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"Where's Your Imagination?": Using the Social Model to Deconstruct Stereotypes about Diabetes on Stage

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ABSTRACT

Theater makers and educators often overlook harmful comments about diabetes that appear on stage or in dramatic literature. Artists and teachers do this because such comments express the normalized, yet stigmatizing, stereotypes about diabetes embedded in U.S. culture. These conflate individual behavior, obesity and inactive lifestyle with diabetes (Bock 2012) and overlook the important social forces that impact the diabetic body. This paper argues that to expand our view and to help us better understand the lived experiences of people with type 1 and type 2 diabetes, we need to include social forces in our narratives. To this end, I analyze two case studies, a 2018 production of Robbie McCauley's Sugar and the published script for Irma Mayorga and Virginia Grise's The Panza Monologues (2014). I demonstrate how these theatre makers point to the social structures that have influenced diabetic bodies in their communities. Theater educators can use these

performance texts in the classroom for a more nuanced exploration of diabetes on stage. In the discussion section, I encourage artists and educators to engage historical context, economic factors, and the voices in the room to encourage critical thinking around this specific chronic illness, and around health in general.

INTRODUCTION

In January 2018, I was the teaching assistant for a musical theater course at the University of Colorado Boulder. After ten days of online instruction, the class met in New York City to study musical theater on Broadway. One of the shows on our schedule was *Waitress*, a musical about a woman working in a diner who dreams of leaving her abusive husband. In one scene, the elderly owner of the diner visits her in the hospital. He says, “I bought you a card in the gift shop downstairs. It’s silly and flowery and almost gave me diabetes” (Nelson, 2016, p. 94). Maybe it was because I was already writing my dissertation on representations of diabetes in U.S. theater, but when I walked out of the show, I was eager to discuss this remark with students. Much to my surprise, no one else had even registered the mention of diabetes on stage.

Later that spring, I taught a course on American Theatre. I had assigned Lynn Nottage’s award winning drama *Sweat*, a play about economic decline in a U.S. steel town between 2000 and 2008. In Act One, two characters discuss their future careers at the steel factory. One intends to leave the mill to become a teacher. The other criticizes this dream and shares his intentions to stay and eventually “buy a condo at Myrtle Beach, open a Dunkin’ Donuts” (Nottage, 2015, p. 32). The first character responds, “Punch in, punch out, and at the end of the day you end up with a box of donuts and diabetes. My man, where’s your imagination?” (Nottage, 2015, p. 32). Since I have type 1 diabetes, this comment immediately stood out to me. It flattened any distinction between types of diabetes. The comment implied a link between diabetes and an unimaginative, economically stagnant life. However, my students needed guidance to consider this statement worthy of analysis.

The two scenes from *Waitress* and *Sweat* are examples of the preconceived notions and oversimplifications of diabetes that commonly appear in our dramatic literature. My encounters with these texts took place in educational contexts, where conversation and critical analysis could have taken place. But stereotypes about diabetes are so deeply embedded in our culture that it can be difficult to point them out and ask students to think critically about them. As theater artists, we have a role to play in adding specificity and nuance to our inclusion of diabetes on stage. As theater educators, we have a responsibility to add cultural and historical context to disrupt the transmission of harmful stereotypes and misinformation perpetuated by these scenes.

To demonstrate how theater artists can deepen our understanding of diabetes, this essay analyzes two examples of diabetes on stage, Robbie McCauley's solo-performance piece *Sugar* (2018) and Virginia Grise & Irma Mayorga's *The Panza Monologues* (2014). Both encourage us to re-imagine our theatrical expressions and our classroom discussions of diabetes. Such awareness is imperative if we aim to understand and express the humanity of people with this condition and to deconstruct the stereotypes of diabetes that abound in U.S. culture.

DIABETES 101

The World Health Organization identifies diabetes as a chronic disease, which manifests in four different ways: type 1, type 2, gestational, and pre-diabetes. Diabetes has to do with one of our most fundamental human needs: to eat food and convert that food into energy for our cells to function. When we eat carbohydrates, protein, or fat, these chemical compounds become sources of growth and energy. When our bodies break down carbohydrates, they turn it into sugar in the blood stream. Our pancreas has cells called beta cells which sense a rise in blood sugar levels and release a hormone called insulin. Insulin opens cells to store or use the glucose as energy.

