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STILL JULIANNE

Projecting Dementia on the Silvering Screen

Sally Chivers

Julianne Moore won 22 Best Actress awards for playing Alice Howland, a linguistics professor diagnosed with early-onset Alzheimer's disease, in *Still Alice*.¹ She also won the Courage in Acting Award from the Women Film Critics Circle and, astonishingly, was nominated in the category of Actress Defying Age and Ageism by the Alliance of Women Film Journalists. This is astonishing for a number of reasons, but among them is the decided ageism Moore conveys even when describing the role. For example, she began her Oscar acceptance speech by joking, "I read an article that said winning an Oscar could lead to living five years longer. If that's true, I'd really like to thank the academy because my husband is younger than me."² In this coy quip, Moore ignores the statistic that women's life expectancy in the United States is almost five years longer than men's.³ The Academy rewards her for so poignantly portraying a character with a disease popularly associated with aging poorly. She uses that moment to signal quite clearly that she is still relatively young, as Jay Dolmage cleverly puts it in a *Waterloo Region Record* article on March 13, 2015, "reminding us that she is not 'Still Alice' at all."⁴ Alice Howland may be ill but Moore portrays her Oscar success as a victory over aging in the form of increased longevity—the opposite of Howland's fate.

Moore plays a character depicted as having *early-onset* Alzheimer's disease, thereby prematurely afflicted with the disease that has also become the quintessential symbol of failing to age well. That her performance receives this level of acclaim, and particularly the Oscar nod, differentiates the movie from a general trend of depicting dementia onscreen. While *Still Alice* does follow patterns of dementia depiction, it also fits very well within a tradition of mainstream cinema depictions of disability. As such, the film invites an analysis of the relationship between cinema portraying disability and that portraying late life.

The thorny intersection between disability and old age may at first glance seem commonsensical—older adults and people with disabilities face similar prejudices and disadvantages. Sometimes they have collective needs, in terms of curb cuts, priority seating, large print. As Leni Marshall has argued, people with disabilities and seniors advocates ought to collectively agitate for a world more suited to their embodiments.⁵ However, assuming that older adults and people with disabilities automatically go together is also nonsensical. Disabled people are by no means necessarily old. The disability community can be as ageist as any other youth-dominated social group. Older adults can be impressively ableist. And growing old with a disability can be extremely different from growing old in a temporarily able body. Indeed, the popular conflation of disability with old age compels disability activists and scholars to assert, sometimes too vehemently, that disabled people are by no means necessarily old. Seniors advocates and age studies

scholars similarly make intricate claims that old people ought not to be dismissed since they are not necessarily disabled, implying (presumably unintentionally) that people with disabilities might deserve different treatment and that a worthy old age is one free of disability.

The potential for a negative conflation of old age with disability results in the avoidance of more helpful elements of combining the two categories conceptually, so that the tools of disability studies and the disability movement are rarely used well in the consideration of and actions for older adults. Because disability studies articulates the mechanisms, insidiousness and shortcomings of ableism, it offers a useful set of ways—especially the idea that disability is central to the human condition—to think about the relationship between old age and disability in cinema. And the portrayal of dementia in mainstream cinema exemplifies the intricacies of the relationship between aging and disability, particularly the labyrinthine relationship between ableism and ageism. Some cinematic portraits of aging conceal their ableism behind assertions of ongoing vigor akin to claims of the anti-aging industry. Films such as *The Bucket List*⁶ and *The Best Exotic Marigold Hotel*,⁷ for example, argue for the ongoing achievements of worthy seniors who try hard enough, make the right decisions or have enough money that put pressure on older adults who either cannot or do not want to continue to pretend to be young.

The Dementia Plot

More prominently, the (unnecessary) horror brought to the fore by a portrait of dementia promotes the ableism behind broader cultural fears about population aging. Since the turn of the twenty-first century, the number of films that feature old age prominently has increased. In tandem, films featuring characters with dementia, especially but not only Alzheimer's disease, has increased. Heightened awareness of the passing of time was induced by the turn of the millennium, which brought a wave of nostalgia. This consciousness enhanced the focus on commemoration that came with 9/11. Panic arose in response to the so-called silver tsunami, ageist and unfounded fears that a veritable wave of needy seniors will drown the younger population waiting on the shore.⁸ These cultural emotions work together to set up dementia as a sort of bogeyman. Characters with dementia are depicted as not only old but also as having an illness that typically comes later in life and that threatens the one thing older adults continue to be valued for, their representation of the past. They thus offer a vehicle to convey the horror of aging stripped of its potential value. The characters are also a sign of disability past its supposed due date.⁹

