Crip Mothering: Representation of Disability and Motherhood in Post-1980 American Films

by

Mohammed Sumili

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Dedication

To the souls of Safiah, my great grandmother, and my brother Yahya.

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Abstract

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Mohammed Sumili

University of Texas at Arlington 2021

Supervising Professor: Penelope Ingram

Most scholarship on the topic of disability and motherhood tends to be of an empirical nature common to social, education, and psychology studies (Landsman 2008; Wilson and Cellio 2011, Filax and Taylor 2014). Despite the appearance of movies, novels and especially memoirs that deal with the subject, disability as it engages with motherhood has received scarce attention by feminist, motherhood, and disability scholarship (Prilleltensky 2004; Landsman 2008). Existing literature indicates a gap in studying the joint representation of mothers and disability.

This study aims to address this gap by analysis of a selection of post-1980 American movies. Concentrating on the relation between mother and child as “interactional performance" (Walsh 28), I examine the movies' treatment of mothers' mediation of disability while they raise and socialize children to meet societal expectations. Grounded in a feminist disability framework, this research argues that disability enhances, rearticulates, troubles, and undermines dominant concepts of mother/hood as an ideology, experience, and subjectivity. Moreover, it proposes a theorization of *crip mothering* as a form of mothering informed by disability as difference and an alternative way of *being.*

Scholarly literature concurs that popular cultural images have an ideological force in formulating public conceptual perceptions of the world (Kaplan 1992; Hall 1997; Haller 2010). Susan Bordo, deploying Foucault, contends that popular culture causes the internalization of an intense self-surveillance that sustains the efficacy of cultural and societal proscriptions. The enduring stereotypical representations of disability and motherhood marginalize and disempower mothers as well as people with disabilities. Despite their ubiquitous presence in films, they are always assigned subordinate roles (Kaplan 1992; Garland-Thomson 1997). Both are measured against a predominant norm that precludes their participation in social and economic life. Therefore, mothers and people with disabilities serve as backgrounds against which able-bodied and masculine bodies assert their subject positions.

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Introduction

Representation of Motherhood and Disability in Popular Culture

In the second half of the twentieth century United States, motherhood and disability have been controversial topics. This is a result of various prejudices and biases against disability as well as culturally driven expectations of mothers (Davis 1995; Garland-Thomson 1997; Mitchell and Snyder 2006; Landsman 2008; Wilson and Cellio 2011; Filax and Taylor 2014). Prior to that, American culture has experienced many controversies regarding disability, specifically issues involving euthanasia, abortion, reproduction, and custody trials. For example, in the first decades of the twentieth century, a controversy was provoked by the physician Hary J. Haiselden who called for abstaining of treatment to end the lives of "defective" babies. Haiselden presented his ideas through a motion picture titled *The Black Stork* in which he addressed the famous baby Bollinger case. Clearly, film as a medium played a significant promotional role in magnifying the issue of eugenics and circulating it to the public (see Pernick 1996).

Upon a careful examination, the movie underscores the responsibility of the mother in making the decision to the baby. This is indicative of the implicit social and cultural blame directed at mothers for the outcomes of their pregnancies. Surprisingly, disability and motherhood continue to be a source of social anxiety and public outcry up to our present time.

Current examples can be seen in the story of politician Sarah Palin who decided to continue her pregnancy despite knowledge of the child's disability (Down syndrome). The other is Bree Walker, an LA news presenter with ectrodactyly. She has stirred a controversy as she decided to become a mother. She gave birth to children who shared her impairment. In short, the unease seen in most of the public reactions to these cases illuminates the feminist argument that the personal is political. Adopting a relational-cultural analytical lens in examining the interconnections of disability with mothering in popular culture, in my opinion, helps underscore the undercurrent ableist and patriarchal ideologies shaping the rhetoric and politics pertaining to this terrain.

Most scholarship on the topic of disability and motherhood are empirical which is common to social, education, and psychological studies (Landsman 2008; Wilson and Cellio 2011; Filax and Taylor 2014, Lalvani 2019). Despite the appearance of movies, novels and especially memoirs that deal with this subject[1], disability as it engages with motherhood has received scarce attention by feminist, motherhood, and disability scholarship (Prilleltensky 2004; Landsman 2008). Existing literature indicates a gap in studying the joint representation of mothers and disability, despite the existence of several movies that dealt with disability and motherhood like *Son-Rise* (1979), *Your Name is Jonah* (1979), *The Mask* (1985), *Kids Like These* (1987), *David's Mother* (1993), *The Other Sister* (1998), and *A Bridge to Silence* (1989), to name a few. Some of these movies are drawn from the stories of real people with disabilities, whereas others feature disabled actors. Others are adapted from novels touching on the issue of disability (i.e., *Jewel*, *David's Mother*, *My Louisiana Sky*, to name three).

Noticeably, most studies of the portrayal of disability attend to movies whose actors won highly acclaimed awards; *Children of a Lesser God* (1986) *Rain Man* (1988), *My Left Foot* (1989) and *Forrest Gump* (1994), to name just four, or to movies that deal with specific disabilities. The character of the mother receives minimal attention. To the best of my knowledge no study has examined the representation of motherhood and disability in the movies produced since the 1950s. Thus, the representation of disability as it interlocks with motherhood in

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[1] For more information on this see Norden *Cinema of Isolation* (1997), Couser *Signifying Bodies* (2009), Mintz *Unruly Bodies* (2007), Hall *Disability and Literature* (2016) to name a few.

American popular culture is an area that merits investigation through the lenses of feminist and motherhood studies.

During this period, many changes took place across the American cultural landscape. This is triggered by the advancement of the neoliberal economy and Reaganism.[2] Also, the political activism of Women's Liberation and the Civil Rights movements resulted in many social and institutional changes. In addition, it is a time frame when many myths pertaining to mothers have been disseminated through popular culture (Hays 1996; Douglas and Michaels 2004; O'Reilly 2016). Motherhood, according to Jill S. Greenlee (2014),"remains the most normative and valued role women adopt, and it is a role that women, regardless of how they construct their lives, must negotiate" (2). Motherhood has been and remains a controversial issue in American political rhetoric. Noticeably, presidential campaigns in the 1920s and the 1980s attempted to win the support of female voters through addressing maternal issues. However, steps to improve the conditions in which women mother are hardly noticed.

It is important to stress that mothers' influence is undeniable in the advancement of disability activism. Mothers militantly advocated on behalf of their disabled children. They organized demanding equal educational rights for their children. They adamantly fought for the passing of the Individuals with Disability Education Act (IDEA) in 1975 (Hillyer 1993, Blum 2015, Rayan and Coke 2019, Carey et al 2020). Likewise, people with disabilities actively fought for their rights, raising disability awareness through various protests and sit-downs. In both cases disability is advanced as a cultural and political issue (Norden 1994; Davis 2002, Longmore 2003, Pelka 2012). These movements have led to transformations on various intellectual, civil,

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[2] This is seen in the austerity measures to reduce government welfare and the regulation of public services. Moreover, privatization has altered they way the government subsidies service to mothers and people with disabilities.

legal, political, and economic levels. Concepts of personhood, independence, accessibility, employment, welfare, and legal rights have gone through revisionary reflections which culminated in the passing of the American with Disability Act (ADA) in 1990.[3]

Mothering Regained

Any research endeavor in the terrain of motherhood studies needs to attend to the nuances constituting the field. Patrice DiQunizo insightfully argues that "essentialist motherhood" has troubled the way feminists approached the topic. It has been an area of contentious debate upon which feminists converged or diverged. Motherhood studies scholar Andrea O'Reilly (2016) declares that motherhood "is the unfinished business of feminism" (2). Arguably, both feminists and mothers regarded each other with suspicion. Amber E. Kinser explains that the relationship between motherhood and feminism has been "a complex one, even an ambivalent one" which complicates reaching a "monolithic response" to motherhood (2). However, feminists have approached motherhood as a source of either women's oppression or empowerment.

Early second wave feminist scholars explain women's disempowerment as caused by their reproductive roles. The maternal body has been a source of anxiety to some of these feminists because it enforces essentialist claims that tie a woman's identity to her being a mother (Watson-Franke 76). Thus, to avoid essentialism and be able to achieve a feminine transcendence, early second wave feminists tend to veer away from the issue of biology. Betty Freidan in *The Feminine Mystique* (1963) and Shulamith Firestone in *The Dialectic of Sex* (1970) to name just two, identify women's reproductive roles (Firestone) and wifely duties (Freidan) as the primary causes of women's disempowerment. They stress the need for women to avoid being

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[3] I am aware that parent advocacy, especially mothers', is thwarted with conflict between the parents as allies and the people with disabilities. This is beyond the scope of the study. However, some studies capture the ensuing conflict (See Carey et al 2020).

ensnared by these roles. Moreover, this naturalist assumption of motherhood has caused it to be overlooked as a research area (Watson-Franke 76), consequently dismissing the validity of mothers' experiences (Natheson 248). However, upon the translation of Simon de Beauvoir voluminous book *The Second Sex* (1949), a shift took place She famously argues that "one is not, but rather becomes, woman" (283), which inspired some feminists to denaturalize motherhood arguing that it is socially constructed.

Historically, scholarship on motherhood took a turn upon the publication of Adrienne Rich's seminal book *Of Women Born* (1976). Rich distinguishes between "two meanings of motherhood, one superimposed on the other: the *potential relationship* of any woman to her powers of reproduction and to children; and the *institute*, which aims at ensuring that that potential – and all women—shall remain under male control" [emphasis in original] (13). By arguing that motherhood is an institution serving patriarchal ends, Rich exposes the detrimental effects it has on women.

Patriarchy, she claims, has alienated women from their bodily materiality by incarcerating women in their own bodies. Motherhood, Rich identifies, is a heterosexual institution serving masculine interests through the socialization of children, and prescription of choices and roles that "ghettoized and degraded female potentialities" (13). Eventually, women are limited to their bodies and biological functions which caused feminists to steer away from female biology. Nonetheless, Rich disagrees with the notion of biology as destiny and claims that women's "physicality" can be a resource in asserting women's experience. Rich maintains that birth has a potential to liberate women from the institute of motherhood. Birth provides women with the opportunity to overcome fear of alienation from, and the passivity of their bodies.

Women, maintains Rich, need to break away from cultural dictates of patriarchy and freely choose their forms of sexuality and motherhood. Doing so, women would gain a "sexual autonomy" (a term Rich uses as opposed to "sexual liberation"). Once women become aware of the potential of their physicality, they can transform their conceptualization of mothering. Women need to understand their maternal selves and practices outside the domain of patriarchy and become, according to Rich, "conspirators, outlaws from the institution of motherhood" (195). Moreover, she acknowledges the coexistence of contradictory feelings a mother may experience towards her child as a common aspect of mothering. However, she explains that mothers are curtailed by oppressive conditions that fail to provide suitable atmospheres that allow maternal responsibility to be achieved.

Mothers are socially burdened with childcare and denied economic stability. While it is permissible to express anger at working conditions, mothers are unable to express their discontent with the conditions of motherhood. This, explains Rich, is misinterpreted as a mother being angry and hating her child, which is not permissible. The ambivalence causes mothers to suffer "guilt and self-laceration" (52) because they are unable to transform the social context restricting their mothering. Mothers need to invest in the creative potentials of their uncertain feelings to be able to break the mold of patriarchy and gain a form of agential responsibility. I will expamd on this in my discussion of maternal ambivalence below.

Rich, in her concept of mothering, rejects the nature/ culture dualism that limits women to the domestic sphere of the home while men dominate the public realm. It could be argued that the anxiety over the females' capacity to create life, has led males to dismiss female creativity rendering women's intellectual and aesthetic abilities inconsequential. However, motherhood, being a patriarchal social construct, capitalizes on the subordination of women. Women, insists

Rich, need to vocalize the validity of their own experiences and mothering to achieve empowerment. They need to participate in what O'Reilly calls, "mothering against motherhood." Unfortunately, Rich forgets to provide a guide that helps women transform their own mothering.

Nancy Chodorow, in *The Reproduction of Mothering* (1978), rejects the biological explanation of mothering as inherent to women. She argues that common assumptions about motherhood are caused by the reliance of patriarchal motherhood on an unequal division of labor caused by mistaken perception of gender difference. She maintains that family structures, in which childcare is the sole responsibility of women, create a gender difference that constantly reproduces mothering as a feminine role. Since childcare is seen as the exclusive responsibility of mothers, the assumption that women are intuitively prone to mothering can be questioned.

Identifying the family structure as the source of perpetuating mothering roles in women, Chodorow, informed by object-relation theory, psychoanalyzes mothering through the mother-child relation. Women, she claims, experience their social selves in relation with. Men, on the other hand, define their subjectivity through separation. By viewing the family as a "relational and personal institution" (4), Chodorow contends that a woman's role has gone beyond the physical labor to offer relational and personal care to children and men; her role is thus maternal. Chodorow contends that the social organization and reproduction of gender is maintained through the reproduction of mothering as a substantial constituent.

The child's relation to its caregiver, namely the mother, is integral to developing a child's gender identity. Also, gender, notes Chodorow, factors in the mother's relation to her daughter and son; the mother finds a similarity with the first and an unlikeness with the second. Likewise, boys and girls experience their relation to the mother differently. This determines the nature and duration of care each one receives. Obviously, girls reared by their mothers grow to identify the activity of mothering as a female role. As a result, mothers reconstruct the maternal roles in their daughters which eventually ensures the recurring reproduction of mothering. In contrast, boys identify with the absent father and separate themselves from their mothers disavowing that which is feminine. Accordingly, the way girls and boys react to and differentiate from their mothers affects the formation of their psychic structures.

Division of psychic internalization in sons and daughters is possibly a consequence of the apparent asymmetry in the familial and sexual division of labor in which women partake more in affective relations than men. Because of this "organization of gender"(Chodorow 54), mothering reproduces itself cyclically. Chodorow explains this difference to be an outcome of the asymmetrical organization of parenting underlying the nuclear family structure. To end this gender inequality, Chodorow calls for substituting exclusive mothering with "equal parenting" in which both parents partake in rearing their children.

Sara Ruddick, like Rich and Chodorow, views mothering as a potential to empower women and validate their perceptions to social life. In *Maternal Thinking* (1989), Ruddick approaches mothering as a practice and way of thinking that can be performed by anyone regardless of gender or biological relation to children. Ruddick detaches mothering from its biological, instinctual, and sentimental ties, thus turning mothering into a practice that leads to intellectual enrichment.

She "*degenders*" mothering by making it a task performed by men and women alike. Engagement in the work of mothering, Ruddick claims, requires specific discipline of thought, she refers to as "maternal thinking". She identifies "maternal thinking" as mothers contemplating "strategies of protection, nurturance, and training" (23). Ruddick further argues that "maternal thinking" would alter one's perception of his/her actions.

Emphasizing the distinction between mothering as a practice and identity, Ruddick considers childcare an integral constituent of mothers' responsibility. She employs the term "demands" to indicate obligations that are "imposed on anyone doing maternal work" (17). Thus, meeting the demands of childcare is central to mother work. Ruddick indicates “*preservation, growth and social acceptability*," [emphasis in original] as the three significant demands constituting maternal work. Being a mother is a commitment to meeting the demands of "preservative love, nurturance, and training" which are primary constituents of maternal work. Also, it is about taking "upon oneself the responsibility of childcare, making its work a regular and substantial part of one's working life" (17).

The status of being a mother revolves around the presence of a child. This "child" is a vulnerable creature of substantial value that needs protection to survive (Ruddick 22). Meeting these demands, Ruddick stresses, requires an "organized set of activities that require discipline and active attention" (50). These are not biologically inherent but are acquired through practice and active engagement in reflective thinking. Thus, mothering is a learned skill involving active thinking about the best steps to satisfy the demands of children and ensure their growth.

Ruddick instructs those engaged in mother work to move away from "inauthentic" mothering because it discourages reflective thinking and imposes submission to the authority of socially prescribed mothering practices. Maternal thinking, she explains, makes mothering a political act that offers women a voice in a social context that seeks to silence the maternal.

The aforementioned theorists appeared in a period when literature on motherhood was scarce. Rich's book is a pioneering study that possibly launched the field of motherhood studies (O'Reilly 2004). These scholars, by denaturalizing motherhood, reintroduce it as a social, cultural, and historical construct. In presenting motherhood as a social construct, we can better attend to the various experiences of mothering, mothers, and childcare (Kinser 21). Nonetheless, the arguments presented by Rich, Chodorow and Ruddick, like those of Firestone and Friedan, suffer from drawbacks. They are charged of perpetuating the perspective of a white, middle-class, nuclear heterosexual family that disregards other mothering experiences, (i.e., working class, women of color, single, lesbian, and adoptive mothers) (see Davis 1981; hooks 1990; and Collins 1990, 1993). Feminists of color contest claims made against the domestic spheres of home as the reason behind women's subordination. In their engagement with the arguments made for or against motherhood, these theorists emphasize the importance of family structures, child rearing, and the significance of the home as source of empowerment. Overall, mothering is advanced as a socially constructed concept.

Separation and the Mother

Within Western representation systems, the feminine (particularly the maternal) stands for silence, lack, absence, excess, or the uncontainable (Price and Shildrick 1999). This is caused by the predominance of the Cartesian mind/body dualism that privileges disembodied consciousness over experiential embodiment. Subjectivity, thus, is defined by separation from the materiality of embodiment for which the feminine and the maternal is claimed to stand. Subjectivity according to a phallocentric economy emerges through the silencing of the feminine and symbolic matricide (Irigaray, Kristeva).

Alison Stone (2012) elucidates that the self, in the Western tradition, is attained through abandonment of the maternal and feminine. Accordingly, severing the ties with one's mother and childhood maternal caregivers is a requisite for admittance into larger society and becoming a participant in its sociopolitical and cultural life. Doing so allows a child to become an “individual subject, a self-conscious and autonomous agent who is the source of normative authority and meaning" (Stone 1). Considering this, a mother is denied any claim to subjectivity. Feminist psychoanalysis, influenced by Irigaray, Kristeva, and Cixous, attempted to highlight the maternal subjectivity by revisiting the maternal body and reconceptualizing the concepts of relationality, embodiment, and interdependence.

Lisa Baraister, in *Maternal Encounters: An Ethics of Maternal Interruption* (2009) explains that the precariousness of the mother's position as "part object, part subject" renders the mother an "impossible subject" (4). However, motherhood, despite causing a disruption in a woman's life, promises "something new" (6). Baraister considers maternal subjectivity an outcome of "new coagulations of embodied and relation modes". She claims that maternal subjectivity is most apparent in the "overlooked" moments of daily maternal experience which she refers to as "moment of undoing"(3). These moments, writes Baraister, feature feelings of "embarrassment, discomfort, exhaustion, shock, surprise, blankness, uncanniness, bewilderment, oddness, terror, frustration, and absurdity" (3). She argues that maternal subjectivity emerges through the fissures of these experiences. Motherhood thus presents the promise of enhancing a woman's experience of her reality and equipping her with an empowered sense of self.

Baraister concentrates on the mother-child relation to unfold the way maternal subjectivity is attained. Drawing on Levinas and Badiou, she considers maternal subjectivity to be the outcome of a relation with an *Other*—here the child— that happens within a certain moment. She explains that the mother, responding to the inarticulate demands of her child—presented in the forms of tantrums, cries, and tears—is involved in a relation with an *Other*. Also, the child's demands come as interruptions to the mother's life which cause a change to the way she rearranges and carries out her activities. Thus, as a maternal subject she exists in relation to an ever-changing *Other,* the child, by responding to its unpredictable demands that come as interruptions to and intrusions on the mother's sense of self. Baraister claims that these interruptive moments (incidents) "have the capacity to disrupt, producing a small 'blank' in experience that at once arrest and provide new points of departure" (9). These create conflicting feelings that lead to a transitional state through which reflection is carried to qualify a mother's lived experience and allowing maternal subjectivity to emerge.

Mothering is usually approached with socially sanctioned preconceived experiences and expectations. However, the mother's relation to her child as *Other* underscores the shifting nature of the relationship. Thus, the "relational dynamics" of mothering suggest a transformative potential in the act of mothering. This transformation, explains Baraister, leads to changes on the level of the self and the larger social context (16). She stresses that mothering is unpredictable and elusive. It only makes sense as the mother lives throughout the experience. She explains this to be the result of a relation with:

> a particular and peculiar other whose rate of change is devastatingly rapid, who is always, by definition, ‘developing’, shifting, changing, and yet it is another to whom one is ‘linked’ in an equally particular and peculiar way, a way that has something to do with larger issues of responsibility and care but played out in the most seemingly ridiculous forums; those of the daily ‘thinking’ about feeding, sleeping, dressing, manners, routines, good stuff, bad stuff, schools, friendships, more stuff, influences, environments, time, responsibility, freedom, control and so on. (19)

Indeed, the constant demands of the child destabilize the mother’s sense of a "unified", "capable" self. Maternal subjectivity, in Baraister's view, emerges from the mother's relation to the interruptions caused by the child's demands. These require immediate response and sometimes may cause discomfort to the mother. However, the disruptions carry opportunities for new experiences.

Baraister cogently argues that the interruptive Otherness of the child, "calls us into a new relation with ourselves" (77). Interestingly, Baraister focuses on the immediacy of the interruption and the way it alters a mother's experience which, she explains, leads to "a renewed temporal awareness where the present is elongated and the past and future no longer felt to be so tangible, and a renewed sense of oneself as a speaking subject. The mother emerges from these investigations not only as a subject of interruption, encumbered, viscous, impeded, but also re-sensitized to sound, smell, emotions, sentient awareness, language, love" (3). These are indicative of the mother's ability to differentiate between the materiality of her body and that of her child.

Like Baraister, Alison Stone in her book *Feminism, Psychoanalysis, and Maternal Subjectivity* (2012) concentrates on the mother-child relation in her conceptualization of maternal subjectivity. Stone underscores the matricidal predisposition in the formation of the subject. She notes that mothers are denied agency and speaking positions in the socialization of their children. Stone explicates that the emphasis placed on the child as a "subject to be" assigns functional roles to the mother as "a background and nurturing soil" from which the child stands out. (2). She elaborates:

> In this traditional way of thinking, the mother is deemed important, and good, on the grounds she lays the basis of the selfhood of her children… An enduring interpretation of these ideas is that the mother initiates her child into full selfhood *by* pushing that child away. *Her vital role is to release the child from her realm, to mediate his (or her) transition from nature to culture—propelling the child beyond her realm insofar as it remains merely transitional.* The mother, then, is a self-sacrificial figure, and she is good insofar as she sacrifices herself rather than holding the child within her power (51) [emphasis added].

Separation from the mother, explains Stone, mandates breaking away from the relational maternal connection that is determined by mutual mother-child dependency that, on the other hand, pivots on bodily affect. Indeed, mothers are presented as non-subjects and the maternal is always regulated into the position of silence and inferiority. The mother functions as the ground on which a child's subjectivity is established.

However, the breakage from the maternal to affirm a child’s subject position underscores the problematic nature of maternal subjectivity. As the maternal is integral for the achievement of selfhood, mothers are not granted any agency or the "status of a meaning-making self". Eventually, a maternal subjectivity is problematic due to the mother's compromised subject position. Stone explains that a woman loses her sense of being a “single, unified agent" upon becoming a mother. This is caused by an imaginary regression to the maternal relationality of early childhood. Doing so undermines the possibility of being a subject (15).

Like Baraitser, Stone tries to detach maternal subjectivity from feminine subjectivity, despite the first being a variation of the latter. By doing so, she attempts to stress the viability of the maternal that has been disregarded by feminist scholars. In distinguishing the maternal from the feminine (the mother from the daughter) mothers will be able to assume a distinct subject position. Stone highlights the fact that as daughters, mothers also separate from their own mothers. Thus, becoming a mother is a return to the abandoned "realm of bodily intimacy and dependency"(1). Accordingly, the mother is re-enacting her own past relation with her mother, which is the reason that her subjectivity is allegedly unrealized. Stone elucidates that, "the mother re-enters her own maternal past, which comes alive for her again in the new form of her present-day relationship with her child. Insofar, as mothers are immersed in maternal body relation in this way, it seems – given our tendency to oppose subjectivity to these relations—that mothers cannot be subjects" (Stone 1).

Yet unlike Baraitser, Stone stresses the significance of former experiences in shaping a mother's sense of subjectivity. However, mothers, Stone argues, re-enacting their own past relations with their mothers—through their current relations with their children— needs to be considered as a "replay *with difference*" [emphasis in original]. It is this *iterative difference*, argues Stone, that advance a "distinctive structure of maternal subjectivity" (5).

Becoming a mother, notes Stone, requires a rearrangement of established mental schemata and their adaptation to the chaotic change resulting from caring for a child. Accordingly, a mother resituates herself in a web of relations which, argues Stone, would allow her a new speaking position through which she articulates herself as mother (32). Stone further explains that "because the past is re-enacted between mother *and her child*, the past is re-created in a new shape, adapted to the unique individual that the child in each case is. This ensures that the mother can only remember her maternal past in light of this novel present, a present that bestows upon the past new meanings that it did not originally have. The maternal past returns but not as simply as it was" (9) [italics in original].

Contrary to Western understanding of the subject, the mother gains a subjectivity determined by her maternal relations with her mother and her current child. Stone explains that the mother “resituates herself as essentially a participant in these relations – her past relations with her archaic mother and her present relation with her child in whom those past relations are re-enacted. This enables the mother to generate significance in a distinct way—as drawing out, realizing, articulating the significance already latent with these body relations "(32).

Stone insightfully observes the role of difference in determining the significance of a mother's subjectivity as she enacts her own past maternal relation with her mother. This could be similar with disability especially if both mother and child share the same disability, e.g., Denise Sherer Jacobson in her memoir *The Question of David*. However, if disability is a sudden disruption to the mother's sense of self and an awaited maternal self then re-enacting a maternal past could be complicated. Nonetheless, difference in relating to a disabled child may potentially lead to the same transformative processes which Stones alludes to in her concept of maternal subjectivity. Moreover, it would be approached in light of Baraitser's explication of the concept of interruption. In both cases, mothers, I would argue, acquire a unique speaking position to articulate their own maternal experience, which this project seeks to explore.

This project investigates disability's engagement with motherhood to illuminate the underlying social, cultural, political, and historical ideologies that intertwine to prescribe the activity of mothering. I hope to create what Rich calls a "clearing" that allows mothers and disabled people a cultural voice. I concentrate on the possibility of mothers having a "matrifocal" perspective that illuminates their needs apart form the child's. By examining the influence of disability in shaping maternal thinking, I explore the prospect of accentuating what Simi Linton (2007) describe as an "ideological location" within the feminist disability discourse. The study sets out to respond to the following questions:

1. Can disability help contest the ideals of the institution of motherhood? In what ways?
2. Can disability disrupt or enforce concepts of maternal thinking? To what extent?
3. How can disability destabilize the socialization demands of patriarchal motherhood?

Reading Disability and Motherhood

The concepts of motherhood and disability trigger many cultural anxieties. This is a result of the impossibility of maintaining a fixed and conclusive definition of each term. Disability scholars stress the openness of disability as category due to it being not static (Davis 2002; Siebers 2008; Barnes 2016; Shakespeare 2018). Lennard Davis (2002) explains disability to be inherently unstable identity. This unstable aspect of disability can potentially lead to adopting new ways of thinking about identity. For example, some disability theorists choose to refer to the nondisabled as "temporarily-able" to stress the body's liability to accidents, old age, and illness. Likewise, motherhood is an elusive concept that is not easily defined.

In *Mommy Angst* (2009), Ann C. Hallard and Marcidia Bishop explain that lacking a fixed and clear definition of the term "mother" triggers many anxieties surrounding the issue of motherhood within American culture. This term, they argue, is associated with various "images and expectations" that overwhelm mothers. Feminist and disability theorists have been arguing against the biological reductionism that defines both maternal and disabled bodies. They claim these two concepts are better understood as social constructs that need not be troubled by demands for a unifying definition.

American Mothers and Culture

Despite the many transformations that the concept of motherhood has gone through since the second half of the twentieth century, it persists as an unsettling issue of discussion within American culture. Indeed, motherhood as a site of contestation has augmented various dilemmas regarding the definition of motherhood, the practice of mothering, the status of mothers, the role of mothers in child development, and who gets to be a mother.

Interestingly, cultural representations are salient in shaping the social understanding of motherhood. Significantly, representation reflects the dominant ideologies and politics that regulate mothers. It exposes dynamics that result in either idealization or denigration of mothering practices (Thurer 1994; Hays 1996; Douglas and Michaels 2004). Clearly, media, a primary source of disseminating ideals of mothering, predominantly influences the attitudes of the American public.

Cultural images about mothers are apparatuses deployed to control women and ensure their adherence to scripts of patriarchal motherhood. Many studies reveal the unfavorable conditions in which women mother. However, these are disregarded by frameworks of good mothering (Thurer 1994; Hays 1996). Despite the pressure placed on mothers, modest steps are taken to ameliorate the deleterious conditions under which they continue to mother. Mothers are still struggling with having affordable childcare, flexible working loads, paid maternal leaves, and suitable health insurance, to name a few issues.

Many scholars agree that motherhood is a historically, culturally, socially, and politically determined concept (Dally 1982; Hirsch 1989; Thurer1 994; Hays 1996; O'Reilly 2016). Moreover, ideals of best practices of mothering, it is argued, are also culturally invented. They serve to regulate women and ensure their compliance with the dictates of patriarchy. Chodorow 1978, DiNunzio 1999, O'Reilly 2016, to name just three, concur that these contingent ideals are tailored for women belonging to a white middle-class nuclear family.

E. Ann Kaplan, in her book *Motherhood and Representation: the Mother in Popular Culture and Melodrama* (1992). deploys the concept of the "master motherhood discourse" to highlight the social dynamics seeking to "position white, middle-class women as subjects in very specific ways" (8). Kaplan argues that this "master" discourse serves the interest of patriarchy by creating the good/bad mother binary (9). In the introduction to their book *Motherhood Misconceived: Representing the Maternal in U.S. Films* (2009), Heather Addison, Mary Kate Goodwin-Kelly and Elain Roth explicate that the "ideal of good motherhood (white, middle-class, devoted, selfless, and so on) becomes the *yardstick* by which women are judged. The slightest deviation from this pattern is justification for disparagement—or at least suspicion. *Mothers can be denigrated for any number of choices or behaviors that are identified as inadequacies or excesses, such as pursuing careers or being inattentive to children's needs*". (6-7) [emphasis added]. Mothers, thus, are socially policed by patriarchally imposed norms.

Scholarship on motherhood identifies the good/bad mother binary as the fulcrum upon which ideals of motherhood are constructed (Kaplan 1992, Hays 1996). Fiona J. Green, in "Feminist Mothers Successfully Negotiating the Tension between Motherhood as "Institution" and "Experience," remarks that media and popular culture help advance standards of mothering that sustain the good/bad mother distinction. However, in internalizing the ideal, the opposite is also included: "unfit" and "bad " mothers. Interestingly, the ideal mother as a norm is always voiced and emphasized in media representations. Taylor and Unmisky argue that the "bad mother" is a media construct which not only concentrates on harmful practices but on maternal behaviors that falls short below culturally approved mothering standards. Mothers are policed for activities that may brand them incompetent mothers. (qtd. in Podnieks 1)

Shari L. Thurer, in *The Myth of Motherhood: How Culture Reinvents the Good Mother* (1994), demonstrates the way the ideal of "the good mother" keeps transforming throughout history. She convincingly argues that the "good mother myth" is constantly "reinvented" according to norms and ideals a society may deem significant (xv). She contends that the modern ideal of the good mother is constituted to be excruciatingly difficult to achieve. The unattainability of this ideal, Thurer explains, is due to its "formidable, self-denying, elusive, changeable, and contradictory" standards (xv). Mothers are strained by these norms that damage their physical and mental well-being. She claims that cultural representation, as well as advice books on mothering, has accentuated the low self-esteem of mothers who are compelled to measure themselves up against indescribable ideals (xxiv). Eventually, mothers, holding themselves to the unachievable ideals of the good mother, end up being judgmental of their mothering which engenders feelings of guilt and incompetence.

Elizabeth Podnieks warns that the widely diffused images of the good/bad mother divide can establish standards of good mothering as universal and natural aspects of mothers (6). For instance, representations of the ideal mother influenced the way media engaged in the debate between "working moms" and "stay-at-home mothers", best known as the "mommy wars" (Hays 1996). Undeniably, media is preoccupied with the topic of motherhood (Podnieks 4), yet it can turn to become both prescriptive and proscriptive of maternal standards (Kinnick 9). Lynda R. Ross (2016) remarks that popular culture significantly influences our understanding of the concept of good mothering. She argues that it predetermines the eligibility of one's ability to meet the standards of a good mother or not (123).

Possibly the "good mother myth", it could be argued, has harmful consequences. Thurer justly contends that discourses perpetuating the practices and ideologies that the myth imposes disregard mothers' needs. The deliberate omission of mothers' needs and experiences denies their significance which results in devaluation of their roles in childrearing. Davis and Manago define childrearing as "behavioral practices through which mothers cultivate their children into "proper" citizens." (77). Mothers thus are responsible for, "value transmission, social development, discipline, and behavioral control" (72). Despite these responsibilities, the mother is almost invisible and muted in cultural representations and literary depictions. She is "trivialized or idealized, or disparaged". She has no speaking position and is pushed to the background of her story. She is denied stardom in her own story (Thurer xx). Relegating the mother to be an "appendage to her child's need" undermines her subjectivity as a person.

Moreover, a mother is granted attention only if she is to be blamed for something gone wrong with her child. However, she is compelled to keep up with the ever-changing ideals of good mothering which, as already mentioned, are historical and man-made. Media plays a paramount role in disseminating ideologies of the good mother. The last two decades of the twentieth century and the first decade of the new millennium have witnessed many cultural images that advance standards and practices of what is thought to be "good" mothering. Overall, these images sadly cause the disempowerment of mothers.

Images of Disability

Stereotypical images of disability are a heritage of medical exhibitions, freak shows, and charity campaigns. Most representational frameworks controlling visual culture exploit disability. They portray disabled people as objects of pity, fear, and repulsion (Shakespeare 1994, 1998; Davis 1995; Garland-Thomson 1997; Adams 2001; Longmore 2003, 2015; Mitchell and Snyder 2007; Siebers 2008,2010). Disabled people are "derogatorily" portrayed and "simultaneously shamed, stigmatized and politically erased" (Millett-Gallant 10). Furthermore, they are constructed as socially dead because they, it is assumed, play no active role in society (Hevey 432). Western culture mutes and defaces bodies that are different. Illness and disability are placed alongside other markers of difference such as gender, race, ethnicity, and sexuality (Couser, *Signifying* 10).

Disabled bodies, in freak shows, are displayed as anomalous spectacles for the consumption of a normal audience (Adams 2001; Durbach 2010). Medical practices, on the other hand, pathologized disabled bodies emphasizing the need for a normalizing cure which resulted in "regressive conceptions of disability". An objectifying medical gaze reduces disabled bodies into texts that need to be "read and categorized" (Anderson & O'Sullivan 130). Likewise, charity campaigns, for instance, present disabled people as helpless and pitiful (Longmore 2015). Clearly cultural practices depict people with disabilities as "others" and "outsiders" in need of containment. In addition, disabled bodies are deployed as "metaphor generators" and a source of "quick stereotypes" (Kuppers 88). Ato Quaysonn argues that framing disability within a discourse of stereotypes and expectations effaces a person's identity (2). Therefore, people with disabilities are ensnared by the cultural stereotypes that impede their social worth and sense of personhood.

Film's depiction of people with disabilities remains problematic and disempowering (Zhang and Haller 2013). Most disability scholars agree that public understanding of disability is hampered by movies failure to capture the authentic reality of people with disabilities.[4] The inadequacy of representations perpetuates many stereotypes around disabled people. Attitudinal and social expectations of people with disabilities are formulated by inadequate cultural tropes perpetuated by films and media (Norden 1994; Garland-Thomson 1997,2011; Safran 200;1 Siebers 2008; Haller 2010).

Many scholars, after an extensive examination, maintain that enduring stereotypes propagate misconceptions about people with disabilities (Fiedler 1978; Norden 1994; Kolbas, 1998; Sarfan 1998; Shakespeare 1998). People with disabilities, accordingly, are presented as innocent, childlike, savant, isolated, pathologized, pitiful, vindictive, asexual, or violent. They mostly cause fear and repulsion that entails segregation and invisibility (Walsh 2002).[5]

Tanya Titchkosky (2003) and Rod Michalko (2002) maintain that nondisabled attitudes present disability as "a problem" that must be fixed. Moreover, Titchkosky (2003) explains that within the nondisabled society disability is considered "an unexpected, undesired, asocial,

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[4] Authenticity is a problematic issue when it comes to representation. In my opinion authenticity is possible, to some extent, once people with disabilities are portrayed beyond the stereotypes that preclude the complex dimensions of their personalities.

