

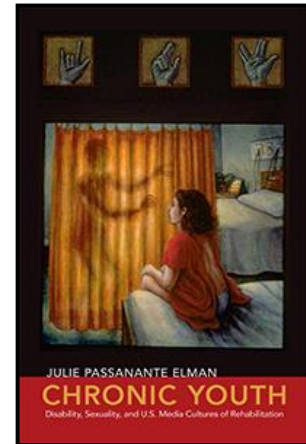
Julie Passanante Elman, **Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation**, New York, NY: New York University Press, 2014, 288 pp. \$25.00 (paperback).

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Many books have been written about youth culture, and the ways in which the “troubled teen” has functioned as both a pop cultural trope and a site of medical, juridical, and governmental intervention (e.g., Breggin & Breggin, 1998; Hall & Jefferson, 1976; Kidd, 2004; Prescott, 1998; Rembis, 2011; Savage, 2007). However, few books on this topic have shown how the ongoing normalization of teenagers has been mobilized by cultural producers, policy makers, and medical professionals alike, in discourses of disability that relocate adolescence in a culture of rehabilitation. Julie Passanante Elman’s ***Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation*** offers a provocative new analysis of the rehabilitative cultural narratives that shape knowledge about youth, sexuality, disability, and policies that attempt to regulate teen behavior. Elman argues that rehabilitative discourses targeting young people do more than pathologize them; these discourses recast adolescence as a treatable “condition” which must be carefully diagnosed, prescribed, and (hopefully) cured.



Over the past several decades, as Elman shows, the process of rehabilitation has become increasingly yoked to a notion of “good citizenship,” somewhat paradoxically, through “apolitical” discourses of individual health and growth. Indeed, the figure of the teenager has appeared in history and culture as source of anxiety—a reflection of American hopes and fears, dreams of national success and nightmares of imminent failure. Elman points to the paradigm of the teenage identity in/as “crisis,” in order to show how popular notions of adolescence as always-already a problem, are partially derived from biological and psychological theories that depict adolescence as an incomplete brain beset by raging hormones. In culture, as well as in medicine and policy, the teenager appears as “a shifting cultural figure that serves as a paradigmatic crisis to be overcome in order to achieve the role of adult citizen, a rational and stable subject position that is established in contrast to the unstable and irrational teen” (p. 3). To understand how teenage lives came to be medicalized, Elman develops a genealogy of adolescence and disability by mapping and historicizing the development of what she terms “rehabilitation culture” as it coincided with the rise of neoliberal capitalism and new forms of governmentality.

Chronic Youth begins by analyzing the cultural importance of the 1970’s “bubble boy,” a phrase which stands in to represent the disabled experience of two boys whose immune system deficiencies meant they would live out the course of their lives trapped inside a germ-secure plastic bubble. Elman traces how the confined experience of these “bubble boys” became popularized in news stories and a 1976 film which, taken together, relocated the real-life bubble boys within the American pop cultural imaginary, a space where Americans could negotiate their hopes and anxieties about technology, masculinity, and sexuality in the cultural context of a post-sexual revolution.

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As an early example of what Elman refers to as “disease-of-the-week programming,” the made-for-television film, *The Boy in the Plastic Bubble*, inserts disability within a coming-of-age narrative that likens chronic illness to an obstacle blocking the path toward “health” adult citizenship. In this film, the key to the bubble boy’s “liberation”—from the supposed “repression” of his disability—is to be found in his successful enactment of (hetero)sexuality: He is liberated from his disability only once he summons the courage to leave the safety of his bubble to have sex with the girl he loves—even if leaving the bubble means he will die. In discussing the cultural work of the film, Elman draws upon Adrienne Rich’s notion of “compulsory heterosexuality” (1980) to show how popular representations of the “bubble boy” liken “normal” adolescence to heteronormativity and able-bodiedness, while transforming these two bodily ideals into lessons, or disciplines, of good citizenship.

