The Ghettoization of Disability

Paradoxes of Visibility and Invisibility in Cinema

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Perhaps every theory has to contradict itself. If I have been saying that dismodernism allows for a flexible and malleable sense of identity in relationship to disability, then when I think about the notion of actors playing disabled characters, it would seem I would be open to any kind of actor playing any kind of part. Is not identity what you make of it, rather than an absolute and essential category? You would think so, but in this essay I am going to be arguing that only disabled actors should play disabled roles.

It is not like we do not see a lot of people with disabilities in film. In some sense, disability is one of the sub-specialties of the visual media. From Lon Chaney, Jr. playing the Hunchback of Notre Dame to Daniel Day Lewis' portrayal of Christie Brown in *My Left Foot* to Sam Worthington playing Jake Sully in *Avatar,* from the wheel-chair using dancer on *Glee* to the son with cerebral palsy on *Breaking Bad,* media loves disability. People with disabilities are portrayed in the media as present, in the sense of ubiquitous, always marked as different, and yet rarely if ever played by actors with disabilities. Why is that?

Cinema and television use popular and knowable narratives and then tweak them a bit here and there. Disabilities are part of that narrative. Physical disabilities appear in the popular imagination in a variety of ways, notably as challenges or tragedies, and affective and cognitive disorders have a somewhat different role. Intellectual disabilities, most particularly in the case of people with Down syndrome and non-verbal autism tend to function in the media as states of existence designed to evoke the compassion of the viewer. Most commonly audiences are called upon to produce a limited range of responses from sympathy or pity to some kind of beneficent granting of limited personhood to such characters. The more lovable and understandable the characters become, the more likely the film or television will succeed. And the ultimate point about the function of such narratives is that they end up making the audience feel good about itself and its own *normality.*

Affective and anxiety disorders seem to provoke a different audience involvement than that with intellectual and cognitive disabilities. If the affective disorder falls into the realm of an anxiety, depression, delusion, or schizophrenia, the film or television special (never a series) will revolve around that character *going mad*. The madness, in turn, will then symbolize the response we might all have to a dehumanizing, stressful, disabling and demeaning society. The character becomes a tragic stand-in for any viewer facing the human condition. Some movies like *A Beautiful Mind, The Soloist,* and *The Fisher King* follow the descent of the character into madness while trying to offer some kind of cure, control, or redemption at the end.

Obsessive-compulsive disorder (OCD) seems to straddle the divide between tragedy and redemption as well as between tragedy and comedy. The standard representation of OCD in film and other narrative forms is to see the obsessive behavior as a combination of amusing and yet debilitating. One scenario turns the person with OCD into a kind of lovable nut or what I like to call a disability *mascot*. The mascotization of disabilities produces warm, cuddly, lovable representations. The television show *Monk* mainly does this, while also showing how disability can itself be ability. Monk is a detective whose Holmes-like skills are aided by his obsessive behavior. Monk can notice things that others cannot, and like Sherlock Holmes has a kind of autistic intensity that aids his detective work but hinders his life. Monk *suffers* from his disability and cannot function without a personal assistant who hands him sanitizing wipes and coaxes him through his fears. Yet, in this case, cure is not an option. In one episode, for example, he decides to use medication, and although he is personally happier as his symptoms diminish, he becomes a terrible detective. So he eventually renounces the medication, goes back to his tortured but amusing self, and returns to super-sleuthing. Shows like *The Big Bang Theory*, a sitcom that focuses on the social lives of scientists and engineers, group conditions like Asperger's Syndrome with OCD in loveable and amusing characters like Sheldon. Sheldon is the lead character in the show and one of the most popular comedic figures in American television because his behaviors lend themselves to comic situations.

Reality TV shows have even gotten into the affective disorder act. *Obsessed* was a series that followed people with OCD and other compulsions. These include people who are agoraphobic, those who pick their faces or pick their hair out, count compulsively, hoard, and so on. The series did not turn people with OCD into mascots, but rather portrays them as symptoms in need of cure. This is also true for a show like *Hoarders*. This program profiles those who compulsively hoard objects and form attachments to an array of junk stashed in their homes. Usually, family members or friends attempt to forcibly change this behavior. Any individual episode is painful to watch, but the people themselves

become objects of interest, compassion, fear and pity. The aim of the show is to let us know that cures are readily available for scary diseases.