When people respond vehemently to memory loss on-screen, they are noticing the ways in which acquired disabilities scare them. Thus, when Peter Bradshaw asks in his *Guardian* review on June 30, 2011, “who will do the drab, menial work of ... looking after Nader's poor, incapable father?”¹⁰ in reference to *A Separation*¹¹ and when William Arnold in his *Seattle Post-Intelligencer* review on June 24, 2004 refers to “old age and the fragility of the human body” as “love's biggest obstacle”¹² in reference to *The Notebook*,¹³ they situate dementia as burdening younger generations and impeding the better parts of life. The impetus that invites fear, pity and disgust about aging is related to the impetus of ableism. *Still Alice*'s Alice Howland, because she has *early-onset* Alzheimer's, becomes horrifically (supposedly) old prematurely: she presents a character who is not at all old going through the experience mass culture projects as the worst way to grow old, requiring care and impeding romance. Thus the film amplifies the combination of ableism and ageism to an extent that would be humorous if the film was not so well received, being hailed as both convincing and moving.

Through characters who are experiencing age-related memory loss, cinema exaggerates everything the contemporary populace is taught to fear about growing old, not only disability, but also loss of self, loss of function, loss of home. A character with dementia might be depicted urinating in a public flowerpot (like Martin in *A Song for Martin*¹⁴) or smearing feces

on the wall (like Lennie in *The Savages*¹⁵). She might run away or just become dangerously lost (like the central character in *Iris*¹⁶ and Fiona in *Away from Her*¹⁷). The person with dementia care needs will be portrayed as straining domestic arrangements to their breaking point (like Irene in *Still Mine*;¹⁸ Nader's father in *A Separation*; Emilio in *Arrugas*¹⁹). Images of the patient's brain will likely be shown to family members to explain that there is no hope for cure and that it is time to begin what is too often depicted as a long goodbye (as occurs in *Iris*, *Still Alice*, *The Savages*, *A Song for Martin*). While these films—notably not all or even mainly Hollywood films—fit into mainstream cinema's pattern of portraying disability as something to pity and fear, they play up the ways in which dementia is something that could strike anyone. Dementia comes to symbolize what audience members are assumed to fear about growing old, exaggerated in the form of a loss of physical, mental and social control. While dementia is within the potential experience of most people in the audience, either individually or among their immediate social networks, it is often narrated as a horrifying moral lesson to remind people to age conscientiously, cautioning them to follow public health recommendations such as eating well, exercising moderately and doing Sudoku puzzles, as though responsibility for disease rests on the individual.

Of course as part of dementia, bodily functions can be aggressively unruly, people do forget where they are, it is incredibly difficult to figure out the best way to arrange care and doctors do present convincing brain images to people who have dementia and, more often, to their families. However, people with dementia also have varied rates of disease progression, they have loving relationships, they can develop new forms of expression, including through art and they are capable of incredible emotional engagement. There are many other ways to tell the story of dementia and to paint a cultural picture of population aging. But, similar to the trajectory of derogatory depictions of disability in mainstream cinema, a dominant dementia plot emerges that emphasizes, and even exaggerates, some elements of what might be a genuine experience of such illnesses and diminishes or even ignores others. Thus arises a dementia plot, similar to the nineteenth-century marriage plot, wherein the characters court care, and looming disaster, rather than each other.

Still Alice fits eerily well into the dementia plot pattern, despite Alice's (and Moore's) relative youth, which the film also goes out of its way to emphasize. The film begins with the celebration of her birthday, and opening lines have her husband point out that she is 50 years old, but looks 40, presumably meant to be both exposition and a compliment. Alice's relative youth and extreme beauty heighten the tragedy of Alice's quick diagnosis. Her extreme intelligence, marked by the fact that she is a linguistics professor at Columbia, further accentuates the calamity. How much more tragic, then, are the difficulties she begins to have with her mind and, especially, with language. The scene wherein Alice receives her diagnosis distinguishes itself from the typical scenes in dementia movies because Alice is present during the explanation of an image of her brain and converses with her doctor about its implications. While dementia movies frequently depict family members arguing with a doctor to assert their own knowledge of their loved one, Alice's husband wields in-depth medical knowledge in the disbelieving dispute with the doctor delivering what is treated as a death sentence by the movie. *Still Alice* uses Alice and her husband's intelligence, their intense awareness of the significance of her disease, to delve even further into the exaggerated tragedy of illness.