[5] In 1991, Paul Hunt outlines ten common stereotypes of people with disability in popular culture. People with disabilities appear as: 1) pitiable or pathetic, 2) objects of curiosity or violence, 3) sinister or evil, 4) the super cripple, 5) as atmosphere, 6) laughable, 7) their own worst enemy, 8) a burden, 9) non-sexual, and 10) unable to participate in daily life.

apolitical, bodily condition" (155). Douglas Bayton (2001) maintains that exclusionary attitudes have deployed disability "as a sign of and justification for differential and unequal treatment" (4). Eventually, Disabled bodies have been branded with various adjectives to render them *Others*.[6]

Denaturalizing Disability and Mothering

Disability and feminist studies intersect on various principal trajectories. Both reject the essentialist reductionism associating gender with sex and disability with impairment (Wendel 1996; Garland-Thomson 1997; Thomas 1999; K. Hall 2011). In addition, disability studies correspond with feminism in contesting the private /public split as the primary source of oppression for women and people with disabilities (Siebers 143). Indeed, women and disabled people are prevented from public participation because of many social barriers supported by patriarchal and ableist ideals.

Further, disability studies intertwine with feminism in adopting the idea of the personal being political (Morris 1991; Garland-Thomson 1997; Thomas 1999; Siebers 2008). By understanding gender and disability to be cultural constructs, a feminist disability approach acknowledges the significance of the body's materiality. It attends to the importance of situated knowledge and lived experience (Wendel 1996; Sibers 2008). Thus, a feminist disability studies approach to studying motherhood may help unfold the way mothering experience is altered through a relationship with a differently abled *Other* (be it mother or child).

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[6] The disabled body is introduced, Nicole Markkotic mentions (2002), as: "spoiled" (Goffman), "extraordinary" (Thomson), “silent" (Murphy), "defamiliar" (Davidson), "rejected" (Wendell) (6), and "minority" (Barns). Markkotic, also, coins the "problem body" to "address the variable determining factors defining the problematic relationships between normal and abnormal bodies" (6). Clearly, the relations between normal and abnormal bodies are filled with anxieties and misconceptions. Disability studies have sought to challenge representation structures that deemed disability a problem in need of fixing of elimination

Collapsing the Impairment/Disability Divide

Revisiting the body, disability scholars adopt a post-Cartesian approach to the impairment/disability dichotomy (Wendell 1996; Snyder and Mitchell 1997, 2000, 2006; Garland-Thomson 1997; Davis 1997; Thomas 1999; Siebers 2008; to name a few). They contest the normal/abnormal binary arguing that normality and disability are social constructs. Accordingly, the difference of "anomalous" bodies is denaturalized. Clearly, the Cartesian dualism had led to an unwavering dismissal of the body as that which impedes transcendence and autonomy (Bordo 1993; Shildrick 1997). It insists that the corporeal is effaced and muted. Subjectivity, thus, is only attained through a transcendent mind liberated from the shackles of the immanent body. Consequently, an evident “somotophopia” towards the materiality of bodies dominated Western theoretical thought (Price and Shildrick 1999).

Because of the assumption that the disabled body is "hyper-corporeal", disability challenges and complicates the claims of a disembodied subjectivity. James I. Porter, underscoring two held misconceptions of the disabled body, highlights the unsettling effects that disabled corporeality has on established concepts of the body. Further, the disabled body challenges conceptualizations that stress the body being a "pure, empty form" to be shaped by social forces. The disabled body disrupts the stability of the imaginary body around which theory operates. Porter mentions that:

> …a disabled body seems somehow *too much* a body, too real, *too* corporeal: it is a body that, so to speak, stands in its own way. From another angle, which is no less reductive, a disabled body appears to lack something to identify with it; it seems *too little* a body: a body that is deficiently itself, not quite a body in the full sense of the world, *not real enough*. [Emphasis in original] (xiii)

The impairment/disability distinction has been a contradictory issue within disability studies (Morris 1991; Wendell1996; Oliver 1996; Hughes 1997; Thomas 1999; Shakespeare 2018). It is addressed differently by the common models of disability – the medical, the social, and the relational, to name a few. British disability scholars operating from the social model framework —the American minority model – challenged the medical model definition of disability as impairment and an individual biological difference. The medical model views disability as a result of a biological malfunction or a lack inherent in the biological body: impairment. The medical model considers impairment the "negative ontology of disability" (Hughes 1997). It is an individual biological difference that requires personal effort to overcome. Thus, this model approaches disability as needing cure or fixing.

The social model, however, claims that social and structural barriers cause discriminations against people with impairments which produces disability. Despite being a plausible political tool to organize people with disabilities, the social model disregards the specificity of impairment and the heterogeneity of people with disabilities as a group (Oliver 1996; Paterson and Hughes 1997; Thomas 1999; Longmore 2003; Barns 2016; Shakespeare 2018). Lumping people with various impairments under a single umbrella category disregards the disparate lived experiences of people with disabilities.

Moreover, it ignores what Rod Michalko (2002) describes as “the manyness of impairment" (141). Unfortunately, both models disregard the agential significance of the material body. Bill Hughes convincingly contends that in both the medical and social models of disability the body is " a domain of corporeality untouched by culture" (Disability and the Body 67). Consequently, disability's materiality is denied any "active participation in fashioning alternative biologies, alternative subjectivities, and viable normative mode of life (human, animal, organic, inorganic) (Mitchell, Antebi, Snyder 2019 2).[7]Thus, disability theorists return to the body

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[7] David Mitchell, Susan Antebi, and Sharon Snyder advance a posthumanist disability approach in their edited book *The Matter of Disability* (2019). Relying on materialist feminists, they stress that this approach would provide

insisting that disabled people “reclaim” their impairments as a complex and distinguishing aspects of their lived experience (Davis 1995; Garland-Thomson1997; Mitchell and Snyder 1997, 2000, 2006; Linton 1998, Seibers 2008).

Accordingly, disability can be understood as an "interactional space" (Snyder and Mitchell 2006 7) upon which social and political interfaces take place. Therefore, disability can be reconceptualized as “a site of resistance and source of cultural agency (10). In the words of Simi Linton, "reclaiming" disability becomes possible through challenging and dismantling existing detrimental concepts and languages shaping the understanding of disability.

In other words, disability becomes a source of the "celebration of difference" through which "supposedly 'despised' and stigmatized social attributes [are] reclaimed, owned and transformed into positively valued ones" (Thomas 102). Indeed, Thomas potently argues that " a non-reductionist materialist approach of the body" would best serve in theorizing the impairment and disability distinction. Overall, the material body actively participates in constituting disabled embodiment and enriches the interaction with disability.

Cultural and Relational Models

Fiona Kumari Campbell, in *Contours of Ableism* (2009), calls for a careful examination of the "epistemologies and ontologies of ableism" (3). Ableism refers to prejudice against disabled people. She defines ableism as “a network of beliefs, processes and practices that produces a particular kind of self and body (the corporal standard) that is projected as the perfect, special-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human" (Campbell 44). Hence, disability is a negative defect in need of a fix, or

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disability studies with a platform to assert the viability of its materiality. In their introduction, they manage to weave an insightful dialogue between materialist feminist theory and disability studies.

elimination. Ableist ideals view disability as a form of deviation from a norm that renders disabled people incompetent and unproductive.

Campbell deftly contends that ableism as a conceptual tool is located within, " the histories of knowledge and is embedded deeply and subliminally within culture" (19). Disability studies, she argues, need to expose the networks that interact to create exclusionary discourses that dehumanize certain bodies. Campbell coins the concept of *disableism*, which is a “set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities" (4). Disableism's exclusionary effects are possibly noticed on interpersonal, cultural, societal, and institutional levels (Barnes and Mercer 20). Obviously unfolding the dynamics of the discursive formulations that shape attitudinal and social biases of people with bodily variation requires paying attention to the ways cultural representations help sediment negative perspectives of disabled bodies.

Therefore, a cultural model may possibly allow us to extend our understanding of disability beyond it being an experience of prejudice that the social model advances. A cultural model of disability, argue Snyder and Mitchell (2006), helps disabled people retain a disregarded agential potential by approaching disability as a front of resistance from which disabled people "reclaim" their disability through " a political act of renaming " (10). Doing so requires questioning prevalent assumptions and labels controlling materials disseminated about disability in medical and cultural discourses. Further, it exposes the implicit discourses that shape public perspectives on disability and illuminates the exclusionary dynamics of ableism.

In *Disability Theory* (2008), Tobin Siebers demonstrates that disability challenges upheld conceptual assumptions pertaining to identity, ideology, political meaning, social injustices, and embodiment. He underscores the significance of disability studies' exploration of the symbolic and cultural stigma attached to disability. Disability studies undermine the underlying exclusionary and oppressive beliefs informing the stigmatization of disabled bodies. It does so by questioning the claims that base one's quality of life on being able-bodied and able-minded. He argues that disability as a form of identity is no longer understood as a biological or natural property. It becomes "an elastic social category both subject to social control and capable of effecting social change. Thus, the volatility of disability as identity demands a rethinking of the mechanism of human identity (Siebers 4-5).

Siebers approaches identity as frameworks that allows navigation of one's social milieu. He considers identity, "a set of social narratives, ideas, myths, values, and types of knowledge of varying reliability, usefulness, and verifiability" (15). Failing to conform to these norms renders a body "abject". These outside positions, explains Siebers based on Judith Butler, ensures the viability of the subject position of the inside (56). However, disabled bodies are able to disrupt the prevalent representational frameworks which would require inventing "new modes of representation (54).

In *Cultural Location of Disability* (2006), Sharon Snyder and David Mitchell contend that the cultural model of disability would best attend to the significance of embodied experience. They explain that a cultural model understands impairment as "both human variations encountering environmental obstacles *and* socially mediated difference that lends group identity and phenomenological perspective" [italics in original] (10). Eventually, disability is no longer a bodily defect, as in the medical model, nor social discrimination, as the social model advances but is approached as "a source of embodied revelation". Indeed, the cultural model amplifies the significance of embodied experience as it unfolds the societal inequity while attending to the experiential specificity of impairment.

The wayward materiality of the disabled bodies, explains Siebers, is not fully contained by the conceptualization of the social constructionist theory. Siebers qualifies the viability of cultural model of disability because it attends to the body's interactive relations with its natural and cultural environments. It helps in unfolding the various meaning-shaping processes that determine a given society. A cultural approach to identity assists in understanding the theoretical complexities of identities because it pays attention to the moral and the social aspects of life (83). Accordingly, identities could be attended to as social constructions and references to social reality (189).

The relational model, on the other hand, advances disability as relational, situational and contextual and arising from a "mismatch" between person and environment (Goodly 2011).[8] The relational model approaches disability as an outcome of an interaction between impairment and disabling dynamics of socio-economic discourse (Campbell 2009). Apparently, the disabled body becomes a site of interface upon which many social, political, representational, and institutional forces operate. Moreover, the body is no longer a passive surface of inscriptions but exhibits an agential force in mediating discursive formations. I will touch on this in my discussion of disabled embodiment and difference in the second chapter of this study.

In my opinion, accommodating a cultural-relational model to a feminist disability framework, would enrich the analysis of representation of mothering and disability in the texts selected for this project. Moreover, it helps, as Waldschmidt argues, to orient the analysis to the way epistemologies surrounding mothering and disability operate in social fields. Doing so would underscore the mechanisms that regulate and position mothers of children with disabilities and disabled mothers within power relations in society.

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[8] For an overview of the various models of disability chapter 1 in Dan Goodley's book *Disability Studies* (2011).

Power Relations and Stereotypes

Cultural theorist, Stuart Hall (1997), argues that representation subtly generates enduring conceptual meanings within the cultural imaginary. Popular culture disperses images that exert a disciplinary normative effect on people's daily lives (Bordo 184). As an indispensable ideological apparatus, it supports dominant "truth regimes" (Foucault 1976). Hall maintains that representational regimes use stereotypes to exert "symbolic violence" (259). Stereotypes partake in the symbolic "fixing of boundaries" utilizing a "closure and exclusion " mechanism (Hall 258). Stereotyping, he argues, discounts the significance and potentials of difference (due to conformity). This is evident in the way a stereotype “reduces, essentializes, naturalizes and fixes difference" (258). In other words, stereotyping sustains a normal/abnormal binary that produces a power asymmetry which, Hall argues, is evident in the working of hegemony that seeks to enforce a sense of normalcy over societies.

Attending to representational dynamics exposes the operations of underlying ideologies. Thus, interpretation of the discursive formation responsible for creating conceptual meanings and social relations becomes possible.[9] Meaning "is a result of a signifying practice – a practice that *produces* meaning, that makes *things* mean" [italics in original] (Hall 24). Therefore, meaning is produced through a process of signification (28). However, this depends on subtle underlying forces charged with maintaining the meaningfulness of concepts. Overall, the taken-for-granted social and cultural ideals are the consequence of embedded representational schemes.

In keeping with this, scholarship pertaining to issues of motherhood and disability argues that public attitudes, understanding, and policies are mediated by mass media (Kaplan 1992;

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[9] Hall underscores the interplay of two systems as definitive of the creation of cultural meanings. The first is a "system of representations" and the second is a "language system". These two systems interact through a process of interpretation operating through the "encoding" and "decoding" of shared codes. Accordingly, meaning is not fixed or inherent but is culturally constructed.

Garland-Thomson 1997; Norden 1994; Douglas and Michaels 2004; Haller 2010; Ross 2016). Popular culture relegates both mothers and people with disabilities to marginal positions. Despite their ubiquitous presence in films, they are always marginalized and assigned subordinate roles (Kaplan 1992; Garland-Thomson 1997). Both are measured against a predominant norm that precludes their participation in social and economic life. Arguably, mothers and people with disabilities serve as backgrounds against which able-bodied and masculine bodies assert their subject positions.

It is possible to contend that stereotypes ensure the enduring effects of social meanings as they guard the cultural intactness of binaries "symbolic boundaries". Hence, social identity categories remain securely "pure." Norden contends that stereotypical representation adheres to a "divide and quarantine" mechanism to control minorities. Therefore, breaking these boundaries undermines the cherished "unwritten rules and codes" (S. Hall 236). Difference is possibly represented through bodies that leave their peripheral locations and invade the center of the social norm. As site, the body becomes a ground on which various discursive practices collide. I will be elaborating on this topic in the second chapter.

Normative power distributes members of a society into "subject-positions" across a norm with an already assigned value. Norms determine the location of the subject within the power/knowledge domain. (Foucault 1975, 1978, 1989). The punitive authoritative norms guarantee compliance to social codes through an internalized self surveillance. Fiedler identifies fear of difference to be symptomatic of "the tyranny of the normal." It could be argued that representation has served as a *phallocentric* and *ableist coercion* tool to render the lived experience of mothers and people with disabilities inconsequential. This is achieved through compulsion: the initiating of compulsory "able-bodiedism" and "compulsory heterosexuality"

(McRuer 2006; Kafer 2013). Nonetheless the authoritative power of the norm is historically, culturally, and political contingent. In other words, norms can be challenged, dismantled, or altered.

Chapter division

Examining the way disability influences the concept and practice of mothering I concentrate on the thematic deployment of ambivalence, subjectivity, choice, family structure, and mother-child relation. By paralleling Baraitser's concept of *interruption* to Rod Michalko's (2002) idea of disability being " a now that" situation— referring to the issue of disability viewed as a problem that demands an action— I explore the way disability alters the experience of mothering. Moreover, I examine the way that the mother-child relation in the movies reconfigures the ideal of good mothering. I examine the interactive nature of disability as it disrupts or enhances the dynamics of everyday life operating to effect either exclusion or acceptance of disability (Titchosky 2006). In keeping with Baraitser and Stone, it is my contestation that an effective that acceptance of disability as a complex form of difference leads to what I call *crip mothering*. It is a form of mothering that is informed by disability as difference and resists ideals of ableism and the institution of motherhood. It insists on appreciating alternative forms of mothering that build on the unpredictable mother-child relationship.

Concentrating on the issue of difference as facilitating resistance to conformity, I have divided the research as follows. The first chapter recaps the myths surrounding mothers. I touch on the way the good/bad mother binary is reinvented to maintain control over women. Also, I examine studies that underscore the contribution of disability to problematizing the myth of the good mother. I posit a possibility of crip mothering as a counter to the institution of motherhood.

The second chapter concentrates on disabled embodiment ability to accentuate alternative ways of being in the world. I deviate from my time frame by focusing on selected episodes from the TV series *House M.D.*. I attempt to theorize the concept of *crip productive moments* to illuminate the possibility of establishing ethical relations through acknowledgment of difference. Briefly explained, crip productive moments illuminate the promise of ethical understanding of difference that emerges through a disabled person's ability to provoke a sense of surprise within the nondisabled other. Through these moments a disabled person is no longer reduces to, what Thomson calls," a single attribute"—that of disability. In fact, other qualities are enacted making disability a complex lived experience. These are moments of "disorientations" in which ableist representational formulas are undermined and normative ways of *being* are destabilized. Yet, I need to stress that these are not moments of overcoming or "super crip" moments. Instead, these are daily life moments through which disabled bodies illuminate the viability of alterative ways of living and knowing.

The third chapter explores the role of ambivalence and difference in enriching a mother's perspective about disability as difference. I attempt a parallel analysis using the good mother ideal as a reference point in reading *Son Rise* (1979), *Your Name is Jonah* (1979), *Kids Like These* (1987), and *David's Mother* (1993). The mother-daughter is the theme of the fourth chapter. It examines the way disability may influence the, alleged, antagonism that dominates this literature of mother-daughter relation. I focus on the issue of ambivalence and subjectivity as I examine mother-daughter conflict. Stone's concept of re-enactment of the past maternal relations may provide an insightful reading of some of the movies – I apply it to my reading of The *Bridge to Silence* (1989), *The Other Sister* (1998), and *Jewel* (2001). The fifth chapter utilizes Rich's "outlaw" figure to explore the representation of lone mothers and disabled parents.

I read the way disability can lead to empowered or feminist mothering. I follow the mother-child interaction in *Mask* (1985), Miracle *Run* (2008) *What's Eating Gilbert Grape* (1993), *Profoundly Normal* (2003), *My Louisiana Sky* (2001), and I *am Sam* (2001). The conclusion offers a recap of the main arguments made through the dissertation. I attempt to weave a thread to tie the themes of the movies under discussion to posit a theorization of *crip mothering*. I end up offering a brief discussion of limitations of the study and possibility for further research.

I think it is necessary to sum up with a note of disability language usage. A disparity is obvious in the way disability is referred to in scholarship. The *disability first* (disabled person) suggests a shared experience of ableist oppression, which follows the social model. *Person first* (person with a disability), however, seeks to magnify the complex humanity of a person with disability beyond the actual impairment. I lean toward the second usage because it sheds light on the role of difference as well as other personal attributes that can impact the experience of disability. However, for the sake of stylistic variety I may be found altering between the two language conventions.

Chapter 1

Mother of Myths: Motherhood and the Possibility of a Crip Maternal Thinking

Clearly, a conclusive and universal concept of mothering is difficult to articulate. Mothers' various experiences make it difficult to specify fixed characteristics of appropriate mothering practices. However, through representing mothering as a natural aspect of women's lives, cultural images are deployed so women conform to normative prescriptions of patriarchal motherhood. Elizabeth Badinter calls it the "maternal tyranny" (97), through which she explains maternal nurturance to be a cultural invention. The good/bad mother binary becomes integral in internalizing the cultural prescriptions of motherhood that ironically leads to idealizing or denigrating mothers. However, cultural images constituting the understanding of motherhood are not faithful to the reality of mothers' experiences (Featherstone 1).

Accordingly, a mother must prioritize satisfying the child's needs before hers, and she must do it with the utmost feeling of love towards the child. Doing otherwise or expressing discomfort in carrying out her maternal duties taxes her with being a "bad mother". Many feminist studies contest the patriarchal ideology behind the "imaginary good mother" ideals. They delineate the exclusionary way these cultural frameworks undermine the diversity of lived experiences of mothers and the various social barriers that prevent them from performing an empowered form of mothering. Further, they stress the importance of acknowledging the disparate feelings mothers experience through their child rearing.

Mothering Myths

Sharon Hays, in her book *The Cultural Contradictions of Motherhood* (1996), unfolds the way women are confined by cultural ideals of motherhood. Hays illuminates the way ideals of mothering divide women, especially mothers. She argues that the private/public dichotomy causes a dilemma for working mothers because they must balance between the incompatible demands of the two opposing spheres. Mothers waver between, on the one hand, the affective atmosphere of the home, which enjoins mother to be selfless, nurturing child caregivers, and, on the other hand, the competitive, interest-driven realm of careers and jobs that insist on the primacy of individual needs. Eventually, women, attempting to pursue a career and at the same time being mothers, are challenged by this paradox which Hays calls the "cultural contradiction of motherhood". Sadly, women, within American society, are often appreciated more for their career’s achievement than their roles as mothers. This is exaggerated by the ideal of "intensive mothering," which pits working mothers and stay-at-home mothers against each other.

Hays rightly argues that child rearing is also a socially constructed practice. This appears in the "everchanging features of child rearing" throughout history (19). However, she maintains that the ideologies behind mothering practices serve the interests and demands of a white middle-class capitalist society (xiii). "Intensive mothering" has gained a prominence that led to it being the leading "appropriate child rearing" practice within the United States (Hays 9). Nonetheless, the ideals of "intensive mothering", argues Hays, cause women to deal with contradictions that arise when work and childrearing intersect.

The ideology of intensive mothering, explains Hays, demands that women spend "tremendous amount of time, energy and money in raising their children" (x). Indeed, child rearing is transformed into a "fully elaborated, logically cohesive framework of thinking about acting toward children" (Hays 21). Methods pertinent to childcare are "construed as *child-centered, expert-guided, emotionally absorbing, labor intensive, and financially expensive*" [emphasis in original] (8). Strikingly, intensive mothering is presented as being the exclusive responsibility of an individual mother who must carry her duties without any help from others (Hays 32).

Eventually mothers are derailed by the demands of intensive mothering because it drains their "moral, mental, and emotional energy" as well as their financial resources (Hays 4). When it comes to career and childrearing, intensive mothering emphasizes that being a stay-at-home mother is in the best interests of the child. Evidently images disseminated through the media advance the claims that staying at home and caring for children is fulfilling for women (Hays 56). However, due to its contingency as a social construct, intensive mothering is succeeded by another form of mothering that remains deleterious to mothers.

Indeed, the media has played a role in women's internalizing the myth of the "Good mother". Women, eventually, hold themselves responsible for failing to meet the standards of the "Good mother" they watch or read about in the media. Susan J. Douglas and Meredith W. Michaels in their 2004 book, *The Mommy Myth: the Idealization of Motherhood and How It has Undermined All Women*, acknowledge the influential effect media has on shaping views on appropriate mothering practices. They identify the attention directed at motherhood from 1980s up to the present as "the biggest media obsession" (7). Women, they argue, "have been deluged by an ever-thickening mudslide of maternal media advice, programming, and marketing that powerfully shapes how […] mothers feel about [their] relationships with [their] own kids and, indeed, how [they] feel about [themselves]" (7). Evidently, Douglas and Michaels underline the various institutes profiting from creating new standards and configurations of what defines an ideal mother.

Douglas and Michaels identify "new momism" as " a set of ideals, norms, and practices, most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which promulgate [unachievable] standards of perfection" (4-5). Like Hays' intensive mothering, this new ideology adds to the burden of American women by holding them to ideals beyond their reach. "New momism”, like Friedan’s (1960) "feminine mystique', although offers a highly romanticized ideal of motherhood, fails to acknowledge the unattainability of its demands. Douglas and Michaels deftly illuminate the contradiction new momism comprises.

New momism is ostensible compatibility with feminism is undermined when it comes to issues of choice. Feminism stresses the importance of women having control over their choices as an indication of their agency. However, within the framework of "new momism," the choice for which women are usually applauded is that of being a mother who selflessly and sacrificially dedicates all her energies and resources to rearing her children. Ironically, this is the only choice through which women can prove their own worth. Thus, new momism, contest Douglas and Michaels, simultaneously "draws from and repudiates feminism" (5). Again, the cleavage between the stay-at-home mom and the working mother resurfaces through the media's hailing of the ideology of new momism.

Noticeably, American women are inundated by an onslaught of images causing them anxieties, low self-esteem, lack of confidence, and constant self-surveillance. Truly, the media factors as a repository to which women could turn " for nuts-and-bolts child-rearing advice" (Douglas and Michaels 11). Women's concepts of motherhood are shaped, as Hays argued, to serve the aims of a capitalist patriarchal society. Consequently, both the ideologies of "intensive mothering" and "new momism" insist on child rearing being the exclusive responsibility of one woman: the mother. Thus, the divide separating mothers is accentuated as they mother in isolation and find themselves involved in competition with other mothers or, what Nina Darnton coins as "Mommy wars". Mothering becomes an individual dilemma that women need to solve. Douglas and Michaels blame the non-existing government support as they write:

> Forget the damn village. The new momism insists that the formation of a child into a successful, happy person is exclusively the handiwork of one person: “Mom.” Mom—however lofty her own hopes for herself, and whatever her financial circumstances, whatever embattled neighborhood she lives in, however scarring her own upbringing, however lousy her educational options—must simply make the right choices. If she doesn’t, too bad for her kids, and for her. In a society where autonomy and success go hand in hand, isn’t it just a little bit suspicious that successful motherhood requires relinquishing one’s autonomy to a sometimes dangerous, always preposterous view of women and children? The many-headed hydra that is the new momism alternately lures and terrorizes us into second-class citizenship, making us wonder whether we are back in 1954. (326)

Evidently, the ideals the media disseminates about "intensive mothering" and "new momism" strain American women's energy and creativity. Moreover, they force women into a marathonic “ultimate female Olympics" (Douglas and Michaels 11). However, it is possible to argue that the advice women receive through the media and professional parenting guides only prepares women to an inevitable failure. The blame is not women's but the unachievable ideals of an illusionary way of mothering that only serve to unsettle women's beliefs about their mothering.

Judith Warner in *Perfect Madness: Motherhood in the Age of Anxiety* (2005) describes the conundrum that faces American women in their mothering as "This mess” to capture the difficulty of naming women's trouble within mothering. She argues that "all mothers in America, in differing ways and to different degrees, were caught up in The Mess. And that's because the climate in which we now mother, in many ways, is just plain crazy" (7). Like Friedan's "Feminine Mystique", Warner coins the term "Mommy Mystique" to describe the "life-draining pressures" and “soul-draining perfectionism" piled on American mothers through an oppressive culture of motherhood (13, 16). She defines it as:

> a web of beliefs, so close to the bone as to be indiscernible, that blocks women from thinking their way out of the culture of motherhood that so fatigues them. These beliefs

> form the psychological weight that makes motherhood in America so arduous … It rests on an almost religious adherence to ideas about child-rearing, about marriage and sex roles and society that supports the status quo even as mothers denounce it, even as children complain about it, even as "the experts" warn that our way of doing things is stressing children to the core. (32)

Warner blames the lack of government support for childcare as a source of American mothers' dilemma. American mothers, notes Warner, are held to straining childrearing demands that drain their energies and lead to a depleted confidence. American cultural expectations of motherhood, embedded in media and expert guidebooks, remain unchallenged by many mothers, especially middle-class women. Most mothers end up adopting the identity of the selfless, caring mother that impedes their true selves. However, some women resist the ideals by tearing the mask of the mythical good mother and adopting a mothering, as Rich advises, opposing the institution of motherhood. However, to achieve this, women need to shed what Susan Maushart calls "the mask of motherhood".

Maushart argues that "a cultural schizophrenia" surrounds the issue of motherhood. A schism between the images and reality of motherhood causes a lack of correlation between what mothers show and what they really feel (462). Clearly, the images the media present about mothers raise the bar for women. The unachievable standards impose a feeling of guilt in women because they fail to measure up to the ideal. They end up feeling unconfident and self-blaming for failing to meet the ideals of good mothering. Maushart explains this feeling as an outcome of the "mask of motherhood".

The "mask of motherhood", she explains, is an amalgamation of constructed representations and tropes operating on various platforms. It disguises the complexity and chaotic lived experience of motherhood within a mask of ordinariness, and with an assumed sense of control, knowledge, and courage (460). Maushart contends that women's abilities as mothers are challenged by the mask of motherhood which causes them to question the validity of their maternal knowledge and practices. As a result, women resort to silence and avoid voicing their true feelings. Maushart argues that the mask creates an unbridgeable rift among mothers. She writes:

> The mask of motherhood is what keeps women silent about what they feel and suspicious of what they know. It divides mother from daughter, sister from sister, friend from friend. It creates an abrupt and tragic chasm between adults who have children and adults who don't. It distorts the distance between childhood and adulthood, cutting ever deeper gaps between the generations. It pits male parents against female, amplifying the disjuncture between the verbs "to mother" and "to father." Above all, the mask of motherhood, by minimizing the enormity of women's work in the world, nourishes and sustains the profound ignorance that confuses humanity with mankind" (461).

The mask of motherhood, Maushart illuminates, ironically reveres motherhood yet degrades the role of mothers. She rightly unravels the paradox of motherhood which is biologically empowering yet socially stripped of its power (471). She claims that a conspiracy of silence has led to devaluing the role of mothers in society. Nonetheless, exposing the ways that women enforce the "silence conspiracy" is not easily achieved. Due to the interlaced factors that engender this silence, a cause-effect reasoning would not suffice. Maushart argues that a carful examination of the discourses of patriarchy would possibly yield a plausible explanation.

The mask of motherhood, explains Maushart, thrives on blocking women from any attempt at a coalition that may raise group awareness among mothers, which might cause a collective action. Clearly the mask sustains its hegemony over the subordination of women through causing constant suspicion among them. This is displayed in measuring the success of one mother against the failure of another (473-4).

Disability, Mothers and Myths

I would like to turn to the way disability and motherhood problematizes the issues of subjectivity, independence, choice, and care. So far, ableist ideologies are implicit in the discussion of mothering and motherhood. Some of the scholars have glossed over the issue of disabled mothers or disabled children in their examination of motherhood. Feminism and disability studies intersect in their rejection of the biological reductionism that influence discussions of the concept of gender and disability (Hillyer 1993; Garland-Thomson 1997; Thomas 1999; Prilleltensky 2004; Landsman 2009). Motherhood and disability are approached as social constructs shaped by a contingent cultural, political, and historical milieu. As indicated earlier, the experiences of mothers of disabled children and of disabled mothers remains an understudied area within feminist and motherhood scholarship. However, disability scholars argue that both have the potential of enriching our understanding of mothering, personhood, and interdependence.

The experience of mothers of disabled children has received little attention by motherhood and disability scholarship (Landsman 2009, Wilson and Cellio 2011). Linda Dolam explains that the experience of raising a disabled child is also socially shaped (qtd in Maybee246). The tragic model of disability presents disabled children as a burden on the family, especially the mothers. The focus is on the disabled child rather than on the disabling social barriers (Maybee 246). Contrarily, Gail Landsman (2009) notes that some mothers claim that they find raising a disabled child to be an enriching experience.

Landsman, conducting a two-year study in which she interviewed several mothers of disabled children, examines the way disability reshapes the concept of motherhood. She concentrated on the way disability may challenge the idea of "real motherhood". This concept refers to the normative ideology that shapes the practice of mothering and that demands the existence of a healthy, "normal" child (109).

According to Erving Goffman's (1963) "courtesy stigma", social bias is extended to people related to a disabled person. Mothers suffer the stigma of their disabled children, which undermines their mothering experience. Landsman points out that rearing a disabled child is claimed to be a form of "diminished motherhood" (50). She describes the way a disabled child invalidates its mother's experience as she states: “Mothers of disabled infants face not the absent baby but a diminished one, a son or daughter whose full personhood is not culturally recognized; their own motherhood is not denied but attenuated" (59-60). Mothers of disabled children thus find themselves on the boundaries of the social norm.

The responses she records indicate that mothers of disabled children consider their mothering to be unique. In fact, they view themselves as a separate class of mothers. Landsman concludes that mothers of disabled children view their experience as better and more enriching than that of mothers with typical children. Landsman underlines the role of the mothers' narratives in revisiting "real motherhood" through the "emplotment" of the personhood of their disabled children (109).

Noticeably, mother-blame is a common theme in which women hold themselves accountable for their child's disability. Arguably, narratives by mothers of disabled children tend to contest medical claims that undermined the prospects of their children (95). The mothers insist on having their disabled children "written *into*" a story of struggle and progress, and thus of personhood as it is defined in American culture" [italics in original] (141-2). Indicatively, mothers advocating for their disabled children can collectively challenge the ideology of "real motherhood" as well as rearticulate the definition of motherhood. Most importantly, these mothers redefine disability by rejecting the diagnostic labels of medical experts and asserting the human position of the disabled child (Miller 59-60). Mothering a disabled child is a transformative experience that helps, as Rachel Robertson explains, mothers to “understand things little differently … [and] inhabiting new territory" (154).

Unfortunately, disabled women are disregarded by feminist theories and disability scholars (Thomas 1994; Prillenltensky 2011; Filax and Taylor 2014). Feminists have ignored the needs of disabled women due to their disability, while disability scholars, primarily men, overlooked the difficulties of disabled women because they were women (Asch and Fine 1986). Some disability scholars critique the feminist movement for compromising disabled women's choices when it comes to reproduction. For instance, Prillenltensky insightfully underscores the issue of choice when it comes to "reproduction rights". She contends that non-disabled women approach pregnancy from the prospect of prevention or termination. Whereas to disabled women, due to fears of risking the reproduction of their disability and the assumption that they are unfit to rear children, motherhood is "off limits" (52, 56).

Choice is complicated by disability especially when the fetus is declared deformed. Landsman claims that the feminist movement contestation of the issue of reproductive control has "inadvertently exacerbated women' public accountability for what are considered poor birth outcomes" (22). The mother is blamed for failing to ensure the deliver of a healthy child. In each case, disability is a source of anxiety that demands preventive measures or a quick fix.

Filax and Taylor illuminate that the prevalent discourse about mothering advances the cultural ideal of the abled-bodied "white, heterosexual, and economically secure with a husband close at hand "woman (1). They emphasize the courage of disabled women in deciding to become mothers as they state that, "[c]ontinuing to mother when one has a disability or disabling illness or when one is identified as a social Other are acts of bravery in the face of cultural norms that work against disabled people" (1). Indeed, disabled mothers contest many discriminatory ideals that undermine their mothering claiming them to be "incompetent" and "unfit" to mother (Nassir 233). Their mothering abilities are questioned, and they remain under a constant and intensive social surveillance.

Carol Thomas (2008) in the "Baby and the Bath Water" argues that disabled mothers experience an "emotional burden" caused by frameworks interwoven around concepts of responsibility and independence (509). She outlines three thematic aspects, of "particular social significance", that arises when discussing disabled mothers. These are: 1) risk discourse, 2) fitness of the mother, and 3) the difficulty disabled mothers face when receiving assistance with their mothering. For instance, the "discourse of risk" surrounds disabled women's decision to have children; that is passing on their disability to the child (e.g., Bree Walker). Disabled mothers, due to their interdependency, undermine the Western dictate that motherhood is an activity performed individually in isolation. Thus common understanding of motherhood is contested (Malone 206).

Ella Callow argues that disabled mothers "threaten the hegemony of normalcy because they move, sound, appear, think, and act/interact differently (28). Thus, ableist attitudes attempt to undermine the experience of disabled mothers by adopting the rhetoric of "quality of life". The assumption that people with impairment lead “a life not worthy of living" prevails in ableist discussion of disability. Disabled people are assumed to suffer pitiful, depressing, and painful lives due to their impairments. Thus, a disabled child is a tragedy and a burden to its parent, and disabled people are not fit to be parents. These misconceptions are challenged by disabled people who contest that the problem is caused by the social barriers that hinder their living (Thomas

509). Disabled children are presumed to be a "burden" (Prilletensky 36) and awaiting "a lonely, outcast, and dependent future" (Reagan 7).

Disabled women, especially mothers, resist ideals of disablist ideology by insisting on their rights to becoming mothers (Thomas 512). However, this brings them under intense societal scrutiny, which puts more pressure on them as they struggle to meet the ideals of motherhood. The ideals of "intensive mothering", argues, R.A.R. Edwards, is evident in the emphasis placed on cure as a prerequisite for disabled women to become good mothers. Thomas contends that “this feeling of vulnerability and insecurity is caused, in part, by their own concerns about managing some of the practical childcare tasks because of the impairment, but in the main it is caused by disablism: the prejudicial attitudes of others and the failure to provide appropriate assistance to disabled women on their own terms." (512). Seema Bhal insightfully explains that disabled mothers are also burdened with the ideals of the good mother propagated by "intensive mothering" ideology on top of the challenges they face due to disablist barriers and attitudes (226). Such cultural ideals are as burdensome as bodily limitations (Bost 165); Shawan A Cassiman argues that disabled mothers adopt intensive mothering ideals to demonstrate their merit as good mothers (278).

Resisting the Institution

In *Rocking the Cradle: Thoughts on Feminism, Motherhood and the possibility of Empowered Mothering* (2006), Andrea O'Reilly, extends Rich's concept of mothering being a site of empowerment and " a location of social change" as she discusses the possibility of mothering "freed from motherhood" (11). O'Reilly, building on Rich's outlaw figure, contends that to "mother against motherhood" carries the promise of a "transgressive/transformative theory and practice of maternity" that seeks to "challenge and change" (12-3). This is achieved through first acknowledging the significance of mothers' needs. Second, understanding mothers' lives outside the boundaries of motherhood. Eventually, mother work can be approached as "a political-social practice" (12-13). The child-centered practice of mothering shifts towards mothers through adopting "empowered mothering" or "feminist mothering" styles.