In my book *Obsession: A History* I raised the point about how we categorize being obsessed. In one sense, we live in a culture that values obsession. We think that the best and brightest should be obsessed with their work, their lives, their sex lives and so on. At the same time, we sub-categorize a section of such behavior as *too much*. Those who are too obsessed fall into a clinical category. The social, political, and ideological surround creates a state of desire for obsession and fear of obsession. The key way to tell if you are too obsessed is to note whether you feel pain or suffering in regard to your obsessions and compulsions. If you do, then you are clinically obsessed.

This concept that the ability to choose is the difference between good and bad obsession is a crucial point. If you choose to be obsessed in work, athletics, or sex, that is a good thing. If you cannot help but count the number of times you brush your teeth or the number of steps you need to cross a threshold, and you cannot stop, then you are pathological. Your ability to choose is the key between pathology and passion. Linked to this is how you feel about it. If you do such things, are happy about them, then you will not choose to stop. If you do such things, want to stop, or are told by family members, friends, or lovers that you should stop, and you cannot, then you are pathological or, putting it another way, disabled.

It should not take too much effort to see that the element of choice of a lifestyle through consumerism and the element of *how you feel about it* are key signposts along the way of neo-liberal, consumer society which is based on the idea of the consumer who has the power to choose to buy products that confirm a lifestyle and who is happy to do so. So with OCD personal suffering comes from wanting to stop but being unable to. And suffering comes from being in an environment that pinpoints the kinds of things you are doing as unproductive and worthy of stopping. An article in the *New York Times* for example showcases a man who obsessively builds large gardens with mosaics made from small pebbles. Jeffrey Bale is described as picking through 400 pounds of pebbles "and found only two dozen stones that would work for this project, an ornate pathway and sunken garden mosaic" (Murphy) in the garden of Tony Shaloub, ironically or perhaps not – the actor who plays Monk. The article makes the obvious connection between such painstaking activity and OCD, and Mr. Bale responds, "It's not a disorder if you channel it into something productive" (ibid.).

OCD as it is understood by the general public is a discrete disease. It has developed over time into something incontrovertible and recent work seeks to locate its origin in brain chemistry, structure, or genetics. It feels palpable and real, and the suffering it produces is real as well. In that sense, OCD is primed to be sucked into the media mill. It has dramatic possibilities as ordinary people

seem to be fingered for torment by mysterious and diabolic forces. However, my own work suggests that the causes are not mysterious. In fact, I argue, that there is a deep cultural involvement in the genesis and production of this illness. And the media, for one, is both implicated for publicizing it as the disease of the month, for narrativizing it in familiar ways, and for dramatizing the dilemma of the person with the disorder. I am not blaming the media here but just pointing out how a disease can be proliferated through the dispersal of images and stories about it. In the case of OCD, for example, the disorder has gone from an extremely rare disease in the 1950s to one of the four most common disorders in our time. In a mere 50 years or so, OCD has gone from something *had* by one out of 1000 to one in 10. People now routinely say, 'I'm so OCD.'

The point I want to make is that OCD is a clinical entity, which can mean many things, but one thing it means is that it is part of a social, cultural, medical – that is to say biocultural – milieu. As such it is produced by conscious and unconscious cooperation between medical establishments, individuals, social networks, families, and their intersections with governmental, media, and corporate entities. This is a complex process that is both essentialist on some level and performative on another. OCD then becomes both a disorder and by extension an identity or a set of identities. How do people who *have* OCD know that they have it? How do they enact their symptoms? How do family members and friends help them to *identify* it?

In this sense the media is more active than simply holding up the proverbial mirror to life. The media is deeply involved in the proliferation of images that help people in the general population diagnose themselves. And the direct-to-consumer advertising for psychoactive drugs such as antidepressants, antipsychotic, and sleeping pills is an intimate part of the matrix that is television viewing. In a sense, the media is not simply about the portrayal of disabilities but the de-facto advocate of contemporary treatments for affective disorders as well.

