

Writing Real Characters: Disability and Mental Illness

by Dr. Piper Huguley and Maggie Worth

Part two in a series on eliminating stereotypes and creating stronger, more appealing characters

This month, we'll be discussing stereotypes surrounding disability, both physical and cognitive, and mental illness. While all features by which an individual may be stereotyped or marginalized are complicated, perhaps none is more so than ability. As one of our experts points out below, stereotypes can vary significantly depending on the nature of the disability. In addition, many disabilities are "invisible," which adds another level of complexity to the topic. Further, not everyone agrees as to what "qualifies" as a disability and what does not. Are all disorders disabilities? Are people with chronic, debilitating conditions disabled all the time or only when their condition presents symptoms? Is a cognitive disorder a disability if the diagnosed individual doesn't identify as having a disability? These and similar questions have no easy answers, but all are important.

Another factor to remember is that disability is frequently left out of diversity and inclusion discussions, possibly because, as one of our experts said, the public still falsely assumes that disability has more to do with biological impairments than with discrimination and social disadvantage. Yet, according to a 2010 US Census Bureau report, 56.7 million people (about 19 percent of the total population at the time) are disabled, with more than half of them reporting the disability as "severe."

Now, let's meet this month's experts. As with all the

topics we'll cover in this series, intersectionality is also a factor, and it's important to remember that no expert or individual can speak for all members of any one group.

Dr. Pam Hunt Kirk holds a master of arts in sociology from Ohio University and a PhD in sociology from Kent State. She is an associate professor at University of West Georgia, specializing in emotion, social psychology, deviant behavior, and mental health, at both the undergraduate and graduate levels.

Dr. Michelle Reyna Nario-Redmond is a professor of psychology, specializing in stereotyping, prejudice, and disability studies, at Hiram College. She holds both a master of arts and a PhD in social psychology from the University of Kansas. She is currently finishing her first book, *Ableism: The Causes and Consequences of Disability Prejudice*.

Huguley and Worth: What are some common stereotypes about disability and/or mental illness that romance writers should be aware of?

Hunt Kirk: The most common stereotype about mental illness is that the diagnosed are unpredictable and dangerous. Other stereotypes include the belief that those with mental illnesses have a weak character. That is, often people with mental illness are told to "just get over it." This especially applies to those who are diagnosed with some level of depression or anxiety. So, even though the public has legitimized depression and anxiety as medical conditions, it seems that there is still a perception that depression and anxiety are short term and/or mood related, often related to a problematic event in life. Though traumatic events can trigger these conditions, often there is no one single event.

Instead, there are a series of events (sometimes related) that a person endures. Sometimes, there is no event that triggers the condition.

Nario-Redmond: In the early 1990s, the most common media stereotypes portrayed disabled people as sinister, burdensome, nonsexual, and pitiable or as laughable, self-defeating, and objects of both violence and inspiration. Over twenty-five years later, many of these same stereotypes persist. Today, the top three most common stereotypes characterize both disabled men and disabled women as dependent, incompetent, and asexual, followed by unattractive, heroic, weak, and passive. Disabled men are also stereotyped as angry, lazy, and inferior while disabled women are more often stereotyped as vulnerable, socially excluded, and unfit to parent. Disability stereotypes can also be impairment specific and include both positive and negative components (e.g., blind people are docile but wise; physically disabled people are weak but “special” and entitled). Recognized by both disabled and nondisabled people, disability stereotypes have significant implications for the right to live, work, marry, and parent children.

Some of the most common portrayals on TV, film, and in the news media are still stories about disabled people as either inspirational overcomers, evil avengers, or tragic victims. Such portrayals perpetuate stereotypes, especially when they promote only certain traits—like helplessness, dependence, and asexuality—while failing to reveal disabled people as parents, partners, and competent professionals.

Huguley and Worth: Why are these stereotypes incorrect and/or harmful?

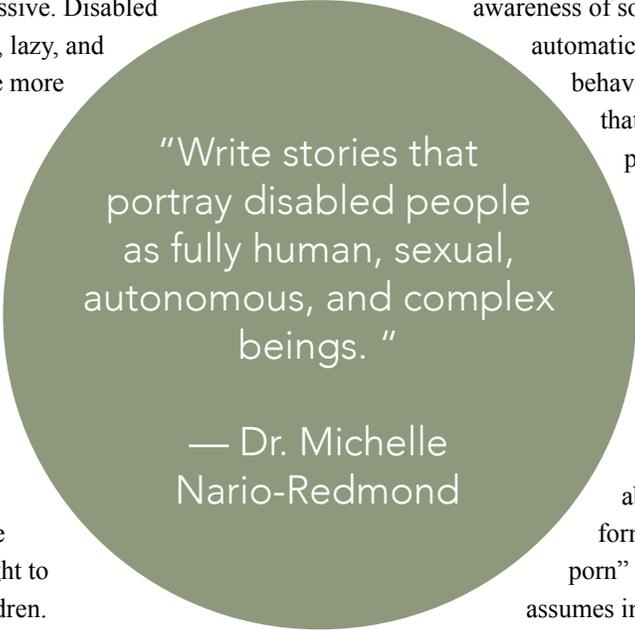
Hunt Kirk: Stereotypes, by definition, are oversimplifications of the characteristics of some group of people. They become harmful when many people buy into them and begin treating people according to their incorrect beliefs. Social scientists have found that labeling creates a self-fulfilling prophecy. That is, when we label someone (or

