UNIVERSITY OF CALIFORNIA, SAN DIEGO

The Incorporeal Corpse: Disability, Liminality, Performance

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy

in

Drama and Theatre

by

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2017

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2017

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ACKNOWLEDGEMENTS

Thank you to the entire faculty of the Drama and Theatre joint doctoral program at UC San Diego and UC Irvine for admitting me into this excellent program, and to the professors who directly guided me through the process of coursework with generosity: Drs. Stephen Barker, Jim Carmody, Nadine George-Graves, Ketu Katrak, Anthony Kubiak, Marianne McDonald, Ian Munro, Bryan Reynolds, John Rouse, Emily Roxworthy, and Janet Smarr. I am also grateful to have encountered the works and guidance of the remaining faculty members of the joint doctoral program: Drs. Julie Burelle, Daphne Lei, and Frank B. Wilderson, III. Thank you also to the professors outside my own department with whom I have had the good fortune to work: Drs. Brian Goldfarb and Michael Davidson, and Prof. Ngũgĩ wa Thiong'o, My scholarship and thinking has grown significantly because of each and every one of them.

I would also like to thank the UC San Diego Theatre & Dance staff and faculty from other disciplines who also helped shape my ideas and thinking about performance and disability: Dr. Ted Shank and Adele Edling Shank for entrusting me with the responsibility of being the first graduate student to serve as Lead Editor of *TheatreForum*; Profs. Naomi Iizuka and Deborah Stein for their guidance in approaching the position; Prof. Kyle Donnelly for regarding me as a theatre scholar *and* practitioner; Marybeth Ward for her help navigating the graduate school landscape; Michael Francis for his work enabling *I Was Never Alone* to happen in the Shank Theatre; Prof. Todd Salovey for his teaching mentorship; Prof. Allan Havis for

his efforts in nominating me for several awards; and Laura Jimenez for making the teaching aspect of graduate school run so smoothly.

I am eternally grateful for my dissertation committee: Julie Burelle, Michael Davidson, Brian Goldfarb, Nadine George-Graves, and Tony Kubiak for their guidance and countless letters of recommendations. Special thanks to my chair Marianne McDonald for her gentle encouragement, perfect amount of nudging and checking in, responding with edits faster than I have ever heard of any other advisor doing, willingness to learn all new subject matter, and general love and generosity.

I am indebted to various others from around campus for creative opportunities, late night discussions, and the chance to try out new ideas: Sam Mitchell, Kate Jopson, Regan Linton, David Jacobi, Dr. Cassandra Hartblay, Louise Hickman, Andy Muehlhausen, Ben Fisher, Tom Patterson, Danvir Singh, Keith Wallace, Sharif Abu-Hamdeh, and my favorite roommate Danae McQueen. David Christopher Marty, thank you for sticking with me since college and for joining me in Malibu for my first post-spinal cord injury surfing adventure.

Thank you to my cadre of doctoral students for their endless support, their assistance in fundraising for a new adapted van, and for welcoming me into this new home: Bryan White, Heather Ramey Konowal, Sonia Fernandez, Melissa Minniefee, Kara Raphaeli, Julie Burelle, Naysan Mojgani, Matthieu Chapman, Jim Short, Katie Turner, Lily Kelting, Alison Urban, Kristen Tregar, Jon Reimer, and Will Jones.

I could never have accomplished this without the love and encouragement of my immediate and extended family: my parents Jack and Penni Dorwart; my sister

Rachel Griffin; and my brothers Joey and Jonathan Dorwart. Also, to my service dog Rushmore, thank you for all the sticky situations you've gotten me out of.

Lastly, to my marvelous wife Laura, thank you for putting up with me as I type late into the night. I may be getting a Ph.D., but without question, the best thing I am taking from UCSD is your love and companionship and our little baby on the way.

Part of chapter four has previously been published in *TheatreForum*, is. 50, Winter/Spring 2017. Jason Dorwart was the sole author of this article.

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Dorwart, Jason. "*I Was Never Alone*: Translating Ethnography into Accessibility." *TheatreForum* 50 (Winter/Spring 2017): 6-7.

Dorwart, Jason, and Laura Oseland. "Frozen in Time and Fastforwarded: Roger Guenveur Smith's *Rodney King*." *TheatreForum* 47 (Summer/Fall 2015): 72-77.

Dorwart, Jason. "The Myth Project: Altar." *TheatreForum* 44 (Winter/Spring 2014): 61-63.

Dorwart, Jason. "Sticking it out when it Feels Impossible: One Actress's Story." *Acting for the Stage: Succeeding as a Creative Professional*. Ed. Anna Weinstein and Chris Qualls. Burlington, MA: Focal Press, 2017.

ABSTRACT OF THE DISSERTATION

The Incorporeal Corpse: Disability, Liminality, Performance

by

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Doctor of Philosophy in Drama and Theatre

University of California, San Diego, 2017

Professor Marianne McDonald, Chair

The Incorporeal Corpse contends that the image of actual disabled bodies in film and theatre brings a visceral response that alters viewers' perceptions of disability in unaccounted ways. I extrapolate Mitchell and Snyder's idea of "narrative prosthesis" outward from their focus on written work, to my focus on the presence of disabled bodies in performance on stage and screen. I explore these issues as they pertain to the making of narrative-driven theatre and film, further theorizing connections between expectations of the disabled body and expectations of what

performance should accomplish. Using Victor Turner's ideas of liminality, I discuss how performances of disability place the disabled body into a liminal space between life and death, and that because performance is geared toward moving through liminality toward a new point of stasis, the performance of disability comes with expectations that it will be resolved into either recovery or death. The presence of disabled actors complicates the theatrical and cinematic processes because the material fact of disability's existence both in and out of performance. Furthermore, non-disabled actors playing disabled characters reifies the recover/die expectation in that audience members find a sense of security in feeling that the disability has been overcome as the actor steps away from the role. I call this state of affairs the Incorporeal Corpse.

To explore manifestations of the Incorporeal Corpse, I analyze Martin McDonagh's *The Cripple of Inishmaan*, historic representations of Joseph Merrick (The Elephant Man), horror films (such as *The Changeling*) using images of empty wheelchair to postulate life and death bleeding into each other through disability, portrayals of the freak show in *Freaks* and *American Horror Story*, and recent theatrical performances (namely Cassandra Hartblay's *I Was Never Alone*) which focus on countering the incorporeal corpse. I ultimately argue that that conscious presence of actual disabled performers in the rehearsal room and on set challenges notions of disability as tragedy and begins to break apart the idea of disability as Incorporeal Corpse.

Better to be dead than live blind.

— Sophocles, *Oedipus the King*

Introduction

A state worse than death. A body stuck between life and death. A harbinger of our inevitable mortality. A life without vitality and a corpse that breathes. All of these perceptions of disability relate to the notion of disability as a state between, a state of permanent liminality. We end up with the anxiety of the unresolved and the unresolvable, placed into a drama that we expect to have resolution. Fear of the disabled body permeates dramatic literature and film and reinforces the anxiety that occurs when we see a disabled body that seems to not function or be formed "properly." When Sophocles' Chorus Leader chastises Oedipus for maiming himself rather than killing himself, "Better to be dead than live blind" (Sophocles 86), he presciently sums up the next 2500 years of disability representation in European and North American performance. Oedipus will now be a burden on the world rather than having been safely eliminated from it. Even with technological and medical advancement, most Americans continue to regard disability as a state worse than death. A recent poll by Disaboom, a web site and social network for people with disabilities, found that 52 percent of American adults would choose death over life with a severe disability (Sibonney). The vast majority of plays and films deal with this preference for death over disability by prescribing one of two fates for disabled characters: death or recovery. Life with disability seems to be untenable in performance. Through one of these two means (either death or recovery) the disabled

body is customarily in due course eliminated from performance. It is almost as if the idea that drama must have a resolution or denouement does not comport with the non-resolvability of permanent physical disability.

