

## **Sexuality, Fertility, and Danger: Twentieth-Century Images of Women with Cognitive Disabilities<sup>1</sup>**

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*Historically, women with cognitive disabilities in the United States have been portrayed as sexually and socially threatening, and in need of professional management and control. Expressions of concern over the “sexual nature” of this group are still present in medical, legal, and popular cultural discourse. This presentation considers five examples (four nonfiction and one fictional) where the sexual identities of women with cognitive disabilities received national scrutiny: the sterilization of Carrie Buck; the institutionalization of “Deborah Kallikak”; the Glen Ridge sexual assault case; the sterilization of Cindy Wasiek; and the movie “The Other Sister.” These examples reveal that implicit cultural assumptions (modern fairy tales) about the sexuality and fertility of women with cognitive disabilities are embedded in United States history, and still very much in evidence today.*

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The sexuality of women with cognitive disabilities<sup>3</sup> has been a subject of concern to social service professionals and policy makers in the United States for over a century. Historically, in professional treatises, newspaper accounts, freak shows, literature, and film, women with cognitive disabilities have been portrayed in contradictory ways as both sexually vulnerable and socially threatening, needing professional management and control. Discussions of the “sex-

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<sup>3</sup>I have chosen to use the term “cognitive disability” to refer to individuals with a diagnosis of mental retardation. While I have yet to find an unproblematic label, this one is more specific and less pejorative than most, and can be translated into other languages with less difficulty than terms such as “developmental” or “intellectual” disability.

ual nature” of this group are still present in medical, legal, and popular cultural discourse. This presentation considers five examples (four nonfiction and one fictional) where the sexual identities of women with cognitive disabilities received national scrutiny. Two of the cases are historical: the life-long institutionalization of “Deborah Kallikak” at the end of the 19th century and the 1927 sterilization of Carrie Buck. Three are contemporary: the sterilization of Cindy Wasiek in 1994, and the 1989 Glen Ridge sexual assault of a young woman with a cognitive disability, and the fictional 1998 movie “The Other Sister.” These examples reveal that implicit cultural assumptions (modern fairy tales) about the sexuality and fertility of women with cognitive disabilities are embedded in United States history, and still very much in evidence today.

Disability, when applied as medical or psychological diagnoses, takes the culturally, socially, and historically derived identity of an individual and subsumes it beneath a designation of pathology. When an individual enters the biomedical and psychosocial service-systems as disabled every other personal characteristic becomes secondary; the person becomes defined by their disability. Whether the disability is physical, mental, or imaginary, labeling a person in this way attaches stigma and results in social exclusion (1,2,3). Disability studies theorists stress the importance of separating the *disability* (physiological condition) from the *impairment* (the social ramifications of the condition) (4,5). For example, having no legs is a physiological condition, but it is the inaccessibility of buildings that creates a barrier and results in exclusion.

Following feminist and other critiques of science (6,7,8,9,10,11,12,13,14), I would call into question the notion of psychiatry or biomedicine as representative of pure empirical science. An illusory shelter of scientific rationalism obscures the fundamentally ideological nature of the “treatment” of individuals with cognitive disabilities and psychiatric illness. In *The Science Question in Feminism* (1986), Sandra Harding states:

Will not the selection and definition of problems always bear the social fingerprints of the dominant groups in a culture? With these questions we glimpse the fundamental value-ladenness of knowledge-seeking . . . (8, p. 22)

In addition, the particular influence of professional theories and practices on social relations and cultural representations may vary according to the context in which they persist (15).

Early twentieth century theories of mental development (and deficiency) in the United States were usually linked to social status. Although “mental deficiency” was considered a medical diagnosis, the decision to label an individual “mentally deficient” was closely tied to structures of power, i.e., ideologies of race, class, and sexuality, theories of modernization and racial degeneracy, and cultural perceptions of urbanization, immigration, masculinity and femininity. The late 1800s and early 1900s was a period of accelerated social change due

to immigration and rapid urbanization. Former slaves, rural people, and immigrants (from places other than Western Europe) crowded into the cities (16,17). Elite groups feared that large influxes of people they considered to be of poor mental and physical quality would result in “degeneration” on a national scale. The need to control marginal populations resulted in new prisons and mental institutions, and the development of new professions, such as social work (18). It also resulted in the growth of the eugenics movement.

