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Disability, gender and power in Japanese television drama

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Abstract

Traditionally, people with disabilities have been kept segregated and invisible in Japanese society and media. The 1990s, however, saw the start of a surprising boom in the portrayal of disability on Japanese television. Within the last ten years, there have been popular, prime-time dramas featuring portrayals of paraplegia, deafness, autism, visual impairment, and learning disabilities. At first sight, the sudden increase in programs about disability seems to follow a number of political changes which occurred in Japan during the 1990's, as increased disabled activism created pressure to move away from the widely condemned medical model of disability towards new constructions. But closer analysis suggests that, while the television dramas manage to avoid some of the negative images which have appeared on television in the west, their overall effect is that of reinforcing many of the aspects of the traditional, medical model. This is particularly true for dramas which feature disabled female characters, suggesting a relationship between representations of disability based on the medical model and traditional representations of gender.

Keywords: Japan, disability, social construction, media, gender, television

Introduction: Disability in Japan

Originally in Japan, responsibility for the welfare of people with disabilities was a private matter, assigned entirely to 'family love' (*kazoku ai*), a euphemism for the physical labour of female relatives (Yôda 1999:304). Disabled people were stigmatised, isolated, and hidden by shame-filled relatives. Then, as the economy of Japan improved after the post-world-war-II depression, a partial shift in responsibility occurred, mainly in response to demands from the parents of disabled children for state provision of residential institutions. The life provided by these institutions was one of 'segregation and obedience, without privacy' where residents 'cried quietly in their beds while tolerating…daily abuses' (Hayashi and Okuhira 2001:857).

The experience of disabled people in institutions was similar to that of the victims of Hansen's disease who were forced into isolation by the *Hansen's Disease Prevention Law*, repealed only in 1996 (Matsubara 2001). In many ways disability was constructed as a disease, and medical models of illness are just as much a part of Japan as they are in the west. Within the medical model of disability, disabled people are expected to depend on doctors for a 'cure', psychologists for help in 'adjusting' to life with a disability, or are expected to work hard on their own to be as 'normal' as possible, for example, to walk again (Pointon and Davies 1997:2; Morris 1997). If they could not succeed in their attempts to be 'normal' then segregation would result, having the effect of 'assuring the non-disabled world that normal is right, to be desired and aspired to' (Morris 1997:18).

Despite the successes of the disability activist group *Aoi Shiba* in the 1960s and 1970s, disabled people who could not be 'cured' or otherwise rendered 'normal' remained largely segregated in hospitals, institutions, family homes, or special needs schools. However, in 1981, the United Nations launched the International Year of Disabled Persons (IYDP), mandating 'full participation and equality' (United Nations 2000). The IYDP was based on the recognition that 'social attitudes…were a major barrier to the realisation of the goal of full participation and equality in society by persons with disabilities' (United Nations 2000). This was an early version of the *social model* of

disability (Finkelstein 1980; Oliver 1990), within which:

> disability is viewed as a problem located within society rather than within individuals who happen to have impairments. Thus the way to reduce disability is to adjust the social and physical environment to ensure the needs and rights of people with impairments are met. (French 1993:16)

Among other things, the United Nations encouraged disabled people to form organisations to 'express their views and promote action to improve their situation' (United Nations 2000). This sparked a new kind of activism in Japan, based on the social model, which looked to 'disability movements in the United States as examples of defiant disability pride and rights consciousness' (Heyer 2000).

Because of international pressure, and pressure from the new generation of disability activists, a council to oversee independent living centres was created, several new laws and action plans were created by the government, and the 1990s 'saw the discussion of disability assume a greater than usual degree of prominence in Japan' (Gottlieb 2001:981). In general, the direction of social change in Japan has been away from isolation in family homes, segregation in institutions, and the medical model, all of which rendered disabled people powerless, and towards disabled activism, the social model, and the political power it entails (Mogi 1994).

There have been criticisms of the social model (Morris 1991; French 1993; Crow 1996; Oliver 1999)[1], so rather than the end-point of disability activism, the social model should be considered the starting point in moving away from the widely condemned medical model. In the west, the social model 'was and remains very liberating for disabled individuals' allowing them to 'become empowered to mobilise, organise and work for equal citizenship' (Corker and Shakespeare 2002; Tregaskis 2002). The same can be said of Japan.