I will refer to this as the "recover/die expectation" and as the "elimination of disability." The list of recent films and play scripts foregrounding the recover/die expectation is far longer than list of portrayals where disability remains present through the closing credits or curtain call. *Sweet November*, *'night, Mother*, *A Walk to Remember*, *Mud*, *Autumn in New York*, *Fences*, *Forrest Gump*, *The Sessions*, *Me Before You*, *Whose Life Is it Anyway?*, *The Elephant Man*, *Colossal*, *American Horror Story*, *Richard III*, *Quid Pro Quo*, *One Flew Over the Cuckoo's Nest*, *The Raging Moon*, *Million Dollar Baby*, *Bitter Moon*, *The Sessions*, *The Sea Inside*, *Monkey Shines*, *The Waterdance*, *The Diving Bell and The Butterfly* all depend upon the recover/die expectation. *The Intouchables*, *Children of a Lesser God*, *Coming Home*, *Born on the Fourth of July*, *Saved*, *The Cripple of Inishmaan* are some of the few major plays and films that quickly spring to mind that don't explicitly further the elimination of disability. Of course this is an extremely small sample size and not meant to be comprehensive. Certainly any reader of this can add more titles to either list. But the point of my exercise is to see what titles quickly come to mind when thinking of portrayals of disability. As someone who has been studying disability in film and theatre for over a decade, and without the help of any databases, I immediately come up with five times more titles that further the elimination of disability than I can come up with titles that don't. The lack of representation of

disability in visual narratives has real-world ramifications including a lack of working professional disabled actors, and the continued perception that death is preferable to disability. As one character says to the titular cripple of *The Cripple of Inishmaan*, "A little cripple star. Heh" (McDonagh 30). He, of course, then becomes confused when then cripple looks sad at the mocking; everyone, including a cripple, should know that disability is to be disparaged.

The metaphorical meaning of disability in fictional narrative has been repeatedly theorized, but this dissertation will contend that the image of actual disabled bodies in film and theatre brings a visceral response that alters the viewers' perceptions of disability in unaccounted ways. For Plato, full health "ranked first among the human or earthly goods, ahead of beauty, physical success, and wealth. Health was absence of illness and disease; it was, physically and metaphorically, the force of life" (Vlahogiannis 180). With this being the case, we can understand why Sophocles' Chorus Leader preferred death over disability. "Being struck with a permanent disability would alter how one lived and functioned, and how one was perceived and received, as an individual and member of a community" (Vlahogiannis 184). Disability would impede one's physical participation in the polis, and theatre performance and attendance were part of one's civic duties, thus disabled performers were abominations. Currently, Petra Kuppers explores the possibilities of disabled persons in performance, but not from a perspective commercial, mainstream film and theatre. Carrie Sandahl has written about actor training of non-normative bodies and how training practices interfere with full participation. Vicky Lewis has written a

manifesto calling for development of accessible actor training programs. Deric McNish addresses solutions to these shortcomings in actor training in his 2013 dissertation "The 19 Percent: Disability and Actor Training in Higher Education" and suggests pedagogies for including the greatest variety of students in scene work through the principles of Universal Design for Learning. In her 2014 dissertation, "The Stage Presence of the Gimp: A Study of the Complexities of Putting Disabled Actors Onstage," Jill Sommerville examines the practicalities of accomplishing stage business when placing wheelchair-using actors onstage. Rosemarie Garland-Thomsom recently asked in a *Huffington Post* article why disabled actors shouldn't play nondisabled roles. In 2013's *The End of Normal*, Lennard Davis took up this question in a chapter titled "Disability in the Media or, Why Don't Disabled Actors Play Disabled Roles?" and suggests a labor based solution in which able-bodied actors police their own willingness to play disabled roles. He acknowledges the difficulties of such a construct because, "Right now, it makes little sense for a young person with disabilities to imagine a career in acting" (Davis, *The End of Normal* 42). My work will unpack these issues as they pertain to the making of narrative driven theatre and film, further theorizing connections between the expectations of the disabled body and expectations of what performance should accomplish. I will suggest that because the disabled body exists in the liminal space between life and death, and because performance is geared toward moving through liminality toward a new point of stasis, the performance of disability must be resolved into either recovery or death. Thus, the presence of the body of a disabled actor complicates this process because of the

material fact of disability existing both in performance and out.

I will use Victor Turner's idea of liminality to discuss on how representations of disability draw a spectrum from life to death and tend to place the disabled body closer to the death end of the spectrum. As theatre is a liminoid experience which enacts a change trough time, the unchanging liminality of permanent disability disrupts concepts of performative fictionality and induces existential anxiety in the viewer. Disability often acts as an intermediary between the material world and the afterlife, with notions of life bleeding into death and death bleeding into life through the disabled body. Portrayals of disability tend to imply that disability may even be a state worse than death. This portrayal leaves two options for the disabled body in film and theatre if it is to move out of liminality: recover or die. This dissertation will reflect upon how the dearth of disabled actors playing disabled characters reifies the notion that disabled characters must either recover or die – when a "cripped up" able-bodied actor steps away from playing disability the audience members find a sense of security in feeling that the disability has been overcome as the actor sheds it. I refer to this idea of disability as the *incorporeal corpse* – a body without a "proper" life, yet also a life without a "proper" body – meaning is assumed and overlaid upon the incorporeal corpse in order to explain the origins of disability and assuage our fears of it. I ultimately argue that that presence of actual disabled performers in the rehearsal room and on set challenges notions of disability as tragedy and begins to break apart the idea of disability as incorporeal corpse.

If we think about the considerable cultural reach and influence of theatre, film

and television, the recover/die expectation has significant consequences if this is the predominant portrayal of disability that audiences encounter. In December of 2013, Michelle Clare Wilson and Katrina Scior published a literature review of people's attitudes toward people with disabilities in *Research in Developmental Disabilities*. The researchers looked specifically at the perceptions of disability during the span of a decade (2003-2013) and only at studies that used the Implicit Association Test, a reliable and valid measuring tool for unconscious attitudes and bias. Their results showed that "[a]cross all studies, moderate to strong negative implicit attitudes were found" (Wilson and Scior 294). All study participants, in other words, had had negative associations with people with disabilities on average. Maybe not terribly surprising, but for our purposes rather interesting, what they also found is that caregivers as well as able-bodied students in inclusive classrooms held more positive unconscious attitudes. The positive attitudes were contingent on exposure and interaction. The more time someone spent with people with disabilities, the more their implicit associations improved. These results contribute to the body of evidence that has been amassed since the 1950s when Gordon Allport proposed the Contact Hypothesis, the idea that intergroup hostilities can be reduced by increasing positive interactions and positive media exposure. Broadly speaking, the hypothesis "suggests that increased contact with out-group members can help to improve attitudes towards them" (Alport qtd. in Wilson and Scior 314).

In "The Ruderman White Paper on Employment of Actors with Disabilities in Television," Danny Woodburn and Kristina Kopić argue that media representation of

disability is imperative for stigma reduction in ways that other identity groups rely upon human interaction to do. “Due to factors such as frequent inaccessibility of public places, abysmally low employment of people with disabilities, and segregation in education, mainstream culture often doesn’t have the chance to organically encounter and interact with people with disabilities. So almost by default, most attitudes toward people with disabilities arise from the stories we encounter around us—stories which are woefully underrepresented in the most widely consumed medium: television” (Woodburn and Kopić 5). I would extend this argument to film and theatre as well. Because most stories about disability result in death or recovery, audiences are conditioned to view disability more negatively than death.

Asked if he was shocked by the findings of the previously mentioned study finding that 52% of Americans would prefer death over disability, Glen House, co-founder of Disaboom and a quadriplegic since 1990, said, “If you asked me when I was 20, I probably would have been in that group as well, because I didn’t know anybody who lived with severe disability. We want to show everyone that it’s not the end, it’s a new beginning” (Sibonney). This dissertation will explore the idea that disability perceived to be a state worse than death, a reality which puts the disabled body into a state of permanent liminality. Disability and depression fall into what Georgio Agamben terms *zoe*. Agamben makes a distinction between two kinds of life: *bios* which is life as part of the political state, and *zoe* which is “bare life” outside of the political state which can be killed without sanction but cannot be sacrificed. *Zoe* is a life defined as not worthy of life, a life not worth living. *Zoe* is outside the bounds of

the everyday. The malformed body must be eliminated but its passing has no sacrificial value. There seems to be no societal gain with the death of the disabled body apart from elimination of the disability itself. On stage, the death of an able-bodied character is tragic, the onset of disability is tragic; but, the death of the disabled character is a relief instead a tragedy. The disabled body is not alive enough to be sacrificed, but it is also not dead enough to be buried. It exists between; neither this nor that. As long as it continues to exist it is liminal. The liminal nature of disability disrupts the possibility of resolution in dramatic structure, thus preventing greater numbers of disabled actors from working professionally and limiting the number of stories about the possibility of sustaining life with a permanent disability from being told as often as they should be.

The Stage Cripple

The last title on my short list above, Martin McDonagh's *The Cripple of Inishmaan*, toys with this situation that I term the incorporeal corpse and has several laughs and reversals that come from our assumption that recovery or death must be in the cards for the play's titular cripple, Billy. *Cripple* will serve as an opportune reference point as I lay out the precepts of the incorporeal corpse in this introductory chapter. The play recognizes that the negative depiction and perception of disability is so pervasive as to be shared by those who are actually disabled. Questioning how Billy's parents could have loved him, another character asks, "They loved you? Would *you* love you if you weren't you? You barely love you and you *are* you" (McDonagh 25). McDonagh blurs the lines between fiction, documentary and mythology as they

pertain to both the stage Irishman and to the stage cripple. He questions the legitimacy of both stereotypes.