In the introduction to her collection *Feminist Mothering* (2008), O'Reilly argues that endorsing mothers to live and perform their "mother work" with "agency, independence, and control" is beneficial to both mother and child. Once empowered, mothers can engender social change through bringing up their children to be active participants in society. Mothering, thus, is recognized as a site from which mothers can effect social transformation by engaging in social and political activism (7). Empowered mothering reveals the obstacles that patriarchal motherhood erects in front of mothers and seeks to dismantle them. Erika Horwits in "Resistance as a Site of Empowerment," identifies some themes pertinent to empowered mothering. These are: 1) mothers needs are important, 2) being a mother is not the only way of fulfillment to women, 3) others can be involved in raising children, 4) social expectations placed on mothers are to be constantly questioned, 5) defying mainstream parenting ideals, 6) the need to resist the notion that the way a child grows to be is the exclusive responsibility of the mother, and 7) undermining the claims that love is the only feeling a mother should have toward her children (qtd. in O'Reilly *Feminist* 6). Clearly, empowered mothering challenges the ideals of intensive mothering as well as those of new momism.

Feminist mothering is another form of resistant mothering that is informed by feminist theory. Interestingly, feminism and motherhood are presented as divergent concepts. Some feminist scholars argue that feminism and motherhood are compatible and can create social change (O'Reilly *Feminist* 4; Green 126). Fiona Joy Green in " Feminist Mothers: Successfully

Negotiating the Tension between Motherhood as “Institution” and “Experience” " maintains that motherhood can be both oppressive and liberating. As a feminist mother, she finds, through her relationship with her own child, a possibility for growth and nurture for both of them. Thus, she is able to contest the institute of motherhood and openly challenge patriarchy (126). Moreover, she contends that mothering and feminism can converge in child rearing as she writes: “Feminist mothers recognize, as Rich theorizes, how motherhood is both an institution and an experience. In honoring their commitment to feminism and to raising their children from that perspective, they successfully negotiate the tension between the two" (136). Like empowered mothering, feminist mothering challenges the ideology of patriarchal motherhood.

Informed by feminism, mothers engage in a political and cultural endeavor to create social change through the socialization of children. O'Reilly explains that feminist mothering is "determined more by what it is not (i.e., patriarchal motherhood) rather than by what it is". As an antithesis of patriarchal motherhood, feminist mothering aims to disrupt "the master narrative of motherhood to imagine and implement a view of mothering that is empowering to women". It seeks to empower mothers through defiantly disregarding the ideals of patriarchal motherhood (O'Reilly *Feminist* 4). Mothers defy the mandates of patriarchal motherhood by antisexist mothering that raises empowered daughters and emphatic sons. Eventually, gender inequalities caused by patriarchy are questioned and “traditional patterns of gender acculturation" are resisted (O'Reilly *Mothering Against* 160).

Nonetheless, concentrating on antisexist childrearing undermines Rich's vision of "mothering against motherhood". O'Reilly observes that due to feminist scholarship being primarily concerned with raising "empowered daughters and relational sons", mothers and the conditions under which they mother received little attention. Eventually, the oppressive structure of motherhood remains intact despite antisexist childrearing (O'Reilly *Acting and Living* 192-3).

Clearly dismantling the institute of motherhood, as Rich argues, is a paramount step for mothering to flourish. This, clarifies O'Reilly, allows mothers to achieve a level of autonomous control over their maternal practices, which allows them to assert their experiences and subjected knowledge to effectively perform feminist mothering. Furthermore, mothers can claim "a selfhood outside of motherhood and possess power within motherhood" (O'Rielly *Acting and Living* 200). In "Feminist Mothering", O'Reilly strongly stresses that “only when mothering becomes a site, role, and identity of power for women is feminist childrearing made possible" (793). Strikingly, the mother-child relation, again, is central to the way mothers are empowered by feminist mothering, which may make it difficult to identify the figure of a feminist mother.

Tuula Gordon in *Feminist Mothers* (1990) underscores the challenge of having a definition of a feminist mother. However, she outlines some aspects that could contribute to understanding feminist mothering. She concentrates on the issue of power relations and the private/public spheres in her analysis of the experience of mothering. Gordon builds upon feminism's concentration on location and experience of women to unfold the dynamics of oppression and subordination women had to endure (37). The social construction of gender differences and the public/private binary are deployed to exclude women from mainstream culture and relegate them to "stereotyped expectations about how women and men should act" (126).

Despite motherhood's contribution to the subordination of women, Gordon argues that mothering can be a site for transformation. Adopting a feminist standpoint in their mothering, explains Gordon, women can contest myths of motherhood, take on jobs, raise their children in antisexist and antiracist ways, insist on co-parenting, and engage in political activism (149). Clearly, Gordon indicates the agential role mothers could acquire by adhering to ideals of feminism that demand women's empowerment. Also, internalized oppression is challenged and dismantled through resisting social prescription of gender roles.

Clearly the two forms of alternative mothering, outlined above, are determined by opposing the centrality of patriarchal motherhood. Indeed, an unsettling dichotomy prevails in the discourses of mothering seeking to counter motherhood. This creates a definitional dilemma that may undermine the experiences of various mothering practices. Mothers may participate in a resistant mother work without acknowledging it being a form of empowered or feminist mothering. Noticably both mothering styles disregard, unintentionally, the specificity of mothers' experiences.

Crip Mothering: a Possibility

In keeping with Baraitser and Stone's arguments in the introductory chapter, it is my contestation that crip mothering is possible through the acceptance of disability as a complex form of difference. Doing so acknowledges the potential of alternative forms of mothering that build on the unpredictable relation of childrearing. Moreover, crip mothering considers interruptions and chaos opportunities for an authentic maternal thinking and reflection (Ruddick 1989), which eventuates a possibility for social change.

Crip mothering embraces difference as variance with its own possibilities and limitations. Crip mothering, in my opinion, can extend Leonard Rosen's (1954) explanation of acceptance of "retarded" children (qtd. in Brockley 147). Accordingly, crip mothering can be understood as a practice in which mothers admit a child is disabled and accept disability beyond the hope of the miraculous cure. Also, it is a mothering oriented towards the child present and future. Crip mothering is a practice that engages with what Alison Kafer calls "politics of crip futurity".

Kafer (2013) explains that disabled bodies are effaced from future imaginaries. Hence, present treatment discriminates and overlooks people with disabilities. She explains that present understanding of disability influences imagining the future. Because the cultural imaginary perceives disability as that which is ontologically negative, disability is a target of elimination, cure, or containment. As a result, people with disabilities are presented to be without a future. Kafer, deftly, introduces the concept of "crip future" as a step to alter the present. She explains that incorporating disability in the future imaginary entails addressing the predicament of people's disability in the current present. In other words, incorporating people with disabilities in future imagination requires attending, differently, to their present realities.

Crip mothering can make use of O'Reilly's concept of matricentric feminism. It adopts a "multi- and interdisciplinary" approach that operates from a matrifocal standpoint and is thorough in its exploration of mother work (6). It places the empowerment of mothers as its main priority (133). Unlike maternalism, matricentric feminism approaches motherhood as a socially and historically constructed practice. Doing so, the claim of normative motherhood is discarded. Thus, mothers gain a collective awareness that would eventually lead to initiating "a theory and politic of empowerment" that attends to mothers' various experiences (198). Crip mothering operates within matricentric feminism's endeavor to dismantle the logic of hierarchies that leads to discrimination based on race, gender, class, ethnicity, sexuality, religion, and ability. It invests in voicing the needs and experiences of marginalized and disadvantaged mothers.

Conclusion

Obviously, one of the criteria of effective mothering is the "socialization of productive and self-sufficient children" (Maybee 251). One of the constituents of maternal thinking Ruddick stresses is training children to be accepted participants in society. However, this is complicated with the existence of disability either in the parent or the child. Walsh, extending on Rod Michalko and Tanya Tichkosy, explains that disability problematizes motherhood because of the assumption that disability negates personhood (26). This becomes obvious in the way disability entails doing things in novel and creative ways contrary to expected norms. Arguably, disability can possibly facilitate ethical relations with Others through promotion of variance and difference. Bhal maintains that disabled mothers regard their impairments as an opportunity to enrich their own children by raising them to be "emphatic, enlightened, compassionate and whole individuals that understand the diversity of the human experience and the right to human dignity" (223).

Further, disabled mothers help reconfigure the maternal practice through devising ways of caring for their children suitable to their impairments. Kristin Lindgren explains that disability may underscore the bodily demands of motherhood but at the same time introduces ways to resolve them. Disabled mothers can have the assistance of family members or caregivers to help them take care of their children's needs which parallels the practice of "other mothering". Indeed, disability alters the perception of the *physicality* of mothering as it challenges the expectations of normative motherhood. Cynthia Lewiecki-Wilson and Jen Cellio in the introduction to their collection on motherhood and disability, argue that like mothering, living with a disability is a *techne* that entails innovative and productive ways of "being and seeing in the world" (15).

Chapter 2

Crip Productive Moments and Salvaging of Difference

In the first episode of the Fox TV medical drama *House M.D.* series, House (Hugh Laurie) replies to Rebecca Adler's (Robin Tunney) wish to die with dignity saying:" there’s no such thing! Our bodies break down, sometimes when we’re 90, sometimes before we’re even born, but it always happens and there’s never any dignity in it. I don’t care if you can walk, see, wipe your own ass. It’s always ugly, always…You can live with dignity, we can’t die with it " (Pilot). House's attention is more directed to the body as agential entity than the patients' beliefs and wishes. For example, he mocks his staff members privileging the patients' narratives saying, "treating illnesses is why we became doctors, treating patients is what makes most doctors miserable" (Pilot).

Representation of disability in medical drama and films can unfold contradictory treatments of people with disabilities. Luke Hockley and Leslie Gardner point out that medical dramas " are embedded with cultural archetypes and myths regarding the authority of medicine, ethical issues, and illnesses"(3). *House M.D.*, like other medical dramas, stresses the authority of medicine in treating illness and curing diseases. Hockley and Gardner rightly underscore that the series exhibits a paradox when it come to issues of ethics and care. In keeping with them, I argue that the series demonstrates a nuanced portrayal of disability.

Obvious inconsistencies are detected in the way characters with disabilities are treated and deployed in various episodes. The appearance of characters with disabilities that dealt with autism "Lines in the Sand" (S3:4), obesity "Que Sera Sera" (S3:6), dwarfism " Merry Little Christmas" (S3:10), neurological disability " Half-Wit" (S3: 15), facial deformity "Ugly" (S4: 7), deafness "House Divided" (S5: 22), and muscular dystrophy "Selfish" (S7:2). These episodes illuminate ableist prejudices and embedded anxieties.

The series subscribes to what Norden describe as "curative plots" in which illness and disabilities are cured or overcome. However, in each of the mentioned episodes, disability as an alternative way of living unsettles ableist presumptions and demands approaching disabled bodies differently. I elect to concentrate on the fourth, sixth and fifteenth episodes of the third season of the series because they address the topic of disability as a lived experience.

I agree that *House M.D.*, like other medical dramas, perpetuates a medical model towards disability. However, attending to the materiality of bodies as a site of difference problematizes claims that House supports conformity. I think House favors difference that is fluid and is evasive to binary structures. Despite his rude attitude, he exhibits tolerance to people who try to outsmart the system that tries to curtail their potential. [10]

The Limping Doctor

Nevertheless, the medical model of disability is problematized because the leading character Dr. House has a disability. Due to misdiagnosis that led to "muscle death" in his thigh (Pilot), House lives with a permanent limp and chromic pain. Despite his disability, he maintains

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[10] For instance, in the third episode of the season one " Occam's Razor ", House confronts a clinic patient claiming that she is trying to get the best out of her medical insurance before getting fired. However, he agrees to order tests and x-rays when he knows that she is being fired because she holds on to her principles and refuses to "be told what to do". Clearly, Jodi gains his respect because she, like him, rejects conformity and yielding to social mandates . Another example is Henery Dobson (Carmen Argenziano) who appears in three episodes in season four. Henery does not have a medical license, yet he applies as a candidate to work on House's new team. House is aware of that but allows Henry to remain in the team teasingly calling him a " ridiculously old fraud" (97 Seconds). House knows that Henry is not a true doctor but allows him to remain. Henry more than once proves himself worthy and House approves of his diagnostic ideas. Chris Taube, jealous of Henry, complains that Henry "can't be right every single time. You're feeding him your ideas just to embarrass us" (Gurdian Angles). Perhaps House appreciates Herny's attempt to prove the unreasonableness of administrative rules. However, House, to the surprise of most of the candidates, let Henry go. Apparently, House has no problem hiring Henry. The only issue he has against Henry is that he would not enrich the process of differential diagnosis which is House's preferred method of working. House despite his paternalistic character enjoys differing with his staff when it comes to diagnosis. Moreover, he appreciates those who disagree with him and even try to prove him wrong. We see this regularly with Forman and Taub. In short, House enjoys difference because it opens alternatives that leads to new possibilities.

a paternalistic attitude towards colleagues, patients, and their parents. He berates them if they reject his suggested medical treatment. However, House's attitudes towards disability are problematic. He scolds his collogues if they exhibit ableist views yet mocks his disabled patients. He resists being normal but insists on curing his patients by forcing them to be normal.

Disabled bodies in the selected episodes not only expose the hidden ableism of medical discourses but also impose their own agency through challenging "normative" medical treatments. This takes place through encounters through which disabled bodies surprisingly resist ideals of "normalcy" and conformity.

Nevertheless, I argue that because he acknowledges the importance of material bodies, House demonstrates a nuanced awareness of disability as difference. House's embodied reality and lived experience of disability allows him to read illness differently. House approaches the body as an interactive text which requires a thorough reading between the lines. Couser,1997, claims that "bodily dysfunctions tend to heighten consciousness of self and contingency" (*Recovering* 5) In his discussion with Rebecca, House points out that the doctor failed to diagnose the problem with his leg because "the only symptom was pain" (Pilot). Bodies, in House's view, have much to offer when it comes to diagnosing illness.

He best represents the Foucauldian modern doctor because he relies on the medical apparatuses that enhance the working of an objective medical gaze (Rich et al 2008). House's motto phrase "Everybody lies" suggest that despite the reality that patients may hide secrets regarding their illness, "bodies too can be deceptive" (Rich et al, 221). As result, House resorts to unorthodox medical treatments to cause bodies to flush out their concealed true symptoms. He, for example, would go so far as to drain the blood of his patients, cause them a temporary death, or even bring them out of prolonged coma. He will spare nothing to reach a diagnosis. He does all of that maintaining " a distanced, authoritarian, scientific style" (Rich et al 229). He also would force his staff to break into patients' homes to search for environmental toxins or hidden secrets. I would claim that House operates as an outlaw who rejects the mandates of social codes and accepted medical protocols.

House's prowess as diagnostician comes from his " encyclopedic knowledge of the body and its ailments" (Izod 32). He is "like a savant when it comes to diagnoses" ("Ugly"). Many studies have compared him to the character of Sherlock Holmes due to his scientific deduction and addiction (Charles 2013, Rowland, Markotic 2016).[11] However, House is "opinionated, obstinate, insensitive, antagonistic, and brilliant" (Markotic 39). Indeed, his reputation is of value to the hospital, Princeton-Plainsboror Teaching Hospital. It is the reason he is not fired for his unconventional methods. However, his method remains questioned by his colleagues, staff, administration, patients, and parents.

He disregards patients' feelings and privacy, social niceties, and protocol of medical procedures. However, he manages to find treatments for the most cofounding cases. House demonstrates antisocial behavior and avoids relationships with patients and his staff, but he delivers when it comes to diagnoses. Dr. Liza Cuddy (Lisa Edelstein) explains to one patient that she cannot fire House because "the son of a bitch is the best doctor [they] have" (Pilot). In one of the episodes Dr. James Wilson (Robert Sean Leonard), possibly House's only friend, refuses to concede to detective Triter's pressure to testify that House has an addiction problem. He defends House saying " He saves lives, people that no one else can save and no matter how much of an

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[11] House is most often compared to the detective figure of Sherlock Holmes as both share many common personality features. Hockley in his chapter " Doctoring individuation Gregory House: Physician, detective or shaman?" outlines the similarities of the character of House and that of sherlock Holmes.

ass he is, statistically House is a positive force in the universe. Pills let him do that" (My Little Christmas). Overall, House's virtues as a doctor surpasses his vices as a rude apathetic person.

I am aware of some of the criticism directed against the series for undermining disability pride when it comes to depiction of deafness and dwarfism as well as the misrepresentation of disabled life. Arguably, adopting a post-Cartesian approach to disability problematizes the criticism that House M.D.[12] primarily favors an ableist ideal of disability as a cultural identity. I contest that returning to the materiality of the disabled body in some of the episodes may illuminate the contradictory attitudes towards people with disabilities. However, House's unorthodox approach emphasizes the importance of material bodies in the process of diagnosis.

Arguably, looking beyond House's ableist and insensitive remarks his treatment of some of disabled characters suggests a rejection of conformity. By concentrating on the body from a materialist feminist disability approach, I claim that House attends to the agential potential of the body by disregarding the social and cultural factors that attempt to overwrite the material reality of disabled bodies. Indeed, House does not consider bodies to be "dumb material" awaiting social inscription (Massumi qtd in Mitchell et al 4). I will illustrate this through my analysis of specific scenes in the "Merry Little Christmas", "Half-Wit", and "Lines in the Sand". These episodes best exemplify the agency of disabled bodies underlining the fact that material bodies are not passive *tabula rasa*. Moreover, they problematize issues of normalcy, lived experience, and claims of "limits and possibilities" of people with disabilities.

My decision to deploy an analysis of some of the episodes in this series is because it presents a nuanced representation of people with disabilities. Furthermore, it offers new insights

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[12] Bill Hughes insightfully points out that in both the medical and social models of disability the body is " a domain of corporeality untouched by culture" (Disability and the Body 67). Obviously, disability's materiality is denied any "active participation in fashioning alternative biologies, alternative subjectivities and viable normative mode of life (human, animal, organic, inorganic) (Mitchell, Antebi, Snyder 2019 2) .

into parent- doctor perception of children with disabilities. Most importantly, it reveals some of the enduring tropes of disability when it comes to parent- disabled child. As will be demonstrated through discussion, disabled children are cared for by selfless, militant, sacrificing, and loving parents. The diagnoses processes, however, underscore the ethical dilemmas parent and doctors face when treating children with disabilities. Moreover, the series touch on various family structures that vary from single mother, married mothers, adoptive mothers, queer mothers, even single fathers. Interestingly, disability depiction varies according to disability and family structure.

Body and Treatment

The body serves as a location " where identity resides and where it is projected, rehearsed and asserted. It is where the needs of the individual encounter the expectation of society, and it often becomes *the site of continuous renegotiation, if not outright conflict*" [emphasis added] (Millett-Gallant 110-11). Thus, revisiting the disabled body as site of resistance and agency, people with disabilities challenge the many meaning-making processes that relegate them to peripheral positions. Indeed, many disabled artists and performers invested in their disabled bodies to dismantle stereotypes that depict them as ugly, passive, and dependent.[13] To change misconceptions about disability, the disabled body must attain an aesthetic visible defiant presence. Moreover, the body needs to cease being a passive surface for social inscription. This is achieved through disabled bodies operating from an "unruly location" through which disabled embodiment contributes to "disrupting existing perception of physical disability" (Albright qtd in

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[13] Robert MucRuer (2006) and Michael Davidson (2008), point out the significance of disabled artists and performers in disrupting existing representational practices that sediment misconceptions about disability. Moreover, they argue that disability activism was inspired by the work of disability artists. Evidently, disabled artists and performers creatively utilized their disabled bodies to demonstrate their disability pride; eventually challenging aesthetic norms that dismiss disabled bodies as agential, beautiful, and meaningful. Some examples can be seen in the art and performances of Frida Kahlo, Alison Lappar, Marry Duffy, and Mat Fraser, to name a view. (see Longmore 2003; Davidson 2008; Siebrs 2008; Millett-Gallant 2010, Kupper 2013).

McGratch143). Overall, the unruly status of the disabled body challenges and transforms ableist presumption about disability.

Therefore, it is my contention that a social change is possible through an ethical engagement with disability as a resourceful embodied difference. I explore the importance of disability as a site of difference and the possibility of reconfiguring power relations by decentralizing the hegemony of normalcy. Attending to daily lived experience with disability makes it possible to acknowledge the way disabled embodiment – I deploy this term to refer to physical, cognitive, sensory, neurological, and psychological types of disability— challenges normative social expectations of people with disabilities. Eventually a revisionary approach to disability leads to questioning culturally held presumptions of disability.

This chapter attempts to explore the materiality of disabled bodies as sources for self-realization, and as sites for rearticulation of embodied difference. Arguably, difference can become a source of empowerment to people with disabilities and a step to dismantle the hegemony of the ideology of normalcy. Likewise, the disruptive potential of disability embodiment can serve as a site of resistance to ableist representational economies.

Disability and the Disruptive Encounter

Many disability scholars point out that meeting a person with disability triggers a level of dread, repulsion, and anxiety in nondisabled people (Longmore 2003; Davis 1995). Arguably disability reminds nondisabled people of the contingency of their abled bodies and their inevitable vulnerability. It accentuates the avoided truth that bodies are liable to disturbance and collapse caused by illness, aging, and accidents (Shildrick, *Dangerous* 42). Garland-Thomson, 2012, refers to Kristeva's, 2010, concept of "the narcissistic identity wound" that haunts ableist cultural imaginaries. Disability creates a deep sense of anxiety in nondisabled society because it triggers the fear of vulnerability.[14] She elucidates that Kristeva is referring to the exclusion and disqualification repercussions that having a disability may entail. Noticeably, the ableist presumptions that position disability as a lack and tragedy are dominant in the dismissal of disability as a deficit in need of containment.

Garland-Thomson, 1997, explains that nondisabled people are perplexed by disabled bodies and find trouble in determining the best acceptable ways of treating people with disabilities. This could be attributed to the social invisibility of people with disabilities as well as nondisabled people being ignorant of the complex reality of disabled people's lived experience. Thus, the entry of disabled bodies and minds into social spaces exposes the embedded ableism causing the invalidation of the experiences of people with disabilities (Siebers 125). Tobin Siebers', 2010, concept of "disability aesthetics" and Ato Quayson's concept of "aesthetic nervousness" both touch on the manner some bodies feel in the presence of other bodies. Both concepts underscore the effect disabled bodies have on nondisabled bodies. The unruliness of the disabled body challenges the expectations of the normal gaze.

Concurrently, unusual bodies can disorder and unsettle the gaze because they are able to "introduce alarm and anxiety by virtue of their power to horrify and disgust", andthey also are able to fascinate the viewer demanding " a second look" (Miller qtd. in Garland-Thomson, *Staring* 37). Interruption to the expectations of nondisabled people, Garland-Thomson explains, lead to rethinking the status quo (6). By challenging normative ideals, disability, to borrow from Davis, disrupts "visual, auditory or perceptual fields" (Nude 53). Henceforth, resistance is

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[14] Kristeva offering provocative arguments with regards to disability. She insightfully opens up windows when she discusses issues of difference, ethics, singularity and mortality (see A Tragedy and a Dream: Disability Revisited". Since a psychoanalytic approach of disability is beyond my scope, I will not elaborate more on Kristeva conceptualizing of disability. It is possible to refer to Mary Bunch (2017) 'Julia Kristeva, Disability and the Singularity of Vulnerability" and Jan Grue (2013) "Rhetoric of Difference: Julia Kristeva an Disability" because both offer interesting reading of Kristeva's approach to disability.

exemplified in the various ways the disabled body asserts its presence in the ocular and conceptual radius of an ableist society.

Crip Productive Moments

I propose the concept of *crip productive moments* to illuminate the creative and interactive potential disabled embodiments may have. These are moments that lead to an ethical understanding of difference that emerges through a disabled body's ability to provoke a sense of puzzlement within the nondisabled other. Through these moments a disabled person is no longer reduced to what Garland-Thomson calls," a single attribute"—that of disability. In fact, other qualities are enacted making disability a complex lived experience. These are moments of "disorientations" in which ableist representational formulas are undermined and normative ways of *being* are destabilized. Moreover, the fixity of identity categories, effected by those representational economies, are unsettled which, eventually, allows anomalous bodies to evade binaries curtailing their *becoming in the world*. Yet I need to stress that these are not moments of overcoming or "super crip" moments. Instead, these are daily life moments through which disabled bodies illuminate the viability of alternative ways of living and knowing.

Unlike Davis's (1995) "disabled moments" and MecRuer's (2006))" heteronormative epiphanies", in which disability serves as a contrastive that illuminates the hidden workings of ableist ideals, crip productive moments consider the disabled body an agentic entity that disrupts the undercurrent of ableist dynamics. However, these moments occur through a nondisabled body encountering a disabled one. Davis introduces a "disabled moment" as a step to "defamiliarize disability" (4). He illustrates his point by relating the deafness/hearing binary with regards to reading in silence or other practices that involve nonverbal interaction (this could be extended to silent movies).

My understanding is that disabled moments are moments when the nondisabled persons realizes that they had been unknowingly partaking in a disability experience. Moreover, disabled embodiment plays no role in dismantling or challenging the assumptions of normalcy; it only exposes its normalizing forces. Davis unfolds the binarism that serves an "ideology of containment and a politics of power and fear" (4). This precludes that possibility of difference by instating governing norms. In a Butlerian manner, disability is a constitutive outside that maintain the centrality of able-bodiedness norms. Eventually the abjection of disability leads to excluding it from the spectrum of physical difference. Therefore, an ideology of "normalcy" operates to repress disability by perpetuating the naturalness of the "normal body", in this case the nondisabled body.

On the other hand, McRuer's " heteronormative epiphanies" are episodes in which queer and disabled bodies allow the heterosexual able-bodied character an illusory " sense of subjective wholeness" (12). He deploys the concepts of "compulsory heterosexuality" and "compulsory able-bodiedness" to highlight the underlying compulsion social norms enforce in the regulation of bodies. In popular culture, these moments encompass the interaction between what he calls flexible bodies. These bodies are sometimes able-bodied and involved in a heterosexual relation, or queer and disabled bodies that function as "flexible objective sites upon which epiphanic moments [are] staged"(16). McRuer explains the epiphanic moment as “a moment of unparalleled *subjectivity*". This moment, he contends, "marks for the character a temporary consolidation of past, present, future, and the clarity that describes that consolidation allows the protagonist to carry, to the close of the narrative, a sense of subjective wholeness that he or she lacked previously" (16). This involves experiencing a crisis in progression towards the closure of the narrative.

Nonetheless, it is always the heterosexual able-bodied subject that successfully maneuvers the crisis. The queer and disabled bodies, though ostensibly breaking away from the limits of deviance, act as visual and narrative subordinates (they could be read in light of Snyder and Mitchell's narrative prostheses). However, queer and disabled bodies disappear at the end either eliminated or "laid off" (McRuer 18). Evidently, the epiphanic moment reveals the pseudo-inclusivity pretensions of neoliberal economies that choreographed a façade of tolerance to difference.

It could be argued, however, that queer and disabled bodies act as demarcating signposts to the expanding and receding boundaries of compulsory heterosexuality and compulsory ablebodiedness. Clearly the precariousness of queer and disabled bodies threatens the intactness of "able-bodied heterosexuality's hegemony" (McRuer31).[15] Crip theory, therefore, illuminates queer and disabled bodies' potential to undermine the "resolutions" compulsory heterosexuality and compulsory able-bodiedness put forward. It exposes the schizophrenic propensity towards diversity. However, disabled and queer bodies are not presented as actively engaged in an act of resistance or defiance to characters standing for compulsory heterosexuality and compulsory ablebodiedness.

In a latter study, Davis (2002) argues that disability, being an unstable preamble category, can undermine the ideology of normalcy. Challenging the hegemony of the normal body, maintains Davis, allows "abnormal" subjectivities to emerge. In fact, he considers disability's attributes of being malleable and its shaky foundation a possibility for adopting new ways of

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[15] Alison Kafer (2003), discussing Rich, mentions that compulsory heterosexuality and compulsory able-bodidness operate either through "physical force" or "control of consciousness" (79). Perhaps, representation of disability, the focus of this study, can be associated with the latter because it facilitates the proliferation of able-bodied coercion. Indeed, representations "buttress heterosexuality and abled-bodidenss"(85) and gradually sediment "cultural presumption of able-bodiedness" (80) that causes the devaluation of disability. Unsettling representational frameworks, therefore, depends on, to borrow from Butler, the "rematerialization" of disabled bodies in which difference operates at threshold of being.

thinking about identity categories. The concept of "dismodernism" seeks to unsettle the prominence of the "normal" and place the disabled body as the grounding of identities. This, he argues, requires a new ethics that originates from the disabled body. [16] Dismodernism, he claims, celebrates difference, the malleability of identity, and dependence. He contends that a dismodernist approach to identity would transform realization of subjectivity from autonomy to that of interdependence (3). Davis (2013) underscores that the normal as "discursive organizer" is substituted with "*diversity* as the new *normality*" [emphasis in original] (1).

Despite dismodernism being promising, it remains, in my view, trapped with the binary conceptualizing of difference that depends on a regulating inner center, in this case disability.[17] Moreover, it does not break the power of binarism and the deferential strategy of assigning meanings to bodies. Also, the inclusion/exclusion dynamic remains intact. Likewise, McRuer, disagrees with the "non-identity" project that Davis advances through the concept of "dismodernism," which intends to make disability a common denominator of all identities. He correctly argues that establishing disability as a global position does not eliminate the hegemony of universalism. I am in favor of the argument McRuer presents in crip theory because it rejects a monolithic "elusive" ideal in favor of multiple locations of resistant identities. Moreover, it avoids operating within the confines of binaries, which allows the possibility of a generic threshold of difference. To put otherwise, it resists any form of quarantining that ensures an illusory assumed inside.

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[16] Davis outlines three areas of a new ethics of the dismodernist body consist of: 1) care of the body (existence in a consumer society). 2) care for the body (healthcare and insurance) health industries are dominated by people who are not disabled 3) care about the body (human rights and civil rights) 28

[17] In *The End of Normal* (2013) Davis revisits the concept of dismordernism and engages with critiques made against the concept (see chapter 2).

Crip productive moments, I contest, are specific episodes in which a disabled body is capable of surprise; that is, it creates a sense of awe within the representational schemata. It challenges nondisabled expectations and norms as it triggers wonder and overwhelms any preconceptions of it. It causes an aesthetic dissonance that defies attempts at containment. It contests the discursive inscription because it thrives in its materiality. I relate these moments to Rayan C Parrey (2016) "dysorientation" which he explains as “a prolonged, persistent or recurrent sense of disorientation". In crip productive moments, a disabled body, through the prolongation of unnerving silences, shakes the balance of representational discourses and accentuates the ellipsis concealing the "taken-for-granted ", ableist ideals.

These moments trigger an "ontological disorientation" that leads to, explains Parrey, an ever-lasting experience that continually alters one's perception.[18] The disabled body, in crip productive moments, causes creative interruptions by its uncanny enactments in daily life. Thus, it exposes us to "multiple ways of knowing and being" (Parrey).

Crip productive moments constantly invite revision by allowing the disabled body to evade definition.[19] Further, in these moments the disabled body is relational and grows through restructuring of relations and making them more inclusive and scattered. It is cooperative and coalitional in reconceptualizing understanding of its physicality. It is a body that re-produces its *being*.

Accordingly, a disabled body is understood through living with it because it promotes change. Experience, thus, is integral in understanding it. Crip productive moments demand an

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[18] Parrey distinguishes between ontic disruption – "surprising" or "unexpected moments that leave a person relatively unchanged— and ontological disorientation.

[19] Parrey contends that disorientation should lead to reflection on the status quo. He persuasively argues that " Disorienting encounters put us—all of us—in touch with where we are (here and now) and what might unfold (the future), but they also put us in touch with how these encounters are each time (re)shaping the paths that led 'here' just as they shape the paths we follow 'there.'"

"ethic of difference" (Gatens 1996; Ingram 2008) that can only be achieved through "staying with disability" (Titchkosky 2003). However, moments of crip productivity, I stress, do not depend on a disabled body overcoming impairments or expectations. Instead, they capitalize on a disabled body's ability to disregard the social dictates of normalcy that control the way things are to be done. Eventually, the disabled body leaves an imprint on representational models that attempt to shut it off.

In crip productive moments, the disabled body determines the "comportment" of its own" physicality"; it re-signifies meanings, it actively associates with. Unlike McRuer's flexible disabled body that complies to the expansion and contrasting of abled-bodied subjects, it is a body in flux evasive of containment. In these moments, the disabled body can be "nomadic" (Braidotti 2011) but is not governed by a route or destination. It is recalcitrant and fades out any inscriptions as it haphazardly crosses boundaries.

In crip productive moments, the poles defining any binary are cropped and materiality is experienced within what Braidotti calls, an energetic threshold. The disabled body, thus, is best viewed as “a body-subject" that operates as an "elusory body" (Radley 1995). Alan Radley explains that the body avoids being "elu*sive*" but by "being elu*sory*" it actively "configures realms of experience" [emphasis in original] (5). Moreover, it also helps unfold the social and discursive formations that create perceptual meanings of reality.

In keeping with Radley, the disabled body in crip productive moments contests power by being "a grounds for configuring an alternative way of being that eludes the grasp of power" which is achieved through "dis-regarding power"(9). Apparently, the body “eludes discourse not because of its physicality per se, but because it signifies in ways that discourse cannot adequately embrace"(12). Arguably, adapting this to the analysis of minority groups would allow the body to "signify not merely difference, but to symbolize alternative ways of being" (12).

Yet, I need to stress that crip productive moments, in my intention, are moments from which reflection and reconceptualization of power relations are initiated. These are moments that launch a "rearticulation of the symbolic horizon in which bodies come to matter" (Butler *BM* xxx). These are not moments that enclose bodies into fixed categories but moments when abject bodies "refuse to acquiesce to their own abjections" (McRuer 24) which they attain by rejecting a "full or final expression" (Shildrek *Monster* 2). These are moments that lead to what Shildrick calls "ethical moments" (*Leaky* 212).[20] Moreover, in crip productive moments the "abled-bodied" subject realizes the precarity of his location in the social structure and begins to reconsider his relationship with the disabled *Other*.

Clearly, disabled bodies have a potential to dismantle representational frameworks and rewrite their materiality anew. As result, a recalibration of ethical relations with people with disabilities is necessary. However, disrupting representational schemata depends on disabled bodies transgressing socially prescribed boundaries and creating new ways of meaningful expressions. Obviously, the corporeal morphology of disabled bodies is understood through pathologizing discourses that present disability as deviation and problem in need of fixing or elimination (Hughes 1997; Michalko 2002; Titckosky 2003). Disability culture thus attempts to resist these regulatory discourses by introducing disabled bodies as "capable of signification beyond prevailing representational economy" (Ingram 4).

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[20] Margrit Shildrick, in Leaky Bodies (1997), defines ethical moments as "a matter not of closure but of radical openness to the multiple possibilities for becoming. We are neither the one nor the other; neither the selfsame nor simply different. Rather, the requirement is that we should position ourselves among others, claiming no special authority, but without eschewing responsibility either. The difference of the binary, wherein such concepts of good and bad, right and wrong, themselves gain currency, collapses, not into indifference as so many critics of postmodernism have suggested, but into a multiplicity of differences which cannot be grasped in advance, and which resist stable definition. It is above all an ethic of risk" (212).

Hence, the excessive materiality of bodies can be a source for an ethical relation of difference only if it is understood beyond representation. The corporeality of disabled bodies, in crip productive moments actively challenge predominant notions about the potentialities and capabilities of people with disabilities. Disabled bodies, however, need to energetically partake in the meaning making process of disability which is best attained through relations with other bodies.[21]

Siebers (2008) argues that hierarchal systems of signification operate to configure signs over bodies to making them meaningful. Thus, the body can be read as linguistic or ideological outcome of signifying dynamics operating according to an organized representational economy (Siebers 55). These meaning making processes lead to what Butler describes as the "materialization" of bodies. However, assignation of meaning is a process of *enframing* certain bodies and closing off others. Indeed, a double dynamic of inclusion/exclusion operates to make material "bodies matter" (Butler 1993). Sieber explains that exclusion depends on a central valued body and a marginal valueless "excludable" other. These serve to highlight a inside/outside locations across a socially mandated norm (56). Considering this, disabled bodies are rendered excludable because of their uncontainability and compromised subjectivity. Disability studies thus exposes the implicit norms operating to constrain and inscribe bodies (Siebers 57).

Siebers soundly argues that representational politics must pay attention to the signifying strategies that mark corporeal bodies. To do so, lay bare the ableist mechanisms that disenfranchised disabled people and discounted their claims to subjectivity (59). Clearly, this

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[21] This is seen in House interaction with his disabled patients in "Lines in the Sand" and "Half-Wit". These characters challenge the perceptions about disability as lived experience by creating a dilemma in the doctors and parents.

demands a symbolic reorganization that is possible through the disabled body's involvement in, what Ingram describes, as acts of "signification".

The concept of signification underscores the ability of the material body to re-signify outside already established systems of representations. Ingram highlights the fact that bodies have a "signifying material language" which can allow “an ontological becoming in and through an ethical relation with an Other" (3). Expanding on Heidegger, she explicates that *Being* can only be achieved through an ethical relation with a different Other (xi). The relation between representation and matter needs to be reconfigured to permit an ethical difference to emerge. She argues that matter needs to break away from the confines of representational templates to allow difference to surface.

Moreover, embodiment, as I understand from Ingram, is no longer a source of confinement but a threshold of initiation. Signification thus frees the material body from the fixity of representation and allows it to thrive in alterity which is to be ethically embraced as an authentic *Being*.