All types of diabetes result from a combination of genetic and environmental factors that cause something to go wrong with insulin production and blood sugar regulation. For the person with type 1 diabetes, the environmental factor is usually a virus that causes the

immune system to go into action. The genetic factor is the coding that tells the immune system to go into overdrive and destroy the beta cells that make insulin. Once the immune system has destroyed the beta cells, the body of a type 1 diabetic does not produce any insulin on its own, which means their cells cannot access glucose to use for energy. In order to stay alive, this person must intake insulin from an external source.

People with type 2 diabetes are also concerned with blood sugar regulation. The problem for people developing type 2 diabetes is that while their cells still produce insulin, their bodies are not sensitive to the message insulin delivers. The term for a decrease in insulin sensitivity is “pre-diabetes,” which is measured by a slightly higher-than-average blood glucose level. If a person’s cells are not sensitive to the message insulin is delivering, their body will begin to overproduce insulin to get the message to the cells to open and intake glucose. When a person’s beta cells become exhausted, their function declines, blood sugar levels remain high, and then a person develops type 2 diabetes. Again, a complex interplay of genetic and environmental factors causes type 2 diabetes. The genetic component refers to the family history of type 2 diabetes. Environment factors often include weight, diet, and exercise habits.

KEY TERMS: THE MEDICAL AND SOCIAL MODEL OF DISABILITY

The above explanation of diabetes, which focused on the biological events, is a medical model view of diabetes. The medical model of disability views an impairment in body function as a biological issue that deserves a cure. In seeking a cure, individuals who view impairment through the medical model typically become hyper-focused on the individual, their biology, and the perception of biological malfunction. Chronic illnesses have a fraught relationship with the medical model. For example, some disability rights activists often criticize the medical model for thinking of disabled people as “sick, diseased, ill people” (Wendell, 2001, pp. 18) when they argue that they do *not* need a cure. However, some people with disabilities like chronic illnesses do identify as “sick, diseased, and ill,” and sincerely desire a cure (Wendell, 2001, pp. 18). I argue that people with diabetes are in the latter category, and would benefit from medical intervention. Yet, I

contend that narrowly viewing diabetes through the medical model has resulted in the negative stereotypes we encounter about diabetes.

Physicians in the 19th and 20th century, before and after the discovery of insulin in 1921, framed all types of diabetes as a disease that one must manage through careful behavior regulation. Disciplined regulation of behavior, including taking insulin doses, has the most direct impact on the otherwise malfunctioning biology. In this logic, the impact of diabetes in one's life is primary an issue of self-control. The individual who has chosen to be "out-of-control" is understood to be responsible for the negative consequences of their behavior. Frequently, theatrical depictions of diabetes on stage frame the narrative in terms of control with sugar, a person getting out of control, and a non-diabetic person's role in saving them in a crisis (Ferguson 2010).

This view--that one's individual behaviors and issues with self-control associated with diabetes--does not recognize the myriad social and systemic factors that impact the diabetic body. While environmental factors like weight, diet, and exercise habits often appear to be determined by personal choice and self-control, the medical community is recognizing the complex social and cultural forces that also shape these areas (Black 2002). For example, the American Diabetes Association (2018) reported that from 2002 to 2013, the cost of insulin nearly tripled. While insurance coverage varies, not every person with diabetes has insurance. Additionally, while physicians typically recognize diet and exercise as the primary factors influencing blood sugar levels, new research suggests that "any number of circumstances and situations can raise blood glucose levels, such as the lived experience of social stratification and its emotional dimensions" (Rock, 2005, p. 480). Rather than thinking of diet and exercise as voluntary failures of self-discipline, qualitative social scientist Melanie Rock suggests "the underlying causes behind suboptimal diets and physical activity levels vary greatly, many of them boil down to the historical structuring of inequality" (p. 480). Epidemiologist Sandra Black (2002) confirms that type 2 diabetes impacts a higher rate of women, people of color, elderly, and low-income U.S. adults (p. 543). These are only a small sample of the social factors at play that are overlooked when portraying diabetes in terms of the individual's behavior and poor lifestyle choices.