a group of people), often the person internalizes the label and behaves in ways associated with the expectations of the label. Labeling also increases others’ expectations that the person will engage in future (often labeled “deviant”) behavior associated with the label. It also increases the likelihood of rejection and social isolation. When people validate stereotypes, they generate their own negative emotional reactions toward people with mental illness (e.g., I’m afraid of that person) and, thus, further perpetuate the cycle of misunderstanding.

Nario-Redmond: Much research confirms that the simple awareness of societal stereotypes can produce automatic stereotypical judgments and behaviors. Stereotypic assumptions that preclude disabled women from parenting roles impact policy plans, for example, when public bathrooms are designed without accessible baby-changing tables. If doctors don’t expect disabled women to be sexual beings, they fail to screen them for pregnancies and STDs or to provide fertility support and abuse prevention. Also, like other forms of pornography, “inspiration porn” objectifies disabled people and assumes incapacity. The subtler message is that if all it takes is a little hard work, perhaps disabled people don’t really need accommodations or legal protections. Those who fail to “overcome” depression, addiction, stuttering, or dyslexia must not be trying hard enough.

Huguley and Worth: What advice might you give to writers seeking to avoid these stereotypes?

Hunt Kirk: Be aware of them and be educated—and especially know how they vary by gender, race, etc. Be aware of the media’s involvement in their creation and perpetuation and the media’s responsibility for dispelling them. Talk openly about them (confront the issue) and/or create characters that defy them. Stop reporting inaccurate representations of mental illness. Meet and actively interact/socialize with people with various mental illnesses.



Nario-Redmond: Communication is key to social change. Stereotypes persist because people selectively communicate only certain information about some groups while failing to report or elaborate on other things. Writers can become much more observant of the use of disability stereotypes in their own work, and in other media, and confront those who perpetuate these myths. Make sure disabled people have a chance to speak for themselves instead of relying on others to speak for them. Write stories that portray disabled people as fully human, sexual, autonomous, and complex beings. Stereotypes can change but require exposure of new roles, images, and characters that are identified as members of the disability community. Plotlines for disabled characters should not assume they are seeking a cure—most disabled people are not.

Similarly try to avoid euphemistic terms that substitute for the word disability or disabled people like “challenged” “special” or “differently abled.” Euphemisms are often used to disguise the oppressive and abusive realities of a group disabled by society. Increasingly, people with disabilities are expressing pride in belonging to the largest minority group

in the United States, and many claim disability as a cultural identity, preferring to call themselves disabled people.

We can all refuse to buy books and consume or share materials that communicate outdated stereotypes. When overhearing stereotypes used during conversations, we make mention of people who contradict these generalizations. Bystanders have the power to dispel inaccurate beliefs, but if they remain silent, others assume they are in agreement. Mindful consumers and producers can change the images and messages that young people grow up to expect. Ask yourself, what story do you want to tell?

Huguley and Worth: Can you recommend resources for further reading?

Hunt Kirk: Phelan, Link, and Pescosolido’s “Public Conceptions of Mental Illness in 1950 and 1996: What Is Mental Illness and Is It to be Feared?” in the *Journal of Health and Social Behavior*, Vol. 41, No. 2. Rosenhan’s *On Being Sane in Insane Places* and *Labeling Theory* by Howard Becker.

Nario-Redmond: The National Center on Disability and Journalism (<http://ncdj.org>) offers a variety of resources including a list of terms to avoid and terms to use when writing or talking about disability, references to good organizations to look at, and promoting of good disability news articles.

The Disability Visibility Project (<http://disabilityvisibilityproject.com>), a community partnership with Story Corps, is an online community dedicated to recording, amplifying, and sharing disability stories and culture with the goal of amplifying the voices of those with disabilities, voices whom the media often shuts down.

For sex-positive resources, Google “queer disabled sexologist” and visit Crip Confessions (<http://CripConfessions.com>). *Criptiques* by Caitlin Wood is a book of insider stories.



Authors’ note: Dr. Nario-Redmond provided more than two pages of resources. Readers may request the full list by emailing maggie@maggiworth.com.



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