Throughout this century people with cognitive disabilities in the United States have been constructed in two ways: as social threats that must be segregated in order to protect the social order, or as socially vulnerable, without the skills to survive in a dangerous and rejecting society. The main barrier faced by people with cognitive disabilities has been social exclusion. In the early decades of this century, institutionalization of people with cognitive disabilities was not uncommon. Even today, people with cognitive disabilities have difficulty finding independence outside of segregated programs, not because of their personal limitations, but because they are not wanted (19). Expressions of rejection range from banishment to freak shows, refusals to implement inclusive educational and employment policies, to crimes of violent hatred (5,3).

Although this paper focuses primarily on cultural images of women, it is important to note that powerful images concerning the sexuality of men with cognitive disabilities also exist. Many people believe that men with cognitive disabilities are sexual predators (20). Historically, men with cognitive disabilities were institutionalized for fear of their supposed potential for physical or sexual aggression. There are many recent cases where men with cognitive disabilities have been arrested and convicted on charges of physical and/or sexual assault, and even murder, with no evidence other than a personal confession. Confessions of people with cognitive disabilities are questionable because they are often eager to please, and easily intimidated. They may attempt to tell questioners what they want to hear and/or simply fail to understand the implications of what they are saying (21). Robert Perske (1991) describes cases where men with cognitive disabilities were convicted and even sentenced to death despite the absence of any corroborating evidence. This was true even in cases where evidence pointing to other suspects existed.

Cultural beliefs concerning the sexual danger presented by men with cognitive disabilities are pervasive. It is common that when a new group home is established for neighbors to voice concerns for the safety of their children. Such fears have been around longer than the story of Frankenstein’s monster. Despite popular assumptions that men with cognitive disabilities are likely to be child molesters, the obverse comes closer to the truth. Although girls and women with cognitive disabilities are at higher risk, men and boys of this group are far more likely to experience sexual aggression than boys without disabilities. As is the case for men without disabilities, men and boys with

cognitive disabilities who have experienced sexual aggression may, in turn, begin to hurt others.

The production of cognitive disability as a gendered cultural construct is a complex process involving the interplay of biomedical and psychological theory, social policy and practice and symbolic representations of people with disabilities as freaks and medical oddities or as dangerous threats within the popular culture. Older theories, policies, practices and representations intermingle, producing fractured and contradictory bits of cultural data, which, in turn, are reformulated into new theories, policies, practices, and representations. This results in a layering process where old images persist alongside of newer representations, women with cognitive disabilities are transformed into figures of folklore, archetypal characters representing wider cultural messages about the role of women in twentieth-century United States society and the penalties for failure to comply with this role. A closer look at some of these “fairy tales” of women with cognitive disabilities may shed some light on the historical dimension of current practices and beliefs concerning this group, specifically barriers to social change.

The stories presented below have a fairy tale quality: They depict demonic succubae, imprisoned women, controlling mothers, extreme poverty, stolen children, demonic changelings, cruel foster parents, evil wizards (doctors, psychologists, and psychiatrists), and human wolves. The final (and only fictional) story depicts an irascible woman who, like Cinderella, fights powerful forces and overcomes all barriers to win true love and happiness with her prince. How sad that only the fictional story has a happy ending.

### GODDARD AND THE “KALLIKAKS”

Psychologist Henry H. Goddard was an early-twentieth century eugenics theorist specializing in the detection and treatment of feeble-mindedness. He viewed low intelligence as the root of all other types of degeneracy, including prostitution, criminality, poverty and alcoholism. His most famous work was the 1913 eugenics family study entitled *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*. Critiques of Goddard’s research revealed that his methods were shoddy at best, and fraudulent at worst (22,23). Although Goddard’s conclusions were proved false, the legacy of his work is still visible in the United States and abroad. His persuasive arguments for the large-scale segregation of people considered “feeble-minded,” and the custodial training-school model he advocated persisted virtually intact in the United States until the 1980s and still exists in places. In addition, Goddard’s theories and his institutional model influenced modern popular-cultural conceptions of people with cognitive disabilities in the United States.