To do so, McDonagh sets his play on Ireland's west coast, a dramatic locale made mythologically famous in the works of several Irish playwrights including John Millington Synge and Brian Friel. The stage Irishman reflects that "the Irish could not be distinguished from their imperial rulers by the color of their skin. They were 'proximate' rather than 'absolute' Others, a disturbing mixture of sameness and difference, geographical closeness and cultural distance. English dramatists therefore indicated Irish inferiority and need for governance by emphasizing those character traits that signaled political incompetence. Stage Irishmen were not all identical, and some were positively depicted, but they belonged to a well-established theatrical genre that mocked non-English characters as different, dangerous, or ridiculous" (Cullingford 287). The stage Irishman became so ubiquitous that the lines between fictional, mythologized, romanticized, and actual Irish lives became blurred. The stage Irish began to inform concepts of what the actual Irish were. McDonagh works in this tradition, recognizing the stage Irishman, the romanticization of the West Coast, and the representation of the disabled body all as being fictional, performative constructs.

Cripple is set on a remote island in the early 1930s and the lives of poverty of the characters are reflected by the bleak landscape that McDonagh depicts. Cripple Billy, as the other characters insist on calling him throughout the play, was orphaned at birth after his parents killed themselves and he was adopted by two elderly shop-keeping sisters, who he regards as his "aunts." The nondisabled characters routinely

refer to his "host of troubles" and use his crippled body as a point of reference to compare their own troubles. The bleak landscape of Western Ireland is depicted metaphorically through Cripple Billy's body, his disability serves as a barometer for the health of Irish society, and several other disability tropes are performed through Cripple Billy, but McDonagh seems to be unpacking the absurdity of these constructs.

The local community learns that a Hollywood film director is filming a documentary on the neighboring aisle of Inishmore. In the play's first nod to the blurred spaces between documentary and fiction, between art and real life, some of the characters from Inishmaan decide that they will audition for the documentary. The director has decided to hold auditions so he can cast "authentic characters" in his "documentary." In truth, a film titled *Man of Aran* was in fact shot in Ireland by Hollywood film director Robert Flaherty and released in 1934. Cripple Billy considers a possible role in the film as his only opportunity to escape his moribund existence as the local cripple, insulted by all and with no expectations of employment or romance. Cripple Billy, it seems, has no future. Cripple Billy fakes a diagnosis of tuberculosis to gain the sympathies of and a boat ride from a local fisherman whose own wife died from the disease. Of course the fisherman, like everyone, assumes that a disabled actor needn't apply for Flaherty's film, and says, "What you want to go to the filming for? They wouldn't want a cripple boy" (McDonagh 36). Nonetheless, Cripple Billy makes it to the audition, has the good fortune to be cast in the film, and is whisked away to Hollywood without saying goodbye to the community. The people of Inishmaan are both distraught and upset at Cripple Billy's abrupt departure. Next time we see him he

is in the throes of death. He writes a letter home to say goodbye, lies down, wheezes, gives an anguished gasp, and dies.

Or so we are led to believe. Several scenes later, Cripple Billy returns to his friends on Inishmaan and we the audience come to understand that what we believe to have been his death scene was actually an audition, a screen test for another potential film, although the role eventually went to a cripped up able-bodied actor. After the reveal and Billy's return, life returns to its previous state of normalcy on the island. However, in the closing scenes Billy learns that his parents did not kill themselves to rid themselves of life with the disabled son as he has always believed. He has grown up being told his aunts "took him in when Billy's mam and dad went and drowned themselves, when they found out Billy was born a cripple-boy.… Trying to get away from you they were, be distance or be death, it made no difference to them" (McDonagh 23). Instead, Billy learns his disabled body *is* lovable, and his parents died in an attempt to capitalize upon a life insurance claim which would benefit Billy. And in the final moments, it seems there is a chance that Billy might actually get the girl. In a commentary on the play written for *Disability Studies Quarterly*, David J. Connor writes:

> To state the obvious, it was satisfying to see a crip protagonist who was not pitiful, despite the onslaught of insults. I found myself wondering: what are audience members to make of relentless cripple-upon-cripple references? Abandoned by parents. Rejected in love. Without any prospects. Despite all of the elements of a tragic figure in the air, he is never weighed down. At one juncture, by a slip of the tongue, Billy laments his loss of the intended parts as a cripple in a film to a non-disabled actor. What irony when during curtain call, the actor playing Billy walked effortlessly onto the stage, leading me to think: wouldn't

> an actor with a disability be excellent for this part? Has it ever been done with a disabled actor? If not, why not?

McDonagh's script is cognizant of the fiction of the stage Irishman and of the stage cripple, while at the same time dependent upon their presence in order to call the depiction to question. McDonagh explicitly positions his play as portraying and mocking the stage Irishman. When Cripple Billy returns from Hollywood he says, "Tell you the truth, Bartley, it wasn't an awful big thing at all to turn down Hollywood, with the arse-face lies they had me reading for them. 'Can I not hear the wail of the banshees for me, as far as I am from the barren island home. An Irishman I am, begora! With a heart and a spirit on me not crushed be a hundred years of oppression. I'll be getting me shillelagh out next, wait'll you see.' A rake of shite" (McDonagh 88). Billy refuses to play a fictionalized version of Irish on film, even though, in a sense, the Billy we see on stage is a fictionalized version of an Irishman. Likewise, the actor playing Billy is cripping up for the role, but in turn cripple Billy is not suitable to play a disabled character in the play within a play (or rather the film within a play). Another actor must crip up for the fiction within the fiction. A dramatic plot device or extended metaphor where characters narrate story while still part of another, playwrights use such juxtaposition of nested plays to give a performance self-reflexivity and to reiterate main themes. McDonagh provides performative reflexivity to various tropes and exposes their fictionality through the device. At the same time McDonagh problematizes the incorporeal corpse, he is also utilizing it.

The Language of Disability

To flesh out the incorporeal corpse, I will begin by discussing definitions of

disability and settling upon my chosen vernacular; I will then map out a working definition of the incorporeal corpse; and eventually, I will explore Victor Turner's writings on liminality and relate this back to the disabled body.

For this work I am interested in disabilities that manifest physically. Because film and theatre are visually consumed, I differentiate disability that can be seen from disability that is performed. Of course, all disabilities have elements of both performance and visibility, and performance itself is in one aspect visible. The lines between classifications of disability are blurry and changing, as are the lines between able and disabled. G. Thomas Couser addresses this in "Disability as Diversity: A Difference with a Difference." He writes, "Disabilities may affect one's senses or one's mobility; they may be static or progressive, congenital or acquired, formal (affecting the shape of the body) or functional, visible or invisible. All these differences create potential fault lines within the whole; far from monolithic, then, the category of disabled people is inflected with differences that profoundly affect identity politics" (Couser, "Disability as Diversity" 96). My work here focuses on formal, visible disabilities. Downs syndrome, under some classifications is a mental rather than physical disability, but it also changes bodily form and the material reality of downs syndrome is written on the body, visually apparent, and recognizable. Certain obsessive-compulsive tendencies might be visually perceived in some instances, but only if actions are performed that display them. Blindness is a physical disability in that it limits a physical function of the body, but typically it is not witnessed without extended observation. But for this study, I am interested in bodies that are physically

marked as defective, deformed, or deficient. Downs syndrome, amputation, paralysis, deformations, dwarfism, all mark the body as non-normative; they are seen and recognizable. Mental illness, learning disabilities, blindness, deafness, heart defects, even a limp, are not *necessarily* so; perception of these is often through extended observation or interaction or conversation. Because theatre and film are mediums that are, among other things, perceived visually, I am interested in manifestations of disability that are physically recognizable. An actor can perform a limp or deafness, but (at least with current technologies) an actor cannot perform having dwarfism or an amputation. Conversely, these disabilities function differently in that an actor with OCD, deafness, or a heart defect can hide these traits in performance; he can play against type. But a paralyzed actor cannot; he can never be unparalyzed for a role. I am interested in disabilities that cannot be hidden, removed, or temporarily "undone." Moreover, written narratives of disability and visual narratives of disability function differently. On the written page disability can serve as a metaphor for something else. But in performance, the disabled body must be accounted for and reckoned with. Jim Ferris says, this is because "disability obscures the blurry lines that separate fiction and art from real life" (Ferris 56). On the page, disability can be imagined and exists only within the mind. But in performance, we see disability. The threat becomes real. On the page disability is a metaphor to be understood; in performance disability is a material reality and thus a problem that must be solved. The disability is not just part of the story or the art, it is also part of the actual body we see before us.

