

Introduction

From Rebel to Patient

A dark-haired teenaged boy prepares to attend a Fourth of July beach party to celebrate the nation's bicentennial and to pursue the pretty girl next door. After packing the essentials, his sunglasses and shorts, he makes sure there is enough oxygen in his air tanks for the voyage. As the boy shields his eyes from the sun, his parents carefully navigate his plastic-enclosed stretcher's wheels through the deep sand and toward the other teenagers, who gleefully dance to rock music or dive for errant volleyballs. Later in the evening, as fireworks streak across the darkened sky, the girl of his dreams finally sits beside him. He had been attempting to avoid the merciless stares of the other partygoers all evening, but now, through his clear plastic window onto the world, he awkwardly avoids her eyes for an entirely different reason. Shyly, he slips his fingers into a thick black plastic glove to take her hand. The sparks quickly fizzle, however, when he discovers that she has only flirted with him to win a bet with another boy. Watching helplessly as she scampers away to join a group of chuckling boys, he angrily beats the clear walls of his antiseptic bubble in betrayal. He demands that his parents return him to his hospital room, the only place this disabled teenager, born without a functional immune system, might be safe from germs if not from a broken heart.

The boy was the teen heartthrob John Travolta. He was playing the fictional character Tod Lubitch in *The Boy in the Plastic Bubble* (1976), a made-for-TV romantic drama that was loosely based on the highly publicized lives of two young children without functioning immune systems, David Vetter III and Ted DeVita, "bubble boys" who lived and died in isolation from the germ-filled outside world. ABC's bubble-boy-meets-girl-next-door teen romance may seem a bit bizarre at first—just a peculiar bit of 1970s ephemera. However, rather than interpreting *The Boy in the Plastic Bubble* as a medical drama or an otherworldly story about a rare disability, critics at the time uniformly recognized it as a classic adolescent coming-of-age narrative. In the words of Tom Shales, a TV critic for the *Washington Post*, "Any teenager who feels isolated, picked on, or odd should be able to identify with

Travolta” and his immunocompromised character, Tod.¹ Transforming the medicalized human interest story of the bubble boy into a teenaged love story, the movie juxtaposes a U.S. Independence Day celebration with the humiliation of Tod’s failed romantic encounter to accentuate his emasculating dependence. This pairing not only links his disability to a failed (or queer) masculinity and heterosexuality, but also configures his broader failure to achieve autonomy as an issue that is entwined with national belonging, or citizenship. Within the story’s logic, Tod, queered by his inability to touch others (most tragically the girl he loves), must overcome his disability not just to become heterosexual but also to become an adult and a citizen. Television critics unanimously interpreted Tod’s isolating disability as a metaphor for adolescent identity crisis and resolution—not because this pairing is at all essential, but because the articulation of adolescence with disability and queerness was becoming such a pervasive representational convention across so many different U.S. cultural realms by the 1970s.

Spotlighting the figure of the developing teenager as a site of pop cultural, medical, and governmental intervention, *Chronic Youth* argues that teen identity crises help to link the destinies of youth to the national future and that cultural understandings of youth as a “disabling condition” have been central to this project. But how did this rendering of “normal” adolescence as a disability to be overcome become the stuff of common sense? And more broadly, how has this articulation served as a way to “police the crisis” not only of adolescence but also of the normative social order?²

The teenager has appeared in history and culture as an anxious figure, the repository for American dreams and worst nightmares, national and individual success and the imminent danger of failure. As culture, policy, and medicine work to address the paradigmatic teen identity crisis (or, the teen *as* crisis), these spheres also acknowledge the possibility and peril of a future citizen who may yet be anything. This is a proto-citizen who may not turn out straight or gender-normative, may not be white, may not be nondisabled, may not be a productive worker who adheres to the economic and cultural values of U.S. capitalism. Teenagers are potentially normative and potently pathological, unfinished projects whose indeterminacy provokes the anxiety inherent in this chrono-social category of adolescence. Charles Acland argues that common cultural concerns over “youth in crisis” are always less about real teenagers or their real problems and more about “an anxiety concerning the reproduction of social order.”³ In this framework, youth is understood as having “no fundamental essence *except* as a problem, as a crisis of value, of economics, or of resources.”⁴ Conceptualizing teenagers as a crisis of value has been a lucrative strategy for a variety of industries and

institutions, including pop cultural, governmental, medical, pharmaceutical, and juridical ones. But the story of how the rebel became the patient is much more than a story of simple market demand.⁵

In part, this idea of “teens as/in crisis” derives from essentializing theories of the biological or psychological nature of adolescence. To be a teenager is to be besieged by raging hormones while at the mercy of an incomplete brain. Such figurations of the teenager offer up adolescent bodies as perennially volatile and unstable or as problems to be managed. In spite of a variety of cultural studies of the social construction of identity, such essentialist figurations of adolescence also conjure a body that is remarkably impermeable to historical change or cultural difference. Depictions of adolescence as a universal psychological or bodily stage of temporary crisis evacuate the history of youth as an identity category akin to (and indeed, affected by) race, class, gender, sexuality, or dis/ability, whose cultural and political meaning continues to change radically over time. While the biological and hormonal process that sociologists, psychologists, and physicians have named “adolescence” certainly exists, this book imagines “teen” 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. Although ideas about teen emotional volatility, rebelliousness, generational conflict, or sexual waywardness often circulate in U.S. culture as timeless facets of teens’ “true” physiological nature, this commonsense perception of teen nature actually comprises many sedimentary layers of culture and history from the turn of the twentieth century to the present.

Whether in psychologists’ offices, in classrooms, or on television screens, approaches to representing or managing individual identity crises always collide with and construct broader cultural crises over national and economic health, development, and futurity. Cultural theorists of youth, including Stuart Hall and Dick Hebdige, first analyzed youth through the lens of subculture to examine how young people, as a subordinated group, have challenged the hegemonic norms of a dominant (adult) culture, often through their consumption patterns.⁶ Building on this work, *Chronic Youth* analyzes the teenager as a cultural figure through which broad threats to the normative order—racial, gendered, disabled, or sexual—have been negotiated and contained. This book details how the teenager has transitioned from rebel to patient in order to show how this teen transformation has participated in an ongoing normalization of a culture of rehabilitation, or the idea that endless self-surveillance and enhancement are not only innately healthy but also central to good citizenship.

After World War II, a U.S. economic boom revealed that teens could be a lucrative market segment. Then post-1968 youth movements demonstrated that teenagers could be powerful and political if their potency was properly channeled. By the early 1970s, popular media and literary producers quickly responded to this call by creating new pedagogical modes of storytelling for teen audiences that openly addressed a variety of “real” teen problems, like parental alcoholism, sex, sexually transmitted diseases, and teen pregnancy. This new, problem-driven, teen-specific entertainment emerged within and across multiple mediums through established media industries and formed a new genre of teen popular culture that I call “rehabilitative edutainment.” Cultural industries, as well as policy makers and parents, imagined rehabilitative edutainment to be a realistic, socially relevant, and entertaining variety of popular culture that would be healthy and informative for impressionable teen consumers. They also depicted youth crises and offered a “serious” address of teen proto-citizens as an opportunity to sell products that appear to be directed at a formerly neglected segment of the consumer market. This commercial vision found political traction in a country that had been shaken by national scandals like Watergate and Vietnam (both of which have been characterized as the nation’s “loss of innocence”) as well as by post-1968 social movements that exposed the many exclusions of the white middle-class suburban bliss of Cold War American dreams.