I contend that theater artists and educators must make and teach theater with an awareness of the social forces that impact people with diabetes. I employ the “social model of disability,” which views disability not as a biological fact, but as “a culturally and historically specific phenomenon” (Shakespeare, 2010, p. 195). The primary goal of the social model of disability is to view disability not as a biological impairment in need of a cure, but rather to critique the social world which makes certain impairments disabling (Shakespeare 2010). The social model focuses on bias in institutions, policy, and the built environment that excludes participation from individuals with impairments.

Some scholars have reservations about applying the social model of disability to chronic illnesses. The fear is that focusing on the built environments and prejudices would “reduce attention to those disabled people whose bodies are highly medicalized” (Wendell, 2001, p. 18). In the specific example of people with diabetes, our bodies are under the threat of death or serious long-term consequences without medical intervention. Still, we undoubtedly overlook significant factors that impact medicalization when we do not utilize the social model. In so far as social and cultural stigmas shape our understandings of diabetes (Bock, 2015), media messages, including those found in theater, impact whether a person seeks and continues treatment for a chronic illness (Stanhope and Henwood, 2014). This reality means the works of artists like Robbie McCauley and Virginia Grise & Irma Mayorga are necessary to expand and shift our dialogue about diabetes on stages and in classrooms.

CASE STUDY #1: ROBBIE MCCAULEY’S *SUGAR* AT NEW YORK LIVE ARTS (2018)

Sugar is a one-woman show written and performed by Robbie McCauley, a black woman who has type 1 diabetes. McCauley began developing *Sugar* in 2006 at Ohio State University after a colleague suggested she write about her experience with diabetes. McCauley resisted talking about her diabetes, which in her style of working was a sign to go towards it: “I feel that if I’m resisting something, it must be something I need to attend to. I tell my students, if you’re resisting, then go towards it. And I thought, ‘I’m doing the same thing’”

(McCauley and Brookner, 2017). It was not long until McCauley drew a connection between her own relationship with sugar and sugar's historical legacy in the modern world (Mintz, 1985). Sugar was responsible for a surge in the transatlantic slave trade when demand for sugar in Europe increased (Mintz, 1985). Visual artists like Kara Walker point to the "unpaid and overworked Artisans who have refined our Sweet tastes from the cane fields to the Kitchens of the New World" (Als, 2014). As a theater artist, McCauley used her voice and her body to explore the role of sugar in her experience with type 1 diabetes, the role of sugar in her community, and the larger historical context of sugar's role increasing the transatlantic slave trade.

Like much of McCauley's previous work, *Sugar* is a continually evolving performance text that has changed other the years and changes based on specific audience responses (Nymann, 1999). There is a published "Work-in-Progress" version of *Sugar* in *Solo/Black/ Woman* (2014), which educators can use to invite students to engage with this work into their classrooms. In February 2018, McCauley presented *Sugar* at New York Live Arts. I was able to attend two performances of that production, and I rely on that viewing for the following analysis of a few specific scenes in the performance.

In one passage that explores the impact of diabetes on her community, McCauley shared a story about a family member. McCauley said that this person was diagnosed with type 2 diabetes, and then fell in love with Krispy Kreme donuts. McCauley has taken a towel and was wiping chalk marks off the ground. She paused to shout, "A fucking Krispy Kreme! With all the sugar and grease. Who puts that in poor neighborhoods?" McCauley's outburst implicated the social system known as food oppression. Andrea Freeman (2007) writes that food oppression occurs when "targeted marketing, infiltration into schools, government subsides, and federal food policy each play a significant role in denying inner-city people of color access to healthy food" (p. 2221).

In another scene, McCauley strategically used her body to create images that link her personal experiences with diabetes to the historical brutalities of slavery. This climactic scene began shortly after the story about a family member and Krispy Kreme. McCauley went over to a bundle of sugarcane on the ground. She tried to lift the sugar, but struggled do so. Chauncey Moore, the piano player on stage with

her, came over to lift the bundle and place it on her back. Once the sugar was there, McCauley moved across the stage while trying to deliver a set of lines. Scenes like this allow for “the traumas of history [to] become implicated in the traumas of living with a chronic illness” (Bock, 2015, p.130).