Disability on Japanese television

Before the 1990s the invisibility of disabled people within Japanese society was paralleled by their invisibility on television. The disabled population of six million was marginalised as an 'existence which should not exist' (Hayashi and Okuhira 2001:861). Disability appeared only occasionally in documentaries or education programs, but never during prime-time (Sugimoto 2001). But then things changed. Although actual members of the six million disabled population were still more likely to appear in low budget specialist programs squeezed into unpopular time slots, Japan witnessed a massive boom in the portrayal of fictional disabled characters, played by non-disabled actors. These characters emerged within the highly popular genre of the *dorama* (drama)[2].

At first, the introduction of disabled characters into *dorama* was tentative: in 1993, Fumiya, a wheelchair user, appeared as one of six siblings in the family drama *Hitotsu yane no shita (Under one roof).* Then in 1994, Nana, a visually impaired character, appeared in *Kono yo no hate (The end of the world),* as part of a sub-plot. The real boom in disability drama came in 1995 with *Hoshi no kinka (Star coins)*, a love story featuring a deaf nurse (Aya), in love with a doctor. Its immense popularity led to another similar drama in the same year: *Aishiteiru to itte kure (Tell me you love me)*, with a deaf, male protagonist, and deafness became an enduring theme, with several follow-up dramas over the next few years (see Valentine 2001).

The exploration of mental disabilities started with the minor role of a character with a learning disability in *Miseinen (Under age)* in 1995. This was followed by three dramas with learning disabled characters in the main role (in 1996, 1998 and 2002), and one drama with an autistic protagonist (in 2000).

The climax to the disability drama boom appeared in the year 2000 with *Byûtifuru raifu (Beautiful Life),* a love story about Kyôko, a wheelchair user, falling in love with the hair stylist Shûji, played by top Japanese idol Kimura Takuya. *Byûtifuru raifu* proved immensely popular not just in Japan but also in Hong Kong, Taiwan and other East Asian countries (Leung Yuk Ming 2002:67).

Sugimoto (2001) argues that the dramas have had a significant impact on Japanese society. She explains that although the term *bariafurî* (barrier free) has been around since the 1970s, few people understood the concept until it was brought up in *Byûtifuru raifu*. She also describes the sudden boom in the study of sign language after dramas featuring deafness started appearing: one sign language dictionary which had sold only 20,000 copies in ten years, suddenly sold 8000 copies in six weeks.

Television, clearly, has the power 'to play a part in the formation of social opinion and ultimately the removal of discrimination and barriers to disabled people' (Proudlock 1997:72). But more than that, because of segregation, for many Japanese people their *only* experience of disability is through portrayals on television. Television, therefore, has the potential to play a particularly important role in *constructing* the concept of disability within Japanese society (Baehr 1980:29; Safran 2001).

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Date	Disability	Sex	Role	Drama Type	Drama Name
1993	paraplegia	M	Minor	Family drama	*Hitotsu yane no shita (Under One Roof)*
1994	blindness	F	Minor	Love story	*Kono yo no hate (The end of the world)*
1995	deafness	F	Major	Love story	*Hoshi no kinka (Star Coins)*
1995	deafness	M	Major	Love story	*Ai shiteiru to itte kure (Tell me you love me)*
1995	learning	M	Minor	Human drama	*Miseinen (Under age)*
1996	learning	F	Major	Love story	*Pyûa (Pure)*
1996	deafness	F	Major	Love story	*Hoshi no kinka series 2*
1997	paraplegia	M	Minor	Family drama	*Hitotsu yane no shita series 2*
1997-2001[3]	deafness	F	Major	Love story	*Kimi no te ga sasayaiteiru (Your hands are whispering)*
1998	learning	M	Major	Love story	*Seija no kôshin (March of the Saints)*
2000	autism	F	Major	Love story	*Kimi ga oshiete kureta koto (Things you taught me)*
2000	paraplegia	F	Major	Love story	*Byûtifuru raifu (Beautiful life)*
2001	deafness	F	Major	Love story	*Shin hoshi no kinka (New Star Coins)[4]*
2002	learning	M	Major	Love/Medical	*Arujanon ni hanatabi o (Flowers for Algernon)*