Chronic Youth focuses on how these rehabilitative cultural narratives exerted power on everyday lives, shaping norms of embodiment, knowledge about youth, sexuality, and disability, and policies for regulating teen behaviors through medicine *and* media. Often state- or community-endorsed, this problem-driven formula’s ubiquity both revealed and incorporated cultural perceptions about popular media’s powerful effects on developing citizenry.⁷ Rather than perpetuate Cold War fears about mass media’s potential to incite juvenile delinquency, a new coalition in the 1970s and after, including parents, policy makers, regulatory institutions, and media producers, attempted to wield that influence to create socially responsible media designed to develop productive and empathetic teen citizens. By addressing its teen characters and viewers in a tone that was more diagnostic or preventative than punitive, rehabilitative edutainment asserted a therapeutic function for popular culture and, along with that, a sense of its legitimate contribution to rather than corruption of society’s youth. This problem-driven formula soon prevailed as the dominant mode of address for teen audiences, and in turn, it rehabilitated the image of formerly denigrated media forms, like television or paperback novels, as productive rather than damaging to youth citizenship development.

From the immunocompromised Tod Lubitch, to the stuttering ice-skating boys of ABC's *After School Specials* (1972–1994), to the love-struck girls with cancer of Lurlene McDaniel's *Six Months to Live* (1989), rehabilitative edutainment also prominently featured narratives of disability. Ableist representations of disability as tragic or inspirational had long been a staple of American cultural representation for audiences of all ages without a corresponding cultural awareness about the damaging nature of disability stereotypes or a realization of the ubiquity of disability images. In addition to critiquing ableist or stereotypical representations of disability, disability studies scholars have shown how popular media rarely portrays the fullness or political realities of disabled lives and instead uses disability as corporeal otherness that signifies otherwise intangible character traits.⁸ Amputated limbs continue to connote villainy, while fatness implies wealth or greed, and a critique of this representational taxonomy of disability often still “falls on deaf ears.”⁹ In other words, disability pervades representation not on its own terms, but rather, in the words of David T. Mitchell and Sharon L. Snyder, as “the materiality of metaphor.”¹⁰ Rehabilitative edutainment for teenagers certainly falls within this broader representational history of ableist representations of disability as tragic, undesirable, or inspirational. However, *Chronic Youth* offers a provocative new analysis of how American cultural producers, policy makers, and medical professionals have mobilized discourses of disability to cast adolescence as a treatable “condition” rather than a willful (or potentially criminal) waywardness. Rather than a physical condition solely rooted in the body, disability is, in Rosemarie Garland-Thomson's words, a historically shifting “attribution of corporeal deviance” that is “not so much a property of bodies as a product of cultural rules about what bodies should be or do.”¹¹ Discourses of disability enmesh sets of cultural rules that regulate all bodies, whether disabled or not. Thus rehabilitative edutainment's narratives feature stutters, mobility impairments, and chronic illnesses as undesirable embodiments and obstacles to development in order to signify the otherwise intangible instability of “normal” adolescence and provide strategies for its containment.

Chief among these narratives has been the inspirational story of “overcoming” disability to “achieve” able-bodiedness. Overcoming narratives reinforce the superiority and desirability of the able body in contrast to the disabled body by rendering disability an undesirable obstacle to be overcome or otherwise eliminated. Thus, in the words of Eli Clare, such narratives rest on the ableist idea that “disability and achievement contradict each other and that any disabled person who overcomes this contradiction is heroic.”¹² Nevertheless, overcoming narratives have been popular and enduring in the

United States because they reinforce the ideals of American liberalism: productivity, freedom, and self-reliance as central to good citizenship. Rehabilitative edutainment uses disability, as the materiality of metaphor, to establish and teach cultural rules about what teen proto-citizens should be *becoming*. Overcoming disability corporealizes the abstract metamorphosis that is teen coming of age, constructing it as a process of overcoming limitations or obstacles (often, their very bodies) to achieve coherent and stable (read: able-bodied and heterosexual) adulthood. In this sense, a recurrent cultural narrative about teenagers' overcoming their disabling adolescence has also provided a collective story of citizenship that binds rehabilitating/maturing teenagers inextricably to ideas about national belonging and health.

Rehabilitative edutainment's ableist narratives of overcoming disability also provided a crucial strategy for regulating teen sexuality. Amid a U.S. cultural rejection of the sexual repression that allegedly characterized the Cold War, the development of sexuality was increasingly attached not only to ideals of democratic freedom ("liberation") but also to healthy citizenship for all people, whether young or old. Thus, by the 1970s, neglecting entirely issues of sexuality in teen popular culture was no longer a viable option. On the screen and across their pages, striving for able-bodiedness became linked to achieving heterosexuality in plotlines within which teen protagonists reached adulthood when they demonstrated that they had not only achieved able-bodiedness but also formed a "healthy" heterosexual romantic relationship with an able-bodied partner.

Queer scholars such as Lauren Berlant and Lee Edelman have shown that "the Child" has often functioned as an affective rallying point for seemingly apolitical investments in a "better future," but such investments are always political, as they further entrench heteronormativity (and, disability studies scholars would add, able-bodiedness) as a shared ideal of citizenship.¹³ However, when they maintain a polar opposition between adults and children, queer theories of childhood largely neglect the particular histories, cultures, and symbolic value of adolescence. The instability of adolescence, as in-between-ness, crisis, and becoming, became useful to the affective and political arrangement of post-sexual liberation citizenship as it coalesced around heterosexuality and able-bodiedness. While there are certainly many continuities between children and teenagers, in terms of their political-affective cultural value and the tactics used to police their sexualities, the *inevitably* sexual teenager, at risk of having an unwanted pregnancy, a sexual identity crisis, or a sexually transmitted disease, has not always functioned in popular culture or public policy as a figure of sexual innocence like the Child, especially when the teenager in question is nonwhite, disabled, queer, or poor.¹⁴

This book builds on valuable queer scholarship of citizenship, affect, and childhood to consider how teens have been imagined and addressed as developing proto-citizens—something more than “infantile citizens” or “queer children”—whose proper acquisition of self-discipline and “healthy” sexual development was imagined as particularly crucial to the nation’s future.¹⁵ Often in opposition to vulnerable and sexually innocent children in need of protection, teens had emerged, by the 1970s, as sexual proto-citizens in need of citizenship training to proactively navigate a new culture of sexual openness and gender trouble in the wake of sexual liberation and second-wave feminism. However, as teenagers’ maturation into “normal” heterosexuality or traditional gender roles was far from assured in advance, it had to be carefully managed through healthy rehabilitative edutainment, lest the increasing sexual explicitness of a post-1970s popular culture that was “wallowing in sex” be cast as a corrosive or dangerous influence on youth development.¹⁶

Yet, as *Chronic Youth* will show, this new form of citizenship affected a broader swath of the population than teenagers alone. Rehabilitative citizenship took root as citizenship became imagined as a cultural or emotional attachment rather than a form of national political belonging. By the 1980s, this transition in the character of citizenship became articulated increasingly through a privatized (or what Berlant refers to as an “intimate”) political discourse that spotlighted personal morality and the family. The body of the teenager and its management through self-discipline provided nothing less than a template for naturalizing cultural citizenship as governmentality, as a never-ending and participatory process of emotional and physical self-regulation, in relation to the “intimate public sphere” of the United States.¹⁷