Goddard researched the family history of a 23-year-old woman he called “Deborah Kallikak,” a resident of the Training School for Feeble-minded Boys and Girls in Vineland, New Jersey. Goddard coined the term Kallikak from the Greek words *kallos* (beauty) and *kakos* (bad) (23). By tracing Deborah’s family history, Goddard claimed to have found a recessive gene for feeble-mindedness passed down by her family for five generations. Goddard classified Deborah as a moron, a term he coined from the Greek word for “foolish.” Goddard believed that morons were particularly dangerous to society because there was no physical manifestation of disability. According to historian David J. Smith:

The label moron came to be widely applied to people who were considered to be “high grade defectives”—those who were not retarded seriously enough to be obvious to the casual observer and who had not been brain-damaged by disease or injury. Morons were characterized as being intellectually dull, socially inadequate, and morally deficient. (23, p. 12)

Morons could be lovely, (as shown in Goddard’s book by pictures of Deborah in beautiful dresses and neat hair), but sinister, because they could easily “pass” for normal. “Moronic” traits were intangible: the inability to understand complex emotional or social situations resulting in “regressed behaviors,” poor judgement, poor insight, and poor decision making abilities, and an “increased vulnerability to life events.”<sup>4</sup> According to Goddard, the only way to protect society from degeneration was to segregate feeble-minded individuals and prevent them from marrying and passing their recessive traits to their descendents.

Although Goddard described Deborah as “valuable to the institution” (24, p. 2), he did not hesitate to form conclusions about what her fate might have been if she were allowed to leave Vineland:

Today if this young woman were to leave the institution, she would at once become prey to the designs of evil men or evil women and would lead a life that would be vicious, immoral, and criminal, though because of her mentality she herself would not be responsible. There is nothing that she might not be led into, because she has no power of control, and all her instincts and appetites are in the direction that would lead to vice. (24, p. 12)

Goddard warned that there were families like the Kallikaks everywhere, multiplying at twice the rate of the rest of the population. He described one such family living in urban misery:

In one arm she held a frightful looking baby, while she had another by the hand. Vermin were visible all over her. In a room with few chairs and a bed, the latter without any washable covering and filthy beyond description. There was no fire and both mother and baby were thinly clad. They did not shiver, however, nor seem to mind. The oldest girl, a vulgar, repulsive creature of fifteen came into the room and stood looking at the stranger. She had somehow managed to live. All the rest of the children, except the two that the mother was carrying, had died in infancy. (24, pp. 73–4)

<sup>4</sup>The traits still form an important part of modern definitions for mental retardation. For a more detailed exploration of the evolution of definitions for mental retardation, see the first chapter of Block 1997.

According to Goddard, this life could have been Deborah's fate, had she not been safely kept in the custody of the training school.

Eventually, Goddard's research was criticized for his use of lay field-workers who made diagnoses of feeble-mindedness based on observation, interviews, or even decades-old stories told by relatives or neighbors (23). It was not until more than sixty years after Goddard published his study that Stephen J. Gould and his colleague Steven Selden noticed that the photographs of the supposedly "feeble-minded" branch of the Kallikak family were retouched to make the subjects appear stupid and ominous. In the photos, Deborah's family members were shown in rural settings in front of rough shacks.

All have a depraved look about them. Their mouths are sinister in appearance; their eyes are darkened slits. But Goddard's books are nearly seventy years old, and the ink has faded. It is now clear that all the photos of the non-institutionalized kakos were phonied by inserting heavy dark lines to give eyes and mouths their diabolical appearance. (22, p. 171)

Smith was able to find and interview surviving family members who were characterized as feeble-minded in Goddard's book. He found no indication of cognitive disability in any of them. Many graduated from high school or college and worked in professions such as teaching and mechanics. Deborah entered the Vineland training school in 1889 when she was 8 years old. She remained institutionalized until her death at 89 years of age. By today's standards she would never have been institutionalized at all. Despite Goddard's diagnosis of moron, Smith found her academic challenges more indicative of what today would be called a learning disability (23). Goddard used his diagnosis of Deborah in order to promote his theories of "feeble-mindedness" and his institutional model of service provision. Through this model, implemented nationally and abroad, Goddard influenced the lives of thousands of men and women who received this diagnosis and were forced to live in training schools and mental institutions. Additionally, Goddard's representation of the "Kallikak" family as a threatening source of social and genetic degeneration caught the popular imagination. Images of sexually deviant "feeble-minded" families who, for generation after generation have lived in rural or urban degradation are recurrent figures in literature, film, and television. Goddard's theories provided professional legitimacy to cultural assertions that cognitive disability was shameful and must be hidden. He introduced the notion of "feeble-mindedness" as a pathology that must be extracted from society like a cancer. Through images of degradation and defect, women considered feeble-minded were depicted as less than human, yet with an insidious power to corrupt and transform society if they were not removed from it. This position would later be advocated prominently by the United States eugenics movement.