Table 1: Major disability dramas appearing on Japanese television 1990 - May 2002

The portrayal of disability in Japanese dramas has managed to avoid many of the negative images that critics such Klobas (1988) have identified in films and on television in the west. The characters are not represented as 'freaks' (Norden 1994), 'as dastardly, as evil' (Campbell and Hoem 2001), 'deformity of body' does not 'symbolise the deformity of soul' (Longmore 2001:5), there is no 'fear and loathing of people with disabilities' (ibid:4), disabled people are not sinister, objects of ridicule, villains or super cripples (Barnes 1992), and are certainly not sexually deviant (Shakespeare 1997).

The disability boom on Japanese television has given visibility to a formerly marginalised, invisible section of the population, traditionally considered unsuitable for romance or marriage. The fictional disabled characters showcased in the dramas are both attractive and engaged in romantic relationships with attractive people. The importance of this should not be lost in criticism of the dramas, because, as Shakespeare (1999:165) points out, 'overcensorious readings' can have the effect of 'undermining the possibility of film-makers dealing with impairment at all', and 'even flawed representations may be considered preferable to broad disregard' (Valentine 2001:708).

However, given the central position of Japanese television in the social construction of disability in Japan, it is important to question both the extent to which the dramas support the agenda of disability activism, and the extent to which they may be reinforcing resistance to social change. The following analysis examines representations of disability in the dramas that formed the disability boom on Japanese television (table 1), in terms of the medical and social models of disability.

Analysis

Representations according to the social model

While disabled people in Japan have been embracing the social model and uniting for political action, in all the dramas the tendency is to portray disabled characters as isolated victims of circumstance, having little contact with other disabled people, and no contact with political empowerment groups. In *Kimi no te ga sasayaiteiru* and *Shin hoshi no kinka* there are scenes in which two deaf characters meet and sign to each other, but without captions, any political topics the characters might be discussing are lost to the audience. Morrison and Finkelstein (1997:63) write that 'as long as traditional media imagery represents

disabled people as tragic individuals, with no collective voice and with little access to each other, we can expect the activities of disabled people to go no further than personal complaint.'

Central to the social model is the idea that people are *disabled* by social and physical barriers, and much disabled activism works towards the removal of these barriers. Representations in line with this do appear in the dramas, but only as far as making viewers aware of the existence of barriers. When Meiko, the deaf protagonist of *Kimi no te ga sasayaiteiru*, has an important package to deliver, the train suddenly stops and she looks at the loudspeaker in frustration that she cannot hear the announcement. When she arrives at the station she stares at a telephone she cannot use. She asks someone for help, but he is busy. In the end, her interior voice says[5]:

Meiko: I wonder why I can't survive unless I ask people to help me, unless I disturb other people. Why?
Meiko: Dôshite watashi wa, hoka no hito ni tasukete morawanai to, dareka ni meiwaku o kakenai to, ikiteikenai no deshô ka? Dôshite?

The tone of her voice and her facial expression suggest extreme self pity, rather than justifiable anger at, or political opposition to, a society which deliberately excludes disabled people through lack of provision of appropriate facilities.

Kyôko's reaction to barriers in *Byûtifuru raifu* is different from Meiko's. She wants to eat at a restaurant with Shûji, but every restaurant they try to enter has stairs, making it inaccessible for her wheelchair, so in the end they eat at an outdoor noodle stand. This raises the issue of physical barriers, which is an important aspect of the social model, but Kyôko's reactions are predominantly those of passive acceptance, rather than political consciousness.

As well as physical barriers, social barriers are frequently represented in the dramas. The most important of these is the social barrier of prejudice against romantic relationships between disabled and non-disabled people, which appears to be particularly resistant to change in Japan. However, in the disability dramas, all romances involving disabled characters are with non-disabled characters, placing these dramas in the 'love across boundaries' genre. Other examples of this genre are about the relationship between a teacher and student (*Kôkôkyôshi, High school teacher,* 1993), a Japanese female teacher and foreign male student (*Doku* 1996), and a prison warder and inmate (*Rippusutikku, Lipstick* 1999).