Disability onstage has often served a purpose other than being merely one trait

of a fully realized character. “Individual characters become metaphors that signify ‘social and individual collapse,’” according to Carrie Sandahl and Philip Auslander in the introduction to their book *Bodies in Commotion: Disability and Performance* (Sandahl and Auslander 3). Cripple Billy serves as an example of this, his disabled body mirrors the barren landscape in depressed economy of the West Coast of Ireland. Yet, in a brilliant multilevel metaphor, his condition also mirrors the collapse of the idea of the stage Irishman, and the collapse of oppressive stage constructs of disability. Sandshl and Auslander go on to describe various manifestations of this metaphor:

> Typical disabled characters are a familiar cast: the “obsessive avenger,” who seeks revenge against those he considers responsible for his disablement; the “sweet innocent” (otherwise known as the “Tiny Tim”), who acts as a moral barometer of the nondisabled; the “comic misadventurer,” whose impairments initiate physical comedy or whose body becomes the target for comic violence; the “inspirational overcomer,” the extraordinary individual who excels despite her impairments; the “charity case,” who elicits pity and allows others to mark themselves as nondisabled by bestowing goodwill; the “freak,” the ultimate outsider; and the “monster,” whose disfigurements arouse fear and horror (Sandahl and Auslander 3).

Billy’s condition serves the majority of these metaphors to the point that one must assume McDonagh is aware of these metaphors and their perpetual appearances in the same way he is aware of the concept of the stage Irish. *The New York Times* reviewer of the 2008 Broadway performance of *The Cripple of Inishmaan* evoked the archetype/stereotype disabled Dickensian character from *A Christmas Carol* in writing that McDonagh’s play depicts “its own salty variation on that sugarplum Tiny Tim” (Brantley). Cripple Billy can be read as

the sweet innocent, the comic misadventurer, the inspirational overcomer, the charity case, and bordering on the freak. But McDonough doesn't allow Cripple Billy to neatly settle into any one manifestation.

For better or worse, dramatic literature and theatre often rely upon these tired clichés in their portrayal of disabled people. All too easily, disabled characters become stock characters or metaphors instead of fully integrated into the story. In 2006, a writers' symposium was held so that panelists could discuss writing about disability for modern media; Annie Correal reported on the proceedings in a paper entitled "Written on the Body: A Conversation about Disability." At this conference, many of the stereotypes, clichés, and tired metaphors were articulated for the attendees. To begin her paper Correal states that, disabled characters have "been used as metaphors for abstract concepts—from goodness and nobility of character, to meekness, weakness, and social disadvantage. The panelists explained why these clichéd plots misrepresent disability. They identified specific clichéd plots: the inspirational narrative, the outcast narrative, the romantic narrative, the blind seer narrative, the cure narrative." These clichés and overused metaphors have existed in dramatic literature for thousands of years and have commonly been employed by Greeks, Elizabethans, and modernists. Various contemporary theatres take on these stereotypes, clichés, and metaphors, but do so with different purposes and methods.

To understand how disability metaphors work on stage, a basic understanding of disability theory will be necessary. The following is an overview of various models of how disability is defined. The first two of the following descriptions are taken from

Director of the World Institute on Disability Deborah Kaplan's online essay "The Definition of Disability" in which she summarizes the theories more effectively than I could hope to improve upon. She describes the *moral model of disability* as:

> historically the oldest and [one] less prevalent today. However, there are many cultures that associate disability with sin and shame, and disability is often associated with feelings of guilt. For the individual with a disability, this model is particularly burdensome. Families have hidden away the disabled family member, keeping them out of school and excluded from any chance at having a meaningful role in society. Even in less extreme circumstances, this model has resulted in general social ostracism and self-hatred.

Newer than this is the *medical model* which arose with the advanced role of physicians in 19th Century society as modern medicine began to develop:

> Since many disabilities have medical origins, people with disabilities were expected to benefit from coming under the direction of the medical profession. Under this model, the problems that are associated with disability are deemed to reside within the individual. In other words, if the individual is "cured" then these problems will not exist. Society has no underlying responsibility to make a "place" for persons with disabilities, since they live in an outsider role waiting to be cured (Kaplan).

The notions behind the medical model began to develop with an eye toward therapy, leading to the *rehabilitation model* which regards the person with a disability as in need of services from a rehabilitation professional who can provide training, therapy, counseling or other services to make up for the deficiency caused by the disability. Persons with disabilities have been very critical of the rehabilitation model. While medical intervention can be required by the individual at times, many disabled people believe it is "naive and simplistic to regard the medical system as the

appropriate locus for disability related policy matters. Many disabilities and chronic medical conditions will never be cured. Persons with disabilities are quite capable of participating in society, and the practices of confinement and institutionalization that accompany the sick role are simply not acceptable" (Kaplan).

The *disability model*, also known as the *social model*, has taken hold as the disability rights and independent living movements have gained strength. "This model regards disability as a normal aspect of life, not as a deviance and rejects the notion that persons with disabilities are in some inherent way 'defective'" (Kaplan). The social model distinguishes between disability (a social construction) and impairment (a bodily state). Professor David Pfeiffer is quoted by Deborah Kaplan as saying, "...paralyzed limbs may not particularly limit a person's mobility as much as attitudinal and physical barriers. According to this model, if disability were more commonly recognized and expected in the way that we design our environments or our systems, it would fit in better with everyday life and not seem so abnormal. "The disability model recognizes social discrimination as the most significant problem experienced by persons with disabilities and as the cause of many of the problems that are regarded as intrinsic to the disability under the other models" (Kaplan).

While these four are the widely talked about models of disability, there are of course other competing models. The *legitimacy model* views disability as a value-based determination about which explanations for the atypical are legitimate for membership in the disability category. This viewpoint allows for multiple explanations and models to be considered as purposive and viable (Gilson and DePoy). Lennard

Davis describes what could be called the *biocultural model*; he asserts that the social model is insufficient as "that the biological without the cultural, or the cultural without the biological, is doomed to be reductionist at best and inaccurate at worst" (Davis, *Biocultures Manifesto* 411). Davis argues that disability is not a chosen identity, whereas other identities (such as ethnicity) may be less fixed and thus able to be chosen (Davis, *The End of Normal* 11). Ultimately, because of its resistance to change and cure, disability is unlike any other identity (Davis, *The End of Normal* 14).

The rehabilitation and social models are defective, insufficient, or incomplete for explaining disability in that they remove agency from the disabled person himself, and in that they ignore or diminish the very real physical and functional limitations that accompany disability beyond the social or curative prejudices. This becomes particularity notable in performance. While scholars may be musing on what it means to be disabled, disabled people are outside of academia every day trying to function in the world. Both of these models of disability ignore the lived reality of people with disabilities. The social model, developed in the 1970s, served its purpose in that era, but it has now been outgrown, is insufficient, and needs major redevelopment. One major area of insufficiency is the frequent exclusion of the personal experience of impairment, cognitive disability, and illness. The social model of disability separates physical impairment from social disability, and in its most rigid form does not accept that impairment can cause disability at all. Furthermore, the social model suggests that disabilities are socially imposed limitations upon impaired bodies – the built environment, insufficient social programs, etc. But, the social model assumes the

presence of an ideal white, heterosexual, subject that would be otherwise unimpeded by social pressures, and fails to account for the intersections of race, sexuality, socioeconomic factors, and impairment. Scholars are increasingly recognizing that the effects of impairment form a central part of many disabled people's experience, and that these effects must be included for the social model to still be a valid reflection of that experience.

It could be said that the social model has roots in Cartesian dualism. The social model reifies the notion that the world comprises two separate and incompatible substances: *matter*, which is divisible, has mass, dimensions, and a location in space; and *mind,* which is indivisible, has no mass or dimensions and is located nowhere and everywhere. This reasoning permeates much of Western thought, and the separation between an immortal soul from a mortal body forms the foundation of Western religion. French philosopher and mathematician René Descartes explicitly laid out the idea the seventeenth century. This line of thought has become so seemingly foundational in Western thought that is often thought of as a given truth rather than a philosophical perspective. The impairment/disability distinction reifies the mind/body split and neglects the fact that it is the impaired body itself that creates the need for the distinction in the first place. Thomas Abrams writes in the *Canadian Journal of Disability Studies* that:

> The social model of disability seeks a radical distinction between impairment, as biological malfunction, and disability, as social oppression (this distinction borrowed from the Union of Physically Impaired Against Segregation, 1975) The social model approach is barrier-focused, and highlights the exclusion of impaired subjects from

> material life. Paterson and Hughes, however, see the social model as an example of Cartesian dualism par excellence, arguing that the impairment/disability dichotomy is a barrier to the accurate portrayal of what it means to be a disabled body. Simply, Paterson and Hughes maintain that the rigid divide between medical pathology and oppression cannot account for the experience of embodiment (30-31).