Still Alice and Disability Devices

Still Alice takes the dementia plot further by being at least doubly eugenic in its supposedly moving, apparently realistic depiction of a woman prematurely struggling with an Alzheimer's diagnosis and then increasing symptoms of the disease. Through questioning, Alice and her

husband rapidly learn that she has an extremely rare *genetic* form of Alzheimer's disease. To continue to heighten the drama, Alice's daughter tests positive for the gene while she is undergoing fertility treatments, so she has a 100 percent chance (according to the script) of developing the same disease as Alice and her embryos might be tainted by the threat of senility. What should have been the happy news of Anna's daughter's pregnancy becomes a harbinger of familial doom, but there is some hope for the future since there is also an embryonic test available "to make sure the baby'll be okay" (and they apparently are). The only other thing left to save is Alice's husband's (Alec Baldwin's) career, which will require some difficult care decisions, another hallmark of the dementia plot. However Alice, soon after her diagnosis, tries to circumvent the eventual need of around-the-clock care by creating a video message to the ill Alice she fears she will become. She horrifyingly counsels her later self on where to find pills that newly diagnosed Alice stashes away, so that ill Alice can commit suicide. Ill Alice almost manages, but she drops the pills and then, tragically or luckily depending on the viewer's perspective, forgets what she was trying to do. The eugenic overtones that haunt disability history seep into *Still Alice*.

The backdrop of disability film and the lens of disability theory allow an alternative perspective on how Moore's performance of Alice does more to reinforce ageism than to challenge it, even when compared with a deeply ageist pattern of representing dementia. In emphasizing during her acceptance speech that she is "still Julianne" rather than the prematurely dementing middle-aged professor she plays in the film, Moore draws attention to how her many awards victories fit into a long-standing pattern, noted by many disability studies scholars: That is, an able-bodied actor portraying a disabled character offers a quick route to the Oscar podium. As Dolmage succinctly notes, "Hollywood loves movies about disability. But neither Hollywood nor the Academy Awards seem to really like disabled people." As many disability scholars point out, Hollywood revels, rather, in the apparent alchemy produced by hyper-able, exaggeratedly perfect actors playing disabled imperfect characters in a way that shores up the assumed normative strength of audience members via collective pity and fear.²⁰ Charles A. Riley II explains the phenomenon with flare: "The Academy adores feel-good stories starring major names willing, briefly, to forgo their customary leaps from burning buildings or steamy bedroom exploits to jerk tears from devoted fans with a sanitized impression of some poor sod with a disability."²¹ Notable examples fit into patterns of disability representation mentioned by Martin Norden in his *Cinema of Isolation*: such as tragic cripples, idiot savants, heartwarming figures of fun. The other type Norden mentions, the disabled avenger, though highly prevalent in mainstream plots, does not seem to merit Oscar nominations.²² Instead those go to actors such as Jon Voight for playing wounded veteran Luke Martin in *Coming Home*;²³ Christopher Walken for Nick Chebotarevich, a veteran with PTSD, in *The Deer Hunter*;²⁴ Dustin Hoffman for playing the autistic savant Raymond Babbitt in *Rain Man*;²⁵ Daniel Day Lewis for his supposedly inspirational performance of Christy Brown, a man with cerebral palsy, in *My Left Foot*;²⁶ Al Pacino for playing the grumpy, blind misogynist Frank Slade in *Scent of a Woman*;²⁷ Holly Hunter for playing the ironically mute Ada McGrath in *The Piano*;²⁸ Tom Hanks for enlivening the endearing cognitively disabled title character in *Forrest Gump*;²⁹ Geoffrey Rush for playing artistic genius David Helfgott gone vaguely mad in *Shine*;³⁰ Jack Nicholson for playing the obsessive-compulsive Melvin Udall, cured by a pill, in *As Good as It Gets*;³¹ Russell Crowe for playing the schizophrenic genius John Nash in *A Beautiful Mind*;³² Jamie Foxx for portraying the blind musician in *Ray*;³³ Hilary Swank for portraying the paraplegic with a death wish Maggie Smith in *Million Dollar Baby*;³⁴ Colin Firth conquering King George VI's stammer in *The King's Speech*;³⁵ Meryl Streep for the eccentric yet strong Margaret Thatcher in *The Iron Lady*;³⁶ Eddy Redmayne for playing the famous physicist with amyotrophic lateral sclerosis (ALS), Stephen Hawking, in *The Theory of Everything*;³⁷ and, of course, Julianne Moore for *Still Alice*. Many of these celebrated actors, though renowned