Linked to this hegemonic activity is the development of identities to correspond with this citizenship in which one becomes a card-carrying member with *depression* or OCD along with other disorders you have seen on television and in film. That is, one's identity iterated and reiterated on television and in film as a trope and a dramatic plot element – particularly in the form of a knowable, understandable, and delimited character – becomes a familiar feature of everyday life. In turn, television and film narratives often center on how people chose to live with these disease entities, now seen as freestanding and independent of any social or economic forces. For example, there are cinematic possibilities in portraying someone with OCD or depression, but no possibilities of showing in film how OCD developed over time in complex ways and also no possibility of dramatizing the life of someone who is depressed not by a putative bio-chemical imbalance but because he or she is poor, part of the

99 percent of Americans facing economic inequality, and so on. In the media, poverty, as with disability, is something to be overcome. Both are rarely if ever portrayed as systematic problems; rather they are routinely seen as individual ones. And we never have a TV series about poverty, only about the side-effects of poverty – drugs, prostitution, crime – just as we never have a TV series about disability, only about how a disabled character, often minor, makes other *normal* people feel good about themselves.

At this point, I want to explore a contradiction in what I have been saying in this essay compared to what I have said in my earlier work on identity. That is, I have spent a fair amount of time in my work and writing deconstructing the idea of a monolithic disability identity. I have claimed that what characterizes disability is that it is a shifting, changing, morphing notion of identity that distinguishes itself from other identity categories that seem to have developed, over time, a certain rigidity in definition.

So the example I have often used is that you can become disabled over night by a car accident or a fall from a horse, while if you are a woman or a person of color, you cannot wake up the next day and find yourself a man or a white person. I have said all of this with a lot of qualifications about the shiftiness of all identity categories, but with the assertion that disability identity can lead us to rethinking all identity categories, and I have coined the term *dismodernism* to point out the way that disability as a category can help us find a postmodern perspective on the aging, antique and antiquated categories of race, gender, and so on.

Yet recently I have been blogging about the necessity for Hollywood and other large media conglomerates to rethink their attitudes toward having non-disabled actors play disabled characters ("Let Actors"). But is it a contradiction for me to claim that there is no essential identity to disability and then insist on disabled actors playing the role of disabled characters? If I am using critics like Judith Butler to claim that there is something non-essentialist and performative about disability and normality, then why ought non-disabled actors avoid performing the roles of disabled people? And if I maintain the necessity of disabled actors playing disabled roles, am I being rather crudely essentialist?

You could argue that since disability, according to the social model, is in the environment not in the person, then creating an accommodating environment in which all can perform any theatrical or cinematic role regardless of their physical status would be an appropriate action. So if I say that only disabled actors can play disabled parts, am I in effect saying that only some people should be accommodated?

Before I come to grips with this problem, I think it will be necessary to present the lay of the land as concerns disability and acting. For a non-disabled actor to take on the role of a disabled person, there are huge incentives. If you want to try for an Academy Award, you would do well to portray a person with a disability. Notable movies of this kind fill the silver screen from Patty Duke's

Helen Keller to Dustin Hoffman's Rainman, from Daniel Day Lewis' portrayal of Christie Brown to Tom Cruise as Ron Kovic in *Born on the Fourth of July*. Yet, in all these cases, the people who starred in these films were non-disabled actors playing disabled roles. So the take-home message here is that films that focus on disability in a central way continue to be made and remain star-vehicles for high profile non-disabled actors.

You would think then given the appeal of these roles that characters with disabilities should be rife in the media. Only they are not. Although disability can provide acting opportunities, on television, at least, according to *The Hollywood Reporter*'s survey for the 2011 season, which noted out of a total of 600 repeating characters on US prime time television shows, only six were characters written to have a disability. And of those, only one was actually played by a disabled actor (*Hollywood Reporter*). Most of the supporting roles in movies will be played by non-disabled people. And the default status for the stereotypical roles – the best friend of the main character, the mother, father, siblings and so on – will all be conceived of normal and not disabled.