In her second chapter, Elman develops a rigorous political economy analysis of made-for-television movies that spotlight adolescent characters with disabilities. In particular, the author focuses on ABC’s famous *After School Specials* as a form of “rehabilitative edutainment,” a term the author defines as “culturally transmitted medical knowledge and narratives of disability for public consumption, entertainment, and education” (p. 64). As Elman explains, the *Specials*’ representations of illness reflect key transformations in the cultural landscape out of which the series emerged: The resurgence of disabilities rights movements, political debates over sexual education in schools, and issues of TV regulation and reform all have a part to play in the model of rehabilitative edutainment popularized in the *Specials*. In particular, the series sought to reconcile widespread concerns about young people’s overexposure to sex and violence on television, and concerns about teenagers becoming increasingly “passive” viewers. The *Specials* negotiated these apprehensions by offering programs that were culturally uplifting, socially responsible, and encouraged the active participation of a teenage audience.

Elman’s analysis of ABC’s *After School Specials* neither celebrates nor castigates the series’ use of narratives about disability, gender, and sexuality. To her benefit, Elman points instead to the ambivalence of the *Specials* – particularly with regard to the ways in which the series spotlighted difference: While the show’s rehabilitative logics were, in some ways, able-ist, heteronormative, and therefore oppressive, the *Specials* might also be understood as having provided a unique opportunity for openness regarding teen sexuality, and for constructing an active teen TV viewer. That said, the ways in which the *Specials* utilized representations of difference ideologically and pedagogically (constructing heterosexuality and able-bodiedness as teachable lessons) still managed to de-politicize identity and efface difference through utopian visions of medical intervention and “proper” (read: normatively sexed and gendered, able-bodied) modes of citizenship. Unfortunately, Elman only briefly mentions, but spends little time discussing how the *Specials*’ careful management of non-normative practices and identities might be understood an exercise of power, a form of governmentality that encouraged (and perhaps made imperative) the continual self-surveillance and self-discipline of teenage viewers’ identities.

In the book’s third chapter, titled “Cryin’ and Dyin’ in the Age of Aliteracy,” the author develops an in-depth textual analysis and cultural critique of representations of disability in young adult (YA) literature. Specifically, Elman focuses on disability narratives in a sub-genre of literature she terms “teen sick lit.” Teen sick lit, as Elman explains, characterizes a corpus of writing (which became enormously popular beginning in the 1980s) that foregrounds disability narratives, where disability is the vehicle

driving the romantic relationships of young people who suffer chronic—and often fatal—illnesses. Teen sick lit is epitomized by the prolific YA novelist Lurlene McDaniel, whose work is the chapter's primary focus. Elman situates McDaniel's work alongside the emergence of the New Right in the 1980's political landscape and alongside widespread concerns about youth aliteracy. In the author's words,

As the national focus on youth aliteracy combined forces with a booming YA literature market, this coalition attempted to solve the national problem of aliteracy through the YA problem novel, equating teen desire to read "serious" (and thus socially responsible) literature with engaged "healthy" citizenship. (p. 120)

Additionally, teen sick lit found purchase in an "emotional economy," where it proved useful for managing the emotional volatility that is typically associated with teenagers. Negative emotions, when tied to narratives of coming-of-age and rehabilitation, became culturally viable and economically valuable—especially once they were leveraged in the YA literature market. Echoing Arlie Hochschild (2003), Elman argues that the emotional management undergone by teens reading sick lit be understood as a new requirement of labor: In other words, the popularization of teen sick lit confirms that teens can—and must—be taught how to feel properly.

Elman's discussion of affect in this chapter is notable for a two reasons: First, she shows that even though the mobilization of affect in teen sick lit depended on able-ist representations of disabilities as tragedies, the entrance of emotion in medical discourse also offered a useful critique of the "coldness" that is typically associated with medicine and medicalization. Additionally, Elman's discussion of affect might be said to contribute to a recent turn in affect studies away from "positive" emotions (such as Arlie Hochschild's "service with a smile" [2003]) toward examining the exchange of "negative" affect (see Ahmed, 2010; Berlant, 2011).