Like Ingram, Siebers insightfully contends that disabled bodies can potentially undermine ableist representational economies. He rejects the notion that the body is a passive a *tabula rasa*. He stresses the importance of approaching the body as an active entity that possesses its own agential forces. The body's agency, he argues, is evident it its "vital unruly" capabilities that defy and rearticulate language orders seeking to represent it (68). Siebers stresses the fact that the reality of the disabled body depends on its own "physicality" (77). Indeed, disabled bodies' difference can be seen in their anomalous morphology. That is why disabled bodies, upon entering public spaces, trigger the need for a "narrative of difference" that virtually illuminates the dynamics of the social context in which they live (105).

Clearly, disability exposes the way ableism sketches the "ideological blueprints that construct social reality" (Siebers 105). The underlying prejudice excluding disabled people is exposed and demands for a more inclusive revisionary rearticulating is accentuated.

The Genius Diagnostician or the "Crippled" Doctor

I disagree with claims, which are mostly perpetuated by blogs, that House has Asperger's, which explains his diagnostic genius. It also explains his antics, bitter attitude, and rejection of social and personal relations. He exhibits asocial and misanthropic attitudes that make his nearest friends calls him a "jerk". In "Lines in the Sand," Dr. Wilson tries to convince the dean of medicine Dr. Cuddy that House has Asperger's to which she summarizes that "House doesn't have Asperger's, diagnosis is much simpler; he's a jerk" (Lines in the Sand). Later in the episode, Wilson confronts House with the fact that the latter's disdainful behavior is a way to resist societal norms. Wilson tells him: "You're not autistic; you don't even have Asperger's. You wish you did; it would exempt you from the rules, give you freedom, absolve you of responsibility, let you date 17-yr-olds. But most important it would mean that you're not just a jerk" (LS).

As already explained House rejects conformity to social and administrative norms, which makes him standout among his medical peers. I agree with the claims that House "values nonconformity only when he believes that is in intelligent and well informed" (Wynhausen et al, 278). Indeed, House prefers being different than fading into a crowd. He is against operating through a structure of hierarchy, which is ironic considering his paternalistic character. However, he views difference beyond the confines of binaries and sees it as a way of opening possibilities. As a result, his attitude towards disability is clearly nuanced.

Finding the Authentic Body

The tenth episode of season three of *House M.D.*, "Merry Little Christmas" illustrates the way disabled bodies expose embedded ableist ideals in medical institutes. Moreover, the episode illuminates the agency of material bodies in challenging social and medical discourses.

In "Merry Little Christmas", House and his team try to treat Abigail (Kacie Borrowman) whose lungs have collapsed. Abigail is brought in by her mother, Maddy (Meredith Eaten). Both are persons of short stature (dwarfism). House, upon meeting the two in the examination room with Cuddy, makes fun of their dwarfism which Maddy finds offensive. However, House spots signs that may lead to the accurate diagnosis of Abigail. House's impolite remarks are tolerated because he can deliver a cure to her illness. However, Maddy and House's quick wits make them develop an understanding relation. House also seem to respect Maddy and her strong character. Interestingly, House's medical gaze allows him to read Abigail's body and dismiss the diagnosis of Dr. Cuddy.

Despite the insensitive remarks House makes, the episode exposes the hidden ableism in medical institutes. Clearly, medical knowledge depends on the classification of bodies and the illness associated with them (Foucault 1989). However, it is obvious that people with disabilities are overlooked because hospitals supposedly treat clients who are healthy "normal" people that become ill. People with disabilities (herein dwarfism) have been viewed as marginal and perhaps rarely treated. The following scene showcases this:

> Chase: There are over 200 varieties of dwarfism, each with different medical complications; you can't expect us to be intimately familiar with all of them.
> House: The sick dwarfs sure expect you to.
> Cameron: Cartilage hair hypoplasia - they have compromised immune systems.
> House: Gold star for Cameron, for extra credit explain to the special needs section of the class why our patient's negative TB test is irrelevant.

> Cameron: A PPD involves planting a fragment of TB under the skin to see if the immune system recognizes it, because of her compromised immune system, our patient could have TB but it's not it.
> House: The little people love you…Let's go see a dwarf about a gallium scan.
> MLC

House's remarks to his team emphasizes that doctors need to be familiar with the illness of all bodies including disabled ones. Cameron's explanation of the negative result of theTB test indicates Abigail's body has a different morphology. This underlines gaps in the medical knowledge that fails to attend to difference as a variable in diagnosing material bodies.

I think paying attention to the material body problematizes the arguments that House prefers normalizing treatments. I believe House reads the reality of Abigail's body and the way it is shaped by the social inscription of both normative and dwarf culture. House does not consider Abigail's difference genuine because her dwarfism is socially constructed. Because he concentrates on the material body, I read his dismissal of Abigail's claiming a dwarf identity as him resisting socially imposed norms.

House diagnoses Abigail as having Langerhand cell Histocytosis that causes a granuloma. It affects her pituitary gland leading to a "growth hormone deficiency". Thus, Abigail's dwarfism is not skeletal but hormonal. House's explanation to Dr. Cudy and Dr. Wilson underscores the social presumptions that led to Abigail's misdiagnosis. He explains that just because everybody " called her a dwarf doesn't mean she is a dwarf. Everyone assumed she was because of her mother and there's no test for CHH dwarfism so she lost an identity, but we've gained a symptom". Clearly, the presumption that Abigail is a dwarf had prevented doctors from paying a close attention to her body.

House views Abigail's dwarfism to be imposed on her by the normal/abnormal binary. Despite her feeling comfortable with her short stature, House, it could be argued, considers this to be socially imposed by her mother who "hates normal" (MLC). Since she is not an actual dwarf—a "poser"—her body causes her authentic identity to, in Butler's view, "rematerialize". However, this happens through what Grosz argues an interactive relation between the bodily, social, and psychological. House is more attuned with the material body; he thinks Abigail should not be limited by the cultural codes of dwarfism but exist in the reality of her body.

Moreover, he is aware that she is not like her mother who is "the real thing". Abigail's character is nice and polite, and she is apologetic for her mother's snappy reactions to Cameron. She seems to be infantilized by her mother. However, the two demonstrate a friendly understanding. House can observe that Abigail doesn't have the strong and witty attitude of her mother and thinks it is best she takes growth hormones. He argues with Maddy telling her:

> Maddy: Can't you deliver a diagnosis without making her feel that her life isn't worth living?
> House: I'm trying to help her.
> Maddy: You're trying to make her taller.
> House: Not too tall. Just tall enough to wipe her own butt.
> Maddy: Are you high?
> House: Higher than you.
> Maddy: If my daughter doesn't want to choose the easy path, I won't force her to.
> House: Then you're a lousy mom. You want your daughter to be a freak.
> Maddy: We're not freaks.
> House: [sighs] You want her to overcome adversity.
> Maddy: Yes.
> House: Then why stop at height? Poke a stick in her eye, imagine how interesting she'll be then.
> Maddy: Being little is not the same.
> House: You and I have found that being normal sucks because we're freaks. Advantage of being a freak is that it makes you stronger. How strong do you really want her to have to be? Tell her what you have to tell her, now you tell her you lied, even if you didn't.
>
> MLC

Clearly, the perceptions and valuations of bodies are socially constructed and operate to sustain the ideals of dominant cultural groups. These maintain their hegemony through exclusion and devaluation of other bodies (Bordo 1993). Unmistakably Abigail's favoring her dwarf identity can be read from Bordo's argument. The fact that her decision seems to be influenced by her mother being a dwarf suggests that her decision is also swayed by the dominant culture, in this case the mother's dwarfism. She tries to force an identity on her body because she thinks it satisfies her own mother's wishes. She has been inauthentically living her life as a dwarf which was imposed upon her by both the normal and dwarf culture.

Clearly, House views himself as being different because he confesses that he and Maddy are "freaks". House views being different as a strength because it allows one to confront social conformity. Unfortunately, Abigail lacks the confrontational attitude that may help her fight ableist biases. The criticism of House favoring being normal over being a dwarf is problematic. House, being true to his popular saying "Everybody lies", can detect that Abigail's body is having alternative possibilities beyond the socially imposed identity.

The diagnostic moment in which Abigail is diagnosed as not being a dwarf can be read as a crip productive moment. Arguably, the body undermines discourse trying to limit it to a particular identity category. Dr. Cuddy, Dr. Wilson, and Maddy are all surprised because their presumptions that Abigail was a dwarf prevented them from understanding the reality of bodily morphology. It undermines the medical discourse and exposes its biases and limitations.

Overall, the body actively imposes its reality as it leaks over boundaries limiting its materialization. Perhaps Abigail's experiencing two disparate cultural locations would enrich her understanding of the ethic of difference.

Of Limits and Possibilities

Interestingly, House rudely points out the limitation and possibilities Abigail might have if she takes treatment. I would like to address this issue by keeping with Tichkosky's argument of disability as a "limitation or possibility" in my analysis of the episode "Half -Wit". I find the character of Patrick in "Half-Wit" suitable to problematize the concept of Tichkosky's arguments about disability as having limits or possibilities. Patrick suffered a brain injury in a car accident, and he also lost his mother. Despite him having a mental capability of a young child he has savant skills in playing the piano. Mr. Obyedkov, Patrick's father, takes care of him and accompanies him through musical tours.

The opening scene shows Patrick having trouble buttoning his shirt. He is frustrated which is clear in his tone, as he mimics the father's word, that he was "almost" able to do it (button his shirt). Patrick repeats what other people say to him which his father considers a compensation mechanism. Interestingly, Patrick's limits can be seen in his inability to do minimal tasks because of his neurological disability. However, his ability to play the piano has been viewed as his greatest talent.

Suffering dystonia while performing, he is taken to the hospital for examination. House is fascinated by Patrick's skills and is that Patrick finishes a music note House composed during junior high school. He explains that he could not "figure out what came next". He plays to Dr. Wilson the completion Patrick came up with. An irritation as well as puzzlement is detected in House's remarks. I would infer that House is being surprised that Patrick is able to understand the emotions the music is trying to convey and is able to supply the ending to it. Unlike other patients we see House communicating with Patrick through music and brief conversations.

Nevertheless House, driven by the challenging puzzle, decides to keep Patrick for further tests. Applying the apparatus of the medical gaze, House tries to see into Patrick's brain to observe the neurological activities taking place, "seeing the music". Disappointed that nothing shows up on the MRI, House, inspired by Forman, askes Patrick to pretend to play the piano, which surprisingly indicates many brain activities and indicate a heart problem.

However, House's interest in disease makes him try and locate it in a specific space. To do so he resorts to extreme treatments and even stops Patrick taking seizure medication. When Dr. Cameron objects that it may cause damage to the brain, House replies " Dude can't button a shirt. How much more damage are we really talking about?". He points out the limitations that Patrick is dealing with which implies that he has a worthless life. This problematizes the issue of disability as being a life unworthy of living. This is illustrated in the next conversation between Patrick and House:

> House: Who the hell were you before you hit your head?
> Patrick: "Hell" is a bad word.
> House: So is "ass", "bitch". I can probably rattle off fifty much more complicated disgusting ones, but then your dad would get pissed at me… Like your life?
> Patrick: What life?
> House: Your life. Like the piano? Going on tours. Scoring girls left and right.
> Patrick: I don't like girls.
> House: Boys?…Whatever gets you off.
> Patrick: I like the piano.
>
> HW

Certainly, this remark is problematic because House sees that Patrick has been locked up in the savant role and his playing only gratifies audiences and serves for fund raising. However, at the beginning of the episode we are not given enough information about the way the raised funds would be utilized. Is it for research and cure? Or development and rehabilitation? Patrick can be read as a poster child that appears in telethons.

Moreover, it is the father who cares for him which House respects, but he alludes to the fact that the father will not be there forever. However, bringing the issue of limits and possibilities may trouble this argument. Patrick is cared for by his father. Who will take the father's place if he passes away? House tries to convince the father of the need to surgically remove the right part of the brain:

> Dr. Obyedkov: I thought you fixed him.
> House: Does he look fixed? Right side of his brain is keeping him walking straight. Other than that, it's been dead-weight ever since the accident. 'F we remove it, seizures would stop completely.
> Dr. Obyedkov: The seizures are hardly noticeable. They don't bother Patrick.
> House: But without the seizures, the left side would have a chance to actually function. He'll learn to do new things. Only bummer, he'll never play the piano again.
> Dr. Obyedkov: No. The piano's everything.
> House: I'm not saying he'd ever work for NASA, but flipping burgers isn't out of the question.
> Dr. Obyedkov: I don't mind taking care of him, so he can play the piano.
> House: No, you're actually lucky. You don't have to watch your kid grow up, you don't have to let go.
> Dr. Obyedkov: You trying to make this about me? I love my son! Just the way he is!
> House: He's a monkey-grinder at the circus.
> Dr. Obyedkov: He's worked hard to get where he is!
> Houes: So has the monkey. [beat] The piano is a neurological accident.
> Dr. Obyedkov: It's a gift.
> Houes: And I'm offering him a life.
>
> HW

Clearly, House seems to suggest that Patrick's savant skill is the source of his infantilized status. Despite it being a possibility, it is also a limit. By performing a hemispherectomy, Patrick will be able to carry out daily tasks that may allow him to lead a somewhat independent life. But he would not be able to play music. House's paternalistic behavior is clear as he tells the father that he is "offering him a life". However, the issue of separation from the parent to affirm subjectivity is clear in their discussion.

I think the flaw in the script perpetuates ableist ideals that represent disability as worthless life. This is seen in the inconsistency in Patrick's repetition of what is said to him. By failing to maintain this consistency, the writers undermine House's view of difference as a strength. As seen above, Patrick's reply to House question "What life?" suggests that Patrick is not happy with what he is doing, playing the piano. However, when the father asks Patrick: "Are you happy?". Patrick repeats the same question. The father takes it as an indication that Patrick wants to change his life and consents to the operation. I think the theme of independence and autonomy are obvious in this episode, but they are beyond my scope at this point.

Despite the claim that the end favors being normal, Patrick's disability is not cured. He remains intellectually disabled but he acquires some abilities that can make him attain a certain degree of independence in his daily activities. I claim that House offers Patrick a chance to break the stereotype that limits him to being a music savant. House exhibits a nuanced awareness of disability as difference.

House, despite his insensitive remarks, seems to communicate with Patrick through the finished music note which could be read as a crip productive moment. House's narcissism is undermined by the ability of Patrick to finish the melody. However, House is able to connect with Patrick by understanding that Patrick is looking to live his life beyond the role of music savant. I will elaborate more on this in my discussion of "Lines in the Sand" next.

Speaking Autistic

On the fourth episode of the third season House and his teams are challenged to treat a severely autistic child Adam Kelvey (Braeden Lemasters). Adam's treatment illuminates the doctors' ableist attitudes towards raising a disabled child. However, Adams unsettles these attitudes by demonstrating that he has been communicating his illness beyond representational expressive language. I approach Adam's ways of communication according to Ingram's signification. It challenges ableist phallocentric language by emphasizing the semiotic as a way of expression.

In two scenes in the episode, House, despite his obnoxious behavior, can communicate with Adam. I argue that House acknowledging Adam's difference allowed him to devise alternative ways of communication. Moreover, Adam's brief interaction with House at the end of the episode not only throws House off guard but also proves his theory of happiness wrong. As crip productive moment, Adam's exposes the blind spots within ableist perspectives by enacting alternative ways of Being.

Adam’s parents Sarah (Heather Kafka) and Dominic (Geoffrey Blake) bring him to the hospital after he keeps screaming and holding his chest. Adam is nonverbal; he interacts with his parents through a pictogram. Therefore, the doctors are not able to secure information about what is exactly troubling him. The only symptom they have is a scream which the parents find worrying. Dr. Alison Cameron (Jennifer Morrison) and Dr Eric Forman (Omar Epps) dismiss his illness as the parents’ overreaction, which House rejects. As the team search Adams home for clues of anything that may have triggered his illness, Cameron, and Dr. Robert Chase (Jesse Spencer) have a conversation about parenting a disabled child.

The concept of disability as a tragedy and a burden influences the way the Kelvey’s are viewed. As Cameron and Chase are searching through the house, they realize the strict regimented life the parents have with Adam. Everything works according to a schedule. Interestingly, raising Adam appears to be a form of therapy treatment. Chase observes that the backyard is turned into a “therapy circuit”. However, an underlying assumption that Adam is not worth the trouble is evident. Chase is surprised that the parents quit their jobs to take care of their son because caring for a kid with a disability is expensive.

However, they overlook the fact that the parents’ line of the work may afford them the privilege to do so. Moreover, the notion of a disabled child being a burden led House and his team to suspect that the parents might have poisoned their son. Even House speculates that because Adam doesn’t reciprocate the effort and time both parents are exerting to raise him, they might have become frustrated and tried to kill him to get back to their old lives. This suggests that their parenting is fruitless and may be described, to borrow from Landsman, a "diminished" parenting.

However, House, loving puzzles, understands the challenge diagnosing Adam may cause. Aware of the case being different, House disregards many of his own rules. He acknowledges the parents concerns and worries about Adam, to which Cameron, shocked, asks: "Since when do we start believing parents? Or anyone?" This showcases the medical authority dismissal of parents subjected knowledge that can be read as Foucauldian "popular knowledge". Moreover, House's answer despite crediting the parents, highlights the objectification language of medical discourse. He points outs that "They've studied this kid, heard him scream a million times, did ten years of caring for him, this is the first time they've brought him to a hospital" (LS). Adam is viewed as an object of study that is monitored and recorded. Indeed, the parents' nearness to Adam is enough to make them realize that his scream means a problem.

Moreover, Adam's recurring symptoms proves Foreman's dismissal wrong. Interestingly, the only information that can be obtained comes from Adam's body. However, his body is elusive because it keeps leaking through boundaries. For example, liver cells are discovered under the armpit lymph nodes.

Returning to Radley arguments, mentioned above, it could be argued that Adam's autism establishes him as an "elusory body". He disregards power and imposes his own pace on those around him. For example, Adam's autism forces Forman to comply with Adam's pace and singularity. After trying to interrupt his PSP video game, Forman realizes that is better to work according to Adam's schedule and not the mechanical schedule of the hospital. Moreover, Adam always troubles that staff as they try to conduct tests and x-rays. House foresaw this as he sarcastically tells Foreman “You know what it's going to be like trying to put an autistic kid into a nuclear scanner? I don't envy you guys” (LS).

On the communication side, Adam draws lines to point out the worms that are bothering him. These lines express his point of view and what he is experiencing. Clearly this is beyond the linguistic discourse of the parents and the doctors. The language economy is undermined as Adam expresses his troubles nonverbally: drawing and screaming.

Because House views Adam’s difference as liberating form the society around him, he, is the only one that can persuade Adam to comply with some of the medical procedures. House views Adam's abnormality as a liberating alternative way of living. He sarcastically calls Cameron a “true circle queen!” in response to her claim that “it is normal wanting to be normal” (“LS). Furthermore, House captures the way discourses of normalcy are constructed to serve the ideals of a white heteronormative middle class as he explains “…*skinny socially privileged white people get to draw this neat little circle,* and everyone inside the circle is normal, anyone outside the circle should be beaten, broken and reset so they can be brought into the circle. Failing that, they should be institutionalized or worse, pitied” [Emphasis added] (LS). Moreover, he highlights the rule of normative power to discipline, correct, or seclude abnormalities. House extends:

> Why would you feel sorry for someone who gets to opt out of the inane courteous formalities which are utterly meaningless, insincere and therefore degrading? This kid doesn't have to pretend to be interested in your back pain or your excretions or your grandma's itchy place. Can you imagine how liberating it would be to live a life free of all the mind-numbing social niceties? I don't pity this kid, I envy him."
>
> LS

The fact that he envies Adam, suggest that he sees Adam’s difference as beneficial. House can communicate with Adam by thinking outside an expressive representational language.

I move on to two events to illustrate my idea of crip productive moments. The first is the scene of the biopsy. Dr James Wilson (Robert Sean Leonard) and Forman are having trouble anesthetizing Adam. He screams and fights back. Through the scene we see the parents and the doctors fail to restrain him. When House barges in he tricks Adams to mimic him in inhaling the anesthesia. Everybody, especially, the parents are astonished. The father exclaims that it is “something huge!” describing what happened as a conversation and a form of trust. House explains that he was acting like monkeys. He says “Monkey's afraid to eat the red berries until he sees another monkey eat them. Monkey see, monkey do, that's all it was. Your kid's still just as messed up as when we admitted him” (LS).

Despite his help, House is not able to understand the parents surprise that their son interacted with other people. This could relate to House’s antisocial attitude or his focus on just solving the case. Nevertheless, House’s ability to help with Adam is a result of him realizing Adam’s difference. House communicates with him beyond language through gestural enactments. House meets Adam beyond the representational framework organizing the doctor-patient relation.

As the team reaches a dead end and the possibility of losing Adam, House tries one last time to get an answer. Using the video game to stress the seriousness of the situation, saying “it'll be game over, you'll be dead” (LS). Responding to House's question he picks the picture of the sandbox which makes no sense. House while sitting in Adam's room observes the snaky lines Adam keeps drawing on the board. Eventually, he finds the cause of Adam’s illness.

House rushes to the ICU and examines Adams eyes to confirm his conclusion. He declares that Adam has parasitic worms in his eyes coming from raccoon feces that he must have eaten in the sand. He explains that Adam tried telling them from the start, through drawing lines, but because “nobody speaks autistic” they did not understand him.

The second crip productive moment occurs in the final scene. As the parents are preparing to leave the hospital, House sits observing them. He talks about an imaginary scale of happiness: “First tongue kiss, an 8 on the happiness scale. Your child being snatched back from the brink of death, that's a 10. They're clocking in at a very tepid 6.5 because they know what they have to go back to” (LS). Placing the parents’ happiness at 6.5 is a result of the assumption that they are return to a burdening life in which their efforts are not reciprocated. However, before leaving, Adam walks to House and slowly offers him his videogame tablet. From the point of view of Adam, we see him making eye contact that last for seconds with a surprised House. The parents are thrilled and happy about Adam's action. Wilson tells House that their reaction is definitely "a ten".

In this moment, Adam surprises everyone around him, including House. Indeed, his action unsettled the ableist perceptions about disability being a burden and meaningless. A sense of awe is evident as the parents, House, and Wilson are in silent befuddlement. Adam acknowledges House because they meet on different ethical levels where language fails to express. Indeed, House's ability to communicate with Adam results from him identifying with Adam's difference. Moreover, this moment alludes to the parents’ happiness about Adam's progress which is measured according to a uniquely different milestone. Adam's autism and actions break the representational economy because they signify through the gestural and semiotic language that challenges ableist normative language. Adam and House meet on a middle ground – a threshold—where connection is expressed beyond language and difference is elaborated.

Conclusion

Overall, difference is a potential for accentuating alternative ways of living and knowing. Indeed, disability requires openness to difference and creative way of living. In the episode, the parents' subjected knowledge of their son proved credible against the authorities' language of medicine. Moreover, thinking beyond unidirectional approaches leads to enriching understanding of *Others*. Interestingly, raising a disabled child, or living with anyone who has a disability is a form of "living with difference". Since disability is heterogeneous and unstable, subjected knowledge of mothers raising disabled children can open various resistance fronts to ableist ideals and normative motherhood.

My decision to rely on using *House M.D.* to illustrate the concept of crip productive moments is driven by the fact that parental consent and doctors' authority indicate an adversarial relation. However, the way a disabled child is situated in this relation touches on some of the themes that I will be discussing in the following chapters. The TV series showcases the various representations of mothers' experience of living with their children's disability. The parent-child relations are complicated by many factors, class, race, geography, type of disability and family structure. Despite the prevalence of the medical model, disability is presented as a complex social issue. However, in the coming chapter disability is presented mostly as a private family issue. The primacy of the mother in socializing a disabled child will be focused on. I claim that mothers experiencing moment of crip productivity can understand difference as away to exert change in their maternal work, family, and wider society.

Chapter 3

Disability between Denial and Acceptance: Intact families and Selfless mothers

Most scholarship stresses that representation of mothers in the second half of the twentieth century concentrate on the good/bad mother theme, the mother-child relation (primarily mother-daughter plots), or most recently the "super mom"(Hirsch 1989, Kaplan 1983; 1992, Hays 1996, Plant 2010; Buchanan 2013; Ross 2017). The good/bad mother binary can be regarded as the fulcrum upon which ideals of motherhood are constructed. The imaginary "good" mother, describes Green, is a heterosexual, stay-at-home mother, married to a man financially responsible for her. She is a dutiful wife, and a selfless, caring mother. She nurtures and cares for her children with utmost love and feels fulfilled by her maternal and domestic roles (127). Accordingly, the nuclear family dynamics is compatible to the ideology of motherhood in America (Diquinzo199; Kaplan 1993; Roth 2005). Thus, the asymmetry of division of childcare is amplified.

The centrality of the mother-child relation dominates existing literature on mothering. Perhaps, this could be related to the prevalence of "attachment theory" introduced by British psychologist John Bowlby. He maintains that the early relations a child has with its caregiver influences the development of the child's psyche. Since childcare is thought to be the exclusive responsibility of women, mothers were compelled to sustain a nearness to the child and acute attentiveness to its needs. Eventually many social demands are imposed on mothers insisting on the prioritization of children's needs over those of the mothers.

Carol Smart (1992) claims that discourses seeking to regulate motherhood are constructed around the mother-child relation and the issue of care; both take place within the private sphere of the home. Smart identifies sexuality, marriage, and motherhood as "specifically gendered forms of social regulation" (7). She elaborates that understanding the way mother-child relation is constructed unfolds the "regulation dynamics" adopted at specific social and historical moments (1). Since sexuality, marriage, and motherhood are personal issues, the private realm is intruded upon by regulatory public discourses. Thus, mothering being carried within the domestic sphere merits the home to be an "important site of investigation" (2). This means that the family structure and relations among its members are crucial in examining mothering.

It is important to point out that, in internalizing the ideal, the opposite is also included; that is "unfit" and "bad" mothers. DiQuinzio argues that social surveillance is not directed at real mothers but also extends to fictional mothers. Consequently, the ideal mother as a norm is always voiced and emphasized in media representations. Mothers, thus, are policed for activities that may brand them incompetent mothers. Films, therefore, serve as regulatory apparatuses to the institution of motherhood.

Scholars point out that disability has been treated as an exclusive family matter (Mitchel and Snyder 1997; Burke 2008). On the one hand, this causes the invisibility of disabled people. Limiting care to the private arenas of the home and the institute impedes interaction with people with disabilities by "closeting physical and cognitive difference" (Mitchell ad Snyder 46). Thus, effacement from the cultural imaginary of the body politic becomes inevitable. On the other hand, the family dynamics and configurations are altered. Because films offer a voyeuristic opportunity to these invisible cultural locations, they provide an insight into the dealings within the family's "concealed interactions" upon the arrival of disabled child (Davis Nude 65).

Moreover, the appearance of the disabled child is seen to cause disruption into the family dynamics and a mother's sense of self (Ginsburg and Rapp 2001; Bruke 2008, Rubin1984,).

Unfortunately, the paradoxical cultural ideal of motherhood and individualism places intense pressure on the mother's relation with a disabled child.

Significantly, motherhood is claimed to be a transformative experience that alters the lives of women (Parker 1995; Miller 2005; Baraister 2009; Stone 2012). Many claim that a woman's sense of being a unified self is disrupted upon becoming a mother. Alison Stone explains motherhood as a "transition into chaos" in which women's sense of agency is stripped. A woman, because of motherhood, goes through a "crisis of identity" set off by the intermingling of conflicting feelings of love and resentment triggered by the demands to selflessly attend to a child's needs (Whelan 152). A mother, it is claimed, loses control over her autonomy as a separate self because she is determined by her relation to the child (Baraister 2009).

Clearly, disability complicates these claims because it requires resistance to the ideals of ableist patriarchal ideologies. However, it could be argued that the difference in relating to a disabled child may potentially lead to the same transformative processes. These, I contest, provide women with a unique speaking position to articulate their own maternal experience. Utilizing disability as problem metaphor (Rod 2002; Titchkosky 2007), this chapter examines the way disability influences the mother and child negotiation of the family structure and the mediation of wider social settings.

This chapter explores the representation of the characters of four mothers: Suzie Kaufman in *Son-Rise* (1979), Jenny Corelli in *And Your Name is Jonah* (1979), Joanna Goodman in *Kids Like These* (1985), and Sally Goodson in *David's Mother* (1995). Interestingly, they serve an informative role in representing a myriad of disabilities to the public. Moreover, these movies exemplify the working of the good mother myth as well as advancing the intensive mothering ideology. Mothers are blamed for failing to attain the ideal of good mothering, except of *Son-Rise*. This is obvious in deploying disability to curtail and regulate mothers, a point I briefly touch on because it troubles advancing disability as enriching difference. Nonetheless, I examine the way the disability of the child exposes the unmeetable ideals of patriarchal motherhood that invest the figure of the selfless mother.

***Son-Rise* and the Lay Therapist Mother**

The movie *Son-Rise: A Miracle of love* is a docudrama that tells the story of Berry and Suzie Kaufman excruciatingly yet successful journey to communicate with their autistic son, Raun. I opt to start with Suzie's character because she stands for the unattainable figure of the "good" mother. Moreover, it would provide a suitable reference point for a parallel reading of the other mothers in this chapter.

Hoping to understand the "peculiar" behavior of their son, Suzie (Kathryn Harrold) and Berry Kaufman (James Farentino), search through many resources. One book outlines symptoms that match Raun's actions and behavior. A consultation with a specialized center confirms Raun's autism—he exhibits 12 of the 13 characteristic signs of autism. The parents are confronted by the presumption that their son's autism is incurable and that the only prospect he has is to carry out a few minimal tasks and say a few words. Moreover, therapy cannot be started until he is three years old.

Son-Rise exemplifies an incompatibility between the way the parents and the medical experts view Raun's disability. Yet, both parties turn Raun's body into an object of observation and classification. For instance, medical experts conduct a battery of tests, misdiagnosing Raun as being deaf. Medical knowledge is proving to be limited when it comes to the issue of autism, which was not widely known at this period. In short, medical discourse has the power to materialize bodies by assignation of meaning to anomalous bodies.

Goodly deftly observes that the disabled body is "an educated, parented, observed, tested, measured, treated, psychologized entity, with a long history of being rematerialized through a multitude of disciplinary practices and institutional discourse" (14). Similarly, children with disabilities mediate a "plethora of disabling practices and discourses" (Goodly and Runswick-Cole 54). This is obvious in most of the movies discussed throughout this study.

The Kaufmans visit three centers where each institute promotes its method as to be the best way to resolve or ameliorate autistic behavior. The Kaufmans are shocked by the harsh reality of institutionalized children.[22] Children are turned into objects of disciplinary practices that sought to make them operational within social settings. Abe Kaufman, the grandfather, disapproves of the decision not to placr Raun in an institution. The following scene indicates the way Berry and his father differ in their view of medical experts:

> Abe: Are you a doctor? How do you interpret what you saw?
> Berry: No, I am not a doctor, I am Raun's father! I saw kids being manipulated, being forced, being drugged, being shocked. These is no medical explanation good enough for me.
> Abe: What are you going to do? Invent a serum?!
> Berry: I don't know what I am going to do, but I know where we going to start. Raun's a baby he's not violent, he is not self-destructive. We're going to reach him now.
> Abe: You and Suzie?
> Berry: Obviously nobody else believe I can.
> Abe: How?
>
> SR

The above scene illustrates the influence of the medical model that approaches disability as an illness in need of cure. The children are objectified by medical gaze and disciplinary power that tries to turn them into docile bodies that are capable of fitting into the mainstream society. However, the children are dehumanized due to their disabilities and turned to objects which

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[22] This could be read in light of the public controversy about daycares and institutes. Two movies that touch on this issue are *Cries from the Heart* (1992) and *When You Remember Me* (1990).

Berry finds unsettling. He emphasizes treating Raun as someone with agency. This is inferred from Berry insisting on "reach out" to their son

One of the interesting aspects of the conversation is Berry repeating the pronoun "we," to which the father's reply brings in the role of Suzie. First, it emphasizes the importance of the nuclear family in rearing children. Second, it affirms the tragic and medical models' claims that disability is a "family matter" that needs to be dealt with within the family. However, the dynamics of the nuclear family pivots on a specific power relation that controls a gendered division of labor in which mothers are relegated to child rearing and domestic duties.

Interestingly, throughout the movie Suzie does most of the heavy duties of caring for the autistic child. The Kaufmans attempt what they call " crazy idea" to reach their son. To eliminate distractions around Raun, they decide to work with him in the seclusion of their first-floor bathroom. Suzie spends around 70-80 hours caring for and observing Raun in the bathroom. The father, on the other hand, would sit and recorded his observation in a log that he calls the "Journey of Raun".

Again, Raun is turned into a specimen of observation and object of the gaze through which his behavior is studied and interpreted. To demonstrate the progress the mother is making, they invite a doctor to record the sessions. Clearly, Suzie partakes in the practice of intensive mothering that is both effortful and time consuming. Moreover, the expert-driven nature of her mothering is implied when she describes it as "a family intervention therapy program" (SR).

Suzie, we learn from the voice over, is overworked and sleep deprived because she works with Raun during the day and reports her observations to Berry at the evening. She does that with utmost love and happiness. She shows no signs of irritation or ambivalence towards her son.

However, she selflessly spends around 9700 hours over three years trying to reach her son and let him out of his autistic world. All of this carried out with love and compassion and with the whole family participating in bringing him back. Even when he regresses to his autistic behavior, the family goes back through the same hectic schedule to engage with Raun.

I read Suzie as an epitome of the good mother. Not only that she selfless and intensively looks after Raun, but she also tends to her other motherly and domestic duties with a deep sense of contentedness. She happily carries out other domestic duties; prepares dinner, washes the dishes, and consoles Nancy (Kerry Sherman), a mother helper, with school problems. She does all of this with no complaints or signs of frustration. After her morning jog, she happily returns to her mundane and excruciatingly demanding "therapy" with Raun. Whenever she shows signs of anger or frustration,[23] it is mostly directed at her husband or doctors' indifference to her views. Amusingly, she is immersed in the illusion of the feminine mystique (Freidan 1963).

Many times, the experts dismiss her input as that of a "lay person". For example, when Raun is said to be deaf, she rejects the doctor's diagnoses. Suzie's nearness to Raun gave a better understanding of Raun that is incompatible with that of the distanced scientific knowledge of medicine. The doctor indignantly explains that Raun does not exhibit bodily signs—"involuntary reaction to sound; pupils, eye lids, and the skin"—that indicate one is hearing (SR). However, Raun unexpectedly repeats the beeping tone of the sounds of the tests. The doctor is utterly surprised because his diagnoses is proved wrong.

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[23] In one scene, where she is calling centers to inquire about services to children with autism, Berry stresses that she needs to make more effort and make a list prioritizing the centers to call. The tone of dissatisfaction and blame of his remarks gave the inference that she is not serious. She loses control and storms out of the kitchen. Berry apologizes to her and presents a cookie as peace offering. However, she reminds him to "stop pushing [her] and running [her] like he is running a business" (SR). Berry apologizes and promises he would not put any more pressure on her. In another scene she snaps at Dr. Johnson for referring to Raun as it. She emphasizes that he is not it but their son whom they "will do everything within [their] power to reach" (SR). Other than that, she is happy with her what can be called therapeutic mothering of her son. She welcomes the help of Nancy and her two daughters and views it as time to rest and a way to involve the family in helping Raun.

The scene can be read as a crip productive moment because Raun seems to disregard the medical test. He prefers to repeat the sounds on his own accord. The medical reading of his bodily morphology is undermined. He is defiant to medical labeling at that stage of the plot. However, his action confirms the mother's claims that he is different.

Returning to the issue of personhood, the Kaufmans view their son's autism as a form of difference beyond the positive/negative binary. They insist on treating him as their son by rejecting the dehumanizing medical language. They avoid judging him as ill, emphasizing that they are not looking for a cure but a way to communicate with their child. It can be claimed that understanding Raun's autism as an alternative way of being allowed them "to reach out" to him.

Berry leaves his lucrative business to stay with his son and family, but we do not see him go through the same arduous process Suzie went through. Moreover, being from a well-to-do middle class family Berry and Suzie have the privilege to spend most of their time taking care of Raun. In the final scene we see Raun running towards a nun attending a teenager with a cognitive disability. When Raun asks her about the teenager she replies he cannot speak because "he wasn't born perfect like [Raun]!" (SR). The irony is that Raun was not born "perfect" but because he has a perfect mother and a supportive father, he is freed from the confines of autism.[24]

Suzie Kaufman, in the movie, set the bar for other mothers. She represents the illusory unattainable ideal of the selfless good mother. Despite challenging the tragedy model, the movie perpetuates intensive mothering as the best way to raise a disabled child. However, I argue that she is a problematic figure because she affirms the claims of "essentialist" mothering that mothers are instinctively aware of children's needs. She best understands Raun's behavior and

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[24] The movie applies the curative plot in which disability is cured or overcome by the end of the movie. Many critiques applauded the film for its depiction of autism. However, there is contradiction on the way the Kaufman's claim that their son has been cured. However, this is beyond the scope of my study (see James T. Yenckel).

contradicts experts' opinions. It is her idea to eliminate distractions around Raun. She is the one who starts imitating his autistic behavior. This affirms motherhood ideals that insist on a mother's nearness in caring for the child. This implies that a mother is intrinsically able to be in tune with the child's need.