The reason has something to do with the economy of visual storytelling in an ableist culture. This in turn comes out of the legacy of eugenics and the current hegemony of ableism itself. If you want to make a film that is about disability in such a culture, then every part of the story has to do with disability. The film has to be, in some sense, obsessed with disability. But if the roving eye of the camera takes its focus off of disability, then disability has to disappear or it will create a buzz of interference in the story telling. Instead of disability, to illustrate this point, think of pregnancy. It is quite normal to see a pregnant woman on the street, but if you make one of the characters in a television show pregnant, then you have to provide a whole rationale and back-story for the pregnancy. That is why generic mothers in cinematic narratives about children are never pregnant, unless the pregnancy figures into the plot, whereas in real life mothers might be pregnant or not depending on a host of completely random factors. The same might be said of acne, sore throats, and other bodily ills. Likewise with disability – if the mother of a child in a movie has a disability, and the film is not about the disability, then the audience will be distracted from the narrative arc by the disability. They will wonder why the *normalcy* of the film is being tampered with. In an ableist culture disability cannot just *be* – it has to *mean* something. It has to signify.

In this sense, disability is allegorical – it has to stand for something else – weakness, insecurity, bitterness, frailty, evil, innocence, etc. – and be the occasion for the conveyance of some moral truth – that people are good, can overcome, that we shouldn't discriminate or despair. But, to paraphrase Sigmund Freud, sometimes an amputated leg is just an amputated leg. That obvious statement can never be true in the world of media narrative, and so an amputated leg is never just that. It must be a character trait, a metaphor, and

fit into a plot point, or be a *reveal* to some other character who has not seen it, or to the main character who discovers new things about himself or herself in the process of triumphing over the disability. Yet, possessing a functional leg is never allegorical, needs no interpretation, and is basically a degree-zero signifier without a referent.

So when an actor takes on a role as a person with a disability, he or she is entering a world of signs and meanings that encapsulate the larger society's attitude toward disability. This system of signs and meanings participates and encourages the non-disabled person's fantasy about disability. Just as Edward Said pointed out in *Orientalism* that the East was made into the projected fantasy of the West, so has film and television, and the ableist media projected its image of disability. You learn much more, according to Said, about the West by studying orientalist works than you learn about the East. And with ableist narratives you learn much more about the mindset of a *normal* than you do about the real experience of being a person with a disability. So it might well be that only a non-disabled actor could in fact portray that distorted and biased disability that lives and breathes in ableist culture and that translates so easily to the standard Hollywood film or television series. Just as only someone like Rudolf Valentino could portray the orientalist sheik in the silent movies – being the eroticized but very Western heart throb who could convey the mytheme of the sexuality of the orient. In the same way, the non-disabled actor can eroticize and embody the stereotypes and clichés inherent in the regnant ideology around disability.

A non-disabled actor has literally to transform him or herself in order to portray a disabled person. Audiences and critics enjoy that transformative ability, and it is surely tied up with our basic ideas of theatricality. We are used to the idea that an actor transforms him- or herself by means of make-up, mental preparation, and even now computer-graphical assist. In fact there is something mercurial and protean about being an actor. We admire the hours of cosmetic and prosthetic work that goes into transforming the likes of Brad Pitt into the likes of the aged Benjamin Button.

But we are now less willing to approve, and this is where the complexity comes in, when we transform actors from a dominant identity group to one that is not. So for example, the practice of using blackface was widely appreciated and prized by white audiences of theater and film until attitudes toward people of color became much more changed beginning in the 1930s. Despite performances by Al Jolson in the 1929 classic *the Jazz Singer,* Fred Astaire in *Top Hat,* and, as late as 1938 to 1941, Judy Garland repeatedly in *Everyone Sing* (1938), *Babes in Arms* (1939), and *Babes on Broadway* (1941), the latter two directed by Busby Berkeley, the practice faded out entirely from dramatic works by the 1950s and 1960s. Blackface may have taken a very late bow, but having white actors portray Native Americans, Asians, Indians, Arabs, and others continued

well into the latter half of the 20th century until consciousness raising and awareness of racism ended that practice only as recently as 25 years ago.