In the Cartesian worldview, how the separate entities of matter and mind act upon each other remains a question without a satisfactory answer, and the social model does nothing but complicate the question even further. "In particular, [Cartesian dualism] makes a human being a divided creature, consisting of a corporeal body that is extended in space and subject to the laws of physics and chemistry and an incorporeal mind that in some mysterious way is lodged within it, it is not part of it, and appears not to be subject to any discoverable scientific laws" (Small 51-52). This idea helps point us toward the concept of an incorporeal corpse: the idea of the disabled body and the disabled body itself cannot be separated from each other, the performed disabled body cannot be divorced from the actual disability, the disabled body generates meaning but has difficulty controlling that meaning, and the social limitations of disability are necessarily tied to the physical limitations of impairment. Part of the Cartesian legacy to Western thinking is an assumption that the body plays no part in the operations of the mind, nonetheless the mind functions within the body just as "disability" is necessarily a result of some form of "impairment." The mind is a function of living matter to the same extent that eyesight or digestion are; lack of eyesight, a missing limb, or an inability to walk are a function of the material body, not a social construct. The disability/impairment distinction seems about as useful as

the mind/body split. Once this is understood, the Cartesian split between body and mind ceases to exist, and the disability/impairment distinction seems less useful -- especially when considering the appearance and function of the disabled body in performance. “The dualistic Cartesian distinction between ‘disability’ and ‘impairment’ is now beginning to be questioned, in particular [the social model] assertion that ‘disablement has nothing to do with the body’, and that ‘impairment is in fact nothing less than a description of the physical body’” (Lang 17). I reject the strict impairment/disablement delineation of the social model as it depends upon a Cartesian dualism and mind body split. It regards disability as it is performed and disparaged, neglecting the lived, material reality of the disabled body. As paraplegic Columbia University anthropology professor Robert Murphy writes in *The Body Silent*, “Disability is not simply a physical affair for us; it is our ontology, a condition of our being in the world” (2). The disabled body is read to have meaning, but it is also experientially necessary for continued existence of the disabled person. The embodiment of it remains no matter how it is societally treated. Certainly, a missing limb performs, but a missing limb is not performed. A missing limb exists as a material state regardless of how the amputee performs his or her marginalized state. “A change or loss of physical functionality can affect a person’s life world” (Slatman and Widdershoven 87), so the impairment/disability split is disrupted— functionality and life world are not separate and cannot be separated. The disabled body is what it is and may perform meaning outwardly, but an amputated limb cannot be performed. It performs, it is not performed.

Furthermore, the social model of disability assumes the presence of an ideal, white, heteronormative subject that would be otherwise unimpeded by social pressures, and fails to account for the intersection of race and impairment. Yet, often depictions of disabled black characters problematize the white, heteronormative assumptions of the social model. G. Thomas Couser suggests that "disability may be a more fundamental form of human diversity than differences in race, ethnicity, and gender. In part because of its seeming elementality—it still seems intuitive to many that disability is a natural form of human inequality— disability has escaped critical scrutiny until quite recently" ("Disability as Diversity" 98). Couser seems to suggest that disability is so far beyond the pale, that it is a state rejected by both white and black America and that this rejection is a natural and acceptable consequence. Racial categories treat black bodies as marginal (outside the bounds of normalcy and acceptability), but disability is regarded as liminal (a state between, existing on the border) no matter the race of the disabled person. Scant attention has been paid to the variable effects of disability upon the black body versus the white bodyand it is imperative that disability theory, and the default state of society, not be imagined as all white.

I would suggest that the social model of disability omits consideration of the feedback loop that is created among race, disability, and justifications of prejudice. Nirmala Erevelles and Andrea Minear show how "The association of race with disability has been extremely detrimental to people of color in the U.S. — not just in education, but also historically where associations of race with disability have been

used to justify the brutality of slavery, colonialism, and neocolonialism" (358). The definition of disability can enact divergent power constructs for different groups; it becomes useful in different ways. The black reaction to disability, coming from a point of marginalization, is bound to be different from the white reaction, coming from a point of power. "While the marginal signifies being outside of a limit or border, the liminal signifies a state of being in-between limits or borders—between 'healthy or ill, alive or dead, male or female'" (Pearman 274). Disability is a liminal state for both white and black bodies; whether the body is previously considered as marginalized or privileged it can be made liminal. This perception of disability poses questions for the social model, but reinscribes disability as a liminal state.

In any discussion of disability, especially when considering imagery of the disabled body, terminology and definitions are key factors in determining how the body is seen and subsequently 'interpreted.' The words we use to describe the disabled body matter. Or, as Cripple Billy asks the fisherman in McDonagh's play:

> Billy: Would you do me a favour, Babbybobby? Would you not call me Cripple Billy anymore long?
> Bobby: What do you want to be called so?
> Billy: Well, just Billy.
> Bobby: Oh. Okay so, Billy (McDonagh 42).

Bobby seems confused as to why a clearly crippled person would take issue at being recognized as such. But, since Billy asks in his own stead, Bobby is willing to oblige. *That's what we've always called you, but I'm willing to think differently even if I don't understand*, seems to be Bobby's subtext. Similarly, I find the current language of disability to be insufficient for my purposes. The definition advanced by the World

Health Organisation forms the foundation for many governmental policies regarding disability social policy (Barnes 20). It has three distinctions: impairment, disability and handicap, encapsulated by Barnes (20) as follows: '[i]mpairment' refer[s] to a defective limb, organ or mechanism of the body, 'disability' as the resulting lack of function, and 'handicap' denotes the limitations on daily life which ensue from disability. (Barnes 3). Consequently, from this definition a 'handicapped' person has an 'impairment' which produces the 'disability' and, as such, is 'handicapped' by that 'disability' and 'impairment'; the whole definition rests upon the body of the individual who has the impairment. Thus, disability, according to this definition, seems to necessitate all three if one factor is present.

For these reasons, rather than using the terms impaired or handicapped, I choose to use the term "malformed" to describe the body that is physically marked as deficient and resides at the intersection of handicap, impairment, and disability. Jackie Scully writes that the social model "not only reinforces the traditional Cartesian dualism of the mind/body split, but it's dismissal of the impaired body effectively concedes it to biomedicine. If social-relational approaches have nothing to say about impairment, then biomedicine will have everything to say about it" (Scully 28). Thus, artistic and theoretical refusal to account for manifest, embodied malformation also does a disservice to the malformed actor who is attempting to audition and perform. If the malformed actor has trouble auditioning and securing work, what is the impediment? Certainly the casting director's preconceptions and prejudices factor in, but the presence of a different looking and differently functioning body is a necessary

first step. The casting director's negative reaction is rooted in the malformation of the actor. It is not the fault of the malformation, but it is a response to it. In *Aesthetic Nervousness*, Ato Quayson writes, "The world is structured with a particular notion of unmarked normativity in mind" (Quayson 204). Since unmarked normativity is obligatory, especially for the body of the actor, disability studies must recognize this and account for malformation in relation to physical practices such as acting. As these distinctions cannot be upheld without reifying the Cartesian mind/body split, and since the disabled body in performance is set apart as the other, I choose terminology that recognizes the necessary enmeshment of these aspects. My work on the incorporeal corpse refers to the body itself, the form of the body; not function, ability, impairment, disablement, handicap, but rather a specific physical marker. Because I wish to avoid situating myself within the social model, and because I recognize the importance of including many experiences other than physical impairment (e.g., madness, neuro-atypicality, disease, crip identity, epilepsy, cognitive impairment, and others) under the umbrella a disability studies, I choose a term that positions my work within a specific context and type of disablement. And because, I am speaking of disabilities which affect the form and visage of the body, I will be using the term "malformed/malformation" and "disabled/disability" to speak of such bodies. I hope that the term malformed can refer to a specific subset in disability studies without negating inclusion of other disability identities under the wider project of disability studies. For the actor, the appearance and form of the body are of vital importance, which prompts my interest into the stage and screen mechanics of the specific subset

of disability I call malformation. Moreover, as I am interested in speaking of both disabled characters and disabled actors, the terms "malformed" and "disabled" also will help me to distinguish in less clear situations between actor/character, disability/performance of disability, and malformation/cripping up.