Within the 'love across boundaries' genre, the irresistible force of love meets the immovable barrier of society, resulting in dramatic tension which resolves itself only in a cataclysmic event such as the death of one of the characters. Dramas of the genre seem neither to condone nor condemn relationships across boundaries. Instead, the unhappy ending emphasises the impossibility of the relationship and the tragedy that the partners came from different sides of the barrier in the first place. The immutability of the barrier is therefore presupposed, presented as a taken-for-granted fact of Japanese society, without so much as hint that it might be overcome.

In nearly all the disability dramas, fate prevents the disabled and non-disabled partners from crossing the barrier and having a successful relationship. In *Byûtifuru raifu,* Kyôko plans to marry Shûji, and everything seems to be going well when, suddenly, she dies. Arisu, who has a relationship with a learning disabled man in *Seija no Kôshin,* gets killed by a train. In a sub-plot in the same drama, Momo finally declares her undying love for Ren, who has a learning disability, but does so in an ambulance just before he dies of a stab wound. In *Pyûa,* Yûka, who has a learning disability, overcomes many adversities, and is about to get together with Tôru when he accidentally gets hit by a steel girder and dies.

Commenting on *Pyûa,* Kawahara remarks that the death of Tôru might have provided an easy solution for the makers of the drama, but does not suggest a solution to the real problems of relationships between disabled and non-disabled people in Japanese society (Kawahara 1996:23). Only in *Kimi no te ga sasayaiteiru* is the barrier of prejudice overcome and a successful relationship formed. The majority of dramas go a long way towards displaying the barriers described by the social model, but, with the exception of *Kimi no te ga sasayaiteiru,* steadfastly avoid the conclusion that society can, let alone should, change.

Representations according to the medical model

If society is not prepared to change, then the expectation is that disabled individuals must change. There are several ways, according the medical model[6], in which individuals might change to achieve a more 'normal' life: a) by being cured b) by stoically putting up with the disadvantages caused by barriers c) by battling to overcome barriers d) through psychological adjustment to disability or e) by submitting to the protection of a non-disabled

person. Examples of all of these aspects of the medical model feature in the disability dramas.

a) Cure

Cure is central to the medical model, having the effect of 'absolving society from responsibility' (Darke 1997a:10) for the barriers of prejudice. However, in only two of the dramas are the disabled characters physically cured. The first of these appeared early in the disability boom, in *Kono yo no hate*.

In *Kono yo no hate,* Maria is obsessed with finding a cure for her blind sister, Nana, and frequently consults a doctor in Nana's absence. To pay for her sister's operation, Maria takes a job in a hostess bar, saves up money and, in the last episode, Nana is cured. The story-line parallels western films in which 'The 'cure' climax of a majority of 'blind' films ensures that the medical model of impairment…is falsely validated and the 'blind' individual denigrated' (Darke 1997b: 37).

The 2002 drama *Arujanon ni hanatabi o* [7] is the second example centred around cure. Haru, a learning-disabled character with an IQ of 68 is cured by an operation never tried on humans before. He goes from what he and other characters call *atama ga warui* (literally head is bad, ie, stupid) to *atama ga ii* (head is good, ie, intelligent), and, in fact, way beyond that to the level of super-genius. Although at first he is dependent on his doctors, he turns the tables around when he becomes a genius, lambasting their ignorance and accurately predicting the later downward spiral of his I.Q.

The relative absence of physical cures in the dramas might, in isolation, be considered indicative of a move away from the medical model. However, the frequency which other aspects of the medical model appear in the dramas suggests this may be because 'love across boundaries' dramas tend not to have happy endings.

b) 'Putting up' with barriers (gaman)

In his analysis of accounts of deafness in Japanese television and film, Valentine (2001:711) remarks that 'The key heroic virtue represented by disabled characters is that of perseverance: *gaman*.' However, rendering *gaman* as the English word 'perseverance' does not capture the semantic elements of 'putting up with a bad situation' and 'without complaining.' Dramas which portray *gaman* as an admirable quality shown by disabled characters reinforce the medical model by suggesting that the solution for disabled people is to tolerate barriers, stoically and silently, rather than attempt to remove them through political action.