It is now almost universally acknowledged that when it comes to most racial groups, actors from within the tradition of those groups are preferred to actors from outside. No one doubts, for example, that Ben Kingsley can do a pretty good job of playing Gandhi, but in 1982 such a practice was tolerated whereas now it might not be. It is currently acceptable for Morgan Freeman to play Nelson Mandela in Clint Eastwood's *Invictus*, although South African actors had decried the limited roles for them in this film. Freeman as an African American is seen as having enough kinship with black Africans to make the transition by Hollywood, at least by US if not by South African standards. The Creative Workers Union in South Africa protested saying "we want more South African actors because we do have some great talent to take on these strong roles in these stories" (*PRI*). South Africa actor Florence Mesebe analyzed the situation as this: "South African actors are never going to be good enough, because we don't have the Hollywood tag. We are tired of the Hollywood box office excuse" (ibid.).

These arguments concerning ethnicity and national origin seem to ring less forcefully to the public because those in the English speaking world routinely see US, UK, Australian, and New Zealand actors playing each other's nationality, as well as playing Russians, Eastern Europeans, Greeks, Italians, Jews, and the like (*11 Points*). Within the larger category of those who are currently considered *whites* there is less trouble with interchangeability.

So how do we parse these predilections and taboos? Again, I would return to the issue of choice. Nationalities and even ethnicities, particularly where there are no overly stereotyped physical features are not seen as rooted in the concept of normality but rather in the concept of diversity. One can choose to move from South Africa to the UK, and if one is white, there is little discrimination to be faced, particularly in the assimilated generations. Actors, therefore, are well within their rights to play these kind of parallel roles, and their skill in adopting accents, as actors like Meryl Streep or Jude Law do routinely, is part of their mimetic profession. Thus nationality does not seem inappropriate for actors to take on in their roles, although race does. Disability has been seen as fair game for actors, but in a sense it is ontologically more like race in the sense that it is not a state of being one can choose.

This element of choice is paramount in something like Clint Eastwood's, now infamous in disability circles, *Million Dollar Baby*. When it was released it was roundly criticized for its pessimistic vision of life for a disabled woman. But few criticized Eastwood for not casting a disabled actress in the main role. The reason for that is obvious – Maggie had to go from a physically intact athlete to a quadriplegic in the course of the film. The skill of the actor and the director would involve a transformation that had no element of choice in

it (except of course the choice to die). So a central concept in a film like this is that the disabled person is a person without a choice, and therefore the actor who plays the person has to be normal to counter, in some sense, this message of hopelessness (lack of choice) by letting the audience know in a de facto way that the actor, while playing someone who has no choice, himself or herself does have a choice.

That is, although the character is without a choice regarding his or her disability, the audience will always know that the actor has many choices. In fact, to return to the issue of the transformation of the non-disabled actor into a person with a disability, which is often the subject of film publicity, the salient point for the audience is that the actor is not disabled – but that the magic of computer generated imagery, make-up and prosthetics magically and cinematically transforms the actor into the disabled character. The audience can rest comfortably assured that the central character may appear to be disabled but is not really a disabled person, only a non-disabled actor playing the role. The cinematic experience is a form of make-believe whose fantastic nature is revealed when the time comes for Hillary Swank to stride across the stage and accept her Oscar. We know she will not be ambulating using a wheel chair with a sip-straw control. She will not choose to die in obscurity over a disability, but rather will live in Hollywood glory to accept her award.

The star system makes it hard for disabled actors to fit in. Stars tend to be interchangeable parts in a system of production. Their *normality* is a sign of their ability to transform. Transformation and choice, two basic tenets of the neoliberal system based on lifestyle and niche marketing, are touchstones in a system that promotes individuality and self-actualization. Interestingly, class is never portrayed in film as operating in ultimately disabling ways. One's class in this view is only the place where you start as you transform through choice and hard work. And if you are upper class in film, then your narrative will be about how you suffer from being too rich and have to find yourself through adopting the values and viewpoint of a middle-class or poor person. Each of us, so the story goes, can become anything we want if only we have the will, the drive, and the dedication. The *normal* actor then embodies this mythology of class and bodily open-endedness, while the disabled actor is seen as a grim reminder that transformation is not possible, except in limited ways.