Defining the Incorporeal Corpse

Now settled upon the term *malformed*, we can move into further defining the incorporeal corpse. In 2001, David Mitchell and Sharon Snyder began to address how disability works within narrative structure in their work *Narrative Prosthesis* which argues that while other marginalized identities have suffered cultural exclusion due to a dearth of images reflecting their experience, "disabled people's social invisibility has occurred in the wake of their perpetual circulation throughout print history" (226). Mitchell and Snyder wrote of Sophocles' *Oedipus the King* that, "Sophocles' willingness to represent disability as a mode of experience-based knowledge proves a rare literary occasion." In my estimation, a key piece seems to be missing from Mitchell and Snyder's explanation, especially in their lack of focus on how the disabled body functions differently in performance than it does when written about in text. Amanda Cachia comments on narrative prosthesis by writing that the use of:

> prosthesis in contemporary art demands a more rigorous, nuanced reading than those previously undertaken. Part of this new reading involves incorporating and examining work by disabled and non-disabled artists where *embodied* experiences of the prosthesis inform its imaginative and metaphorical constructs, such as intervention in public space, as a mobile sensorial device exchanged within a group, or as a violent rupture, subversion, and transgression through a trickster's game. It is critical for contemporary artists and critics to begin to re-think and *re-fit* the prosthesis within new frameworks and to make

adjustments to complex embodiment (Cachia 262).

My work on the incorporeal corpse attempts to move beyond the written narrative of disability and look at the embodiment of malformation as present and manifest within a performance.

Mitchell and Snyder focus on "print history," but Sophocles' work was intended to be performed, not merely read. They write that Oedipus' "disability remains inconsequential to the myth's plot […] The disability remains a physical fact of his character that the text literally overlooks once this difference is established" (Mitchell and Snyder 232). But Mitchell and Snyder's assertion that his disability is inconsequential and overlooked is based upon reading a text and doesn't account for how the play works differently in performance. On the uniqueness of the performing arts, Christopher Small writes that "It seems that musicking, dancing, and other facets of the great performance art we call ritual are more potent means of teaching about relationships in all their complexity and of impressing them by the emotions they arouse than are words" (Small 133). Performance is paralanguage, in a way that reading a novel or other text is not. Thus the distinction between the incorporeal corpse and narrative prosthesis. The actual body means something that a description of it cannot. The *text* may rarely mention it, but in *performance* the disability should be obvious. Writing about disability represents disability. Disability on stage IS disability *and* represents notions of disability. Oedipus' disability is not overlooked, it is readily visible to the audience from the opening moments in the form of a limp. Oedipus is hobbled and not in ideal physical health because of his swollen foot. The Messenger

even takes a moment to point out this physical fact, “The infirmity in your ankles tells the tale,” he says to Oedipus. The audience sees a performer limping about the stage, physically inferior to the other actors and the sight of this powerful king limping is inexorably tied to the building dramatic irony. The limp itself becomes central to the primary dramatic question. In performance the disability cannot be ignored, but for some as of yet inexplicable reason disability is ignored in classroom lectures and in the vast majority of literature on the play; in my estimation Mitchell and Snyder do not fully account for why this is.

Narratives can be controlled, whereas actual lives and malformed bodies seem disturbingly uncontrollable. Disability can be written, but malformation, by its very nature, must be embodied. Narrative prosthesis creates meaning in a fictionalized disabled body, whereas actual malformed bodies in the material and metaphysical worlds instead serve as what I call incorporeal corpses from which meaning must be extracted after the fact of encounter. Instead of control of malformation unfolding through written narrative, meaning must be overlaid upon an already existent malformed body. It is almost as if several mosaicists are collaborating to use Marcel Duchamp’s *Fountain* as a substrate onto which to lay tile. What exactly is an incorporeal corpse? Both words have many definitions and synonyms and I am referring to all of them—including all possible combinations. Let’s begin with “corpse” as it is easier to pin down. Corpse can mean body, bones, remains, departed, deceased, defunct, relic, shell. “Incorporeal” is more ethereal in meaning. Not existing in physical form, disembodied, insubstantial, immaterial, ethereal, spiritual, bodiless,

shadowy, ghostly, imponderable, metaphysical. Duchamp's *Fountain* is at once a urinal, a disabled urinal, the remains of a urinal, it is a defunct relic, a shell of a urinal. Yet it is also more than a urinal. It is a fountain, it is an ethereal nod to the role of the artist, it is ethereal and bodiless, it is an artistic masterpiece. But, to have mosaicists lay tile over the work would reappropriate Duchamp's reappropriation, reducing his artistic statement to having merely a functional purpose as a substrate. Perhaps, the final mosaic work would be visually stunning and a masterpiece in its own right, but Marcel Duchamp's initial artistic insight would have been bulldozed and thrown away. Nonetheless, his artistic vision would live on through our memory of his reinterpretation. This is the incorporeal corpse — a body, a missing body, a perceived meaning, an immaterial and ghosted subject.

The incorporeal corpse can be either living or dead. The *presence* of the body or alternately the *interpretation* of that body are more important than the body itself. Although, a malformed body itself is not necessarily an incorporeal corpse per se, it is the performance of the expectations undergirding malformation that creates it. The incorporeal corpse is the disabled body stripped of agency. Technically alive but unable to act. More important than the body is the use that the body is put toward, the performance that is compelled from the body. In late 2012, Bob Dole, decorated World War II hero, disabled veteran, former United States Senator, and 1996 Republican Presidential candidate, made an appearance before the U.S. Senate as it prepared to vote on a United Nations treaty regarding rights of disabled people around the world. On December 4, Dole was brought onto the Senate floor to advocate ratification of the

UN Convention on the Rights of Persons with Disabilities. Senator John Kerry explained: “He is here because he wants to know that other countries will come to treat the disabled as we do.” The Senate rejected the treaty by a vote of 61-38, less than the 66 required for ratification. Many senators voted against the bill, fearing it would impact American sovereignty. Apparently, American exceptionalism takes precedence over America’s ability to provide equal protections to all of its citizens. Unfortunately, in this mightiest of theatres, this public forum literally broadcast for the entire world to see on their televisions, the U.S. Senate did indeed send a message for other countries to treat the disabled as we do. But how we treat the disabled in this country may not live up to the standards that Mr. Dole and Mr. Kerry were expecting. “Treating the disabled as we do” in this country is likely not any different than any other country; treatment of the disabled has roots in paternalism, political subjectivity, and oppression. Thirty-eight Senators walked past Mr. Dole, ignoring his presence, disregarding his needs, sweeping aside his humanity. His voice was ignored because it clashed with the wider tale they wished to tell — that the United States will not be beholden to any external or international organization. This was their story to narrate, not Mr. Dole’s. His presence was being used as a jumping off point for the story of power they wished to tell. The rights of this one man, standing in for 40 million disabled Americans, were at odds with the ideals of his own American government. This United States Senate has made very clear that it has its own agenda and doesn’t wish to hear dissenting voices. For those who are weaker or may dissent, powerful American interests will control them, brush them aside, throw them a table scrap or

two, but ensure that they remain in the shadows, unseen, silent, and ever thankful for a crumb. America is willing to grant privileges, but unwilling to commit to being bound by its word to others to uphold those privileges.

Regarding this failure to ratify the UN agreement on the rights of the disabled, perhaps John Stewart of Comedy Central's *The Daily Show* said it best, "It's official. Republicans hate the United Nations more than they like helping people in wheelchairs." Republican or Democrat may not necessarily be the culpable party here, we can debate that; what we can say definitively is the idea that American exceptionalism holds the US government to a different set of standards than the US government holds the rest of the world. This is a reminder that disabled people, like other marginalized people don't have rights, disabled people are allowed privileges. With this vote, essentially those in power are saying: "If we ratify this, we lose any ability to overturn the ADA in the future." Now granted, to overturn the Americans with Disabilities Act as an ideology may not be the stated end goal; however, refusing this treaty (which offered nothing more than the ADA already provides) because of not wanting to be beholden to the UN serves to remind all minority groups of the idea that rights have been granted, as opposed to being innate to all Americans. The US Senate did not want an authority higher than it ensuring the rights that have already been granted. This vote is a not so subtle reminder from privileged white capitalists that *they* freed blacks from slavery, that *they* extended suffrage to women, that *they* released Japanese-Americans from concentration camps after WWII, that *they* control the rights of homosexuals to form families, and that *they* are allowing people in

wheelchairs to ride public transit. “We granted these privileges to you because of our benevolence, and don’t you forget it,” they are proclaiming. It is a reminder to disabled people to go back into their homes, close the door, accept what is given to them, and not make a fuss. Programs are in place to maintain administrative care over the bodies of disabled people, preventing them from joining public life, committing to relationships, engaging with their own body and others, and interacting and reacting to the desires of their fellow human beings. When a disabled body stands out in a way that demands addressing, various forms of controlling that body and relating to it emerge to make sense of our ability to engage with that which is foreign. Dole’s body as performed has become, like the performance of many bodies of many malformed bodies, an incorporeal corpse.

