

AN EXAMINATION OF DISABILITY STEREOTYPES IN MEDICAL DRAMAS  
BEFORE AND AFTER THE PASSAGE OF THE AMERICANS WITH DISABILITIES  
ACT (ADA)

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## ABSTRACT

### AN EXAMINATION OF DISABILITY STEREOTYPES IN MEDICAL DRAMAS BEFORE AND AFTER THE PASSAGE OF THE AMERICANS WITH DISABILITIES ACT (ADA)

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This study involved the collection and analysis of data coded from medical dramas that aired before the signing of the Americans with Disabilities Act (ADA) and after the enactment. Specifically, the study looked at *Medic*, *Marcus Welby*, *Ben Casey*, *Emergency*, *Dr. Kildare* (all pre-ADA), and *ER*, *Grey's Anatomy*, *China Beach*, *Chicago Hope*, *Mercy*, and *Becker* (all post-ADA) to determine whether the ADA served as a turning point in the representation of people with disabilities on medical dramas from 1954 to 2014. A content analysis was conducted to investigate the occurrence of potentially stereotypical communication patterns and behaviors among characters with disabilities and those who interact with them as well as the prevalence of common disability stereotypes throughout the years studied. Three main disability stereotypes were examined: "Supercrrips," meaning those seen as extraordinary for doing ordinary things, "Quasimodos," defined as those seen as angry, evil, and miserable, and "Tiny-Tims," those seen as fragile, yet bright-eyed /cheerful. It should also be noted that, in the

context of this study, disability was defined as it is under the Americans with Disabilities Act: a physical or mental impairment that substantially limits one or more major life activity such as walking, seeing, hearing, and breathing. Paired t-test results showed the prevalence of each stereotype in medical dramas in relation to the others studied. Independent samples t-tests results showed differences in portrayals of disability as well as in the portrayals of those interacting with people in pre- versus post-ADA medical dramas. These differences included changes in the expression of opinions, level of praise given and received, and level of sadness/disappointment shown.

This thesis is dedicated to the past and present leaders of the Disability Rights Movement including but not Justin Dart, Ed Roberts, Judy Heumann, Fred Fay, and Lex Frieden. I would not be where I am today if it were not for the path your advocacy efforts have forged. Thank you.

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## CHAPTER I

### INTRODUCTION

Researchers have been investigating the impact of the media on stereotypes in society for many years. Stereotypes are characterized by many researchers as the beliefs, expectations, and theories people hold about groups in society that influence information processing and guide judgments about groups and their members (Hamilton & Sherman, 1994; Hilton & von Hippel, 1996; Tajfel & Turner, 1986). The vast majority of research that has been done on media representation and stereotypes focuses on racial and ethnic stereotypes (Roskos-Ewoldsen, Roskos-Ewoldsen, & Carpentier 2002). Racial and ethnic stereotypes are, unfortunately, very prevalent in society. However, stereotypes surrounding other groups and demographic characteristics do exist as well. One such group is people with disabilities. Research shows that media are more effective at formulating stereotypes about groups when audiences' exposure to that group is limited (Quinlan, 2014). It is likely that this is one reason so many stereotypes about individuals with disabilities exist. According to 2010 U.S. Census Bureau data, nearly one in every five Americans has a disability (U.S. Census Bureau, 2012). People with disabilities are also prevalent in other parts of the world as well. Anyone can acquire a disability such as paralysis, Multiple Sclerosis, or Alzheimer's through an accident or disease at any time, regardless of age, ethnicity, or economic status. People with disabilities are the largest minority in the world (Anderson, 2006). Despite the prevalence of those with disabilities

in society, many people have little real-life exposure to disability and get information about it from popular culture and the media (Quinlan, 2014).

For centuries, people with disabilities seemed non-existent, not because they were, but because they were hidden from society. It should be noted that more people with disabilities exist in the world today because improvements in technology and medicine have enabled more of those who are born with disabilities or who develop them later to live longer (Smith, 1994). Also, people live longer today and are more likely to develop age related disabilities. Years ago, many families that included a member with a disability would keep that particular member out of mainstream society out of shame or fear of what others may think. Disability was largely seen as unsightly in society. In fact, Schweik's 2009 book, entitled *The ugly laws: Disability in public* discussed how from the late 1860's until the 1970's, several American cities had "ugly laws," making it illegal for persons with "unsightly or disfiguring" disabilities to appear in public. Some of those laws were called "unsightly beggar ordinances" and it appeared that the goal of those laws was to preserve the quality of life in communities (Schweik, 2009).

The Disability Rights Movement began in the 1960's, but it took 30 years of fighting before people with disabilities earned the same rights as others under the law. They earned those civil rights under the aforementioned piece of legislation called the Americans with Disabilities Act (ADA). The ADA prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities and was signed into law by President George Herbert Walker Bush on July 26<sup>th</sup> 1990. Although the law was signed in 1990, the changes it required, such as all public establishments aside from those with historical

significance being accessible, were not enforced until 1992. The ADA and its required changes granted individuals with disabilities more access into society than they ever had before. Attitudes towards people with disabilities did not shift 180 degrees as they gained more presence in society, but did slowly begin to change (Nelson, 1996). The fact that the ADA led to more access in society for those with disabilities has caused many researchers and other disability advocates to credit it with redefining equality in society (Rubenstein & Milstein, 1993). Similarly, Nelson (1996) believes that stereotypical representations of people with disabilities in the media have become less acceptable in recent years in part due to the ADA. However, as more and more time passes and the ADA is continually challenged and stretched to its limit, people have begun to question its power. With that said, this study will look at the effect the ADA and its requirements had on the media by looking at representations of disability in the media before and after the enactment of the ADA.

This study will look at medical dramas because, as a portion of the next section will demonstrate, that particular genre of television and mass media in general, is known to influence audiences' perceptions of reality and of groups of people (Donaldson, 1981; Gardner & Radel, 1978; Hetsroni, 2009). Medical dramas appear to be an appropriate type of television to use for the study; although people with disabilities have become more common on television in recent years because of shows like *Breaking Bad* and *Glee*, the largest population of them are still seen on medical dramas. Also, medical dramas offer a wider selection of disabilities than other program genres. For example, *Glee* only depicts a person with a spinal cord injury and a person with Down Syndrome whereas medical dramas are known for depicting people with a variety of disabilities,

even though it is usually on a temporary basis through guest stars. Pre-ADA medical dramas and post-ADA medical dramas were chosen for the study, each being a representative of those available. The study looked at *Medic*, *Marcus Welby*, *Ben Casey*, *Emergency*, and *Dr. Kildare* (all pre-ADA) and *ER*, *Grey's Anatomy*, *China Beach*, *Chicago Hope*, *Mercy*, and *Becker* ( all post-ADA) to determine whether or not the ADA served as a turning point in the representation of people with disabilities on medical dramas. Based on results regarding post-ADA representations of people with disabilities on medical dramas, recommendations were offered as to how to make changes or sustain changes that have occurred since the enactment of the ADA.

## CHAPTER II

### LITERATURE REVIEW

#### *2.1 Disability Portrayals: An Example of How Inaccuracies Create Stereotypes*

The appearance of disability in popular culture is nothing new and indeed dates back to books and newspapers of the late 1890's. For example, Thomas Edison's 50-second film, *The Fake Beggar*, portrayed blindness to audiences before the turn of the 20th century. Most representations such as Edison's have relied on the dramatization of disability rather than autobiographical explorations of such. Many disability advocates would claim that it is unfortunate that the early representations were terribly dramatic, as research shows that because many people experience little of disability, they draw on representations presented to them in various forms, including popular culture (Holton, 2013). This is regrettable because many of the representations of disability present in the media today reinforce existing stereotypes of people with disabilities. This includes but is not limited to that of the "supercrip", which makes those with disabilities out to be extraordinary for doing things that able-bodied people do on a daily basis, like go to school or work. Even stereotypes that are meant to portray individuals with disabilities in a positive way often end up giving people a negative impression of disability by emphasizing the abnormality of disability.



The majority of disability stereotypes in the media today are negative and unrealistic, but a few true-to-life depictions are included in aforementioned shows like *Glee* and *Breaking Bad*. Due to the pleas and efforts of many people with disabilities and advocates such shows have started to depict those with disabilities as more than their disabilities (Holt, 2013). Disability is typically looked at from two different models or perspectives in society today. The first model, which is seen as the more negative perspective, is known as the medical model. People who view disability from the medical model see it as a disease or impairment. The model places what is wrong with someone in the foreground. It is concerned with the causes of disease. It defines and categorizes conditions, distinguishes different forms, and assesses severities. By contrast, the social model aims to help people see the person first, not the disability. The argument is that putting the person first helps remove much of the fear and anxiety that people have about disability, and can clarify what changes need to be made in society. Instead of emphasizing the disability, the social model puts the person at the forefront; it emphasizes dignity, independence, choice, and privacy. A key concept of the social model is that society disables people (Crow 1996). First person language also puts the person at the forefront. Saying people with disabilities instead of disabled people is an example of using person first language because it puts the person before the disability. People who use first person language believe that words are important, not because of the need to use the fashionable correct terms, but because the terminology reveals the thinking behind them (Tanner, Green, & Burns, 2010).

According to the *Encyclopedia of Health Communications* (Quinlan, 2014), people with disabilities have been consistently underrepresented and misrepresented on

television -- they are repeatedly portrayed as inferior to able-bodied people. If people with disabilities are included in mass media depictions, they are often only shown because they have a disability as opposed to being depicted for an occupation they hold as a typical member of an age group like able-bodied people often are. Most images of people with disabilities are negative. Characters with disabilities are often portrayed as being angry, dependent, or criminal. On the other hand, when the portrayal is meant to be positive, they are shown as being courageous or having special gifts. All of these representations are seen as “othering” meaning alienating and/or disempowering for people with disabilities (Quinlan, 2014).

There would be numerous advantages to making television representations of people with disabilities empowering instead of disempowering. Most importantly is the fact that most people view their real world surroundings to be a replica of what is depicted on television (Hetsroni, 2009). Many studies on disability representations show that representations of people with disabilities in the media do not reflect people with disabilities in the real world. These studies help to support the argument that even if most people view their real world surroundings to be a replica of what is depicted on television, that is not the case. Other studies support the fact that television does not reflect society as well. Barnes (1991) discussed how stereotypes of people with disabilities, which are presented in various types of media, reinforce many misconceptions of them in society. His study also noted that common stereotypes of people with disabilities often presented by the media today are based on superstition, myths, and beliefs from a less enlightened time.

Barnes (1991) also argued that mass communication through the media and other forms of “normal” learning processes affect how able bodied people perceive those with disabilities as well as how individuals with disabilities feel about themselves. Speaking specifically about British television, Barnes noted that aside from their public access TV channels, people with disabilities are underrepresented in television, and when they are represented it is usually in a stereotypical way. For example, Barnes argued that, “In factual or current affairs programs and stories about individuals with disabilities are usually linked to medical treatment or the special achievements of disabled individuals—usually children” (p. 17). To further discuss how the media reinforce disability stereotypes and create negative perceptions in society, Barnes stated, “absence [of the disabled] from mainstream programming coupled with the link between disability and medicine reinforces the widespread misconception that disabled people are ill and unable to participate in everyday life” (p. 17). Such arguments lead many disability advocates to argue that television programs have a responsibility to use their power in today’s media to inform and enlighten their audiences about those with disabilities. It is important to note that although the media reinforce many stereotypes of people with disabilities, the media did not create them. Unfortunately, it is likely that disabilities have been viewed negatively since the beginning of time.

As previously mentioned, despite the actual prevalence of disabilities across the world, most people have little real life exposure to disability. As a result, many disability stereotypes were created out of the fear of the unknown. This contention is supported by a 2008 study on employment and disability. For the study, 38 employers at the executive offices of various businesses who were not knowledgeable about people with disabilities

were surveyed (Lengnick-Hall, Gaunt, & Kulkarni, 2008). Results indicated that many companies do not hire people with disabilities for fear that they will be unable to perform their jobs and become a burden on companies. The study showed that many employers buy into common stereotypes such as those described above, and this is why it is very difficult for people with disabilities to find jobs.

Nelson's (2006) study also discussed stereotypes of people with disabilities in television. One stereotype that is discussed is the aforementioned stereotype of a person with a disability as a hero or "supercrip." Nelson argued that, as noted above, this stereotype not only affects how able-bodied people perceive people with disabilities, but also how those with disabilities feel about themselves. This is also evidenced by actor Alan Troy who asked, "do we have to be "supercrips" in order to be valid? If we are not super, are we invalid?" (Lester & Ross, 2011, p. 177). Behind this question is the notion that this stereotype may make some individuals with disabilities feel like failures because they have not done anything that an able-bodied person would consider extraordinary.

Donaldson's (1981) study on a random selection of prime time television shows also looked at disability stereotypes in terms of the number of individuals with disabilities that appeared on television as well as how those characters were portrayed. More specifically, the study looked at 85 half hour time slots randomly chosen from prime time commercial television during a three week period in the spring of 1979. A visibility rate was determined by comparing the number of child or adult characters with disabilities appearing in major or minor roles. A random sample of 15% of the content was used for analysis. Out of all the characters in the sample, 3.2% appearing in major roles were depicted as having a disability, while only 0.4% of all characters appearing in

any manner were individuals with a disability. In addition to having a small number of roles, the study determined that those with disabilities were seldom depicted in positive roles.

Donaldson indicated that the role of people with disabilities in the media reflects their role in society, insofar as mass media helps teach and reinforce social roles. She then argued that this is why people with disabilities need to be put into positive roles in the media, saying “disabled youth do not see depictions of people like themselves living productive, full, happy lives in today’s society, and therefore, may not envision such a role for themselves” (Donaldson, 1981, p. 415). Television may have significant influence in shaping positive societal attitudes toward individuals with disabilities. The evidence presented by the study supports the argument that changing the type of, as well as amount of, exposure people with disabilities receive in the media could lead to positive outcomes, such as changing the way people with disabilities feel about themselves (Donaldson, 1981).

Several years after the passage of the ADA, Nelson commented on the results of the study above by saying, “It has become apparent in the last two decades that attitudes toward those with disabilities are undergoing some major shifts” (Lester & Ross, 2011, p. 183). He includes examples of some television shows exhibiting positive depictions of people with disabilities to support this point. The character Stevie on *Malcolm in the Middle* has asthma and uses a wheelchair. Despite Stevie’s disability, he is involved in Malcolm’s misadventures just as much as his other friends. After mentioning this, Nelson cautions readers not to give too much credit to the writers of the show because while they included the character of Stevie, they also wrote a line in which Malcolm’s

mother tells him, “You’re going to be friends with that crippled boy and you’re going to like it!” (Lester & Ross, 2011, p. 181). The fact that Nelson felt it was important to comment on Donaldson’s study 20 years after it was conducted shows that the question of the influence disability portrayals have on society has been and continues to be seen as important to scholars to this day. Although he did not explicitly state Nelson implied that even though there is still a long way go in terms of improved disability portrayals the ADA could have impacted them (Lester & Ross, 2011, p. 183).

