



2008

# THE DISABLED FAMILY DYNAMIC IN DRAMA: THE GLASS MENAGERIE, A DAY IN THE DEATH OF JOE EGG AND TIME FOR BEN

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## Recommended Citation

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## Abstract of Thesis

### THE DISABLED FAMILY DYNAMIC IN DRAMA: *THE GLASS MENAGERIE, A DAY IN THE DEATH OF JOE EGG AND TIME FOR BEN*

Early disability research in the social sciences focused on the individual, or the person with the disability. Only recently has disability research accepted that every family member is affected. The disabled does not suffer the disability alone; the entire family—as well as friends and relatives—suffer ramifications. Parental roles are altered, and grief, anger and guilt often blur the parameters of acceptable parental care. By using disabled family dynamic research in dialog with *The Glass Menagerie*, *A Day in the Death of Joe Egg*, and *Time for Ben*, I argue that the disabled family dynamic is present, accurately portrayed, and significant to these three plays. Not only is the disabled family dynamic accurately portrayed in the plays, each of these plays precedes disability research in the issues that it presents. By examining the characters and issues presented in the plays through a disability research lens, I argue that these playwrights realistically portray the ramifications of the disabled family dynamic.

KEYWORDS: Theatre, Disability, Family Studies, *The Glass Menagerie*, Drama

Terah Herman

April 13, 2008

THE DISABLED FAMILY DYNAMIC IN DRAMA:  
*THE GLASS MENAGERIE, A DAY IN THE DEATH OF JOE EGG AND TIME FOR  
BEN*

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April 13, 2008

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THESIS

Terah Elizabeth Herman

The Graduate School

The University of Kentucky

2008

THE DISABLED FAMILY DYNAMIC IN DRAMA:  
*THE GLASS MENAGERIE, A DAY IN THE DEATH OF JOE EGG AND TIME FOR  
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THESIS

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of  
Art in the College of Fine Arts at the University of Kentucky

By

Terah Elizabeth Herman

Lexington, Kentucky

Director: Dr. Andrew Kimbrough, Assistant Professor of Theatre

Lexington, Kentucky

2008

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## ACKNOWLEDGEMENTS

The following thesis, though an individual work, was the result of the insight, leadership, and friendship of a number of individual. First, I owe a great debt of gratitude to my thesis chair, Andrew Kimbrough, who offered his personal knowledge and insight and dedicated a great deal of time in helping me through this process. I would like to extend my thanks to Rhoda-Gale Pollack who has been extremely generous with her time and consideration of my work and concerns. Geraldine Maschio, my third committee member, also generously offered her support and knowledge throughout this process. All three have been outstanding in their support both emotionally and instrumentally throughout my time at the University of Kentucky. I could not have asked for a more dedicated or supportive committee. I would also like to thank the entire faculty at The University of Kentucky for being making my brief time here both enjoyable and beneficial.

I would also like to extend my thanks to my family. They have been supportive of me throughout this process, through both the stressful and the rewarding moments. Their faith in me has given me the motivation to continue my education. They were also the inspiration for this thesis, as each of us live through the disabled family dynamic everyday. Through the journey has been a tough one, they have never failed to offer their love and support. I would like to give a special thanks to my twin brother Shane, who never fails to put a smile on my face.

I would also like to extend a special thanks to my friends who have offered their constant support through this process. They have listened to my every complaint and frustration while always offering their love and support. Their patience with me is

remarkable and I am forever indebted to them for their kindness. A special thanks to Maria, Bachar, Tom, Andrea, and Kali who have offered their constant support. I would also like to thanks Bill Kennedy and Jacqueline Bussie, who were my advisors at Capital University and have continued their support as my mentors and my close friends.



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## Chapter 1: The Disabled Family Dynamic in Drama: An Introduction

I recall reading my first book on the disabled family dynamic and feeling like I was hit with a ton of bricks. I did not know such a dynamic existed in research, but I knew it existed in everyday life. I had lived in this dynamic since I was born. My twin brother, Shane, was born with Spina Bifida, a severe birth defect. The National Institute of Neurological Disorders and Stroke defines Spina Bifida “a neural tube defect (a disorder involving incomplete development of the brain, spinal cord, and/or their protective coverings) caused by the failure of the fetus's spine to close properly during the first month of pregnancy” (NINDS Spina Bifida Information Page). Spina Bifida comes in various degrees. Shane’s Spina Bifida has caused him to be paralyzed from the waist down. He also has mild mental retardation. What the medical professionals do not mention about Spina Bifida is that there are countless other complications that develop. Many of these develop as the child ages. Shane has hydrocephalus, Arnold Chiari malformation, glaucoma, emotional immaturity issues, kidney stones, scoliosis, obsessive-compulsive disorder, anxiety disorder, depression, severe allergies to foods and medicines, lactose intolerance, a permanently dislocated hip, and an asymmetrical face. The prognosis at birth was that Shane would be able to walk with just small braces at the ankles with no other complications. Now, however, at the age of twenty-three, he is confined to a wheelchair and has not been able to walk in any capacity for over fifteen years. Given his physical and mental disability, Shane is completely dependent on our mother. For my family, as Shane’s disability became more complicated, the effects of

the disabled family dynamic have increased, yet the understanding of people around us has not, which is why I find this kind of research both fascinating and critical.

Only in recent years have medical professionals taken the disabled family dynamic seriously (Seligman and Darling 1-2). I define the disabled family dynamic as the changes and alterations to the functioning of the family system when a member of the family suffers a disability. The disabled family dynamic involves a number of variables in response to the drastic changes in the family system and structure, including changes in how the family interacts, adapts, copes, functions, and communicates (Seligman and Darling 4-15). The disabled family dynamic considers not only the individual with the disability; the disabled family dynamic acknowledges the changes and struggles of every member of the family. When a child with a disability is born into a family, it is as if the entire family becomes disabled (Seligman and Darling 5). Disability changes the self-identity of the entire family, not just the individual with the disability. The disabled family dynamic within a family system does not remain static; it is always changing.

The disabled family constantly suffers crisis. Care for the person with the disability causes constant stress. As I stated before, problems often go far beyond the initial diagnosis. Frank M. Robinson, Doe West and Dwight Woodworth Jr. in their book Coping + Plus: Dimensions of Disability (2003) state, “When a disability affects an individual, manifesting itself at or shortly after birth, it also affects every member of the family” (117). The constant care and support takes a toll on the parents. They find themselves isolated and with little or no time to themselves. As a result, the marriage is strained. Parents do not have the same amount of time to devote to a career as they once did. The problems extend out to the siblings who find themselves feeling neglected and

they often rebel due to lack of attention. The disabled child senses all of this and does not want to be a burden to the family. The family structure becomes weak and vulnerable despite the best of intentions. By using disabled family dynamic research in dialog with *The Glass Menagerie*, *A Day in the Death of Joe Egg*, and *Time for Ben*, I argue that the disabled family dynamic is present, accurately portrayed, and significant to these three plays. Not only is the disabled family dynamic accurately portrayed in the plays, each of these plays precedes disability research in the issues that it presents. By examining the characters and issues presented in the plays through a disability research lens, I argue that these playwrights realistically portray the ramifications of the disabled family dynamic.

Understanding the presence of the disabled family dynamic within these plays is critical for several reasons. It is essential for theatre artists to comprehend the disabled family dynamic when producing a work that contains it in order to create a successful production. If theatre artists are seeking to portray disability faithfully with their drama, it is essential that they understand the effects of the disabled family dynamic in order to make their characters sympathetic. Without the knowledge of the disabled family dynamic producers may not fully understand or perform these plays. The disabled family dynamic is an essential component to these plays. Theatre artists must understand the disabled family dynamic in order to comprehend why the characters act as they do. If theatre artists do not understand their characters, and thus portray them incompletely, then theatre artists will exacerbate an already overwhelming problem by misrepresenting families vastly misunderstood.

Theatre as a didactic art form has potential to educate the audience in a unique and powerful way. When any of these three plays are produced successfully, they can

educate an ignorant audience about the misunderstood disabled family. It is unlikely that many people outside of the social sciences or a disabled family read the publications on the disabled family dynamic. However, many of the people who will not read the research will come to see a play. I remember reading *The Glass Menagerie* and feeling that the Wingfield family was not so different from my own; the struggles were similar. I related to Tom and his feelings of sibling guilt and isolation. These plays have the potential to give a glimpse inside the disabled family to an audience who would otherwise continue to be unaware of the harmful effects of the disabled family dynamic.

The three plays focus mainly on the adverse affects of the disabled family dynamic. Each individual family member deals with different struggles that go unrecognized by society. That is not to say that the effects of the disabled family dynamic are always negative. The disabled are a loved member of the family regardless of their disability. Each family member gains new outlooks from having a family member with a disability, but there is a legitimate reason that the playwrights focus on the negative effects. The negative effects are the untold story.

Having a disabled twin, I have always focused on the positive factors of having a disabled sibling. I still find myself doing this. I say things like, "It is difficult, but I am much more compassionate from growing up in that environment," and, "As a twin I never knew any different, I never thought anything of disability. I thought I was the one that was weird because I didn't get to ride around in a wheelchair." I remember watching telethons as some of the few times I can recall seeing the disabled and their families. The families were always smiling and talking about their love for their child. Any mention of difficulty was focused on the physical challenges for the child. Any negative discussion

was quickly followed up by a smile and talk of blessings and miracles. The other emotions--anger, guilt, fear, isolation--are not easy to talk about. Talking about these adverse affects seems to make others uncomfortable. It is easier to smile and say something positive. Kate Strohm states that siblings who talk about the difficulties of living within the disabled family are unfairly deemed selfish by people outside the family (19). This misunderstanding spreads beyond siblings; each family member feels the need to talk about the positives of having a disabled member of the family. There are innumerable difficulties of living with a disabled family member, and the family's pain and frustration remain silent.

There has been a substantial amount of interest in disability and theatre in the past ten years, but this research, like early social science research, focuses on the individual with the disability. Theatre scholars and critics have not yet shifted their focus to include research on the family. Many of these scholars also focus on the disabled body on stage and the aesthetic it creates. For example, in Thomas Fayh and Kimball King's edited book Peering Behind the Curtain: Disability, Illness and the Extraordinary Body (2002), there are chapters titled "Between Two Worlds: The Emerging Aesthetic of the National Theatre of the Deaf" and "Acting Without Limits: Profiles of Three Physically Disabled Performers." The focus is on body aesthetic. The same is true in the book Bodies in Commotion: Disability and Performance (2005). Though both authors, Carrie Sandahl and Philip Auslander, are leading researchers in disability studies, although they still only cover a small portion of disability phenomena. None of these authors discuss the three plays that I address nor do they discuss the disabled family dynamic. This is not to say that their research is not valid; these authors have helped to pioneer disability as a

legitimate lens through which to study theatre. They have brought theatre and disability studies a long way in a minimal amount of time. Both Peering Behind the Curtain and Bodies in Commotion have validated the fusion of theatre arts and disability studies in the last five years. However, there is still much ground to be covered.

More theatre research has been done on Deaf theatre than on physical disability and more research on physical disability than mental retardation. I believe this is because there is a sense of pride and identity within the Deaf community. The Deaf consider themselves a culture, and many people who are Deaf do not consider themselves disabled, but merely speak in a different language. People with physical disabilities, though they do not have an identified culture of their own, often have a sense of pride because they overcome adversity. There is a sense of accomplishment associated with being confined to a wheelchair but still being a successful professional or raising a family (Robinson, West, and Woodworth 43). However, mental disability and retardation are more difficult to stage because there is no sense of pride for the mentally disabled and there appear to be fewer opportunities to gauge when they overcome adversity. As I will discuss in chapter four, the idea of a person with mental retardation having a child scares many people; those with mental retardation cannot become doctors, lawyers, or teachers, let alone parents. Through my research, I desire to fill some gaps by including both mental disabilities within the disabled family dynamic.

The disabled family dynamic is a relatively new concept in disability research. Previously, disability research focused on the individual with the disability. In the 1940s disability research was preoccupied with the rehabilitation of disabled veterans returning from World War II. Those with other disabilities, for example those born with birth

defects, were not the priority. However, the research did bring about new changes for the disabled. There was a new focus on self-advocacy for rights of the disabled due to the amount of veterans who were now classified as disabled (Safford and Safford 189). In the 1950s, the disability research focused on helping individuals live with their disability (Rusk and Taylor 7). For example, in Howard Rusk and Eugene Taylor's book, Living With Disability (1953), the authors focus on teaching the disabled person to adapt to their daunting and inaccessible world. The book has chapters titled "looking your best", "taking advice" and "conquest of the kitchen" (6). By the late 1960s and early 1970s the focus shifts from the practical challenges of having a disability to the psychological challenges. For example, Beatrice Wright, in her book, Physical Disability-A Psychological Approach (1973) enlarges the scope of study beyond the obvious outward challenges of having a disability and looks at how the disabled inherit an inferior status position. She recognizes that a person with a disability has an altered self-image and often encounters difficult social situations (Wright vii-xi). Up until the 1970s the research still remains centered on the individual.

However, in the 1970s social scientists developed the family systems theory which views the family as an interactive, reciprocal and interdependent unit (Seligman and Darling 3). Leo Buscaglia wrote the first substantial book on the disabled family dynamic in 1975. Buscaglia was a professor at the University of Southern California. He wrote The Disabled and Their Parents: A Counseling Challenge (1975) because he had spent years counseling families with disabled children. He knew that there were no resources aimed at the family's state of crisis. He also knew that there was no literature available to psychologists and counselors on how to help these families (Buscaglia 3).



There was no discourse on the idea of the disabled family dynamic, so he worked from his own experience to write his book. After Buscaglia, there is a gap in the research as psychology begins to accept the disabled family dynamic as a legitimate theory. The next significant book, Chronic Illness and Disability Through the Life Span: Effects on Family and Self (1984), addresses the family unit as it pertains to disability. However, the book focuses largely on rehabilitation of the individual with the disability. Though it addresses the family, the authors have a difficult time pulling the focus away from the individual.