When Dole spoke before the Senate, his body itself was immaterial. He spoke on his own and may have well asked to speak to Congress, but he was also paraded about and made a spectacle. He appeared under his own volition; but his wheelchair was pushed by some other person, and after his speech he was politely applauded and roundly ignored. He became a living embodiment of the incorporeal corpse: a body, bones, remains, departed, deceased, defunct, relic, shell; not existing in physical form, disembodied, insubstantial, immaterial, ethereal, spiritual, bodiless, shadowy, ghostly, imponderable, metaphysical. Despite the fact that Dole is still alive, his existence has been reduced to the remains of his earlier life; once he is deceased meaning will still be extracted from his relics making his existence more metaphysical than physical; his own opinions and needs are immaterial; he is a shadowy shell of the war hero we once

knew him as. Combine the listed words in all their various forms and you get the meaning of the incorporeal corpse. The *presence* of the body and the *interpretation* of that body are more important than the body itself. Dole's voice and desires have been suppressed and given political meaning from without. Whether he is dead or alive meaning can be read into his body because of his malformation. He is nearly dead in life and will be given new life in death.

Malformation performs. As in the case of Sen. Dole, the malformed body can be performed upon, the malformed body performs the will of its inhabitant, and the perceived meaning that is read into a malformed body is performative. Each actor and each participant enacts a different performance around malformation. I propose that, it is not the limitations of the malformed body itself, but rather a fear of what a different type of body might mean that causes the performance of the act of disability and turns the disabled body into incorporeal corpse.

Whether in the political arena, in dealing with social services, in employment, or building accessibility there seems to exist a disconnect between the voice of the disabled person and the perceived meaning of the performance of disability. This disconnect leads to the incorporeal corpsing of the malformed body, living or dead. In many venues, disabled people are not being allowed to tell their stories, to be heard from, or to ask for what they need. Whether in life or death, they become incorporeal corpses. They are told to stand back while others take care of the problem. They are told if they stay out of the way and don't make a fuss, that a few scraps will be provided to ensure that at least they won't starve to death. "We will make your life

tolerable [barely] if we don't have to see you," is the message disabled people are often sent. And, this doesn't happen only in the political theatre, it happens in the Theatre with a capital 'T,' it happened in the 19th Century freak shows, it happens in medical practice, and it happens in historical research and academic discourse. Malformed bodies are used (often against their will) to reinscribe a convenient narrative for those with normative bodies. On stage, on screen, in pages of books, wherever stories are told, the stories of disabled characters and the needs of disabled people are neglected. They serve as secondary characters in the mainstream narrative. The majority looks at them as coming and going into and out of the lives of more normative people, acting as minor characters but not having a narrative of their own. As Bobby asserts in *Cripple*, "I don't think the *whole* film will be about the cripple fella. The cripple fella'd only be a minor role" (McDonagh 61). Disability, it seems, makes a wonderful backdrop, but shouldn't have a voice of its own. In the political arena, Mr. Dole was brought into the public eye, paraded around, and looked at as a secondary character, but the final vote on ratification did not actually take the time to listen to him, think of the world from his perspective, or accommodate his needs. His living body has no more value than his corpse, his past becomes insignificant and dead, while his body serves the needs of those who use him as a prop even as he voluntarily offered his own body for this purpose.

Malformation is a constant reminder of death. The incorporeal corpse is the portrayal of the malformed body as or by something other than its own self. The capacity for the disabled body to create its own meaning is taken away from it. It is

alive but unable to express itself; it is dead but full of meaning. The malformed body is regarded as neither alive nor dead; it is ambiguously between states. The expectation in film and theatre is for transformation to occur, both of the narrative and of the actors' bodies. The actor must transform so as to avoid the present and immediate reminder of death. Asked in an interview how he landed the titular role I David Lynch's *The Elephant Man*, John Hurt replied:

> Well, it was a very high compliment, I must say. It came from David Lynch who particularly wanted me to play it on the grounds that he'd seen two things before. One was called *The Naked Civil Servant*, where I played an effeminate homosexual exhibitionist called Quentin Crisp. And the other thing he'd seen was Caligula in *I, Claudius*, both of which he said he felt that the actor got completely lost and he believed that that character was alive for him in front of him, which as far as I'm concerned, is the highest compliment he could have paid me. And he needed an actor like that, he felt, for *The Elephant Man*, so that's how it came about (Hurt).

Complete transformation is the expectation and the malformed body cannot achieve transformation into or out of its manifest state, the malformed body is never "completely lost," so the disabled character typically is performed by an able-bodied actor. We wish to see the ritual body, not the natural body. In *Cripple*, this prevents the malformed Billy from getting a role as a disabled character during his time in Hollywood. He auditions for a film and reports back to the people of Inishmaan upon his return, "But they didn't want me. A blonde lad from Fort Lauderdale they hired instead of me. He wasn't crippled at all, but the Yank said 'Ah, better to get a normal fella who can act crippled then a crippled fella who can't fecking act at all'" (McDonagh 92). Still, the potential that Billy *could* be an actor is enough to draw ire

from the townspeople. After Billy has departed and while the Inishmaaners still wonder as to his whereabouts, Billy's love interest Helen proclaims, "I hope Cripple Billy *has* died in Hollywood, after taking his place in Hollywood that was rightfully a pretty girl's place" (McDonagh 68). Just the thought of a malformed actor taking a role when an able-bodied person could potentially be cast brings wishes for death and harm.

The Liminal Nature of Disability

Citing anthropologist Victor Turner's work on liminality, Robert Murphy describes the long-term disabled, as "neither sick nor well, neither dead nor fully alive, neither out of society nor wholly in it" (112). According to Murphy, disabled people are human beings but their bodies are warped or malfunctioning, meaning that their full humanity in cast into doubt. They are not ill, he claims, for illness is transitional to either death or recovery. Murphy considers illness as a textbook example of a nonreligious, non-ceremonial liminal condition. The sick person lives in a state of social suspension until he or she gets better. The disabled spend a lifetime in a similar suspended state. They are neither fish nor fowl; they exist in partial isolation from society as undefined, ambiguous people (112). I would contend the performed disabled body is expected to resolve into either death or recovery, and because the malformed actor is physically incapable of doing so, the presence of such a body disrupts the liminality of the drama. Even though Murphy distinguishes between illness and disability, performance of disability is expected to fit the conditions of illness in that it is "a state of social suspension until he or she gets better" (Murphy

112). Whereas recovery is an integral component to overcoming disability, and overcoming an obstacle is central to narrative drama, when overcoming cannot come through actual recovery or even the hope for recovery the only option left that satisfactorily progresses the dramatic plot is death. If disability is a liminal condition between life or death, when recovery cannot be achieved, death is the only valid option. Billy's aunts mourn this state of affairs early in *Cripple*:

> Eileen: The one bad arm will never go away.
> Kate: Until the day you die.

The aunts establish early on that since Billy cannot be cured, he is going have to die. On the other hand the fisherman Billy is trying to score a ride from says, "There's no cripple fellas coming in this boat, Billy. Maybe someday, in a year or two, like. If your feet straighten out on ya" (McDonagh 37). Throughout the play Billy is presented with his two acceptable outcomes. We expect that a newfound balance can only come, paradoxically, through an experience of persistent, incremental loss of ability until a point of death. Of course, McDonagh spends the next several hours toying with and subverting this expectation; he uses the liminal nature of malformation for gags through the play but refuses to "resolve" Billy's disability.

What then is the liminal state that Murphy talks about, and how does it relate to both theatre and malformation? "The attributes of liminality or *liminal personae* ("threshold people") are necessarily ambiguous, since the condition and these persons elude or slip through the network of classifications that normally locate states and positions in cultural space. Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and

ceremonial" (Turner 94). The incorporeal corpse, as we have seen, is betwixt and between. It is a constant reminder of death, but not quite dead. It inhabits a permanent liminality.