Ambivalence and Accepting Difference

Barbara Almond (2010) describes maternal ambivalence as "the dark side of motherhood"(xiii). Nonetheless, she considers maternal ambivalence to be a "ubiquitous" "normal phenomenon" that needs not be treated as a "crime or a failing" (1). She, concurring with Parker, argues that ambivalence need to be "understood as a phenomenon that can be constructive and deconstructive – constructive when it leads the mother to think creatively about her difficulties mothering and how they can be managed, destructive when it leads to hopelessness, intractable guilt, self-hatred, and punitive behaviors" (xiv). Maternal ambivalence, it could be inferred, facilitates the mother-child separation by stressing each being distinct from the other.

Almond argues that failing to embrace ambivalence would lead to "depleted and rigid relationships in which the other person is not experienced in his or her full emotional reality" (8). Thus, maternal ambivalence allows differentiation between mother and child to be established. In the next section I explore the issue of ambivalence as a facilitation or an impediment of the disabled child's socialization.

The Resilient mother

And Your Name is Jonah is another made for Tv movie that came out during the same year as *Son-Rise*. The movie addresses the issue of deafness and the significance of sign language as a valid language of communication. It raises awareness of Deaf culture and provides educational information about the controversies surrounding sign language. The movie features many deaf actors notably the protagonist, Jonah (Jefferey Bravin). Some critics point out that the movie comes after American Sign Language (ASL) had been approved as an official language in the mid-70s.

Unlike, the Kaufmans, Jenney Corelli (Sally Struthers) and her husband Danny (James Wood) are an average American family: a working husband and a stay-at-home wife. Their family doctor misdiagnosed their son Jonah as being mentally "retarded". The Corellis, not having the luxury to care for a supposedly mentally disabled son, comply with placing him in an institute catering for children with mental disabilities. Jonah spends three years and four months at the institute before the medical staff identify him as being deaf and not mentally "retarded".

While Danny signs the release papers. Jenny is upset and chides the doctor that the misdiagnosis "was some mistake" (Jonah). It costs Jonah almost three years of his life. The family doctor's mistake excluded Jonah from his family and society. Yet again the power/knowledge of the medical discourse re-materialized Jonah's deafness. As a deaf child, he is allowed entry to the margin of mainstream society. Jonah's position within the social field is granted by the medical discourses that attached meaning to his deafness.

Jenny and Danny are happy with having Jonah back, but struggle with communicating with him. Jenny expresses a sense of self-blame and is worried that Jonah is angry at them. It could be inferred that she blames herself for not detecting that Jonah is deaf. In contrast to Suzie Kaufman, Jenny's guilt is caused by her sense of failure to understand the reality of her son's disability. She fails to protect him from being locked away in the hospital. Danny, upset, stresses that he has been telling her for " a hundred times" that it was not her fault. In other words, Jenny has been living with guilt throughout the period Jonah was in the hospital.

At home, Jonah is oblivious to the excitement at the welcome-home party. He has an uncanny effect on the family. Everybody is surprised that Jonah "doesn't know any words" and cannot "read lips". Jonah is the "unheimlich" who, despite his kinship, is estranged from the family who are uncertain how to communicate with him. The following conversation showcases some of the misunderstanding about deaf people and the primacy placed on oral language:

> Larry: Then how does he think?
> Danny: I don't know.
> Ann: Well did they teach him anything at that place [the hospital]
> Danny: They taught him how to tie his shoes and how to feed himself with a spoon. Come on Ann those kids were retarded.
> Ann [looks at Jonah with confusion]: He doesn't know any words?!
>
> Jonah

The conversation points out the hidden dynamics of ableist ideologies. Ann, his aunt, is surprised that the hospital has not taught him to read lips or communicate. Danny's reply also showcases the custodial role of institutes for mental disabilities. Residents are taught menial tasks of self care. There is no indication of mental stimulation or the intention of integrating their residents back into society. They serve as a " cultural location" of confinement (Snyder and Mitchell 2006). The significance of spoken language in navigating society threatens Jonah's integration.

At the end of the party, Jonah happily joins his dancing grandfather. This because he is able to imitate the movements and gestures his grandfather is making. However, when the music stops, Jonah continues to clap and dance, which unsettled his parents. It is suggestive of their uncertainty in how to deal with Jonah's deafness and communicate with him.

After conducting a hearing test, the audiologist recommends that Jonah wears hearing aids and attends speech therapy. Jonah starts speech therapy with Mrs. Marquardt who insists on following an oralist approach to teaching deaf children. She tells Jenny

> We don't permit the use of sign language or gestures in our sessions. We believe that once a child begins to use signs he becomes lazy in learning how to use his voice and reading lips. He follows the course of the least resistance… Using sign affects his [the

> deaf child] progress and as he grows he will only be able to speak to deaf people… Unfortunately it is a hearing world. Unfortunately for the deaf that is. And Your Name is Jonah
>
> Jonah

Again, the knowledge/ power dynamic works through various disciplinary processes that seek to make Jonah speak and lip-read. Jenny trusts the expert advice of Mrs. Marquardt and agrees to follow oralist methods. Jonah wears a hearing device of which Danny disapproves. He argues that Jonah will be mocked by other kids. Clearly, attempting to socialize Jonah into the "hearing world" is influenced by ableist notions that are seen in they way oralism is preferred over sign language (manualism).[25] Moreover, fear of social stigma and ridicule is implicit in the father's reaction.

In addition to communication difficulties, social attitudes add to the Corellis' struggle. Jonah's deafness complicates the relation between his mother and father. Each one of them seems to internalize the stigma of Jonah's disability differently. Jenny is feeling guilty and always blames herself for Jonah's isolation. Danny, on the other hand, seems to be ashamed of Jonah's deafness because it is affecting his relationship with his friends at work. For instance, Danny quarrels with his workmates who oppose Jonah being present during their baseball games. At home, Danny is irritated that Jonah undermines his authority by refusing to adhere to table

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[25] In this paper Byanton compares the development of two methods in Deaf Education: manualism and oralism. He provides an outline of the phases each method established itself in schools. Manualism advocates were influenced by Evangelical ideas which aimed at bringing the deaf into the realm of Christianity. The focus was on the individual and elevating them from their state of isolation. However, by the 1860s manualism is undermined by new proponents of a new method, oralism. Driven by progressive ideas, Oralists' aim was to integrate the dead into the social fabric of the nation. Emphasizing oralist techniques they rejected sign language and bannd them from schools. They claimed that sign language furthers the isolation of deaf people and isolates them as a minority. Byanton observes that both camps intersected in their assumption that deaf people fall in the category of the outsider in addition to being dependent on hearing people. However, manualists and oralist differed in their definition of the concept of the outsider. One rhetorical device in the argument favoring each method deployed the image of animality. On the one hand, manualists viewed sign language as a way of bringing the deaf from their animal state. Oralists, on the other hand, saw sign language as indication of regression to an original animal status of humanity. However, manualism prevailed in the end. Baynton explains it in light of it offering deaf people a sense of a Deaf community and culture, which the oralists fail to acknowledge.

manners. Danny objects to throwing a birthday party for Jonah on the pretext that the others will view it as "freak show".

On the day of the party, Danny buys a bike for Jonah. As the family teaches him how to ride his bike, Jonah was almost hit by a car. A heated argument occurs between Danny and their neighbors. A middled aged woman yells at Danny telling him "You don't let some kid like this [indicating Jonah] out in the street. He doesn't belong in the street" (Jonah).

At home Jenny and Danny quarreled about sending Jonah back to the institute. Jenny is still in denial of the fact the Jonah is different because of his deafness. Danny furiously confronts Jenny that Jonah is not normal and repeatedly calls him a "freak". He claims in the institute Jonah "wasn't paraded up and down the street for every body to point their fingers at" (Jonah). Jenny is shocked and angry that the others consider her son a "freak". She refuses to send him back to the institute because the institute is a "cold and lifeless place". The argument ends with Danny leaving Jenny and the house.

The presumption that having a disabled child would dismantle the family and cause its structure to fall apart is obvious in this movie (Brockely; Rubin 1984). The same could be said about *David's Mother* which I will discuss below.[26]The mothers are presented to be blamed for not keeping their family intact. Jenny's denial of Jonah being different is the cause of her continuous arguments with Danny. Unlike Barry Kaufman, Danny is not understanding and suffers the stigma of his son, which isolated him from his colleagues and neighbors. As a result, Danny abandons the family but sends money to Jenny and the kids.

Jenny, however, remains within her social role as housewife. Instead of finding a job she applies for welfare. This distresses her mother because "no one in [their] family has ever been on

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[26] Another movie that touches on this issue is *A Kid from No Where (1982).*

welfare". The mother's objection is indicative of the sense of pride her family feel in being independent and earning their living. Moreover, it showcases the fear of being stigmatized and shamed by other people in their community. I read Jenny's decision as a step to enforce the concept of the stay-at-home mother as the best way to rear children (Hays 1996, Thurer 1994). Also, it emphasizes the need of the mother to closely attend to her child.

Jenny is in denial of the fact the Jonah is different and fails to view sign language as enriching. She is determined to teach her son to speak through constant repetition and practice. However, Jonah is confused by his surroundings; he is unable to understand the therapist's attempts to teach him. He hides Anthony's, his brother, spiderman doll in the broiler out of fear, causing it to be burned. For instance, when he sees a hot dog vendor, he tries to request his mother to buy him one. Sadly, she is unable to understand him. After dragging her to the cart, the salesman has already left. Frustrated he assaults Jenny, who holds to the ground crying. In another scene, she teaches Jonah his name according to oralist method but fails. When Jonah becomes irritated, she loses her composure and bursts into tears loudly saying his deafness is "not [her] fault. Jenny is unable to acknowledge her son's deafness as difference which intensifies her ambivalent feelings toward him being disabled.

The only one who seems to bond with Jonah is his grandfather, who is his "best friend". His grandfather happily plays and dances with Jonah. The grandfather accepts his deafness and connects with Jonah through dance, play, and juggling fruit. The grandfather dies of what seems to be a heart attack. Jonah is not able to understand what happened to his grandfather. Jenny cannot explain the death of his grandfather. The film brilliantly uses the camera point-of-view to presents Jonah's perspective. As a result, the viewer can assume Jonah's situation.

Whiles Jenny is asleep, Jonah takes money and rides the bus to the Italian market. He wants to be with his grandfather. The scene undermines the assumption that Jonah is unable to understand his surroundings. Through his journey no one suspects he is deaf. He passes as normal and would have returned home if he had not missed the bus.

Yet, the scene indicates Jonah's awareness of his surroundings. He understands the need for money to ride on the bus. When he tries to put on his hearing aid, he decides against it which can be read in two ways. First, he seems to be aware that it would draw attention. Second, it indicates that he can navigate the world as a deaf person. Since disability is interactional, we see that he manages to go to the market and was making his way home. He is almost hit by a police car as he runs from the drunkard. The police officer, who is ignorant of the fact that he is deaf, mistakes him for being mentally disabled. Not only that, but the hospital staff are also unable to realize his deafness and restrain him as if he is mentally disturbed. When the mother comes to pick him, she is horrified at the sight and objects that her son is deaf. I read this as the mother's acceptance of the reality of his disability.

Reading this scene as a moment of crip productivity we can see that Jonah undermines the presumption his dad and the others hold that deaf people are unable to understand their surrounding without oral language. Second, it is indicative of ableist prejudices that fail to incorporate those who do not conform to the mandates of normativity. Finally, Jonah's searching for his grandfather demonstrates the affective side of his personality. The scene humanizes Jonah illuminating his personality beyond the limits of his deafness.

Jenny constant self-blame indicates the effects of deeply internalized good mother ideals. She feels guilty for not socializing Jonah. Interestingly, the mother, as already pointed out, is the sole person responsible for ushering her child into society. Jenny sense of failure is caused by

Jonah not meeting the social expectations. She confides in her grandmother her dream of seeing Jonah trapped in "a glass ball" wanting his mother to help him breakout. She adds that she feels that Jonah hates her for not helping him. Jenny's guilt is a result of the expectations of her as a mother. I claim that Jonah's lived reality as a deaf child is eclipsed by the normalizing attempts of his mother.

She develops a close relation with Connie, a mother of a deaf child at therapy. Connie's positive and humorous perspective on life reassures Jenny. When they fist meet, Connie asks about Jonah after that she askes Jenny about how she is dealing with the issue. Jenny confesses that she is struggling, which Connie explains as a natural part of the mothering a deaf child. Connie offers support to Jenny because the two are trying to communicate with their deaf children. Connie advises Jenny to accept her sense of confusion regarding raising Jonah as deaf.

At the library Connie shows her several books that have different views on teaching deaf children. This exemplifies the conflict mothers face when trying to evaluate experts' advice regarding their children. Jenny's sense of failure is accentuated through her adherence to oralist methods of dealing with deaf children. Because oralism operates to make deaf people "fully assimilated into the hearing world" (Bayton 1996), she is unable to attend to the fact that Jonah is different.

As she is trying to teach Jonah to say the words "car" and "truck", she is frustrated and allows her anger to surface. She yells at him " I can't stand it anymore. It is not my fault". She goes into a tantrum repeatedly banging her hands against the bedroom door loudly saying that Jonah's deafness is not her fault. She finally acknowledges her frustration and ambivalent feelings towards him, which becomes a turning point in her dealing with his deafness.

After the incident with the police, she confides to Danny that she never wanted Jonah to be "deaf" or "look funny and sound funny". Danny confesses that he is at loss himself and unable to express his feelings. He tells her "It tears me in half. I can't stand being here [with the family] and I can't stand not being here." Jenny assures him that it is natural to feel that way because that is how she always feels. In other words, contradictory feelings are normal aspects of being a mother.

This moment of realization leads Jenny to search for a deaf couple she saw signing at the speech therapy clinic. She meets Paul and Jennice who introduce Jenny and Connie to Deaf culture. The two are surprised that deaf people have enjoyable social lives. Connie says, "at least we know deaf kids grow up". Connie's comment touches on the issue that raising a disabled child is more about the future, a point I will be addressing in the conclusion chapter. Jenny decides to teach Jonah sign language and learn it herself.

Jenny asks Mrs. Marquardt the reason Jonah is not making progress. Jenny explains that she sees her son as like " an animal in a cage". Mrs. Marquardt explains that she is only trying to "help him get out". She confronts Jenny with the harsh reality that Jonah " will never be like [them]. He'll be as much like [them]". However, Jenny disagrees:

> Jenny: I think I failed him.
> Mrs. Marquardt: How do you mean?
> Jenny: It is funny. All this time I've been pretending he wasn't deaf.
> Mrs. Marquardt: Pretending?
> Jenny: Pretending that he could be just like everyone else… we've been trying to make him into something that he is not.
> Mrs. Marquardt: We've been trying to help him live in the world as it is. Where people speak to each other and listen to each other. Jonah

Jonah

Mrs. Marquardt remains loyal to oralist methods telling Jenny that in the past children's hands used be tied to prevent them from signing. When Jenny tells her that she wants the best for

Jonah; that is sign language. Mrs. Marquardt tells her she that would not allow Jonah to use sign language at her school. To which Jenny asks, "Do you think it's contagious?".

Clearly, Jenny realizes that Jonah's difference is not something to hide or try to remedy. This new awareness comes from her position as a mother who experienced living with disability and gained an alternative perspective into the life of deaf people. Moreover, she manages to gain a new speaking position in which she is no longer the docile and complacent parent of a child with a disability.

Woody and Kate teach Jonah sign language at the park, but he is confused at first. When the hot dog vendor approaches, Woody signs hot dog to Jonah. After several attempts, Jonah understands what Woody and Kate were trying to teach him. He happily repeats the signs of the objects and people around him. Despite the happy and climatic effect of this scene, it enforces the phallocentric economy by appropriating sign language.

Woody and Kate stand for the heterosexual couple. Woody, being deaf, stands for the symbolic authority of the deaf father. The hot dog read as a phallic symbol ushers Jonah to the domain of the symbolic. Jonah is granted possession of the phallic language that allows him to interact within his social domain. Woody stands for the absent Danny who in the baseball scene fails to teach Jonah how to swing a baseball bat which has phallic signification. Moreover, when Woody teaches Jonah to sign the word mother, he allows Jenny entry into the symbolic domain. Woody, happy that both Jonah and Anthony are signing, embraces the two in a fatherly manner.[27]

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[27] Interestingly, the movie appropriates the role of women in sign language. In speech therapy it is always women who are trying to teach children to speak. While when it comes to sign language it is the men who appear to do the teaching as we see in Woody, Paul, and the school principal at the end. It would be interesting to explore this issue from a psychoanalytic perspective.

Jonah finally understands the death of his grandfather through the shell of a dead turtle. Jonah uses the turtle to tell his grandmother that he understands that his grandfather is dead. At the end of the movie Jenny, now signing, is happily engaged with Jonah. The two visit a school teaching deaf children sign language. Jonah is happy and we see him making new friends. Clearly, Jenny is no longer ensnared in self-blame because she accepts Jonah's difference. She is empowered and no longer in the listening position.

Moreover, at the school Jonah is allowed a speaking position as he proudly tells another girl at school his name – maybe implying him having a life in the future. In short, Jenny learns that her mistake of socializing Jonah according to oralist ideals. Instead, she writes him into the family and wider society as a deaf person. This indicates a sense of reflection on alternative way of mothering.

The Witty Mom

In *David's Mother* (1994), Sally Goodson's (Kirstie Ally) pretense of being a caring mother is troubled by the "disintegration of her family" (Castles 360). Sally's ineptness at "rationing" her love and attention to her entire family (Brokley 145) is the main cause of her family's break up. Scholars argue that fathers and siblings of children with disabilities feel shortchanged with regards to a mother's attention (Burke 11; Brockely 144). Susan, Sally's daughter, argues with her mother because she feels neglected. Phill, the husband, confronts Sally telling her that her love is harming David. Phill and Susan end up leaving for California. Moreover, her overprotection of her son David hinders his social opportunities (Burke 22). It could be argued that Sally is more of bad mother than an outlaw one. She is unable to understand David's difference beyond limitations. As a result, David is kept in the "eternal child" role.

David's behavior is symptomatic of autism. He is nonverbal and repeatedly watches the same movie all day. Sally's overprotective love of David causes her to shield him from the outside world. Sally elects to withdraw from society to avoid placing David in residential schools. The movie appropriates the concept of "momism" (Wylie 1942), to magnify Sally as a bad mother. Momism indicates the detrimental mothering practice through which mothers emasculate their children. Sally's monologue with David offers a perspective on being a single mother of a child with a disability. However, her inability to accept David's disability as difference undermines David's humanity.

Borckely points to the assumption that a child with a disability is exploited by their "unfulfilled mothers" (133). Some mothers resort to "hiding their rejection behind devotion" (Brockely 198). Sally confesses to her husband that she feels angry at David because he does not reciprocate her love. Interestingly Sally hides behind an acerbic witticism every time her mothering is questioned. She explains it as a "candor [that] approaches rudeness" (DM). Also, she uses derogatory language when referring to David's mental capacities. Burke maintains that overprotection hinders a disabled child's social opportunity (22). Sally indicates the enduring fear that mothers of disabled children achieve "illegitimate satisfaction" from delaying the child separation (Borkcley 144). The movie portrays Sally's withdrawal from society as a way of her not accepting risk (Burke 2008).

When Sally finds David left in a class corner soaked in his own urine, she is upset at the way teachers neglected him. As a result, David no longer attends any schools. Sally has been hiding from child services to avoid sending David to a residential school. She denies him an opportunity of integrating with other people. Moreover, she works as a freelancer, which barely suffices her needs. She lives like a recluse and drinks to ease her guilt. The apartment is disorganized, and she neglects looking after her own self.

Unlike other mothers in this study, Sally is not proactive in procuring services for David. Instead, she tries to evade the social worker, Gladys Johnson (Phylicia Rashad). Gladys is adamant about placing David in an institute where he will have his own room and will come home at weekends. This frightens Sally and she tries to move to another city. Moreover, she lacks the resilience needed to teach a child with a disability. This is evident as she angrily tries to make David use a spoon telling him that she is not Annie Sullivan in the movie *Miracle Worker*. The influence of popular culture on the relation to disabled children is obvious. However, she does not afford any explanation for her impatience.

When John, a man Sally recently went out with, teaches David to operate the VCR. Sally repeats that David would not learn. She mocks her boyfriend who insists that patience is the key to teaching doing certain tasks. However, Sally seems to have given up on David when she says that "nothing is going to change [David's] life" (DM). However, John confronts Sally that she is "fighting to control [David's] life" (DM). However, she is speechless when David operates many VCRs at a video store. The scene depicts Sally as an agent of disablism because she has been holding David back by denying him schooling.

The movie ends with her agreeing to place him in a residential center for children with mental disabilities. At the end of the movie Sally leaves David at the center telling him that she never felt "special" until he came into her life. In short, Sally drew satisfaction from being the only one who could care for him. This feeds into the presumptions that bad mothers delay their children's separation. However, David's operating the VCR stresses the importance of having a father figure in the lives of disabled children. Eventually, Sally questions the efficacy of her protective love which is a suggestive warning against viewing difference as a hindrance to a child's future life.

It is worth mentioning that I do not consider Sally Goodson in *David's Mother* to stand as an outlaw figure, a theme I will discuss in chapter 5. She, because of her overprotectiveness, can be read according to Philip Wylie's (1942) concept of "momism". The mother selective social "withdrawal" denies the mentally disabled son procurement of societal and educational benefits. The intervention of a social worker suggest that she is a "bad" mother.

The Educator Mother

In the above films, the conflict with medical authority and normative ideologies comes after the family, especially the mother, has related to and bonded with the disabled child. The discovery of disability is latent when the child misses many milestones or is not responsive to its surroundings. This is not the case with Joanna and Bob Goodmen in *Kids Like These*. [28] The baby is identified as disabled at birth. The thrilled parents are not aware of the the doctor's and the nurse's dismay knowing that the baby has Down syndrome. The doctor patronizingly tells Joanna that she will see the baby after she has rested. The exclusionary ableist dynamics are evident in the doctor's delaying the mother-child meeting. The doctor advises placing the baby in an institute, to prevent mother-child bonding. Despite Down syndrome being the preferred used term, the doctor derogatorily calls the baby a "mongoloid " and a "retard".

The doctor stresses that the child will "never learn to read and write or lead a normal life or allow [the parents] to" (KLT). The doctor's comments underline the suppositions that a disabled children await a worthless life and are a burden on their families and society (Brockley, Jones, Castles, Nielsen 2012). He points out that a "retarded" baby would be a huge

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[28] An interesting feature, I think is worthy of mentioning is the birth scene in *Son-Rise* and *Kids Like These*. Joanna and Suzie laying passively between the authority of the two male figures; the husband and the doctor.

responsibility for its family. He tries to persuade Bob by bringing his other son, from a previous marriage. The brother would be "saddl[ed] with a half brother he can't even relate to" (KLT). Moreover, he would be loaded "with a lifetime of responsibility" (KLT). The doctor's rationalization pivots on the disability and ignores the human side of the baby and the mother.

Bob and Joanna, still unsettled by the child's disability, spend time reflecting on their decision. Back at home Bob asks his son Rich about his feeling of having a brother with Down syndrome. Rich is unsure about his feeling and like his father he too is ambivalent. On the other hand, Joanna still in the hospital, surf through TV channels that were mostly about advice on best mothering practices. Interestingly, none of the programs address children with disability; they remain an invisible group. Joanna is upset that the medical staff have "hidden [her baby] away at some place as if he was a freak" (KLT).

Virginia Page, a specialist, comforts them that they need not worry. She even points out that "mongoloid" and "retard" are no longer used. The accepted term is Down syndrome. When Ms. Page asks about the name of the child, the mother explains that they have not given him a name yet. They were "saving the name because the baby is disabled"(KLT). The dehumanizing presumptions that disabled babies are damaged goods strip personhood from Alex.

Interestingly, the meeting with the specialist opens new avenues to the Goodmens. She explains the mistaken assumptions of the doctor and points out that there are new attitudes toward Down syndrome. They could get in touch with parent support groups and intervention programs before placing their child at an institute. The baby remains nameless, a nonperson, due to his disability (Campbell 2009). The mother refers to him as a baby, even when she requests the nurse to bring him. It is the father that grants him the name Alexander Goodman. The role of the father is integral in bestowing value on the baby; offering it a name is away of allowing it an entry into the symbolic realm. An uncanny effect is established as the parents happily inspect Alex after the nurse brings him.

However, Joanna remains struggling with the stigma of being a mother of a child with a disability. According to Erving Goffman's (1963) "courtesy stigma", social bias is extended to people related to a disabled person. Mothers suffer the stigma of their disabled children, which undermines their mothering experience. Landsman points out that rearing a disabled child is claimed to be a form of "diminished motherhood" (50). She describes the way a disabled child invalidates its mother's experience as she states: “Mothers of disabled infants face not the absent baby but a diminished one, a son or daughter whose full personhood is not culturally recognized; their own motherhood is not denied but attenuated" (59-60). Mothers of disabled children thus find themselves on the boundaries of the social norm.

When she tries to schedule an appointment at the center, she is horrified upon hearing the receptionist say, "Mental retardation center". However, she musters the courage and makes an appointment. There the parents are reassured that their "tears are wasted" and the doctor tells them that Alex will grow to be the joy of their life. However, the knowledge/power dynamic remains at work as the parents need to constantly exercise the body to be able to adjust and to participate in activities. They need to ensure that his senses are stimulated and those around him need to keep talking to him because " hearing means speech". Joanna exerts all her effort to exercise Alex and provide him with stimuli. She attaches balloons to his cart and keeps singing as they stroll outside (in a theatrical way). She plays the piano with him, and she bathes him in jelly.

Joanna becomes immersed in intensive mothering as she tries to raise Alex to be like other children his age. However, she remains worried, which would be a result of her feeling of diminished motherhood. She still thinks that Alex's disability is punishment despite acting properly all her life. Joanna still views Alex as a diminished child as she confided to Ann, who is pregnant and hoping for a boy, that she is punished by "not even getting a girl … they didn’t give [her] a whole boy". Joanna's remarks indicate that she views mothering a disabled child as not being a "real motherhood". The feeling of diminished motherhood due to the missing of the wished-for child remains at the background of Joanna's attitude towards Alex.

She exhibits ambivalent feelings towards her son and is frustrated that his progress is slow. Bob, though not approving, patiently watches her as she tries to draw Alex's attention to a dinosaur toy. Frustrated that he did not respond to her she, displeased, tells him to look at the "dumb dinosaur". However, when Alex grabs the dinosaur, she is thrilled. Alex shows signs of progress, and Joanna immerses herself in intensive mothering regiment. She is no longer a mother to him, she is a teacher, and advocate.

She slavishly dedicates her time to his therapy and her work. Doing so, she neglects her duties to her husband and stepson. Rich complains to his father that she has not prepared "a real dinner in a month". He points out that she is "wrapped up on [Alex]" that she stops going to see his games or pay attention to his grades. He feels that he is "lost in the shuffle". It is obvious here that Jonan is being blamed for being rigidified around Alex. She fails to adhere to the dictates of good mothering because she neglects her domestic duties and her wifely role. She even shuts off others from helping with Alex. As Bob tries to convince to go to on a trip to Italy, she refuses saying that she is committed to seminars and therapy with Alex. Bob angrily points out that she is so absorbed with Alex that she has neglected him and the family. He points out that she has forgotten the meaning of fun.

The fall out with Bob is a reminder that she has obligations to the other family members. It is a way of policing her behavior and rectifying her mistakes. After that scene, Joanna prepares a meal to make it up to Bob. When Rich walks in she tells him that there will be many changes. There will be "no more solos". Rich is happy with the new arrangement and rejoices that he "got himself a brother". Later, Bob points out that he does not want her to shut him out from his son. The whole family, even the grandfather, teaches Alex to read and other activities.

Yet, like most Down syndrome children Alex, has problems with social roles and expectations. When he interrupts his parents' scrapple game, his father reprimands him. When the mother tries to calm him down Bob tells her that Alex "has to go out in the world and he has to live by the same rules as everybody else"(KLT). However, when Alex reads out the letters on the board both the mother and the father are thrilled. This fleeting moment of surprise encourages them to continue their effort.

When Alex is accepted in an inclusive classroom, other parents were against it. Because of the ignorance about Down syndrome, the parents were worried that their children would be called retards. Indeed, the fear of the associative stigma caused the parents to dismiss Alex's right to public education. The father confronts the parents and demonstrates that Alex is not a retard by making him count in English and Spanish, read some of the signs in the classroom, and do some addition. The parents feel ashamed that Alex surpassed their own kids, and even become sympathetic as Alex hugs goodnight.

Because the parents' perspective is "missing in the textbook", Joanna receives an invitation to lecture at a community college about raising a child with Down syndrome. This launches her on a series of talks and seminars that she engages in with all her energy. She becomes a resilient advocate for Down syndrome children. Parents sought her advice and medical students learned from her experience raising Alex. Joanna stresses that the 80s witnessed many medical advances with regards to treatment of the complications tied to Down syndrome.

An effective early stimulation helps children with Down syndrome gain many skills which would later help them have "a full life". However, she stresses that the negative presumption needs to be challenged. Indeed, stereotypes about people with disabilities, especially those with Down syndrome, promote "limits over possibilities". This impedes their inclusion in mainstream society. She advises her audience not to "write off [Down syndrome] children in advance or deny them rights and opportunities". Overall, she struggles in dismantling the mistaken presumptions that would deny Alex, and children like him, the right to education and social life.

Nonetheless, concentrating on the mental and cognitive skills, Joanna overlooked the difficulties Alex faces with social skills. She turns every situation into a learning activity. She is not aware of developing social skills as a must for surviving in a competitive society. Despite Alex's outstanding academic progress, he struggles with physical activities which his mother dismisses saying "it's important that he reads a book than kick a football around". However, Alex exhibits many effeminate and childish reactions which is upsetting to those around him. He keeps on hugging and kissing people. For example, he takes a big bird toy to school despite being nine years old. In a school soccer match, he walks absentmindedly in the field. Afterwards, he hugs the other team's players which is not acceptable for children his age.

Alex fails to participate in "conventional" father-son activities. For example, as his family cleans the yard, Alex is not able to participate in a game of catch with his father and their neighbor's son. Joanna, upset, calls Alex and tries to teach him the shape of the leaves. Bob is pessimistic and worried about Joanna overlooking the fact that Alex is still struggling with social codes and he interrupts her lesson saying, "enough teaching" and plays with the two kids in the gathered leaves. Joanna, finally, realizes that she has neglected preparing him for social participation outside of her advocacy work. Bob later reminds her that despite the progress " the Down syndrome is there". He points out that Alex may not attend college or even start a family of his own. In short, Joanna is blamed for failing to prepare Alex for social participation.

Amy objects to the way that Joanna is so engrossed in the seminars and turning everything Alex do into a lesson. She confronts Joanna that she has turned Alex to "act like a trained seal that impresses others".

> Amy: You do tend to turn everything into a learning experience.
> Joanna (Proudly): You dan right! If I didn't I wouldn't have a little kid who could count in seven languages.
> Amy: So what? When is he gonna need to count to ten in Japanese? Except you hauling him around and putting him thorough his act like a trained seal.
> Joanna: That act makes Alex feels good about himself. He loves it. That Act has done a lot to show people what Down kids can do. That act has done a lot for an awful lot to people.
> Amy; Including You?
> Joanna: I am doing the best I can with the best I've got. What do you want me to do?
> Amy: Don't expect more from Alex more that he can give.
> Joanna: It is me that expect more of. You got it easy. David is normal he picks up stuff automatically. If I am not there to teach Alex, he will never learn anything. I have to do twice as much as you, five times as much as you.
> Amy: But you are too hard on yourself. Accept what Alex is, love him for who he is.
> Joanna: You think I don't?! If you weren't my friend, I'd thrown you out of here.
> KLT

The dynamics of mother blaming is evident in the above scene. Evidently, the internalization of the good mother myth impacts Joanna's mothering. Joanna's concentration on Alex's mental and academic skills is an outcome of the internalized fear of him being called a retarred. Both are making her carry out an excruciating effort to teach Alex and effect social change through her time-consuming seminars. Feeling that Amy is insinuating that she is not doing her mother work properly, Joanna points out the hardship and intensive effort she goes through to teach Alex. Despite Amy's acknowledgment of Joanna's intensive mothering practice, she remains critical of her advocacy effort, which is indicative that a mother's role is limited to the home. Amy, representing the surveilling logic of the institute of motherhood, alludes to Joanna's failing as a wife. Amy points out that Joanna's time is more dedicated to her seminars than her home. She adds that Bob visits their house and "just sits". Amy stresses that Bob "is lonely" and Joanna is not aware of it. Joanna promises that she will be "tapering off" and "turning down" most of the invitations to give seminars on Down syndrome.

In addition to mothering a child with a disability, Joanna is trying to exact social change through her adamant advocacy. She believes that teaching the public about children with Down syndrome would ameliorate social exclusion and negative attitudes. Because he is no longer spending time with Alex, Bob refuses her sudden trip to Dallas to give a seminar to 225 obstetricians. However, she justifies the importance of the trip because the obstetrician is the first person to break the news to parents. Raising their awareness would spare the parent the painful experience Bob and she went through.

Joanna contacts TV producers to feature children with disabilities on their shows. After many disappointments, the producers of *Sesame Street* welcome her ideas.[29] Alex appears with Big Bird, and they were forming words from letters on a board.

Nevertheless, an unvoiced ambivalence impedes the happiness and pride the Goodmans show in Alex's progress and his public appearance. When Rich visits, the family discuss his future with his girlfriend. Alex says he too wants to become a lawyer and gets married. The parents and Rich, baffled, silently stare at Alex. This moment illuminates the ableist ideology that still haunts them. Despite their support and enthusiasm, they cannot escape the compulsion of able-bodiedness.

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[29] It is worth mentioning that the screen play is written by Amy Kingsley, one of the writing team of Sesame Street. In fact, the movie is inspired by Kingsley's experience of raising a son with Down syndrome.

That evening, Joanna voices her intention to have another baby. Bob is reluctant and confesses that it is risky. Also, he points out the concern about Alex's future which has drained most of his energy. He wants time just for the two of them. Yet, Joanna disturbingly confesses that she wants a normal child that would give her grandchildren. She surprisingly tells Bob that Rich is going to give him grandchildren, but she wants hers. Joanna's request illuminate two paradoxes.

First, the sense of biological lineage and kinship. She feels that Rich's children do not link back to her and eventually to her father. As a result, she would not carry the family custom of offering her grandmother's pin to the first-born child of each generation. Second, the sexuality of people with disabilities is undermined, which I will touch on in the fifth chapter. They, as could be inferred, are not desired spouses and suitable parents. Thus, Alex's manhood is compromised because he would not be able to carry out the family lineage from the mother's side. This can be inferred from her comment to Amy that God did not give her a "whole boy". Clearly enough, this represents her entrenched biases which she has been concealing all along. Moreover, it contradicts her earlier advice that Down syndrome children need not be written off. It could be deduced that she meant as children worthy of care and love.

It seems that Joanna and Bob have written off Alex's prospect of manhood, turning him into an "eternal child". Joanna exhibits contradictory attitudes toward disability. Considering prenatal testing for her second pregnancy, she explains that she would not abort the fetus in the case of an existing disability. However, due to an unforeseen complication she aborts the child and would not be able to have future kids. When she gives the family pin to her father telling him to lock it up in a vault, he refuses telling her that she, "cannot write off Alex because "he won't carry the family line". Clearly, the harmful ambivalence is preventing Joanna from acknowledging her true feelings, and she remains holding the "mask of the good motherhood". This is amplified through her playfulness with Alex to which I will turn in the next section.

Parker points out that a mother experiences a paradox in her relationship with the child. She needs to act maturely but finds herself engaging in playful child play. This creates internalized contradictory feelings towards her mother work which may lead to ambivalence. Joanna as can be seen in most of her seminars presents herself as a mature and expert mother of a child with Down syndrome. She offers advice in a formal manner which contradicts her relationship with Alex at home.

In one scene, we see her engage in childish role-play. Alex complains that his "skin is tired" and asks his mother if she could ask the skin store to send him a new skin. Joanna playfully makes a pretend phone call ordering a new skin for Alex. However, when he is asked to leave summer camp due to his excessive hugging, he asks about the reason he must leave. The mother tells him "Because the universe is unfair!". Alex requests that she calls the store and ask for a new universe. The mother starts to comfort him by engaging in the same play, but angrily explains that the store is not answering.

Evidently, Joanna experiences a moment of uncertainty because she cannot express her frustration to Alex. Moreover, she seems to blame herself for Alex failing to mature and stop acting childish. Avoidance of these contradictory feelings prevents her from realizing that she is putting pressure on herself and on Alex. She is hiding her anger and frustration behind "the mask of motherhood" pretending that she is happy and content with her mothering. Joanna finally expresses her submerged feeling towards raising a child with a disability as she was going to receive the "Women of the Year" award. In what follows her true feeling surfaces:

Joanna: The hypocrite of the year! I gotta go and spread sweetness and light and courage and hope and tell them everything is gonna be alright. all the time I… oh God I am so tired of being superwoman

Bob: I have been waiting a very long time to hear you say that. So where is it written that you're the only one that has all the answers? The only one that can organize the committees? Can make all the speeches?