This image placed McCauley’s body within two narratives: her own journey carrying the burden of diabetes, and the labor that black bodies endured when enslaved and working to produce sugar. McCauley’s body carried the weight of her diabetes in the historical context of the transatlantic slave trade, of which sugar was a staple. Given the Krispy Kreme reference, McCauley also placed diabetes in the context of contemporary capitalism where low-income communities cannot access or afford to spend more money to avoid cheap, abundant high-fructose corn syrup and fast food (Gritz 2017; Freeman 2007). McCauley challenged the narratives of personal responsibility and blame in relation to diabetes, instead framing it within historical context and socioeconomic structures. She helped the audience understand that sugar's history is carried in the bodies of people with diabetes today.

CASE STUDY #2: *THE PANZA MONOLOUGES* BY VIRGINIA GRISE & IRMA MAYORGA (SECOND EDITION, 2014)

Grise and Mayorga structured *The Panza Monologues* (2014) similarly to Eve Ensler’s *The Vagina Monologues*, with each monologue articulated from the viewpoint of a specific body part. Instead of giving the vagina a voice as Ensler does, Grise & Mayorga focus on the “panza,” the Spanish word for “belly” (Grise, 2014, p.xxiii). In the Introduction, Mayorga describes how this piece developed though conversations with co-workers, namely other Tejana women, who were working together at the Esperanza Peace and Justice Center in San Antonio. In Mayorga’s reflection of their time together, she recalls looking:

> down our center’s street lined only with fast-food options and thought about the composition of the city’s working class neighborhoods, usually Mexican American or African American residents (where fast food corporations flourished) …we realized,

> we had panzas, lots of *panzas*, but other factors were also implicated in how they came to be. We each tried to break it down, sort it out: personally, systemically, racially, culturally, and historically. (Grise, 2014, p. 9-10)

The issue of body composition and health status is far more complex than individual poor choices. While all the monologues examine the conditions of the Tejana body, two monologues specifically discuss diabetes.

These monologues titled “My Sister’s Panza” and “Noticias” do not use diabetes as a shortcut to signal other discrediting qualities of the character; instead, they explicitly critique the economic and historical construction of San Antonio that produces Latinx bodies with diabetes. The theater artists put diabetes in a new context that complicates the oversimplified conflation of type 2 diabetes, obesity, and poor lifestyle (Bock 2012).

“Noticias” is not a monologue *per se*, but a scene during which multiple headlines from the *San Antonio Express-News* rotate on a screen while a woman dances the *zapateado* in the foreground. *Zapateado,* meaning “heel work,” is a section of the *son,* which is a combination of the waltz and fandango (Royce, 1998). Another way to describe the *zapateado* is as an individual dance where one keeps their feet close together and “literally jumps side to side” (Tiburcio, 2018). The stage directions of “Noticias” describe a dancer moving center stage to perform a “*traditional* zapateado- *a percussive dance, the heartbeat of Mexican son*” (pp. 65). According to the stage directions, the dancer “*pounds out rhythms with her feet on a wooden* tarima *(platform) that echo throughout the theater*” (p. 65). After this introduction to “Noticias,” then the headlines from the *San Antonio Express-News* rotate across a screen in the background during the dance (Grise, 2014, p. 65).

The statistics rotating across the screen reveal the interconnectedness of economic and racial disparities when it comes to topics like weight and type 2 diabetes. The screen display facts like “Study shows 31.1% of Alamo City residents are obese” and “More than 30% of Hispanic children across the country are overweight, compared with 25% of Anglo children” (Grise, 2014, p. 65). Some statistics point to economic disparities: “In 2000, more than half of

Texas Hispanics had less than a high school education. Less than 9% had a college degree, and the income for Hispanics . . . was two-thirds what it was for Anglos” (Grise, 2014, p. 66). Other statistics critique the lay out of the city itself, “Living in sprawl can increase your spread—those in compact counties weigh up to 6 pounds less” (Grise, 2014, p. 66).

This scene encapsulated the conundrum these Tejana women experience in the context of these problematic realities in San Antonio. In the Introduction to the text, Grise and Mayorga point to a contradiction they experience between having agency over their bodies while also being influenced by social forces that impact their weight. Mayorga writes that “as smart women, we could have made better choices all around,” yet, “the intense pressure of time, geography, economics, and the structure of our working day often derailed our best intentions” (p. 9). The image of the *zapateado* dancer pounding her heels while these statistics rotate across the screen illustrates the efforts these women apply to their bodies to change their weight, while unfair contextual realities exist in the background.