All of the disabled characters in the dramas display *gaman* to some extent, but it is particularly clear in the portrayals of female characters. In *Kono yo no hate,* Nana tells her sister that she does not mind being visually impaired because she can read books in Braille and smell flowers. But as soon as she is alone, she plugs in a vacuum cleaner, which is switched on, panics, and falls over. Life is hard, but she is putting a brave face on it, and not letting it get to her, a prototypical example of *gaman*.

The virtue of not complaining makes the silence of deaf characters a particularly convenient vehicle for the dramas to promote the exemplary solution of *gaman*. Aya, in *Hoshi no kinka*, watches in silence as the person she loves (Shuichi) starts a relationship with the very woman who caused him to trip and lose his memory. Throughout the series she shows *gaman* by not declaring her love for Shuichi (which she could easily do by slipping him a note), and not reminding him of his forgotten promise to marry her. In the end she selflessly pretends she does not love him, making way for him to find happiness with his non-disabled rival.

c) Battling to overcome barriers (gambaru)

Gaman (a noun), is essentially passive and can be contrasted with *gambaru*, a verb, meaning 'working hard, doing one's best, battling away.' Since the characters in the dramas are politically passive, when they *gambaru*, the aim is to overcome barriers privately, rather than to destroy them publicly. A good example is Meiko in *Kimi no te ga sasayaiteiru*, who battles to cope adequately with work and motherhood, but not to change the society which causes her to struggle. Kôji, the deaf artist in *Ai shiteiru to itte kure,* is represented as overcoming barriers of prejudice through his persistence and talent as an artist, eventually encouraging his partner in her struggles with her acting career (Valentine 2001:713). Likewise Yûka in *Pyûa* works extremely hard at her art, and through its success leaves the confines of her home and enters society.

By idealising characters who show *gaman*, or who *gambaru* in a non-political way, the dramas reinforce the medical model, suggesting that it is up to the individual to put up with barriers without complaining, or go to heroic lengths to overcome them privately. There is no suggestion that the removal of barriers might be the responsibility of the society which creates them.

d) Psychological adjustment

The most significant representation of the medical model in the dramas concerns psychological adjustment. When physical cure is impossible, the medical profession can aim to 'cure' patients of psychological problems associated with being disabled. Labelling the alienation of disabled individuals as 'medical' has the effect of attributing their problems to defects in their own characters, rather than to the defects of society (Shakespeare and Watson 1997; Longmore 2001:9). Morris, a disabled activist, argues that 'Our [disabled people's] dissatisfaction with our lives is not a personality defect but a sane response to the oppression we experience' (Morris 1991:9).

The issue of dissatisfaction is dealt with particularly clearly in *Kimi no te ga sasayaiteiru*, where 'deafness is reduced to a problem described as individual, a personal shortcoming' (Valentine 2001:716). In this drama, Meiko is deaf, and, like deaf characters in western dramas, seems to serve as a symbol for loneliness and alienation (Schuchman 1997, 1988). Her dissatisfaction is relayed to the audience through her constant internal questioning:

Meiko (in interpreted sign language and internal monologue in various places in the drama): I wonder why I was born. What am I living for? What for?…I wonder why I can't survive unless I ask other people to help me, unless I disturb people, why?…Why must only I be so sad? I wish I had never been born.

Meiko: Nande, watashi wa umarete kita n darô. Nan no tame ni watashi wa ikiteiru no darô? Nan no tame ni?... Dôshite watashi wa, hoka no hito ni tasukete morawanai to, dareka ni meiwaku o kakenai to, ikiteikenai no deshô ka? Dôshite?... Dôshite, watashi dake konna kanashii me ni au no darô ka? Umarete konakereba yokatta.