Joanna: Well this one speech I am not going to make.

….

Bob: All right so what's all this crap about you not going?

Joanna: I am not gonna go and give the same old son that having a retarded child is the best thing that could ever happen to you. How it enhances your life and makes you a better ..."

Bob: Well, hasn't it?

Joanna: Yes, yes, it has! And what about the pain and the fear and heartache

Bob: Then tell them!

Joanna: I can't do that, I can't tell them that they look up to me!

Bob: So, get down off your dame pedestal and let them know the even the great Joanna Goodman is only human.

Joanna: Maybe I will do that. Alex let's go!

Bob: Now Joanna, no, no, wait a minute, hold it. Now if you going to go down there a speak your guts about your pain and disappointment but I am not gonna let you do that in front of our son. So go on give them sweetness and light, give them pain and heartache give them whatever you want. Just get it over with.

KLT

Clearly, Joanna has been entangled in the myth of the good mother that led her to disregard her feelings of pain and frustration. This is amplified by her public role as an advocate for Down syndrome children. The public image she achieved has created a sense of a self-surveillance that curtailed her from acknowledging the reality of Alex's disability. All along she has been presenting Alex as proof that children with Down syndrome have a chance to become good learners – which is true. Nonetheless, Joanna's effort can be read as her attempt to deal with her "wounded narcissism." Mothers are said to find social worth through the activism and advocacy on behalf of their children. She is expecting to get something in return from Alex's progress, perhaps a validation that she is a good, or real, mother.

Joanna gradually realizes that there are other aspects than Alex reading and writing in many languages or doing math. Alex needs to be accepted as a person with enriching difference.

Joanna in the award ceremony posits the question: "And I left the most important question of all unasked until tonight. Is my son only worthwhile if he is a super star? Is it okay to be a plain retarded ordinary person? Or isn't it? How to measure the worth of a child?" (KLT).

Despite, having reservation on her usage of "retarded" after the progress of teaching us about Down syndrome, she touches on the issue of "mere difference" in which limits, and possibility of disability embodiment is illuminated. Indeed, Alex has been placed under much pressure to be the ideal "super crip" of Down syndrome. He has been paraded to the public as surpassing kids his age. He reads and writes and speaks in seven language and does math. However, it was a matter of time until the other kids caught up with him and even performed better than him. Concentrating on the mental aspect, perhaps out of the fear of the stigma of having a retarded child, prevented Joanna from attending to the social skills Alex needs to navigate his social environment.

Unlike Brenda Kay in the next chapter, Alex is not one dimensional. He offers an insight to his own feelings and his struggle with ableist prejudice. He innocently asks his mother to order him a new face which is indicative his awareness that his facial features contribute to exclusionary treatment. He complains that he is "sick and tired of all this Down syndrome thing". At the end of the movie, he explains it is hard to live in a society that has misconceptions about Down syndrome. However, he points to the "ableist insensitivity" (Norden 1994) of attitudes that demean people with disabilities. He stresses that he could read and do math, which is difficult to learn at first. He points out the sadness of being "teased by other kids" but it is part of the lived experience.

Alex's moment of crip productivity comes when he calls the family with a newly Down syndrome baby telling them that he is an expert in Down syndrome. The statement touches on two important issues. First, Alex expresses a sense of agency and tries to assert his own views with regards to his disability. This could be read as resistance to the way parent advocacy may conflict with the views and beliefs of people with disabilities. Second, it shows Alex's affective side and his desire to achieve a speaking position that allows him to share his unmediated lived experience. In short, the movie ending with Alex saying that "pizza is on him" serves to stress his active participation in his family.

Despite the movie's challenges to ideals of ableism, it preserves the mandates of the institution of motherhood. This is clear in the way Joanna Goodman has been surveilled and corrected by her family members. Amy and Bob rectify her deviation from her role as housewife to which she complies. When she tries to write Alex off, it was her father indicating her wrong. The moment when she accepts her ambivalent feelings and was going to illuminate them as an aspect of mothering a child with disability, Bob prevents her from doing it in front of Alex.

She is allowed to do it if it undermines her role as a "super woman", which again serves patriarchal claims that women cannot handle pressure. Joanna Goodman offers a complex portrayal of mothering a child with disability because she expresses the nuanced feelings of "diminished motherhood", "maternal ambivalence", "the good mother" and disability as a "mere difference".

Conclusion

Clearly mothers in the films discussed in this chapter, aside from *Son-Rise*, are involved in a reflection of their own mothering skills. They concur on the element of love and nutrition, but they differ in socializing their different child (Ruddick 1989). However, they are weighed down by the mask of motherhood that capitalizes on the issue of guilt and self-blame. Maushart describes maternal guilt as the most harmful of masks (478). Guilt causes mothers to question the viability of their own experience and roles, trapping them in a cycle of self-doubt. Furthermore, the mask of motherhood compromises the authenticity of the maternal practice by making mothers pretend their mothering is fulfilling, enriching and untroublesome. Consequently, mothers are involved in what Ruddick earlier calls "inauthentic maternal thinking" which causes them to lose their authentic voice and the ability to express the reality of their lived experiences. As a result, mothers no longer "make life" but "fake it"(Maushart 462).

Maushart extends that "the mask keeps us quiet about what we know, to the point that we forget that we know anything at all … or anything worth the telling" (463). For women to be able to assert their true experience of mothering, they, demands Maushart, must tear off the mask of motherhood. "Unmasking of motherhood", as she describes, requires acknowledging the tensions that accompany motherhood and the problematic nature of mothering. Women need to voice the reality of their mothering experience with all their "contradictions and frustrations." Doing so is a step of empowerment and reclaiming their rights (Maushart 280). Clearly, embracing disability as a difference is one step that can help mothers break away from the confines of the good mother myth.

Each of the mother experiences the mask differently. However, understanding the disability of their children as an alternative being allowed them to reflect on their mothering and alter their conceptions. Disability empowered Jenny as she no longer "just sits and listen". Helping Jonah learn sign language indicates her resistance to ableist conventions. Sally realizes that there is more to having a disabled child than protective love. Maternal love is about letting go. Joanna learns that pretending to be fulfilled compromises her advocacy on Alex's behalf.

Chapter 4

Disabling Guilt and Mother-Daughter Plot

This chapter examines the complex relation between mother-daughter in *The Bridge to Silence* (1989), *The Other Sister* (1999) and *Jewel* (2001). The first two movies have an almost identical plotline. The mothers are middle-class middle-aged esteemed women of their social circles. They are trying to relive their mothering experience with their daughters whom they sent away to institutes or had rejected in the past. In the first movie the mother tries to relive her missed motherhood by proxy of caring to her granddaughter while her deaf daughter recuperates and mourns her husband who dies in a car accident. In the second one, the mother tries to do well bey her youngest daughter whom she placed in a school for children with intellectual disabilities. Most interestingly the mother-daughter relations are stabilized once the father imposes his authority in the family. *Jewel*, on the other hand, deals with a southern family struggle to treat a daughter with Down syndrome.

It is my contestation that past decisions mothers make impact their sense of internalized guilt. These are informed by the affluence of social class, nature of disability (congenital, or acquired), and the child's position among its siblings. Moreover, mothers internalize their guilt differently which unfolds in mother-daughter relations. Mothers can be "distant", "overprotective", or "self-sacrificing" which reconfigures the dynamics of the entire family.

Guilt and Missed-on Mothering in *In Bridge to Silence* (1989) and *The Other Sister* (1999)

Most cultural representations of mothers and daughters portray them "either in hostile adversarial relationship, or sentimentally separated from each other" (Kaplan 1972, 1992; Hirsch 1989; Caplan 1989). However, mothers' relation to their daughters are complicated by the existence of a disability. Mothers could either be agents of disablism or advocates against it. *In*

Bridge to Silence (1989) and *The Other Sister* (1999), both mothers have troubled relations with their disabled daughters. However, these mothers exhibit difference in their dealing with an internalized guilt for failing their daughters when they were young. The movies are built on the uncanny return of the disabled child to the family after a period of absence. I read these movies from Stone's concept of mothering being a reliving of an experience with one's own mother. However, I argue that the plot suggests mothers reliving a missed mothering experience with their own disabled child.

Bridge to Silence shows Marge (Lee Remick) trying to relive her mother experience by taking care of her granddaughter. *The Other Sister*, on the other hand, the mother, is trying to " make up" for the time her daughter, Carla (Juliette Lewis), spent away at a school for mentally disabled children. Moreover, the plots end with regulating both mothers to the dictates of patriarchal capitalism which insist on autonomy, productivity, and responsible independence.

Re-lived Decisions

Bridge of Silence presents a nuanced portrayal of the mother-daughter conflict. Peg (Marlee Maltin), a deaf mother to hearing daughter Lisa (Allison Silva), suffers a nervous breakdown after her husband, John, is killed in a drunk-driving accident.[30] Peg's parents Marge and Al Duffield (Josef Sommer) help with caring for Lisa as her mother recuperates. Peg and Marge have a troubled relationship which creates antagonism between the two. Marge becomes attached to Lisa because she gets to re-live her mothering experience that she missed with Peg. Marge applied for legal custody over Lisa, to which her husband objects. As a result, the bitter conflict between her and Peg is intensified.

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[30] This is her first time to play deaf-speaking role Maltin performs. She is known for her role in *Children of a Lesser God.*

Interestingly, reading the character of Marge as an agent of disablism is problematized by her concealed self-guilt and sense of ambivalence. Marge's internalized guilt over Peg's deafness impeded her having a good relationship with her daughter. Eventually, she adopts a stern and cold attitude towards her daughter's deafness that causes a rift between the two. Marge refuses to use sign language and does not attend Peg's performances at the Deaf theater. In hospital, she condescendingly dismisses Peg's friend interpreting Marge's speech as unnecessary. In another instance, she tells Lisa, who signs as she talks, just to speak with her grandmother. Peg in one scene says that: "My mother couldn't handle it [Peg being deaf]. She put me in a hearing school. I was humiliated. So, my father understood my problem and sent me to a deaf school… *My Mom couldn't accept me as being deaf. She wants a perfect child like Lisa*. [emphasis added] (BTS). It could be inferred that Peg's deafness deprived Marge of the experience of "real motherhood" (Landman 2008). In the hotel room, Marge asks Al "wouldn’t be wonderful to have a child with us again?". In other words, Marge can re-live a "real" mothering experience because Lisa is the "perfect child".

Peg, persuaded by her father, agrees that Lisa can go to Maine to live with them. During that period, Marge exhibits a caring yet dominating personality. She enjoys taking care of Lisa, who calls her "mama". Al is surprised at hearing that and suspects Marge's intentions:

> Al: Mama
> Marge: Well, I have never encouraged her.
> Al: You don't encourage her to call you grandmother either, huh? When Peg was little you didn't encourage her to call you mama.
> Marge: That was her choice not mine.
>
> BTS

The above conversation showcases the cold feeling Marge had to Peg when a child. In addition, it underscores Marge's desire to replace Peg as mother. This is deduced from Marge's attempt to prevent Lisa form using and practicing sign language. She is displeased seeing Al helping Lisa practice sign language. She says that Lisa "doesn't need to practice […] to talk to [them] (BTS). Al disagrees thinking that Lisa understanding sign language makes her bilingual. He reminds Marge of Peg learning to sign saying "it was magical. A language where you could speak to someone who can't hear" (BTS). Al is tolerant and accepting of the fact the sign allows communication with his deaf daughter. However, Marge undermines his view telling him that he "always romanticized everything" (BTS). Obviously, Marge's intolerance to sign language suggest an ableist attitude. It also captures the controversy surrounding sign language which I have touched upon in my discussion of Jonah.

When Peg returns to take Lisa with her, she confronts Marge telling her: "You never accepted me as I am. You wanted to keep me in your world where you pretend, I wasn't deaf. I learned to speak for you, but you never learned to sign for me. Look I am deaf but you're the one who can't hear" (BTS). Peg signs to Marge which indicates her failure to communicate with her own deaf daughter.

Interestingly, deafness as a form of difference enriches and allows alternative ways of living. In the Birthday scene, the group discuss the experience of being deaf and the way it can be enriching. They point out some of the mothering techniques their deaf mothers used to keep them aware of their children. For example, mothers would keep a buzzer under the pillow to wake them up when the baby cries. One mother "attached a microphone to the baby's crib and hooked it to every light in the house". The lights would flicker every time the baby cries. Even at Peg's home, the doorbell is hooked to a light that illuminates when someone is ringing the bed. Clearly, disability allows alternative ways of navigating the social environment. This is undermined by ableist ideologies.

Disabled mothers are the target of social surveillance that deems them incompetent mothers. The least deviation from the social mandates of the institution of motherhood is enough justification for charging them with being "bad mothers". The social ideals of patriarchy and ableist are applied to regulate women. Lalvani, 2019, maintains that "mother of children with disability are "*located at the intersection of patriarchal surveillance of motherhood and ableist beliefs about disability*" [emphasis added] (2). This is intensified in the movie because gender factors in the relation between mother, daughter, and granddaughter.

Marge's meeting with the lawyer indicates many social restrictions patriarchy and disablism imposes on mothers and disabled women. He refers to Peg as being "unstable emotionally" and having "prolonged depression" which suggest she is not mentally competent to care for Lisa. The social expectations are evident when stress that Peg is a single parent with no "real home to offer the child" (because she is living with Dan (Michael O'Keefe) the theater director. However, Marge is reluctant to proceed because it would have ramifications on the reputation of family. Eventually, the lawyer refers to a "precedent case" in which "the hearing grandparent won on the ground that the deaf parents couldn't provide verbal stimulation to the child" (BTS). It is obvious the way a child's well-being can be manipulated to serve ableist ideals. In addition, legal proceedings overlook the reality that deafness can be an enriching experience. Mothers with disability are easily dismissed as competent mothers.

However, Marge's scheme is thwarted by Al who is against taking Lisa away from Peg. Despite Al allowing Marge liberty to take control, he stands for the equalizing force of "the law of the father". He explains to Dan, Peg's friend, that " Marge has always been in trouble with herself over Peg. And she always needs [Al] there to calm the waters" (BTS). Al operates as the symbolic law that regulate the jouissance of Marge's rediscovered maternal pleasure in Lisa. Al communicates his concerns to Peg to return to pick up Lisa via letter. The fathers written word imposes its authority over the daughter's signage and the mothers oralism. Moreover, Al ensures that Lisa connection with Peg is not disturbed.

Moreover, the father's interference represents the dynamics of the phallocentric economy that relegates the mother to silence. Marge in the final scene attends Peg's opening night at the Deaf theater. After the performance Marge meets Peg on the stage. She confesses the reason she has always been stern with Peg. Marge, holding the broken glass unicorn, says "It seems that your mother lost her horn too" (BTS). Marge's use of the homonym "horn" emphasizes the patriarchy's power that regulate women to silence and position of subordination. The horn can be read as a lost phallus which Marge is unable to fully posses. Another reading is the horn stand to the instrument that the mother amplifies her voice within the phallocentric economy. Losing it indicates that Marge is reassigned to her position of silence. In both cases, the mother-daughter relation is stabilized by the law of the father that imposes its power through prohibition that is the word "no".

As the movie has portrayed Marge as an agent of disablism, the final scene exposes the true reasons she has been in discord with Peg. Al has pointed that Marge manages to "survive her mistakes". Likewise, Marge at movie beginning, stresses that Peg now being a mother would understand that "mothers make mistakes". As the plot progress it become clear that Marge is struggling with an internalized blame. She blames herself for Peg's deafness. Peg lost her hearing to spinal meningitis. Both parents kept that knowledge from Peg. Yet, Marge has been struggling with guilt throughout her life. She confesses to Peg: "You were right I never did love you. Not the way you deserved to be loved. I don't know why? Maybe I was jealous. Maybe it is just something lacking in me". Clearly, Marge had trouble dealing with her ambivalent feelings toward her daughter, turning it into a harmful unmanageable ambivalence. This led to Marge underestimating Peg's illness as she continues:

> And when you had the flue that time…That night, I thought he [the father] was being overprotective and silly and to want the doctor?1 "kids have the flue all the time" I said. And then the next day when it turned out to be spinal meningitis and you lost your hearing, I couldn't bear to look at you to remind me that it was my fault, my fault that you're deaf. Knowing if I'd loved you more if I'd been a better mother, it wouldn't have happened. Don't you see?! I could never love you because I hate me. Never you! Please, please, let me make it up to you and Lisa. Don't go away from me. Don't be like me.
>
> BTS

Marge's rejection of Peg's deafness is a result of her concealed guilt. It is the first time we see her using sign language as she speaks with Peg. Despite Marge pointing out that "mothers make mistakes", she forgets that they confess these mistakes as part of their mothering experience. Clearly, Peg's deafness taints Marge's narcissism. Moreover, it is a constant indicator that she is a "bad mother".

Lisa spending time with her grandparents facilitates Marge experiencing a cathartic moment. When Lisa develops a high fever, Marge becomes anxious and immediately calls for the doctor. She makes a steam bath to help Lisa breath. In the bathroom, she keeps repeating " It can't happen again, God not again!". This illustrates her concealed guilt of what happened to Peg. She kept checking with the doctor that Lisa's hearing is not affected. Marge is trying to rectify her previous mistakes by repeating her mothering experience with Lisa.

Unlike her mother, Peg voices her concerns when it comes to her relation to Lisa and others. When she comes to visit her parents, she unintentionally hugs Lisa too strongly and she hurts her. Lisa runs to Marge for protection. Peg confesses to Dan that she does not "know anything about right or wrong anymore". Peg realizes her vulnerable mental state and seeks consolation from her friend. Dan explains that Peg is struggling with adjusting to her husband's death. Peg and Lisa need to figure a way to work through their mourning. However, Dan stresses that Peg must get over her grief to take care of Lisa. Dan is a stabilizer who helps Peg acknowledge her weakness and ambivalence. In contrast to her mother, Peg voices her concerns and admit her conflicting feelings. Overall, coming from different generations, Marge and Peg demonstrate the way mothers internalize the social expectations of their mothering practices. However, Peg surpasses her mother by acknowledging her vulnerability.

Uncertain Decisions

The internalized guilt prevents Marge from developing a healthy relationship with her daughter. This is not the case with Elizabeth Tate whose sense of guilt drives her to be overprotective of her daughter Carla. Eventually, she is unable to realize that her daughter has matured and can make her own decisions.

Conversely, Elizabeth Tate (Diane Keaton), in *The Other Sister*, voices her guilt for sending her mentally disabled daughter Carla (Juliette Lewis) to a residential school at Santa Barbara. In a flashback, we see Carla's tantrums disrupting her family's life. Elizabeth persuadess the father Radley (Tom Skerritt), to send Carla to the residential school. Radley struggles with a drinking problem, probably because of that. Elizabeth confronts him with the expert's diagnosis that Carla has "significant social adjustment problems" with "an I.Q. bordering on the 2nd grade" (TOS). Further, Carla's regular school refuses to allow her to attend. Elizabeth, more mentally focused than her husband, points out the risks Carla poses.

She almost burned the house with her two sisters. Once, she violently pushed a boy downstairs for making fun of her. As Radley explains those to be incidental accidents, Elizabeth disagrees firmly saying: "We can't keep saying things like that. We can't keep saying, "Carla is a slow learner. Carla will blossom." Because those are lies. Now, Radley, we have to do something. We have to make a decision" (TOS). Despite securing her husband's signature, she believes the decision was her own. Consequently, she feels the guilt for depriving Carla of her family. Perhaps this can be inferred from Carla understanding that she did not receive many visits as she tells her two sisters the people at the school "thought that the visits sometimes upset the parents, more than it made the kids happy" (TOS).

When Carla, now 24, returns to live with her wealthy family in San Francisco, Elizabeth vows to "make it up" for the time Carla spent away. However, despite her zeal to "recapture the opportunity to raise her daughter" (Gustafson), Elizabeth fails to realize that Carla is not a child anymore. Elizabeth being the matriarch of "a very status conscious, republican, and extremely wealthy" family (Goessling 420), socializes Carla according to the expectations of their class. She insists that Carla studies art, plays tennis, and gets involved in activities young women of their class do. Winne, the maid, tells Carla that her mother "said that all well-bred girls play tennis, chess or bridge" (TOS). However, Carla has plans for her own future. She wants to train to be a veterinarian's assistant. To achieve this, she needs a high school diploma, the reason she wants to enroll in a vocational school. Elizabeth condescendingly dismisses Carla's future aspirations. She infantilizes Carla by disregarding her wishes and imposing many proscriptions on her behavior and actions. However, Carla determinedly asserts her own wish for independence and goes against her mother.

Unable to find common ground with her daughter, Elizabeth is frustrated and thinks of giving up on her plans. However, Carla secretly runs away back to the residential school because she thinks her mother is "smothering her". At the school, Elizabeth is unsettled to learn that and complains "I give her love, I protect her, I teach her and suddenly that's smothering" (TOS). She underscores the elements of Ruddick's components of maternal thinking that constitute the mothering experience. Despite that, the exchange with Dr. Johnson, the head of school, contains an implication that blames Elizabeth manner of mothering. The following conversation illuminates a side of Carla's personality that has been absent to her parents:

> Dr. Johnson: She doesn't want to do those things. They... They don't interest her. They don't work for her.
> Elizabeth: Maybe Carla doesn't know what works for her.
> Dr. Johnson: And you do.
> Elizabeth: I think so. I'm her mother.
> Dr. Johnson: That's why she tried to hitchhike over 200 miles to get back here?
> Radley: Would she do that again?
> Dr. Johnson: I believe she will, yes. If things continue at home the way they've been going, yes, absolutely yes. And we were lucky this time. She came back here. A lot of kids run away; we never hear from them again. This is a girl who is determined to push the edge of the envelope. And I, for one, I like the fact that she never quits. Specifically, she wants to attend this, uh, uh, Bay Area Polytech.
> TOS

Carla returning to school indicates her desire to lead her own life. Elizabeth's overprotectiveness is hindering her maturation into an adult. Dr Johnson's remarks undermines Elizabeth claims that she knows what is best for Carla. Perhaps Dr. Johnson better understands what is best for Carla because he is one of the experts who spent ample time with her. He is aware of her resilience and desire to challenge herself, traits that she gained from her life in the school. Moreover, Elizabeth's worry about Carla being the target of mockery of the other students, is countered by both Radley and Dr. Johnson:

> Dr. Johnson: She's got to have the opportunity to meet challenges. I mean, do you want the kid to remain a child the rest of her life... or do you want to let her grow into an adult and take the same risks that you and I take?
> Elizabeth: I want her to take risks… It's the kind of ri... Are you a parent?
> Dr. Johnson: Uh, no, not yet, no, no, but I have worked with children... including yours, for ten years.
> Radley: You think she should go to school and be on her own?
> Dr. Johnson: Independence can give Carla something... that you and I will never be able to give her. Dignity.
> Elizabeth: What?
> Dr. Johnson: Dignity.
> Elizabeth: Dignity.
> TOS

People with intellectual disabilities gain a strong sense of personhood, through becoming independent. Carla is adamant to prove her worth by making her way through a public school. As a result, she acts responsibly when it comes to her personal decisions. She mostly struggles with conforming to social expectations of her social circle and her mother's meticulous observation of decorum. Elizabeth remains oblivious to this issue.

After meeting another intellectual disabled student, Danny (Giovanni Ribisi), Carla's desire for independence intensifies. Danny, despite his disability, has his own apartment and holds a job at a bakery. He is struggling with school and not as serious as Carla. She repeatedly tells him to act responsibly to prove others wrong. Carla incessantly asks to have her own apartment despite her mother's objection. However, Elizabeth yields after being persuaded by her husband and two other daughters.

However, I argue that Carla's heartening small victory to independence is problematized by two issues. First, by the economic level of her family. I agree with Goessling that Carla would not be able to afford a Victorian style apartment without her parents. It undermines the struggle of people with disabilities in real life situations. Danny, I argue, would best represent the struggle of people with intellectual disability securing well-paid jobs. Second, it problematizes Carla's attainment of independence through stressing the need to separate from the mother. Portraying the mother as the obstacle to her daughter's self-realization is compromised by the fact that the mother sets up Carla in her new apartment. In short, Elizabeth's fear for Carla not being able to "handle the unexpected" is understandable. However, she demonstrates an ability to reflect on her mothering evidence in her allowing Carla to venture into mainstream society.

Independence is a significant aspect of people with disabilities; it raises their self-esteem and sense of worth. However, it is a nuanced issue within disability studies. Disability scholars point to the issue of interdependence that attends to the reality of feeling vulnerable and in need of care (Davis 1996; Thomas 2003; Campell2009). This is evident in Carla's view of her relationship with Danny, a point I will address below. The developing love between the two, however, unfolds the implicit attitudes towards the sexuality of people with disabilities. Elizabeth tries to avoid discussing the subject on many occasions. It is indicative that she is unsettled to the idea of Carla having a sexual life. The misconception that people with disabilities are asexual renders them undesirable and unworthy of love. In addition, the anxieties perpetuated by eugenics has denied the sexuality of people with mental disabilities as a risk to the social body. In the film, the attitudes are with the former position. However, the film's portrayal of Carla and Danny falling in love, though childlike, challenges some of the implicit ableist attitudes.

Carla introduces Danny to her parents on Halloween. Elizabeth objects that any man trying to court Carla is either after her money or will sexually exploit her. Radley contradicts her that Cala "is a very attractive girl" She refers to this issue as an "idea of a nightmare". However, they are relieved upon finding the date to be Danny (probably because he is intellectually disabled). The mother ends up complimenting Danny on his dog costume and wishing them a wonderful time at the school dance. Overall, the parents view the relation as a form of innocent child play that would not develop into something serious, which implies that people with intellectual disabilities are asexual.

Ironically, Danny and Carla confess their love to each other in a romantic manner that portrays the emotional dimension of their personalities. The two leave the party and go to check their grades. Carla passed her computer course with a low grade, but she is thrilled and rejoices

"I passed my subject in a regular school, with real tests and regular teachers" (TOS). She views her passing as her successfully navigating her way according to the pace of mainstream society.

Danny failed all his courses and is upset. He complains that he hopes to pass one class based on his grades more than him being too old for the class. Frustrated, he points out that other people are right in thinking him to be "dumb". However, he confesses to Carla that he does not want her to think that he "was dumb". She replies that she "could never think that" (TOS). The scene offers an insight to the reality of their struggle, which is a positive aspect of the movie.

The movie, however, avoids focusing on Carla and Danny overcoming their mental difficulties and becoming high achievers. It allows a window into the emotional side and the influence of society's negative attitudes towards people with disabilities. Indeed, both are secluded from mainstream society and have no friends. Carla, for example, is pleased that Danny's landlord calls her a lady. Danny, on the other hand, feels welcomed at a nearby university band, where he works part-time.

The film presents a romantic yet comic way of Carla and Danny exploring their sexuality. Yet it underscores the fact the people with disabilities lack role models when it comes to popular culture. Danny and Carla turn sex into a learning process. They read through the book *The Joy of Sex*, deciding on positions based on their preferences and the calculation of their weight. Their agreement on postponing having sex until the Thanksgiving holiday suggests that sex to them is a ritual of maturation.

After Thanksgiving night, Elizabeth assists Carla in picking a painting for her apartment. She notices something is different about Carla but cannot point it out. The mother's obsession with art and social events prevents her from noticing her daughter's little details. Winnie, the maid, spots the blushing and smiling Carla and tells her "When someone smiles like that, they're in love" (TOS). Winnie has a strong relation with her. Earlier in the film, Carla hugs Winnie before anyone from her family. Likewise, Danny seeks advice and consolation from his landlord and war veteran, Ernie (Hector Elizondo). Interestingly, Danny and Carla find company in people who are also on the margins of society and not within the circle of their family.

I would like to return to the issue of love and interdependence between Carla and Danny. Elizabeth and Radley view the relation between the two as a form of child play. However, when Danny's father refuses to send him any allowance, he has no choice but to move to Florida and live with his mother. The money he earns from his two jobs is not enough to pay for his rent. Carla suggests that he moves in with her, which her mother opposes. Danny plans to confess his love and ask Carla to come with him to Florida. However, he is intimidated by Carla's family. He misinterprets her idea of being brave and tries to drink to gain courage. He becomes drunk and embarrasses her by mentioning them having sex on Thanksgiving. The guests all laugh, which causes Carla to become angry, and she shouts at the guests to stop laughing. They part ways after that night. However, they discover that they are still deeply in love.

During her sister Caroline's wedding, Danny returns and proposes to Carla. He sneaks into the church's balcony. He tries to get Carla's attention but falls to the floor. To the surprise of everybody he proposes to Carla, and she accepts. The father is stunned and mutters to himself "You know, I thought our worst problem was gonna be barking"(TOS). The remark refers to Danny's dog costume at Halloween. However, Danny and Carla challenge the presumptions of her parents, that the two cannot fall in love because of their intellectual disability. Indeed, the affective side of their personality is magnified as they exhibit true feeling to each other and suffered being separated. This moment illuminates the ableist attitudes of the parents and forces them to realize that Carla and Danny are capable of love.

Elizabeth disapproves of Carla getting married and the two have an intense argument. Elizabeth asks Carla not to rush into marriage because she "can do better"; that is make a better match than Danny. Elizabeth doubt that he can take on the responsibility of caring for Carla because he "barely can take care of himself". However, Carla counters her mother saying that " they can take care of each other". Importantly, Carla, unlike her mother, is aware of the reality of her disability. She confronts her mother saying: " No, but I can't do better because I'm not better…- I'm not a baby! No, I'm not better. I'm just me, Mom. Can't you see me? … You never look at me! And no matter how long I wait... I can't be a painter, and I can't play tennis. And I'm not an artist… But I know how to do some things… *And I can love*. And I love Daniel, and he loves me very much" [emphasis added] (TOS). Clearly, Carla is aware of her limitations and possibilities. However, she is not settling for Danny because he is like her. Both have a special relation which they strongly cherish. Significantly, they are willing to fight for their love despite all the odds against them.

Carla and Danny assert their own independence paying and planning their wedding. Carla refuse to take money from her father. Danny manages to secure a time slot at the church's busy schedule. Their marriage will take place "between another wedding and a funeral". A modest number of people are invited. Elizabeth refuses to attend but Radley says to her: "I'm gonna walk her down the aisle. When you reach a certain age and you're not talking to your children... I think you're missing a very important part of the journey" (TOS). Clearly, his words underline the fact that raising children is about separation at the end of "the journey", that is when they mature into adults. Elizabeth comes late to the wedding. She wishes the young couple happiness and welcomes Danny into the family. Evidently, having missed the middle of the journey, Carla's time at school, Elizabeth is not willing to miss the end.

The way the movie builds on the mother-daughter conflict is deployed to stress the importance of independence. Evidently, the discourse of responsibility pervades the way people with intellectual disabilities are to establish themselves within mainstream society. Carla insists on being responsible to gain her own independence and social worth. She even asks her father to speak to Danny about responsibility and courage. By the end of the movie, Danny surprises everybody by arranging for the marching band to pass in front of the church by the end of the wedding ceremony. I read this as Danny trying to prove his love and responsibility as a husband. Carla and Danny exhibit a tolerance to those excluded by society. They invite Michelle, Heather's lesbian girlfriend, whom Elizabeth refuses to invite to any of the family events. At the end of the movie Elizabeth welcomes her to the family too However, this issue is beyond the scope of my project.

Noticeably, the figure of the father, in this movie and *Bridge to Silence,* balances the troubled relation between the mother and daughter (Caplan 1989). Throughout the movie Radley acts diplomatically with the women of his household. He is understanding and supportive of his daughters' decisions. Moreover, he reasonably indicates Elizabeth's mistakes. He also affirms her good mothering by insisting that their daughters are faring well on their own. However, Radley's ableist attitudes are not as pronounced as Elizabeth's. She is more class conscious and protective of Carla. They both infantilize Carla's and Danny's love relation considering it a form of role play. The parents' ableist and heteronormative ideals erode by the end of the movie. However, it is Elizabeth that exhibits a continuous revisionary attitude to her mothering and her relationship with her daughters.

Inevitable Decisions

I would like to turn to the figure of Jewel Hilburn (Farrah Fawcett) in the 2001 movie *Jewel* which is an adaptation of Bret Lott's 1991novel of the same title.[31] The story is set around 1943 in rural Mississippi and extends to the 1960s. Interestingly, the movie features many actors with Down syndrome (i.e., Brenda Kay, Dennis, and children at school and residential home). Unfortunately, they are one-dimensional and lack complexity of character. They are mostly portrayed according to the trope of the "sweet innocent" (Norden 1994). Yet again the trope of selfless mother slavishly caring for a child with a disability is prevalent. Nonetheless, this good mother fails her child due to her overprotection. However, the movie raises the issue of sexuality and independence in the way Mrs. Jewel decides to part ways with her Down syndrome daughter, Brenda Kay. Moreover, disability is used as a narrative prosthesis that drives the plot of the movie. Brenda Kay's disability is presented as a blessing in disguise because she caused the family to move to California where they managed to lead a better life.

An interesting feature of the movie is the way it appropriates the prenatal testing, through the character of Cathedral (Cicely Tyson). She warns Mrs. Jewel that the child she is carrying would bring her hardship and will "test her will" but it is also a way of " God smiling on her". After a complicated birth to Brenda Kay, the parents notice that she is not developing as her other siblings had done before. She "sleeps all the time" and "never moves". Compared to babies her age she is quiet and causes no trouble. Worried, the parents consult doctors who diagnose Brenda Kay as "a Mongolian idiot".

Dr. Basket (Ron Payne) explains that Brenda Kay is mentally and physically "retarded". He explains that her features, " flat, broad hands, smaller toes, drastically curved in. Eyes

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[31] Much of the psychological depth of the portray of disability and motherhood is lost with the adaptation of the novel into film. However, I limit myself to reading the filmic plots to keep consistent with my analysis.

slanting upward," are that of a Down syndrome child. He adds that she is an "extreme case" and "unlikely to live beyond two years". He advises the parents to place her into an institute that would best care for her needs. The parents would not be able to attend to their other children because of the burden of caring for Brenda Kay. In short, having a child with a disability is considered tragic and burdensome to the family.

Jewel rejects the doctor's advice and insists on making Brenda Kay a valuable member of the family. Despite Dr. Beaudry (Geoffrey Bowes) pointing out that Brenda Kay would need expensive injections to supplement the growth of her bones, Jewel is adamant on keeping her daughter. She tells Leston (Patrick Bergin), her husband, they "can beat this [meaning the daughter's disability]! [They] can fix it! If [they] love[ed] her enough". However, the family had endured the financial and emotional toll of Brenda Kay's slow-paced development. Jewel, through voiceover, points to the effort and time she spends caring for her as she describes: "Every minute of every year. I had to be there. To change her, feed her, bathe her, rock her when she screamed". Jewel became an appendage to her daughters need.

Jones observes that 1950's America is dominated by the presumption that a child with a mental disability would impact the "family togetherness" because it is a drainage to the family resources. In addition, the mother required to care for a mentally disabled child would be emotionally and physically burdened (325). Thus, institutionalizing the disabled child is assumed to be for the benefit of the child while it is supposed to relieve the parent from the responsibility of care. Castel argues that institutionalization has more benefits to the family than the child with a disability (361). Mothers, therefore, face the double guilt of institutionalizing the child and the failure to care for it.

However, she becomes rigidified around the needs of Brenda Kay that she forgets about her other children. Cathedral, her housekeeper, points out the unrealistic expectations Jewel is hoping for as she tells her that she "can't get that child to do something she can't do"(Jewel). Cathedral reminds her that she has not gone to see her two sons play football for nearly a year. Jewel justifies that she is tired of caring for Brenda Kay. Clearly, social expectations of mothers ignore the influence of having a child with a disability. A mother must attend to the needs of her family members and distribute her time equally over the needs of all her children.

In an issue of the *Reader's Digest*, Jewel reads about a school that caters to children with Down syndrome and helps improve their IQ level. Jewel eagerly tries to convince her husband to move to California for the sake of Brenda Kay. She also points out the opportunities of having better jobs for the family. Leston, struggling with economic difficulties and paying for Brenda Kay's medications, is not enthusiastic about leaving his hometown. However, Brenda Kay experiences two near death incidents that concern her family.

The stagnant economy led the whole family to make means meet ends. Jewel took on a sewing job, Raylene left school to work, the two boys sold home grown vegetables. Jewel secretly saves money and sells furniture behind her husband's back. She is adamant on moving to California. When Leston confronts her, she explains that she is hoping to offer Brenda Kay " a chance for a proper life". She adds that "the way she [Brenda Kay] is, that’s our doing". Jewel is alluding to their role as parents in causing their daughter's disability. However, the comment is ambiguous because it is difficult to tell if she is referring to a sin on the part of the family, or a biological cause. Eventually, the family moves to California looking for the "miracle" that would transform Brenda Kay.

Brenda Kay is admitted to the school where she meets other children with Down syndrome. However, these children serve either as "incidental" or "background" characters. The only character whom we see having a close relation with Brenda Kay is Dennis. The two are drawn to each other and we see them holding hands together. This worries Jewel who orders them to stay apart. I will return to this point below. Mr. Nathan White (Peter Donaldson), the head of the institute, established the institute because he had a brother with Down syndrome. The beneficial figure who has experience with disability is deployed to provide guidance to those trying to cope with the disability of their children. This is the case with Connie in *And Your Name is Jonah* discussed earlier.