## EUGENICS AND THE STERILIZATION OF CARRIE BUCK

Eugenics, the science of the genetic improvement of the human race, was influenced by Darwin's theory of the importance of heredity in the evolutionary process, and Mendel's research on the transmission of genetic traits over generations. Meaning to "harness the force of heredity for the improvement of man," eugenics was used to establish race and class distinctions as "natural" and incontrovertible (25,26). The eugenics movement was not homogeneous; it included a variety of different political and scientific views. However, it was the more extreme theories that had the greatest influence on the development of United States national policy.

Deborah Kallikak's case is illustrative of the special treatment women diagnosed as feeble-minded received at the hands of professionals. As early as the 1870s "feeble-minded" women were identified as a population in need of control and stewardship (17,27). The government, medical establishment, and society-at-large became wary of the assumed "obsessive sexual nature" of this group (28,29,30,31,32). Distorted sexual stereotypes are typical of many marginalized social groups (33,34), but unlike people stigmatized for their gender, economic status, or race, tens of thousands of "feeble-minded" US citizens were forcibly institutionalized, segregated by sex, and denied the right to have sexual relations and raise families (35,36,37,38). African Americans with disabilities were sometimes turned away from institutions and sent to prison instead (39).

Goddard believed segregation was the ultimate solution to feeble-mindedness and mentioned sterilization merely as a "makeshift" measure until enough facilities could be built (24, p. 117). However, by the 1920s it became apparent that it was too expensive to maintain such a large population in segregated institutions, even when the higher-functioning residents performed tasks to defray the cost of their upkeep (19). Sterilization and parole came to be seen as a more economically viable solution.

Harry H. Laughlin of the Eugenics Record Office drafted a model law, which included a list of ten "socially inadequate" groups targeted for sterilization:

- 1) feeble-minded; 2) insane (including psychopathic); 3) criminalistic (including the delinquent and wayward); 4) epileptic; 5) inebriate (including drug habituees); 6) diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious, and legally segregable diseases); 7) blind (including those with seriously impaired vision); 8) deaf (including those with seriously impaired hearing); 9) deformed (including the crippled); and 10) dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers) (40).

In the wording of this law, "the state eugenics agent was empowered to investigate a person's heredity, to make arrests, and to cause the offender to be ster-

ilized” (38, p. 35). Between 1907 and 1931 eugenics laws permitting the involuntary sterilization of criminals, degenerates, and imbeciles were passed in 30 states. Sterilization might entail tubal ligation or even full removal of the uterus, a much more complicated and expensive procedure (38, p. 36).

The sterilization of Carrie Buck in 1927 was the precedent for the large-scale movement throughout the United States to sterilize people diagnosed as mentally deficient. At the time of the court case, Buck, her mother, and her sister were residents of the State Colony for Epileptics and Feeble-minded in Lynchburg, Virginia. It was later determined that, as with Deborah Kallikak, none of them would be defined today as having cognitive disabilities. Between the ages of 3 and 17, Buck was the “foster-child” (i.e., unpaid servant) of the Dobbs family of Charlottesville, Virginia. According to Buck, she became pregnant in 1923 after being raped by the Dobbs’ nephew. The Dobbs family then arranged for Buck, after cursory testing, to be certified as feebleminded and institutionalized—just as her mother had been three years previously.

