary in order to offer appropriate educational opportunities. Therefore, raising the question of the effectiveness of existing procedures is an integral part of the process of moving toward equitable practices and away from models that present disability as deficient and intrinsic.

Complicating the issue of disability with our fellow teachers involves more than just talking about teaching strategies and engaging lessons, it is a method to educate them on the privilege they have to “help maintain exclusive practices” (Connor et al, 2008). The power we, as teachers, have to change ableist assumptions and beliefs is tremendous. We can influence other educators who have deeply entrenched ideas about what they believe to be typical behaviors and academic abilities of students with disabilities.

### **Expectation**

Radio is expected to appear and behave like every other student in order to be accepted into the student body. Consciously or not, school administrators have a perception of a model student that children with disabilities just do not match. Postmodernism rejects the construction of a “truth” that we believe to be true for others. Educators often have preconceived notions of what a student can achieve academically based on information found in their psychological evaluation and IEP. Usually, teachers have low expectations of students once they are labeled with a disability and placed in special education classes and sometimes this occurs earlier, at the first sign that they are not on pace academically. Teachers have a tendency to buy in to the “natural hierarchy” within disability; that ability is “innate, biologically predicated, and normally distributed” (Gallagher, 2006, p. 64) without even realizing they are doing so. Much of educational practice and policy is directed at maintaining this hierarchy within our society. Therefore, our expectations of some students are significantly lower than that of others. Educators, and I include myself here, have all been guilty of looking at our students in various classes and predicting who will become a doctor or a lawyer, a hairdresser or a stylist, a farmer or a construction worker, a janitor or fast-food worker. We must resist the temptation to tell ourselves that it is acceptable for a particular student to be less successful academically because



after all, “somebody has to take out the trash.” As teachers we can acknowledge that a realistic trajectory does exist of where our students will end up in their lives. However, we have a moral obligation to provide quality educational experiences for all students, regardless of our beliefs about ability and non-ability in order to change this trajectory.

Often students with disabilities in inclusive settings are listed under separate rosters, making it very apparent who the “special” students are when roll is called on the first day of school. Most of the time this is done for local and state recordkeeping purposes, but the implications are far-reaching. Expectations of these students are immediately challenged and most often, lowered. When this occurs, often the methods and strategies used to teach these students are incommensurate to those employed for students in the general population.

The expectation needs to be different than “normalization.” Traditionally, in education, students who can learn by listening to lectures, taking notes, studying those notes for a test, and passing the test are considered normal. Those who can accommodate their individual learning styles to master a challenging curriculum are expected to be successful in life. Those who cannot are immediately thought to be deficient and in need of intervention by those who consider themselves to be in power to make educational decisions.

Re-thinking expectation involves looking past impairment, not at the disabilities of students but at their abilities, their talents, their interests. There is so much more to a student with a disability than we choose to see, we have to look past the disabled identity and its “embodiment in the contextual specificity of everyday material practices” (Dyck, 1999, p. 131). When we limit educational experiences for students based on our perceptions and the social

constructions of their abilities, we are restricting not only their academic growth, but the opportunity for them to discover who they are and who they can become.

### **Conversation**

Postmodernism advocates the necessity of open dialogue, considering and accepting many viewpoints and positions. Through multiple ways of knowing, we are better able to dispel widely accepted notions of what is true and right. We must doubt all strategies and placements accepted as the “ultimate” and “right” way to educate students with disabilities. An open dialogue between students in special education and their teachers is imperative towards enhancing students’ educational experiences. Most students who have disabilities and are served in special education classes do not believe their own perceptions about their differences, difficulties, and abilities are valued. Many of them have concerns about placement in special education programs, but they do not feel confident enough to share them. Some students see special education placement as “the defining moment in their lives in terms of career path, self-esteem, intellectual functioning, and social relationships” (Solis & Connor, p. 105). They believe special education assures them of a label that will follow them way past their formal education, to few opportunities after high school for employment and education. Many also report that they believe being placed in resource classes is a disadvantage to not only their progress in academics, but their social growth as well. Students do not like being labeled and try desperately to shed these characterizations by acting “normal” or like those students who are fortunate enough not to have a label.

Also, we need to discuss with students the realization that disability can be constructed socially and experientially. This concept is important for them to understand because they often

concede their identity to align with what they are told and taught to believe about themselves. This is particularly true in educational settings when the perception comes from teachers who are in charge of their learning and instruction. When their teachers become frustrated with them, either because they are not making gains in academics or because they cannot maintain proper behavior in the classroom, students often begin to feel they are “stupid” or “bad,” and after they have encountered these attitudes enough, they internalize these ideas. Once students accept these perceptions, they become an integral part of their identity. It is also necessary for them to realize that their identity may, in fact, change over the course of their lives based on the fluidity of societal perceptions. Postmodernity asks us to accept that “identity is not a given but a construction” (Davis, 2002, p. 83). Davis further asserts that disability is “porous, its contingent nature is all the more challenging to identities that seem fixed” (2002, p. 84). Our able bodies may fail and become less able to support our daily activities. *Anyone* may become disabled at any time, indeed the able body is temporary. It is important that we as teachers support our students and help them to understand the tenuousness of disability.

The emergence of studies in disability as a discipline has initiated discussion about the value the lived experience of people with disabilities in higher education settings. Why hasn't the same opportunity been afforded to students with disabilities in public schools? Their experiences and their thoughts about their educational experiences are vital to understanding. Students will resist; they have become so accustomed to trying to learn like everyone else. They have been conditioned to remain silent. If this silence can be broken, they will become empowered to define themselves and realize that they do not have to accept the opinion or beliefs of anyone else.

It is necessary for parents to take a significant role in their children's education, but they must feel comfortable to do so. Many parents believe their input is not valued, and look to teachers as the ultimate experts, because we portray ourselves to be just that. Sometimes IEP meetings are even held without parents present. Ferguson and Ferguson (2006) stress the role of dialogue with the family to "forge a more constructive foundation on which to build something that is a qualitative improvement over the current policies and practices" (p. 220). Parents have historical and social insight into their children's development that can be significant to uncovering underlying causes of poor academic achievement. However, their role is often downplayed and their lived experience with their children is not valued. The dialogue needs to remain open between parents and those teachers most responsible for students' instruction. By including parents in our critical dialogue of disability, and therefore opening new avenues for them of thinking about disability, we can construct meaningful and authentic learning experiences for students with disabilities.

As educators of students with disabilities, we owe a huge debt of gratitude to disability theorists such as Erevelles and Davis who have been instrumental in correcting the "scant attention paid to disability in the identity politics market" (Davis, 2002, p. 87). Erevelles has been particularly significant of recent years with her materialist perspective that focuses on social and economic impacts on the lives of people with disabilities as well as the politics of race, gender, and sexuality that operate concurrently with disability. Her work is an extension of postmodern concepts of disability because she greatly credits the influence of cultural and social interactions to the understanding of disability. Davis and Erevelles have brought disability to the forefront of conversations of critical pedagogy. It is now time for us to open dialogue on the education of students with disabilities. We must take what we have learned from theorists about

the impact of social and historical perspectives and apply this knowledge in order to impact policy that will create educational opportunities for students with disabilities that are just and equitable to those experienced by students without disabilities. As scholars of curriculum studies, it is vital for us to intently and thoughtfully engage in discourse that will improve the educational journeys of our students who have disabilities. We must be unafraid to examine how our teaching practices have been guided by popular culture so that we may become voices “with” those of our students instead of speaking “for” them. It is here that we will be able to construct new realities of disability for our students that free them to become everything they possibly can.

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