Transitioning Individuals with Mental Retardation and Developmental Disability: *The Other Sister*

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Most of us, without blinking an eye, praise advances in society's treatment of the developmentally disabled in the domains of education, housing, and vocational adjustment. The litmus test occurs when sex is at issue. The marriage and parenting of individuals with mental retardation or developmental disability are serious issues that have occupied legislators, parents, and advocates. Rarely do cool heads prevail when this is the topic of conversation. The most common solution has been authoritarian—states have passed laws barring marriage among persons with mental retardation.[1] Perversely, some states permit imposition of the death penalty on the same individuals. In considering these issues, a seldom visited aspect of forensic psychiatry is entered—the assessment of specific capacities to engage in physical intimacy and to make a marital contract.

The current trend of transitioning individuals with developmental disabilities into the community makes it critical to address community-based competency (CBC). That is, does the impaired individual have the adaptive functioning level required for "performance of the daily activities required for personal and social sufficiency"?[2] (p. 6). CBC is influenced by the level of assistance required for an individual with a developmental disability to perform activities of daily living, such as consenting to minor and major medical procedures, consenting to sexual relationships, choosing where to live, marrying, raising a child, selecting a job, managing a disability check. Whereas, from a forensic psychiatrist's point of view, these capacities lend themselves to assessment and testimony, barriers are erected at several levels: parental, societal, and legislative. Most people have little experience in assessing CBC, and their views may be shaped by what they see on television or at the movies. To the degree that such perceptions are shallow and distorted, the forensic professional's task becomes more difficult.

Developmental Disability and the Media

There have been many portrayals of mental health professionals, their patients, and individuals with disabilities in movies and television. With rare exceptions, these portrayals have been caricatures that cause mental health professionals to cringe, not rejoice. Hollywood's treatment of characters with developmental disabilities has been somewhat more charitable than its portrayal of people with psychotic disorders and of mental health professionals. An early example is the film *Charlie* (1968), in which the mentally retarded protagonist has a fleeting experi-

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ence with genius. Recent cinematic examples include the autistic savant in *Rain Man* (1988), the released killer with primordial morality in *Sling Blade* (1996), and the affable youths in *What's Eating Gilbert Grape* (1993) and *There's Something about Mary* (1998). In these fictitious renderings, the viewer is shielded from the day-to-day struggles of maturing individuals with mental retardation. The documentaries by Ira Wohl—*Best Boy* (1979) and *Best Man: Best Boy and All of Us Twenty Years Later* (1998)—explore a retarded man's struggle with independence, self-actualization, and meeting the demands of others. The subject of both films, Philly, is the filmmaker's cousin, thus adding a fascinating participant-observer dimension.

The subject of sex and transitioning comes to the fore in a 1999 film. *The Other Sister* attempts to glimpse the real-life challenges facing a young woman with mental retardation as she transitions from adolescence to adulthood. Carla Tate, played by Juliette Lewis, is a 24-year-old woman who returns to her wealthy parents' home to begin a journey of self-discovery and exploration of independence after years of living at a special education boarding school. Along the way, the viewer is introduced to some of the obstacles: a dysfunctional family with cartoon-like members (an over-controlling mother, a doting but prone-to-drinking father, and two older sisters with their own "issues"); obtaining an apartment; the difficulty in finding a suitable mate (but for the magic of the cinema); and prevailing societal attitudes toward persons with disabilities.

Carla overcomes all of these problems, with the film thus leaving the viewer with an irritating case of the "warm and fuzzies." One comes away from this contrived story with the feeling that real life just isn't this way. Critic Roger Ebert was blunter, characterizing *The Other Sister* as a ". . . shameless use of mental retardation as a gimmick, a prop, and a plot device. . . . " Of the main characters, he said: ". . . all of their words are pronounced as if the characters have marbles in their mouths, and when they walk, it's a funny little modified duck walk."[3] Despite these shortcomings, there are some important messages embedded in the film and points for discussion.

Lessons from *The Other Sister*

This movie presented an opportunity for the filmmakers to educate the public about a pressing social issue—the roles of developmentally disabled individuals and the people who assist them in obtaining degrees of independence. Mental health professionals need to be aware of how those with psychiatric illness or developmental disability are being portrayed in film, because, to paraphrase Will Rogers, people only know what they see in the media. Some elements of the film, therefore, merit closer scrutiny.

Carla's Mother

The character of Carla's mother, played by Diane Keaton, assumed that her daughter could not live independently, let alone find a mate. Ms. Tate was overprotective, domineering, and headstrong about keeping her adult daughter a child designed in her own image (replete with a socialite's hobbies). It took a strong dose of reality for Ms. Tate to realize that Carla has a different set of expectations and the capability to design, and inhabit, her own destiny. Carla's character was not adequately developed to allow her to prove her capacity for independent living and decision-making. The film does, however, portray accurately a mother's apprehensions about the independence of her mentally disabled child.