In 1924, a eugenic sterilization law was passed in Virginia. Alfred Priddy superintendent of the State Colony, attorney Aubrey Strode, working closely with the Eugenic Records Office in New York, decided to use Carrie Buck as a test case to determine the constitutionality of the law. Through the court case *Buck vs. Bell*, the law allowing eugenic sterilization was upheld by the state of Virginia in 1925 and the United States Supreme Court in 1927 (27). Supreme Court Justice Oliver Wendell Holmes, Jr. wrote:

She may be sexually sterilized without detriment to her general health and that her welfare and that of society will be promoted by her sterilization. We have seen more than once that the public welfare may call upon the best citizens for their lives. It [the state] would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for a crime, or let them starve for their imbecility, society can prevent those who are manifestly unfit from breeding their kind. . . . Three generations of imbeciles are enough. (41)

Carrie Buck was sterilized in 1927 and released into the community as a domestic servant. Her sister Doris, aged 16, was also sterilized and paroled (27). Doris Buck had been told the operation was an appendectomy and was unaware she was sterilized until 1979 (27, p. 216). She was later part of a successful lawsuit undertaken by the American Civil Liberties Union (ACLU) in 1980 on behalf of the 8,300 people sterilized in Virginia institutions between 1927 and 1974 (27, p. 251). Winifred Kempton and Emily Kahn (1991) reported that between 1907 and 1957 roughly 60,000 individuals, a conservative estimate, were involuntarily sterilized in the United States, many without being told (42, p. 96).

Although the eugenics movement was discredited after World War II because of the extreme measures taken by Nazi Germany, sterilization was still



advocated and used (both legally and illegally) in the United States through the 1970s. Although policy-makers dropped this strategy for social control, certain doctors and social workers continued to advocate for the practice on an individual level, sometimes with the support and encouragement of the woman's parents. After the 1980s, due to several high profile lawsuits such as the ACLU suit in which Doris Buck participated, doctors became less willing to perform the procedure without a clear legal mandate. Yet sterilization was still considered an option by many families wishing to "protect" their daughters.

### THE STERILIZATION OF CINDY WASIEK

The 1994 sterilization of Philadelphia resident Cindy Wasiek, following a seven-year court battle, shows that the nonconsensual sterilization of women with cognitive disabilities is still advocated and practiced, although such practice is sometimes contested (43,44). Cindy Wasiek was described in newspapers as having a mental age of 5, and being "severely retarded." Her mother, Dorothy Wasiek, feared her daughter might be raped and become pregnant. Because of anti-seizure medications, she could not place her daughter on contraceptive medication. She decided that sterilization would be the best way to protect her daughter. The central theme in this story was not Cindy Wasiek's safety, but rather how to allay her mother's fears. Cindy Wasiek's entire life was structured on her mother's fear of her being raped and becoming pregnant. She was even placed in a group home where all residents and staff were women. Most parents do not have the power to make decisions about the sexuality and fertility of their children. However, parental and public perceptions considered Cindy Wasiek's disability to be so severe that she was prevented from being an active participant in the life decisions that concerned her. Cultural perceptions that people with cognitive disabilities are perpetual children allow parents to influence or control all aspects of their adult lives.

People with disabilities are more likely to experience sexual abuse than the general population, but the chances of Cindy Wasiek being raped and becoming pregnant were statistically remote (45). In any case, sterilization is not a protection from rape or sexually transmitted diseases. Based on the argument that a mother should have the authority to decide what is best for her daughter, Dorothy Wasiek had her daughter sterilized after Supreme Court Justice Souter refused to grant what is ordinarily a routine stay until the court had heard the case (43). Although this was not eugenic sterilization, the opportunity was available because of the continued existence of a law (passed by virtue of the eugenics movement) allowing nonconsensual sterilization. Because of the legacy of the eugenics movement, involuntary sterilization of people with cognitive disabilities remains culturally acceptable in the United States, although it would be

unacceptable for use on other marginalized groups. Individuals with cognitive disabilities continue to be denied the rights granted to other United States citizens. Decisions regarding their bodies and their lives continue to be made without their consent.

### GLENN RIDGE SEXUAL ASSAULT

On March 1, 1989, exactly one hundred years after Deborah Kallikak was institutionalized at Vineland, New Jersey, a young woman with a cognitive disability was playing ball in a neighborhood park in Glen Ridge, New Jersey. A group of young men from her high school, many of whom had known her for over a decade, came up and promised her a date with a popular high-school athlete if she would accompany them to a nearby house. When they arrived at the house, where two of the young men lived, the woman was told to undress and perform various sexual acts on herself and several of the young men. Eventually, some of them took turns inserting a fungo bat, a broom handle, and a stick into her vagina (46).