Byrd and Elliot (1988) have also discussed disability portrayals on television. The article includes descriptions of many studies done by the authors in the late 1960’s through the early 1980’s. While many of the studies focused on disability portrayals on television in general, one conducted in 1983 focused specifically on blindness. The subjects were members of an 8<sup>th</sup> grade class whom Elliot and Byrd suspected viewed a high level of television. The subjects were divided into three groups, one control and two experimental. The first experimental group viewed an episode of *Mork and Mindy*, which was considered non-stereotypical because of the fact that even though in reality an actor was blind; the character he portrayed was employed, assertive, and independent in mobility. Experimental group two viewed a professional film developed by the American Foundation for the Blind entitled, *What Do You Do When You Meet a Blind Person?* The control group viewed another episode of *Mork and Mindy* without a representation of disability.

Each group was given a test before and after the experiment, at which time the results were compared. There were no differences within the control group on pretest vs. post test scores, whereas both experimental groups exhibited more positive attitudes

toward people with disabilities on post test data compared to the pretests. In light of these results, Elliot and Byrd noted, “the mass media can play an important role in the formulation of informed, positive attitudes among the public by depicting accurate characterizations of persons with disabilities” (1988, p. 89). The evidence above provides further support for the claim that the televised portrayals of individuals with disabilities should be more accurate. Based on the results of the study, one could argue that having more realistic depictions of people with disabilities on television would help able-bodied people to become more informed and acquire more realistic and perhaps more positive attitudes about them.

The source above investigated the question of why more accurate depictions of people with disabilities that are reflective of this minority group in society are needed in the media. In particular, children who are elementary school age and younger could benefit because studies show that they take television very literally. A study involving 64 kindergarteners examined how children would interpret the moral lesson that kids with disabilities just want to be treated like everyone else and to be friends (Mares & Acosta, 2008). The study specifically involved an episode of *Clifford: the Big Red Dog* in which the three main characters-- Clifford, Cleo, and T-Bone -- meet KC, a three-legged dog. For the majority of the episode Cleo expresses fear that she will catch “leg loosening syndrome” if she spends time with KC. In spite of her fear a resolution is reached and the dogs become friends during the last minute of the episode.

For the purposes of the study in question, kindergarteners were randomly put into two groups. One watched the full episode while the other watched a version of the episode from which Cleo’s fear was removed. Researchers hypothesized that when asked

to describe the moral lesson of the episode, the majority of kindergarteners would fail to generate one. A secondary hypothesis was that when asked to choose the lesson of the episode from three choices, the children would be more likely to choose a familiar but irrelevant moral lesson or a literal summary of the plot than to choose the correct lesson. Finally, researchers tested a third hypothesis that when asked to choose which of three television episode descriptions has the same moral lesson as the episode they just watched, the children would be more likely to choose either an episode with the same characters but a different moral lesson, or an episode that reflects a partial generalization of the lesson (be nice to wounded animals), than to choose the complete generalization (be inclusive of people with disabilities). Data analysis provided support for each of the hypotheses, indicating that young children may have difficulty identifying and interpreting moral lessons.

According to the study, the pattern of results suggests that, for young children, the relationship between story comprehension and moral lesson comprehension depends on specific features of the plot, such as whether there are potentially confusing negative elements. This does not mean moral lessons should not be included in television programming intended for children, rather, it suggests that programs would be more effective if there was more explicit content about the moral lesson. Perhaps the same principle should be applied to programs intended for all ages when handling issue surrounding people with disabilities. It would make sense for the goals and intentions of television programs surrounding disability issues to be more explicit because, generally speaking, able-bodied people know very little about persons with disabilities. At times when able-bodied individuals first meet people with disabilities, they are so fascinated by



the person's disabilities that they fail to realize people with disabilities simply want to be seen and accepted for who they are irregardless of their disabilities. This is a point that many television shows try unsuccessfully to drive home.

Gardner and Radel (1978) also argued that the media should not only change the way they portray people with disabilities in order to change the way able-bodied people perceive them, but also to change the way those with disabilities feel about themselves. They stated, "Disabled people [sic], like everyone else, draw a part of their self-concept from the media yet there is scarce attention paid to the disabled [sic] in the media" (Gardner & Radel, 1978, p. 269). The authors also discussed a study that examined the types of attention the media give those with disabilities, on the rare occasions that those with disabilities are acknowledged. During that study two judges viewed various, randomly chosen television stations four times a day over a three week period. The judges found that 37% of the television shows they viewed represented those who have disabilities as people who have problems adjusting to changes in their lives, whereas only 25% showed people with disabilities who were able to successfully adjust to life with a disability. Moreover, 22% of the television shows depicted people with disabilities exhibiting deviance or unacceptable behavior, 11% of them talked about nothing more than special services needed to help those with disabilities, and the remainder of them fell into a miscellaneous category.

This once again provides evidence that the exposure people with disabilities receive in the media is minimal, and what exposure they do receive is stereotypical. Many disability advocates believe that if portrayals such as the ones found in this study continue, then people will essentially continue to fear people with disabilities and/or

think that they are people who need to be pitied (Gardner & Radel, 1978). It should be noted that while the media now contribute to the self-concepts of many individuals with disabilities, the media cannot create one's self-concept. Self-concepts are created in part based on interactions with other people. With that said, the negative view and treatment of disability in society may have, in part, contributed to negative self-concepts of some people with disabilities. The media have likely reinforced these self-concepts.

A 2013 study by Zhang and Haller investigated what individuals with disabilities think about media representations of their community and how those representations influence their disability identity. Researchers used an online survey to test whether there was a positive correlation between use of media for information about disability issues and the perception that media frame those with disabilities as special or superhuman. The study also proposed that the attention people with disabilities pay to mass media for information about disability issues is positively associated with the belief that media frame disability as an illness. Researchers predicted that the more attention those with disabilities pay to mass media for information about disability issues, the more likely they will also think the media frame people with disabilities as disadvantaged and in need of social or economic support. Lastly, the researchers hypothesized that the valence of media disability images as perceived by people with disabilities will influence how positive or negative they feel about themselves. Bivariate correlations and a regression analysis showed that all hypotheses were supported. This further demonstrates the significance of the link between mass media images and how people with disabilities feel about themselves, and helps provide support for the belief of many researchers and other

disability advocates have that media representations of those with disabilities need to be more accurate (Zhang & Haller, 2013).

The Americans with Disabilities Act opened the world up to people with disabilities by attempting to give them the same rights as those without disabilities. A number of things, such as access to public accommodation and transportation, have been made available to people with disabilities because of its passing. Despite all of the good that has come out of it, some people question whether the ADA has had the impact the advocates intended it to have in society. The next section will explore that question in the context of the coverage of the ADA and related stories in the media.

## *2.2 The Americans with Disabilities Act (ADA): Good Or Bad?*

Changing representations of disability, which has been suggested as a possible solution for addressing the problem of disability stereotypes so far, is not as easy as it may seem. Representing people with disabilities in the media in a positive way and in an environment that reflects changes required under the ADA, such as accessibility and reasonable accommodations for things like employment should not be difficult.

However, research shows that it is difficult because the ADA itself is very difficult to break down and interpret. An article by Rothstein (2000) entitled *Don't Roll on my Parade: The Impact of Sports and Entertainment Cases on Public Awareness of the Americans with Disabilities Act* attributes this problem to the fact that early coverage of the ADA focused almost completely on litigation. It summarizes cases in which athletes with disabilities were treated unfairly and sued under the ADA for an accommodation. To

clarify, accommodations are forms of assistance or adjustments needed to enable a person to accomplish a task or enter an establishment due to a disability. An example of an ADA related case involving an athlete is Martin vs. the Professional Golf Association (PGA).

This case involved Casey Martin, a professional golfer who has a mobility impairment, sued the PGA to be able to use a golf cart while on the golf course. When he originally asked for the accommodation the PGA denied it, saying that it was a fundamental alteration of the game. A court, however, ruled the opposite, saying it was not a fundamental alteration and Martin could use a golf cart. While it is good that ADA litigation is covered in the news to show people with disabilities what can happen when they fight for their rights, the ongoing interpretation of the law itself has likely made it hard for the media to understand the ADA outside of the news and the courtroom. Rothstein demonstrated this point by saying, “Negative media and public attitudes are more than likely related to issues of accommodation of the condition, particularly when the accommodation is excusing behavior, conduct, or performance” (p. 422). For example, when baseball player, John Roker, made some racist and otherwise politically incorrect remarks, publicly there was substantial media coverage. The baseball team addressed the issue by saying the comments may be related to mental illness and should be accommodated under the ADA. Although it was eventually determined by the court that the ADA should not protect this kind of behavior even if the behavior is due to a disability, the fact that the possibility was discussed in the media likely contributed to negative public attitudes toward the ADA, as Rothstein suggested.

Disability advocates believe that the concept of accommodations was created to make the world accessible, not to excuse inappropriate behavior as the quote above states. Furthermore, the ADA was intended to protect the civil rights of people with disabilities, not to make it easier for them to “work the system” due to their disabilities. The fact that the ADA has been interpreted in such a way shows that it has not always had the impact that was intended (Rothstein, 2000). This provides further support for the argument that it is important for those behind the media to try harder to understand the ADA and somehow include references to it in representations of individuals with disabilities. Perhaps doing so would allow people to better understand the ADA and the intentions behind it.

Other research explains why the ADA had little media coverage, aside from courtroom litigation, during its creation and the first few years after it passed. The majority of disability advocates behind the creation of the ADA believed journalists did not understand the consciousness behind the Disability Rights Movement. Shapiro (1994) stated that advocates believed that journalists would perpetuate disability stereotypes in their coverage of the fight to get the ADA passed because they did not understand the problems behind the stereotypes. In sum, advocates thought that, if given the opportunity to write about the ADA, journalists would emphasize disability and the abnormality of it instead of helping to explain that society creates barriers for people with disabilities – the issue is societal barriers rather than alleged disabilities per se. Despite some very newsworthy and attitude-changing events that occurred during the Disability Rights Movement, such as the protest at Gallaudet University, a university for the deaf, during which students protested not having a deaf president at the university, disability

advocates believed that journalists were amongst the last people to comprehend the meaning of the thinking behind the Disability Rights Movement. The Americans with Disabilities Act was passed by Congress with far less attention from the media than has accompanied other major civil rights bills for this reason.

According to Shapiro the ADA receiving less media attention than other bills was part of an unconventional strategy by Disability Rights advocates who believed media portrayals of disability were so clichéd that journalists would impede, not further, the public's understanding of disability rights issues. Shapiro stated in the article that “there is a price to pay for having been a ‘stealth’ civil rights movement: Now that the law is in place, disabled people face a backlash from Americans who neither understand the ADA nor the need for civil rights protection for people with disabilities,” (Shapiro, 1994 p. 1). Based on this quote, it is clear Shapiro believes the general public has not always reacted well to the ADA due, at least in part, to the fact that advocates chose not to put the power of the media behind their efforts to get it passed (1994). In *Culture, Society, and the Media*, Curran argues that the media have much power and influence in society (Curran, 1982). The unconventional strategy used by Disability Rights advocates to prevent coverage of the ADA from further perpetuating stereotypes makes sense, but the result of their decision may indicate that using the media to benefit causes is better than trying to ignore them entirely. The fact that advocates would use such an unconventional strategy just to avoid the perpetuation of stereotypes helps provide further support for the assertion that it would be helpful if stereotypical portrayals of disability were addressed by the media in order to change how the public views disability.

A content analysis of news stories related to disability before and after the enactment of the ADA supports the argument that the legislation slowly began to change society after it passed (Byrd, 1997). A total of 3.08 hours of disability-related stories on three major networks -- ABC, NBC, and CBS -- were used in the analysis. Two, two-month periods of time, one a year prior to the signing of the ADA (July 26 to September 26 1989), and one immediately after the signing (July 26 to September 26 1990), were used in the study. Sixty-three disability-related stories appeared in the news from July 26 to September 26 1989. By contrast, only nine disability-related stories appeared in the news from July 26 to September 26 1990. An update on the study conducted during the two years that followed showed eleven stories related to the subject aired in the news from July 26 to September 26 1991 and eight disability-related stories aired from July 26 to September 26 1992. According to the study, more coverage of disability-related studies occurred prior to the signing of the ADA because networks saw disability-related stories to be more newsworthy while the bill was being discussed legislatively and less so after. This pattern is consistent with general news coverage in which issues tend to be more newsworthy as they are being debated in the House or Senate (Byrd, 1997). The fact that disability-related issues were covered less after the signing may seem like a bad thing, but according to this study, the important thing is not the frequency with which disability-related stories aired in the news, but how people with disabilities were portrayed (Byrd, 1997). The fact that people with disabilities were portrayed less in the news after the signing of the ADA is actually a good thing because it suggests that they became more accepted in society and that any differences they had were seen as less newsworthy (Byrd, 1997).

Other studies provide further evidence that America's views disability slowly began to change after the passing of the ADA, although it is not possible to conclude that the legislation caused these changes. Garland-Thompson (2005) argued that since the ADA was passed in 1990, disability has become more of an inclusion, diversity, and civil rights issue rather than a medical problem or personal misfortune. In the years since the law was enacted a deaf Miss America reigned, Barbie gained a friend in a wheelchair, and the Franklin Delano Roosevelt (FDR) Memorial in Washington DC gained a statue of FDR in his wheelchair (Garland-Thompson, 2005). All of this points to the fact that while disability may be gradually becoming more accepted current television still does not reflect the gradual change in acceptance that has occurred over time. One disability advocate has offered possible solutions to address this issue. Hevey (1993) suggested that people with disabilities should take more responsibility and collectively try to redefine terms like impairment. Such a suggestion is based on the notion that disability representations need to be shifted from those that follow the medical model of disability to a more positive model. Specifically, he suggested that people with disabilities depict their relationship to or feelings about disability and the Disability Rights Movement through things like art so they become a part of culture and are eventually included in representations of people with disabilities (Hevey 1993).

Now that stereotypes and the advantages to changing representations of the media have been discussed, it seems appropriate to explore how stereotypes became such a relevant part of our media. As previously mentioned, the media do not create stereotypes, but they do reinforce them. Consequently, the question of whether or not



people learn stereotypes through the media still remains. The next section will explore that question through the theoretical perspective of Social Cognitive Theory.