If disability represents, in the popular imagination, a tragic fate in which choice is removed while at the same time a kind of frightening and disfiguring prospect for audiences who can only too easily imagine themselves transformed into a disabled person by the simple swerve of a car on the highway, a virulent disease, or a malfunction of the body, then the role of the media historically has been to provide comfort to them. The comfort comes from the triumphant scenario in which the main disabled character overcomes the limitations of the impairment to become the leader of, say, the anti-war movement, or a famous

blind-deaf writer, or any other accomplished professional. The comfort also comes from seeing that person accepted with all their limitations by friends, family, lovers, and the general public – which includes the audience who learns to see that person as *human*. Indeed, the greatest comfort comes from knowing that the character is being play-acted by a normal person. The fear of fragmentation and destruction of ego is compensated for by the notion that *it's only a movie*.

Some of these points are illustrated in the film *Avatar*. Jake Sully, played by Sam Worthington a non-disabled actor, is a paraplegic who lost the use of his legs in war as a marine. At one point in the film, we see his atrophied legs as he wheels his chair frontally toward the camera. This shot is in some sense the *money shot* which verifies to the audience that the physical body of the actor is indeed that of a paraplegic – while of course in reality it is not. Part of the visual frisson of seeing those atrophied legs is knowing that this is one among many other special effects that have no contractual bearing on the reality of the actor's actual body. In fact, the film is about nothing if it is not about transformation since Jake becomes a larger than life blue avatar through the miracle of both DNA, biotechnology, and of course computer generated imagery and 3D. In fact, the realism of the 3D effect guarantees the realism of the live action part of the film that also *guarantees* the character's disability. That disability disappears in the movie whenever Jake enters his avatar, and, given the film logic, the unreal world of the avatar eventually becomes more real than the live action part of the film. In the film's paradisiacal world of the primeval forest of Pandora, Jake is one with nature, able to perform acts of physical prowess and agilely use his super-human mobility. So the bargain with the audience is that you get to have a disabled character, who remains disabled at the end of the film, even turning down the villain's offer to give him back his legs through expensive medical cures, but that indeed that character can still transform to become a non-disabled character. And of course, in reality, Sam Worthington had the ability to walk into the Academy Awards on his own two feet. Everyone will be assured that the movie is after all only a movie. And disability is after all only a trope, a signifying event, an allegorical state of being.

To return to my main argument and contradiction, I think it fair and right that disabled actors should play disabled roles. In fact there is a movement to this effect in the UK and Australia called "Don't Play Us, Pay Us." The general public, however, based on responses to the blogs I have written, are torn about this proposition, and many feel that delimiting what an actor can and cannot do is an abrogation of freedom of speech and a denial of what it is that actors do. And then I myself have argued for the fluidity of the identity category of disability, so why would I then argue that we should limit roles to actors who are *actually* disabled in the particular way that the character is?

My response would be that in the best of possible worlds, all actors should play all parts. As my colleague Rosemarie Garland-Thomson questioned

recently: Why should not disabled actors be cast in non-disabled roles? But the current state of affairs perpetuates ableism by reinforcing both the audiences' expectations that disability is a state to be magically transformed and that non-disabled actors are the high priests who reenact this sacrament every time they don a disability for a role and then remove it when they go home at night. This state of affairs also ghettoizes stardom so that only non-disabled characters can become stars, which in turn emphasizes that disability is an abnormal state that needs to be patrolled and marginalized by casting directors and unreceptive audiences.

Indeed, if we only consider issues of fairness, it would make sense that a discriminated against group of actors – those with disabilities – are in need of work. I am not suggesting a quota system or affirmative action, but some of the principles of those systems might well be applied to the casting of actors. Right now, it makes little sense for a young person with disabilities to imagine a career in acting. I recently asked Matt Fraser, one of the more successful disabled actors, whether things were improving for disabled actors, and he told me that he did not think they were. In what other profession would it be acceptable to discriminate against an identity and get away with it? In what other profession would we counsel young people to forget their hopes and dreams because of rampant prejudice against the kind of person they are? The state of affairs is not acceptable, and only when we routinely see disabled actors playing disabled and non-disabled roles will the stereotypes perpetuated in the media be eliminated. While it may seem like a rarified complain to lodge against Hollywood, it is actually crucial to the goals of disability awareness and disability studies.

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