In the late 1980s and early 1990s disability research fully embraced the concept of the disabled family dynamic. In 1989, Milton Seligman and Rosalyn Benjamin Darling wrote Ordinary Families, Special Children, which is one of the leading works on the disabled family dynamic. Milton Seligman is one of the leading researchers in the field. Seligman is a licensed psychologist and a member of the American Psychological Association. Dr. Seligman has been elected to the National Register of Health Service Providers in Psychology. Dr. Seligman is professor emeritus in the Department of Psychology in Education at the University of Pittsburgh and has been a therapist for over twenty-five years. Rosalyn Benjamin Darling is the Doctoral Coordinator of the Program in Administration and Leadership Studies in the Department of Sociology at Indiana University of Pennsylvania. Seligman and Darling argue that every member of the family is effected by disability, and there are variables that shape the way families respond to and cope with disability. The authors use first-hand accounts from family members to directly illustrate the effects of the disabled family dynamic. They have since issued two more editions, one in 1997 and one in 2007, in which they have updated

the research on the disabled family. Seligman also contributes to a second resource dealing with the disabled family dynamic. In 1999, Seligman, Laura Marshak and Fran Prezant wrote Disability and the Family Life Cycle, which is the next major resource on the disabled family dynamic. Laura Marshak is a licensed psychologist and a professor at Indiana University of Pennsylvania. Her professional experience includes working at Western Psychiatric Institute and Clinic for ten years prior to assuming her position at the university. Fran Prezant is the director of the Research and Evaluation Center at the National Center for Disability Services. Seligman, Marshak and Prezant argue that disability introduces problems, psychological as well as practical, into the family system for the long haul--but the problems take different forms as all family members move through the different phases of the life cycle. While these works remain the main resources on the disabled family dynamic, there has been other significant research done. This includes research that focuses on individual roles within the disabled family dynamic. One example, Kate Strohm's book Being The Other One, Growing up with a Disabled Sibling, (2005) focuses on the challenges for siblings of the disabled. Buscaglia's belief that the entire family experiences the effect of disability continues to develop in the social sciences.

Ironically, those who claim to promote diversity grossly ignore disability. While there are groups who promote pride based on race, gender, religion, and sexual orientation, there are few groups who promote pride of the disabled. Lennard Davis, author of Enforcing Normalcy: Disability, Deafness and the Body has found this same omission. He writes:

I believe deeply that people with disabilities, Deaf people, and others who might not even consider themselves as having a disability have been relegated to the margins by the very people who have celebrated and championed the emergence of multiculturalism, class consciousness, feminism and queer studies from the margins. (xi)

The disabled and their families find themselves marginalized. The disabled first need to be accepted before they and their families can be understood. Davis finds this marginalization within research and academia as well. He claims conferences on disabilities are usually poorly attended. A stigma exists that only the disabled come to conferences and academic sessions on disability. He finds that disability “dare not speak its name in professional circles” (Davis xi). Yet, despite the dismissal of disability by academics, disability is a global issue. As of 2001, more than half a billion people live with a disability (Priestley 3). This makes research in disability studies all the more critical.

The second chapter addresses the disabled family dynamic in *The Glass Menagerie* written in 1945. There has been a great deal of criticism written on *The Glass Menagerie*, however, there has been a gap in the research as it pertains to the disabled family dynamic. For the most part, critics dismiss Laura’s disability completely. Thomas P. Adler gives a thorough review of the viewpoints of many Williams’ critics, who offer different readings of the play. However, Adler only mentions disability once and he dismisses it rather than considers it a critical part of the play, stating, “Based on Laura’s slight physical disability, it is easy for directors to make her the emotional or sentimental core of a production” (39). Many have found numerous ways to explain the Wingfields’ dysfunction without considering Laura’s disability. Stewart Stern believes that Tom’s “self-disgust” over his secret homosexual identity is to blame (12, 115).

Several critics believe the family dysfunction centers around Tom's incestuous desire for Laura.<sup>1</sup> Ann M. Fox, who is one of the few scholars to address Laura's disability, sees

Laura as an exploitation of disability for literary purposes. Fox states:

[Williams'] Laura Wingfield, the self-proclaimed 'cripple' from *The Glass Menagerie* (1945)[...] is an obvious first place winner for Myth Disability as she clutches her blue roses and retreats into the dark recesses of the stage by the play's end. Judging from the omnipresence of disability here and elsewhere in Williams' plays, one might reasonably read his drama as preoccupied with it for its more negative metaphorical uses. . . The literary use of disability at best advances narrative and metaphor without addressing the lived experience of disability itself and at worst cycles disability back into a cultural lexicon that perpetuates the rejection and repression of disability identity. (234)

Fox misses that Tennessee Williams not only addresses the lived experience of disability, he addresses the lived experience of disability for the entire family. He addresses how disability affects the entire family almost 40 years before the social sciences begin to address the issue. Williams is not exploiting disability for literary purposes; he is writing what he knows. His sister's mental illness had a profound effect on him and his entire family ("Notebooks" 73). Fox mentions Williams' sister, Rose, but never gives serious consideration to how her disability allowed Williams to accurately portray disability or demonstrate how it affects the family. Though Fox identifies Laura as disabled, she still fails to look past her own agenda to see the present and accurate disabled family dynamic.

Fox and the other critics miss that Laura's disability, though slight, has profound ramifications on the family. In the second chapter, by giving a thorough analysis of each character through a disability research lens, I argue what is being missed: that the *The Glass Menagerie* offers a textbook example of the disabled family dynamic.

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<sup>1</sup> See Parker 122; Dervin 156; and Schneiderman 98.

The third chapter addresses Peter Nichols' *A Day in the Death of Joe Egg* written in 1967. Nichols' bases his play on he and his wife's personal experience raising their eldest daughter, Abigail who was born profoundly spastic in 1960 and died in 1971 (Nightingale). *A Day in the Death of Joe Egg* centers around Joe, a severely disabled child diagnosed as spastic. Her parents struggle to come to terms with her disability while trying to maintain an already strained marriage. Because Joe's mental and physical disability are obvious, critics cannot deny her disabled identity. However, the ramifications on the family are so severe that critics dismiss the play as sick and twisted humor, and they identify plenty of shock but little truth in how the family functions. While Williams' critics miss the disability altogether, Nichols' critics are so blinded by the shocking nature of the play that they miss the true and painful reality of the disabled family dynamic. By addressing misunderstood individual issues throughout the play, I will counter the dominant critical assessment and argue that Nichols paints an accurate portrait of the disabled family dynamic.

In the fourth chapter, I address *Time for Ben*, a little known British play by Tony Layton, written in 2004, which also centers on a severely disabled child. Layton based his disabled character, Ben, on a life experience. Layton worked with teachers on how to use drama with students who had communication problems. He was patricianly moved by one boy. Layton says:

I found this work very daunting but at the same time was inspired by the bright sparks of life that came from the tortured bodies. I learnt so much about the human spirit and its ability to overcome enormous hurdles. At the end of one session I felt that communication was not possible with one individual boy. He was strapped to a high chair and his head was supported by a frame. However, the teacher told me that contrary to my belief, the boy had responded most positively to the session. His reactions were small, a twitch of the eye, a

movement of the mouth, hardly noticeable to the untrained eye, but highly relevant to those who knew how to communicate with the boy. I suppose I have always wanted to write a play about that boy and this is it.<sup>2</sup>

Layton's disabled character, Ben, is confined to a wheelchair and is non-verbal. Ben's parents have made immeasurable sacrifices for him which go unappreciated by the extended family. Layton's play is unique because it addresses issues family disability studies overlook. The first issue, the sexuality of the disabled, is overlooked in disabled family research and is considered highly taboo in society. Disability research also looks over the second issue, humor, though it plays an integral part in the disabled family as both a coping mechanism and a defense mechanism. The effects of humor are both healthy and negative. In my fourth chapter I argue that *Time for Ben* accurately precedes current family disability research by addressing issues largely ignored because of their taboo nature.

*The Glass Menagerie* and *A Day in the Death of Joe Egg* portray the disabled family dynamic years before the social sciences began to accept that the entire family experiences the effects of disability. Both of these plays are autobiographical. Both playwrights had first hand experience with the disabled family dynamic, which allowed them to give accurate representation to the disabled family. *Time for Ben*, though published in 2004, still precedes disability research in many of the issues addressed. Though the disabled family dynamic has now been recognized, there are still issues that have not been researched, and Layton ventures to address these issues.

From a personal perspective, I find this research to be critical. Growing up in a disabled family, I often found myself struggling with difficult and misunderstood feelings

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<sup>2</sup> Personal Communication

of anger, guilt, and isolation. I did not understand my family, my feelings, or myself. I was growing up surrounded by this dynamic, yet I had no idea how to understand or deal with it. How then was I to expect those outside my situation to understand? As I argue through my research, many of the problems within the disabled family are due to the lack of comprehension of the overwhelming effects disability has on an entire family. This is why plays such as *The Glass Menagerie*, *A Day in the Death of Joe Egg* and *Time for Ben* are significant. These plays give those on the outside a glimpse of understanding. These plays give those of us on the inside a feeling of hope.

The disabled family dynamic in drama allows members of a disabled family to see a reflection of their own feelings and struggles, and possibly just for that moment the feelings of isolation and singularity lift. These plays allow the story to be told without feelings of guilt surrounding the admitted pain and difficulty. Critics still assume that plays like *The Glass Menagerie*, *A Day in the Death of Joe Egg* and *Time for Ben* are exaggerations of real life. However, all three closely resemble the day-to-day struggles told repeatedly from families who have lived similar lives. As a sibling of a disabled person, I do not find these plays exaggerated reflections. Instead, I find that drama acts as an effective vehicle for thousands of families' untold stories of living the disabled family dynamic.

Chapter 2: “The Crippling Effects of a Slight Limp: The Disabled Family Dynamic in The Glass Menagerie”

Tennessee Williams understood the disabled family dynamic because he experienced it. Laura is one of several of Williams’ characters based on his sister, Rose who was diagnosed with dementia praecox and was known to have severe fits of hysteria, paranoia, and depression by the age of twenty-seven (Williams, “Notebooks” 40, 58). In Williams’ journal on January 25, 1937, he obliquely describes the condition of his sister and the family’s suffering: “Tragedy. I write that word knowing the full meaning of it. We have no death in our family but slowly by degrees something was happening much uglier and more terrible than death” (“Notebooks” 73). He writes, “R [Rose] makes the house tragic, haunted” (“Notebooks” 81).

While watching his mentally-ill sister suffer, he also observed and experienced the inevitable and lifelong changes that overtook his family. His autobiographical masterpiece, The Glass Menagerie, written in 1945, reflected the disabled family dynamic well before the social sciences and humanities acknowledged it. Criticism of the play routinely accepts that Williams’ artistry rests in his unique portrait of family dysfunction as emblematic of a striving American lower-middle class, but ignores the harmful presence of disability. For example, Tom Scanlan discusses the idea of the “lost family” in his essay “Family and the Phyce in The Glass Menagerie” (96). While he notes that the Wingfield family is in state of collapse, he misses the extent to which Laura’s disability contributes to the dysfunction. I argue that what theatre and literary scholars have overlooked is that Williams’ play provides a textbook example of a family suffering from the symptoms of the disabled family dynamic. Through a comparison of



the behaviors of the three members of the Wingfield family to those outlined in disability research, I demonstrate that Williams' unique portrait is rather common for those living with the disabled.

### "But Mother, I'm a Cripple!"--Laura as Disabled

One reason for the critical oversight may lie in Williams' suggestion that, "the defect need not be more than suggested on stage" (1101). The character description inadvertently leads to a belief that Laura's disability is so slight that it really does not significantly alter the character's intense shyness and insecurity. However, often the mildest disabilities have the most devastating effects for the disabled and their families. Social reactions can be one of the most distressing aspects of living with a disability (Sutkin xi). Any deviation from the norm is difficult to deal with. Laura has what Marshak, Seligman, and Prezant consider a "discreditable disability" (2). A discreditable disability is an impairment that is not always apparent; the person can conceal it. For example, a man who is deaf can sit at a restaurant without everyone around him knowing of his impairment. Laura's disability is disclosed when she begins to walk. She can hide it while remaining stationary. The encounters of those with discreditable disabilities with society is often more stressful because people assume that they have no disability. As Marshak, Seligman, and Prezant note, the disabled and their families suffer increased stress because "they must decide whether or not to go along with the assumption of normality" (2). Tom warns his mother that he has not told Jim that Laura is crippled. He is worried about how Jim might perceive his mildly disabled sister. He voices a concern with which those with discreditable disabilities must grapple. People with milder

disabilities may have a harder time coping due to their ability to hide their disability and hence they avoid dealing with what it means to be disabled (Seligman and Darling 91). They find themselves marginalized; they are in two worlds, neither of which they entirely fit (Seligman and Darling 109). This is where Laura and her family find themselves. Marginally disabled people and their families often have more adjustment issues than those who are severely disabled (Seligman and Darling 109). The family must deal with an ambiguity of diagnosis and acceptance.

Devorah Kalekin-Fishman, the author of “The Hidden Injuries of a Slight Limp” has a disability similar to Laura’s. She was not born disabled; she developed her slight limp after acquiring polio as a child. Though she does not address the family, she does address the hidden difficulties she experienced having a slight limp. She acknowledges the multitude of difficulties through her life span:

At every age I have had to learn to what extent I can do what seems to be worth doing in my circles; and to assimilate opinions about my attainments from others whose opinions were of central importance at different times. There were the children who did not want to play with me because I wore a brace till the age of four and ran, if at all, in odd ways. There were the tap-dancing lessons ‘everyone’ on the block was taking. Much, much later there was the woman at the kibbutz who, when I was pregnant with my first child, warned me that the limp would probably make it very difficult for me to have a natural birth. When I taught school, and gave marks strictly according to ‘the book’, a student who had not done too well stood in the corner as I went by and yelled--‘here’s the cripple.’ And again, at the university, there was the professor of sociology who assured me that he understood very well why I was trying too hard to be a good student. It was obvious to him that I was engaged in ‘overcoming the disadvantage’ that I was saddled with. (137)

Discrimination and social difficulties are not limited to severe disability, as Kalekin-Fishman points out. She says that though her limp was slight, she still felt that it defined her as a person (142). Kalekin-Fishman’s “slight limp” accompanies her wherever she

goes. She must evaluate every situation based upon it (146). She states, “For a person growing up in the United States, I had no choice but to understand that the lower limbs are crucial to a hope for normality” (138).

Laura’s shyness is often the focus of her character; it is viewed as the root of her problem. Delma Presley sees Laura as resigned to “isolation” and Jeanne McGlenn identifies her as “prone to deadening withdrawal and introversion” (Presley 141; McGlenn 511). However, her shyness and isolation stem not only from her personality, but also from her disability. Constantine Stavrou completely denies the effect of her disability when he declares Laura a “virtual Proustian hypochondriac” (28). What these critics have missed is that Laura defines herself by her disability, which is common among the mildly disabled. Seligman and Darling note, “It is as if a deformed limb implies that one is a defective person” (109). The minor disability becomes larger than life: “Individuals view themselves as disqualified from ever achieving social acceptance, therefore they are unwilling to make efforts to achieve social acceptance” (Marshak, Seligman, and Prezant 28). Laura isolates herself in order to avoid the pain of inevitable rejection. Her disability leads to her low perception of self worth, which in turn leads to her further shyness and isolation. Her dream world keeps her protected from reality. Laura’s social and physical disabilities conflate during the course of her development.