### *2.3 Theoretical Perspective- Do People Learn Stereotypes Vicariously Through The Media?*

Although this review has not yet discussed the theoretical basis of the research that has been overviewed, several of the studies mention Cultivation Theory as a foundation. Cultivation theory views audiences as passive viewers of the media; it is somewhat controversial for that reason and did not seem appropriate for the present study because it does view people as passive and heavily influenced by the media. An assumption of this study is that while the media are influential in society, they cannot be blamed for problems or issues in it. Although the media perpetuate many problems and issues in society, they did not originally create them. In regard to stereotypes, people created them, and over time these were perpetuated by the media, making them seem all the more believable and prevalent even though many may not have much basis in reality. Stereotypes may be based on fear, as noted above, or other misconceptions.

With that said, this research is grounded in Social Cognitive Theory (SCT). *The Encyclopedia of Communication Information* (Bandura, 2002), SCT, which was introduced by Albert Bandura in the 1980s, proposes that people are not merely passive viewers of content but are cognizant consumers who reflect, regulate, and vicariously learn from materials projected on media (see also Zhang & Haller, 2013). SCT provides a general model of behavioral functioning (Bandura, 2002). According to the theory, behavior is influenced by a three part, reciprocal process involving personal factors,

environmental factors, and behavior. A person's behavior, then, results from cognitive processing of the interactions among these three factors. Four key components of SCT affect how one responds to messages: self-efficacy, perceived goals, outcome expectations, and environmental factors. All of these are interrelated, and in particular the last three are related to self-efficacy. Self-efficacy refers to someone's confidence that he or she can perform a task or behavior (Bandura, 1982). Second, vicarious learning refers to when someone observes someone similar to him/herself effectively perform a behavior or task and his/her self-efficacy in similar situations increases as a result. Third, verbal persuasion refers to messages that influence a person's belief that he/she can master an activity, thereby increasing the amount of effort put into an activity and decreasing self-doubt. Lastly, negative emotional states that cause stress decrease self-efficacy whereas, positive emotional states that bring about happiness increase self-efficacy (Bandura, 1982).

According to SCT, vicarious learning occurs when people observe the behaviors of others and develop rules to guide their subsequent behaviors. Vicarious or observational learning is governed by four processes: attention, retention, production, and motivation. Attention simply means that people must attend or selectively observe the actions of others. Retention refers to the ability to retain a behavior in memory. Production, on the other hand, focuses on the ability to translate retained memories into action. Lastly, motivation helps determine whether behaviors are enacted based on the reinforcement from a behavior. In other words, the feedback people receive after performing a behavior, positive or negative, helps to determine whether behaviors will be performed again.

The vicarious learning component of SCT described above offers a unique look at how the media impact audiences' attitudes and behaviors. Along these lines, SCT suggests that in order for the media to positively impact audiences' behavior, audiences must pay attention to and model behaviors so that they may be positively reinforced. The same rule applies to negative behaviors -- they must be performed in order to be reinforced. Past research utilizing this theory suggests that media depictions may be instrumental in bringing about positive personal and social changes, but at the same time some depictions may bring about negative changes as well. In fact, SCT is the framework researchers often use to explain unintended negative media effects such as the correlation some researchers suggest exists between television and the initiation of smoking in teenagers (Giwandi, et. al, 2002). Many other researchers have utilized this theory in studies exploring the effects of viewing television, which helps provide a rationale for its appropriateness when exploring the impact of media representations of people with disabilities on disability stereotypes (Bandura, 1986, 2001).

As previously explained, this study will focus specifically on medical dramas because disability has been historically looked at as a medical issue. For this reason people with disabilities, while not appearing on television often, appear on medical dramas more than other television shows. Given that information, it seemed most appropriate to use medical dramas to gather further data regarding whether a change has occurred in media representations of people with disabilities since the passage of the ADA. As the previous section on stereotypes of disability in the media demonstrated, the media may influence how people feel about certain issues and groups of people. However, that section did not focus specifically on medical shows; the next section will

describe studies done on medical dramas to determine how they can influence the way people feel about certain issues and groups of people in society.

#### *2.4 Medical Dramas: What Is More Important -- Entertainment or Accuracy?*

Research suggests that the medical dramas that exist today need to be more accurate and reflective of medical practice today. Jain and Slater's (2013) content analysis of 109 episodes of *Big Medicine*, *Dr. 90210*, *ER*, *Grey's Anatomy*, and *House M.D.* from September 2006 to September 2007 examined how interactions between patients and physicians are portrayed on television. The study looked at certain factors when examining interactions, including: empathy, eye contact, active listening, courtesy, humor, social and casual conversation, self-disclosure, and cultural respectfulness. Results showed that television physicians engaged in many patient-centered communication behaviors, such as active listening, information exchange, immediacy behaviors, and cultural respectfulness. On the other hand, they rarely engaged in some other important behaviors also considered patient-centered, such as patient navigation (i.e., helping patients navigate the health care system by removing obstacles they may face in accessing or receiving treatment, such as a language or financial barriers) and patient education. Moreover, little was noted in terms of cultural respectfulness (Jain & Slater, 2013). This likely means that cultural respectfulness was not very noticeable in the shows viewed.

Physicians and medical practices are not the only things misrepresented in medical dramas. A 2004 study discussed how some nurses believe that the way nurses were portrayed on the very popular medical drama *ER* contributed to a nursing shortage

in this country. The article discusses a campaign that was launched by a non-profit called the Center for Nursing Advocacy in which the non-profit asked the producers of the show and the National Broadcast Company (NBC) to portray nurses more accurately. Up to that point, physicians typically performed tasks on the show that nurses normally perform in real life, such as defibrillation, triage, and patient education. Furthermore, while the show seems to ignore traditional gender roles of society by having female physicians and male nurses, in actuality the nurses often performed trivial tasks and were seemingly present just for the sake of being present. Additionally, one of the main characters on the show was “demoted” to a nurse due to her inability to finish medical school for financial reasons. All of those reasons were behind the Center for Nursing Advocacy’s campaign for *ER* to portray nurses more accurately and to have nurses review the scripts every day along with the physicians already doing so. The article explained how NBC changed the language on *ER*’s website about the main character who was “demoted” to a nurse because of the campaign, but otherwise nothing changed as a result (“Nurses Say”, 2004).

Quick’s (2009) study employed the Cultivation Theory to examine the effects of viewing *Grey’s Anatomy* on the audience's perception of physicians and patient satisfaction. Prior to the study, two episodes from season two and five episodes from season three were selected for viewing. The physicians performed courageous tasks during each episode in order to save lives. Using that information and the premise of the aforementioned theory, it was hypothesized that the viewing of *Grey’s Anatomy* is positively associated with perceived courageousness of real-world physicians. Results showed that there was not a direct effect or link between the viewing of *Grey’s Anatomy* and perceived courageousness of real-world physicians. However, an indirect link was

found. People viewed *Grey's Anatomy* as a credible show and thought the physicians on the show were courageous. As Quick argues in his conclusion, "Given the perceived credibility of *Grey's Anatomy* by its devoted viewers, public health advocates have an opportunity to disseminate accurate health messages within these shows." Based on the credibility of the show it may be argued that some people would believe the courageousness of physicians on the show would also exist in real life (Quick, 2009).

Many content analyses have been conducted on medical dramas, to determine how the reality of the medical world is reflected on television. A 2009 content analysis studied *Chicago Hope*, *ER*, and *Grey's Anatomy* to determine the patient demographics, distribution of diagnosis, and survival shown on the shows in comparison to hospitals in real life. Demographics on real life participants were collected from the 2006 Health Cost and Utilization Project annual report for comparison purposes. The report was based on a nationwide patient survey of a representative sample of approximately 1,000 U.S. hospitals. The medical diagnosis, gender, ethnicity, and age of each fictional character were coded, as well as whether or he or she was reported to have died during the hospitalization (Hetsroni, 2009). According to the study, when compared to real-world patients, hospital patients on television have a lower representation of Hispanics, senior citizens, infants, and women. Moreover, the medical diagnoses of TV patients are biased toward dramatic diseases such as mood disorders and medical problems that are graphic and easily visible. Lastly, results showed that the mortality rate among TV patients is nearly nine times higher than that of hospital patients in the real world. The results and their implications are explained, in part, using the aforementioned cultivation theory,

which explains how people not only consciously but also unconsciously use television to get information in regards to health care.

As previously mentioned, past research shows that most people view their real world surroundings to be a replica of what is depicted on television (Hetsroni, 2009).

According to this study that is clearly not the case, but that does not change how people think. Raizman's (2010) editorial in *The Lancet* discussed how medical dramas also often misrepresent physicians and medical practices. The author specifically discussed *Miami Medical*, *House M. D.*, and *Grey's Anatomy*. The editorial detailed how practices used on current medical shows are often unrealistic, crude, and blood-drenched; this is true on all three aforementioned television shows. Moreover, the medical dramas mentioned in the editorial often leave audiences with the impression that the physicians frequently go against the wishes of families, which the author points out is not the case. The author also highlights how sexualized *Grey's Anatomy* often is and how it, along with many other medical dramas, gives audiences the impression that physicians often have inappropriate relationships with patients. The question of whether physicians should be offended by how they and their profession are misrepresented in medical dramas is raised in the editorial. After raising the question, the author emphasized that the medical profession is not the only profession that has this problem, sharing the example that legal proceedings are never half as dramatic as television makes them seem (Raziman, 2010). This editorial once again sheds light on the fact that having more accurate depictions that reflect the people and practices of society on television could be beneficial to audiences. It may seem strange to keep coming back to this argument given the fact that drama is by definition dramatic and therefore at times not at all realistic,

accurate, or reflective of society. However, life in itself is very dramatic at times, especially when dealing with medical issues. Given that fact, those behind the media, specifically medical shows, could help people with disabilities and audiences in general by working to maintain the drama needed for entertainment value while also including accurate depictions of the people and practices involved.

Another study looked at whether or not there is actually an “art imitates life” connection between medical television shows and real life. Behavioral changes of physicians were observed in four different medical shows: *St. Elsewhere*, *ER*, *Scrubs*, and *Grey’s Anatomy*. The fourth and fifth episodes from the first season of each show were viewed during the study. The findings indicated that over time the practice of individuals/doctors sitting while delivering medical news has decreased. The article discussed how physicians sitting down with patients and taking even just a few moments to talk to them shows that they care and have a desire to develop a rapport with patients. A decrease of this practice in medical dramas indicates a decrease in rapport between physicians and patients. Additionally, whereas raised voices were once rare and to subordinates only, in the modern shows it increased in frequency and was increasingly performed by female physicians and toward supervisors, as well as subordinates and peers. This suggests that over time the sense of rapport amongst physicians themselves may have changed as well. Despite these interesting findings, this study was so small that it unfortunately left researchers with more questions than answers regarding whether medical television shows imitate real life (Berger, 2010).

Lee and Taylor’s study (2014) not only looked at whether medical dramas replicate real life but also the way medical dramas influence those who watch them. The



researchers surveyed 363 college students about their viewing practices of *E. R.*, *Grey's Anatomy*, and *House M.D.* to explore the most salient reasons people watch medical dramas and what consequences watching medical dramas have on audiences. Reasons explored in the study include health information, social interaction, habitual pastime, relaxation, and entertainment. Analyses of survey results showed that the reasons people watch medical dramas shape how often people watch and what they get out of them. Specifically, it was found that people mostly watch medical dramas for relaxation and entertainment, as is the case with many shows. Gaining health information for themselves and others followed. Additionally, the study showed that when people need medical information they are most likely to get it from entertainment sources. Based on these results, Lee and Taylor suggest that advocacy groups have more of a reason to push for writers and producers to make medical dramas more realistic (Lee & Taylor, 2014).

The authors of a review of *Grey's Anatomy*, *House M.D.*, and *Nip/Tuck* that appeared in a 2008 edition of *Medical Humanities* agree that the medical dramas of today need to be more accurate. The authors also pointed out that many of the older medical shows, like *Ben Casey* and *Dr. Kildare*, focused mostly on the lives and struggles of male physicians. While the medical dramas of today still focus on the lives and struggles of physicians, the authors of the review point out that today's medical dramas have evolved to include a focus on various types of medicine and relationships. The authors went on to say that while medical dramas evolving is a good thing, some have evolved at the expense of legitimacy. This is true of *House M.D.*, in particular, because the main doctor, Dr. House, is very crass and interacts with patients and other staff with few interpersonal skills. In the eyes of the authors this is a bad thing because it makes physicians look bad

to audiences. For this, and many other reasons, the authors believe that while it is good that medical dramas have evolved, there is a need for more accurate depictions of physicians and medical practices within them (Strauman & Godier, 2008).

*Grey's Anatomy* is one medical drama that was cast with a very diverse group of people in order to be true to life and inclusive of many cultures. The show is often praised in the media for its racially diverse cast. Long's 2011 study discussed how Shonda Rhimes, creator of the show, wrote the pilot episode with no physical descriptions of the characters aside from gender and therefore used a blind method when casting the show. The article goes into detail about what a risky move this was for Rhimes and how having such a racially diverse cast has enriched the story lines and on-screen relationships in the show. It is mentioned in the article how the diversity of the characters goes beyond race and is also explored in areas like economic class. For example, it was often mentioned in the earlier seasons of the show that intern Isabel Stevens lived in a trailer park and worked as an underwear model to put herself through medical school. The article contains many examples to demonstrate how the show addresses diversity, but nothing about disability or people with disability is mentioned (Long, 2011). Despite Rhimes' blind casting efforts, no one with a disability was cast on the show. The show has featured the occasional patient with a disability over the years, but it was not until season eight that pediatrician Arizona Robins lost her leg and thus acquired a disability. Since losing her leg Arizona has been fitted with a prosthetic so she appears fixed and "normal." This indicates that even shows that are praised for their treatment of diversity have room to improve how characters with disabilities are portrayed as well as how the issues those characters often face are addressed.

The literature presented above shows that while misconceptions and misrepresentations of people with disabilities still appear on television, representations of disability have started to change in recent years thanks to actresses like Marlee Martin and shows like *Glee*. Despite the presence of people with disabilities on such shows individuals with disabilities still appear for the most part on medical dramas. Medical dramas depict a variety of disabilities through guest stars and therefore seemed the most appropriate for this study. A variety of disabilities exist in society, but up until a few years ago television did not reflect that and representations were largely stereotypical. Some of the most common disability stereotypes such as the “Supercrip”, which will be examined in this study, originated in the 1800’s and still exist today even though representations have started to change. Some researchers credit the Americans with Disabilities Act (ADA) with allowing people with disabilities more access into society and influencing attitudes enough to change representations of disability in the media. On the other hand, others question whether the ADA had the overall intent that the disability advocates behind it intended it to have in society. In light of the conversation above, the current study will use the questions below to test whether or not the ADA had any influence on the representations of disability in medical dramas.