Mr. White points out the sad reality that public education ignores the needs of children with Down syndrome. So, he and his associates established the school to offer educational services and teach necessary skills to the children. Also, his brother, a Down syndrome child, " was committed to a home when he was one month old" (Jewel). He adds that despite the place being good " no one there understood how to keep that little spark in him alive". Because of that he has taken it upon himself to help children with Down syndrome. Obviously, children are "warehoused" in custodial institutes that serve to relieve the families from caring for their disabled members. However, these institutes disregard teaching their residents and improving their cognitive skills. They train the children to carry out menial tasks as we have seen with Jonah (dressing himself and eating with a spoon).

However, after seven years, Brenda Kay's IQ remains low. She is "sixteen years only in body". The miracle her mother hoped for did not happen. Jewel, working as a teaching aid at the school, continues caring for her. Brenda Kay still acts like a child and is unable to take care of herself. Nonetheless, she demonstrates growth as she becomes attracted to her classmate Dennis.

In one instance, the two were holding hands which Jewel tells them is inappropriate. During a school picnic Brenda Kay offers Dennis a cookie, which her mother snatches away.

Jewel expresses her concern to Mr. White who explains that Brenda Kay is growing. He tells her that she needs to consider the future and recommends placing Brenda Kay in a residential home run by couple in Santa Barbra. The residents are all girls, and they all live like a family.

The issue of sexuality is the underlying cause of Jewel's concerns. Jewel is aware of the biological changes her daughter is going through and is afraid that she might mistakenly have a sexual relationship and get pregnant. Mr. White solution of placing Brenda Key in a residential home for girls is indicative that people with mental disability, especially women, should be protected. Moreover, people with disabilities are deemed asexual which denies them any prospect of having love partners. Furthermore, people with disabilities are deemed to be incompetent parents, a point that will be elaborated on in the following chapter. Brenda Kay is infantilized by her mother who insists on treating her like child. As a result, she will always be dependent on someone to take care of her. Mr. White tells Jewel " Brenda Kay "is like a bird with a broken wing and [Jewel] has been caring for her so long, [she hasn't] thought that maybe [Brenda Kay] can fly".

The ideology of intensive mothering requires a mother to slavishly care for the child and prioritizes their needs over hers. Jewel is so absorbed in caring for Brenda Key that she ignores her children and husband. She does not participate in family activities or have fun under the pretext of looking after Brenda Kay. It could be argued that she is adhering to the requirements of being a good mother. However, she unintentionally instills in Brenda Kay a sense of dependency so that she is unable to carry out the easiest of tasks, e.g., putting a coat on if she is cold.

An interesting feature in the movie is that it is always women who play the role of patrolling authority that points out the wrongs of mothers. As seen before, Cathedral warns Jewel about neglecting her other children because of her unrealistic hopes for Brenda Key. By the end of the movie, it is Annie, who confronts Jewel with the reality that she is too absorbed in Brenda Kay that she is missing out on their family life. Further, she accuses her mother of neglecting their father and failing to understand the trouble of her other children. Annie stresses that Raylene, because a failed suicide, needs Jewel motherly attention. Annie frantically tells her mother that Brenda Kay is not prone to emotional suffering because of her disability. She adds that "Brenda Kay is your sixteen-year-old Down syndrome daughter, and she needs a life of her own"(Jewel).

Jewel realizes her mistake of infantilizing her daughter by being overprotective and always rushing to care for her needs. She understands that she "needn't be the only one caring for her". She apologizes to her husband for neglecting him and the family. Despite being adamant in caring for her daughter, she is criticized for failing as a mother and wife. The ideal of the good mother remains unattainable to her and she needs to remedy her faults.

As the female characters blame and point out the mistakes of the mothers. Male figures offer the solution. Mr. White offers insights to Jewel as they talk about Brenda Kay:

> Mr. White: Jewel you know that being a parent is you raise your child as best as you can. And then when he's grown, you end up having to let him or her go.
> Jewel: It's true. I never thought like that about Brenda Kay. She's different
> Mr. White: I have known so many dedicated parents like you who spend their entire lives looking after their Down syndrome child, supplying their every need, but the day always comes when the parents are either too old or too ill, and they suddenly disappear. And the child is devastated, defenseless. Brenda Kay needs defenses Jewel. And you can give it to her.

> Jewel: By letting her go?
> Mr. White: Think if it more as sharing her, letting other people in.
>
> Jewel

Clearly, preservative love and nurturance are not enough to raise a child. Training and social acceptability that requires separation from the mother are of importance. However, with disabled children, separation is complicated. In this movie separation is a form of the disabled character being "laid off" by being secluded in a residential home. Brenda Kay exhibits a sense of agency in the final scene as she leaves her mother and thanks Mrs. Tindle. However, the residential home is another family structure where the girls are under the protection of Mr. and Mrs. Tindle. The blissful atmosphere of the residence with the quiet gardens and songs of the birds suggests that women with disabilities are best protected away from mainstream society. In short, the structure of the nuclear family is maintained through the promotion of a form of "supervised living" (Hillyer1993).

Conclusion

Patriarchy has vested the mother-daughter relation to regulate and oppress women. Interestingly, the movies exhibit an interesting disparity when it comes to the role of the fathers. Mothers are portrayed as having an authoritative voice when it comes to raising the disabled child. Husbands are presented as being supportive and a mediator between mother and child. However, the children exhibit differing personalities based on the way they separate from their mothers. Most importantly, the mother's relation with her child is built on a decision of dealing with disability. Social class influences the way a child is reincorporated in the society. Moreover, it affects the mothers' approach to their disabled daughters.

The mothers in this chapter exhibit a noticeable difference to the way they relate to their daughters. They vary between distant (*Bridge to Silence*), controlling (*The Other Sister*), to self sacrificing (*Jewel*). However, they fail to achieve the ideal of the good mother. Fathers regulate these mothers by reining them in when they transgress the line of patriarchy. However, despite the prevalent mother blaming, the disabled daughters allow the mothers to learn from their mistakes, turning them into good enough mothers.

So far, the movies in this chapter and the previous chapter present disability as something to be dealt with in the family. Few movies present the outside world's infringement on the disability. This is seen in *Your Name is Jonah*, *Bridge to Silence*, *Kids Like These*, and *The Other Sister*. However, these receive a brief incidental treatment. Also, such interaction with the outside comes in the form of as interactions with doctors and therapists or disability allies. The movies touch on the human issues of love, marriage, and right to independence. I elaborate more on these themes in the next chapter.

Chapter 5

Outlaw Mothers and Mediation of Heteronormative Motherhood

Upon its unveiling in 2005, at the Fourth Plinth in London's Trafalgar Square, Marc Quinn's three and half meter high and thirteen-ton snow-white Carrara marble statue *Allison Lapper Pregnant* steered many controversies. Quinn appropriates classic Greek sculpture to exhibit eight-month pregnant disabled artist Allison Lapper who has no arms and has foreshortened legs. It remained on display from September 2005 to April 2006. The statue engendered various reactions of admiration and repulsion from the audience.

I elect not to dwell on the artistic value of the statue, but I wish to touch on another controversial issue that Lapper's statue triggers. The fact she was a pregnant, struggling, single mother has disrupted many presumptions around the rights of people with disabilities to sexuality and reproduction. Quinn boldly breaks the rigidity of social conventions by displaying Lapper naked and pregnant which stresses disabled people's, women in particular, rights to their sexuality. Lapper's pregnancy is controversial because it portrays her as brave, struggling, and sexual. Noticeably pregnant and deformed female bodies are seldom displayed in public or in nude art (Garland-Thomson, *Picturing* 34). Conversely, in the case of a real amputated female body, the accepted erotic allure of the statue of Venus de Milo is eclipsed and supplanted by a feeling of repulsion (Davis 52). By presenting themselves as sexual individuals, disabled people push back at the stigmatizing norms of an ableist society.

Carol Duncan in her paper on the image of mothers in art alludes to the idea that motherhood suggests sexual gratification in marriage (212). However, the unwed mother troubles these claims. Prejudice against disability desexualizes disabled people and labels them undesirable. Lapper's statue, on the one hand, advocates on behalf of disabled people. On the other hand, it asserts Lapper's right to be "be seen as a productive social subject and reproductive sexual being" (Millett-Gallant 51). Although Lapper's pregnancy adds to the heroic allure of her stature, it also provokes, to borrow from Quayson "acute anxieties" about disabled people reproductive capacities and exercise of their sexuality (38).

Perhaps, the disparaging reactions can be grouped under three categories. First, the risk discourse is obvious in arguments perpetuating the fear that Lapper would give birth to a disabled child. This unfolds the residual undercurrent of nineteenth-century eugenics (Baynton 2016) . Second, Lapper, like other single mothers, is accused of usurping welfare benefits. Single mothers irresponsibly give birth to many children to secure more welfare benefits (welfare queens). Finally, mothering and caring for a child while having a disability was unthinkable. Lapper being without hands caused alarm as to her adequacy of carrying out the normal simple acts of breastfeeding and changing diapers, to mention just two. The issue of her being an "unfit" mother pervaded the discussions about her pregnancy. Clearly Quinn, by displaying Lapper pregnant, perpetuates dialectic discourses on the right of people with disabilities to reproduction which he asserts with another statue showing Lapper and her healthy son, Parys.

Interestingly, *Allison Lapper Pregnant* captures the theme of the personal being political. Moreover, it illuminates the social anxieties associated with single mothers and disabled mothers. This chapter explores the portrayal of single, divorced, and unmarried mothers—or "lone motherhood" (Silva 3) — and disabled mothers. The lone mother figure attracted the attention of U.S. media in the 1980s which presented "lone mothering as deviant and problematic" (Phonex 176). The presumption that children are better reared and socialized in a "traditional heterosexual two-parent family" causes lone mothers to be suspected of inadequacy.

As a result, lone mothers are demonized in popular culture which taxes them as "bad" mothers (Silva 8).

Likewise disabled mothers are claimed to be "incompetent" and "unfit" to mother (Nassir 233). Their mothering abilities are questioned, and they remain under a constant and intensive social surveillance. Notably, the prevalent discourse about mothering advances the cultural ideal of a woman whose is abled-bodied "white, heterosexual, and economically secure with a husband close at hand" (Filax and Taylor 1). To problematize these presumptions, I deploy Rich's "outlaw figure" as a disrupter of the dictates of patriarchal motherhood. She describes a trip she made alone with her children:

> Driving home once after midnight from a late drive-in movie, through the foxfire and stillness of a winding Vermont road, with three sleeping children in the back of the car, *I felt wide awake, elated; we had broken together all the rules of bedtime, the night rules, rules I my self thought I have to observe in the city or become a "bad mother." We were conspirators, outlaws form the institution of motherhood; I fell enormously in charge of my life*. Of course, the institution closed down on us again, and my own mistrust of myself as a "good mother" returned, along with my resentment of the archetype. [Emphasis added] (194-5).

Sarah Trimble highlights the confrontational potential of Rich’s "outlaw figure" in defying the institution of motherhood. Trimble states that "feminist scholars and activists have been urgently outlining a practice—or set of practices—organized around this figure of the outlaw" (178). Outlaw mothers, she extends, threaten the boundaries of the institution of motherhood, undermine motherhood as a site of "regulation and containment", and resist the dictates of the "good mother" myth (179).

Defiance of the institution of motherhood can be seen as a form of political activism that seeks to disrupt existing power relations (Nathanson 244). Furthermore, maternal activism "contributes to the reframing and valuing of motherhood by expanding its boundaries (from private to public), and by endowing it with qualities normally attributed to the public realm" (Nathanson 250). Thus, the various personal experiences of mothers can be politically amplified.

Obviously, lone mothers and disabled mothers are relegated to the "borderland" of "mainland" traditional motherhood (Levine 2009; Lewiecki-Wilson and Cellio-Miller 2011; Silva 2013; Filax and Taylor 2014; Lalvan2019,). Interestingly, the movies capture a variety of mothering experiences indicative of their societal and attitudinal milieu. Most interestingly, these movies turn away from treating disability as a family matter dealt with in the private arena of the home. Instead, disability is presented as a struggle against "ableist insensitivity" (Norden 21), social discriminations, and unequal treatments. Mothers, depending on whether they are mothering a disabled child or themselves being disabled, occupy various positions of resistance. These movies deal with the issue of mothers socializing their children in a rejecting society or children accepting their mother's disability as an enriching difference. Mothers use disability to affirm their mothering as adequate and fulfilling.

I argue that despite these movies' positive depiction of disability they are comprised by a nuanced representation of mothers. The images of the mothers vacillate between good/bad mother image and the good enough mother. The movies capture the struggle of lone and disabled mothers when it comes to work, acquiring educational services, and socialization of children in mainstream society. Interestingly, mothers in some of the movies demonstrate aspects of O'Reilly's empowered and feminist mothering. I divide this chapter into three parts. The first part deals with single mothers raising their disabled children. Mothers raising disabled children are represented as resilient advocates for their children and fiercely fighting to obtain social rights and benefits (as can be seen in *Mask* and *Miracle Run*). Moreover, their mothering defies the dictates of intensive mothering.

In the second section I examine the figure of a mother with a disability. Interestingly, parents with disabilities seem to raise independent and strong-willed children (as in *My Louisiana Sky* and *What is Eating Gilbert Grape*). Geographical setting, I contest, factors in the way disability is treated in these two movies. In *Profoundly Normal*, the personal collides with the political and the social as seen in the disabled couple struggling for legal marriage. Also, they deal with many discriminatory attitudes when they decide to have a baby. Interestingly, each movie provides an insightful window into disability and illuminates the social attitudes towards disability and parenting.

Lone Mothers and the Exceptional Child *Mask, and Miracle Run*

Mask and *Miracle Run* are based on real life people. However, the fictionalized narrative, for productions goals, opts not to capture the real limitations of disabled embodiment of Rocky Dennis and Stephen and Philip Morgan. The movies follow similar plot pattern. Both movies capture the struggle of two single mothers to secure educational privileges for their disabled children in an intolerant society. Both mothers fare well in raising their disabled children. Eventually, the presumptions that the existence of a father figure is necessary to socializing and well being of a child is challenged. Nonetheless, each movie differs in its ending. In *Mask,* the disabled child ends up being "laid off" to ensure the nondisabled audience's sense of integrity. Whereas *Miracle Run* almost follows the overcoming narrative where the mother's effort is rewarded by the success of her grown up autistic twins. I say almost because the twin boys are not completely cured from autism as is the case in *Son-Rise* discussed in an earlier chapter.

The Weird Mom

Mask (1985) deals with the life of Rocky Dennis (Eric Stoltz) and his biker mother Rusty (Cher). When Rocky is four years old, he is diagnosed with craniodiaphyseal dysplasia. It causes facial disfigurement. It is also known as "lionitis" or the "look of the lion" (Mask). Rocky's disability can cause "aesthetic disqualification" which leads to risk of unequal treatment, bodily harm, and death" (Siebers 23). The movie deals with Rocky and Rusty challenging the unfair "attitudinal barriers" of everyday life (Klobas 427) . Because of his appearance, Rocky struggles with "discrimination in education, social ostracism, and romantic rejection" (Longmore *Stereotypes* 77). The movie shifts the focus from disability as being a tragedy towards being a problem caused by social discrimination. Paul Longmore (1885) commends the movie for being "a welcomed departure" from treatment of disability. In short, the movie humanizes the portrayal of a person with disability interacting with an ableist society.

I agree with Longmore and would like to add that Rusty is a major force in equipping Rocky with attitudes to deal with ableist prejudice. She exhibits a strong and confrontational attitude that can be unnerving. However, being a single mother and a bikers, a group that suffers the stigma of being social "misfits" (Longmore 1985), places Rusty's mothering under suspicion. She does not fit into the institution of motherhood configurations. She is sexual, which is seen in her multiple relationships throughout the movie. In addition, she has an addiction problem which is upsetting Rocky. However, we learn that Rocky's disability is not her fault. She had an "uneventful pregnancy, didn't ingest any chemical substance or teratogen during gestation" (Mask). Tammy Bacharch explains that a diagnosis of biological causes for a child's disability is "like an acquittal before the court of professionals and public opinions" ready to charge mothers (24). I argue that Rusty's outlaw status as a single mother allows her to be assertive and resistant to social authorities attempting to shortchange her son.

Rusty endures working at a bar wearing a "cheesy little two-piece" outfit. She bears the antics of the rude customers, so she can support Rocky and herself. Despite her strong personality, she is a loving and caring mother and treats her son like any other child. This is evident as Garr (Sam Elliot) talks about meeting Rusty and Rocky for the first time:

> She said she was gonna get her kid and have his picture taken. You know, at one of those stores. I said I'd ride her and her kid on the bike. She liked that. Well, she came out of your grandma's house with you. You must have been five, maybe six. Well, I nearly shit. I mean, you didn't look like your regular kid, right? Well, we get down to the store. She's standin' in line with the rest of the mothers and their little kids, and all the mothers and little kids are starin' at you. Pretty soon it's your turn. She puts you up on this big red block, and the guy taking the pictures nearly shits. You're just sittin' up there with your nose runnin', this big damn smile on your face.And I looked over there at her, and... I never saw a woman more beautiful... than the way she was lookin' at you.
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> Mask

Clearly, Rusty insists on Rocky being "written" in her life. She looks beyond his disability and appreciates his personhood. She refuses to let his appearance deny him the joys of childhood. The facial disfigurement steers many anxieties in people causing them to "stare" at him with fear and curiosity (Garland-Thomson 2009). However, Rusty is not embarrassed or stigmatized by his looks. She incorporates him in her biker gang who acts like an extended family to Rocky. The outsider lifestyle of bikers evidences a welcoming acceptance of Rocky. In fact, Bulldozer Collins (Dennis Burkley) has a speech impediment but is a valued member of the gang.

Surprisingly, she raises her son to be a productive and independent individual. Rocky grows up to be a fun-loving teenager who enjoys rock 'n roll and collects baseball cards as hobby. He and his friend Ben save money to take their dream European motorcycle tour. He is a dedicated student scoring high grades and is "among the top 5 of his last school". [32] Rocky has a complex personality that avoids dwelling on the trope of pitiful or angry person with disability.

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[32] The movie *Wonder* (2017) has a lead character with mandibulofacial dysostosis that causes him facial disfigurement. Despite being smart and having a sense of humor, the child is over-conscious of his looks and is homeschooled by his mother. He overcomes his fear and blends with his school friends after various heartbreaking episodes of teasing and bullying. I do not include the movie because it is beyond the timeframe of my study. A parallel reading would yield interesting points of intersection between the two movies. I think Rocky outgoing character is nourished by Rusty being an outlaw mother who fights to get her son the education and services he deserves.

Rusty, throughout the movie, constantly fights for her son's rights and refuses to be deterred by authoritative expert knowledge. She and Rocky make an interesting pair as they deal with ableist attitudes. Rusty's militant responses to discrimination are ameliorated by Rocky's humorous mediation. The scene of Rusty enrolling him at school best illustrates this:

> Mr. Sims: This is a public junior high school, Miss Dennis. There are special schools—with wonderful facilities more appropriate for his needs.
> Rusty: Do you teach algebra, biology and English here?
> Mr. Sims: Of course.
> Rusty: Those are his needs.
> Mr. Sims: Perhaps I should speak to the boy's father.
> Rusty: Perhaps you should speak to the Pope. He'd be a lot easier to find.
> Mr. Sims: Under the circumstances for the good of my students as well as your son, I'll need additional...
> Rusty: Don't jerk me around. I'm not in the mood. I've had a real crappy day so far. First, we're in the wrong district, I gotta come here and play pussyfoot. This is a copy of our lease, a copy of Rocky's birth certificate, and this is his last report card. He was in the top 5% of his class. I got some additional information. My lawyer's name is B.D. Higgins. If you give me any shit at all, he's gonna drag your ass into court.
> Rocky: Don't worry, Mr. Sims. I look weird but otherwise I'm real normal. Everything will be cool. Thanks a lot. See you next week.
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> Mask

Interestingly, Rusty as an outlaw is indicated in the principal's request to speak to Rocky's father. Perhaps her attitude did not conform to the image of the acquiescing mother the institute of motherhood enforces. However, advocating for her son grants her an empowered position of speaking. Threating to resort to legal measures to ensure her son is enrolled illuminates the progress of disability activism. The Individual with Disabilities Education Act (IDEA) is a consequence of parent advocacy on behalf of children with disabilities. Interestingly, movies after the passing of the act in 1975 bring up the rights of children with disabilities to be educated in public schools. Similarly, *Miracle Run* underscores the fact that children with disabilities have many rights of which the parents are not aware (I will return to this below).

Furthermore, Rusty avoids infantilizing Rocky. She reproves a young arrogant doctor for condescendingly referring to Rocky using third person pronoun "him". She chides him saying "Him, by the way, has got a name, so if you got some information for him, I suggest you give it to him." To regain ground in the conversation, the doctor stresses that Rocky would mostly have a few months to live. Rusty, to borrow from Longmore, "chews out" the doctor:

> You're not really gonna give us that life expectancy number again, are ya?You know, for 12 years I've been listening to you guys bullshit.First you told me that he was retarded, then you said he was gonna be blind and deaf.Then you told me he'd never be able to do anything regular kids could do.If I had dug his grave every time one of you geniuses told me he was gonna die, I'd be eatin' fucking chop suey in China by now. Anything else?
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> Mask

As mentioned in earlier chapters, the dehumanizing medical diagnosis authoritatively predicts gloomy and unworthy lives ahead of children with disabilities. Sometimes, they catastrophically proclaim the child is facing an inevitably shortened life expectancy, and they are always wrong. However, Rusty and Rocky have grown doubtful about experts' opinions. Instead, Rocky pursues his life with zeal and optimism. This is obvious in his humorous and outgoing personality. The only complications he suffers are episodic headaches. The method of treatment is having his mother talk to him until the pain ceases.

The paradoxical character of Rusty troubles the good/bad mother binary. The amorality of her actions; drug addiction and sexual liaisons, is problematized by her loving and caring relation toward her son. Worried about his mother's addiction, Rocky pleads with her to stop or seek professional help (leaving pamphlets round the house about drug addiction). One time the two have a quarrel about her addiction. Rusty tears one of Rocky's "stupid baseball cards". Angry, he replies "All you care about is getting loaded and laid". Rusty slaps Rocky, which she had never done before, then storms out of the house. At night, she returns high and with a male companion. However, finding that Rocky is suffering one of his headache episodes, she, against the objection of the man, goes to soothe Rocky.

The next morning, the two exchange apologizes and Rusty promises to cut down on her usage. In short, Rusty occupies the liminal position between the good/bad mother. Despite prioritizing Rocky's needs, she acknowledges her own needs and satisfies them. Labeling her as a good or bad mother is difficult. Nonetheless, she is nothing less than an outlaw mother.

So far Rusty paves the way for her son, refusing to "take the second best for an answer" (Diffability). However, the issue of romantic attraction challenges her. Rusty is never conscious about her son's disfigurement which makes her overlook the harsh reality of him having a steady or a romantic relation. The theme of love humanizes Rocky's disability. In addition, it confounds Rusty's militant resistance to a disabling society. Since raising a child with a disability is a progress across a time span, it is important to be prepared for many unexpected alterations. Rocky's dilemma of him having a relationship with girls takes Rusty by surprise.

She misinterprets his dilemma as a teenager with a desire to satisfy his sexual energies. She brings a prostitute to sleep with him. Rocky angrily confronts her asking if she considers him a "freak". He is upset because her actions implied girls will not love him unless he pays. It contradicts her insistence that his appearance is inconsequential. Perhaps Rusty's confusion is triggered by the undercurrent ableist anxieties regarding Rocky. In short, she must reflect on the inevitable reality that his appearance may impede his nice and loving personality.

Rocky, aware of the limitation of his appearance and the unfairness of society, seeks not sexual gratification but truthful love. In my opinion, such a relation affirms his humanity and personhood. At summer camp, Rocky falls in love with Diana (Laura Dern), a blind girl who enjoys riding horses. Diana represents the stereotype of the "sweet innocent" (Norden 1994). I agree with Klobas that she has "no difficulties with her limitation" but differs in her being "fiercely independent" (428). I think her sense of independence is a matter of class privilege. Riding horses seems to be a common feature within her social circle. However, she is kind and appreciates Rocky for his true essence. Nonetheless, her "overprotective" parents disapprove of her friendship with Rocky. Clearly, the parents dismiss him as unworthy of their daughter because of his appearance. Rocky understands that the parents would be an obstacle to him and her being together.

It is possible to infer that the parents suspect that Rocky is taking advantage of Diana's blindness. The parents represent the disabling attitudes that render people with disabilities undesirable and unworthy of love. Furthermore, people with disabilities are either represented as hypersexual or asexual, they are never sexual. *Mask* goes beyond this and touch on the emotional dimension of people with disabilities. The viewers identify with his sadness and frustration when it comes to being loved. Rocky is a complex and rounded character (Klobas 1988, Longmore 1985). He exhibits varying human attributes – a sense of humor, frustration, anger, and kindness—that illuminate his interaction with an ableist society.

However, Rocky's complex character is undermined by the movie's deployment of blindness. He is an intelligent and fun-loving student who tutors his other classmates. Yet involving him as counselor aid in the summer camp for blind children downplays these attributes. I concur with Klobas that the sighted writer's viewpoint undermines the complexity of blindness in the movie. I contend that blindness is appropriated to emphasize Rocky's human essence and personhood. This is seen in the tolerant atmosphere the camp offers. Furthermore, the stereotypical deployment of blindness as challenging visual language is obvious when Rocky teaches Diana colors and shapes of clouds. Or when she touches his face and tells him that he seems "normal" to her. It indicates that blind people have an acute insight into inner truth of people. Assumedly, people with disabilities can only be loved or even accepted by people who are relegated to the position of the "outsider" figure (Longmore 1985).

I would like to concentrate on one important scene that creates a sense of uncanniness in Rocky and his friends. I argue it best captures the depth of feelings of a young adolescent and exposes the superficiality of social prejudice. At a mirror fun house, Rocky is surprised to see his reflection in one of the mirrors. As his other friends laugh at their distorted reflections, Rocky is stopped by a less distorted reflection of his disfigured face. If the disabled body creates a disruption in the visual sphere (Davis 1995), in this scene it challenges the dynamics of projection the distorted mirrors are supposed to enact.

The uncanny effect is accentuated by the moment of silence instilled in Rocky and Rusty. The reflection, I infer, initially refers to a missed intact face. However, it captures the unique mother-child relationship. Because Rusty's face is not distorted in the reflection (despite some considering it a technical flaw in shooting the scene), the two live outside the scripted codes of society. Evidently, their relation is realistic because it avoids the sentimentalized portrayal of the caring mother and complacent child. They have their agreements, arguments, and own troubles. Rocky is not spoiled and exhibits a remarkable sense of independence. Whereas Rusty is caring, loving, makes mistakes, has the courage to apologize and struggles to make her son happy.

Crazy Mom

In *Miracle Run* (2004), Corrine Morgan (Mary-Louise Parker) is a single mother with two fraternal twins. Corrine struggles to understand the conditions of her sons. She has not been offered a conclusive diagnosis of their condition. Steven (Jake Cherry, Zac Efron) is non-verbal, while Philip (Jeremy Shada, Bubba Lewis) repeats what he hears verbatim. Doctors, she visited previously, provide unsatisfactory explanations (i.e., "twin talk" or boys are late bloomers compared to girls). Contrary to the dehumanizing and patronizing attitude of physicians, medical experts are presented as understanding and curious about the twin's case. Corrine is unsettled to learn that her children are autistic. She is abandoned by her boyfriend who argues that he has not "signed in" to care of her autistic children. However, she quickly addresses the disconcerting diagnosis and embarks on a struggle to help her sons.

In the previous chapter, mothers fear and resist labels because they reduce their children into fixed categories. Burke argues that labels have two-edged effects. First, they can enforce stereotypes. Second, they can help with accepting disability as difference. Moreover, a label helps orient parents to procuring information with regards to services and support (Rayan and Runswick-cole 2014). A label offers a perspective on limitations and possibilities that require reflections and preparations on the side of the mother. In short, labels allow mothers of disabled children to mediate and negotiate social, educational, medical, and legal institutes.

Unlike Rusty, Corrine starts as nonassertive and avoids confrontation with her son's school's officials. However, she transforms into a strong, independent and "ball busting mother" after learning and accepting her sons' autism. Being a single and working mother, Corrine challenges the ideals of intensive mothering and resists the institution of motherhood. The movie illuminates the struggles of mothers when it comes to childcare, educational services, and work. I argue that Corrine, because she accepts her sons' disability as an alternative way of being, ends up an empowered mother.

The movie illustrates the social scripts that patrol mothers and judge the social conduct of their children. Moreover, societal surveillance is oblivious to the contextual reality of mothers. In a supermarket, Steven and Philip go into a tantrum, and one of the boys urinates over himself.

Still suffering the aftereffect of the diagnosis, Corrine confusedly tries to calm the children and clean up after them. An elderly lady admonishes Corrine telling her to "take control " of her sons. The accusative tone of the lady irritates Corrine, who places the urine-wet paper towels in the lady's hand. Corrine angerly rushes her sons out of the store. Clearly, mothers are easily accused of bad mothering on the slightest child misbehavior.

At school, Steven and Philip are lagging academically because they fail to participate in school activities. Corrine, still trying to transition into her new lifestyle, does not disclose the diagnosis to the school. She avoids their teacher whenever she drops them at school. Corrine meets with the principal, assistant principal, and the teacher. In the meeting, the principal asks about the existence of a father or a boyfriend. The question alludes to the fact that the children are being abused by their mother. The teacher interprets the children's tantrums as them expressing their frustration and anger. The principal implies that these could be outcomes of the way Corrine "disciplines" them at home. Indignant by the principal's insinuation, she demands that he exactly state his concerns. The culturally embedded mother-blame is illuminated as the conversation continues:

> Principal: You needn't be defiant Mrs. Morgan.
> Corrine: If you have something you would like to ask me, I'd rather you just come out with it.
> Assistant Principal: We don't wanna find ourselves, where we need to explain why we ignored signs of possible abuse.
> Corrine: Are you suggesting I somehow hurt my boys.
> Principal: Their behavior suggests some sort of trauma in the past that brought on some…
> Corrine (interrupting): They are autistic!... I took them to a specialist a couple of weeks ago. I didn't know until then
> Assistant Principal (confused): How could you not know?
> Corrine: We've seen a dozen doctors they said that nothing was wrong. They have such remarkable talents. They deserve to be in a normal classroom with other kids.
> Teacher: It's just it is impossible to teach them in a nor… regular classroom.
> Assistant Principal: The school maybe not the best place for them.
> Corrine: Do all kids who are not perfect get kicked out of school?
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> MR

Evidently, the absence of a father figure makes Corrine a suspect of abuse. Importantly, she is unable to evade blame even after revealing that her sons are autistic. The assistant principal question indicates the social expectations of mothers, which hold them completely responsible and extremely attentive to their child's troubles. The undercurrent of ableism, which deprives children with disabilities of equal education, surfaces at the end of the conversation. Steven and Philip are high functioning and exhibit savant skill. For instance, Steven disassembles and reassembles an alarm clock at the hotel by himself (which surprises his mother). Yet the school disapproves of their nonconforming behavior which Corrine must resist.

Unlike Jenny Corelli and Sally Goodson in chapter 3, Corrine does not resort to welfare nor opt for social withdrawal. She immediately rents a house, finds a job, and a caretaker for her children. The movie illuminates the undercurrent dynamics of work and childcare with which mothers struggle. Most childcare providers she contacts are deterred upon knowing the children are autistic. Some confuse autism with retardation. Luckily, Reva (Mikki Val) accepts the task of caring for the two boys. When Corrine stresses that Steven and Philip are autistic, Reva tells her that she has cared for "three mentally retarded kids for four years". Seeing that Corrine is upset at the label "retarded, Reva explains that she meant that she is "up for" the task.

At that moment, Phillip walks to Reva, holds her face with the palms of his hands and looks her in the eyes. He has never done that with anyone before. Corrine, smiling, tells her "I guess you are the one". Reva is speechless because of the unusual manner Philip communicated with her. Reva being black underscores the issue of race and caregiving, but this is beyond the scope of this study.

Within American culture, mothers are responsible for communicating with schools, daycare, doctors, and after school activities. A disabled child adds to this endless list of responsibilities. Corrine searches the web for information about autistic children and available service.[33] She stays up reading about legal aspects of her situation and writes a well-drafted letter to the school. Corrine turns into an "accidental" advocate on behalf of her children. The new awareness of the rights of people with disabilities empowered Corrine. She tells Reva that "the boys are entitled to more than [she]thought". The fact that she is a working-mother who pays taxes endorses her claims for "special education" services. She stops evading the school administration and takes a proactive approach toward securing her son equal educational opportunities. She resists the school's suggestion that she enroll her sons in a special school at Middleton mental hospital. She hands the letter detailing the services her sons are entitled to and emphasizes that she would resort to legal steps. Overall, the children's disability made Corrine more assertive and militant in struggling for their rights.

The film touches upon the issue of mothers being efficient workers. Mothers are presumed incompetent when it comes to competitive jobs because they cannot sustain a balance between their job duties and their domestic responsibilities. When Corrine applies for a job at an insurance company, she is warned about the competitive nature of the job. She is to be "very aggressive". Moreover, the boss clearly states his preference for hiring childless women because they can dedicate their full attention to work. However, Corrine replies that being a mother has equipped her with good time management skills. She proves her abilities and sells a reasonable number of policies. Nonetheless, being a single mother of autistic twins amplifies the interruption to her job and life.

Corrine's works is occasionally disrupted by house maintenance or her sons' trouble. The boss, displeased about some minor delays, fires her. She finds another job working from home as

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[33] Advances in technology lessened the effort of learning about autism. In Son-Rise the Kaufmans had to consult many sources to understand the condition of their son.

a bookkeeper for a small firm. It is obvious that single mothers are not provide with many alternatives when it comes to jobs or resources. However, Corrine, resilient in taking care of her children, refuses to fall into despair. Throughout the movie she adopts a resilient attitude and made many gains for her children.

Compared to the other mothers discussed so far, Corrine mothers in isolation. We do not see her talking to friends or family for emotional support or help. However, she defies the ideals of good mothering by insisting on having a job and supporting her family. Importantly, she does not shy from having help in raising her children. Reva can be read as an "other mother" because she takes care of the children when Corrine works.

She, due to her legal threat, secures a special education teacher, Wayne Cosgrove, to help the children. Wayne prepares Steven and Phillip to be integrated into a "regular classroom". Despite his brief appearance, he demonstrates the way that special education alters the perception of children with disabilities capacity to learn. Moreover, the institutional and governmental obstacles are unfolded when it comes to funding and support for programs catering to people with disabilities. Wayne must leave because the state has withdrawn financing from the special education program. Corrine again must teach the kids as Wayne has demonstrated. [34]

The mother-child relation is undermined by the movie's abrupt skip to the teenage Steven and Philip. After the children start adjusting to Wayne's training, the movie shifts to them being teenagers. We see them being communicative and verbal and interacting with their mother and Reva. At school, Steven and Philip exhibit savant skills and are regularly described as "high-functioning". Functionality is one of the aspects the movie has been touching on. They perform

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[34] Wayne teaching of Steven and Philip demonstrates the Foucauldian concept of training. Repetition is one feature in rehabilitating the "deviant" body. This is seen in *Son-Rise*, *And Your Name is Jonah*, *Kids Like These*, and *David's Mother*. Interestingly, men are depicted as being better at teaching children with disabilities because the are good at saying "no" and withholding rewards.

well at school and are members of various activity clubs. However, the movie provides us with an insight into their struggles as teenagers. Despite their progress they are not fully recovered from their autism. I consider this to be a good feature of the film because it downplays the effects of the overcoming or curative plot.

Corrine is happy yet still uncertain of how to proceed with her kids. Earlier in the movie she confides to Reva that she used to have high expectations for them. However, upon learning they are autistic she wants them "to be safe and happy". She points out that " what hurts so much" is not having any more expectations. The presumption that a child with autism has no future is embedded in what she says. Children with mental disabilities are assumed to remain childlike, which curtails their prospect of a better life. Interestingly, Corrine alters her expectations as the children grow. She confesses that they exceed her expectations. Accordingly, the responsibilities of caring and supporting them increases as they develop newer needs.

Nonetheless, Corrine is in tune with her sons' autism and adamant that they experience the reality of society. Steven and Phillip develop varying interests at school. Steven joins the cross-country running club, while Philip is a member of 13 clubs at school. The two are fond of the movies of the boxer Rocky. Steven is mostly interested in sport and being like Rocky. Phillip is more into music and less physically competitive activities. Nonetheless, they both demonstrate autistic behavior which made them the target of occasional bullying at school. This allows us a human view of their personality instead of the stereotype of the autistic savant.

After an episodic tantrum at school, they refuse to go to school because of other kids' ridicule. Corrine is not overprotective and tells them to ignore them. She applies their fascination of the boxer Rocky to persuade them to remain at school and face their trouble. Corrine is aware of her children's interests and the way to interact with them despite her work. Furthermore, she is not overprotective and elects not to shield them from society because they would be mocked.

It is possible to argue that the character of Doug Thomas (Aidan Quinn) is to take on the role of the father figure to the teenage twins. I read his role in three contradictory ways. First, Doug allows us a view of the inside family dynamics Corrine has with her children. We can see the other side of their character as twins. For example, Steven is competitive, sometimes picky, and impulsive. Philip is quiet and complacent and friendly. Second, he stands for the understanding man who appreciate the efforts a mother does to rear her children. I would argue that he is there to commend Corrine on her good mothering. Moreover, he allows us to see the sexual appeal and feminine character of Corrine.