Chronic Youth is thus also part of a growing body of scholarship that theorizes the relationship among heteronormativity, able-bodiedness, and citizenship—and conversely, the configuration of queerness and disability as sites of “deviant” sexuality that lie outside acceptable citizenship.¹⁸ When overcoming disability stands in metaphorically for “coming of age,” rehabilitative narratives equate a partnership of able-bodiedness and heterosexuality with healthy, mature adulthood. This linkage of heterosexuality and able-bodiedness as the “healthy” or natural outcome of development participates in a broader cultural process that Robert McRuer has named “compulsory able-bodiedness,” or the set of diverse cultural rules that continually establish able-bodiedness as pre-discursively natural in contrast to disability, which appears as an undesirable aberration.¹⁹ Paradoxically, even as rehabilitative edutainment offered a new challenge to paternalism by addressing teenagers proactively rather than protectively, its rehabilitative logic relied on and perpetuated an ongoing infantilization of disabled and queer bodies. Within

the entwined systems of compulsory able-bodiedness and heterosexuality, adolescence, queerness, and disability have been positioned as interrelated sites (or passing “stages”) of abnormality that require development, intervention, and normalization until and unless they are overcome. This book builds on generative theoretical work on compulsory heterosexuality and able-bodiedness by providing a historical account of the mediated, gendered, and age-related processes through which adolescence, able-bodiedness, and heterosexuality operated to form the very regulatory norms that govern what counts as good media or productive citizenship. Just as the “impaired teenager” has changed over time, so have the varied expressions of compulsory able-bodiedness and heterosexuality.

The common thread uniting the two dominant images of teen life traced in *Chronic Youth*, those of the rebel and the patient, is a fundamental understanding of the teenager as a problem to be managed and solved. Both on- and off-screen, teenagers, while still threatening to social norms and threatened by a variety of bad influences, were recast from post-World War II rebels in need of punishment to patients in need of a treatment regimen. They became development opportunities, ripe for sexual, emotional, and bodily instruction and compassionate intervention. Highlighting the figure of the developing teenager as s/he appeared in popular culture, government policy, and medical discourse, *Chronic Youth* traces how adolescence became “crippled”—namely, how disability became an enforced category for youth, whose marginal citizen-position and problematic sexuality became marked by their imaginary and requisite disabling.²⁰ In representing adolescence as a disability, popular representations advocated the decriminalization of adolescence while simultaneously pathologizing the space of maturation that exists between childhood and adulthood.

Of course, the association of adolescence with disability also had diverse cultural effects that varied drastically in relation to race, class, gender, and sexuality. As the final chapter shows, the medicalization of white middle-class teenagers from the 1970s onward also coincided with (and, in many ways, facilitated) the ongoing criminalization and incarceration of nonwhite youth.²¹ Thus, while the discourse about teen bodies that this book historicizes produces *all* teen bodies that do not conform as always-already deviant, pathologized, subjected, and crippled, it spotlights some teens—such as school shooters or “superpredators”—as figures of excess that bear an unequal brunt of that crippling. Coming of age became recast as a gradual process of rehabilitation, one that proactively involved teenagers in their own decision making and self-fashioning through the work of pedagogical popular culture and, with increasing frequency by the twentieth century’s

close, medical and pharmaceutical intervention for some, criminalization for others, and surveillance for all. On the broadest scale, *Chronic Youth* uncovers how representations of adolescence, sexuality, and disability, as sites of development, management, and investment, helped to naturalize a culture of rehabilitation as coterminous with good citizenship not just for those deemed disabled—but for all of us.

Crippling Adolescence

By analyzing a variety of cultural materials, *Chronic Youth* innovatively shows how disability became attached to *other* forms of embodied experience that have been deemed undesirable, such as adolescence, queerness, or immaturity, while able-bodiedness became synonymous with “healthy” attributes like maturity, productivity, or heteronormativity. However, disability has been discursively (and often implicitly) attached to adolescence at various points in U.S. history and in diverse cultural locations that precede post-1968 rehabilitative edutainment. In many ways, disability, as a “metaphoric abstraction” for adolescence, became such a compelling and pervasive representational taxonomy and ideology by the 1970s because disability and adolescence had been intimately entangled disciplinary sites from the turn of the twentieth century onward.²² Governmental institutions, from local to national, from juridical to educational, and later, social scientific and psychological disciplines expressed fears over the management of adolescence and used historically shifting terminologies like “savagery,” “feeble-mindedness,” “juvenile delinquency,” “deviance,” and later, “neurological (under)development.” Policing the sexuality, emotional expressiveness, embodiment, and behavior of teenagers—whether through specters of the savage, the rebel, or the patient—has been central to enforcing the normative social order and its ideal of democratic citizenship.

A new Romantic ideal of childhood as a stage of sexual innocence and play (as opposed to labor) took root in the Victorian era in stark contrast to what G. Stanley Hall first described, in 1904, as the “storm and stress” of adolescence. Yet storm and stress at the turn of the twentieth century, as countless scholars of youth history have shown, encompassed much more than volatile adolescent bodies. Hall’s codification of adolescence, for instance, manifested cultural anxieties about white middle-class men’s loss of strength and vigor due to the “overcivilizing” impulses of American modernity—an overcivilization to which a “savage” adolescence served as a crucial antidote.²³ Likewise, “generational conflict,” often perceived to be transhistorically characteristic of adolescent psychology, first emerged to name an anxiety about

the Americanization of immigrants and the perceived distance and loss of cultural traditions between young second-generation immigrants and their parents.²⁴ Thus, cultural anxieties about the rapid pace of modernity—industrialization, urbanization, and the racial and ethnic diversification of the national body through immigration and the Great Migration—triangulated within anxieties about adolescent behavior.

However, fears over the “proper development” of individuals, economies, and even nations were not only articulated through ideas about a body’s generation or age but also through measurements of its capacity. Two emergent and co-constitutive Progressive-era ideologies of development and productivity, eugenics and Taylorist scientific management, relied on cultural narratives and understandings of Darwinian theories of evolutionary development. Both systems inexorably shaped cultural constructions of adolescence, race, and dis/ability. Amid the rise of industrial capitalism, “scientific management” of the workplace demanded ever more rigorous standardization and efficiency of workers. Meanwhile, using overlapping rhetorics of race, disability, and age, eugenic thinkers established Western culture as the pinnacle of development, capacity, and efficiency in opposition to other non-Western cultures, which were deemed less developed, more “infantile” or “primitive” by comparison. Eugenics formed what Snyder and Mitchell call a “diagnostic regime,” comprising diverse and interwoven branches of scientific inquiry, including psychology, sexology, and anthropology; forms of reproductive control; and educational technologies, such as classrooms and IQ tests.²⁵ In this context, disabled people were increasingly remanded to custodial institutions (especially during their childbearing years) as eugenics defined them as a “subnormal” population whose bodies were deemed inferior and “unfit” for the new demands of modern labor as it standardized workers’ bodies and systematized their function.

Through Progressive-era mechanisms that were deeply infused with eugenic philosophies and modern techniques of disciplining the body, cultural ideas about disability and its management linked directly to concerns over the sexuality of adolescent bodies. While rebellion among adolescent boys might ensure future generations of virile, white American male entrepreneurs, female “delinquency” usually corresponded to allegations of promiscuity and allied with the eugenic designation “feeble-minded,” a capacious term that operated to police gender, sexuality, class, and race within this new social order. As Michael Rembis shows, late nineteenth-century medical doctors, psychologists, educators, and reformers undertook a systemic program to diagnose and treat rebellious behavior associated with young urban women, a project that led to the establishment of juvenile courts and

sex-specific institutions designed to punish, segregate, and cure adolescent girls who were labeled deviant, defective, or delinquent.²⁶ Within a eugenic diagnostic regime, regardless of whether or not young women were “truly” disabled or simply poor, sexually active, or nonwhite, disability was used as a common “justification for inequality,” transforming deviant traits or behavior into undesirable embodiment.²⁷ Disabled persons—institutionalized, abused, or neglected—were joined by sexually “mismanaged” teen bodies that were also policed and segregated using designations of disability. Through overlapping and mutually reinforcing discourses of racial, sexual, and disabled “deviance,” reproductive controls based on eugenic notions of the heredity of deviant behavior played out in the sexual containment and policing of adolescent bodies to ensure and protect future “fit” generations.²⁸ Thus, the eugenic management of the future, the quest to ensure the continuance of a white, middle-class, able-bodied, heterosexual ideal by regulating “undesirable” sexuality, formed one of the earliest cultural convergences of disability, sexuality, race, and adolescence.