## *2.5 Research Questions*

To investigate whether or not a change has occurred in the disability representations presented in medical dramas since the passage of the ADA, the current study will consider several research questions. To provide context for these, it should be noted that

a character with a disability that is referred to as and/or receives praise from others for being special, an inspiration, or extraordinary for simply living his or life will be considered a “supercrip.”

It should also be noted that in the context of this study disability will be defined as it is under the Americans with Disabilities Act (ADA): a physical or mental impairment that substantially limits one or more major life activity such as walking, seeing, hearing, or breathing. Additionally, specific disabilities listed under the ADA include but are not limited to mobility impairments, deafness, blindness, Autism, Schizophrenia, and depressive disorder (Rothstein, 2000).

RQ1. What differences, if any, appear in characters with disabilities in pre-ADA medical dramas and post-ADA medical dramas in terms of character assessment, types of communication and behavior displayed by the characters, and talk time assessment?

This question attempts to examine potential differences in characters with disabilities in pre-ADA medical dramas and post-ADA medical dramas outside of the specific stereotypes examined in this study. It is important to study character communication and behaviors outside of stereotypes because not all characters included in the study will fit an examined stereotype, but their actions should still be looked at to determine not only if there was a change in the way characters with disabilities appeared on medical dramas before and after the ADA but also just how much of a change has occurred. This question is important because it involves all variables instead of one specific variable and will therefore provide a better idea of overall depictions of characters with disabilities on medical dramas over time. Answering this question will

help to clarify just how much of an impact the ADA has had over time and whether it has had the impact it was originally intended to have on society.

RQ1a. Is the “Supercrip” effect more prevalent in pre-ADA medical dramas or post-ADA medical dramas based upon the types of communication and behavior displayed by characters that fit that description?

*“Supercrips”*

As previously mentioned, a “supercrip” is a person with a disability who is portrayed as a hero or an inspiration for doing things that able-bodied people do daily such as go to work or school.

This question seeks to investigate whether the “supercrip” stereotype has lessened or exacerbated since the passage of the ADA. As earlier sections demonstrate, the “supercrip” stereotype is one of the most common and prevalent stereotypes of people with disabilities. It will likely never completely disappear from the media, but it seems important to investigate whether this particular stereotype has undergone any changes due to its prevalence in the media. As earlier sections indicate, the ADA has allowed individuals with disabilities more access into society, but some people still question its effectiveness and whether it has done what it was intended to do in society. Most disability advocates would likely agree that if the ADA has done the things it was intended to do then disability stereotypes such as the “supercrip” effect will indeed be less prevalent. Additionally, the answer to this question coupled with the answer to the next question will help determine if there has been a change in disability representations in the media since the enactment of the ADA, which is the main focus of this study.

RQ1b. Is the “Tiny Tim” effect more prevalent in pre-ADA medical dramas or post-ADA medical dramas based upon the types of communication and behavior displayed by characters that fit that description?

#### *Tiny Tim*

The “Tiny Tim” effect occurs when a person with a disability is portrayed as fragile and helpless yet paradoxically is always bright-eyed, cheerful, and smiling. This question seeks to investigate whether the prevalence of the “Tiny Tim” stereotype has changed since the passage of the ADA. Charles Dickens’ *A Christmas Carol* was originally published in 1843. Given that fact, it seems likely that the “Tiny Tim” stereotype, which is based on a character from the novel, originated with early stereotypes like the “supercrip.” This question, much like the previous, is a question of prevalence. It will shed more light on whether or not the ADA has had the intent it was intended to have in society. Additionally, this stereotype originated from a different form of popular culture than the “supercrip”. Therefore, answering the question will provide further context into just how much the ADA was or was not able to impact society.

#### *Quasimodo*

RQ1c. Is the “Quasimodo” effect more prevalent in pre-ADA medical dramas or post-ADA medical dramas based upon the types of communication and behavior displayed by characters that fit that description?

The “Quasimodo” effect occurs when a person with a disability is portrayed as angry and miserable and at times evil. This question examines whether the “Quasimodo” effect has become more or less common on medical dramas since the passage of the ADA. This stereotype dates back just as far as the two effects discussed in earlier questions do.

Victor Hugo wrote *The Hunchback of Notre Dame* from which the “Quasimodo” effect originated in 1831. Thus, the Quasimodo stereotype originated from the same form of popular culture as the “Tiny Tim” effect originated. As a result, determining if the ADA had an influence on this stereotype in the media should provide more evidence as to the degree of cultural reach of the legislation. Additionally, and perhaps more importantly, since the time that Hugo wrote *The Hunchback of Notre Dame*, images of angry and disgruntled people with disabilities have been fairly common in the media. There seems to be an unspoken belief in society that people with disabilities must be either extremely happy or angry and depressed. The hope among disability advocates is that by allowing people with disabilities more access into society and therein allowing more real life exposure to them, the ADA has helped to counter that belief. Answering this question will help to test that supposition and also provide further evidence as to whether or not the ADA has fulfilled the purpose for which it was originally intended in society.

RQ2. Have those interacting with people with disabilities changed their communication patterns with and treatment of such individuals since the passage of the ADA?

This question seeks to determine whether those interacting with people with disabilities on medical dramas have changed how they communicate with and treat people with disabilities since the passage of the ADA. As previously mentioned research indicates, stereotypes are beliefs, not facts. It is difficult to determine whether a piece of legislation can change the beliefs of someone, which is why, for this question and the prior question, communication, and behavior patterns are being looked at. Stereotypes often develop based on the assumed behaviors of such groups. Given that, it makes sense that the existence of each stereotype effect studied could not be determined without

studying behavior and communication patterns. Even though every research question involves studying such things, this question is unique for two reasons. First, it involves looking at those interacting with those disabilities instead of those with disabilities. Secondly, it does not involve looking at a specific stereotype, but the communication patterns and treatment of those with disabilities on medical dramas in the general sense. Both of these things make the question appropriate for this study because it broadens the scope of the study beyond specific stereotypes and beyond just those with disabilities. Answering this broader question will give a better idea of the reach of the ADA and whether it has fulfilled the purpose for which it was originally intended in society.



## CHAPTER III

### METHOD

The proposed study involved the collection and analysis of data coded from medical dramas that aired before the signing of the Americans with Disabilities Act (ADA) and after the enactment was initiated. Specifically, the study will look at *Medic*, *Marcus Welby*, *Ben Casey*, *Emergency*, *Dr. Kildare* (all pre-ADA), and *ER*, *Grey's Anatomy*, *China Beach*, *Chicago Hope*, *Mercy*, and *Becker* (all post-ADA) to determine whether or not the ADA served as a turning point in the representation of people with disabilities in medical dramas. These medical dramas were selected based on popularity and current availability. Medical dramas appeared to be an appropriate genre of television for this study because, as was discussed in the last chapter, that genre of television and mass media in general are believed to influence audiences' perceptions of reality and of groups of people (Donaldson 1981; Gardner & Radel 1978; Hetsroni, 2009). Additionally, medical dramas seemed more likely to include representations of individuals with disabilities because disability and health issues are more likely to be related than would be the case with disabilities and other genre choices.

### 3.1 Overview

A quantitative analysis was collected through an in-depth content analysis of episodes. The analyses categorized characters into portrayals that relate to disability stereotypes such as angry and bitter, fragile and cheerful, or inspiring and extraordinary as well as coding specific behaviors and communicative acts. Content analysis provides a starting point from which to examine the images and representations of existing stereotypes such as those described in the research questions in the previous chapter. This method will be used to look at each of the stereotype effects described above in relation to whether they appeared in medical dramas more frequently before or after the enactment of the ADA as well as to examine pre- and post-ADA character representations, communicative acts, and behaviors.

### 3.2 Participants and Procedure

The sample included 100 episodes of *Medic*, *Marcus Welby*, *Ben Casey*, *Emergency*, *Dr. Kildare* (all pre-ADA), and *ER*, *Grey's Anatomy*, *China Beach*, *Chicago Hope*, *Mercy*, and *Becker* (all post-ADA) spanning over 60 years. The sample was selected from an overall list of all medical dramas aired on television, as indicated by Wikipedia ("List of Medical Drama Television, 2014). After examining the list, an assessment was made of the availability of various shows. Those for which at least several shows were available online, through libraries, or through purchase were identified. Descriptions of the shows were then examined through various sources,

including the Internet Movie Database and Wikipedia to determine the episodes that appeared to have a character with a disability.

For the purposes of this study, disability is defined as it is under the Americans with Disabilities Act: as a physical or mental impairment that substantially limits one or more major life activity such as walking, seeing, hearing, or breathing. Characters to be examined consisted of people with disabilities that appeared on the medical dramas being studied in addition to their family members, friends, and health care providers. The purpose of the inclusion of these additional characters is to examine how the individual with a disability is treated by others.

A content analysis was conducted to investigate the occurrence of stereotypical behavior and/or emotions among characters with disabilities as well as stereotypical references of characters with disabilities and their behaviors. Both a communication analysis and a behavior analysis were conducted as part of the overall content analysis. The coding sheet may be found in Appendix A.

### *Coding*

In coding themes and patterns, the types of communication and behaviors potentially associated with three disability representations were assessed: (a) the occurrence of the “Supercrip” portrayal (b) the occurrence of the “Tiny Tim” portrayal and (c) the occurrence the “Quasimodo” portrayal in each episode. The types of communication described in the previous section were coded in order to account for verbal and nonverbal displays of treatment of characters with disabilities by family, friends, and doctors to indicate how often such treatment was used by others when they interacted with those with disabilities. The behaviors described in the previous section

were coded in order to account for how often characters with disabilities fit the stereotypes measured as well as how often those interacting with them treat them as though they fit such stereotypes.

### *3.3 Measures*

#### *Supercrip*

As previously explained, a “supercrip” is a person with a disability who is portrayed as a hero or an inspiration for doing things that able-bodied people do daily, such as go to work or school. In the context of this study, a character with a disability that is referred to as and/or receives praise from others for being special, an inspiration, or extraordinary for simply living his or her life will be considered a “supercrip.” The degree to which a character with a disability is seen as a “supercrip,” and as an inspiration or extraordinary for doing everyday things will be measured on 1-5 scales, with 1 = not at all and 5 = a great deal.

#### *Tiny Tim*

The “Tiny Tim” effect occurs when a person with a disability is portrayed as frail and helpless yet paradoxically is always bright-eyed, cheerful, and smiling. The degree to which a character with a disability is seen as “Tiny Tim-like” and as frail, bright-eyed/cheerful, and always smiling will be measured on 1-5 scales, with 1 = not at all and 5 = a great deal.

#### *Quasimodo*

The “Quasimodo” effect occurs when a person with a disability is portrayed as angry and miserable and at times evil. The degree to which a character with a disability is

seen as an overall “Quasimodo,” and as evil, miserable, anger, and unattractive will be measured on 1-5 scales with 1 = not at all 5 = a great deal.

#### *Communicative Acts and Talk Time*

The communication analysis assessed communicative behaviors, including how often someone with a disability expresses opinions, negative emotions, affection and/or anger. Additionally, the communication analysis looked at how often someone with a disability as well as family members, friends, and doctors answers questions, interrupts, insults another, brags, or gives someone an order. The talk time of the characters with disabilities will also be assessed. Incoherence, mumbling, grunting and muteness will be assessed as well. Certain communicative acts and amounts of talk time are likely to be associated with the stereotypes measured. Given that, they also help shed light on the prevalence of those stereotypes and are an important part of the communication analysis.

#### *Behaviors*

The behavior analysis examined other specific behaviors of people with disabilities such verbal aggression, bravery, helplessness, adaptability, and asking for advice or protection. Additionally, the behavior analysis looked at how often family members, friends, and doctors engage in verbal aggression, praising, and giving guidance. There are certain communicative acts and behaviors that could potentially be associated with multiple stereotypes measured. For example, positive emotion and bravery could be associated with both the “Tiny Tim” and “Supercrip” stereotype effects. This is why it is important to analyze characters in multiple ways – counting various behaviors and communicative acts as well as using the 1-5 point scales described above to determine the degree to which characters are presented stereotypically.

### *Character Analysis*

A character analysis, which measured characteristics of those with disabilities such as independence, attractiveness, warmth, sensitivity, and frailty, was also included as part of the overall analysis. Whereas the communication and behavior analyses required counting the frequency of each type of act, the character analysis involved coding each character trait on a 1-5 point scale. Assessing the characteristics of characters with disabilities is important because often characters with disabilities seem as if they might fit a stereotype simply in appearance which has nothing to do with how they communicate or behavior and more with how they look and carry themselves. Consequently, the character analysis is an essential part of the overall analysis. The character traits that were assessed may be found in Appendix A.

### *3.4 Analysis procedure*

Average displays of the types of communication and behavior associated with each of the stereotypes were calculated per episode, and these means were compared using SPSS to test pre- and post-ADA differences. Thus, independent t-tests were performed in SPSS to determine whether the length of time characters with disabilities appeared on medical dramas was more before and after the signing of the ADA. To look at the data in a bit more detail, paired t-tests also examined differences amongst the various stereotypes using averaged scores across “supercrip”, “Tiny Tim”, and “Quasimodo”.

## CHAPTER IV

### RESULTS

This chapter will present the results of an analysis of the differences in how people with disabilities were portrayed in a sample of pre-ADA and post-ADA medical dramas. Initially, means of overall variables will be reported to demonstrate how persons with disabilities were generally portrayed on the medical dramas that aired during the range of the study and were obtained for analysis. The presentation of the means will then be followed by a series of independent sample t-tests that were used to answer each of the research questions mentioned in chapter II. Answers to those questions will demonstrate whether there were any changes in both the way people with disabilities were portrayed before and after passage of the ADA as well as how able-bodied interacted with those with disabilities on medical dramas during the two time periods.

#### *4.1 Descriptive Data*

The copyright years of the medical dramas examined in this study ranged from 1954-2014. The average year was 1985, which was prior to the passage of the ADA. Descriptive data are presented in Table 1. Characteristics such as strength, independence, assertiveness, and frailty were initially examined. These items were rated on five point scales anchored by bipolar adjectives. Among those variables frailty had the largest mean, 4.97, which indicates that people with disabilities were not seen as frail. There

was, however, a great deal of variance in these assessments as indicated by a standard deviation of 4.98. Frailty was followed by the variable controlling (1=controlling, 5=controlled), which had a mean of 3.10 and a standard deviation of 1.16. This shows that people with disabilities were seen in the midrange of controlling to controlled.