In the time frame of the play, Laura has already passed through adolescence, a time of acute personality formation. Peer acceptance, or lack thereof, is exceptionally difficult and painful for the entire family of the disabled during the adolescent years (Marshak, Seligman, and Prezant 24). Peer acceptance may determine to what extent the person feels isolated and rejected, which in turn affects the stress on the family.

Marshak, Seligman, and Prezant state, “It is during the adolescent years when disabled children really deviate from their non-disabled peers” (25). Society places much value on conformity during these years. Though Laura has passed adolescence, she would have felt that she differed from her peers.

A person like Laura often becomes withdrawn, over dependant, and depressed (Marshak, Seligman, and Prezant 74). Laura never felt like she would fit in which furthers her social isolation, depression, and withdrawal. Williams gives the impression that school was a long and lonely time for her. She seemed to have little social contact. The way she treasured her interaction with Jim—a classmate hardly aware of her presence—shows how little social interaction she must have had. She seems to have had very few positive social experiences. It is no wonder that her shyness and isolation continue.

Disabled children have a reduction in opportunities to practice socialization in a time that is critical. Though Laura was not born with her disability, it would have effected her from the onset and continue to have adverse effects. Many of these effects take place in the educational environment. Fittingly, Laura would have severe anxiety about school. R. B. Brooks notes that for the disabled, “School is the place where their deficits rather than their strengths are highlighted” (335). The most desired times of the day for socially-accepted children become a nightmare for the outcast (Marshak, Seligman, and Prezant 77-78). Kalekin-Fishman states: “School was a chronicle of learning what is normal and discovering the extent to which I deviated. Everything seems to come together to prove that I was abnormal” (141). School becomes a dreaded experience for a child like Laura. Though Laura is in her mid-twenties, her experiences

from high school still haunt her. Laura's anxiety about business school is so great that she vomits in class and then stops attending. Her anxiety about an educational environment is common for a person dealing with a physical disability.

Identity creates a huge issue at Laura's age. Laura is very unsure of herself. As her mother says, she just "floats along" (Williams, 1106). This reflects another common problem among the disabled. Marshak, Seligman, and Prezant closely link disability and identity formation during Laura's age (127). Identity becomes particularly hard because so many distorted identities are projected onto the disabled. There is an inference that one impairment leads to another assumed impairment (Wright 32). People assume that if a person has a physical disability, they must also have an intellectual impairment (Marshak, Seligman, and Prezant 125). Marshak, Seligman, and Prezant argue that a single characteristic evokes many other inferences about a person: "Because those of us who don't have a disability cannot imagine how we could cope, we project our feelings onto the others and tend to assume that they would also feel inferior, bitter, perpetually frustrated and the like" (126). The able assume life as invariably tragic for a person with a disability. A distorted projection manifests itself into a particularly powerful problem when the disabled does not have a strong sense of self (Marshak, Seligman, and Prezant 127). For Laura, finding her identity among all the assumptions is difficult, even psychologically crippling.

Laura's interaction with Jim mirrors a situation common among the disabled. If Jim is the All-American boy, then the future looks bleak for females living with a disability. Jim's conversation reflects how many people view the disabled. Although in most situations able-bodied people view the disabled as oversensitive, interactions with

the opposite sex is where the able overlook the assumption of oversensitivity (Glueckauf and Quittner 168). Laura's feelings seem to be of little consideration to Jim. Although he compliments her and flatters her in a way that no male has before, he sets her up for rejection and heartbreak. The able view disabled young adults as highly desirable confidants because they are seen as having no ulterior sexual motives (Glueckauf and Quittner 168). This causes the non-disabled to have little restraint around the disabled. Friends will tell them secrets or flatter them in ways that they would restrain among other non-disabled friends. The able perceive the disabled as desiring any sort of flattery, sincere or not, since they may get little of it. Glueckauf and Quittner argue that "The ambiguity of the situation is high, leaving the person open for unexpected and difficult rejection" (169).

#### Seventeen Gentleman Callers!--Amanda as the Overbearing and Isolated Mother

In contrast to Laura and her sensitivity, Amanda is overbearing and bullying. However, her behavior is consistent with the research on mothers of children with disabilities. Amanda's overprotective and smothering nature is typical. Parents often regard children with disabilities as children far beyond their actual childhood, even after they entered adulthood (Marshak, Seligman, and Prezant ix). Though Laura is beyond childhood, Amanda's view of her has not yet advanced. This period of extended childhood often results in a lack of the disabled child's social development and the parent's belief that as the child grows, she has few options for independence and resourcefulness. Amanda sees business school and finding a husband as Laura's only

options. By only allowing her these two options, Amanda both protects and directs her like a child. She does not see Laura as being able to make her own life decisions.

Mothers like Amanda try to protect their child from making mistakes, as if the disabled cannot afford to make mistakes (Marshak, Seligman, and Prezant 128). They try to protect their child from the often inevitable social isolation and rejection.<sup>3</sup> Amanda tries to fill Laura's social need with family. Such efforts are often much more damaging; the children end up in complete isolation rather than in social contact (Marshak, Seligman, and Prezant 128). Amanda forces Laura to rely on her family as her only social outlet. By being overbearing and controlling, Amanda gives Laura less reason to try to have social interaction outside of the home.

Amanda, like many mothers in disability research, denies Laura's disability. Laura's disability, developed during her high school years, presents further difficulties. As Seligman and Darling argue, a diagnosis not at birth, but later in life, is often more difficult to deal with (46). Parents find it difficult to go from defining their child as normal to defining their child as disabled: "The need to be able to cope is instantaneous, not gradual"(Seligman and Darling 46) McGlinn regards Amanda as "unable to face reality" (511). The reality that she cannot face is her daughter's disability. Denial often becomes a coping mechanism; "it wards off overwhelming anxiety" (Seligman and Darling 93). When Laura calls herself crippled, Amanda tells her she "just has a little defect—hardly noticeable" (1105). Amanda believes she helps Laura by denying her disability when in reality she denies something that has had a huge emotional effect on Laura. Her attitude results in Laura feeling as if she is the only one isolated. Amanda's

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denial exacerbates the problem because it contrasts with Laura's actual experiences and makes her feel like her disability is so awful that she cannot even mention it (Marshak, Seligman, and Prezant 129). In the end, Laura has no outlet for her emotional stress.

Laura is approaching the beginning of her adult life, what Marshak, Seligman, and Prezant identify as a "critical period" (27). As a disabled child approaches critical periods, parents tend to become even more isolated because they experience renewed anxiety and sadness (Marshak, Seligman, and Prezant 28). Amanda has extreme anxiety about the future. She says to Laura,

So what are we going to do the rest of our lives? Stay home and watch the parades go by? . . . I know so well what becomes of unmarried women who aren't prepared to occupy a position. . . . Is that the future we've mapped out for ourselves? I swear it's the only alternative I can think of! It isn't a very pleasant alternative, is it? (Williams 1104-1105)

Amanda grieves over the distance between Laura and the perceived acceptable norm for women Laura's age. Early disability research argued that grief would go away with the acceptance of the child's disability. We now know that there is such a thing as "chronic grief" with which a parent must deal (Marshak, Seligman, and Prezant 70). Emotions come in waves, but grief tends to occur when a disabled child should be passing through a developmental milestone. Amanda sees both the gap between Laura and her peers as well as the gap between Laura and her younger brother Tom. Feelings of anger, sorrow, guilt, and depression may worsen during critical periods when developmental changes are a cause for comparison (Seligman and Darling 94). Laura is at the age when comparison is hard to avoid for both her and the family.

Parents like Amanda also try desperately to normalize a disabled child. They may try to dress them in fashionable clothes to distract from their disability (Seligman and



Darling 98). We see this attempt at normalization in Amanda's interaction with Laura. Amanda tries to normalize her by sending her to business school and finding her a husband. Amanda draws on memories when she was Laura's age and claims to have had seventeen male callers in one day. Her memory intensifies the discrepancies between Laura's reality and Amanda's expectations. The discrepancies become more obvious as a child comparable to Laura gets older (Seligman and Darling 100). Amanda's attempts to help her daughter only cause further denial of Laura's disability.

The phenomena of exclusion and isolation also affect the parents. Often mothers will isolate themselves just as much as they inadvertently isolate their child. Mothers who are the primary caregivers of the disabled child often express behaviors that result in pushing their husbands and other children away (Seligman and Darling 103). Amanda pushes Tom away with constant criticism. This separation, whether deliberate or unconscious, causes anger and resentment in both the parents and the able children with the unfortunate result of distance between family members. Amanda views her family as close, but Williams indicates a clear disconnection between her view and that of her two children. Amanda likewise suffers social isolation. We see her social isolation reflected in her phone conversations and in her interaction with Jim. Perceived insensitivity or intentional avoidance by other adults, who may be uncomfortable or uninformed about the disability, causes the family to be isolated (Marshak, Seligman, and Prezant 83). The same negative attitudes that exclude a child can also exclude the parents.

Parents like Amanda also go through a difficult phase identified as the "bargaining phase." They believe that if they work hard, fate will reward them with an improved and healed child (Seligman and Darling 94). Amanda trumpets her "devotion

to her children,” which implies her participation in a bargaining process. When the bargaining inevitably fails, however, anger sets in. Society does not easily understand this kind of anger. Parents are expected to reach a certain level of acceptance that should eliminate anger. The resentful anger results in further isolation for the parents, which in turn often leads to depression. The longer the parents suppress the anger, the more isolated they become from society and the rest of the family (Seligman and Darling 94). When additional negative changes occur, such as Laura failing business school, they intensify the depression (Seligman and Darling 95). Amanda’s isolation from both her family and society are typical of a mother raising a disabled child.

“You’ve got to look out for your sister!”--Tom as the Sibling

Amanda’s relationship with her son illustrates many challenges typical of the sibling-parent dynamic in the disabled family. Mothers tend more to the disabled child and often push the other family members away. The negligence often causes anger and resentment within the family and results in the other family members distancing themselves (Seligman and Darling 103). Siblings also often find themselves under heavy scrutiny from the parent. Amanda’s critical and brusque comments towards Tom mirror a common occurrence in the sibling-parent disabled dynamic. Many parents find that they distance themselves from their able children as an outlet for their own pain (Strohm 29). During the transition into young adulthood, parental anger and criticism may increase (Marshak, Seligman, and Prezant 145). Williams introduces Amanda criticizing Tom within the first few lines of the script. She corrects his eating, saying “Honey, don’t push with your fingers. . . .Animals have sections in their stomachs which enable them to

digest food without mastication, but human beings are supposed to chew their food before they swallow it” (Williams 1102). As Tom leaves the table, Amanda criticizes him again about how much he smokes (1102). She later goes as far as to screech at Tom, “What is the matter with you, you--big--big--IDIOT!” (1106). Williams immediately reveals the scrutiny Tom lives under, and has possibly been living under since Laura’s diagnosis, if not before. His is a common experience for siblings of the disabled. Constant criticism often increases a sibling’s already present and dominating sense of unworthiness. Williams characterizes Tom as grappling with feelings of anger, resentment, and self-doubt.

Many siblings of the disabled feel the need to be the “super achiever or the family mascot” (Marshak, Seligman, and Prezant 63). They grow up with a fear of failure; they do not want to disappoint their parents, who have already had enough to deal with (Strohm 23). They are pushed to compensate for the loss that the family members experience (Marshak, Seligman, and Prezant 63). Siblings often feel as though they have no room to fail (Strohm 23). They fear their own failures will only add to their parents’ burden. By one child appearing more intelligent or successful, the family seems balanced. In this way, siblings help make the family feel like they are closer to the accepted degrees of normality (Ireys and Burr 185). Siblings try to meet the needs of their parents rather than their own needs (Strohm 23). However, what unwitting parents often expect of the sibling goes beyond his ability. We see through Amanda’s criticism and bullying of Tom that he has lived for some time with this kind of pressure and he has not met Amanda’s expectations. Tom has probably grown up with no room for failure.

Feelings of resentment rarely go away as siblings grow up, and often lead to long-term anxiety in people like Tom (Strohm 23).

Amanda's denial of Laura's disability has also placed additional stress on Tom. Parental denial often leads siblings to mistrust their own observations and reactions. The denial and mistrust often add to the sibling's confusion and isolation, which in turn results in insecurity for the siblings like Tom (Strohm 22). Tom seems insecure about his own abilities and decisions. Small decisions like a solitary trip to the movies seem feasible and manageable, but large decisions or social interactions appear daunting. He stays within a comfort zone. He sticks with an entry-level job and maintains a social isolation with no real motivation to change his situation. His mother perceives him as indolent. His personality traits reflect the profile of a sibling who suffers a disabled family dynamic.

Tom, like many siblings of disabled children, has had to take on a parental role early in life. The disabled family dynamic pushes siblings into parental roles for which they are ill prepared. They face an acceleration of social development and initiation into adult roles that stand in contrast to their peers (Marshak, Seligman, and Prezant 54). While the disabled tend to have extended childhoods, the healthy sibling tends to experience a lost or shortened childhood. These unfortunate able siblings have to learn to take care of themselves. Even when the able siblings are adults, they still feel the same pressure: they are expected to be responsible for the disabled child. The pressure makes it difficult for siblings to make independent life choices because they believe they must always consider the disabled sibling (Strohm 91). At a young age the able children find

themselves worrying about a responsibility that will one day be placed on them (Seligman and Darling 128).

Tom not only financially supports the family, but Amanda pushes him to take on a parental role. Amanda says to Tom: “I mean, as soon as Laura has got somebody to take care of her, married, a home of her own, independent—why then you’ll be free to go wherever you please, on land, on sea, whichever way the wind blows you! But until that time you’ve got to look out for your sister” (Williams 1111). Tom feels the pressure of having responsibility for his sister until she is married. Siblings find that they must place their life on hold for the dependent sibling. The able sibling often feels like a prisoner to the disability as much as the disabled does.

This parental role placed on siblings often causes additional resentment and anger. The anger and resentment is not understood or accepted outside the family, but is rather perceived by others as selfish. Guilt follows these powerful and conflicted feelings (Marshak, Seligman, and Prezant 62). The guilt causes emotions to bottle up and the able tend to feel a silent pain. The pent-up feelings can also lead to depression and withdrawal (Seligman and Darling 138). Kate Strohm notes that “One definition of depression is anger turned inward, so it is not surprising that siblings can experience depression and low-self esteem” (54). The depression often goes unnoticed, as we can observe in the case of Tom. Though Williams never acknowledges Tom’s depression textually, it is apparent in Tom’s actions, speech, and lack of drive. To make matters worse, the able sibling finds that often the belief is that their depression is not legitimate or significant in comparison to the disabled sibling’s issues (Strohm 54). As Tom tells Amanda, “It seems unimportant to you, what I’m doing—what I want to do” (Williams

1106). He knows Amanda views his problems as insignificant. If Tom were to express any feelings of anger, depression, or any personal problem about the disabled family dynamic to Amanda, it is likely that she would dismiss them with comparisons to Laura's problems.