In the winter of 1992–1993, when three of these young men were tried for sexual assault, a defending attorney criticized the young woman’s mother because “she took no measures to protect young men from her daughter” (47). The defense was attempting to prove that the young woman “craved sex” (48) and was “aggressive in her attitude and approach toward boys” (49). This is the modern legacy of the eugenics scholars who wrote about the “immoral” and “uncontrollable sexual nature” of women with cognitive disabilities. Defense lawyers in sexual-assault cases will sometimes assert that a woman is sexually promiscuous, but how often is the victim presented as a social threat? The defense’s statements evoke images not of mere promiscuity, but of a sexually dangerous woman from which young men must be protected. This image was affirmed in the courtroom by a psychiatrist, and outside the courtroom by neighbors who, according to one journalist, “spoke of her as some kind of succubus, with unknowable needs and unfathomable wants” (50).

The young woman grew up with the young men who assaulted her. Her sister stated that, as a child, she was pinched and called “piggy,” “dummy,” and “retarded” by neighborhood children. Once, she, was tricked into eating dog feces by a group of children that included two of the young men on trial (51). Journalist Anna Quindlen wrote:

They behaved as though she were an inflatable doll, an inanimate object. Subtract the stereotypes about loose girls and uncontrollable male urges, and you come up with a clear picture of what went on in that basement: young men doing a cruel and reprehensible thing to a woman they chose specifically because they knew her limitations and tractability. This case isn’t about boys being boys. It’s about boys being predators. I guess it wasn’t much of a leap, from the dog feces to the broomstick. (52)

During the trial, both the prosecution and the defense attempted to use stereotypes about people with cognitive disabilities to their advantage. Instead of focusing on the character and history of the perpetrators, discourse revolved almost exclusively on the young woman's sexuality or vulnerability to abuse. Researcher Bernard Lefkowitz (46) found a pattern where many nondisabled young women in Glen Ridge were abused and harassed by this same group of young male athletes, but these events were never mentioned during the trial. Instead, the defense resurrected images of the disabled woman's obsessive sexuality that, although discredited decades ago, still have a powerful presence in our culture. The imagery used by prosecution was evocative of Goddard's description of Deborah Kallikak. They described the young woman from Glen Ridge as innocent, but yearning for social acceptance and so eager to please that she was incapable of saying "no."

In order to prove she was "mentally defective," the prosecution agreed to forego protection afforded by the rape shield law. Unlike most sexual assault trials, where information on sexual history is barred by law, the young woman's experiences were discussed in minute detail. The defense argued that "the case's complexities forced them to explore the woman's sexual past to prove that she knew what she was doing and wanted it" (53). The prosecutors made no objection, asserting that the woman's sexual history supported their contention that she was "mentally defective," as defined by New Jersey's sexual assault laws, and thus incapable of understanding her right to refuse sexual activity (54).

The jury was persuaded by this argument. In 1993, the three young men were found guilty of sexual assault, and sentenced to remain for an "indeterminate" minimum term of imprisonment in what was described as a "campuslike complex for young offenders" (55). They were immediately free on bail and remained so for the duration of the appeals process. They began serving prison time in 1997.

Both the woman's lawyers and the journalists covering the case continually referred to her pliability, low self-esteem, and passivity. It was repeatedly asserted that her "mental age" was 6 or 8 and that her I.Q. was 64 at most. They were more interested in what she was than in who she was. Without the issue of "mental defect," however, the case would have been difficult, if not impossible, to win.

### *THE OTHER SISTER*

In complete contrast to nonfiction examples above, the 1998 movie "The Other Sister" presented non-disabled actress Juliette Lewis as Carla Tate, a beautiful, determined, and resourceful woman with a cognitive disability who was institutionalized as a child by her wealthy parents. At the beginning of the

movie she left this elite facility to return home to her family. The story was centered around Carla's efforts to develop professionally and personally. She passed a college level course. She achieved independence by getting her own apartment. She fell in love, found a life partner, and married him. Ultimately, she succeeded at everything she wanted to achieve. The only significant barrier to Carla's success was her overprotective and controlling mother, who resisted all of Carla's efforts to achieve independence.