The variable of strength followed, with a mean 3.07 and a standard deviation of 1.29, indicating that people with disabilities were seen as neither particularly strong nor weak. Independence rounded out the variables with the largest means with a mean of 3.05 and a standard deviation of 1.53, indicating that people with disabilities were seen as in the midrange of independent to dependent.

The next series of analyses looked at the assessment of behaviors. Object of rescue is the first among the variables with the smallest mean ( $M=.06$ ,  $SD=.24$ ), indicating that people with disabilities were not often objects of rescue on medical dramas. Object of rescue is followed in the line of variables with the smallest means by rescue/bravery by people with disabilities, which had a mean .04 and a standard deviation of .19; people with disabilities were rarely portrayed as brave or as rescuing someone. Two variables tied for the variable with the next lowest mean: failure of people with disabilities and following behavior among people with disabilities, which assessed whether or not people with disabilities tended to be followers. The variables had identical means of .02 and standard deviations of .22, indicating that people with disabilities were rarely seen as failing or following others.



**Table 1 Descriptive Statistics**

	Std.				
	N	Minimum	Maximum	Mean	Deviation
name of show	104	1	12	4.31	3.13
Episode	103	1	28	8.61	6.86
copyright year	103	1955	2014	1985.56	19.56
Sex	103	1	2	1.58	0.50
Independence	103	1	5	3.05	1.53
Strength	103	1	5	3.07	1.29
Assertiveness	103	1	5	2.23	1.52
Controlling	103	1	5	3.10	1.18
Intelligence	103	1	5	1.33	0.90
Emotionality	103	1	5	2.17	1.31
Warmth	103	1	5	2.70	1.36
Certainty	103	1	5	2.59	1.43
Attractiveness	103	1	5	1.59	0.98
Competence	103	1	5	1.50	1.08
Sensitivity	103	1	5	2.43	1.32
Frailty	103	1	52	4.10	4.98

Activity	103	1	5	2.25	1.36
Complaining	103	0	5	2.94	1.56
verbal aggression from individual with disability	103	0	6	0.62	1.13
rescue/bravery from individual with disability	103	0	1	0.04	0.19
adult talk/job/parenting from individual with disability	103	0	4	0.31	0.77
adaptability with individual with disability	103	0	2	0.18	0.48
guidance given by individual with disability	103	0	3	0.17	0.47
victim of verbal aggression, individual with disability	103	0	4	0.50	0.84
follow, individual with disability	103	0	2	0.03	0.22
helplessness, individual with disability	103	0	3	0.12	0.40
asks for advice or protection, individual with	103	0	2	0.09	0.35

disability					
object of rescue, individual with disability	103	0	1	0.06	0.24
failure, individual with disability	103	0	2	0.03	0.22
praising, individual with disability	103	0	2	0.17	0.47
incompetence/ unintelligence/negligence, individual with disability	103	0	7	0.10	0.72
altruism, individual with disability	103	0	2	0.22	0.50
showing affection, individual with disability	103	0	3	0.40	0.76
treated like a child, individual with disability	103	0	6	0.77	1.26
speechlessness, individual with disability	103	0	2	0.08	0.30
verbal aggression from able-bodied individual	103	0	2	0.22	0.48
guidance given by able- bodied individual	103	0	5	0.85	0.93

praising from able-bodied individual	103	0	4	0.19	0.56
altruism from able-bodied individual	103	0	6	0.63	1.13
showing affection, able-bodied individual	103	0	3	0.44	0.78
talk time in seconds, individual with disability	101	0	11672	421.17	1195.10
character appears to be mute	103	0	2	1.91	0.32
expresses opinions, individual with disability	103	0	10	0.80	1.56
answers questions, individual with disability	103	0	13	2.59	2.59
interrupts, individual with disability	103	0	3	0.30	0.65
expresses positive emotion, individual with disability	103	0	12	1.61	2.33
expresses negative emotion, individual with disability	103	0	10	2.22	2.16
insults another, individual	103	0	5	0.17	0.63

with disability					
bragging, individual with disability	103	0	2	0.09	0.32
threats, suggesting negative consequences, individual with disability	103	0	1	0.08	0.27
expresses disappointment or sadness, individual with disability	103	0	5	0.98	1.19
shows anger, individual with disability	103	0	9	1.20	1.75
expresses affection, individual with disability	103	0	2	0.26	0.52
ordering/bossing, individual with disability	103	0	4	0.58	0.96
grunts/mumbles, individual with disability	103	0	5	0.15	0.60
answers questions, able-bodied individual	103	0	15	2.34	2.85
interrupts, able-bodied individual	103	0	2	0.13	0.39
expresses positive emotion,	103	0	16	1.82	2.60

able-bodied individual					
expresses negative					
emotion, able-bodied individual	103	0	12	1.88	2.22
insults another, able-bodied individual	103	0	2	0.12	0.43
threats suggesting negative consequences, able-bodied individual	103	0	4	0.11	0.48
expresses disappointment or sadness, able-bodied individual	103	0	7	0.69	1.17
shows anger, able-bodied individual	103	0	5	0.69	1.05
expresses affection, able-bodied individual	103	0	6	0.37	0.85
ordering/bossing, able-bodied individual	103	0	5	0.66	1.03
overall supercrip	103	1	3	1.04	0.28
portrayed as hero or doing ordinary things	103	1	5	1.05	0.41
seen as an inspiration	103	1	3	1.02	0.20

overall Quasimodo	103	1	5	2.22	0.94
Angry	103	1	5	2.54	1.73
Miserable	103	1	5	3.09	1.83
Evil	103	1	5	1.16	0.71
Unattractive	103	1	5	1.41	0.82
overall tiny tim	103	1	5	1.94	1.12
bright eyed/cheerful	103	1	5	1.67	1.21
always smiling	103	1	5	1.59	1.05
Frail	103	1	5	2.04	1.38

#### *4.2 Research Question 1*

In response to RQ1, which inquired into pre- vs. post-ADA representations, it is evident that many differences can be found among characters with disabilities on medical dramas in regard to communication, behavior patterns, and talk time. The statistics for the independent samples t-tests described below are displayed below in Table 2.



**Table 2: T-Tests Recoded Year**

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	df	Sig. (2- tailed)
Independence	Equal variances assumed	2.086	.152	.379	101	.706
	Equal variances not assumed			.387	96.843	.700
Strength	Equal variances assumed	1.450	.231	.632	101	.529
	Equal variances not assumed			.651	98.501	.517
Assertiveness	Equal variances assumed	1.019	.315	-.528	101	.599
	Equal variances not assumed			-.534	94.298	.594
Controlling	Equal variances assumed	.008	.928	-. 1.396	101	.166
	Equal variances not assumed			-. 1.388	88.920	.169

Intelligence	Equal variances assumed	2.329	.130	-.707	101	.481
	Equal variances not assumed			-.738	100.546	.462
Emotionality	Equal variances assumed	.062	.804	-.625	101	.534
	Equal variances not assumed			-.614	84.873	.541
Warmth	Equal variances assumed	5.928	.017	-.302	101	.763
	Equal variances not assumed			-.290	77.093	.772
Certainty	Equal variances assumed	2.448	.121	-.065	101	.949
	Equal variances not assumed			-.063	83.051	.950
Attractiveness	Equal variances assumed	1.293	.258	-.702	101	.485
	Equal variances not assumed			-.712	95.082	.478
Competence	Equal variances assumed	2.673	.105	- 1.053	101	.295

Sensitivity	Equal variances not assumed			1.057	-	91.760	.293
	Equal variances assumed	3.388	.069	1.427	-	101	.157
Frailty	Equal variances not assumed			1.387	-	80.633	.169
	Equal variances assumed	2.137	.147	.633		101	.528
Activity	Equal variances not assumed				.541	44.117	.591
	Equal variances assumed	.292	.590	-.566		101	.573
Complaining	Equal variances not assumed				-.575	95.038	.567
	Equal variances assumed	3.144	.079	-.828		101	.409
verbal aggression from individual with disability	Equal variances not assumed				-.813	84.079	.419
	Equal variances assumed	.283	.596	.402		101	.689
	Equal variances not assumed				.392	82.235	.696

follow, individual with disability	Equal variances assumed	1.909	.170	.679	101	.499
	Equal variances not assumed			.604	52.858	.548
helplessness, individual with disability	Equal variances assumed	1.140	.288	.489	101	.626
	Equal variances not assumed			.450	62.576	.654
asks for advice or protection, individual with disability	Equal variances assumed	.082	.775	.139	101	.889
	Equal variances not assumed			.137	85.429	.891
object of rescue, individual with disability	Equal variances assumed	.739	.392	-.427	101	.670
	Equal variances not assumed			-.439	98.118	.662
failure, individual with disability	Equal variances assumed	5.511	.021	-1.142	101	.256
	Equal variances not assumed			-1.351	59.000	.182
praising, individual with disability	Equal variances assumed	.038	.846	-.041	101	.967

	Equal variances not assumed				-.042	96.835	.966
incompetence/ unintelligence/ negligence, individual with disability	Equal variances assumed	.479	.490	-.324		101	.747
	Equal variances not assumed				-.368	79.971	.714
altruism, individual with disability	Equal variances assumed	4.209	.043	1.354		101	.179
	Equal variances not assumed				1.345	88.366	.182
showing affection, individual with disability	Equal variances assumed	.361	.550	-.293		101	.770
	Equal variances not assumed				-.297	94.831	.767
treated like a child, individual with disability	Equal variances assumed	1.313	.255	.953		101	.343
	Equal variances not assumed				.943	87.293	.348
speechlessness, individual with disability	Equal variances assumed	.233	.630	-.223		101	.824
	Equal variances not assumed				-.232	100.404	.817

verbal aggression from able-bodied individual	Equal variances assumed	33.653	.000	3.191	101	.002
	Equal variances not assumed			2.954	63.962	.004
guidance given by able-bodied individual	Equal variances assumed	.039	.843	-.799	101	.426
	Equal variances not assumed			-.822	98.256	.413
praising from able-bodied individual	Equal variances assumed	4.992	.028	1.195 <sup>-</sup>	101	.235
	Equal variances not assumed			1.294 <sup>-</sup>	98.197	.199
altruism from able-bodied individual	Equal variances assumed	8.770	.004	3.109	101	.002
	Equal variances not assumed			2.916	68.144	.005
showing affection, able-bodied individual	Equal variances assumed	6.926	.010	1.500 <sup>-</sup>	101	.137
	Equal variances not assumed			1.573 <sup>-</sup>	100.796	.119
talk time in seconds, individual with disability	Equal variances assumed	4.939	.029	1.323	99	.189

	Equal variances not assumed			1.129	43.303	.265
character appears to be mute	Equal variances assumed	.745	.390	.476	101	.635
	Equal variances not assumed			.468	84.340	.641
expresses opinions, individual with disability	Equal variances assumed	.468	.495	.226	101	.822
	Equal variances not assumed			.218	77.720	.828
answers questions, individual with disability	Equal variances assumed	2.281	.134	- 1.274	101	.206
	Equal variances not assumed			- 1.336	100.817	.185
interrupts, individual with disability	Equal variances assumed	12.535	.001	1.873	101	.064
	Equal variances not assumed			1.748	66.641	.085
expresses positive emotion, individual with disability	Equal variances assumed	.298	.586	.231	101	.818
	Equal variances not assumed			.220	74.717	.826

expresses negative emotion, individual with disability	Equal variances assumed	.496	.483	-.423	101	.673
	Equal variances not assumed			-.417	85.288	.678
insults another, individual with disability	Equal variances assumed	11.445	.001	1.749	101	.083
	Equal variances not assumed			1.542	50.593	.129
bragging, individual with disability	Equal variances assumed	2.588	.111	.783	101	.435
	Equal variances not assumed			.731	66.458	.467
threats, suggesting negative consequences, individual with disability	Equal variances assumed	.953	.331	.489	101	.626
	Equal variances not assumed			.476	81.655	.635
expresses disappointment or sadness, individual with disability	Equal variances assumed	.974	.326	1.668	101	.098
	Equal variances not assumed			1.618	79.922	.110
shows anger, individual with disability	Equal variances assumed	2.342	.129	-.544	101	.588



	Equal variances not assumed				-.575	100.994	.567
expresses affection, individual with disability	Equal variances assumed	.696	.406	.658		101	.512
	Equal variances not assumed			.662		92.568	.510
ordering/bossing, individual with disability	Equal variances assumed	.722	.397	.198		101	.843
	Equal variances not assumed			.194		83.636	.847
grunts/mumbles, individual with disability	Equal variances assumed	5.996	.016	1.247		101	.215
	Equal variances not assumed			1.103		51.575	.275
answers questions, able- bodied individual	Equal variances assumed	1.008	.318	.656		101	.513
	Equal variances not assumed			.626		73.923	.533
interrupts, able-bodied individual	Equal variances assumed	.152	.698	-.219		101	.827
	Equal variances not assumed			-.219		90.381	.827

expresses positive emotion, able-bodied individual	Equal variances assumed	1.704	.195	.454	101	.651
	Equal variances not assumed			.427	68.641	.671
expresses negative emotion, able-bodied individual	Equal variances assumed	.088	.767	.360	101	.720
	Equal variances not assumed			.356	86.710	.723
insults another, able-bodied individual	Equal variances assumed	.814	.369	.462	101	.645
	Equal variances not assumed			.450	81.564	.654
threats suggesting negative consequences, able-bodied individual	Equal variances assumed	1.861	.176	-.656	101	.513
	Equal variances not assumed			-.736	85.648	.464
expresses disappointment or sadness, able-bodied individual	Equal variances assumed	7.399	.008	-1.835	101	.069
	Equal variances not assumed			-2.016	94.043	.047
shows anger, able-bodied individual	Equal variances assumed	.035	.853	.068	101	.946

	Equal variances not assumed			.069	94.002	.945
expresses affection, able-bodied individual	Equal variances assumed	5.163	.025	- 1.143	101	.256
	Equal variances not assumed			- 1.270	89.721	.208
ordering/bossing, able- bodied individual	Equal variances assumed	.180	.672	.118	101	.907
	Equal variances not assumed			.113	75.643	.911
overall supercrip	Equal variances assumed	.224	.637	.237	101	.813
	Equal variances not assumed			.230	81.010	.818
portrayed as hero or doing ordinary things	Equal variances assumed	1.191	.278	-.534	101	.594
	Equal variances not assumed			-.615	72.720	.541
seen as an inspiration	Equal variances assumed	5.880	.017	1.184	101	.239
	Equal variances not assumed			1.000	42.000	.323

overall Quasimodo	Equal variances assumed	.645	.424	-.552	101	.582
	Equal variances not assumed			-.551	89.876	.583
Angry	Equal variances assumed	1.576	.212	- 1.084	101	.281
	Equal variances not assumed			- 1.094	93.546	.277
Miserable	Equal variances assumed	.030	.864	-.958	101	.341
	Equal variances not assumed			-.956	89.894	.342
Evil	Equal variances assumed	1.628	.205	.651	101	.517
	Equal variances not assumed			.627	77.494	.533
Unattractive	Equal variances assumed	.324	.571	-.614	101	.540
	Equal variances not assumed			-.605	85.183	.547
overall tiny Tim	Equal variances assumed	.007	.933	.624	101	.534