The perceived failings on the part of able siblings can lead to feelings of self-doubt, anxiety, shame, and frustration at what they view as inadequacies (Strohm 47). Seligman and Darling state that studies have shown that this stress is most severe in a two-child family (125). As Strohm writes,

For children who have no other brothers or sisters apart from the child with a disability, the difficulties can be exacerbated. In most families, sisters and brothers provide children with their first social contact. Through this, they learn to give and take, to share and to stick up for themselves and for each other. In families where there is more than one sibling without a disability, there are more opportunities to learn these skills. These children also have more opportunities to share some of their feelings instead of internalizing them. For single siblings, the isolation and self-doubt can be immense (55).

Eric Levy acknowledges that Tom deals with loneliness, that it is "his only protection from vulnerability." (533-534). David W. Sievers calls Tom an "outsider," "passive" and "dependent." (372). Both of these men miss that Tom experiences the single-sibling disabled dynamic. There would have been little to no outlet for him. He has no one whom he feels he can relate to. He has never told his only friend about his sister's disability. Lack of understanding about this stress and overwhelming feelings lead to an isolation that Tom experiences. Strohm cites several siblings who explain that they never had many friends. They felt they could not relate, that there was no common ground. These siblings lead a different life than their peers (Strohm 25). Little understanding of siblings of the disabled exists within fully-able families. Instead, an able society tells

siblings of the disabled that they should talk about the positive experiences of having a disabled brother or sister, in Strohm's words, "They should feel blessed to have a 'special' family member" (26). Such a message adds an additional burden to the sibling. This attitude falsely reinforces to siblings that they do not experience difficulties from having a siblings with a disability. To make matters worse, those siblings of the disabled who do not view the positive side of the situation are deemed selfish (Strohm 19). Amanda calls Tom selfish for showing resentment towards his parental role. After all, he is not the sibling with all of the problems. Strohm notes that able siblings suffer because "They don't want to be seen as complaining and they feel they should be able to handle their situation" (Strohm 19). The additional pressure makes siblings feel even worse about their varied feelings. Siblings find that they must cope with increased demands that those outside of the disabled family do not expect.

Unexpressed anger is a prevalent issue for siblings such as Tom. It is difficult to show anger towards someone with whom you are supposed to sympathize. Many adults coming from a situation like Tom's still have anger issues. Siblings find that both their family and society perceive their anger as selfish and insensitive. Since this anger is misunderstood, it makes those around the sibling uncomfortable. These people do not know how to react to the sibling's animosity towards their situation. Siblings therefore express what people want to hear (Strohm 48-50). They also develop a fear of being vulnerable. Instead, many siblings prefer to appear unaffected or aloof, much like Tom.

Another issue that may also contribute to Tom's isolation is the feeling of guilt. Many siblings experience a feeling comparable to survivor's guilt. It is a type of guilt that they carry throughout their lives (Strohm 60). They feel guilty for having a good

time, going out, being with friends. They can be overwhelmed to a point where recreation and enjoyment is not worth the overwhelming guilt. It is easier for Tom to lack a social life than deal with the guilt of coming home to his isolated sister.

Siblings often feel as if they do not deserve happiness (Strohm 61). Strohm says that “survivor’s guilt” can often rob survivors of their future (61). Amanda tells Tom, “You are the only young man that I know who ignores the fact that the future becomes the present, the present the past and the past turns into everlasting regret if you don’t plan for it!” (Williams 1113). Many siblings will not leave home without having a clear reason. Otherwise, the guilt is too overwhelming (Strohm 61). In Tom’s case, his future is on hold both by his mother and by his own guilt. He speaks of leaving home, but his indecision and conflicted feelings paralyze him. Even when he does leave, his last words to the audience express a certain amount of guilt for leaving Laura.

Oh Laura, Laura, I tried to leave you behind me, but I am more faithful that I intended to be! I reach for a cigarette, I cross the street, I run into the movies or a bar, I buy a drink, I speak to the nearest stranger—anything that can blow your candles out! For nowadays, the world is lit by lightning! Blow out our candles, Laura—and so good-bye. . . . (Williams 1127).

Even though Tom has left the family, Laura will always haunt him. The disabled family dynamic will continue to affect him no matter how far he travels.

Each member of the Wingfield family demonstrates how well Tennessee Williams’ intuited the unique family dynamic of those living with a disability. Williams paints a portrait of a disabled family dynamic that reflects the challenges and difficulties that makes these families tragic and misunderstood.

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### Chapter 3:“Every Cloud Has a Jet Black Lining” Challenges of the Disabled Family in A

#### Day in the Death of Joe Egg

*A Day in the Death of Joe Egg* deals with different issues of the disabled family dynamic than those witnessed in the *The Glass Menagerie*. Laura’s disability in *Glass Menagerie* is so slight that critics have missed that the disability plays a critical role. In *A Day in the Death of Joe Egg*, the disability is central, but the ramifications for the family are so disorientating that critics dismiss the play altogether. The play revolves around Josephine, a severely disabled child. Nichols gives her the diagnosis of spastic, which current medical research now refers to as having cerebral palsy. Her disability is more severe and visible than Laura’s disability and produces a different effect on the family.

*A Day in the Death of Joe Egg* begins with Josephine’s father, Bri, scolding his audience like a classroom full of unruly children. This startling beginning to the play introduces Bri’s bizarre sense of humor. Bri suddenly stops berating the audience and seamlessly steps into his kitchen where his wife, Shelia, works tirelessly. Bri and Shelia take turns taking care of Joe while the other one breaks the forth wall to vent his or her frustrations about the marriage and the burden of taking care of a fully dependant disabled child. Bri and Shelia also use role-play to recreate the adversity they have experienced while working with unsympathetic doctors and sensitive but ultimately destructive religious leaders. Through Shelia and Bri’s role-play and monologues, the audience learns the backstory that brought this couple to the current breaking point in their marriage.

In the second act, Bri and Shelia's mutual friend Freddie and his wife Pam stop by to visit. The discomfort is apparent as Freddie gives well-meaning advice that Shelia and Bri perceive as critical towards their parenting skills, while Pam makes no effort to hide her anxiety about having to meet Joe. Freddie's attempts to assist Bri and Shelia only lead to hurt, confusion and anger. As they leave, Bri's overcritical mother, Grace, drops by. Panic and confusion erupt when Bri takes Joe out in the bitter cold in hopes that she will die so his life can return to "normal." Bri finally brings Joe back in and all assume that she is dead. Shelia has Joe rushed to the hospital. This is not the first time Joe has come close to death, but Shelia and a team of medical professionals save her every time. When Bri realizes Joe has escaped death again, he decides that he has no choice but to leave Shelia and Joe. In the final scene, Shelia offers to place Joe in an institution in a desperate attempt to save her shattered marriage.

Even though the disability is apparent, the critics dismiss the disabled family dynamic. The critics are quick to offer harsh criticism of Nichols and his play. This is in part due to the critic's ignorance of the ramifications of the disabled family dynamic. Alfred Hicking of The Guardian in his review of *A Day in the Death of Joe Egg* describes Bri as a "helpless baby." He cites a English government censor who states, "It is a play about an over-sexed schoolteacher in Bristol with a handicapped child written, I suspect, by an over-sexed schoolteacher in Bristol with a handicapped child" (Hicking). Hicking says Bri is "a bloke who hasn't gotten any in a very long time." He states that Bri "masks pain with bizarre, vaudevillian behavior" and that he "wreaks theatrical havoc." Hickling states, "Nichols' mission with this play seemed to be to push sick humour beyond the bounds of taste, then nudge it a bit further still." The play does include humorous

dialogue and moments where both the audience and the characters find themselves laughing. However, the humor is not sick. Humor acts as a coping mechanism for a realistic daily tragedy.

Hicking is not alone in his thoughts on Nichols' shocking and bizarre play. Lyn Gardner in her preview of the 2006 London production of *A Day in the Death of Joe Egg*, writes that the "play was considered a shocker in 1967. In these politically correct days it might be considered even more shocking."

In Ben Brantley's review "Laughing off the Hurt," Bri is referred to as "an emotional cripple, an anguished mix of adult intellect and a child's hunger for attention and affection." All critics dismiss Bri's behavior as childlike. However, this behavior is not just out of immaturity or jealousy, but a result of the disabled family dynamic. Brantley also states, "The second act takes some easy satirical pot shots at the supporting characters." However, as I argue, these characters act as a vehicle for mirroring many of the issues that face the disabled family when interacting with society. Nichols is not taking "easy satirical pot shots;" instead, he uses these characters to represent the often absurd and cruel reactions of those outside the disabled family.

Jimmy Fowler of the Dallas Observer has a similar view as Brantley, calling the play "troubled (and troublesome) in content." Fowler poses the question, "Is it possible to fashion theater that is satisfying or at least illuminating from a tragedy that has no climax, from a character whose negation sucks in all the energy and humor and despair of the two leads and returns not a drop of it to them (or us)?" He also tells his readers

“Don't expect to be educated.” However, I argue that the play does educate and is a worthwhile theatre experience because Nichols has written a family who deals with issues consistent with the disabled family dynamic.

I believe that Hicking, Brantley, and Fowler have missed the significance of the play. They do not understand the disabled family dynamic. Hicking sees Nichols as simply expressing bitterness and anger in his play; Fowler misses this play's didactic quality, and Brantley dismisses Bri as childlike and selfish. Chances are that if Brantley knew this was an autobiographical play, he would view Peter Nichols as childlike and selfish as well. Benedict Nightingale, critic for the New York Times, describes Peter Nichols as “a genial man and a genuinely funny playwright, but he is about as optimistic as the Ancient Mariner or the sort of Beckett character who lives in a trash can.” While Nichols may be expressing his pain of having a disabled child, he also expresses the pain of thousands of families whose stories go untold every day. While on the surface his play may be angry, bizarre, and hostile, to a disabled family it is a daily reality. The issues addressed in the play, though often horrific and shocking, are consistent with the daily struggles within the disabled family dynamic.

In this chapter I address the scenes in Nichols' play that may be identified as bizarre, sick, or shocking. I argue that they offer a legitimate portrait of the disabled family dynamic. The chapter addresses ten issues including marriage difficulties, Bri's desire to kill his daughter, problematic interactions with medical professionals, institutionalization, guilt stemming from Shelia's promiscuous past, implicated blame, God as a last resort, self-pity and martyrdom, failure to adjust and the detached grandparent.

## Marriage Difficulties

Shelia and Bri's strained marriage provides a focal point throughout the play. It becomes apparent that there are problems within their marriage early in the play. Near the beginning of act one, Shelia ignores Bri's sexual advances because the advances annoy her. She has other work to get done, and Joe, the center of her world, will be home from day school soon. Bri tries anything to get Shelia's attention. Shelia has turned into a different woman than the one he married. This kind of strain in marriages is frequently reported in disabled families<sup>4</sup>. Seligman and Darling state that marital difficulties are one of the most frequently reported adjustment problems (102). There are many causes for strains on a marriage that we see reflected in *A Day in the Death of Joe Egg*.

Seligman and Darling state that marital dissatisfaction and sexual difficulties in couples in the disabled family dynamic are some of the common challenges (102). Couples with a disabled child often have difficulties within their sex life. The first cause of this is the tension and coldness that can develop between a husband and wife in this situation. Marcia S. Collins-Moore states: "The quality of marital relations showed more severe tension, high hostility or marked lack of warmth between husband and wife" (47). There appears to be little warmth between Bri and Shelia; they go through the motions to get through the day. Many parents within the disabled family dynamic do what they must to make it through the day-to-day routine and daily disappointment (Murphy 34-35). Any attempt made at a connection diminishes for one reason or another.

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<sup>4</sup> See Schwartzberg, xiv; Eisenberg, Sutkin and Jenkins, 47; Seligman and Darling, 90, 102; Buscaglia, 78-79.

Many mothers and primary caregivers find themselves resenting other family members because the other family members take away from what Albert Murphy calls “the appointed task” (23). “The appointed task” Murphy refers to is the care of the child with the disability. We see this right from the beginning of the play. Shelia stays focused on what she needs to get done and it shocks her that Bri would even suggest having sex in the afternoon when Joe would be home soon. “Why should she have to wait?” Shelia asks (14). Joe’s care has developed into Shelia’s primary task and she does not let any sort of spontaneity get in the way of it.

Bri’s feelings of being neglected, as if he is placed second, are felt by fathers and siblings alike. Seligman and Darling note:

In attending to the needs of an infant or child with disabilities, the mother unwittingly moves away from her husband. Feeling abandoned, a husband may turn to others for solace or at least distance himself from the family as means of self-protection. An often-reported sibling’s response to a parent’s excessive attention to a brother or sister with a disability is to feel angry and resentful; perhaps the same general dynamic operates with spouses. (103)

Excessive attention to the disabled is a natural instinct from mothers and a common problem for the family dynamic. Bri does feel abandoned, and he has distanced himself from Shelia. He uses his jokes as his own form of self-protection and means to get attention. Many of his jokes make fun of Shelia’s promiscuous past. Even when they are role-playing he still jokes about her numerous past sexual encounters:

SHELIA. Incoming call?

BRI. Exactly! You plug in.

SHELIA. Universal Shafting.

BRI. (coming out of his role-play character) What?

SHELIA. That was the firm I worked for.

BRI. You never put that in before.

SHELIA. (shrugs) I thought I would this time.

BRI. Universal Shafting? Story of your life. (36-37)

Even though Bri is joking, Shelia finds no humor and it creates disconnection between them. Bri's inappropriate and unwelcome jokes push him farther away from Shelia.

Leo Buscaglia says that the disabled family dynamic is especially hard for fathers such as Bri because they have been accustomed to being the "center of the mother's life" (78). This change in the family dynamic can cause jealousy that in Bri comes out in his childlike behavior and cries for attention through his constant joking. Buscaglia quotes a father who, much like Bri, has found that his wife has changed:

Since the baby was born handicapped, she's changed. She's lost her sense of humor, her interest in me and the kids, in everything. She shouts all the time and she never did before. She's moody. She cries a lot and doesn't want us to help her. She wants us to leave her alone. She never wants to go anywhere or do anything. It's as if she wants to isolate herself, with the baby, and exclude the world. (79)

This father's concerns match closely with Bri's concerns for himself and his wife. Bri's attempts at humor, which once probably made Shelia laugh, seem to always fall flat.