However, the conventional origin story for the teenager—as not only a body undergoing the biological changes of adolescence but also a particularly unruly social creature—does not typically include Progressive-era overlaps between disabled and adolescent bodies as, in Acland’s words, “crises of value or resources.”²⁹ Rather, the black leather-coated postwar rebel remains one of the most enduring images of American adolescence. When high school became compulsory by the 1940s, teenagers emerged as a distinct social group, while adolescence (at least for members of the white middle and elite classes) increasingly became defined as a period of suspended maturation devoted to schooling prior to employment and adult responsibility. Teenagers also became a lucrative market segment for a variety of films, television shows, rock-and-roll music, and clothing. *Rebel without a Cause* (1955), alongside other midcentury images of juvenile delinquency such as *The Wild One* (1953), *Blackboard Jungle* (1955), and *Teen-Age Crime Wave* (1955), emerged and entrenched a variety of cultural understandings of the “nature” of adolescence—namely, that teen rebellion was natural but also dangerously pathological, without obvious cause yet somehow essential to American coming of age.

The mystifying rebel personified a growing cultural panic about juvenile delinquency and a more generalized anxiety about the power of mass media. Toward the end of World War II, social scientists, the Children’s Bureau, the Federal Bureau of Investigation, and journalists argued that juvenile delinquency was on the rise, in spite of the lack of evidence of an increased crime rate among young people.³⁰ Apart from the visual and narrative danger

rebel movies presented to impressionable youth, even the rock-and-roll soundtrack to *Blackboard Jungle* was considered a bad influence. One year prior to the film's release, Frederic Wertham, a neurologist and psychiatrist, penned his infamous *Seduction of the Innocent* (1954), which warned that mass media, especially comic books, contributed to an increase in juvenile delinquency and homosexuality. In what became popularly known as the "comic book hearings," Wertham appeared as an expert witness before the Senate Subcommittee on Juvenile Delinquency, led by U.S. Representative Estes Kefauver, to discuss the causal relationship between "dangerous media" and "bad teenagers."

Although cultural fears about adolescent rebellion led to the censure of an array of teen media and music, Leerom Medovoi persuasively argues that the figure of the rebel, epitomized by the adolescent "bad boy," was crucial to maintaining Cold War American conformity rather than antithetical to it because the dissident rebel preserved America's image as a democratic space of self-expression and self-fashioning.³¹ At the same time, Medovoi argues, these narratives performed rebellion's containment by disciplining and reabsorbing bad boys (and girls) into the safe conventions of suburban life, heteronormativity, and traditional gender roles. As a figure of dissent and nonconformity, the rebel was essential to notions of American participatory democracy and to the correlation of democracy with Americanness itself. Yet the rebel also figured prominently in representations that characterized all post-World War II teenagers as perennially angst-ridden potential criminals, who were dually threatening to society and threatened by a variety of external forces. Rather than simply relying on parents to discipline teens, the government, through the Judiciary Committee, intervened to police teenagers as potential criminals. The government also offered a new cultural understanding of media, when it argued that the regulation of media was crucial to the regulation of youth and, more generally, to the preservation of a healthy nation during Cold War anticommunist struggles. Along with a variety of other "external forces," like unstable families (especially those with overbearing mothers or absent fathers) or delinquent friends, dangerous media might adversely impact adolescent development and lead to national decline.

While the image of the delinquent teenager dominated the Cold War cultural imagination and media landscape, by the mid- to late 1960s, cultural understandings of adolescence began undergoing a radical shift, largely due to the concurrent politicization and psychologization of "identity." Medovoi argues that the concept of identity figured heavily in the "ideological terrain" of the Cold War, with "adolescence playing the pivotal role."³² The first use of the term "identity" in relation to youth development occurred in Erik H.

Erikson's *Childhood and Society* (1950), which, by 1963, had become required reading for university courses in sociology, psychology, and social work. However, it was Erikson's subsequent study, *Identity: Youth and Crisis* (1968), that fully elaborated his famous concept of "identity crisis," a period of "role confusion" usually occurring in adolescence, when a person feels conflicting internal and external pressures as s/he searches for a clearer sense of self and the role s/he will play in society. Although Erikson believed that identity crises could happen at any stage of the life cycle, identity crisis quickly became commonsense vernacular used to characterize adolescence. Crucially, Erikson's new formulation shifted the predominantly externalizing sociological vocabulary used to describe 1950s teenagers (rebels without cause who were besieged by bad external influences like unstable families, violent media, or delinquent friends) to internalizing medical diagnoses, a shift that validated teen angst as deriving from a very real mind-body process that was simultaneously normal and pathological. Problem-driven narratives in rehabilitative edutainment would capitalize on this vocabulary by the 1970s, gaining popularity and legitimacy as "realistic" portrayals of teen identity crisis and assisting audiences in imagining the developmental space between childhood and adulthood as legitimately fraught with real difficulty rather than willful or nonsensical resistance against adults.

By the late 1960s, from Vietnam War draft resistance, to the Chicago riots following the 1968 assassination of Martin Luther King Jr., to the birth of the disability activists' independent living movement at UC-Berkeley, "youth" had also become a politically charged identity rather than solely a developmental category. Far from rebellion "without a cause," 1960s youth countercultural movements represented a politically engaged rebellion of a new kind. "Don't trust anyone over thirty," the mantra of the free speech movement, emblazoned buttons and formed a rallying cry in speeches and manifestos that politicized generational conflict as a rejection of conventional social mores and political ideals. Identity and crisis became a way of fomenting and negotiating identity-based political movements, such as those for civil rights, gay and lesbian liberation, women's liberation, disability rights, and black nationalism. At the same time, critics of the counterculture mobilized the same rhetoric of identity crisis in order to dismiss youth protest as immaturity—a passing stage of youthful craziness that threatened to fragment the cohesive identity of the nation—rather than legitimate it as political consciousness.

This brief overview suggests that a crip history of teens as crisis-ridden subjects matters not just for youth studies but also for the broader fields of U.S. media, cultural, and political history, because discourses of adolescence

have been crucial in rendering heteronormativity, able-bodiedness, and emotional management synonymous with maturity and, ultimately, with productive citizenship. Although “teen” and “disability” may at first seem like unrelated categories, both have been understood as abnormal (and undesirable) bodily states and as problematic sexual sites in different but intimately related ways. As such, both have called forth forms of discipline that combine bodily, psychological, and cultural forms of rehabilitation. Within and around these bodies, rehabilitation coalesced into a culture.