for their long successful careers, found their sole Oscar success when they played a character with a mental or physical disability, fitting into a role designed to evoke pity and/or fear.

The popularity of this cinematic phenomenon of what some have come to call cripface or cripdrag, an able-bodied person faking disability, reveals a set of assumptions about what it means to be disabled and what disability brings to art.³⁸ As Frances Ryan points out in an article in the *Guardian* on January 13, 2015, as with blackface minstrelsy, characters in these movies “use prosthetics or props to alter their appearance in order to look like someone from a minority group.”³⁹ In doing so, they engage in a form of mimicry for humor, pity, horror or some combination. Cripface is not adopted to portray the everyday life of disabled characters; nor is it used to convey a character who just happens to have a disability that the plot does not focus on. But because mainstream cinema’s interest in disability is largely exploitative—characters have disabilities in order to forward a melodramatic plot or shore up the strength of apparently non-disabled characters—these are virtually the only disabled characters in cinema. Hence, these characterizations continue to make it unlikely that disabled actors will acquire significant work in Hollywood. And these casting choices allow for disturbing before and after shots, so that Maggie Smith in *Million Dollar Baby*, for example, appears in her full athletic able-bodied glory and then in her suicidal bed-ridden disabled shame, as the film conveys it. Even more disturbing, the casting of able-bodied actors allows for fantasy sequences in which a disabled character dreams of being non-disabled, which is then filmed to enhance the actor’s fully bodied glory, such as when Gong-Ju (played by Moon So-Ri) floats into a dance sequence in *Oasis*,⁴⁰ for example, or when Artie Abrams (played by Kevin McHale) gets out of his wheelchair to dance in the television show *Glee*.⁴¹ Such fantasies are further perpetuated at the award ceremonies, which feature the able-bodied actors climbing the steps to Oscar stage to accept acclaim for their appropriation, as though disability is a magical adornment. As s. e. smith pointed out in *xojane* on February 4, 2015, disability representation becomes about how talented—and brave—the actors are to take on such difficult roles so far from their supposedly perfect selves and how meaningful a statement the directors and producers intend to make.⁴²

Defying Age Promotes Ageism: Awards and Older Actresses

Whereas for a younger actor taking on a part that requires faking a disability can accelerate the path to the Oscar podium, for an older actress outright disability, particularly associated with cognitive function, is not as celebrated a role. Older actresses face quite a predicament throughout the film and television industry. The mainstream press has started to pick up stories wherein prominent older, and fairly young, actresses deride the lack of meaningful roles for women of any age as well as the diminishment of roles for women as they age. Despite these enormous challenges facing actresses seeking on-screen work as they age past 40, who are more likely to play the mother than the love interest of a male actor the same age as them, the Academy savors those women who manage to get parts and are willing to brave the harsh criticism of their changing appearance, who appear to age gracefully or perhaps just refuse to go away.

But unlike for actors and actresses under 60, for older actresses, feigning disability is not the short route to the podium. Having the grace to require some assistance but not being entirely dependent on care merits the Oscar for notable older actresses who win their first academy award for roles when they acquiesce to play, or even exaggerate, a character who is over 60. Examples include: Geraldine Page (aged 60) for *Trip to Bountiful*,⁴³ after seven prior nominations; Jessica Tandy (aged 80) for *Driving Miss Daisy*,⁴⁴ her second nomination; Helen Mirren (aged 61) for *The Queen*,⁴⁵ after two prior nominations; and Judi Dench (aged 63) for *Shakespeare in Love*,⁴⁶ her second of now seven nominations. These are all relatively demure parts: roles that feature women facing their aging with a determination to gain one final small victory, both modestly