	Equal variances not assumed			.614	85.084	.541
rescue/bravery from individual with disability	Equal variances assumed	1.945	.166	-.688	101	.493
	Equal variances not assumed			-.729	100.918	.468
adult talk/job/parenting from individual with disability	Equal variances assumed	.059	.809	.426	101	.671
	Equal variances not assumed			.444	100.452	.658
adaptability with individual with disability	Equal variances assumed	.014	.907	.028	101	.978
	Equal variances not assumed			.028	87.013	.978
guidance given by individual with disability	Equal variances assumed	5.510	.021	1.247	101	.215
	Equal variances not assumed			1.166	67.108	.248
victim of verbal aggression, individual with disability	Equal variances assumed	.086	.770	-.069	101	.945
	Equal variances not assumed			-.071	97.598	.944

bright eyed/cheerful	Equal variances assumed	.294	.589	.692	101	.490
	Equal variances not assumed			.686	87.466	.495
always smiling	Equal variances assumed	3.734	.056	1.052	101	.295
	Equal variances not assumed			1.009	75.830	.316
Frail	Equal variances assumed	1.044	.309	.917	101	.361
	Equal variances not assumed			.909	87.922	.366

Object of rescue exhibits one of the most notable differences among the studied variables. An independent samples t-test, in which object of rescue was the dependent variable and year (pre- vs. post-ADA) was the independent variable, showed the impact of year on object of rescue:  $t(2.57) = 56.00$   $p = .013$ . The p-value of .013 is less than the alpha level of .05, and again shows that there is a significant difference in the prevalence of characters with disabilities being objects of rescue in pre-ADA and post-ADA medical dramas. The mean and standard deviation of the dependent variable object of rescue pre-ADA are 11 and .31. The mean and standard deviation of the dependent variable post-ADA are .00 and .00. The fact that the pre-ADA mean is higher indicates that people with disabilities were much more likely to be seen as objects of rescue in pre-ADA medical dramas. In actuality, people with disabilities being an object of rescue occurred fairly frequently in pre-ADA medical dramas and never in those that aired after the passage of the bill.

Showing affection among people with disabilities is another variable that indicated a significant difference. An independent samples t-test, in which showing affection was the dependent variable and year was the independent variable, showed the impact of pre- vs. post-ADA era on people with disabilities showing affection:  $t(2.04) = 93.16$   $p = .044$ . The p-value of .044 is less than the alpha level of .05, showing that there is a significant difference in the prevalence of affection that people with disabilities show in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable showing affection pre-ADA are .52 and .89. The mean and standard deviation of the variable post-ADA are .24 and .53. The fact that the pre-ADA mean is higher

indicates that people with disabilities were more likely to show affection in pre-ADA medical dramas.

The data also indicate that people with disabilities had a higher talk time in pre-ADA medical dramas as well. An independent samples t-test, in which talk time was the dependent variable and year was the independent variable, showed that year had an impact on talk time:  $t(2.60) = 56.44$   $p = .012$  The p-value of .012 is less than the alpha level of .05, showing that there is a significant difference in the talk time of people with disabilities in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable talk time pre-ADA are 654.85 seconds and 1554.74. The mean and standard deviation of the variable post-ADA are 118.46 seconds and 85.96. The fact that the pre-ADA mean is higher indicates that people with disabilities were much more likely to speak on pre-ADA medical dramas. As time went by, talk time for those with disabilities decreased.

Results also indicate that characters with disabilities answered questions and interrupted others more frequently in pre-ADA medical dramas. A t-test, in which “answers questions” was the dependent variable and year was the independent variable, showed an impact of year on the number of questions people with disabilities answered:  $t(2.06) = 94.88$   $p = .043$  The p-value of .043 is less than the alpha level of .05, indicating a significant difference in the number of questions that people with disabilities asked in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable answers questions pre-ADA are 3.04 and 3.01. The mean and standard deviation of the variable post-ADA are 2.04 and 1.85. The fact that the pre-ADA mean is higher



indicates that persons with disabilities were more likely to answer questions on medical dramas that took place before the ADA.

An independent samples t-test, in which interruption by the individual with a disability was the dependent variable and year was the independent variable, showed an impact of pre- vs. post-ADA era on how frequently those with disabilities interrupted others :  $t(2.62)=78.90$ ,  $p=.010$ . The p-value of .01 is less than the alpha level of .05, showing that there is a significant difference in the number of times that people with disabilities interrupted others in pre-ADA and post ADA shows. The mean and standard deviation of the dependent variable interrupts pre-ADA are .44 and .80. The mean and standard deviation of the variable post-ADA are .13 and .34. The fact that the pre-ADA mean is higher indicates that persons with disabilities interrupted others more on pre-ADA medical dramas. As time went on characters with disabilities interrupted others less frequently.

The analyses also show that people with disabilities tended to brag more in pre-ADA medical dramas than post-ADA medical dramas. An independent samples t-test, in which bragging was the dependent variable and year was the independent variable, showed the impact of year on how often those with disabilities bragged:  $t(2.88)=101$   $p=.011$  The p-value of .011 is less than the alpha level of .05, meaning there is a significant difference in how often people with disabilities bragged in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable bragging pre-ADA are .16 and .41. The mean and standard deviation of the variable post-ADA are .00 and .00. The fact that the pre-ADA mean is higher indicates that characters with

disabilities were more likely to brag on pre-ADA medical dramas. Bragging decreased over time.

The study also showed that people with disabilities grunted and mumbled more in pre-ADA medical dramas than post. A t-test, in which grunts and mumbles was the dependent variable and year was the independent variable, showed that year had an impact on how often persons with disabilities grunted and mumbled:  $t(2.51) = 56.00$   $p = .015$ . The p-value of .015 is less than the alpha level of .05, showing that there is a significant difference in how often people with disabilities grunt and mumble in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable grunts and mumbles pre-ADA are .26 and .79. The mean and standard deviation of the variable post-ADA are .00 and .00. The fact that the pre-ADA mean is higher indicates that people with disabilities grunted and mumbled more on pre-ADA medical dramas. Another variable, speechlessness of individuals with disabilities, showed marginal significance. An independent samples t-test, in which speechlessness of those with disabilities was the dependent variable and year was the independent variable, indicated that year approached a significant impact on how often people with disabilities were portrayed as being speechless:  $t(1.84) = 75.46$   $p = .07$ . The p-value of .07 is somewhat greater than the alpha level of .05, but does show that there may be a minor difference in how often persons with disabilities were portrayed as being speechless in pre-ADA and post-ADA-shows. The mean and standard deviation of the dependent variable speechlessness pre-ADA are .12 and .38. The mean and standard deviation of the variable post-ADA are .02 and .14. The fact that the pre-ADA mean is higher indicates

that people with disabilities were more likely to be seen as speechless in pre-ADA medical dramas.

#### *4.3 Research Questions 1a-1c*

The following research questions inquired more specifically into the stereotypes assessed in the final portion of the coding form. The first series of analyses to be reported looked at the differences in the Likert-type assessments of the overall stereotypes and the component characteristics of each. Averaged analyzes of the Likert-type items within each stereotype will then be presented.

In regards to RQ1A, which looked at the prevalence of “supercrip” stereotypical presentations in pre-ADA and post-ADA medical dramas, no significant difference over time was found. However, the characteristic of intelligence, which individuals with disabilities that qualify as “supercrips” often have, showed a marginally significant difference in pre-ADA medical drama characterizations compared to post-ADA medical drama characterizations, according to the study. An independent samples t-test, in which intelligence was the dependent variable and year was the independent variable, showed the slight impact year had on how intelligent people with disabilities were portrayed as being:  $t(1.91) = 96.48$   $p = .06$ . The p-value of .06 is near the alpha level of .05, indicating that there may be a small difference in the apparent intelligence level of characters with disabilities in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable intelligence pre-ADA are 1.47 and 1.04. The mean and standard deviation of the variable post-ADA are 1.15 and .67. The fact that the pre-ADA mean is

higher indicates that people with disabilities were likely to be portrayed as slightly more intelligent on pre-ADA medical dramas compared to post-ADA medical dramas.

In response to RQ1B, which looked at the prevalence of Tiny-Tim-like characterizations in pre-ADA and post-ADA medical dramas, the data indicate the Tiny-Tim portrayals were more common in pre-ADA medical dramas. An independent samples t-test, in which the overall Tiny-Tim assessment was the dependent variable and year was the independent variable, showed the impact year had on the likelihood of Tiny-Tim representations:  $t(2.42) = 101$   $p = .18$ . The p-value of .18 is less than the alpha level of .05, showing that there was a significant difference in the likelihood of Tiny-Tim portrayals in pre-ADA vs. post-ADA shows. The mean and standard deviation of the dependent variable overall Tiny-Tim pre-ADA are 2.18 and 1.18. The mean and standard deviation of the variable post-ADA are 1.65 and .97. The fact that the pre-ADA mean is higher indicates people with disabilities were more likely to be portrayed as stereotypical Tiny-Tim-like characters on pre-ADA medical dramas than post-ADA medical dramas. Additionally, bright-eyed/cheerful, a variable associated with the Tiny Tim variable, showed marginal significance. A t-test, in which bright-eyed/cheerful was the dependent variable and year was the independent variable, showed the nearly significant impact year had on the “bright-eyed/cheerful” portrayal of people with disabilities on medical dramas:  $t(1.86) = 93.40$   $p = .06$ . The p-value of .06 is slightly greater than the alpha level of .05, showing that there may be some difference in how bright-eyed characters with disabilities were portrayed in pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable bright-eyed and cheerful in pre-ADA shows are 1.86 and 1.36. The mean and standard deviation of the variable post-ADA are 1.43 and .96.

The fact that the pre-ADA mean is higher indicates that pre-ADA medical dramas were more likely to portray people with disabilities as bright-eyed and cheerful than post-ADA medical dramas.

In regards to RQ1C, which looked at the prevalence of Quasimodo-like representations in pre-ADA and post-ADA medical dramas, no significant differences were found indicating change over time. According to these data, then, there were no differences in pre- and post-ADA shows in presentations of the Quasimodo stereotype.

To further examine these variables and draw comparisons among them, the individual Tiny-Tim, “supercrip” and Quasimodo variables were each averaged to yield the total scores within each concept. When analyzing data across all years, meaning both pre-and post ADA eras, paired t-tests comparing averaged Tiny-Tim and averaged “supercrip” showed that there were more Tiny-Tim-like portrayals on medical dramas than “supercrip” characterizations across all years studied. This is shown by the significant difference between the means of the Tiny-Tim and “supercrip” variables.  $[t(13.43) = 102, p = 0.00]$ , which are 1.81 (SD=.98) and .44 (SD=.31). In contrast, the data indicated that there were fewer Tiny-Tim-like characterizations on medical dramas than Quasimodo characterizations across all years studied. This is shown by the significant difference between the means of the Tiny-Tim and Quasimodo variables  $[t(7.90) = 102, p = .00]$ , which are 1.81 (SD=.98) and 3.47 (SD=.31). Additionally, the data indicated that, on average, there were fewer “supercrip” characterizations across all years studied on medical dramas than Quasimodo representations. This is once again evidenced by the significant difference between the means of the “supercrip” and Quasimodo variables  $[t(20.93) = 102, p = .00]$  which are 0.44 (SD=.31) and 3.47 (SD=1.43).

When analyzing pre-ADA medical dramas, a paired t-test comparing averaged Tiny-Tim and averaged “supercrip” showed that there were more Tiny-Tim-like characterizations in pre-ADA medical dramas than “supercrip” portrayals. This is shown by the significant difference between the means of the Tiny-Tim and “supercrip” variables. [ $t(11.27) = 56$   $p = .00$ ], which are 2.00 (SD=1.03) and .43 (SD=.19). In contrast, results indicated that there were fewer Tiny-Tim-like representations in pre-ADA medical dramas than Quasimodo-like portrayals. This is shown by the significant difference between the means of the Tiny-Tim and Quasimodo variables [ $t(-4.94) = 56$   $p = .00$ ], which are 2.00 (SD=1.03) and 3.46 (SD=1.44). Additionally, the results indicated that, on average, there are fewer “supercrip” portrayals on pre-ADA medical dramas than Quasimodo portrayals. This is once again evidenced by the significant difference between the means of the “supercrip” and Tiny-Tim variables [ $t(-16.04) = 56$   $p = .00$ ] which are 0.43 (SD=.19) and 3.46 (SD=1.44).

When analyzing post-ADA medical dramas, a paired t-test comparing the averaged Tiny-Tim and “supercrip” variables showed that there were more Tiny-Tim-like portrayals in post-ADA medical dramas than “supercrip” characterizations. This is shown by the significant difference between the means of the Tiny-Tim and “supercrip” variables. [ $t(7.87) = 45$   $p = .00$ ], which are 1.58 (SD=.86) and .46 (SD=.41). In contrast, the results showed that there were fewer Tiny-Tim characterizations in pre-ADA medical dramas than Quasimodo portrayals. This is shown by the significant difference between the means of the Tiny-Tim and Quasimodo variables [ $t(-6.47) = 45$   $p = .00$ ], which are 1.58 (SD=.86) and 3.49 (SD=1.45). Additionally, the data indicated that on average there are fewer “supercrip” characterizations on post-ADA medical dramas than Quasimodo

portrayals. This is once again evidenced by the significant difference between the means of the “supercrip” and Tiny-Tim variables [ $t(-13.37) = 45$   $p = .00$ ] which are .46 (SD=.41) and 3.49 (SD=1.45).

#### *4.4 Research Question 2*

With regards to RQ2, which looked at changes in how able-bodied individuals interacted with people with disabilities in pre-ADA and post-ADA medical dramas, four variables showed changes. Three, negative emotion from able-bodied individuals, positive emotion from able-bodied individuals, and altruism from able-bodied individuals were statistically significant. Another, threats suggesting negative consequences, showed marginal significance. An independent samples t-test, in which positive emotion was the dependent variable and year (pre- vs. post-ADA passage) was the independent variable, showed the impact of year on the amount of positive emotion able-bodied individuals used when interacting people with disabilities on medical dramas:

$t(-2.38) = 62.76$   $p = .02$ . The mean and standard deviation of the dependent variable positive emotion from able-bodied individuals pre-ADA are 1.25 and 1.65. The mean and standard deviation of the variable post-ADA are 2.52 and 3.32. The fact that the post-ADA mean is higher indicates that people were more likely to express positive emotion toward characters with disabilities on post-ADA medical dramas.