Throughout the drama, Meiko's unhappiness is portrayed as a personality defect which needs curing through the love and advice of her partner, Nobe. A key scene in the drama exemplifies what Longmore (2001:7) calls a 'confrontation scene in which a non-disabled character gives the disabled individual an emotional "slap in the face" and tells...her to stop feeling sorry for [herself].' Meiko is distraught because Nobe's mother has quite unjustifiably opposed their marriage. Rather than shouting at his mother for her prejudice, Nobe shouts at Meiko for over-reacting:

Nobe: Are you so special? You think you are so special. It's only you who thinks that disabled people are special. It's just your idiosyncrasy [being

deaf]. Some people have fat legs, some are fat, some short, some tall. It's just the same as that.

Nobe: Kimi wa, sonna-ni tokubetsu na no ka? Jibun o tokubetsu da to omoteru, shôgaisha o tokubetsu no ningen da to omoteru no wa kimi no hô da yo! Sore wa kimi no kosei-mitai-na mon daro. Ashi ga futoi toka, futotteru toka, se ga hikui to ka - sore to onaji dayo!

Darke argues that the disabled character who is 'represented as a bitter person with an attitudinal problem that needs confronting', epitomises 'the medical model of disability whereby it is neither the environment nor society's attitude that are the problem but the disabled character's own attitude' (Darke 1997a:13).

In many of the other dramas, too, the able-bodied characters change the attitude of their disabled partners by confronting them, advising them, encouraging them, or telling them how they should live their lives. For example, in *Byûtifuru raifu,* Kyôko (who uses a wheelchair) admires what she calls Shûji's 'barrier free thinking', ie, his ability to not to be troubled by the barriers which beset their relationship. In the end she learns an important lesson from her non-disabled partner:

Kyôko: You are the one who taught me that my life is my own possession.
Kyôko: *Watashi no jinsei ga watashi no mono da to oshiete kureta no wa anata desu.*

Kazuki, in *New Star Coins* encourages his deaf partner, Mahiru:

Kazuki: Someday the day you will be happy will definitely come. So you must never give up!
Kazuki: *Itsu ka kanarazu kimi mo shiawase ni naru hi ga kuru. Dakara akiramecha dame dayo!*

Tôru, in *Pyûa,* transforms his disabled partner through his advice. Yûka, who has a learning disability is, at first, dominated by her mother and accepts everything she is told without question, for example:

Mother: It's something you don't have to hear about, Yûka. Because Mother will decide properly.
Yûka: Yes.
Mother: Yûka wa, kikanakute ii o hanashi na no! Okâsan chanto kimemasu kara.
Yûka: Hai

Gradually, Yûka starts deciding things for herself and reaches a turning point when she defies her mother. But the driving force behind this

transformation is Tôru, her partner, who tells her that she should think for herself:

Tôru: I told you, you have to think for yourself. You must decide your own affairs for yourself. How long are you going to be dependant on other people?
Tôru: Jibun de kangaero-tte itte n dayo! Jibun no koto ha jibun de kimeru. Hito ni tayotteiru uchi wa, itsu made datte mo...

Sutherland is critical of the portrayal of disabled people as reliant on others for transformation, since it suggests they are 'incapable of achieving independence on their own.' (Sutherland 1997:19).

d) Protection

Sutherland also points out that in many films in the west, disability is used 'as a fairly straightforward representation of vulnerability' (ibid:18), and this seems to be occurring in the Japanese dramas too. In many of dramas, able-bodied protagonists protect their disabled partners from external threats. The partner-to-the-rescue theme is taken to the extreme in *The end of the world,* when Nana, who is visually impaired, is kidnapped by a murderer, and is about to be thrown off a cliff. Her partner, Jun, comes to her rescue on his motorbike, beats up the murderer and saves her life.

In a similar scene in *Byûtifuru raifu,* Kyôko is suicidal and is sitting in her wheelchair at the edge of a cliff while Shûji races to save her on his motorbike. Like the knight on horseback of European legend who rescues the damsel imprisoned in a tower, Shuji's motorbike represents mobility and power, while Kyôko's wheelchair at the edge of the cliff represents immobility and powerlessness. When he arrives, he puts his arms over her shoulders in a protective gesture and says:

Shûji: I'm here! So stupid!
Kyôko: I had already died, but when you hugged me I came to life again.
Shûji: Ore, iru darô! Bakayarô.
Kyôko: Shinde-shimatta. Shûji ni dakishimerareta kara kankaku ga modotte-kita.