defying and yet accepting the changes that come with their age. The characters they play are portrayed as having their wits about them to the extent, even, that they outwit those around them, while still requiring their help. None appear to “lose” their physical or mental grip. Except Streep playing Thatcher, roles that demand a woman over 60 play a character with dementia do not receive the acclaim that more placid late-life roles nor more youthful disability fakery invite. Thus, though Moore is recognized for daring to play an Alzheimer’s patient at age 53, there is no award for Judi Dench at 67 playing a disheveled but endearing Iris Murdoch in *Iris* or Julie Christie at 66 for playing as elegant a nursing home resident imaginable in *Away from Her*. Instead, in those films, younger actresses are brought in to play the younger versions of their characters. Thus the seeming miracle cure offered by means of cripface performances, as described above, is unavailable to an actress playing her age. Judi Dench and Julie Christie may be able to demonstrate their cogent minds to their adoring publics, demonstrating that they are not the characters they played, but they can never again be as young as their counterparts, Kate Winslett and Stacey LaBerge, who play their characters in their youth.

Nominee Moore lost out to Tilda Swinton for the 2011 EDA Award for the Actress Defying Age and Ageism. In her early sixties, Swinton’s most recent role was 84-year-old Madame D in *The Grand Budapest Hotel*.⁴⁷ To play the part, she was “aged up” by prosthetic silicone rubber to simulate wrinkled flesh, complete with liver spots and lipstick applied “like an old lady,” as described by Katey Rich in *Vanity Fair* on February 13, 2015.⁴⁸ Known for what Chelsea White describes in a *Daily Mail* article on October 18, 2013 as “age-defying looks,”⁴⁹ Swinton received great acclaim for her bravery and for what critics consider a rare moment when she casts aside a usually androgynous appearance. While the role is titillating because it offers a rare glimpse at a sexualized older woman, the casting choice does much, perhaps, to defy age, but little to defy ageism. Instead, it functions as a type of granny drag akin to cripface. This role could have gone to a working actress over 80, such as Betty White, Ellen Burstyn, Shirley MacLaine, Angela Lansbury or Olympia Dukakis; alternately, Wes Anderson could have pursued his radical cinema by casting an actress in her seventies, such as Maggie Smith, Judi Dench or Jane Fonda. But the point in casting Tilda Swinton appears to have been to contrast her impressively youthful off-screen appearance with her faked extreme age. It is highly important that she is *still* androgynous, ever-youthful Tilda.

Perhaps Swinton’s ability to remain youthful and androgynous while playing an octogenarian allows her to edge out Moore for the Defying Age Award, but defiance of age is no defiance of ageism. Further, though Moore, in *Still Alice*, plays a character close to her age, the portrayal of early-onset Alzheimer’s disease as an accelerated form of aging fits into a pattern of aging up. While increasingly but only slightly unkempt hair and somewhat sloppier clothes are the only real accouterments of disability or old age in the film, portraying Moore soaked in urine because she cannot find the bathroom in her own summer home has a similar effect to Swinton’s prosthetic make-up. So, although Moore lost out for the award for Defying Age and Ageism, we can assume that both actresses were nominated for their continued beauty and grace rather than for an anti-ageist perspective since neither brought that to the screen.

Still Julianne: Disability Experience and Still Alice

While casting an actor with dementia in the title role would have risked another form of exploitation or of being considered that way, there are many ways that people with dementia could have been fully involved in the conceptualization of the film and Moore’s preparation for the role. As it was, to prepare for her award-winning performance of Alice, Moore conducted research into lived experiences of the character she was to play. According to an article by Bob Strauss in the *Daily News* on January 15, 2015, she reportedly interviewed three women who had been diagnosed with early-onset Alzheimer’s.⁵⁰ And importantly, coverage emphasizes the

relative youth of these patients (in their forties and fifties). As with Alice in the film, their youth enhances the tragedy of their decline since they are too young to be always already disabled, as old people are so often considered to be. Moore also went through the dementia diagnostic testing process herself, which is both impressive in what it reveals about her attention to detail and disturbing in terms of the resources expended that might have been used diagnosing someone experiencing memory loss. She also took the step of immersing herself in support groups and visited a care home. This all sounds like a promising reflection of Moore's desire to get her depiction of a character with early-onset dementia right, except as Riley explains of mainstream disability cinema, it fits into a general pattern of playing up instead of representing disability: "The big star spends a few days, maybe a whole week, chatting up patients and doctors in addition to reviewing medical footage of tics and spasms, drooling and wobbling to be practiced before the mirror."⁵¹ While this is akin to what Moore claims she did, in search of an authentic representation, as s. e. smith points out, "The goal [of 'playing disability'] isn't an authentic depiction of an incredibly rare disease, but to showcase an actor's skills."⁵²