Rehabilitative Citizenship

To “rehabilitate” means “to restore” “to a former capacity,” “to a former state (as of efficiency, good management, or solvency),” or “to . . . bring to a condition of health or useful and constructive activity.”³³ These definitions reflect the complex discursive locations of rehabilitation, a dynamic interplay among bodies, capacities, medical knowledge, social services, personal growth, and norms of productive labor that are at once economic and cultural. Most often, rehabilitation, as a medical and cultural language, invokes ideas about disability and able-bodiedness, where disability appears as undesirable “loss” and able-bodiedness as coveted “wholeness”—a past wholeness, marred by disability, and the future wholeness promised by successful and ongoing commitment to rehabilitation. Yoking capitalist values (“efficiency,” “good management,” and “solvency”) to individual health, rehabilitation describes a set of relationships that are simultaneously cultural, bodily, and economic: an entanglement of healthy bodies and healthy economies, once threatened and then restored. Pivoting from queer theories of temporality, I suggest that rehabilitation is only partly a “straight” linear developmental narrative of “overcoming” disability or “growing up.”³⁴ Rather, it also requires a sort of polytemporal desire. It involves longing nostalgically for the past, figured as a lost previous state of imagined wholeness or integrity, but one that is recoverable (in the ever-receding future) through disciplined individual effort and collective desire in the present. Rehabilitation, at its core, is a self-making project involving perpetual self-discipline and self-surveillance. It has become attached to the notions of liberal individualism and good citizenship that scaffold our commonsense ideas about democracy and citizenship.

However, rehabilitation, as a practice or set of beliefs, did not always exist. In contrast to earlier models of disability as a pathology to be cured or eliminated, rehabilitation marked the appearance of something new as it emerged around World War I. Although the pathologization, segregation,

and institutionalization of the disabled had (and have) not completely disappeared, by the second half of the twentieth century, argues the historian Henri Jacques Stiker, rehabilitation “ended up dominating the idea of cure.”³⁵ In addition to the rise of prosthetics for wounded soldiers, rehabilitation encompassed other physical, mental, and social therapies meant to facilitate disabled people’s “reintegration” into society.³⁶ As rehabilitation “moved out in front of the hospital,” treatment regimens for disability and disease relocated to the social and cultural realm rather than remaining exclusive to the medical sphere.³⁷

To illustrate this cultural shift, one particular story of rehabilitation’s emergence is especially illuminating. During World War II, a psychoanalyst in the Mt. Zion Veterans’ Rehabilitation Clinic observed veterans who “had neither been ‘shellshocked’ nor become malingerers, but had through the exigencies of war lost a sense of personal sameness and historical continuity.”³⁸ The war had shattered the veterans’ senses of self into “bodily, sexual, social, occupational fragments, each having to overcome again the danger of . . . its evil prototype[s].”³⁹ The psychoanalyst’s list of “evil prototypes” included “the crying baby, the bleeding female, the submissive nigger, the sexual sissy, the economic sucker, the mental moron—all prototypes the mere allusion to which could bring [the veterans] close to homicidal or suicidal rage followed by varying degrees of irritability or apathy.”⁴⁰ This elaborate assemblage of “evil prototypes” that threatened a soldier’s war-traumatized body and mind featured a variety of sexual, racial, and bodily categories—femininity (“bleeding female”), blackness (“submissive nigger”), homosexuality (figured as effeminacy in the “sexual sissy”), and disability (“mental moron”), among others—as terrifying obstacles to development and coherence. In the case of the shattered soldier, these prototypes were also specters of *former* developmental obstacles that he must now confront *again* in order to resynthesize the fragments into a coherent identity. At the same time, the word “prototype” suggests a powerful ambivalence. The quest for a coherent identity might be a perpetually unfinished project (and perhaps especially for the variety of categorically deviant bodies the psychoanalyst lists!) because such undesirable, fragmented, and “evil” figures might *always* be part of us. Perhaps these prototypes are not only potential nightmare “futures” resulting from poor development, but also ongoing “presents,” originating conceptual bedrocks around which all selves form. This particular account of veterans in a World War II rehabilitation clinic takes a rather surprising turn, however, when the psychoanalyst explains straightforwardly that “the same central disturbance” he observed in war-wounded soldiers appeared “in severely conflicted young people whose sense of confusion is due, rather, to a war

within themselves, and in confused rebels and destructive delinquents who war on their society.”⁴¹ Of course, the psychoanalyst-storyteller was none other than the preeminent developmental psychologist Erik H. Erikson. The “central disturbance” Erikson discovered in wounded war veterans was “identity crisis.”

Arguably one of the most dominant and lasting conceptual frameworks for adolescence, the concept of identity crisis was born out of the rehabilitative convergence of disability and sexuality.⁴² By observing (and depathologizing) veterans who had been previously diagnosed as mentally ill, Erikson had invented a new diagnostic term for “normal” people who were undergoing difficulties. As identity crisis moved “out of the hospital” to become firmly affixed to commonsense understandings of the chrono-social category of adolescence as a universally experienced stage, the necessity of rehabilitation began extending to *all* bodies, regardless of disability status or age.

Thus within and alongside the story of the teen’s transition from rebel to patient is not only the story of how cure gave way to rehabilitation but also how rehabilitation became attached to citizenship. I use the term “rehabilitative citizenship” to describe how rehabilitation has become attached to what it means to be a good citizen, often through seemingly apolitical discourses of “health” or “growth.” I argue that its ascendance marks a broader cultural, economic, and historical shift toward governmentality from 1970s-era post-Fordism to neoliberalism and globalization of the 1990s and beyond. Governmentality, a term coined by Michel Foucault, describes the process by which power in advanced liberal democracies, which was formerly centralized in the nation-state (or in institutions such as the hospital, to invoke the rehabilitation model), morphs into the diffuse biopolitical power of individual self-surveillance. While “cure” implies an end to the management of a body, rehabilitation produces the body as forever incomplete—a ripe market for commodities and site for governmentality, both of which promote endless enhancement, flexibility, and self-regulation as voluntary, desirable, and liberating. Rehabilitative citizenship reframed individual citizenship, not as guaranteed in advance by the nation-state but rather as an endless “contractual” negotiation that is contingent on perpetual self-surveillance and healthy (read: normative) behavior.⁴³ *Chronic Youth* shows how rehabilitative citizenship emerged in overlapping cultural locations of adolescence, sexuality, and disability, including medical knowledge and authority, cultural representation, strategies of emotional management, and governmental policy.

However, beginning to unpack the history and culture of rehabilitative citizenship requires first contextualizing its emergence within a 1970s

economic and cultural turn toward “self-help” and its eventual alignment with two intertwined core values of neoliberalism: “privatization” and “personal responsibility.” Rehabilitation subjected everyone—not just the previously pathologized bodies of the disabled—to a process of self-management that was configured as essential to maintaining healthy, productive citizenship. Historians and sociologists have characterized self-help culture’s meteoric rise in the 1970s and 1980s as part of a broad cultural “turn inward” or a “triumph of the therapeutic.”⁴⁴ The self-help industry’s diverse and lucrative offerings included “pop” psychological and self-improvement literature, television shows, radio programs, and seminars, as well as personal coaching.⁴⁵ With the establishment of a “twelve step culture” and the media popularity of the self-help guru John Bradshaw in the early 1970s, the phrase “inner child,” a personification of trauma that impeded proper development into adulthood, came into circulation alongside “codependency” as two prevailing terms of an emergent self-help movement. Mobilizing rhetorics of adolescence and disability, the self-help movement emphasized personal “growth” or “overcoming” obstacles to “achieve your full potential.” The self-help industry capitalized on strategies of individual empowerment that had been pioneered by liberal progressive “depathologizing” movements such as feminist “consciousness raising” or the countercultural slogan “power to the people.” However, while those in social movements fought for equality, social recognition, and the downward redistribution of power and wealth, the self-help industry converted their dissident rhetoric into a profitable industry, offering consumer-driven “cultural citizenship” that promoted “resistance through consumption” and identity-based market segmentation as an alternative (and hollow homage) to participation in social movements.⁴⁶ By the 1990s, Erikson’s “evil prototypes” had become lucrative niche markets.⁴⁷

Self-help culture, as well as the rehabilitative ethos that formed its infrastructure, was a tactic of governmentality that positioned perpetual work on the self as essential to achieving maturity, health, capacity, and good citizenship. Rehabilitation rests on ableist notions of embodiment involving the language and activity of “return”—a return to a state of able-bodied normalcy or stability—through “personal effort.” Historically, this form of self-regulating rehabilitative citizenship became equated with healthiness just as post-Fordist economic deregulation—or the idea that markets are *also* healthiest when self-regulating—ascended as a hybrid economic-cultural philosophy that claimed to promote economic “recovery.” From the 1970s onward, images of rehabilitation became inextricable from endless calls for personal responsibility to promote national health, a type of self-rehabilitation that formed the cultural underpinnings of U.S. neoliberalism.