The main goal of this monologue is to deconstruct the assumption that type 2 diabetes is merely the result of the moral failings of an individual. This scene depicts a community affected by many complex socio-economic factors that contribute to health issues. Mayorga describes the complex choices that she, her co-workers, and other Latinx people in San Antonio make around diet as situated in multi-layered geographical and economic structures. In fact, weight specifically “come[s] not only by way of personal choices but also by way of generations of struggle to negotiate racism and discrimination that have forced people to make choices that are driven by adaptations to survive” (p. 125-126). As Mayorga states, it is in the broader understanding of contributing factors afforded by the incorporation of the social model of disability, rather than purely biological, that we engage in meaningful conversation about diabetes and its impacts on people’s lives.

DISCUSSION: MAKE IT INTERSECTIONAL

These two pieces of theater demonstrate a more complex engagement with diabetes than the stereotypical comments about diabetes that we

are accustomed to hearing. These artists use the presence of the body to locate diabetes within broader historical, economic, and cultural histories that influence people with diabetes. I suggest three ways that artists and educators can encourage an intersectional perspective towards diabetes when they engage it on stage or in the classroom.

Historical Context

Artists and educators cannot understand diabetes in a contextual vacuum. In the spirit of intersectionality, we must consider the time, place, and identities that impact a person's experience with diabetes. For example, as situated in the history of the slave trade and sugar cultivation. While physicians have recognized the biological symptoms of diabetes since the sixteenth century B.C. (Feudtner, 2003), the experience of people with diabetes has changed over time. This has happened as physicians learned more about diabetes, and the available treatments for diabetes have changed radically over time.

Economic Context

The issue of a person's food choices, weight, and exercise routines are all profoundly related to their class status (Freeman 2007). In order to deconstruct classist stereotypes, artists and educators must consider the relationship between diabetes and socio-economic class. Class and income have a broad influence on issues such as access to health care, food, and food choices. This truth also influences the global conversation about diabetes since "diabetes is strongly associated with socio-economic transition; the prevalence of diabetes in the developed countries (6.2%) is almost double that in the developing countries (3.5%)" (Black 2002). As other countries across the globe, namely India and China, face rising rates of diabetes, we must consider the relationship between income, class, and diabetes.

Fighting Racism: Voices in the Conversation

It is significant and intentional that both performance texts in this paper were created and performed by women of color. When diabetes has a disproportionate impact on people of color (Black 2002), their voices are imperative in shaping narratives about diabetes. While stereotypes about diabetes emphasize "poor lifestyle," these artistic expressions

point to the broader racist contexts which also contribute to the existence and experience of diabetic bodies. This racism can be difficult to see even within the medical community. For example, the Mayo Clinic includes “race” in their list of risk factors for type 2 diabetes, yet they also observe that it is “unclear why, people of certain races—including black, Hispanic, American Indian and Asian-American people—are more likely to develop type 2 diabetes than white people are.” Since race itself is not a biological fact but a social construction of the modern world (Haney-López, 1996), systemic racism is relevant in our understanding why there are higher rates of diabetes in marginalized populations. These artists encourage audiences to look consider these factors while also utilizing aesthetics from their cultural heritage to examine diabetes in their communities. This action is in line with physicians’ recommendations that conversations about diabetes be culturally appropriate (Black 2002). These aesthetic choices and vernacular theorizing (Bock 2015) about diabetes are vital to represent and communicate with different communities in an appropriate way.

CONCLUSION

These case studies are examples of theatrical strategies that represent a non-visible illness, usually steeped in stigma, in new ways. These techniques can assist artists and audiences to go beyond the typical stereotypes about diabetes, which usually imply that diabetes is the result of individual and voluntary poor choices. McCauley places her body in a historical landscape, while in the monologue “Noticias,” Mayorga & Grise use the presentation of facts and dance to challenge the beliefs held by the audience. As artists and audience members, we need a robust and careful use of both the medical and social model of disability to understand diabetic bodies and reimagine our discourse about them. Otherwise, we are left with incomplete pictures and dehumanizing stereotypes. Let us learn from these women and reconsider our stories and theatrical expressions of people living with diabetes.

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