In addition to the interviews, Strauss claims that Moore also watched "every documentary film [she] could on Alzheimer's" to gain perspective on the disease she was about to portray on screen.⁵³ She doesn't name the films, but it is safe to assume she would have found films such as *Alive Inside*,⁵⁴ *You're Looking at Me Like I Live Here and I Don't*⁵⁵ and *The Forgetting*.⁵⁶ While not reliant on showcasing actors' skills, these documentaries perpetuate many of the same worrying views on dementia as fictional exaggerations. The films tend to offer heavily edited views of tragic narratives of loss of self that emphasize the heroic people who help them, be they doctors, family members or volunteers. To pick one example, *Alive Inside* documents the process by which social worker Dan Cohen decides to obtain iPods for people with dementia who are transformed by the memories and emotions evoked by listening to music chosen for them. While the film shows some incredibly moving encounters between workers or family members or volunteers and people with dementia, it focuses its narrative on Cohen's mission to circulate iPods and set up a program based on individual playlists. And the film implies that a valuable self lies dormant within a useless shell of a person with dementia, rather than that a self with dementia has its own inherent value. Thus, the film perpetuates the stereotypical damaging view of people with Alzheimer's as the living dead. While, of course, any documentary production is a carefully crafted "creative treatment of actuality,"⁵⁷ these productions present themselves as though they are full accounts of the experience of an illness. Collectively they create a normative perspective on how people should feel about and treat dementia.

Conclusion

Admiring coverage of Moore's attempts at authenticity usually also references the recent ALS diagnosis of the film's co-writer and co-director, Richard Glatzer. The typical stories emphasize the almost uncanny difference between ALS and Alzheimer's in dramatically ableist terms: "one ravages the body and spares the mind, the other largely does the opposite," opines Cara Buckley in a *New York Times* article on November 26, 2014.⁵⁸ But such stories also tend to draw on Glatzer's illness as lending credibility to the film's adaptation of a novel about Alzheimer's. This lumping together of illnesses illuminates the troubling assumptions behind cinema's investment in disability and aging. But it also raises important questions about authenticity in performance. On the one hand, it is offensive to assume that an experience of ALS would automatically result in the understanding of Alzheimer's. On the other hand, the argument that disabled characters should be played by actors who understand and embody their realities lends some weight to the idea that a writer and director experiencing a recent surprising diagnosis with a degenerative illness might better understand what the character Alice is portrayed as experiencing. It is possible

that Glatzer's experiential perspective, though tangential, offered *Still Alice* the impetus it needed to offer a rare view of the perspective of the person with Alzheimer's. While Moore's performance hams up disability tropes and perpetuates the dementia plot, it does bring a refreshing vantage largely missing from other notable dementia films, such as *Away from Her* and *Iris*. This raises intriguing questions about how Judi Dench's recent experiences with macular degeneration, to the extent that she now does not travel alone, might change how she played the title character of *Iris*, especially its portrayal of (inter)dependency. It also raises questions about whether cripface can be partially mitigated if a character with a disability is played by an actor with another disability. For *Still Alice*, the ability to consider at least part of the experience from the patient's perspective is perhaps what makes the film so compelling, so moving and so convincing to many.

That said, there is little evidence that Glatzer's diagnosis adds insight to the *ageism* so common in dementia narratives, and especially in *Still Alice*. In an interview with Buckley, Glatzer's husband, co-writer and co-director, Wash Westmoreland explains their ongoing efforts to keep Glatzer "as active as he can" be, and relating that to *Still Alice* saying, "This is what the film was about: a never-lay-down-and-give-in attitude."⁵⁹ This type of coverage of Glatzer, even of his sad death not long after Moore's Oscar success, does more to perpetuate worrying supercrip models, wherein there is little room for a person to be discouraged by the coming of an illness that will utterly transform his or her bodymind. It fits with the active aging idea of growing old criticized within age studies because it is, like the supercrip, oppressively normative. Further, this mediation of Glatzer's illness matches the general Hollywood script: a cripple must inspire or die.