As rehabilitation became normalized as a youthful rite of passage by the twentieth century's close, "disability" likewise no longer always signified pathology or even difference. In a post-Americans with Disabilities Act (ADA) United States, disabled people, through strategies of "reasonable accommodation" and "universal design" as well as through cultural representation, were integrated as productive fellow citizens who formed part of the U.S. multicultural tapestry. Yet although the ADA formed part of a shift in cultural attitudes about disability and provided the framework for legal redress against disability prejudice in the workplace in 1990, an ADA Restoration Act was necessary eighteen years later, because those claiming discrimination by invoking it lost their cases more than 80 percent of the time.

Although rehabilitation operates through discourses of inclusion, disability is rendered an undesirable and transitory obstacle to be surpassed through individual *will*, or in neoliberalism-speak, through "personal responsibility" and "hard work." Rehabilitation's integrative ideal also requires a damaging pattern of cultural erasure as a prerequisite for granting social inclusion—a pattern also at work in liberal multiculturalist movements of the 1990s. Namely, rehabilitation chooses and spotlights the disabled, proclaiming a desire for their inclusion, but paradoxically only so that they are "made to disappear."⁴⁸ In Stiker's tragically prescient words, rehabilitation emblemizes "[s]ociety's wish . . . to make identical *without making equal* . . . to efface [disabled people's] difference but not establish them on the same level economically and socially."⁴⁹ Neoliberalism's philosophy of personal responsibility acts as an important counterpart to rehabilitation. As complementary systems, they elide how ongoing structural inequalities, based on race, class, gender, sexuality, or dis/ability, continue to affect education, employment, health care, and access to citizenship and instead prioritize the individual will to overcome adversity as the key determinant of success.

One can see this rehabilitative logic at work in various arenas. As many queer studies scholars have shown, gay men and lesbians have been tacitly included in mainstream society and culture, provided that they assimilate to the norms of a new "homonormativity." Homonormativity is characterized by "a politics that does not contest dominant heteronormative assumptions and institutions" such as marriage, domesticity, or consumption, but rather "upholds and sustains them" while bolstering broader neoliberal tactics of economic privatization.⁵⁰ Contemporaneously, prevailing "color-blind" racist practices of "postracial" America maintain that any acknowledgment of ongoing racism is itself racist in a culture that celebrates achievement regardless of race, color, gender, or sexual orientation despite tacitly perpetuating ongoing structures of inequality. Any attempt to remedy historically

produced inequality becomes recast not as legitimate redress but as an “entitlement” of “special interest” groups amid an ongoing neoliberal privatization of government-administered social safety nets. Agile rehabilitative logics offer inclusion in exchange for assimilation to dominant cultural norms and individual overcoming.

Likewise, by the end of the twentieth century, a more general rehabilitative language of effacement began to circulate in relation to disability—one that did not characterize disability as a “difference” but rather as a more general “obstacle” or struggle. Banal statements such as “Aren’t we *all* disabled in some way?” epitomized this shift. Well-intentioned phrases like this invite empathy by emphasizing a shared experience of hardship. They are integrative at heart. They imply that disabled people are “just like (the presumed nondisabled) *us*.” This will to integrate formed rehabilitative edutainment’s core ethos.

However, this philosophy also suggests that minor inconveniences experienced by the nondisabled are somehow the same as those experienced by disabled people as they navigate inaccessible environments, employment, and social stigma on a daily basis. This rehabilitative logic dangerously erases an ongoing history of disabled exclusion, abuse, institutionalization, and neglect by negating the specificity of disabled experience. Perhaps most dangerously, it reifies compulsory able-bodiedness as the normative ideal through a seemingly benevolent sleight of hand: it invites disabled people to aspire to and achieve integration by negating or overcoming their disabilities (rather than, say, confronting and critiquing structural barriers or prejudices) and bestows the privileges of citizenship (in contractual exchange for lifelong overcoming). In other words, cultural outsiders—disabled, nonwhite, or queer—are integrated *conditionally* into society only if they assimilate perfectly to the dominant norms of that society, which remain unmarked and largely unchanged. Moreover, though integration remains conditional, dominant social norms appear more inclusive and are often celebrated as progressive.

By the time of global neoliberalism’s arrival, rehabilitation had come to encompass so much more than notions of capacity and dis/ability. Rehabilitation is predicated on the belief “that if you devote sufficient resources, it is possible to reduce the distance and bring each person, however great the burden she carries, to reoccupy a normal place in the group of the able (the normal).”⁵¹ A rehabilitative contractual exchange has become normalized as the very condition of citizenship and social recognition for everyone, in varying degrees. This results in the discursive mobility and even celebration of formerly pathological identities, like homosexuality or disability, especially in

the marketplace. The next four chapters evidence this depathologizing shift by showing the broad proliferation of stories about disability, adolescence, and sexuality across a variety of cultural media platforms from the 1970s to the present. However, this kind of integration comes at a high cost: no matter how great the burden we carry, we must always adapt to existing social structures rather than radically dismantle, disrupt, or resist them. The idea that “everyone is disabled in some way” and can overcome obstacles with sufficient pluck ensures that inequitable structures—those that continue to privilege dominant identities, such as white, male, able-bodied, heterosexual, or affluent—remain unchallenged. Rehabilitation, unlike cure, is an endless project of self-surveillance; of flexibility to circumstances that shift under your wheels, feet, or crutches; and of endless adaptation to increasingly hidden forms of structural inequality in an age of inclusion.

Rehabilitative citizenship, formed at the intersection of rehabilitation and identity crisis, has become a central treatment regimen for managing, through discourses of health and personal responsibility, the shifting demands of post-Fordism, an era defined by unrelenting crisis that is at once social, global, and economic.⁵² As a conceptual framework, rehabilitative citizenship combines ways of thinking theoretically, historically, and culturally. In terms of history, it articulates the body and its regulation to broader histories of sexual liberation, disability rights, and other post-1968 social movements; to the rise of popular psychology and self-help culture; and finally, to the economy and culture of neoliberalism. Rehabilitative citizenship is also a way of thinking theoretically and culturally about how two familiar narratives of development, “coming of age” and “overcoming disability,” became intertwined in “healthy” popular media for teenagers and emerged as a new strategy of neoliberal governmentality. Crippling adolescence reveals a culture of rehabilitation that has become so naturalized that, by the end of the twentieth century, it no longer requires disability to further its reach. If we all have disabilities to overcome, as a culture of rehabilitation insists, then we have nothing to change but *ourselves*. We can all accept personal responsibility for our circumstances rather than selfishly complain about ongoing structural inequality—or in other words, we can all just “grow up.”