Doug assists her with her son's teenage issues that are supposed to be the responsibility of fathers. Corrine may provide emotional support and encouragement but Doug acts as a problem solver. For example, when Philip experiences a breakdown during rehearsal, Doug pleads with the committee whereas Corrine is trying to calm her son. Another example is seen in Doug helping Steven figuring out a way not to lose track during the cross-country race. In short, Doug's role is not to regulate or rectify Corrine's mothering, but to supplement it.

Corrine's effort as a mother is reciprocated by the end of the movie. Steven gives a speech at the Miracle Run foundation for the cure of autism, established by his mother, in which he says:" My mother was told we would be in an institution for life, but she refused to accept this. In the past, I have had no friends. I didn't know exactly how make any friends. I was very lonely. If it wasn't for the love of my mother, my brother and I would not be here tonight". The speech reciprocates Corrine's effort and struggle. Steven and Philip are not completely cure, they demonstrate autistic behavior at the event, but they are not written off from their society. Not only that, Wayne, Riva, Doug, and other people who supported them attended the event. This indicates the allies that contributed to their struggle. However, where are the other mothers?[35] Representation of mothering children with disabilities remains an isolated and individual activity despite the struggles mothers endure.

The Personal is Political

In the previous chapter Carla and Danny's struggle to get to married is caused by Carla's mother. It is represented as a personal matter. However, other films touching on the issue of marriage between people with disabilities were successful in capturing the political side of the issue, exposing implicit discriminatory policies. *The Other Sister* avoids touching on the issue of having children because it is invested in the romantic dramatic effect of culmination of the love story between Carla and Danny. However, two 1979 movies touch on the issue of love among people with mental disabilities. These are *No Other Love* and *Like Normal People*. Both movies touch on the issue of people with mental disabilities being fit to have and care for children. Both movies promote the issue of sterilization and the practicality of not having children. *Like Normal People*, however, provides a nuanced representation of the residual eugenics that influence policies regarding people with disabilities. Opting for sterilization, I contend, is an outcome of coerced or downplayed informed consent. Yet, I will not discuss these two movies further to avoid redundancy.

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[35] I think is important to point out that disable advocates reject the parent advocacy that seeks to find a cure for disabilities. The abrupt ending of the movie compromises a full understanding of Corrine Morgan's advocacy. Since this is beyond the scope of this study, for further information, I would like to refer to Allison C Carry, Pamela Block, and Richard K. Scotch book *Allies and Obstacles: Disability Activism and Parents of Children with Disabilities* (2020). For marriage laws of disabled people see also Carry (2009), *On the Margins of Citizenship*, particularly chapter 8.

Like a Normal Family

Profoundly Normal is based on the true story of Donna (Kirstie Alley) and Ricardo (Delroy Lindo) Thornton's struggle to establish a family. The movie exposes the exploitation that people with mental disabilities face in residential institutes and mainstream society. The movie is presented as a television interview in which Ricardo and Donna tell the story of their lives in Forest Haven institute and after its closure. Donna is abandoned by her mother to foster care and ends up placed in the institute. Ricardo, described as highly functional, is said to come from a family most of its members are "wards of the state". Both have been "clinically diagnosed with mental retardation". The movie provides a human perspective on the experience of people with mental disabilities inside and outside institutions. It illuminates the political in the personal struggle of people with disabilities leading normal lives as parents and competent citizens.

The movie illuminates the fears and hopes of people with mental disabilities and their silenced voices. They are dehumanized and infantilized by people entrusted with caring after them. Donna and her friend Earline are assaulted and raped by a janitor. Sadly, Donna is discredited when she reveals the truth. Donna and Earline and Margaret are close friends. Earline, non-verbal, dies because she has been given the wrong medication. However, Donna exhibits a caring and protective attitude towards her two friends.

With the shut down of the institute, the residents are either sent to group homes or independent living apartments. Donna and Ricardo can readjust easily in the society. Charlotte Johnsons (Rosemary Dunsmore), their social worker and friend, describes them as "model residents" with no reports of complaints or accidental incidents. I read Charlotte as a maternal figure because she advocates for Donna and Ricardo. She mediates between the two and help them ease into society. The couple exhibits responsibility and ability to care and support themselves, and they plan to get married.

However, Ricardo and Donna suffer the embedded discriminatory attitudes inherited from nineteenth -century eugenics. At that time people with mental disabilities are prevented from marrying and went through forced sterilization under the pretext of upholding the purity of the social body. These attitudes are represented throughout the movie on institutional, medical, and social levels.

Paradoxically, the social services administrator in charge of their integration refuses their marriage. He emphasizes that he is adhering to the law which he reads: " clinical diagnosis mental deficiency imbecilic or otherwise developmentally retarded shall not marry" (PN). In addition, he refuses to waive their right to marry despite it being with his authority. Sedimented disabling attitudes remain influential with regards to people with disabilities' rights to marry and have children. Determined, Ricardo and Donna get married despite the refusal of the administrator. They are regarded as outlaws. The two receive letters of supports from the publics. Reporters covered their marriage.

Unfortunately, the public enthusiasm ceases when Donna becomes pregnant. From the medical side, because the parents are "retarded" the probability of the child suffering an abnormality is amplified. The doctors adopt the "risk discourse" (Thomas 2008) and advise aborting the child. Despite that, Ricardo and Donna insist on taking their chances. Donna gives birth to a healthy baby boy, Ricky (Kevin Duhaney). Regrettably, some people send rude and disparaging mail which Ricardo hides from Donna. One time, she opens a letter in which their son is derogatorily described in animalistic terms. Ricardo calms her down, telling her that they need not worry about what others think or say about them. Overall, ostensible tolerance and support of independent living fades when people with disabilities step out of the hidden confines of ableist scripts. [36]

Donna has maternal and caring attitudes towards her friends in the institute. However, she troubles the claims that mothering is instinctive. This is seen in the way Charlotte teaches her about her mothering duties. Interestingly, the expert advice is evident in the way Donna is to care for the baby. The body of the mother is fragmented according to the schedule for feeding. She is to feed the child 6 to 12 times a day; five to seven minutes a breast. However, Donna is trained based on common mothering scenarios. She must master these to be able to pass the societal surveillance and meet the expectation of "fit" mothering. Charlotte stresses that not caring for the baby risks having him withdrawn from his parent. Clearly, mothers with disabilities are deemed unfit to care of their own children.

Interestingly, the emotive part of Ricardo and Donna is accentuated when they become parents. The movie briefly touches on raising a child who is smarter than them. However, they provide him with all the care and love a child needs. In the interview, Ricky confesses that he felt ashamed of them at certain points. However, he respects and cares about them and has an emphatic attitude towards them. He is angry to learn about their struggle and the way they suffered discrimination. However, his parent provides him with the love they have missed when they were abandoned at the institute.[37]

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[36] In *Like Normal People,* people with mental retardation are coerced through denial of subsidiary privileges. Mr. Davis the chairman of the independent living initiative, states that "marriage between retarded people is a social obscenity".

[37] The movie end with three visiting the institute to pay respect to Erlain, whom we learn is Ricardo's elder sister. Earlier in the movie, she insists on hugging the young Ricardo. Nobody could explain the reason. Yet, the end reveal that she knew that he is her brother. In short, Erlain unfolds the dehumanizing policies of institutions. She and her brother are denied kinship, but despite that she knew and hugged him. Being "retarded" does not necessarily mean the absence of feelings.

Effective mothering stresses the "socialization of productive and self-sufficient children" (Maybee 251). This is complicated with the existence of disability either in the parent or the child. Walsh, extending on Rod Michalko and Tanya Tichkosy, explains that disability problematizes motherhood because of the assumption that disability negates personhood (26). This becomes obvious in the way disability entails doing things in novel and creative ways contrary to expected norms. Arguably, disability can possibly facilitate ethical relations with Others through promotion of variance and difference. maintains that disabled mothers regard their impairments as an opportunity to enrich their own children by raising them to be "emphatic, enlightened, compassionate and whole individuals that understand the diversity of the human experience and the right to human dignity" (Bhal 223).

Unconventional Family

One of the interesting features of representation disabled parents in some movie is the presence of the extended family or other mother or father figures. It could be argued that having a disabled parent allows alternative ways of parenting. *I am Sam* appropriates African American tradition of "other mothering" and "community mothering". For instance, in *I am Sam*. Sam Dawson (Sean Penn), an adult with mental disability, suddenly finds him self a single father of a newborn daughter, Lucy (Dakota Fanning). The mother, a homeless woman, disappears after giving birth. Sam explains to his friends that she pretends to love him to secure a living place. The agoraphobic neighbor Annie Cassell (Dianne Wiest) helps Sam. Annie act as a mother figure to Lucy. Sam's friends, who exhibit a variety of mental disabilities, act as extended family, and all take care of her.

Consequently, Lucy develops a strong and tolerant personality because of this local care network. However, as she turns seven, Sam is not able to keep up with her mental abilities. Lucy is sympathetic and pretends that she does not know things to make her father feel good. In short, Sam's strong love is impeded by other expectations of him as a parent. The blissful relationship is disrupted when child social services become aware of the unconventional living arrangement. Lucy is taken away from her father and placed in foster care. Lucy portrays a strong and adamant character as she continuously sneaks out of her foster home at night, climbing to her father's apartment that is a few blocks away. Other movies are *Snow Cake* (2006), in which the parents of autistic single mother Linda Freeman (Sigourney Weaver) rear their granddaughter to be a strong, caring, and independent women. In *So B It* (2016), agoraphobic Bernadette (Alfre Woodard) raises Heidi DeMuth (Talitha Batman) and cares for her mentally disabled mother. Compared to these two movies, *I Am Sam*, however, provides a perspective on the way single parenting with a disability is not a personal issue and comes under intense social scrutiny.

My Mother's Keeper in *What's Eating Gilbert Grape* (1993) and *My Louisiana Sky* (2001)

Disabled parents can raise empowered and emphatic children through their alternative mothering. Conversely, they can also be a burden on their own children. *What's Eating Gilbert Grape* (1993) and *My Louisiana Sky* (2001), both adaptations of novels, are set in small rural towns. The narratives are told from the perspective of children of disabled parents. Roth explains that children regard their disabled parents with "confusion, grief, anger, disappointment and tenderness" (191). Interestingly, the main protagonists exhibit understanding and acceptance of disability as difference. Furthermore, the movies stress the theme of "togetherness" by underscoring a child's ambivalence towards the mother.

The Emphatic Son

Gilbert Grape (Johnny Depp) lives in the small town of Endora "where nothing much happens". He is responsible for his family after his father committed suicide. Gilbert looks after his depressed and obese mother, Connie Grape (Darlene Cates), and mentally disabled brother Arnie (Leonardo DiCaprio). We learn the family is preparing for Arnie's eighteenth birthday. Gilbert and his two other sisters Amy (Laura Harrington) and Ellen (Marry Kate Schellhardt) are responsible for taking care of the family. Amy is "like a mother", whereas Gilbert is responsible for looking after Arnie. Gilbert wishes to leave the small town but is held back by his mother and Arnie.

I argue that Gilbert is troubled by his repressed ambivalent feelings towards Arnie and his mother. Doctors predicted a ten-year life expectancy for Arnie, but he is turning eighteen. Arnie is a handful, occasionally disrupting the quiet life rhythm of the family and town. He tends to climb up the town's water tower, which causes a state of emergency. Gilbert confesses that sometimes he wishes that Arnie would die but other times he wants him to live. The mother, however, loses her beauty and sense of fun after her husband killed himself. She has become severely obese and never left the house in seven years. She is mostly depressed and spends her time sitting in the living room. Gilbert is upset about his mother's condition, and he describes her as being a "beached whale". Both Arnie and the mother cause conflicting feeling in Gilbert, eventually, accentuating his sense of responsibility.

The annual ritual of watching the campers pass through town, which Gilbert and Arnie partake in, implies that sense of entrapment within Gilbert. Betty Carver (Mary Steenburgen), a married woman whom Gilbert used to have an affair with, tells him as she is leaving town: " Poor Gilbert… cooped up, caring about others, forgetting all about [himself]" (Gilbert). She succinctly captures his reality in those words. Gilbert selflessly cares for his family and brother and he seems to have no plans to leave the small town. Betty earlier confronts him that the reason she had an affair with him is because she is sure that Gilbert would never leave town. In short, Gilbert's responsibility for his mother and brother is hindering him from contemplating personal aspirations. Selflessly devoted to his family, he neglects his own future.

Interestingly, the film demonstrates that the family is not ashamed of their disabled brother. The conventional sibling relations define their relationship with Arnie. Gilbert is portrayed as a father to Arnie. He cares for him, washes him, takes him to the store, and they do other activities together. In other words, Arnie is not written off from the family life. However, a repressed feeling of worry and stigma can be detected towards the mother. She, as the movie portrays, tightly anchors her children to the house. She impedes their separation from her. They cannot pursue other opportunities outside the small town.

Despite representing the mother as being a burden to the children, they exhibit a caring and sensitive attitude towards her. Upon noticing the floor falling beneath her sofa, the children secretly try to fix the problem without bringing it to her notice. The obesity of the mother stands as a disability that prevents her from carrying out her mothering duties. However, she does influence the family dynamics. The mother is conscious that others make fun of her weight. She is sensitive that her children might feel ashamed of her. She apologizes to Gilbert for being "a burden" and being the "joke" of the town. However, when Arnie is locked up for disturbance—climbing up the water tower—the mother insists on leaving the house to bring him home.

At town, she draws the attention of people who stare and laugh at her (some take photos). Clearly, she assumes her motherly duty of protection and preservation by confronting a discriminating society. Arnie returns home where the sense of "togetherness" is retained. Despite Connie being represented as a dysfunctional mother, her influence is obvious in her children's life.

Gilbert and his siblings exhibit a mature and cooperative attitude when their mother dies. After a long period, Connie surprises her children by going up the stair to her bedroom. The children are all surprised and happy at her action. She dies in her sleep when Arnie finds her. He is upset to realize that she is dead, which is obvious in his intensified tics. Despite appearing to fail to understand the feelings and situations around, Arnie's reaction to her death indicates emotional awareness of death. In addition, the way he tells his siblings about her death, touching as it may appear, challenges the presumption that people with mental disabilities lack empathy. Gilbert and his siblings exhibit a mature and cooperative attitude when their mother dies.

Gilbert decides to burn the house with his dead mother in it. They wish to spare her the ridicule of people, because she would have to be lowered by a crane. All her children, including Arnie, join efforts and clear the house. Their commendable action in honoring their dead mother suggests a developed sense of responsibility and empathy.

The film ends with Gilbert and Arnie joining the traveling campers. The two sisters respectfully pursue their own ambitions. Presumably, the death of the mother is presented as facilitating the separation needed for her children to gain a sense of subjectivity. Psychoanalytic literature emphasizes that subjectivity is attained through separation from the mother (Stone 2012) However, reading the film from a disability perspective indicates that the children's mature and responsible attitude is caused by the existence of disability in the family. Gilbert and his two sisters are strong-willed and not afraid to act in the best interests of the family. Having a disabled mother and brother equips them with a mature attitude and embracement of difference.

The Empowered Daughter

Similarly, Tiger Ann Parker (Kelsey Keel), in *My Lousina Sky*, is not satisfied with her life in the small town of Saitter. Tiger just finished sixth grade and lives with her parents Corrina

(Amelia Campell) and Lonnie Parker (Chris Owens). Both of her parents have intellectual disabilities. However, the family is looked after by her grandmother Jewel Ramsey (Shirley Knight). Tiger suffers a courtesy stigma because of her parent's disability. Tiger, however, has a strong and independent responsible personality. She desires to learn about life beyond her small town. She looks up to her aunt Dorie Kay (Juliette Lewis), who works in the city of Baton Rouge. Tiger's conflict is exasperated by the lifestyle of her aunt. It could claimed that Dorie Kay is deployed as a postfeminist critique to highlight the importance of care and togetherness in Tiger. The grandmother is crucial in redirecting the mother-blame with which Tiger is struggling. Tiger confronts the meteorophobia, her aunt suffers, and embraces her mother's disability.

The grandmother factors in shaping the personality of Tiger. As can be seen, Tiger holds many responsibilities at home and on the farm. She, however, has a unique relation with her grandmother, who teaches Tiger "fancy" words. Corrina, the mother, has the mental abilities of a six-year-old child. Lonnie, the father, seems to be dyslexic because he sees "numbers jumping around the page". He has been working on a nearby farm for nearly fifteen years. Both parents represent the "sweet innocent" trope (Norden 1997). Dorie Kay describes them as being the "salt of the earth" but they "barely can take care of themselves". The grandmother comforts Tiger whenever she is upset by or ashamed about her parents. Tiger suffers attitudinal discrimination from her friends at school. She is upset for not being invited to a pool party and blames her mother's disability. However, the grandmother explains to her that " people are afraid of what is different". She adds that Corrina's love is simple but boundless.

Tiger learns a strong work ethic from her grandmother. She is strong and stands by her own decisions. She works at their house and sometimes works with her father. She has a special friendship with Jessie Wade, the son of her father's employer. Jessie is lazy and rarely does hard work. Tiger mocks him, saying that he is a "spoiled" "little mama's boy". The implication that mothers spoil their children is entrenched in Tiger mockery. However, with Tiger it is different because she must take care of her mother. The film suggests that Tiger is parentified by her parents' disability. However, other scenes suggest otherwise. She is decisive and can make up her mind about her life. This is seen in her attempt to "reinvent" herself by having a hair cut while she was living with her aunt.

The grandmother and Dorie Kay have differing perspectives on life. A mother-daughter conflict is tacit in their relation, mostly about the way Dorie Kay spends her money. After the grandmother passed away Tiger accompanies her aunt to Baton Rouge to return with Magnolia (Karen Robinson), the "colored" maid. The movie offers an insight into the life of Dorie Kay. She works hard starting from "crack of dawn and return late evening". However, she enjoys the luxury of the city life. Dorie Kay's concentration on work implies the feminist tendency of prioritizing job over family, which is beyond the scope of analysis. However, she offers a perspective on having a sibling with a disability.

Dorie Kay exhibits the conventional mother-daughter relationship in which the daughter blames the mother. However, her fear of turning into her mother, I argue, is caused by her anxiety and guilt about permanently caring for her disabled sister. This is evident when she tells Tiger "I lost my mama a long time ago". It could be inferred that Dorie Kay had not received her mother's abundant attention due to the disability of Corrina. A disabled child prevents mothers from attending to the needs of their other children. She adds that it is difficult to be a sister to Tiger's mother because it "entails a lot of responsibilities". She is not willing to care for her sister. This captures the ambivalence Tiger is struggling with because she is aware that she must be responsible for looking after her mother.

The ambivalence shaping the mother-daughter conflict in both Tiger and Dorie Kay disappears when the disability of Corrina is narrativatized. Both were embarrassed from Corrina viewing her as a burden. Tiger, eventually, learns that her mother's disability is caused by a childhood accident. Corrina suffered a trauma as she was trying to protect a young Dorie Kay. While young, Dorie Kay climbed a ladder that the grandmother forgot, and almost got hurt. Luckily, Corrina, acting like a "mother hen", saved her sister and suffered the fall. The grandmother lived with guilt and never told Tiger.

Conversely, Dorie Kay assumed that her mother is not proud of her which is the reason she is not fond of her mother. However, Tiger tells her that her grandmother says that the "one thing she could count on is [her daughter] Dorie Kay [because] she has a good head on her shoulders". Surprised that the grandmother thinks highly of her, Dorie Kay stays up crying about the time she wasted hating her mother. However, Tiger processes the disability of her mother differently after learning the truth. Unlike her aunt, she embraces Corrina's disability and the responsibility it entails.

As already discussed, disabled parents challenge the dictates of the institute of motherhood. If the grandmother represents the extended family, then Magnolia stands for "other mothering". I argue that Magnolia helps reconfigure the family dynamics by refusing to infantilize Corrina and Lonnie. This is seen in her disapproval of Tiger answering on behalf of her parents. Doing so gradually helps Corrina overcome her depression over her deceased mother. Surprisingly, Corrina ventures into the storm to save her daughter Tiger. The role of the protective and loving mother is maintained in that scene. In other words, Corrina surprises both

Tiger and Magnolia because she insists on doing her role as a mother regardless of disability. Overall, Tiger's ambivalence is resolved by the end of the movie. This is seen in the way she looks up at her father as he is teaching her about his work and the way she embraces her mother's unconventional love.

Conclusion

This chapter explores the way single and disabled mothers reconfigure the ideal of heterosexual motherhood. Focusing on the "socialization of productive and self-sufficient children" (Maybee 251) as an indication of effective mothering, the children in these movies exceed social expectations because they do not grow to be delinquent or dependent. Importantly, the movies trouble the good/bad mother divide because they advance alternative ways of mothering. I concur that mothering, like living with a disability, is a *techne* that entails innovative and productive ways of "being and seeing in the world" (Lewiecki-Wilson and Cellio 15). The openness about disability the families and mother show in this chapter factors in the way disability is understood.

Moreover, the appropriation of the African American traditions of "other mothering" and "community mothering" affirm the importance of interdependence in a competitive and rapid pace society. The films demonstrate what Kittay describes as "distributed" mothering. The children are cared for by caregivers other than the biological mother. Children also care for their mothers and siblings, which suggests an interdependent relation between the individuals involved in the rearing activity. Moreover, disability is acknowledged as a variance that invites alternative ways of being in the world. Disability is not a problem in need of cure or containment. Instead, it is a viable way of experiencing love, care, and ethical relations. The mother-child relation in this chapter suggest that disability leads to "mothering against motherhood" because it enacts empowered and feminist mothering (O'Reilly 2016). Overall, disability causes mothering to be a constant maternal reflection that requires relocation in the social field of resistance to the institution of motherhood.

Conclusion

Representation and the Possibility of Crip Mothering

To sum up, this project explored the interaction of disability with mothering in a selection of post-1980 American films. It illuminates the underlying social, cultural, political, and historical ideologies that intertwine to prescribe or proscribe the activity of mothering. The analysis of the movies throughout this study creates what Rich calls a "clearing", indicating a promise of a crip form of mothering. Thus, mothers and children with disabilities are granted a cultural voice in restructuring "future imaginaries". These movies exemplify resistant practices of feminist and empowered mothering. Therefore, it is possible to weave together resistant mothering practices that advance a crip mothering praxis. I consider it to be a nonconventional and unfixed way of mothering that is informed by disability as an enriching difference. Disabled mothers and mothers of disabled children occupy liminal positions (Lewiecki-Wilson and Cellio 2011; Taylor and Filax 2014). Moreover, they mediate the double surveillance of patriarchy and ableism (Lalvani 2019). Crip mothering deploys the precarious position to resist the ableist normative ideals of the institution of motherhood.

Thomas and Sakellarious concur with Snyder and Mitchell that disability film festivals counter the trope of misfortune surrounding disability, thus inviting alternative imaginaries. This can apply to the movies in this study. However, a broader and distant reading of the experiences of the mothering in these movies is necessary to illuminate various resistant maternal practices. Informed by disability as a difference, these can be amalgamated to constitute what can described as a crip maternal thinking.

Crip mothering, thus, embraces disability as an enriching difference that can advance alternative ways of living. Adopting disability as a difference, argues Kathy Levine, mothers are no longer" passive unquestioning and grateful recipients of service" (136). Moreover, disability as difference allows mothers an embodied experience of disability that grants them a situated subjected and authoritative knowledge position that equips them with "a critical perspective of the status quo that allows us to think about knowledge in different ways" (137). Acknowledging the disability of a child as a difference empowered the single mother in *And Your Name is Jonah*, *Mask*, and *Miracle Run* to reject being relegated to " positions of received knowledge" (Levine 133). These positions entail them being complacent to "others' knowledge as being more trustworthy, valid, and authoritative in relation to their own knowledge or experience" (136). The movies demonstrate mothers experiencing a " conscious paradigm shift" that allows them to contest the paternalizing and ableist professional knowledge of experts, doctors, and educators. Moreover, they became more attuned to their contradictory feelings, accepting them as an enhancing aspect of their mothering.

Recap of Observations

Concentrating on the mother-child relation, I drew on materialist feminist, cultural disability, and psychoanalytic theories in my analysis of motherhood as it interacts with disability. Interestingly the study manages to offer responses to the guiding research questions: 1) Can disability help contest the ideals of the institution of motherhood? In what ways? 2)Can disability disrupt or enforce concepts of maternal thinking? To what extent? 3)How can disability destabilize the socialization demands of patriarchal motherhood?

Noticeably, the movies in this study exhibit disparate ways of representing disability as it interacts with mothering. They demonstrate the influence of class, race, location, marital status, and nature of disability on the mother-child relation. The nuanced treatment of disability as it engages with mothering illuminates the role of mothers in disabled children's lives. Some of the movies sustain the myth of the good mother as demonstrated in chapter 3. Other movies depict disability as equipping mothers with an active speaking position against ableist and patriarchal ideals, as presented in the fifth chapter. However, this study confirms that disability has a potential of enriching mothering because it demands a constant reconfiguration of maternal thought, and challenges cultural myths surrounding mothers and people with disabilities.

Sophia Brock (2014) argues that the myth of the good mother reinvents itself when it comes to mothering a disabled child. She outlines five characteristics governing mothers of disabled children are: 1) The sole long-life caregivers of their disabled child. 2) possess "naturally gifted qualities" enabling them to look after their disabled child "indefinitely", 3) are not employed outside the home, 4) have expert and motherly skills that allow them to care for the medical and common needs of the child, 5) present "a façade of normality" that does not differentiate their mothering from that of mothers of non-disabled children (20). Clearly, this is the case in movies such as *Son-Rise*, *And Your Name is Jonah*, and *Kids Like These,* in chapter three. Or *Jewel* discussed in the fourth chapter.

The movies selected for analysis exhibit an adherence to or a departure from the standards Brock outlines. In the third chapter I noticed that disability is deployed as way to commend (*Son-Rise*), regulate (*Kids Like These*), blame (*David's Mother*), and empower mothers (*And Your Name is Jonah*). This is achieved through presenting disability as a difference with its own limitation and possibilities. However, the movie retains the dictates of motherhood in that it limits the role of the mothers to their domestic roles. For example, Joanna Goodman in *Kids Like*

These is regularly reminded that her role is at home and not as a social activist. She is also prevented from expressing the feeling of pain and frustration about raising her son Alex.

Furthermore, the nuclear family with its gender division is mostly celebrated in these movies. This is demonstrated in; the existence of a father figure as requisite for successful socialization of children, mothers' observance of their domestic roles, and preference to mothers staying at home rather than having careers. In addition, mothers are not to express frustration or feelings other than love towards their childrearing.

In the fourth chapter, I concentrated on the way disability affects the mother-daughter relation. For example, Elizabeth Tate in *The Other Sister* voices her frustration about mothering a disabled daughter. She unfolds the hidden expectations of mothers as she complains to her husband; " It's not fair, Radley. It's not fair. First, you're judged as a person, and then you become a parent...and not only are you judged as a person, but you're also judged by how well your children are doing. I mean, not who they are, not what they think, but just how well they're doing" (TOS). Elizabeth, as I already discussed, reflects on her own mothering, and expresses frustration beyond the myths of the good mother. It is this candor of voicing her incompatible feelings that allows her engagement in maternal thinking about raising her intellectually disabled daughter. Compared to the other mothers in the chapter, she is brave to acknowledge her feelings and prioritize the needs of the family. Despite many difficult decisions she makes, she is able to rectify her perceptions and embrace the chaos her daughter brings.

The fifth chapter utilizes Rich's figure of the "outlaw" to illustrate the way disability allows mothers an unending resistance to social norms and to triggering change in a society insensitive to them and their needs; this is seen in the characters of Rusty and Connie. They trouble the good/bad mother binary as they raise their disabled children outside the domain of the institution of motherhood. Interestingly, they practice other mothering that reflects in the children's personalities. Disability assists in problematizing the good/bad mother divide by emphasizing ambivalent and alternative ways of mothering. It helps women assert their own subject experience and demonstrate their love and care in unconventional ways. Moreover, some mothers appear to be sexual beings who are not deterred by the presence of disability in their lives. We see this in the *Mask* and *Miracle Run*

In other words, mothers' way of internalizing the myth of good mothering leads them to either being agents of disablism or advocates for their disabled children. In addition, their perspective on disability informs their mothering practice.

Arguably, these movies affirm that the heterogeneity of the lived experience of mothers and people with disabilities troubles a monolithic conceptualizing definition. The movies touch on mothers from various classes and locals. They experience the disabilities of their children across a myriad of situations and social locations. Noticeably, the deployment of disability either celebrates mothers or denigrates them. However, the movies stress disability's role in reconfiguring family dynamics.

The presumption that disability disrupts the balance of the family is a recurring theme in movies when parents separate (*And Your Name is Jonah*, *David's Mother*). As I have demonstrated, these serve to underscore the way stigma is internalized differently by mothers and fathers. Moreover, it unfolds the cultural assumptions that mothers are prone to sacrificing themselves for their children. However, with disability and the absence of the father, the mothers are allowed a point of view that stresses their own perspective on raising a disabled child. Some movies depict mothers gaining an authoritative position as they assert their subjected knowledge against experts and authority figures. I touched on this in my discussion of the mothers in *And Your Name is Jonah*, *Mask*, and *Miracle Run*.

Like Roth, 2005, I observe that these movies adhere to the dynamics of the white middle-class nuclear family and gender division. The family as a social "unit of co-residence" remains the source of care (Nielsn 2012). Interestingly, movies set in rural or agrarian locales exemplify this feature. *What is Eating Gilbert Grape,* and *My Louisiana Sky* are two examples. However, these movies illuminate living with disability apart from medical and rehabilitative intervention.

Noticeably, several movies served informative purposes to raise awareness regarding certain disabilities. The aim is teaching the public about certain disabilities, as can be seen in *Son-Rise, And Your Name is Jonah, and A Kid from Nowhere* (1982). The third movie touches on Down syndrome and the special Olympics. It can be an attempt to rectify the misconceptions of people with disabilities partaking in sports. Apparently, the gains of disability activism are manifested in the IDEA or the approval of ASL as a minority language. These shaped the way these movies addressed the issue of disability and mothering.

Limitations and Further Research

Media genre factors in the portrayal of disability as a subject matter. Each is shaped by generic dynamics of meaning making. Movies are more prone towards entertainment than reflection. The latter is argued to be the domain of the novel and nonfiction writing. Indeed, the adaptation of some novels and memoirs compromised the depiction of disability (*Son-Rise*, *Miracle Run, Jewel* to name just three). I agree that TV shows are better suited to offering better insights to the micro and macro relations of the family and home. Viewers are able to see complex aspects of characters' lives. which amplifies their humanity.

Clearly, movies fail to provide a complex treatment of disability because the limits of time curtails the character development and sequence of events. Conversely, TV series offer a better insight into the treatment of disability. Because the event extends over an extended period, characters can be seen through varied daily life situations. *As Life Goes On*, an 80s TV series, tells the story of Gorky Thatcher (Chris Burke), an adolescent with Down syndrome. *Speechless* feature disabled actor Micah Fowler in the role of J.J. DiMeo, a teenager with cerebral palsy. *Atypical* is another series touching on a teenager on the spectrum order (the actor is not disabled).

These shows provide a nuanced depiction of disability as it interacts with mothering. Interestingly, the shift from the contended mother to the frustrated one is obvious in the portrayal of the mothers in these shows. A comparative study of these respective series would yield interesting scholarly contribution.

The claim that authenticity can be attained if actors with disabilities play the role of disabled characters can be problematic. I agree with the arguments that authenticity can be troublesome because of the ableist writers' perspective in depicting people with disabilities (Larsen and Haller 1995; Haller 1999; Klobas 1988; Longmore 1970). Beth Haller stresses the authenticity of playing people with disabilities through consulting with disabled artists and authors. Doing so can lead to a positive representation of disability in a way that breaks the mold of stereotypes. This mostly applies to current media production (i.e., *Speechless*).

Several reviews applauded movies for featuring people with disabilities as offering an authentic treatment. However, disability pride and cultures factor in the deployment of disabled actors. For example, the influence of Deaf culture is best exemplified in some of the movies such as *And Your Name is Jonah* and *Bridge to Silence* which feature deaf actors who aim to raise awareness of Deaf culture.

Actors with Down syndrome appeared in some of the movies. However, featuring disabled child actors is problematic because they are deployed to substantiate certain cultural tropes. In *Kids Like These*, Alex, a Down syndrome child, revolves around "the sweet innocent" and "the eternal child". Likewise, in *Jewel*, Brenda Kay, is played by many Down syndrome actors. However, she serves the two aforementioned stereotypes and severs as a narrative prosthesis to drive the events of the story.

Davis in "the Ghettoization of Disability" points out that intellectual disability (i.e., Down syndrome and Autism) are used to achieve emotive ends in movies. These serve to ensure that the viewers "feel good" themselves and their "normality". Moreover, to ensure that the viewers feelings of normality are intact, disabled characters are either "cured" "contained" or "laid off". This is the case with Brenda Kay (*Jewel*) and David (*David's Mother*) who end up living in residential dwellings for people with disabilities.

However, the mid-80s indicate noticeable change as many movies broke away from stereotypes, which is exemplified in my discussion of *Mask*. The human side of people with disabilities is amplified as they struggle to find love and integrate into society. *No other Love* and *Like Normal People* are two 1979 movies that touch on the issue of marriage between people with mental "retardation". An insight into the double standards of normalization policies is accentuated towards the fear of people with disabilities having children. The ideals of eugenics sedimented in the social imaginary, surfaced in these two movies. However, the issue of choice and informed consent is compromised when the characters acquiesce to sterilization. The same themes recur in later decades, offering a nuanced narrative treatment (*Snow Cake*, *So B It*, *I am Sam*).

Gender, in my opinion, is an issue that deserves further investigation. In the movies discussed in the fifth chapter, women with mental retardation struggle the most when it comes to marriage. They are viewed as asexual victims of exploitation, and inept when it comes to childrearing (Fine and Asch 1980). Women with disabilities trigger many cultural anxieties when it comes to affirming their sexuality and desire for reproduction. As Smart suggests they are hindered with discourse of risk and inadequacy discounting them being mothers. Interestingly, the movies illuminate the role of gender difference when it comes to sexuality of people with disabilities. This is demonstrated in parents 'objections to marriage of their disabled daughters. Fine and Asch underscore that when it comes to socialization boys are expected to venture into society while girls are to be shielded from it (8). Moreover, women with disabilities are represented as docile and complacent to their male partner (Carla Tate an exception). Recent movie productions feature many disabled actresses who are altering the perceptions surrounding women with disabilities. Unfortunately, these were beyond my scope. A further study of this theme would contribute to understanding popular culture's shaping of gender roles among people with disabilities.

Sadly, most movies in this study are oriented to a white-middle class nuclear family. Representation of racialized, ethnic, or queer mothers' interaction with disability remains invisible. Two of the movies that touch on disability and race are *Boyz n the Hood* (1991), *Radio* (2003). Yet, the mother-child relation is not fully developed. Works of fiction and autobiography, on the other hand, can offer texts touching on this issue. This could be an area for further research.

To conclude, movies maintain a powerful "representational force" in shaping public attitudes towards practices of mothering and dealing with people with disabilities. Benjamin Fraser (2016) states that "representation matters" because it unfolds the ideologies shaping the images that popular culture disperses to the people. Disability scholars have been examining representation of disability to unfold the cultural ideologies that curtail the social participation of people with disabilities. Films and TV present disabled people within the themes of "human interest", "persona; achievement", "abject horror" or "slapstick comedy" (Crutchfield 284). Cinema finds disability to be a profitable commodity within films and TV shows (Norden 1994, Klobas 1988, Longmore 1985). The deployment of disability in films, explains Mitchell and Snyder, satisfies voyeuristic desires of the audience. Films allows viewers to "to see what cannot be seen" beyond the risk of "recrimination by the object of the gaze" (Owei 1999 qtd in Mitchell and Snyder 157). This applies to the films this study explored. As viewers, we are provided a window to the mother-child interaction in the sanctuary of their homes. Both are scrutinized to satisfy the viewers' curiosity. The films provide a window to the frustrations, tantrums, ambivalence, joys, and disappointment of mothers dealing with child rearing.

Approaching representation as a site invites many revisionary and competing readings. A noticeable altering pattern is obvious in the way disability engages with mothering in the movies in this study—as well as other movies I refrained from discussing to avoid redundancy. Attending to this would help establish a location through which mothers are able to exert social change. Due to space and time limit a comparative study with recent movies is not possible. Mitchel and Snyder (2006) argue that movies allow disabled bodies to be visible. As a result, an "ethic of living interdependently is possible. They also argue the movie can serve as "a form of discursive rehab upon the site of our deepest psychic structures mediating our reception of human difference" (182).

In keeping with their arguments, I claim that paying attention to the theme of disability as it engages with mothering can potentially enrich unconventional forms of mothering. Movies, undeniably, cause many misconceptions and stereotypes that harmed both mothers and people with disabilities. However, attending to cultural representations of crip mothering would not only, to borrow form Ginsburg and Rapp, extend the "social fund of knowledge about disability" (187), but also allow a maternal thinking oriented toward a crip future. However, this requires further extensive research.

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