An independent samples t-test, in which negative emotion was the dependent variable and year was the independent variable, showed the impact of year on the amount of negative emotion able-bodied individuals used when interacting people with disabilities:  $t(-4.15) = 65.45$   $p = .00$  (rounded to two decimal places). The p-value of .00 is

less than the alpha level of .05 showing that there is a significant difference in the negative emotion able-bodied people use when interacting with people with disabilities in medical dramas. The mean and standard deviation of the dependent variable negative emotion from able-bodied individuals pre-ADA are 2.05 and 2.15. The mean and standard deviation of the variable post ADA are 2.43 and 2.19. The fact that the post-ADA mean is higher indicates that people were more likely to use negative emotion on post-ADA medical dramas. Thus, shows of positive and negative emotion toward characters with disabilities were both higher post-ADA.

An independent samples t-test, in which altruism from able-bodied individuals was the dependent variable and year was the independent variable, showed that year had an impact on the amount of altruism able-bodied individuals used when interacting with persons with disabilities in medical dramas:  $t(-2.96) = 71.95$   $p = .004$ . The p-value of .004 is less than the alpha level of .05, suggesting that there is a difference in the amount of altruism able-bodied individuals used when interacting with people with disabilities on pre-ADA and post-ADA shows. The mean and standard deviation of the dependent variable altruism from able-bodied individual's pre-ADA are .33 and .83. The mean and standard deviation of the variable post-ADA are 1.33 and 1.00. The fact that the post-ADA mean is higher indicates that people were more likely to be altruistic in post-ADA medical dramas.

Finally, an independent samples t-test, in which threats suggesting negative consequences from able-bodied individuals was the dependent variable and year was the independent variable, showed the nearly-significant impact of year on the number of threats suggesting negative consequences able-bodied individuals used when interacting



with people with disabilities:  $t(-1.92)=47.63$   $p=.06$ . The p-value of .06 is slightly greater than the alpha level of .05, showing that there may be a tendency toward a slight difference in the use of threats suggesting negative consequences able-bodied individuals use when interacting with people with disabilities in pre-ADA and post ADA shows. The mean and standard deviation of the dependent variable threats suggesting negative consequences from able-bodied individuals pre-ADA are .18 and .13. The mean and standard deviation of the variable post-ADA are .21 and .70. The fact that the post-ADA mean is higher indicates that people tend to make slightly more threats suggesting negative consequences on post-ADA medical dramas.

The results presented in this chapter make evident that there are some interesting differences between pre- and post-ADA shows in representations of individuals with disabilities and in how able-bodied individuals communicate with them. The following chapter will provide interpretation of those differences and discuss potential differences that did not appear in the data. Additionally, limitations of the study, suggestions for future research, applications of the findings, and conclusions will be offered.

## CHAPTER V

### DISCUSSION

The present study examined several medical dramas through content analysis to determine if there has been a change in the way people with disabilities have been portrayed over time, specifically since the signing of the Americans with Disabilities Act. The communication and behavior patterns of people with disabilities as well as those interacting with them were examined to determine whether the prevalence of disability stereotypes like “supercrip,” Quasimodo, and Tiny-Tim have increased or decreased since the signing. This study is important for a two reasons. First, a good deal of research has been conducted on the impact that the ADA has had on society, but few studies have investigated what, if any, impact the landmark legislation had on mass mediated presentations. This study will help to begin to answer the question of the impact of the ADA on the media representations and help fill a gap in the existing disability literature. Second, the aforementioned stereotypes examined in this study have existed for years and are some of the most common disability stereotypes, but few studies have examined how customary the specific stereotypes are today. By examining the pervasiveness of these stereotypes, this study help will address this gap in existing literature.

### *5.1 Significant Differences in Portrayals of Those with Disabilities*

Study results brought to light many differences in the way people with disabilities were portrayed on pre-ADA and post-ADA medical dramas as well as differences in how able-bodied individuals interacted with them. For example, individuals with disabilities talked more and answered more questions in pre-ADA medical dramas, which is surprising considering that persons with disabilities were often seen as “lesser” human beings or “freaks” years ago (Hartnett, 2000). This difference could be due in part to the fact that writers had people with disabilities talk more and answer more questions in order to represent the stereotype being depicted in pre-ADA medical dramas. For instance, “supercrips” more than likely talked more and answered more questions in order to seem smart and inquisitive.

It was also determined that people with disabilities bragged more in pre-ADA medical dramas. This could be due in part to the prevalence of the “supercrip” stereotype. As previously explained, a “supercrip” is a person with a disability who is seen as extraordinary or an inspiration for doing ordinary things such as getting up in the morning or going to work or to school. The results show that there were more “supercrips” in pre-ADA shows. The act of bragging could be one explanation. People with disabilities likely had more opportunity to brag prior to the ADA because able-bodied individuals saw more actions performed by individuals with disabilities as extraordinary. For example, an episode of *Marcus Welby* called “Daisy in the Shadows” featured a foster home for young girls who are developmentally delayed. When Dr. Welby went to visit the home some young girls were baking and decorating cookies. As

soon as the girls saw him they began showing him cookies and talking over each other to express to him the work they'd done. For the average person, baking cookies is a rather ordinary thing to do, but to them it was extraordinary and therefore something to brag about. The recognition they received from Dr. Welby likely reinforced in the girls that it was good to brag about such things. It also seems likely that the ADA, which allowed people with disabilities to have more freedom in society, gave able-bodied individuals more exposure to them. This increased exposure likely made some of their actions seem less extraordinary and worthy of recognition to able-bodied individuals. Given that, it also seems likely that people with disabilities bragged less in post-ADA medical dramas than pre-ADA medical dramas because they had fewer incidents in which it seemed appropriate for them to do so. For instance, an episode of *Grey's Anatomy* called "Something to Talk About" featured a girl who has about to graduate from high school and happened to have Spina Bifida. Doctors were trying to convince her against the wishes of her protective parents to have a surgery that would allow her to use the restroom independently and one day have a normal sex life. Her parents considered her a "supercrip" and kept boasting about her scholastic accomplishments. Despite the parents encouraging her to be proud and share the things she had done with the doctors, she did not brag or even like to talk about her accomplishments. Although this was not specifically stated, it seems likely that the girl did not brag about her accomplishments because she knew it would be inappropriate given that it would set her apart when all she and the doctors wanted was for her to have a life similar to others her age.

This study also determined that people with disabilities were considered more Tiny-Tim-like in pre-ADA medical dramas compared to post-ADA. This is not a

surprising finding considering how likely able-bodied individuals accepted the Tiny-Tim stereotype and believed that people with disabilities were fragile prior to the increased exposure that came post-ADA. The Tiny-Tim stereotype has been prevalent in society since Charles Dickens wrote *A Christmas Carol* in 1843. The story was originally a book and has been adapted into several movies, television shows, plays, and musicals. In fact, *A Christmas Carol* became so popular that Tiny-Tim like characters started being put into other stories and forms of media as well. Due to popularity and prevalence of the Tiny-Tim like character following Dickens's work, it is not surprising Tiny-Tim like characters were more prevalent in pre-ADA medical dramas than in post-ADA shows. The roles people with disabilities were given post-ADA likely helped to change this, as some of the roles they were given were those in which their disabilities were seen as secondary and not as the primary focus. For example, Dr. Fife, a doctor on *Private Practice*, happens to be in a wheelchair. Although his wheelchair is acknowledged the first couple of episodes, he is largely portrayed and seen as any other doctor would be on the show. It seems likely that roles like that of Dr. Fife have given society more exposure to people with disabilities and helped to lessen the prevalence of disability stereotypes like Tiny-Tim.

In terms of differences among people with disabilities, the data indicated that there were more Tiny-Tim-like characterizations on pre-ADA medical dramas than "supercrip" portrayals. It was also determined that there were fewer Tiny-Tim and "supercrip" representations on pre-ADA shows than Quasimodos, making Quasimodo the most common of the three most typical disability stereotypes. Surprisingly, all of the same findings held true for post-ADA medical dramas. Perhaps those who write medical

dramas have found that audiences are increasingly drawn to dramatic and evil characters over inspiring or fragile ones, so they have put more Quasimodos in medical dramas over the years in the hopes of increasing ratings.

The findings also indicated that people with disabilities grunted and mumbled more in pre-ADA than post-ADA medical dramas. Perhaps this relates to Quasimodo being the most common disability stereotype, as described above. As previously mentioned, Quasimodos are stereotypically miserable, evil, angry characters. By nature of being miserable and evil it seems possible that society assumes Quasimodos are also unfriendly and not as open as other characters. Not being as open and friendly as other characters may mean they talked less than other character. With that said, Quasimodos may have grunted and mumbled more than they used actual spoken words and it is possible that the fact that people with disabilities grunted and mumbled more relates to the prevalence of Quasimodo characters in pre-ADA medical dramas.

### *5.2 Insignificant Findings in Portrayals of Those with Disabilities*

There are also a number of aspects of the way people with disabilities were portrayed in pre-and post-ADA medical dramas that did not change over time. Speculation about the reason for the lack of significant differences follows, but it is important to note that there may be different reasons for certain findings pre-vs. post-ADA. Other cultural, societal, and technological changes occurred as time went on as well. So the speculations that follow will in some cases posit different reasons for pre- vs. post-ADA results. For example, the amount of sadness and disappointment people with disabilities portrayed did not change significantly. This is a bit surprising considering that the

number of Tiny-Tim-like characters was higher on pre-ADA medical dramas. Given the fact that Tiny-Tim characters are bright-eyed and cheerful it would be easy to conclude that individuals with disabilities were portrayed as happier pre-ADA; however, the results show no significant difference. In regards to pre-ADA medical dramas, even the most serious of situations was handled very delicately and everything was wrapped up nice and neatly by the end of an episode. For instance, the aforementioned episode of *Marcus Welby* called “Daisy in the Shadows” is mainly about a family in which the mother is struggling to care for a developmentally challenged little girl. The mother eventually develops an ulcer trying to get the young girl, who is uncommunicative and unable to feed herself, to be more like other children her age. The young girl’s developmental delay frustrated the family, but instead of expressing that and getting needed help the family portrayed themselves as perfect. A result of the ulcer, the mother nearly died and was forced to go into the hospital. During that time the girl is placed in a home with other children like herself. By end of the episode, the girl has spent some time in the home and has learned to communicate and care for herself. Once the mother recovers, they are both able to come home and be reunited. This is just one example of a pre-ADA medical drama in which a very serious issue was downplayed. The fact that such serious issues were typically downplayed and things ended nice and neatly shows that people with disabilities and their able-bodied counterparts likely did not experience many situations in which sadness or disappointment would have been seen as appropriate.

In regards to post-ADA dramas, the fact that neither those with disabilities nor able-bodied individuals showed a significant amount of sadness may have had to do with the fact that post-ADA technological and medical advances have given people with

disabilities as well as those around them more hope than they used to have. For example, an episode of *Grey's Anatomy* called “Do You Know Who You Are?” is partly about a man who is in a car accident and injured to the point where he can no longer walk or even breathe on his own. At first he and his wife worry he is going to die but then the doctors inform him that they can sustain his life with a ventilator. Later on in the episode, you see him a few years later as part of a clinical trial involving robotics. Thanks to robotic technology the man is able to walk again. This is only one of many examples of a post-ADA medical drama in which technological and medical advances not only saved a life but made it better. Given the fact that technology and medicine have given people much more hope since the ADA was passed than they had years ago, it would be fair to assume that they would not express a significant amount of disappointment or sadness.

The data also indicated that the amount of praise given by or to people with disabilities did not change significantly from pre-ADA to post-ADA medical dramas. The fact that there is no significant change is likely once again due in part to the roles that people with disabilities play on television. As previously mentioned, in pre-ADA medical dramas people with disabilities may have been viewed as “lesser” human beings or as insignificant. Therefore, it seems likely that they were put in less significant or smaller roles in pre-ADA medical dramas, which resulted in them receiving little praise from others. If they received little praise from others then it seems likely that they would also give little praise to others partly because the smaller roles gave them fewer opportunities to do so. Another factor may reflect that they had a greater chance of being put into roles that were Quasimodo-like in which they would be unlikely to praise others just by the nature of their character.



Although much improvement is still needed in terms of disability representations on post-ADA medical dramas, people with disabilities are beginning to be put in more comprehensive, serious roles where they are seen as being more like the able-bodied people with whom they interact. In other words, individuals with disabilities are being put into roles that where they are equal to able-bodied people. For example, an episode of *Grey's Anatomy* called "Beat Your Heart Out" featured Dr. Dixon, who happens to have Asperger's Syndrome. Although her condition is noted in the episode, it does not affect her in the operating room and she is not praised any more or less than the other doctors who operate with her that day. As a result, it seems possible that those with disabilities did not give or receive much praise in post-ADA medical dramas. This would result in little difference between pre- and post-ADA medical dramas, although for different reasons during the different eras.

Interestingly, no significant change in the level of verbal aggressiveness people with disabilities showed or how often they were victims of verbal aggression on pre-ADA and post-ADA medical dramas was evident in the data. Television today is quite violent so it is possible to speculate that incidents of verbal aggression involving people with disabilities would increase over time (Strasburger, Wilson, & Jordan 2013). It seems likely there was no change in the "verbal aggression" variable over time for two reasons.

First, this study was conducted on medical dramas, which are not very violent in comparison to the many crime and forensic-inspired shows that are currently popular. If the study had been conducted on a different genre of show, or conducted on dramas in general, more change in regard to people with disabilities being instigators and victims of

aggression might have occurred. Secondly, this finding could also be due to political correctness in society. In recent years, the issue of what language should be used to properly refer to those with disabilities as well as minority groups has received a great deal of attention. With that said, certain terms such as “retard” and “invalid” as well as the portrayals that would likely accompany them are not very present on television anymore. When such words and portrayals do appear on television it is likely the incident appears in the media the next day and gives the show a negative reputation. With that said, it seems likely that those who write medical dramas would be reluctant to portray negative aspects of those with disabilities such as their use of verbal aggression; doing so would be considered politically incorrect and harm the representation of the show for which they write. The variable “insults another,” which was used to examine how often people with disabilities insulted others or were insulted by others, also showed no significant change over time. This may be due to the same reason as discussed above, as an insult could be considered a form of verbal aggression.