Shelia says she joins in the jokes "to please him. If it helps him live with her [Joe], I can't see any harm, can you?" (Nichols 44) Husbands assume the role of the unloved and neglected one. The father has good reason to retreat into himself; after all, his wife "does not love him anymore" (Buscaglia 123). Though disability in the family causes marital strain, parents of the disabled often use it as an excuse for other problems in the marriage. Dennis Drotar, Peggy Crawford, and Marcy Bush state, "The presence of a

physically sick child can provide a ready vehicle for scapegoating of the child as a means of deflecting attentions from other family problems, especially marital conflicts” (105). Parents often rationalize problems within their marriage using their child’s disability as an excuse instead of working towards a solution (Murphy 123). Shelia and Bri have problems that they never address. Shelia and Bri mention their problems, but never make an effort to resolve them. Joe’s problems always take precedence. Bri brings up Shelia’s promiscuous past several times during the play, in a joking manner, but she finds no humor in it.

I would like to note that even though a disabled child in the family frequently adds to marital strain, divorce rates are comparable to an “average” family that do not have any sort of disability or chronic illness present. Having a disabled child does not seem to be a causal factor in divorce or separation (Seligman and Darling 90; Drotar and Cawford, and Bush 108).

#### Bri’s Desire to kill his Daughter

One of the most shocking and disturbing aspects of the play is the seeming desire of Bri to kill his daughter. This desire does not come up once, but several times throughout the play. The most extreme case is when Bri leaves Joe out in the cold in the hope of keeping Shelia from saving Joe’s life. Shelia also suspects that he purposefully spills Joe’s medicine, which Joe needs to survive. Shelia says to Freddie and Pam, “That medicine is thick. You couldn’t spill much. The bottle was full. I don’t know. He’d told us he’d killed her” (Nichols 70). There are also several instances when Bri talks of and fantasizes about killing his daughter. In act two, Bri, in a bizarre mix of fantasy and



storytelling, admits he enjoys watching his daughter cry and deceives his wife into thinking their daughter is dead. Bri explains the technique he uses to help his daughter when she is constipated. He admits that when this makes Joe cry, he enjoys it because at least it is a reaction. In this passage, in Bri and Shelia's struggles and in Freddie's inability to understand, all three characters exhibit characteristics of the disabled family dynamic:

BRI. No, listen a minute. It was no sooner out that she started all the gulping and lip smacking, stretching her arms, opening and closing her blind eyes.....the Grand Mal....I thought to myself, that's it, the lot! All you can do. Pain and fits. And not for the first time in ten years I thought: Is it ever worth it?

FREDDIE. It never is.

SHELIA. Worth what?

FREDDIE. The effort.

SHELIA. We've got no choice.

FREDDIE. Of course you have.

BRI: Anyway. When the fit was over I propped her in her chair and stood behind her and put a cushion over her mouth and nose and kept them there while I counted to a hundred. There was no struggle or anything. It seemed--very peaceful. (Nichols 59-60)

Bri's infanticide impulse may seem to be an exaggerated and dramatic response that is added by Nichols to shock his audience. However, Bri's response to having a disabled child reflects a tragic and misunderstood reality in the disabled family. Many of the books addressing the disabled family dynamic have accounts of parents feeling their situation so desperate that they find themselves wishing their child was dead<sup>5</sup> Collins-

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<sup>5</sup> See Seligman and Darling 154; Murphy, 4, 49, 63, 109; Buscaglia, 78; Collins-Moore, 43.

Moore describes it as a “love-hate conflict regarding the child, characterized by anger, hostility, and other negative feelings and thoughts such as death wishes” (43).

Albert Murphy, in his book Special Children, Special Parents, recounts conversations he has had with parents of children with disabilities. One mother admits she wishes her child had died because it would have been easier, it would have been final (109). It is not out of a lack of love for her child, but from an overwhelming sense of duty and guilt. Pearl Buck, in her book The Child that Never Grew, admits she wished death for her child because, much like the cited parent above notes, death would have been final. Her child would have “finally been safe” from all the dangers and challenges that disability brings (50). Another mother admits that she, much like Bri, had fantasies about her child’s death:

Sometimes I have death wishes about Tommy. Oh they’re fantasies that slip in and out of my mind--accidents of different kinds. Other times I go to the opposite extreme and I’m unbelievably over-concerned about his health and safety. I can talk about it now that I know I’m not the only one who has these thoughts. Before, I thought I was an evil person. Now I don’t think I am. I think a lot of people in my situation would act as I do. Most would not admit it, or could not, and there is a kind of loss in that. (Murphy 63)

This mother is correct in realizing she is not the only parent suffering with these kinds of thoughts. It is rare that a parent acts on these thoughts, though not unheard of. There are stories of parents much like Bri acting on their desire to end their child’s life when they are unable to cope.

Buscaglia recalls a story of a father, a professional man, in an upper-middle class family who became so overwhelmed that he felt he had no way out. He had two children with severe disabilities and two normal children. He became “so despondent over his inability to deal with the accentuated social and psychological family adjustment to

disability that he committed mass murder--his wife, his four children, and finally himself" (78). He left a note explaining the pain and confusion of his everyday problems living in the disabled family dynamic. Murphy says such statements or events do not shock parents of children with disabilities (109). Parents living with a disabled child also may not find Bri's reactions to his daughter shocking. The desire to kill one's own child is not an accepted idea among society. However, the entire play would not be shocking to someone who has experienced the disabled family dynamic.

### Social Encounters

Much of the difficulty experienced by the disabled and their families comes not from the disability itself but from social encounters, like the one we see between Shelia, Bri, Pam, and Freddie. Ora Prilleltensky states:

When non disabled individuals are asked to speculate on some of the major difficulties encountered by people with disabilities, they tend to focus on the actual impairment. In contrast, people with disabilities tend to point to social barriers and others' negative attitude as the main impediments to well being. (18-19)

Pam and Freddie demonstrate two oppressive attitude types common in society.

In Pam's monologue, she expresses her fears and discomforts about meeting Joe and any person that deviates from the norm. She says,

I keep looking at the door thinking she's going to come through it any moment with that poor weirdie. I know it's awful, but it's one of my, you know, THINGS. We're none of us perfect. I can't stand anything NPA. Non-physically attractive [. . .] No good. I just can't look at them. I know Freddie's right about Hitler and of course that's horrid. Still I can't help sympathizing with Brian, can you? I don't mean the way he described. I think it should be done by the state. One place we went there were these poor freaks, you know, enormous heads and so on and you just feel: oh put them out of their misery. (Nichols 63)

An audience may be stunned, shocked, or disgusted by Pam's views. Part of Pam's problem is her lack of preparedness for this kind of situation. There is an apparent fearful and negative reaction, on a visceral level, to the different and the strange. Marinelli and Orto state, "Strange and mutilated bodies trigger a conflict to the observer because of incompatible perceptions. People tend to resist the strange because it does not fit in the structure of an expected life space and because of a lack of affective readiness" (172). The visually unexpected, especially a malformation or disability, often causes adverse reactions. Pam's views match closely with the research on society and its views towards the disabled family.

There is a moment when Freddie tries to get Pam to relate to Shelia and Bri's situation. Pam sincerely believes she could never have a child with a disability:

FREDDIE. Don't call her a weirdie, darling.

PAM. I know, it's absolutely horrid. But she is though, isn't she?

FREDDIE. Try to imagine one of ours has turned out like that.

PAM. Darling! They're absolutely gorgeous, how could you?  
(50-51).

The idea of disability within a family carries a negative stigma. Some may feel that they are related to sins of the fathers, ignorance, poverty or filth, that "These things don't happen to good, God-loving families" (Buscaglia 97). Many individuals like Pam do not want to get too close to the family; otherwise, they might be stigmatized along with the disabled family (Seligman and Darling 99). Pam's belief that her family could never have a child with a disability creates a social barrier between disabled families and society.

## Problematic Interactions with Medical Professionals

Shelia, like many mothers in her situation, had a premonition that something was not right about her daughter. Shelia discovers that everyone around her initially dismissed her concerns. Shelia said she “noticed these funny turns. We asked our friends who’d had babies, but they said it was most likely wind” (31). One doctor tells Shelia “not to fret” and pushes her out of the exam room as if she was being a nag (33).

Finally, after Joe had spent weeks in the hospital, doctors confirmed that something is very wrong with her. Seligman and Darling state: “even when parents have fears and premonitions prior to the birth, they are usually dismissed by doctors and family members” (39). Diagnosis of a disability or illness within the first few days or months of the infant’s life creates a crisis. “The parents may suspect the defect and experience an exacerbation of anxiety because of a prolonged or gradual diagnosis” (Collins-Moore 41). Buscaglia recounts speaking to a mother who sensed something was wrong with her child well before diagnosis: “It was different from previous times when she had given birth to her daughters. This time she felt a sense of panic, of fear, of tension. She could not account for these ominous feelings but they were there” (25). Shelia’s premonitions about her child are a common experience for mothers. Her concerns being dismissed by both friends and professionals is a common occurrence. Her typical struggle with professionals, like most parents, would not end with the initial diagnosis.

Bri and Shelia’s doctor who diagnoses Joe with a severe problem proves an inadequate resource for such life-altering news. Parents’ greatest need during this turbulent time is for information, but often they do not find it from professionals

(Seligman and Darling 49). Many of the parents interviewed in Susan Schwartzberg's book characterized the doctors as having little experience with infants with disabilities and the profession as a whole as having no procedures in place to help them (xii).

Studies show that doctors tend to prefer treatable, non-disabled children

(Seligman and Darling 59). Buscaglia states that:

Giving birth to a disabled child happens quickly. There is no forewarning, no time for preparation. Education or psychological counseling at the crucial time for this mother or other such confused parents is nonexistent, either in or out of the hospital. So much of what they will do for their children must come from instinct, or trial and error. As to their feelings, their fears, their anxieties, their confusion, their despairs, they will have to handle them as best they can. (28)

Bri and Shelia find little to no support or assistance from their German-speaking doctor.

At one point Bri and Shelia reenact their experience, with Bri playing the role of the doctor:

BRI. Vell, mattam, zis baby off yours has now been soroughly tested and ve need ze bets razzer battly so it's better you take her home. I sink I can promise she von't be any trouble. Keep her vell sedated you'll hartly know she's zere.

SHELIA. But doctor-- (he's making for the door, turns reluctantly.)

BRI. Ja?

SHELIA. Can you tell me the results?

BRI. Results?

SHELIA. Of the tests?

BRI. Vitch ones? Zere vere so many. (Slight laugh. Lists on fingers.) Electro-encephalograph, scree-dimensional eggs-ray, blood, urine and stool analyses, zis business vis needles in the fontanelle-. (Nichols, 37)

This passage demonstrates the parents' perception of the doctors' inability to give clear diagnosis or any sort of helpful feedback. If Shelia had not stopped the doctor, he would

have told them to take her home. He seems to view the disability almost a blessing for Shelia and Bri; after all, “she von’t be any trouble” (Nichols 37). He did not even acknowledge the test results or that they contained necessary information for the parents. Shelia has to continue to push the doctor until she finally gets a prognosis for Joe’s quality of life:

SHELIA. What can she do?

BRI. Do? She can do nozzing at all.

SHELIA. Will she ever?

BRI. Mattam, let me try and tell you vot your daughter iss like. To you know vot I mean ven I say your daughter vos a wegetable?  
(Shelia thinks for a moment, gets it, smiles)

SHELIA. Yes! You mean “Your daughter was a vegetable.”

BRI. Ach himmel. Still is, still is, always vill be! I have trouble vis Englisch werbs. (Nichols 36)

Both the insensitivity and lack of valuable and helpful information from the doctor are apparent in the role-play. This is common: communication between doctors and families tends to be poor. Doctors emphasize the technical over the emotional (Drotar, Crawford, and Bush 112). Bri and Shelia’s doctor makes no effort to help them truly understand their child’s disability. Shelia continues to push the doctor; like many parents, she looks for a label for her child, something other than “wegetable” (Nichols 47). He eventually gives her a diagnosis of “spastic vis a damaged cerebral cortex, multiplegic, epileptic, but with no organic malformation of ze brain” (Nichols 36). The doctor throws these terms at Bri and Shelia with no explanation in laymen’s terms. This is common; doctors expect parents to immediately understand complex medical terms related to their child’s

condition (Buscaglia 88). A lack of understanding by hospital staff will intensify the parents' perceptual and emotional distortions (Collins-Moore 49). Though most parents do not encounter a German speaking doctors quite like this one, they feel as if the doctor might as well be speaking a foreign language. He also offers no treatment plan. However, Fredda Brown and Donna Lehr have found that many people in the medical field do not feel like children like Joe have value. As a result, they sometimes deny treatment to certain infants with handicaps based on the premise that the child would have a "poor quality of life and were better off dead" (68). Bri and Shelia, like most parents who are ill-prepared for the news, must trust what the doctor says due to their own lack of knowledge.

### Institutionalization

Another struggle that both Shelia and Bri experience together is whether to institutionalize their daughter. During the 1960s, when Peter Nichols wrote the play, this was a controversial topic among medical professionals (Schwartzenburg 3).

Schwartzenburg's book, Becoming Citizens: Family Life and the Politics of Disability, documents a group of parents who, after the Second World War, went against medical convention and advice and decided not to institutionalize their mentally-retarded children. Many of the children had received the diagnosis of spastic, just like Joe. Many of these parents' accounts match closely with Shelia and Bri's struggles as parents who chose, at least at first, to keep their child at home.

Helen Pym had a child born with what we now diagnosis as Downs Syndrome. She recalls the diagnosis and advice on the future from the doctor: "He said they tend to



be happy children and sometimes they are the pet of the neighborhood. But you can put her in an institution and forget about her and have another baby. I'll never forget those words" (Schwartzenburg 22). Another mother recalls that, "The doctor said we should place him in an institution because it was going to be worse than having a pet and it would be more difficult as time went on" (Schwartzenburg 29). Parents can learn to see the child as a person, not as a disability. The same is not always true for the people outside the immediate family.

Freddie and Bri's mother, Grace, give Shelia the same advice as the parents mentioned above. Grace says that Joe "Ought to be in a hospital, ought to have gone in years ago" (Nichols 74). Freddie openly believes that Joe "should be put away" (Nichols 61). Freddie, on the board at an institution, admits these facilities are not the best, but believes they "aren't prisons either" (55). Like the account of the mother above, Freddie suggests to Shelia and Joe that they institutionalize their child so they can have another one. "Surely my dear, you can see you're only prepared to give up your life to little Joe because there is no one else. Once you've got a normal, healthy baby looking up at you, smiling at you--does she smile? A real baby will smile every time you look at her" (Nichols 55). He thinks they should have another child so at least they can have "a proper working child" (Nichols 55). This is the advice coming from well-meaning friends and family; however, they are still on the outside. Friends and professionals often tell parents like Shelia to forget the disabled child and move on to a healthy baby, a baby worth their time.