In particular, Elman focuses on showing how the cultural and economic value of a genre of novel she refers to as "teen sick-lit" was largely dependent on a revaluation of sadness. This sadness, which Elman describes as "service *through* tears" (p. 129), is central to the affective labor that teenage readers perform through their consumption of these novels. In this context, sadness is revalued as something therapeutic, a strategy of "self-help" which teenagers need to be taught in order to be able to discipline the emotional volatility associated with adolescence. In much of the "sick-lit" genre, sadness is channeled through romantic (and often tragic) stories of teenage couples, one of whom is suffering a chronic disabilities or disease. Here, representations of adolescence are bound up with heteronormativity and the endless quest toward able-bodiedness. In much of the genre, as Elman shows, a "happy ending" is achieved only once the characters successfully perform their (hetero-)sexuality and eventually "overcome" their disabilities. The idea that teens are capable of "overcoming" their "disabling" adolescence feeds into a much larger discourse—one which characterizes our neo-liberal moment. Neo-liberal capitalism is, in part, an age characterized by extreme cultural and economic precarity; as such, it increasingly demands of its workers enhanced productivity, personal responsibility and emotional flexibility. As Elman convincingly argues, his neo-liberal version of "good citizenship" is also one which is being taught and re-produced through the affective labor of teen sick-lit readers, whose emotional education (*vis-à-vis* cultural consumption) aims to rehabilitate them as "healthy" (read: heterosexual, able-bodied) citizens.

In the final section in *Chronic Illness*, Elman builds on scholarship in disability studies and feminist science studies to discuss the rise of a new parenting model that she dubs “neuroparenting.” Neuroparenting, as such, incorporates neuroscientific discoveries to explain how “typical” teen characteristics like impulsiveness or emotional volatility are neurologically rooted, rather than socially constructed. The neurological model of teenage brains—and by extension, teenage behavior—configures an image of “normal” adolescence as a disability, an individualized pathology. Consequently, this model also succeeds in eschewing the social experience of youth while masking the structural factors (educational, familial, cultural, socioeconomic) that affect the lives of young people.

The author contextualizes the popularization of adolescent neuroscience within an onslaught of reportage on teenage school shooters and “superpredators” to show how the adolescence-as-disability model of understanding young people framed cultural debates around juvenile criminality. Elman demonstrates how these debates foregrounded pathologizing discourses of adolescence, and how these operated in gender-specific and racialized ways. With regard to school shootings, discussions of teenage school shooters in the press circulated representations of the shooters as “angry white males.” Here, teenage violence was understood as symptomatic of a (white) masculinity-in-crisis. In contrast, discussions of “superpredators” foregrounded racialized representations of violence, which emphasized the essential, or intrinsically criminal nature of the (black) offenders.

The racialized pathology of “superpredators,” as Elman suggests, stands in stark contrast with the gendered pathology of school shooters, which “relied on the identification of white teens as rehabilitatable, medicalized subjects in opposition to teens of color, who materialized as congenitally criminal and unrehabilitatable” (p. 158). Although Elman’s statement suggests there may be profound implications for the strategic gendering and racializing of teenage violence, she does little by way of discussing what these effects might be. It would seem that the model of “compassionate medicine” she discusses—where criminal pathology is not so much punished as it is *treated* with benign interventions such as psychiatric hospitalization and prescription drugs—is reserved for white teens, while black teens face much harsher punishments (indictment and imprisonment) for their “innate” criminality. That Elman skirts over this issue also calls into question the argument she makes toward end of the book, where she suggests that the management of juvenile criminality in the U.S. has moved from a law-based model of delinquency to a medical model of adolescence. As her previous discussion of race and gender seems to suggest, however, this is not the case for all young people: The medical model of adolescence seems to be, by and large, reserved for white teens, while black teens are still disciplined and punished according to a law-based model that sees their behavior as inherently criminal, rather than as the result of a neurological impairment or chronic mental disorder.

While the gendered and racial implications of “neuroparenting” (in particular) and emergent cultures of rehabilitation (in general) warrant further elaboration, Elman’s book provides a useful starting point for thinking about how medicalization has intensified and expanded across a range of cultural locations. With a rigorous analysis of popular media representations, *Chronic Youth* provides an innovative, insightful analysis of the ways in which “youth” is policed across medical and pop cultural discourses. This important book must be read by scholars in communication, media, and youth studies, as well as by those working in and across the fields of U.S. media, cultural, and political history and the

medical humanities. The concept and critique of “neuroparenting” may also be generalized to other occupations and industries outside academia, where it will be useful for psychiatrists, psychologists, school counselors, policy makers, and anyone who is interested in exploring alternative therapeutic practices to improve the lives of teens struggling with mental disorders or other disabilities. Ultimately, Elman’s book makes a powerful case about how transformation of the figure of the “troubled teen,” the ways in which adolescence has historically been negotiated and contained, and how teenagers themselves have functioned as a prerequisite for a culture of continuous rehabilitation and neoliberal governmentality.

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