There are a few reversals of the able-bodied-partner-to-the-rescue theme. For example, in *Shin hoshi no kinka* the deaf character Mahiru rescues her hearing partner Kazuki from a diving accident. However, Kazuki then goes on to save Mahiru from a sexual assault, and saves her from a life of misery when she literally begs him to take her with him to Tokyo. Aya in *Hoshi no kinka* protects her partner

by passively placing herself between him and a knife attacker, an act of self-sacrifice in line with her 'gaman', although later on she is protected and her life saved by an able-bodied character.

Discussion: Gender, power and representation

The examples discussed above highlight several different facets of the medical model which appeared across a wide range of dramas, although it should be apparent that nearly all examples were drawn from dramas involving *female* disabled characters. This is not just because the majority of disabled characters are female, but because aspects of the medical model appear with far higher frequency in dramas were the female character is disabled. The dimension of gender is central to the dramas since the promotion of the medical model is clearly split along gender lines:

The example of cure appeared in two dramas. In one, the female character Nana ends up cured and grateful to her doctors. In the other, the male character, Haru, lambastes his doctors for their ignorance, ungrateful for his temporary cure. In terms of *gaman,* Nana excels. In terms of *gambaru,* Haru excels. Typically, it is female characters who display admirable *gaman,* not male characters[8]: compare the suffering but uncomplaining female, Aya, in *Hoshi no kinka* with the irritable Kôji in *Ai shiteiru to itte kure.*

The supposition behind the dramas is that female protagonists must make adjustments to deal with their disabilities. But even if the female character is *not* disabled, there is still an expectation that she, rather than her disabled male partner, must adjust. This is particularly clear in *Ai shiteiru to itte kure* where Hiroko is portrayed as innocent and ignorant, in need of adaptation to her deaf partner Kôji. Towa, the learning-disabled protagonist in *Seija no kôshin,* counsels his female partner over the phone and transforms her from an emotionally unstable rebel to a prototypically 'good girl.'

Disabled female characters are often protected by their male partners, but where disabled characters are male, it is the disabled character who does the protection. Towa saves the life of his able-bodied partner, Arisu, by leaping off a high diving board to prevent her suicide. In *Ai shiteiru to itte kure*, there is a moment when Hiroko tells her deaf male partner Kôji that she will protect him, but he reacts extremely negatively, strongly asserting his independence. Later he saves Hiroko's life by pulling her away from an approaching car.

Gender is central to the dramas, and seems to be an even more powerful predictor of representation than disability. In terms of work, Kôji's job as a talented artist is at a higher level than his female hearing partner Hiroko, who struggles as a would-be actor. Koji's example 'encourages her in persisting with the difficulties of her training as an actor' (Valentine 2001: 713). However, when it comes to female disabled characters, they all tend to have lower job status than their male counterparts (see table 2).

Drama Name	Male, able-bodied partner's job	Disabled woman's job/position
Kono yo no hate	Mechanic	Flower shop assistant
Hoshi no kinka	Doctor	Nurse
Pyûa	Journalist	Amateur artist
Hoshi no kinka series two	Doctor	Nurse
Kimi no te ga sasayaiteiru	Office worker	Junior office assistant
Kimi ga oshiete kureta koto	Doctor	Patient
Byûtifuru raifu	Top hair stylist	Librarian
Shin hoshi no kinka	Student	No job

Table 2: Comparison of occupations of disabled female characters and their partners.

Another aspect of the representation of gender is that female (but not male) characters with learning disabilities are portrayed as children. Yûka, in *Pyûa* (Pure), is presented as 'the adult trapped at a childlike (simple) stage of development' (Kimpton-Nye 1997:32). Like representations of learning disabilities in the west, Yûka is 'the embodiment of all that is 'simple', innocent, untainted and childlike' (ibid:32). Her childlike nature is portrayed through the clothing she wears (a bright yellow coat), symbols such as the sweets she offers people with a broad grin, and her lack of sexuality. Nana, too, in *Kono yo no hate* is reduced to the status of a child when she happily gives up her independence and her own apartment to live with a kindly elderly couple. Despite the fact that Nana is an adult, this couple 'adopt' her, having her fill out a legal adoption form (*yôshiengumi*).