Shelia's fear over the conditions in the institutions is a rational fear. She gives her child much more credit than anyone else does. She knows Joe; though she cannot speak,

she understands her surroundings. Shelia says, “I don’t care how good the nurses are-- she knows! She was ill in that place!” (Nichols 57). Shelia visited these institutions. She has seen the reality of the conditions in which her daughter would live and comments, “We’ve seen the places she’d go. No private house. No Palladian asylum with acres of graceful parkland” (Nichols 56). She knows that no one can or will care for Joe like she does. The day school that Joe attends does not even change her diaper during the day (Nichols 21). This feeling that Joe will be better at home is common among parents. Schwartzburg states that most parents “describe an almost gut sense that life in a family home could somehow make a difference” (xiii).

What Shelia sees in these institutions was a reality during the 1960s. The conditions were crude, and the patients did not receive adequate care. Robert Bogdan and Steven Taylor describe these institutions as “impersonal and inhuman, like a warehouse” (15). The institutions were found to be so distressing that many parents chose to keep their child at home despite the constant care and attention that would be required (Buscaglia 134). A sibling of a person with a disability described the institution her sister had been placed in as “more like a warehouse then, and there were abuses. Stella [her sister] would wring her hands, which my mother interpreted as anxiety” (Schwartzburg 19). Shelia’s concerns were realistic; despite what would be required of her, she knew that her child would not be well cared for in an institution.

#### Guilt from Shelia’s Promiscuous Past

Shelia’s guilt over Joe’s situation overwhelms her. She clearly feels responsible for Joe’s condition. Collins-Moore states that guilt in these situations stems from “a

feeling of failure to live up to society's ideal of what is normal" (42). Bri makes jokes about Shelia sleeping around prior to when they were married. Shelia struggles with the idea that this might be the reason that Joe is spastic.

BRI. (speaks to audience): Sheila's got a theory about Joe's birth. She doesn't blame the doctors, she blames herself.

SHEILA. I don't say that. I say it wasn't entirely the doctors.

BRI. (nodding) It was because she choked it back.

SHEILA. It was partly that.

BRI. Because she'd slept around.

SHEILA. I think it was partly because I'd been promiscuous, yes, and my subconscious was making me shrink or withdraw from motherhood, all right! (Nichols 29)

Bri is well aware of the guilt that plagues Shelia. He says about Joe's birth, "She was on the way before we were married. That feeds the furnace of guilt" (Nicholas 29).

The burden of guilt is typical in mothers of children with a disability. Collins-Moore describes Shelia's type of guilt when he says, "Guilt comes from a feeling of responsibility as a parent searches to find a reason for the child's disability or illness" (42). The doctor never gives Shelia a clear reason why her child has such a severe disability, so she finds reason in herself. Joe's doctor never gives Shelia or Bri a clear explanation of why Joe was born spastic. He dismisses their concerns. Collins-Moore also states that parents perceive the child as an extension of themselves, thus they may feel that their child's defect is punishment for some imagined or real behavior in the past (43). They also may feel that the cause of the child's anomaly is some unworthiness or defect in themselves or their spouse (Collins-Moore 44). Shelia identifies her guilt in her

self-blame. When talking to the vicar, Shelia admits her guilt due to her past: “I’d been promiscuous. All kinds of men you see. It seemed to me that I was responsible for Joe, being punished” (Nichols 38). Her line would ring true to many mothers of children with disabilities.

### Implicated Blame

Family members, friends, and professionals often make implications to the mother that somehow the disability must be her fault. Shelia experiences this with her mother-in-law, Grace. Grace quotes one of her friends, Mrs. Perry, who says, “I think if you know there is a taint in the family you should refrain from having children” (Nichols 75). She uses this to imply that Joe’s disability is Shelia’s fault, and that Shelia had been selfish about her pregnancy. Shelia was in labor for a dangerously long time. Grace believes that Shelia held the baby in subconsciously because of her fears of motherhood. Doctors, making sure that blame does not fall on them, imply disability is the mother’s fault. Shelia’s doctor never directly implies that it is Shelia’s fault, but he does hint that it is nothing he has done. Parents, not knowing where else to turn, feel they must believe in their doctors. Several mothers quoted by Schwartzberg describe the blame they felt for their child’s disability. Kate Dolan, a mother of a child born with infantile schizophrenia, was blamed for her child’s disability. She says, “Without any real test or proof, they [the doctors] jumped to the conclusion it was the mother that caused it. We believed it. We grew up with the belief in God, Jesus and the doctor--rolled into one” (10). This cruel reaction is a common experience among mothers. The implication is made that if the mother had been more careful during pregnancy or taken better care of

herself or not married her husband, there would have been no disabled child. For the families who are already grappling with these notions, these can be devastating thoughts (Buscaglia 79).

Shelia has been struggling with her self-implied guilt since Joe was born. Blame causes mothers like Shelia to have reduced self-esteem and feeling of self-worth. It also creates high levels of anxiety and increases an already present guilt (Buscaglia 97). The mother's guilt affects the entire family in a negative way. Guilt makes no real contribution to the care of the child or the happiness of the overall family. It sets up an undesirable model for the family and interferes with attempts made for a healthy relationship to the child with the disability (Murphy 14). Grace blaming Shelia for Joe's disability has an adverse effect on the entire family, not just Shelia. Though Grace may see herself as helpful, she is weakening a family that is not strongly bound.

### God as a Last Resort

Shelia, in her conversation with the vicar, played by Bri, admits she has been praying. Prior to Joe's birth, prayer was not something she thought of doing. She says: "I look at that flawless little body, those glorious eyes, and I pray for some miracle to get her started. It seems if we only knew the key or combination, we could get her moving. D'you think the story of Sleeping Beauty was about a spastic?" (Nichols 40). Turning to religion as a means of coping is a common response from parents, even those who were not necessarily religious prior to their child being born with a disability. Because the reality of their situation seems so hopeless, they can only pray for a miracle. They go through a phase that Seligman and Darling refer to as the bargaining phase (94). This is

likely the phase that Shelia experiences when she talks to the vicar. Parents believe that if they work hard enough, their child will improve. The bargaining phase is the point when they turn to the idea of a higher being (Seligman and Darling 94). Shelia finds little hope in her reality, but she knows she needs a reason to hope. The vicar describes how he was able to heal a disabled child by placing his hands on the child and praying. She easily believes the vicar when he says that a spastic child like Joe was cured after the “Laying of Hands bit” was performed (Nichols 41).

When mothers like Shelia pass through the bargaining phase, they find themselves in a state of depression. Shelia found, no matter how hard she prayed or worked, that Joe did not improve. Ten years later, Joe still cannot speak or sit up on her own. When the giving falls short, mothers are left in a state of depression and anger (Murphy 23). Excess guilt also adds to anger and eventual depression (Seligman and Darling 94). Murphy quotes a mother of an autistic child, who expresses her anger and depression over her efforts “not being enough:” “To realize that you have given everything and that it hasn’t been enough, that you have done all you could and it wasn’t enough, that you weren’t enough--that is more than enough. That is too much!” (36). The problems worsen as the anger continues. Anger is not an accepted emotion by society. Because anger is not accepted or understood, the parents of the disabled child become even more isolated from society and the family, and the depression becomes more intense (Seligman and Darling 94). Bri mentions that he pushed Shelia to join the local theatre, to get her out of the house, yet Shelia experiences anger and isolation during the timeline of the play.

Shelia admits to the vicar that she has thought repeatedly “why me?” Asking “why me” is extremely common among disabled mothers, and never really goes away. Murphy recalls many of the mothers he spoke to over the years asking him, “Why did I have the disabled child and she has the normal one?” (2). It would be difficult not to ask these questions when put in such a life-altering situation. The questioning of “why me?” continues throughout the life span because the burden never really goes away for mothers. While parents of “normal” children still have to face difficulties, most can anticipate continuing development in their child that eventually leads to maturity and self-sufficiency. Parents like Shelia and Bri have far less to look forward to in their child’s life. The doubts, pain, isolation, and despair will continue in some way for the rest of their lives (Murphy 56-57). The questioning continues because the effects of raising a disabled child continue throughout the life span. The disabled family dynamic differs greatly from the norm. It is no wonder that those outside the disability family dynamic do not understand it.

### Self Pity and Martyrdom

One of Shelia’s complaints about Bri is that he constantly wallows in self-pity. Near the beginning of the play, Nichols portrays the strain in Shelia and Bri’s marriage. Shelia gets angry at Bri’s and his apathetic attitude, and says “And at least I don’t just sit about coining for epigrams--wallowing in self-pity--at least I do something about it! At least I try to make life work instead of--!” (Nichols 16). Shelia says that he “lives with despair” (Nichols 39). She says that he thinks he simply has to throw a tantrum to get what he wants. He acts childlike because he sees himself as a martyr. A parent of a child

with a disability acting as if he is a martyr is not uncommon as some parents see their sacrifice as unbearable and fall into a trap of self-pity and martyrdom (Murphy 15). Bri recognizes that Shelia has sacrificed, and that Joe takes up her time and energy completely; however, he sees the disability in terms of what he has lost in the process. Shelia says that Bri is jealous of Joe; he also sees Joe as the sole reason his life has changed for the worst. It is not his attitude but Joe's disability. He is angry towards Joe, and anger may be expressed in terms of self-pity and guilt (Murphy 43). Though he does little to care for Joe, he sincerely believes he has sacrificed the most. Self-pity consumes Bri's life.

One of the problems with self-pity is that it inevitably leads to isolation. People who focus on their own problems and sacrifices, such as Bri, are not pleasant to be around. He can barely recognize that his wife also suffers when he sees her sacrifice every day; chances are he sees his problems as larger than Shelia's. Murphy states: "There will be those who will spend their lives bathing in tears of self-pity and martyrdom, feeling lost, misunderstood and unloved, in self-imposed isolation" (95). Murphy describes the trap that into which Bri falls in. Fathers seem to fall into the pattern of self-pity more than mothers do. Murphy recalls a father he worked with who had found himself so isolated due to his self-pity that his favorite brother no longer enjoyed spending time with him. The father recalls what his brother said to him:

Look. With you it's problems and nothing but problems. So you have a retarded child. I feel for you, and I want to help, I really do. But honest, it's just gotten terribly boring--and you've gotten terribly boring--there are other things in the world beside your problems. I've got a few of my own. But there's more to life. If you could start paying some attention to the things beyond yourself. . . . But I'm sick of your sadness, and bored with it, too. (5-6)



Society does not understand or accept this self-pity and martyrdom, though it is an active part of the disabled family dynamic. Bri is an example of how self-pity can quickly take over a personality.

### Failure to Adjust

Some parents, much like Bri, never adjust to the situation or disability (Hornby 20). Bri admits he does not deal with the emotion; he just goes through the motions. He has a very superficial relationship with his daughter. He does not treat her as if she is human. In the first act, he has a moment when he talks to her like a real human being, but he stops and says, “What am I doing talking to you? Might as well be talking to a wall” (Nichols 25). Some fathers are never quite able to adapt to the disability and the family’s situation in a healthy manner. A mother of a disabled child says, “My husband never could quite accept that he had a child that wasn’t perfect. He always kept himself at a distance--afraid to get too close” (Schwartzenberg 23).

Fathers tend to distance themselves much more from their children than the mothers of the disabled children (Seligman and Darling 148). This may be because in most cases, mothers, as the primary caretakers, have less flexibility in the situation. Seligman and Darling state: “Fathers can increase or decrease their involvement whereas mothers are expected to show the same commitment to all children” (149). Fathers tend to have limited, routine involvement with daughters (Seligman and Darling 149). Bri has very little involvement with Joe in comparison to Shelia. Shelia stills gives him instructions on her daily care, even after ten years.

## The Detached Grandmother

There may be a dual sense of loss and hurt in a grandparent such as Grace. Grandparents grieve not only for the grandchild, but also for their child. They know their child's life has drastically changed and will have a new added burden for the remainder. Seligman and Darling state: "The grandparents' wish for their adult children's happiness is shattered as they see their offspring preparing to cope with a family crisis that won't go away and cannot be easily remedied" (160).

Along with the struggles that are similar to the parents, grandparents also experience negative feelings that have an adverse effect on the immediate family. Grace blames Shelia for Joe's disability. She directly places blame on Shelia for how Bri's life has ended up, saying, "The marriage would have had a chance. You can't expect a man to take second place to a child like that" (Nichols 74). The blame from Grace gives rise to self-recrimination and condemnation in Shelia. This reaction is common. Parents worry how their parents or in-laws will accept the new, "less than perfect" child (Seligman and Darling 159). Seligman and Darling recall a mother who says her mother-in-law was reluctant to visit her in the hospital and later accused her of burdening her son (159). A common pattern occurs when a paternal grandmother shows resentment towards her daughter-in-law. The mother may already have a sense of guilt, but this heightens when an in-law accuses her of destroying her husband's life. Shelia desperately needs support, but instead, she finds herself faced with hostility. A mother-in-law pitted against a wife also places the husband in a difficult position. He feels that both his mother and wife need support, while he tries to cope with an unexpressed pain (Seligman and Darling 161).

We see a clear sense of resentment between Shelia and Grace. Grace blames Shelia for ruining her son, and Shelia is well aware of that. Grace does not connect to the reality of the family situation. Soon after Grace drops by for a visit, Bri takes Joe outside in the bitter cold in an attempt to kill her. When Shelia realizes that Bri and Joe are gone, she desperately searches for them, while Grace sits calmly and puts on make-up. Negative feelings from the grandparents affect the entire family, and, as a result, can alter the father's relationship with the child. Seligman and Darling suggest that fathers who perceived that their parents were supportive engaged more with their child, had more positive feelings about their child and were better equipped to plan for the future than fathers with unsupportive parents (162). Mothers who perceived that their in-laws were supportive also felt more positive about their child. "The research suggests that grandparents may have much more influence on how parents respond to their child with a disability than originally believed" (Seligman and Darling 162). Like fathers and siblings, grandparents were not at first considered a part of the disabled family dynamic. Seligman and Darling are two of the few scholars to address the role of grandparents in any capacity.

Grace's negative attitudes towards Joe and Shelia contribute to Bri's inability to comfortably engage with his disabled child. Bri does not have a clear plan for the future; he sees his future as so bleak that he feels his only way out is to kill his child. Grace's role as a grandmother has had adverse effects on Bri as a parent.

*A Day in the Death of Joe Egg*, though shocking, offers a valid portrait of the daily lives of the disabled family. Though Peter Nichols' wrote it in 1967, it demonstrates insight not seen until well over 30 years later in social science research.