Medicinal Media

Although teen coming of age has often appeared as a universal stage of development, this growth process required intense cultural work. Rehabilitative citizenship has figured around three key areas of intervention. First, it conjures sedimented histories of disability and adolescence by casting

adolescence as a disability and “coming of age” as a process of “overcoming” disabling adolescence that is simultaneously normal and pathological. Second, as an outgrowth of sexual liberation politics and history, rehabilitative citizenship operates through adolescence as a form of sexual containment that fosters “healthy” (hetero)sexual development for teenagers as equivalent with stable (or “capable”) adulthood. In so doing, it reifies mutually reinforcing systems of compulsory able-bodiedness and compulsory heterosexuality. Finally, as rehabilitation is transmitted through “socially responsible” popular culture, it constructs perpetual self-surveillance as essential to good citizenship as well as individual and collective health.

Proponents of rehabilitative edutainment often suggested that it was a necessary alternative to the disingenuous, puritanical, or intolerant images of adolescent life that had been offered up by their post-World War II predecessors. Young adult authors and television producers as well as parents and parenting experts who were fascinated with new sciences of the teen brain certainly all intended—in different ways and in different cultural moments—to connect proactively with teenagers through an honest effort to devise more progressive and nonjudgmental ways of dealing with difficult coming-of-age issues. They often claimed that their approach might yield “more authentic” representations of adolescence or disability than previous offerings. However, in this book, I do not endeavor to establish, through interviews or audience research, a representative sample of what “real” teenagers “really” thought about rehabilitative edutainment texts as they consumed them, although this might be an interesting line of inquiry. Cultural representations of teenagers usually correspond very little to the lived realities of actual teenagers, just as popular representations of disability, in which disability functions as metaphor, rarely encapsulate the full diversity of disabled people’s real, lived experiences. No matter how earnest their intentions, cultural producers’ claims for rehabilitative edutainment’s authenticity functioned as legitimating cultural capital, not just for this new pedagogical popular media but also for emergent neoliberal capitalist values that the genre enshrined as essential to healthy youth development: structural injustices recast as individual pathologies to be overcome and the portrayal of compulsory able-bodiedness, gender normativity, and heterosexuality as equivalent with maturity. From this vantage, it matters less whether cultural representations of teenagers correspond closely to the lived realities of actual teenagers than how those representations function culturally to promote particular values, affects, or politics. *Chronic Youth* examines what was thinkable about adolescence and dis/ability in particular moments to establish how commonsense ideas about their

nature participated in cultural debates about national affiliation, emotional maturity, cultural citizenship, normative embodiment, medical power, and media and their regulation.

The following four chapters map the historical and cultural operations of rehabilitative citizenship by tracing figurations of adolescence and disability as they emerged in 1970s educational entertainment for “normal” teenagers.⁵³ Arranged chronologically, the individual chapters emphasize how specific texts each formed part of a broader, neoliberal rehabilitation project addressed to the teen. However, these individual texts also functioned in concert as a new popular media genre and tactic of governmentality as they drew from a burgeoning self-help culture. Rehabilitative edutainment was one venue in which people with diseases and disabilities became culturally visible in entirely new ways amid the uneven processes of American deinstitutionalization, the Vietnam War, and post-1968 depathologizing movements, albeit in narratives that reinforced compulsory able-bodiedness as a normative citizenship ideal.⁵⁴

Engaging in textual and discursive analysis, the book situates close readings of popular narratives spotlighting disability and adolescence—made-for-TV movies, television series, best-selling and serialized young adult novels, and parenting books—alongside and within larger cultural debates about medical knowledge and technology; media regulatory discourses; post-1968 social movements; and theories of youth development, as they were established and analyzed in contemporaneous news media and government policy. This integrative methodology attends to specific experiences, texts, and mediums as well as to their participation in broader discourses and allows readers to glimpse the multiple and uneven processes that constitute a U.S. cultural history of disability, adolescence, sexuality, and neoliberalism. While my study includes close readings of texts to elucidate their complex narrative operations, my broader analysis shows how pop cultural representations of disability and teens—representations with broad audiences and significant cultural capital—played a significant role in making profits for media and medical industries by recasting their offerings as essential rather than damaging for developing citizens and by presenting rehabilitation as coterminous with citizenship. Many of the cultural texts analyzed in *Chronic Youth* are likely familiar to readers. They all were (and, in many cases, continue to be) extremely popular. Yet none of the texts featured in the book’s chapters has ever been analyzed in current scholarship. In many ways, these texts are not exceptional. They do not constitute the core of a national culture (if there really is such a thing), but they have helped naturalize a culture of rehabilitation, offered up as a normal and compulsory “rite of passage”

into adulthood.⁵⁵ This culture continues to shape the ways we imagine and enact privatization—of politics and citizenship—in the intimate public sphere of the nation.

In chapter 1, I analyze the cultural importance of the disabled 1970s cultural icon, “the bubble boy,” by surveying representations of “real” bubble boys, David Vetter III and Ted DeVita, alongside the made-for-television movie *The Boy in the Plastic Bubble* (1976), which was an early example of “disease-of-the-week” television programming, a core form of rehabilitative edutainment. News stories and movies about the bubble boy linked sexual exploration with space exploration and manly self-sacrifice with self-making, and the boy became a figure through which Americans negotiated ambivalence about technology, masculinity, and sexuality in a new sexually liberated world. Specifically, I analyze how “disabled martyrdom” ensured American narratives of technological progress and masculine, heterosexual coming of age as they were presented in news media accounts of the bubble boys and in the fictional dramatization of their lives. This chapter shows how two conjoined rehabilitative narratives, “overcoming sexual repression” and “overcoming disability,” became co-constitutive expectations of teen coming of age, such that adulthood was represented as the achievement of heterosexuality and able-bodied masculinity.

In chapter 2, I turn to another set of made-for-television movies that became a cultural institution: ABC’s famous *After School Specials*. Despite their widespread popularity, the *Specials* have often been ridiculed for their overt didacticism and hokey “problem novel” storylines. I make these episodes, however, into objects of serious scholarly inquiry, contextualizing the *Specials* within the history of television regulation, educational broadcasting, and concerns about teens’ relationship to a new, post-sexual revolution sexual culture of the 1970s. I argue that the series presented a disciplined vision of sexual liberation for teen viewers, combining (sex) educational value with sexual titillation. By linking heteronormativity and ability, the *Specials* presented coming-of-age lessons through stories of the healthy overcoming of disability, and the series linked that overcoming to proper heterosexual development. This chapter argues that the series ushered in a new openness about teen sexuality even as it reconsolidated heterosexist and ableist norms. The *Specials* also engaged in another cultural project of rehabilitation: an effort to transform the popular image of television itself by countering older fears about TV’s deleterious effects on youth with a new form of entertaining and socially responsible programming.

By considering age, affect, and disability in relation to television history, these chapters extend recent comparative media studies scholarship

that emphasizes how the cultural work of reality television facilitated a new form of self-surveilling viewership as central to “good citizenship.”⁵⁶ *Chronic Youth* emphasizes how television interacted with other mediums and how increasing popular transmission of medical knowledge and a new visibility of disability produced new modes of storytelling. In so doing, it makes clear that a culture of perpetual reinvention not only significantly predates reality television (showing up, instead, in the 1970s) but has also relied particularly upon the teen viewer as an object of regulation around which to reframe ideas about what counts as responsible and engaged viewership and citizenship.