Further evidence that writers may still be hesitant to portray people with disabilities accurately exists in the lack of significant change found in the “expresses opinion” variable. This is an odd finding because people with disabilities certainly expressed quite a few opinions in the years before and leading up to the passing of the ADA in the hopes of gaining their civil rights. For example, many advocates participated in protests expressing their support and fighting for the passage of the Rehabilitation Act of 1973 which prohibited disability based discrimination by any federally paid agency, program or entity (Ramey, 2007). Furthermore, people with disabilities have continued to express opinions since the ADA was established in order to protect the rights they

fought so hard to obtain. People with disabilities file approximately 20,000 ADA discrimination lawsuits yearly in an effort to protect their rights (Selmi, 2000).

Individuals with disabilities have likely expressed more opinions overall since the ADA was established because the legislation made education more accessible to those with disabilities. This increased accessibility to education which may have led to those becoming more outspoken and unafraid to express their opinions (LeFee, 2011).

Therefore, it would make sense to believe that the number of opinions people with disabilities expressed would have increased from pre-to post-ADA medical dramas. The fact that no significant change was observed may reflect the perception that even when people with disabilities became more prevalent in society and were expressing more opinions, people did not want to listen. Evidence that society did not want to listen to people with disabilities exists, as the Disability Rights Movement has received far less media attention than most other civil rights issues (Shapiro, 1994). People with disabilities were rarely given a voice for themselves in the media after even the passage of the ADA because the media were overrun with “Tiny-Tim” like images of the kids of the Jerry Lewis Telethon (Haller, 1997). The ADA is considered a landmark piece of legislation because it allowed people with disabilities unprecedented freedom and showed much societal progress, however, the media reflected otherwise. The fact that the media paid little attention to what they worked so hard for and still promoted such stereotypical images could have discouraged some persons with disabilities from expressing their opinions and account for the fact that there was no significant difference in the “expresses opinion” variable.

It seems possible that no significance difference was found in the variable because able-bodied individuals were afraid to express too many opinions around people with disabilities for fear of offending or making them angry. The fear may have been due to a lack of exposure to and understanding about people with disabilities prior to the passage of the bill. The “supercrip,” Tiny-Tim, and Quasimodo stereotypes were likely still very present in society immediately after the ADA was signed into law. Societal attitudes take time to change; they certainly do not change overnight. Consequently, it makes sense to say that a short time after the signing of the ADA, able-bodied people still accepted said stereotypes because disability had been hidden from society for quite some time and was still rather unknown. The fact that the disability stereotypes discussed are still portrayed in characters with disabilities on television today shows that even though people with disabilities are more present in society, and able-bodied people most likely have had more exposure to people with disabilities they are still a minority group about which many people may know very little.

The way people with disabilities are represented in medical dramas has changed in some ways and not in others since the ADA according to these results. In contrast, only a small number of differences were found in the way that able-bodied individuals interacted with people with disabilities in pre-ADA and post-ADA medical dramas.

### *5.3 Portrayals of the Able-bodied*

The results only indicated two statistical differences in the way able-bodied people interacted with people with disabilities in pre-ADA and post-ADA medical dramas. According to the study, able-bodied individuals were more likely to use both

positive and negative emotion when interacting with people with disabilities in post-ADA medical dramas than in pre-ADA medical dramas. This is not a surprising finding. It seems likely that able-bodied individuals would use more of both positive and negative emotion instead of more positive over negative emotion or vice versa because in post-ADA medical dramas persons with disabilities have been put into more well-rounded roles. Examples of this include those of Dr. Fife and Dr. Dixon, both noted above, whereas as in pre-ADA shows they were put into more stereotypical roles. Had people with disabilities been seen as more Tiny-Tim-like post-ADA, then it seems likely that able-bodied individuals interacting with them would have used more positive emotion; Tiny-Tim-like characters are seen as always smiling and bright-eyed/cheerful. This would mean that they were likely to use positive emotions; accommodation, particularly convergence, would make it likely that those interacting with them would, as well. Communication Accommodation Theory is a theory that provides a framework for understanding how people adapt their communication to fit into or remove themselves from a social situation (Gallois, Giles, Ogay, 2005). Convergence occurs when people behave similarly. Following that theory, had people with disabilities been seen as more like Quasimodo characters post-ADA then it seems likely that able-bodied individuals interacting with them would have used more negative emotion because Quasimodo characters are seen as angry and evil. However, as previously mentioned, those with disabilities have been put into a variety of television roles post-ADA and therefore have interacted with able-bodied in a number of ways, making it more likely that able-bodied people would use both more positive and negative emotions post-ADA than pre-ADA

depending upon the situation. This would be consistent with how the able-bodied generally interact with one another.

#### *5.4 Applications of Findings*

The findings of this study can be used in a few different ways to help educate those involved in the creation of medical dramas about disability portrayals and how to make them more accurate. First, the findings could be used to create an educational pamphlet containing information about the ADA, disability stereotypes, and changes in disability portrayals for major television networks to give to writers, producers and directors to use as they develop shows. Secondly, the findings could be used as part of a lesson plan for disability studies courses or courses on disability in the media. The lesson plan could be also supplemented with DVD clips that contain stereotypes and changes in disability portrayals. Furthermore, the lesson could be altered to make it a special unit of study for third through sixth graders about disability and the media. Boys and girls in third through sixth grade may well be at a good age for such a unit of study because they are likely old enough to understand the material but not old enough to yet have ingrained societal attitudes about disability. Thirdly, the findings could be used to create a specialized "in-service" for theatrical schools or departments about changes in disability portrayals. Applying the findings in the ways described above seems wise because the writers and developers of television shows, as well as actors and audiences, are being targeted and educated about disability and media making it more likely that disability portrayals in the media could become more accurate.

### *5.5 Limitations*

The results of this study brought to light some very interesting findings, but there are also some limitations to it. The first, and perhaps most obvious, limitation to the study is the sample characteristics. The sample of 100 episodes is a relatively small sample size, which means that the results may not be as definitive or as telling as they have could been with a larger sample size. Moreover, the fact that the researcher was the main coder and coded all the data used is a limitation. Although three additional coders were used to establish reliability, the fact that all data used reflects the opinion of one coder could skew the results.

Another limitation to this study is that those with heart and breathing problems were counted among those with disabilities as long as their disabilities could be seen or they had to use some kind of assistive technology. This is a limitation because a heart or breathing problem that one person considers a disability another researcher may not consider disabling. In this way, the study once again reflects the views of one researcher and is therein limited.

Furthermore, fear among people with disabilities was not coded. Fear among able-bodied individuals was not coded, either, even though fear was seen occasionally within both groups in pre- and post-medical dramas. Not coding fear was simply an oversight on the part of the researcher. Negative emotion was coded for able-bodied individuals pre- and post-ADA. Fear could have been coded as a negative emotion, but perhaps should have been coded specifically in order to yield more detailed results and richer data.

Another limitation is the fact that just a small number of episodes of some shows included in the study such as *Becker* could be obtained because it was not readily available on Netflix or Hulu or consistently available at the library. Furthermore, when episodes were obtainable at the library they could be rented for only a few days, which made it challenging to watch episodes in a timely manner. The coding for this study was conducted over a period of approximately six months. Conducting the coding over a longer period of time and using a larger network of library resources may help to minimize this limitation in future replications.

Another limitation is the fact that it was not always easy to identify through reading synopses of episodes whether someone had a disability. This was particularly problematic in pre-ADA shows. The researcher attempted to be as thorough as possible, but some episodes may have been overlooked which leaves potential for skewed results. The researcher did have help reading synopses. Perhaps in future study replications more research assistants could help read synopses to further minimize this limitation.

An additional limitation is the fact that each episode was watched one time. An episode was only watched more than once was if it had more than one person with a disability. This could potentially skew results as well. In future replications, episodes should be watch multiple times to ensure coding is more accurate. A final limitation is that this study examines the most common disability stereotypes while some others also exist. Although this study is limited, it seems to hold a great deal of potential for future research.



### 5.6 Implications for Future Research

Scholars have many options in terms of future research based on this study. First, they could replicate this study but use a different sample size to see if the results are similar or not. Secondly, researchers also have the option of replicating the study but using different medical dramas such as *Doogie Howser* or *Private Practice*. The option of conducting a similar study using a different genre of television such as comedy or drama also exists because people with disabilities are seen on television a bit more often today thanks to shows like *Glee*, *Breaking Bad*, and *Secret Life of the American Teenager* which were all created in the last decade. Researchers also have the option of replicating this study and coding fear and any other emotion they may feel is relevant in addition to those already used. The option of looking at other disability stereotypes, such as being asexual or any other disability stereotype, also exists. Researchers may also find it interesting to replicate the study using a shorter timeline. For example, researchers could make 1995 the final year studied to help determine how soon after the passage of the ADA changes in portrayals of disability began occurring and how prevalent stereotypes were soon after the ADA was passed.

The implications for future research discussed so far address the limitations mentioned above. If a researcher wanted to delve deeper into pre-ADA and post-ADA disability representations in a way similar to the manner used in this study, a few options are open for exploration. First, a researcher could replicate this study using not only a different genre of television, but also more than one genre. For example, a researcher could replicate this study using both dramas and comedies and possibly compare the two

to see in which genre disability stereotypes are more prevalent. Secondly, a textual analysis of specific scenes of episodes that seem to exemplify stereotypes could be used to help gain a better understanding of stereotypes studied. Thirdly, researchers could replicate this study using movies instead of television. However, movies showing people with disabilities would likely be harder to find and would require a shorter time span than the one used in this study-considering the fact that disability was still largely hidden from society in the 1950's and 1960's and not included in many movies.

A researcher could also replicate this study and add a survey. The survey could be given to a sample of people with disabilities and ask questions in regards to the accuracy of disability portrayals on television, how people with disabilities feel about current portrayals, and how portrayals could be made more accurate. Having such a survey included in the study would not only give researchers insight into why people with disabilities like or dislike certain disability portrayals, but would also provide a first-hand account of how disability portrayals can be changed to help improve the perspective on and attitudes towards those with disabilities in society. Lastly, researchers could also replicate this study, but code able-bodied individuals a bit differently. For example, researchers could code able-bodied individuals when they are not interacting with those with disabilities. This would help determine if stereotypical ideas are referenced even when people with disabilities are not present.

Although it was not the focus of the study, a definite change in the terminology used when referring to disability is noticeable over time. In pre-ADA medical the words retarded or invalid could be said four or five times in a 42-minute episode. In today's post-ADA world, if someone says "the R-word" even once the incident goes viral due to

all of the comments in the media soon after because many people consider this word to be derogatory. For example, Ryan Reynolds and his movie “The Change Up” received a lot of backlash in the media soon after it was released because his character jokingly says a baby looks retarded and like she might have Down’s syndrome in the film. A great deal of arguing about the appropriateness of the joke and speculation about how well the movie would continue to do at the box office took place on popular social media sites like Facebook and Twitter in the days that followed. It is clear that some opinions about how people to refer to disabilities have changed, but it is not clear exactly when or why. It would be interesting for a researcher to investigate those questions with a content analysis of not only television shows with people with disabilities, but also newspapers and other forms of media to try and help determine when certain words stopped being politically correct. If the reason behind the change in disability terminology is determined, then perhaps it will shed a little light on how to bring about positive changes in regards to disability and attitudes about people who have disabilities. Regardless of what may or may not happen with future research, disability is an important topic to study.

This study shows that while portrayals of people with disabilities have come a long way since pre-ADA medical dramas, there is still a long way to go. Given that, Disability Studies is a relatively young field of study in comparison to many others so any study that can be added to it is helpful. Additionally, as previously mentioned, this study helps to address gaps in the disability literature in regards to the reach of the ADA and the prevalence of disability stereotypes. Stereotypes, including disability stereotypes, will always exist. With that said, many people with disabilities would want disability

stereotypes to become less prevalent in society just as other minorities would like stereotypes related to them to become less prevalent.

The goal will not be reached unless researchers study disability stereotypes and the issues surrounding them to determine how those issues can best be addressed. Similarly, a great deal of controversy exists surrounding the reach of the ADA and whether or not it has had the impact it was intended to have on society. The answer to the question of the impact the ADA on society will never be found unless researchers continue to conduct studies like this as well as others involving the ADA and/or attitudes about disability or people with disabilities.

Stereotypes and certain ideas about disability will always exist, but, if disability portrayals become less stereotypical and more accurate over time, then overall stereotypes and misconceptions may become less prevalent. The lack of accurate information about those with disabilities is one reason researchers should continue to study those.

The point of research is to contribute to a field of study or at times something greater. In this case, the something greater is the Disability Rights Movement. Until more is known about the reach of the ADA and its impact on society as well as the Disability Rights Movement the most efficacious way to make needed improvements will not be known either. Consequently, this study, as well as other studies involving the ADA, are important because they will contribute to both the field of Disability Studies and the Disability Rights Movement, both of which are relatively young and continuing to develop to their full potential. Both have come a long way, but still have a long way to

go, just like representations of disability in the media today making continued studies about disability, the media, civil rights, and related subjects necessary.

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## APPENDIX A

NAME Allison Lewis

NAME OF SHOW

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Character with disability:      Female                                      Male

<b>Character Analysis</b>	<b><i>(On Scale of 1-5 1=lowest, 5=highest)</i></b>
Independent – Dependent	
Strong – Weak	
Assertive – Unassertive	
Controlling – Controlled	
Intelligent – Unintelligent	
Emotional – Unemotional	
Warm – Cold	
Certain – Tentative	
Attractive – Unattractive	
Competent – Incompetent	
Sensitive – Insensitive	
Frail – Hardy	
Active – Passive	
Complaining - Uncomplaining	

**Behavior Analysis**

	Individuals with Disabilities	Individuals Interacting
V. Aggression.		
Rescue/Bravery		
Adult Talk (job/parenting)		
Adaptability		
Guidance Given		
Victim of V. Aggression.		
Follower		
Helpless		
Asks for Advice or Protection		
Object of Rescue		
Failure		
Praising		
Incompetent (Unintelligent/Negligent)		
Altruism		
Showing Affection		
Treated like a Child		
Speechless		
Total Talk Time: (with stop watch)		
Character Appears Mute : Yes	No	

## Communication Analysis

Expresses Opinions		
Answers Questions		
Interrupts		
Expresses Positive Emotion		
Expresses Negative Emotion		
Insults Another		
Bragging		
Threats (suggesting negative consequences)		
Expresses Disappointment or Sadness		
Shows Anger		
Expresses Affection		
Ordering/Bossing		
Grunts/Mumbles		

### Stereotype Analysis

STEREOTYPE:

*(On Scale from 1-5,  
1=lowest 5=highest)*

SUPERCRIIP	
Portrayed as a Hero or Doing Ordinary Things	
Seen as an Inspiration	
QUASIMODO	
Angry	
Miserable	
Evil	
Unattractive	
TINY TIM	
Bright-eyed/Cheerful	
Always Smiling	
Frail	