Nichols was able to give this insight because he understood exactly what it meant to become a disabled family. Despite the critics' inability to understand Nichols' play, he creates a tragic but accurate representation of the issues disabled families face. Nichols' play succeeds in taking difficult issues within the disabled family and accurately portraying how they alter and challenge the family. Through his play, he has brought to life a dynamic that the majority of society misunderstands. Over 40 years later, his play still gives a voice to families who believe that they have none.

#### Chapter 4: No Laughing Matter: Sex and Humor in Time for Ben

*Time for Ben*, a one act play by Tony Layton, is unique in the controversial and taboo issues that it presents. The issues of sexuality, and humor and laughter are some of the most taboo among disability research. While both *The Glass Menagerie* and *A Day in the Death of Joe Egg* preceded social research for their time, *Time for Ben* does so even among the wealth of disability research currently available.

Layton sets the play on the day of Ben's eighteenth birthday party. Ben is confined to a wheelchair and suffers a severe handicap. Layton states "[Ben] can make sounds and some movements, and he can understand what people are saying to him" (1). Layton does not offer a diagnosis of Ben's disability, and the description is too vague to distinguish. Ben lives with his parents, Mark and Sara. Mark could have had a brilliant career as an academic but retired early to take care of Ben. Mark's younger brother, Ralph, and his wife Jean and his daughter Pat, are the only other attendants to Ben's birthday party. Mark is brighter and wittier than Ralph, but Ralph is more successful financially. Neither Ralph, Jean, nor Pat are compassionate towards Mark, Sara, and Ben. The tension and division between the two families becomes obvious as the play goes on. By the end of the play, with the tension already high, Mark asks Ralph for money to help with Ben's expenses. When Ralph claims not to have the resources, Mark says that he now has no choice but to kill Ben with a small vial of poison. He says it is "time for Ben" (27). Ralph, Jean, and Pat panic, but they make no direct effort to stop Ben's "murder." All three flee to their cars to make sure they cannot take the blame when the authorities arrive. Once Ralph, Pat, and Jean are gone, the audience learns the murder was a joke to get rid of the "family from hell" (Layton 30). Through the course

of the play, the issues of sexuality and humor blatantly confront the audience. In this chapter I argue that Layton addresses issues which are taboo but present in the disabled family dynamic. By doing so, he creates a drama that precedes family disability research. Layton takes the avoided subjects of sexuality and humor within the disabled family dynamic and places them in front of his audience and forces them to grapple with these issues. By presenting Ben as a sexual character, he calls upon his audience to acknowledge a mentally retarded person as a sexual human being. Layton also uses laughter to present a new idea to his audience. His audience hears the laughter within the disabled family dynamic, and they must decide what the presence of laughter means, and if they will laugh along with the Dean family. He challenges society's notion of what it means to be disabled. This chapter addresses the taboo nature of humor and sexuality in the disabled family. Yet because there is no research on sex and humor in family disability studies, I refer to sources outside family disability research to examine Layton's disabled family.

### Sexuality and Mental Retardation

Sexuality of the mentally retarded is taboo within both American and English society, which makes Layton's dealing with the issue all the more significant. I briefly address the issue of sexuality in Chapter One on *The Glass Menagerie*. However, Laura only deals with a physical disability. Ben, on the other hand, deals with both a severe physical disability as well as a mental disability. Though Layton never states the exact diagnosis of Ben's disability, apparently Layton considers him mentally retarded. There are discrepancies between his behavior and that of an able eighteen-year-old boy that

give clues to his mental capacity and maturity. Layton introduces Ben and Mark in the opening scene while they are playing. Mark wheels Ben around as if he is a racecar driver. Their play reveals a fantasy-based interaction typical of a young child, not of an eighteen-year-old boy. Also like a child much younger than eighteen-years-old, Ben loves the candles on his birthday cake. He sits mesmerized and stares at them and enjoys blowing them out several times in a row. Through moments like these, Layton gives several clues as to Ben's mental capacity.

Those who do not understand mental retardation assume that the mentally retarded have no sexual feelings for two main reasons: first, because they are considered "eternal children" with a "forever innocence;" and second, because they are considered not to have the mental capacity for sexuality.<sup>6</sup> Because the mentally retarded often have the mental capacity of a person much younger, society views them as children. Society defines the mentally retarded not by their biological age, but by the level of their IQ. However, sexual feelings are present in all human beings regardless of their level of disability whether it be mental or physical (Hosking 132). Rosalyn Kramer Monat notes that the level of mental retardation has no impact on the level of sexuality (1). Thus, Ben, regardless of his childlike behavior and inability to verbally communicate, still has sexual feelings.

Historically, people have feared or ignored the sexuality of the mentally retarded. Monat states, "The community-at-large is very suspicious of the sexual behavior of the mentally retarded because it [society] does not expect any expression of sexuality" ( 63).

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<sup>6</sup> See: Amado, 146; Castles, 123; Craft and Craft 181; Monat, 63; Smith, Patton and Kim, 416 for research on the disabled as sexual human beings.

The misunderstanding of society often causes ill-founded fears of the “mentally retarded” as sexual human beings. Yet it is still a profound problem, as we see through Layton’s characters. Castles states: “Society has been very slow to acknowledge the sexual nature of adults with mental retardation. This problem has continued with little progress (Smith, Patterson, and Kim 416). Layton addresses the problematic taboo through Ben, his sexually charged disabled character, and Ben’s misinformed extended family.

Another prominent fear that plagues society is that if people with mental retardation are sexual, they also are able to have children, and therefore may reproduce their “own kind” (Castles 416). Many able people suppress the idea of the mentally retarded being sexual beings to alleviate the fear of the mentally retarded reproducing. However, this suppression only exacerbates the problem. Michael Craft and Ann Craft state that “Because of the association of sexual activity with reproduction, the traditional response of society towards the sexuality of those labeled ‘mentally handicapped’ was unequivocal: it was to be controlled to the point of extinction” (177).

Many people who do recognize the sexuality of the mentally retarded believe that society must find a way to stomp it out.. Society feels it must curb its fear of the mentally retarded as sexual beings by taking control out of the hands of the mentally retarded, who are deemed incapable of having mature sexual feelings and encounters. Mary Beirne Smith, James Patterson, and Shannon Kim state:

Fear and ignorance have led to a culture in which those [sexual] needs are expected to be suppressed by people with intellectual disabilities. Although progress has been made, laws are still on the books in some states forbidding people with mental retardation to marry. (416)



The sexuality of the mentally retarded has become a taboo because society fears its existence. By placing a sexually driven, mentally retarded teenager on the stage, Layton places a culture's fear directly in front of it. Layton makes Ben into a societal taboo that is impossible for Layton's audience to ignore.

The assumption that the mentally retarded have no sexual feelings can create a problematic and often dangerous situation for the mentally retarded. Angela Novak Amado states that there is often a misunderstanding of intention between those with a mental disability and those without (131). This is the case in the interaction between Ben and Pat. Pat is Ben's cousin, and she is no more sympathetic towards Mark and Sara than her parents are. Pat assumes that Ben has no capacity or desire for sexuality, which leads to her provoking him verbally while expecting no response:

PAT. Of course he's handsome, aren't you Ben. You've got the most beautiful eyes and those hands are like silk.

MARK. How does he match up to those city studs?

PAT. Now let's see. Good strong legs. Mmm! Lots of muscle there. Let me feel that six pack. My God! He's firm.

SARA. I'll pour the wine shall I?

PAT. And these shoulders are broad and strong. I bet you work out don't you, Ben boy.

BEN. *Begins to moan and rock backwards and forwards.* (Layton 13-14)

Pat continues to provoke him, asking him if he "is a virgin" and if he would "like to touch the soft skin of a young woman's body" (Layton 14). When Mark asks Pat to stop, she continues to push the situation even further by physically encouraging Ben. Pat kneels down in front of Ben and lets him stroke her hair. Ben's stroking becomes over-

enthusiastic and he grabs hold of Pat by her hair and pulls her on top of him. Pat panics and screams for someone to stop Ben (Layton 15). The hazardous flirtation ends with Jean declaring that Ben is dangerous, just as she had suspected. She makes no mention of how her daughter provoked Ben; she does not recognize that it was Pat that started the problem. Jean and Pat do not see past Ben's disability; they both assume that Ben has no normal sexual desires, even though he is an eighteen-year-old male.

After the incident, Sara says that Ben has never had that sort of reaction before, perhaps because this was the first time Ben had been provoked sexually in this manner. Michael Craft and Ian Berry state that a strong sexual arousal can increase aggression in the mentally retarded (401). They state:

The [aggression] may occur particularly when there are few opportunities to reduce arousal. Sexual tension is in fact a prime cause of violence at any age after puberty. Many people become resentful at their own tension, unrequited need for love, company, or sex release and furious if others indulge in front of them. Non-verbal displays of fury result, because at any ability level these needs are difficult to describe in words. (401)

Aggression due to a lack of ability to release sexual tension is common in both the disabled and the able. Monat states that people with severe mental retardation, such as Ben, often have very poor control of sexual impulses, a limited ability to predict or foresee consequences of sexual behavior, and have problems comprehending societal rules (3). When Ben was provoked, he did not have the ability to comprehend what would happen next. He saw a girl making what he interpreted as sexual advances towards him and touching him in an affectionate way, so he responded as he saw appropriate. Pat, not Ben, is the aggressor in this case. Ben is only misinformed and unable to comprehend what happens to him and what constitutes an appropriate response.

Though most people with mental retardation have a normal amount of sexual feelings, they may begin to deal with them at a later-than-average age. Elaine Castles says that some people with mental retardation do not start dealing with adolescent issues until their late teens (51-52). Ben may have just begun dealing with these new sexual feelings without being able to understand what they mean. He would not have known how to react properly to Pat because he suddenly has emotions and feelings that he does not understand.

Parents of the mentally retarded also often deny that their child has sexual feelings, which leads parents being over-protective of their mentally retarded child (Craft and Craft 178). However, this does not seem to be the case with Mark. Mark is well aware of Ben's emerging sexuality. He is also aware of how uncomfortable talking about Ben's sexuality makes Ralph and Jean. Mark ask Jean and Ralph what they would do if they had a disabled child with an emerging sexual drive. They have no answer, and are uncomfortable even thinking about the idea of a disabled person with sexual desires. Mark shares with Jean and Ralph a fictional account of what he does to help Ben satisfy his "needs" in order to get a comical response out of Jean and Ralph:

MARK. Shall we tell them, Ben? What do you think?

BEN. *Looks at Mark with the hint of a smile.*

MARK. Shall we tell them about Peaches and Layla, our two at a time?  
How they massage you with aromatic oils and then gently make love to you?

JEAN. You're using prostitutes?

MARK. Well, Ben is. Couldn't get them on prescription no matter how hard I tried. Eats up my pension, but it's a sacrifice I've got to make.  
(Layton 21)

Jean and Ralph take Mark seriously; however, the irony lies in Ben being in on the joke. Ben understands what it means to hire a prostitute, and that his aunt and uncle are falling easily for another of Mark's jokes. By convincing his brother and sister-in-law that he hires prostitutes for Ben, Mark forces Jean and Ralph to view Ben as a sexual being. Layton also forces his audience to see Ben as sexual. Pat later makes a comment that reveals her ignorance of the role of sexuality for the disabled. She says, "I'm impressed. There could be a programme in this, 'Sex in a Wheelchair'"(Layton 22). Pat still views his sexuality as a sort of novelty or impossibility.

Sex education for a person like Ben is difficult, so parents, caretakers, and professionals alike tend to skip over it (Amado 129). For many parents, talking about sex already presents an awkward situation, and having a child with a disability only adds complications. Very few families provide adequate sex education in the home for their able children, but even less provide adequate, if any, sex education for their mentally retarded children (Castles 123). The mentally retarded often lack the cognitive sophistication to pick up accurate information from their social environment on what is appropriate sexual behavior (Castles 123). Thus, the mentally retarded require direct education in order to determine what is acceptable.

When professionals provide sex education, they present it from a biological and protective standpoint (Amado 142). The professionals educate the mentally retarded with the basic facts, nothing more. Professionals do not talk about desire or pleasure when talking about sex with the mentally retarded. For example, Amado states "literature for persons with disabilities almost exclusively uses the terms 'sexuality' or 'sexual expression.' Rarely is the term 'lovemaking' used, perhaps because people have yet to

think of 'them' [the mentally retarded] as lovers." (134). The mentally retarded do not get the comprehensive sex education that they require in order to understand what constitutes appropriate sexual behavior. However, since people like Ben are going through the same sexual changes, they need more help, not less, in making sense of these changes and the strong emotions that come with them. They need this kind of knowledge in order to keep from unwittingly offending others (Craft and Craft 182).

The lack of sexual education for the mentally retarded often leaves them open for sexual exploitation (Craft and Craft 181). People with mental retardation may engage in socially unacceptable behaviors without knowing it (Castles 124). Ben's actions towards Pat would be an example of an unacceptable behavior to which Castles refers. Ben did not comprehend that Pat's behavior was inappropriate; he misinterpreted her signals as sexual advances, when in reality she was exploiting him for her own entertainment. His reaction to Pat was instinctual. Ann Craft and Michael Craft state: "It is highly likely that a good number of sexual offences by the mentally retarded come about because of a lack of knowledge" (181). Castles shares a similar view, stating: "Lack of knowledge and social isolation can in turn lead to inappropriate or even dangerous sexual behavior on the part of some persons with mental retardation" (124). Sexual ignorance is not bliss. The mentally retarded find themselves condemned for their behavior by a society that refuses to educate them on their own sexuality. Their strong desire for attention and affection along with poor, uninformed judgment leaves people like Ben open and vulnerable to exploitation and punishment for acting on feelings that they do not understand.

The living environment of a person with mental retardation can greatly influence his sexual behavior. The expression of sexual desires seems to adapt to where the person

lives (Craft and Craft 180). Ben has always lived at home with his parents. He is unable to dress himself or control his own bladder or bowels, so he relies on his parents to dress him and to change his diaper. He does not have the physical motor skills in order to bathe himself, so he has to rely on his parents to wash him. Due to his inability to independently take care of himself, he has little to no time unsupervised. Due to his low level of independence, his privacy is very limited, and this lack of privacy creates a problem because it causes sexual behavior to become “inevitably visible, public and devalued” (Craft and Craft 181). Ben’s lack of privacy has altered his perception of what is acceptable sexual behavior. He does not have the same sets of guideless for restraint or privacy that an able child would acquire as they become older. Ben’s situation has caused him to be vulnerable to the cruelty of those around him who do not understand his developing sexuality.