Problem-driven popular culture for teenagers increasingly sought to manipulate affects, such as fear and sadness, to create teachable moments for impressionable citizens. By the 1970s, this strategy also permeated a new young adult (YA) literature market, the subject of this book’s third chapter, which spotlights another key moment in the genealogy of rehabilitative citizenship: the neoliberal transition to affective labor and its role in the development of the intimate public sphere. This chapter traces the emergence and proliferation of a subgenre of the YA problem novel that I call “teen sick-lit.” Published largely in the 1980s as part of a long history of sentimental literature about illness for women, these books were aimed at teen girl readers and featured love stories about teen girls and boys with life-threatening illnesses. Surveying the work of the best-selling YA authors Lurlene McDaniell and Jean Ferris, this chapter analyzes the affective labor of sadness as a crucial growth-inducing emotion that tragic disability narratives were best suited to convey.⁵⁷ The books issued emotional challenges to teen readers through yet more representations of teens as patients, physically imperiled subjects who needed to overcome and rehabilitate. Just as ABC’s *After School Specials* rehabilitated television, teen sick-lit countered critiques of YA novels as vapid (in comparison to classical literature) and, instead, cast themselves as a rehabilitative influence on both teenagers and the culture of teen reading understood as incapacitated by the televisual and digital age. Bridging new scholarship about affect, representation, and citizenship with insights from disability studies, this book considers how “the depressed teen” became not only a developmental imperative but also a profitable market for popular culture (and later for pharmaceuticals).

While the presumed audience for *After School Specials*, disease-of-the-week movies, and teen sick-lit traditionally has been white, male, heterosexual, middle-class, and able-bodied, the works examined here ironically demonstrate the degree to which young women have been crucial participants. Although youth subculture studies have focused mainly on boys, *Chronic*

Youth examines how young women's roles in rehabilitative edutainment were central to its cultural work, although female characters often appeared in representations as less active and outward-directed than their stereotypical male counterparts, disabled or otherwise. Along with other rehabilitative edutainment offerings for teens, teen sick-lit functioned as a popular and pedagogical form of emotional self-management that addressed teen girls directly and reinforced neoliberal discourses of personal responsibility and flexibility.

Although the commonsense alignment of disability and adolescence may have begun as a storytelling convention, disability had become much more than a metaphor by the end of the twentieth century, as it animated criminal, neurological, and pharmaceutical debates about teen depression and violence. Specifically, this book's final chapter focuses on the rise of "neuroparenting," my term for a new model of parenting teenagers that incorporates new neuroscientific discoveries to explain how "typical teen" attributes like impulsiveness or emotional explosiveness are neurologically rooted rather than culturally constructed. Broader discourses of genetics and neuroscience in the 1990s "Decade of the Brain" attempted to prove that other valences of identity, such as race, class, gender, and sexuality, as well as violent behavior, were neurologically and/or genetically rooted rather than socially constructed. Meanwhile, the "teen mind" was reengineered into the "teen brain." This chapter traces how news media and parenting books used the language of disability to translate neuroscientific studies of the adolescent brain into proof that teens were "brain damaged," "disabled," or always-already mentally ill rather than just willfully misbehaving. By articulating the history of media representation with that of medical technology, this chapter builds on scholarship in technological history, disability studies, and feminist science studies to critique the ways medical knowledge and rehabilitative edutainment have participated in constructing, visualizing, and medicalizing adolescence.⁵⁸

As this chapter demonstrates, medicalization and rehabilitation had intensified and expanded into a range of other cultural locations by the twentieth century's close. These sites ranged from parenting advice literature about managing your teen's "disabled" and incomplete brain, to American school shooting and teen "superpredator" epidemics, and even to federally endorsed counterterrorist surveillance technologies used to scan and detect teens "at risk" for depression or violent behavior. By analyzing cultural depictions of white school shooters alongside those of black and Latino "superpredators," we see that the post-1970s rehabilitation of white middle-class suburban teens both required and facilitated the increasing criminalization,

institutionalization, and incarceration of “unrehabilitatable” Others (i.e., nonwhite, queer, or disabled teenagers) by the 1990s.

Chronic Youth tracks power and resistance within and through cultural production. Scholarship in youth subculture studies has posed important challenges to essentializing understandings of adolescence. However, analyses of youth culture have often proceeded from a generational conflict narrative of teen consumer resistance that is determined in advance: either teens consume cultural products selling a kind of prefabricated signal of rebellion, or cultural analysts, from a variety of academic disciplines, read teen consumer choices as always-already resisting a normative (adult) cultural order.⁵⁹ This narrative evacuates the historical and cultural specificity of youth dissidence; moreover, when teen “resistance” becomes little more than a transhistorical effect of the market or the prediscursive nature of adolescence, a particular vision of able-bodied middle-class white male adolescence problematically stands in as universal.

That said, to argue, as *Chronic Youth* does, that cultural conceptions of adolescence have been overdetermined by rebellion or that rebellion has been commodified is certainly not to suggest that resistance is nonexistent. A primary strain of disability activism and scholarship has been its critique of ableism in popular media; although disabled youth often have been left out of youth subculture studies, many young disabled people were galvanized into activists by contesting stereotypical televisual and literary images of disability. In each cultural moment, teenagers surely read and viewed against-the-grain in ways that did not contribute by default to the legitimacy of rehabilitative edutainment or to the broader neoliberal paradigms of which it is part. The first chapter demonstrates how made-for-TV movies about disability and disease embraced a certain politics of sexual liberation to offer resistive ethical critiques of the inhumanity of medical technology and the “disabling” effects of youth sexual repression. The second and third chapters excavate how television and popular literature for teenagers opened up discussions about teen sexuality and gender nonconformity that were not simply protective or paternalistic foreclosures but also proactive opportunities to resist cultural anxieties about youth sexuality. Amazon customer reviews of all-too-saccharine YA literature posted by teen readers, as well as the eventual emergence of parodies of ABC’s *After School Specials*, offer cultural traces of teen resistance to the narrative logic of rehabilitative edutainment.⁶⁰ This book’s final chapter excavates how anti-prison activist-scholars as well as youth activists in psychiatric survivor, anti-psychiatry, and MadPride movements have contested an ongoing rehabilitative cultural drift toward pathologizing discourses of “faulty brain wiring” and pharmaceutical

treatments, which has had drastically different ramifications for disabled and queer youth and youth of color. However pervasive the disciplines of rehabilitative citizenship became (or continue to become), cultural texts remain polysemic. By tracing the tactics of discipline employed by rehabilitative edutainment, I do not mean to suggest that they ever operated seamlessly or without resistance. Narratives are never wholly repressive or resistive, and teen audiences of their cultural moment did not simply imbibe their ideologies uncritically. As it turns out, rebels and patients are not always so easily or discretely separated.

A sweeping cultural redefinition of adolescence as a pathological but treatable “condition” has powerfully shaped our contemporary understandings of youth. However, this book’s conclusion argues that crippling adolescence in cultural production has had its greatest cultural impact not simply on how Americans think of youth but how they have grown to accept the logic of rehabilitative citizenship as normal. Post-1970s youth culture naturalized endless self-management and transformation by mapping it onto “normal” teen bodies that everybody regards as already changing. This cultural transition away from post-World War II externalizing sociologies of juvenile delinquency and toward post-1968 internalizing psychological understandings of teen angst—namely, away from the rebel and toward the patient—was neither accidental nor ahistorically essential. In fact, it took root within a broader cultural turn away from collective bargaining and toward a neoliberal model of personal responsibility. In this sense, teens, as crisis-ridden, crippled subjects, became convenient figures for (mis)managing the perpetual crisis that is neoliberal capitalism. *Chronic Youth* traces a genealogy of adolescence and disability to begin to map and historicize the chronic state of neoliberal crisis—because the post-1968 teenager, we will see in retrospect, was a crucial canary in the coalmine in the development of a rehabilitation culture that encourages us all to imagine ourselves as perpetually unfinished projects.