Residential Transition

Ms. Tate hires a consultant to find Carla an apartment, and the well-to-do family subsidizes her lifestyle. In the reality of most mentally disabled persons, the transition from institution or parental home to community living can be thwarted by a number of obstacles. Often, the local school district bears the financial burden. According to the Individuals with Disabilities Education Act (IDEA, Title 20),[4] an educational planning team handles services for each disabled transitioning person, which often means a long waiting period for vocational and residential services. In 1991, 60,876 people with disabilities were waiting for residential services.[5] The major legal obstacle confronting people with mental retardation in obtaining an appropriate community living arrangement has been exclusionary zoning.[6, 7] Ordinances may prohibit the establishment of anything but "single family" residences in certain areas. On many occasions, property owners concerned about the adverse impact on property values, safety, or lifestyle as a result of a planned neighborhood group home for individuals with mental retardation (or possibly fear of the unknown) have gone to court to block such plans.

Only one U.S. Supreme Court decision was uncovered that speaks to exclusionary zoning. In City of Cleburne v. Cleburne Living Center,[8] the justices ruled that people with mental retardation and mental illness are not a "quasi suspect class" whose rights need to be restricted by requiring a special zoning or use permit. Congress later addressed the issue in 1988 by adding an amendment related to people with developmental disabilities to the Fair Housing Act.[6]

Employment

The Rehabilitation Act of 1973 and the Americans with Disabilities Act forbid discriminating against qualified individuals with a developmental disability.[6] Nevertheless, in real life, participation in training and employment may be hindered by inaccurate perceptions, prejudice, and/or lack of transportation. Liebert *et al.*[9] found the availability of transportation to be a key factor in the attainment and maintenance of employment by a sample of youth with physical disabilities. Adults with retardation tend to be marginal wage earners. In *The Other Sister*, this bias is illustrated by Carla's boyfriend Danny (played by Giovanni Ribisi), who is not able to support himself without family assistance. Approximately one-third to one-half of disabled persons earn wages at or below the poverty level[10] and have problems handling their financial matters.[11]

Sexuality and Marriage

Carla and Danny meet (at a take-all-comers college), date, and later decide that sex is a step they would both like to take. We know from Carla's *tête-à-tête* with her mother that she knows her body parts and how they work. Carla and Danny research sexual positions in *The Joy of Sex*, obtain information about birth control, and demonstrate delayed gratification by waiting months before consummating their relationship to the tune of "76 Trombones" (Danny's hobby is marching bands). Such planning and forethought are likely not the norm when individuals with or without mental retardation are embarking on a sexual relationship. The portrayal here is the "ideal case" scenario, likely to have no counterpart in the gritty reality in which forensic professionals are asked to participate.

Consent and Competency Issues

The issue of determining one's capability to consent to sexual activity perhaps is the most controversial implication of the film. It is generally recognized that people with developmental disabilities are at an increased risk for sexual assault and sexual abuse, and therefore, balancing the need to protect them from harm while allowing their inherent right to express sexuality is a difficult challenge.[12] It has been estimated that approximately 75 percent of individuals with a developmental disability have been victims of at least one sexual assault.[13] Nonetheless, protection from exploitation needs to be balanced with a person's right to live a full and normal life, including the right to sexual expression. The courts, although apparently uncomfortable with the issue of sexuality, are typically the venue for addressing this issue.[14, 15] Furthermore, instruction to direct care staff about sexuality in persons with mental retardation or developmental disability is often limited,[12, 16–18] possibly reflecting the inconsistencies in opinions among professionals.[12] Typically, however "the regulations are clear that individuals over the age of 21, living in federally funded facilities must be afforded all the same rights as any adult citizen of the U.S."[12] (p. 316). Weighing the right to sexual freedom and the potential for exploitation is a challenge. The mental health professional is addressing the underlying issue of consent related to sexual knowledge, level of mental retardation, adaptive functioning, comorbid mental illness, and other variables.[19, 20]

Marriage is a legal contract and assumes competency of the parties. Although the marriage between Carla and Danny was not opposed in their state of residence, statutes prohibiting individuals with mental retardation from marrying have been the norm in the past. The rights of persons with mental retardation or developmental disability to marry were forbidden or limited through the 1970s in 38 states and the District of Columbia, although many restrictive laws have been changed.[1, 21] The thinking behind preventing these individuals from marrying include inability to competently enter into a marriage contract, eugenics, and beliefs that a mentally retarded individual would not be a good spouse.[22] Nevertheless, laws or no laws, people with mental retardation are marrying and having children.

Discussion

Societal perceptions of the disabled are influenced by television, movies, and other types of media, as well as the values, economic and political climates, and attitudes of a given era. What does *The Other Sister* tell us about prevailing American values? Is it

that we are ready to countenance the needs of the developmentally disabled by putting aside our puritanical values? In adding to the caricatured acting and dialogue, *The Other Sister* fell short of the opportunity to accurately present the transitioning-period experience of most disabled individuals. It presented an overly idealized portrayal of the integration of self-determination with environmental restrictions. In this sense, the movie follows the path of most movies—leaving the audience's heart a few degrees warmer. For the disabled, however, it glosses over the difficulties and obstacles encountered by individuals with developmental disabilities, suggesting that money makes them disappear. The movie did not address the considerable variability in an individual's competency with regard to cognitive abilities and adaptive skills. It does present, however, very likable aspects through these characterizations, and in that sense it helps to diminish the perceived differences between those with and without disability. The ultimate virtue of the portrayal is that it humanizes the protagonists, depicting them as capable of guiding their own destiny, achieving independence, and overcoming adversity.

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