Needless to say, most people with cognitive disabilities living in the real world are not able to sail so effortlessly past the financial, interpersonal, social, educational, and sexual barriers placed in their path. Realistically, success in a single one of these areas constitutes a major victory. Most people with or without disabilities do not conform to Hollywood standards of physical beauty. Most people with disabilities neither have the money that Carla had at her disposal nor the many opportunities that resulted from her access to money. Most do not have such extensive social support networks of loving and understanding family and friends as did Carla and the man who became her husband. Carla's easy victories trivialize the real-life struggles faced by people with disabilities. Other than a little teasing on the college campus, no loneliness, rejection, prejudice, or hatred mars the movie's perfect fantasy. Carla presents such a contrast to the other women portrayed here that one must wonder about the significance of her invention. The movie represents people with disabilities as wanting and achieving the same things to which all United States citizens are supposed to aspire, and most never fully attain. When Carla succeeds, she represents not just people with disabilities but all people who strive and dream despite all barriers; she symbolizes the universal potential for success. How unfortunate that this easy success is an illusion.

Michel Taussig (1987) wrote about a culture of terror in which the line between fiction and reality is blurred saying "the unstable interplay of truth and illusion becomes a phantasmic social force" (56, p. 121). Although Taussig was speaking of societies whose foundations were formed through atrocities of violent colonialism, I suggest that the concept of a culture of terror also applies to the atrocities experienced by women with cognitive disabilities living in the United States during the twentieth century. Just as the colonial native was vilified through images of violent savagery and idealized through saintly images of shamanic healing, so do women with cognitive disabilities in the United States symbolize both demonic succubae and heroic Cinderellas. Through the lens of "The Other Sister," the wrongs of the past and the barriers in the present are symbolically neutralized. In an illusory process of symbolic healing, the lived experiences of real women such as "Deborah Kallikak," Carrie Buck, Cindy Wasiek, and the young woman from Glen Ridge are justified, trivialized, and forgotten.

## CONCLUSION

It is clear from these stories that despite advances in recent decades, disability remains a stigma in the United States, especially mental disability. Although "The Other Sister" remains largely a fairytale, it is true that higher education, independent living, marriage and child rearing are realistic goals for many people with cognitive disabilities. However the lives of people with cognitive disabilities are still consistently judged to have less worth than the lives of others'. In 1889 Deborah Kallikak was imprisoned for life because she was judged too feeble-minded to live in our society. In 1993, the perpetrators of a brutal sexual assault in Glen Ridge received sentences of less than two years. The Wasiek sterilization case revealed that it is culturally acceptable for parents of children with disabilities to make the most intimate and personal decisions about the lives and futures of their children. In Rhode Island in 1995, a woman with a cognitive disability drowned in her own bathtub due to the negligence of a woman hired to assist her. The employee was fined two hundred and fifty dollars (57). According to Adrienne Asch and Michelle Fine, infants with Down Syndrome and other disabling conditions have been allowed to starve to death in U.S. hospitals because life with a disability was considered "not worth living, too costly to the family, or too costly to the rest of nondisabled society" (58). In recent years there has been a large-scale mobilization of disability rights activists in the United States and Canada against assisted suicide. Activists from the organization Not Dead Yet claim that individuals are encouraged to die by strong cultural images and professional opinions that life with a disability is not worth living (59). Unfortunately, such assumptions are found even within feminist and leftist circles (58,60).

By considering the lives of people with disabilities "intolerable" and the people themselves "better off dead," by infantilizing people with disabilities, or treating them like sexual monsters, a cycle of discrimination and abuse is perpetuated. The media fantasy of "The Other Sister" obscures the reality that people with cognitive disabilities do not live sealed off within their own joy-filled worlds, oblivious to cultural perceptions. Every day they live with the double messages so evident from the life stories presented here. Some people they love and trust want them to be passive, compliant, and obedient. Some want them to be asexual and innocent. Still others are all too willing to give them a "special education" in sexual aggression. If it is found that a person with a cognitive disability has sexually assaulted an "able" person, she or he will be punished through imprisonment or institutionalization. If, however, it is found that one person with a cognitive disability assaults another, or has been assaulted by anyone, it is unlikely that the U.S. criminal justice system will become involved (28,45).

Despite the many barriers to overcome, the future is hopeful. Women and

men with cognitive disabilities in national and international self advocacy movements such as Self Advocates Becoming Empowered are working together to achieve for inclusion into US communities and cultures and equal protection under the law. They are asserting their rights to care, counseling and educational services, and empowering people with cognitive disabilities to assert, protect, and heal themselves.

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