Disability scholars who challenge normativity and age studies scholars who articulate the damage caused by the pressures of active aging help us to understand the ways in which Moore is recalcitrantly "still Julianne," a preternaturally active and youthful middle-aged woman. Following the lead of disability studies to situate aging as central to the human condition would transform our understanding of an experience such as Alice's. Instead, the celebration of Julianne Moore's performance of Alice, similar to the celebration of Redmayne's performance of Stephen Hawking, does little to advance the politics of disability in Hollywood. While it appears at first blush to be a victory for older women, it is at best a tiny advance. Perhaps the role of Alice is more complex and meaningful than most available to an actress of Moore's age, even of her caliber. But that is only next to a discouraging backdrop of vapid roles. And that complexity and meaning comes at the expense of a disability representation that could have challenged views of both aging and disability.

Notes

- 1 *Still Alice*, directed by Richard Glatzer and Wash Westmoreland (2014; Culver City, CA: Sony Pictures Classics, 2015), DVD.
- 2 Julianne Moore, "Onstage Speech Transcript: Actress in a Leading Role" (speech, February 22, 2015, Hollywood), www.oscars.org/press/onstage-speech-transcript-actress-leading-role.
- 3 "North America: United States—Life Expectancy at Birth," last modified July 11, 2016, *The World Factbook*, Central Intelligence Agency, www.cia.gov/library/publications/the-world-factbook/geos/us.html.
- 4 Jay Dolmage, "Hollywood Mustn't Shut Out Disabled," *The Record*, March 13, 2015, www.therecord.com/opinion-story/5473748-hollywood-mustn-t-shut-out-disabled.
- 5 Leni Marshall, "Ageility Studies," in *Alive and Kicking at All Ages: Cultural Constructions of Health and Life Course Identity*, ed. Ulla Kriebemegg, Roberta Maierhofer and Barbara Ratzenböck (Bielefeld, Germany: Verlag, 2014), 21–39.
- 6 *The Bucket List*, directed by Rob Reiner (2007; Burbank, CA: Warner Bros Pictures, 2008), DVD.
- 7 *The Best Exotic Marigold Hotel*, directed by John Madden (2011; Beverly Hills, CA: 20th Century Fox, 2012), DVD.
- 8 For more on the problem with the metaphor of the Silver or Grey Tsunami, see Andrea Charise. "Let the Reader Think of the Burden: Old Age and the Crisis of Capacity," *Occasion: Interdisciplinary Studies in the*

- Humanities* 4, no. 31.5 (2012): 1–16, http://arcade.stanford.edu/sites/default/files/article_pdfs/OCCA_SION_v04_Charise_053112_0.pdf.
- 9 For more about the recent wave of cinema about older adults and the patterns within it, see Sally Chivers, *The Silvering Screen: Old Age and Disability in Cinema* (Toronto: University of Toronto Press, 2011).
 - 10 Peter Bradshaw, “Separation—Review,” *Guardian*, June 30, 2011, www.theguardian.com/film/2011/jun/30/a-separation-review.
 - 11 *A Separation*, directed by Asghar Farhadi (2011; Culver City, CA: Sony Pictures Classics, 2012), DVD.
 - 12 William Arnold, “Touching *Notebook* Overcomes Flaws to Satisfy Romance Fans in Need of a Good Cry,” *Seattle Post-Intelligencer*, June 24, 2004, www.seattlepi.com/ae/movies/article/Touching-Notebook-overcomes-flaws-to-satisfy-1147928.php.
 - 13 *The Notebook*, directed by Nick Cassavetes (2004; Burbank, CA: New Line Home Entertainment, 2005), DVD.
 - 14 *A Song for Martin*, directed by Bille August (2001; Century City, CA: First Look Studios, 2001), DVD.
 - 15 *The Savages*, directed by Tamara Jenkins (2007; Beverly Hills, CA: 20th Century Fox, 2008), DVD.
 - 16 *Iris*, directed by Richard Eyre (2001; Burbank, CA: Miramax Home Entertainment, 2002), DVD.
 - 17 *Away from Her*, directed by Sarah Polley (2006; Santa Monica, CA: Lionsgate, 2007), DVD.
 - 18 *Still Mine*, directed by Michael McGowan (2012; Beverly Hills, CA: 20th Century Fox Home Entertainment, 2014), DVD.
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