The dramas seem to be correlating traditional social inequalities (male/female, adult/child, non-disabled/disabled) with unequal power relationships (advisor/advised, protector/protected, rescuer/rescued, and higher/lower job status). Through the use of representations based on the medical model, disability is portrayed as a form of powerlessness, which is attached to female characters in what is arguably a celebration of both maleness and able-bodiedness. This has the effect of justifying and naturalising traditional inequalities at a time when activism is challenging them.

The dramas were, of course, written by a number of different scriptwriters, and by their nature they are full of twists and turns. There are therefore exceptions, but it is difficult to avoid the conclusion that the dramas reflect and potentially reproduce traditional inequalities: not a positive response to the agenda of disability activism, but a reaction against it.

If that is the case, then we are left with the question of why television dramas, and Japanese society in general, is resisting the activism which has been steadily growing in Japan for the last 15 years. Although it is not possible to be definite, one reason may be related to Chinese Confucianism, which has a strong influence on Japanese culture.[9] Stone (1999:143) describes Confucianism as 'a philosophy which prizes orthodoxy…leaving no room for…deviancy.' This manifests itself in what Valentine (2002:214) calls 'Japan's celebrated difference' which 'is based on a claimed homogeneity that fails to recognise internal differentiation, including disability.' It is not that disabled people threaten homogeneity. Rather, through the marginalization and stigmatisation of disabled people the group which is left, however diverse the members might be, considers itself homogenous and superior. The marginalization of disabled people is carried out through the medical model, and 'if society can't render [disabled people] safe through a cure, it rejects them in ways ranging from simply ignoring them to institutionalising them…and thus moving them out of the public sphere…' Norden (2001:26).

The 'significant denial and denied significance of outsiders within' (Valentine 1998:4.2) may, therefore, be a way of creating a sense of belonging and self-worth among the more powerful non-disabled majority. In terms of the dramas, as Longmore (2001:2), points out about representations in the west, 'Popular entertainment's depicting disabled characters' seeks to 'reassure us [non-disabled people] about ourselves.'

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Notes

1 The main criticism is that the social model does not recognise the embodied experience of disabled people (Morris 1991; French 1993), for example, the 'pain, fatigue, depression and chronic illness' (Crow 1996) which are facts of life for many disabled people. Clearly, a model of a complex situation is, by definition, a simplification (Miles 2000), and theorists such as Corker (1999) and Shakespeare (Shakespeare and Corker 2002) are working on more sophisticated, embodied theories of disability.

2 Japanese *dorama* (dramas) are complete stories usually divided into approximately twelve weekly episodes, broadcast during prime-time. An alternative format is the 'drama special', with one or more feature length episodes. Only one of the dramas mentioned in this article, *Kimi no te ga sasayaiteiru*, is a 'special'.

3 This drama was broadcast in 4 feature length annual episodes, the first in 1997 (see note 2).

4 This is a new drama, with completely different cast from the original *Hoshi no kinka*, though it explores similar themes.

5 The fluent Japanese of her interior voice emphasises the fact that this is an actress pretending to be congenitally deaf.

6 From this point the term *medical model* is used in its wider sense of *medical/individual model,* ie, any account of disability which places the blame for disadvantages in physical impairment rather than in barriers created by society.

7 *Arujanon ni hanatabi o* is based on the 1959 award winning novella '*Flowers for Algernon'* by Daniel Keyes. Although the plot is not the result of Japanese scriptwriters, there was a conscious choice to use this particular plot rather than others.

8 This perhaps reflects *gaman* in society in general, where the expectation is often that women show *gaman* by putting up with bad situations without complaining, rather than attempting to change situations by challenging traditional power relations. *Shinobu*, which is similar to *gaman*, is used almost exclusively for women.

9 Other possible reasons include the influence of medical models of disability transferred to Japan as part of western medicine, and the influence of the negative images of disability in western films available in Japan (see Norden 1994).