The negative views on the mentally retarded are rooted not only in society, but also in academia. The authors of Human Sexuality and the Mentally Retarded,(1973), Felix F. De la Cruz and Gerald D. LaVeck, make broad and uneducated claims about the mentally retarded that seem to reinforce society’s negative views of the intellectually impaired. Their book is a compilation of conference reports and discussions from The National Institute of Child Health and Development. De la Cruz and LaVeck state that the mentally retarded child “may not be as capable of love” as a normal child (17). However, they do not state how they gauge a person’s capacity to love. Professionals base the diagnosis of mental retardation on an IQ test, which does not have the ability to measure potential emotional development. De la Cruz and LaVeck state that those who are mentally retarded cannot have full human relationships with either family members,

friends or significant others (18). Again, they offer no way to gauge the progression or value of personal relationships. By making such claims, the authors claim that the mentally retarded are not fully human. The authors also state that the mentally retarded cannot express sexualized feelings. However, as noted above, research has proved to the contrary. Ann Craft and Michael Craft state: “Sexuality is not an optional extra that we in our so-called wisdom can choose to bestow or to withhold if an individual fails to score highly enough on some intelligence test” (182).

De la Cruz and LaVeck also claim that all people with mental retardation “brag about dates and romances even though they have none” (21). They make a broad, unsupported generalization when they assume that the mentally retarded lie about their “non-existent personal life.” The authors also claim that homosexuality is a problem among the mentally retarded, as the mentally retarded are twice as likely to be homosexual (42). Their research and statistics come only from people with mental retardation who live in an institution, which has less than optimal conditions, as discussed in Chapter Two.<sup>7</sup> All of their subjects were male and lived in segregated units in institutions. They had no opportunity for contact with females. The author’s study did not use a fair sample of the mentally retarded population, thus their findings are biased and inaccurate. These assumptions and stereotypes about the mentally retarded are deeply rooted both in academia and in society. These assumptions make a play like Layton’s even more crucial for breaking away from ill-supported fears and presumptions.

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<sup>7</sup> For information on poor institution conditions see: Schwartzburg 19, 22-29; Buscaglia 134.

## Humor and Laughter

Humor plays a significant role for the Dean family in Layton's play. Humor acts as a communication barrier within the family as well as a means of connection between Ben and those around him. Though humor plays an important role in *A Day in the Death of Joe Egg*, Joe never laughs. The laughter is strictly between Bri and Shelia. Layton's play is unique because Ben, though unable to use language, does laugh. The significance of this lies in the shared experience of laughter between Ben and his family. Laughter then serves as a coping and defense mechanism for Ben and his family.

Disability research largely ignores humor as a part of the disabled family dynamic. In terms of disability research, only Cindy Dell Clark's book, In Sickness and In Play: Children Coping with Chronic Illness, gives significant attention to humor. However, as the title suggests, Clark's book only deals with children's coping, not that of the entire family. Robinson, West, and Woodworth give brief mention of laughing as a possible coping mechanism, but it is brief and fails to do justice to the role of laughter as it pertains to disability (59-60). Gerald D. Mialart in his book, Dancing with Dragons: An Entire Family's Insight Into Disability, shares many humorous memories of his disabled child. Through his family's stories, he communicates that laughter plays an essential role in their lives. However, this book is a personal account, not scholarly research.

Those outside a difficult situation often assume that laughter and humor cease to exist when there is suffering. This assumption provides a possible reason for the oversight in disability studies. However, the exact opposite often holds true. Where the most tragic suffering occurs, laughter not only exists, it serves as a crucial survival



mechanism. In The Laughter of the Oppressed, Jacqueline Bussie addresses the frequency of laughter in the most unlikely of circumstances. Bussie acknowledges the oversight of laughter as a defense, survival, and coping mechanism for those who are suffering. Though she views her research through a theological lens, her insights are still applicable to disability research.

Though I do not intend to compare the Holocaust and the disability family dynamic, Bussie's insight into the crucial role of laughter for the suffering can apply to disability. Often where people least expect it is where it is most effective. Bussie argues that laughter functions as a practical form of resistance for the oppressed. She points out how humor has been overlooked by many of her colleagues in theology, yet those who sufferer find it prevalent in their everyday life. Bussie states:

My reconsideration of laughter argues that laughter interrupts systems of oppression, and creatively attests to hope, resistance and protest in the face of the shattering of language and traditional frameworks of thought and belief. Simply put, the laughter of the oppressed functions as an invaluable means of ethical and theological resistance. (4)

Bussie's point that laughter acts as a form of resistance and a reason for hope within a situation where language has failed applies to how Layton's characters use laughter in difficult and often oppressive situations.

Bussie points out that laughter transcends language. Language often fails when a situation becomes so tragic that words cannot describe the suffering. Where language leaves off in communication, laughter picks up. Laughter acts as the primary form of communication between Ben and Mark. Ben laughs at Mark's jokes that the rest of the family does not understand. Though Layton states that Ben can understand what people say to him, Ben cannot reciprocate with speech. When Mark zooms Ben around in his

wheelchair, Ben laughs, grunts, and rocks back and forth. Ben uses laughter to communicate to Mark that he is having fun. Mark makes jokes out of almost any situation in order to engage with Ben. Ben's laughter then communicates to Mark and Sara what he comprehends. Ben seems to understand most of Mark's jokes. As noted earlier, Mark jokes with Ralph and Jean about hiring prostitutes for Ben, and Ben bursts out into laughter when Ralph and Jean realize Mark has fooled them. Laughter creates a bond between the Dean family when they cannot always rely on language as a means of communication.

Mark's humor acts as a defense mechanism dealing with the reality of his situation. In some ways, Mark uses humor in a positive manner. Buscaglia states, "Defense mechanisms are not always bad. Most of us use them to some extent to maintain our everyday level of functioning" (100). Mark recognizes the crucial nature of his sense of humor for both him and Ben. Mark says, "The ability to turn tragedy into humor is a gift I say. The humorist walks through this valley of the shadow like the rest of us, but they turn the darkness into light. Damn clever that" (Layton 6). Irony and humor can reframe suffering (Clark 130). Humor allows Mark to reframe negative situations more positively. Humor can give families an alternative way to look at their difficult situations. Humor gives Mark the power to view his situation in a more positive, healthy manner.

Humor also functions as a coping mechanism for the Dean family. Clark's research demonstrates that laughter may help reduce anxiety and moderate stress for families dealing with chronic illness or disability. Humor questions normality and assumptions about life; it mocks the "hard-and-fast" categories of experience (Clark 130).

For the Deans, their life has been anything but normal. Their family does not fit into the typical family structure; they cannot live up to the expectations of those around them because they have different priorities. Their humor allows them to both mock and bring into question what is normal. Laughter has the ability to alleviate the deepest pains, even if only for a moment.

Though humor plays a substantial role in the Dean family, the presence of laughter does not mean that they do not suffer the repercussions of the disabled family dynamic. Gerald D. Mialart, father of a severely disabled child, speaks of his own humor as a cover up: “Many things have been learned from being a father of a person with a disability, but one of the most important is that laughter can bubble up on the outside while tears are flowing on the inside” (ii). The presence of humor does not mean that pain and adversity are absent, or that the family has fully adjusted and is coping splendidly with their situation. Humor and laughter can also signify difficulties with both coping skills and the ability to relate to others. Willibald Ruch, in his book The Sense of Humor: Explorations of a Personality Characteristic, states, “Humor can be cynical, sarcastic, and can be used to create distance from others and avoid dealing with problems” (59). Much of Mark’s humor is cynical and sarcastic, especially his humor aimed at Ralph. Though humor works as a way for Mark to cope with the cruelty of his brother Ralph, it also creates a distance between the two of them. Instead of approaching Ralph about their problems, Mark mocks Ralph’s lack of perception and intelligence. Even though the Dean family seems more surrounded by laughter than tears, this does not mean that they do not face the difficulties of raising a disabled child.

Humor may also signify denial (Ruch 191). Mark's life has changed drastically due to having a disabled son. Jean believes that Mark has wasted his life by devoting himself to Ben. Mark has made an immeasurable number of sacrifices. However, Mark does not seem to perceive that he has given up his life for his child, and that by many standards of society, his life has been a waste. Ralph is more successful by society's standards; that is, he is wealthier and holds a position of power. However, Mark is more intelligent and wittier, though he has little to show for it in either wealth or status. Mark uses his humor to feel as if he is above Ralph and to flaunt his superior intelligence. In this case, humor exacerbates the problem of denial because it allows Mark to escape from the reality of his situation rather than fully coping in a healthy manner.

*Time for Ben* reveals new perspectives on issues that family disability research misses. Layton grapples with issues that are difficult to discuss because of the unavailability of well-supported information. He challenges his audience as he presents a humorous family raising a severely disabled teenage son who confronts his sexuality. He precedes disability research with his disabled family. He takes deeply rooted assumptions and refutes them with Ben and his family. By addressing these significant issues, he presents a family that accurately represents the challenges of living with disability. By presenting such a family he challenges society's notion of what it means to be disabled, what it means to be a disabled family, and what it means to be human.

## Chapter 5-Conclusion

In this thesis I have examined *The Glass Menagerie*, *A Day in the Death of Joe Egg*, and *Time for Ben* through the lens of disabled family dynamic research. As a sibling of a person with a disability I read these plays with a different viewpoint than my peers. For me, many moments stand out in these plays. I can relate to many of the characters and their family situations. I relate to Tom's feeling of isolation and frustration as a sibling of a person with a disability. I relate to Shelia's guilt, isolation, and desperation, as I see these symptoms in my mother on a daily basis. I relate to Mark's need to laugh in order to get through each day. Each of the playwrights that I have examined has an understanding of the ramifications of the disabled family dynamic. I see my family and myself through these plays, and it gives me hope that someone is telling our story.

Understanding the presence of the disabled family dynamic within these plays is critical for several reasons. Theatre artists need to understand how to faithfully portray the disabled family dynamic to create a successful production and to make the characters sympathetic. Theatre has the potential to educate an audience ignorant of the disabled family dynamic. If theatre artists do not understand their characters, and thus portray them incompletely, then theatre artists will exacerbate an already overwhelming problem by misrepresenting families vastly misunderstood.

In Chapter Two, through a comparison of the behaviors of the three members of the Wingfield family to those outlined in disabled family dynamic research, I demonstrated that Williams' unique portrait is rather common for those living with the

disabled. I offer a reevaluation of the text from a disability research standpoint. I take into consideration the drastic effect that Williams' sister had on *The Glass Menagerie*. Laura has fallen victim to her "slight limp." Her disability, though slight, affects her entire family. Her slight limp has disabled her physically, emotionally, and socially. The implications of a slight limp are much more challenging than what first meets the eye. Her interaction with Jim reflects the communication breakdown between the able and the disabled. Amanda's overbearing and bullying nature stem from her role as the mother of a disabled child. Her denial of Laura's disability causes problems for the entire family. As a result of the disabled family dynamic Tom has been forced to take on a parental role, which limits his life choices and leaves him isolated. Each member of the Wingfield family demonstrates how well Tennessee Williams' intuited the unique family dynamic of those living with a disability. Through his characters he paints an accurate portrait of the disabled family dynamic.

In Chapter Three, by addressing individual issues in *A Day in the Death of Joe Egg* that may seem shocking or bizarre to an audience member or critic, I argued that the issues are common and mundane for a person living within the disabled family dynamic. Bri and Shelia's marriage problems provide a focal point of the play. The other nine issues, Bri's desire to kill his daughter, problematic interactions with medical professionals, institutionalization, guilt stemming from Shelia's promiscuous past, implicated blame, God as a last resort, self-pity and martyrdom, failure to adjust and the detached grandparent can each be considered shocking or bizarre, but they are consistent with family disability research. By addressing the detached grandparent, a family member that disability research largely ignores, Layton not only precedes disability

research from the 1960s, he precedes current family disability research. Bri's desire to kill his daughter may seem the most bizarre. However, this fantasy is a struggle for many parents, as evidenced by the personal accounts I have provided. The issue of a parent wishing the death of the child appears the most distressing to me, but that is where the play's strength lies. Nichols shares the most silent of struggles for the disabled family within his play. In this chapter, I argued that these issues, though misunderstood, are common within the disabled family dynamic. The play, though often considered shocking and bizarre by critics, offers a valid reflection of the disabled family dynamic.

In Chapter Four, I argued that although Layton precedes family disability research in portraying taboo emotional and physical issues within the family, he still provides an accurate example of the ramifications of living with the disabled family dynamic. He portrays the misunderstanding that manifests even within the extended family. Layton places society's fears in the forefront of his play by creating Ben as a sexual character. Layton precedes current family disability research with his use of a male character with a developing sexuality surrounded by a family that uses humor as a primary coping mechanism. I hope that soon there will be more playwrights like Layton who venture to grapple with the taboo and largely ignored issues within the disabled family dynamic.

I also hope that Lyaton's play signals that we are on the brink of drama embracing characters and scenarios that are faithful to the reality of the disabled family dynamic. I predict that there will be an increase in plays that contain the disabled family dynamic in the coming years. As the disabled family dynamic continues to affect more individuals, more people will feel the need to examine it and to write about it. Each of the playwrights that I have discussed had a personal experience with disability that

inspired their plays. Each one of these playwrights experienced disability in a slightly different way. Williams' sister went from being defined as normal to being defined as mentally ill. Nichols' daughter was born with her disability (Nightingale). Layton's contact, though not as direct and personal, still inspired him to write about a disabled character. Today between 40 and 50 million people in the United States report some kind of disability. The Institute of Medicine predicts that the number will "likely grow in the next 30 years as the baby boom generation enters late life when the risk of disability is the highest" (Field and Jette 1). As the number of people with disabilities increases, so will the number of families affected by disability. Soon disability will affect the lives of most Americans in one way or another. Disability is no longer a minority issue (Field and Jette 1). As disability becomes mainstream, theatre artists will recognize the need to write about the unique dynamic that is created when disability becomes a central issue to a family.

As more people experience disability, I hope that the understanding of the disabled family dynamic will increase. If disabled families become more understood, the problems such as isolation caused by misunderstanding and ignorance will decrease. Theatre may play a key role in the increase of understanding and knowledge of the disabled family dynamic. Perhaps as the disabled family dynamic becomes more widely experienced, plays like *The Glass Menagerie*, *Joe Egg*, and *Time for Ben* will be more understood. Hopefully more theatre artists will continue to write about their experience with disability as they realize the potential that their plays have.

The three plays that I have addressed allow the disabled families' stories to be told--the stories of their pains and struggles. Each of these plays portray different



ramifications of the disabled family dynamic. Disability affects every member of the family, often in different and misunderstood ways. The challenges may vary between families, but the pain is still present. Society still lacks the ability to support disabled families because society has not gained an understanding of their ever-changing dynamic. However, these plays are a catalyst to understanding. I believe these plays are a kind of outlet for the disabled family's experiences, and a reason for hope that the challenges and suffering within this dynamic may one day be understood and combated.

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