The state of perpetual liminality of the malformed body, does not comport with the liminal nature of drama. Turner classifies liminal aspects of three types of performance – ritual, social, and theatrical. For theatrical liminality, he identifies the climax of drama as the point of resolution, where the state of liminality is exited. A new balance is achieved, either through resolution or schism, after conflict has been released through performing a series of events (Turner, *Dramas, Fields, and Metaphors* 43). For Turner, a "liminal state" is a phase which is somehow set apart from the phases of normal, everyday, routine activity; he therefore regards it as "in between." The liminal ritual accomplishes something specific in any given society. Turner borrows and extends the concept of liminality as introduced by Arnold van Gennep, much of whose work was on the topic of liminal, or threshold rites. In comparison to pre-Industrial Revolution societies, the modern West has become quite secularized relative to the many tribal cultures to which the concept of rites of passage has most often been applied. The "sacred" does not openly encompass and affect as large a portion of everyday life, at least the secular West seems hesitant to acknowledge the sacred as being so. We tend to assume that social identity retains little to no remnant of the sacred and/or cross-societal significance, as in pre-industrial societies. Van Gennep realizes this even when his seminal work of 1908: "the only clearly marked social division remaining in modern society is that which distinguishes

between the secular and the religious worlds -- between the profane and the sacred" (Van Gennep 1). Rites of passage of many types come at various points in the lives of people, and for the Western world such rites as ordination, graduation, legal proceedings, TSA screenings, baptisms, theatrical performances, and many other things fill this function. Many performances today are viewed in the Western world as strictly entertainment, strictly leisure activity — perhaps as a consequence of post industrialization, secularization, and the standardized 9-to-5 workweek. Turner deals with the sacred-profane dichotomy in Western society by marking distinctions between truly liminal phenomena and "liminoid" (i.e. liminal-like) phenomena, distinctions which are based according to him in the modern, post-industrial conceptions of "work" and "leisure" (Turner, "Variations on the Theme of Liminality" 36-48). Nonetheless, dramatic structure is one that should be temporary — moved into, moved through, and moved out of — and as it is outside of the realm of work, theatre is a liminal activity. Turner places Western theatre within the liminal because it exists in the sphere of leisure, rather than work, and due to its elements of "play." In the industrialized, modern world "it is...possible to conceive of leisure as a betwixt-and-between, neither-this-nor-that domain between two lodgments in the work domain, or between, on the one hand, occupational, and on the other, familial and civic activity" (Turner, "Variations on the Theme of Liminality" 43).

Turner's tenets suggest a web-like inter-relationship between ritual, the social drama, and theatre: "theatre owes its specific genesis to the third phase of social drama, a phase which is essentially an attempt to ascribe meaning to 'social dramatic'

events.... There is, therefore, in theatre something of the investigative, judgmental, and even punitive character of law-in-action, and something of the sacred, mythic, numinous, even 'supernatural' character of religious action" (Turner, *From Ritual to Theatre* 12). Turner identifies liminal experiences as agents of change enabled through ascribing meaning to a series of dramatic events. Since theatre is a liminoid performance genre, Turner identifies it as a potential agent of change through which a culture may critique itself as is and construct and test new ideas as to how it could/should continue its existence. Playing of the performance in front of audiences brings social meaning to theatrical performance, and the audience expects some potential change to be enacted. Turner identifies this circumstance wherein a sociocultural group turns, bends or reflects back upon themselves as "performative reflexivity" (Turner, *The Anthropology of Performance* 24). He suggests that a group's most perceptive members act representatively to perform the relations, actions, symbols, meanings, codes, roles, statuses, social structures, ethical and legal rules, and other sociocultural components which make up a group's public "selves" (Turner, *The Anthropology of Performance* 24).

Turner expounds the idea that an audience witnessing a cultural performance is presented with the materials of everyday life but repackaged in meaningful form; yet, theatre infuses meaning in different ways than those operating in everyday activity. Performative reflexivity indicates the meta-communicative potential of the theatrical setting. For Turner, theatre has a higher degree of deliberateness than other liminal rituals. Theatre's separation from routine life allows audiences to derive meaning at a

more conscious level than they can in routine life. The theatre/routine life division is marked in two main ways. Most significantly, the performance is set apart physically, it is framed by the theatre and stage themselves. Secondly, an interpretive frame must be set which makes it perfectly reasonable that a character can die on-stage and reappear soon after for bows. The audience must work under the mindset that the people who appear on the stage are actors who are playing their theatrical roles. But, the material fact of malformation is present whether on stage or off. Malformation complicates the notion that the theatrical role is something being played at.

Much of the potential for experimentation, social commentary, and novelty in both ritual and theatre arises from an element of "play." Turner considers the concept of "play," as conducive to liminality in that liminality and play both require similar removal from the realm of the everyday. Turner offers no conclusive definition for what play comprises, considering it liminally undefinable and remaining "betwixt-and-between all taxonomic nodes" (Turner, "Body, Brain, and Culture" 234). Play can resemble the actual (the everyday) so closely that a message to convey that a state of play has been entered into is needed to set apart play as "not real." An appropriate frame of interpretation — such as a proscenium or auditorium seating — must be constructed before actions may be construed as play and not actuality. All participating parties must acknowledge that "these actions in which we now engage do not denote what those actions for which they stand would denote" (Turner, "Body, Brain, and Culture" 64). On-stage actions must be perceived as representations of actions, but somehow not actions of their own. The on-stage actions are nevertheless recognizable

as instances of identifiable types of occurrences that do, indeed, exist whether on-stage or off. The significance that these "imitated" actions would indicate outside the frame of the theatre are thus invoked. The theatrical event, as an objectification of reality, is open to critical commentary in a way that tacitly accepted, habitual occurrences of the same type in the everyday realm are not. People questioning or reacting to staged events, are equally valid in questioning the implications of corresponding real-life occurrences.

But the materiality, the physical presence of malformation is "real" and it confuses the equation. The performance or writing of disability is liminal, the theatre is liminal, so metaphorical representation of it in performance remains tenable. But malformation, the physical manifestation and embodiment of disability itself, exists as a material entity whether in or out of the liminal realm and is thus untenable for the space of the theatre to remain liminal. As much as we hope in our portrayals of disability that it is liminal and resolvable, malformation is not. The physical effects of malformation they are the same before and after the liminal phase the theatre has moved us through; just as malformed bodies do not change and are the same in the world of play as they are in the everyday world. Transition into and out of the liminal phase does not change the physical effects of disability. In the same way, the malformed actor is affected in an identical way to any character he might portray. The malformed actor cannot transition into and out of a state of disability, so it is incumbent upon disabled *character* to do so — the character must die or recover. The presence of an actually malformed body is an incursion of the everyday into the

liminal space of theatre. It breaks the illusion and frame of distance and safety. The status of theatre as existing out of real time and its ritualistic, healing power is disrupted if the spectators can't separate performer from character. "Theaters, sporting events and popular concerts all keep the performers out of the spectators' sight until the time comes for them to perform. The custom seems to stem from a desire to protect the mysterious power of the performers, a mystery that refers perhaps to the very fountainhead of the performance arts, the healing performances of the shaman" (Small 65). Malformed bodies on stage and film break this necessary illusion. We should not hear the performers' natural voices or see the performers' natural bodies but only their ritual voices and bodies.

Dramatic structures require resolution. Liminal states must end. Drama is a liminal state that must be resolved. But, as Robert Murphy described, disability is viewed as a liminal state that never resolves. The work of three different disability studies scholars demonstrates how malformation becomes a permanent state of liminality. Harlan Hahn describes two kinds of discomfort that non-disabled people feel around people with disabilities: existential anxiety and aesthetic anxiety. "Existential anxiety refers to the perceived threat that a disability could interfere with functional capacities thought necessary for a satisfactory life" (Hahn 43). "Aesthetic anxiety refers to fears of bodily difference, reflected in a propensity to shun those with unattractive bodily attributes" (Hahn 42). The discomfort that audiences viewing a malformed actor feel is rooted in Hahn's notion of "existential anxiety." The audience perceives that the disabilities of the actors could interfere with the capacities of the

actors to satisfactorily perform the scene they are engaged in. Jim Ferris says, "disability obscures the blurry lines that separate fiction and art from real life" (Ferris 56). Malformation on stage and screen is far too real and material and the attendant anxiety can be assuaged by having abled-bodied actors crip up. Malformation is perceived as a material fact which disrupts the fictionality of the performance. Carrie Sandahl, in her essay "The Tyranny of Neutral" about actor training and disability, writes about "the concept of 'neutral,' the physical and emotional state from which any character can be built. Actors who cannot be 'cured' of their idiosyncrasies to approach neutral may be considered physically and emotionally 'inflexible,' unable to portray anyone other than themselves or those like them" (Sandahl, "Tyranny" 256). An actor marked by profound physical disability is unable to shed this marker and reach a supposedly "neutral" state. Malformation is always written on the actor's body and thus always written on the character.

When we combine the ideas from Ferris, Hahn, and Sandahl we can understand the preference to have able-bodied actors play disabled characters. Thus malformation confounds the work that theatre and film do. The presence of the malformed body puts drama on edge because disability cannot be resolved along with the fictional elements of the dramatic structure. As I previously have stated, drama deals with this in one of two ways: death or recovery. Recovery makes the disabled body normal again. Death, on the other hand, normalizes the disabled body in that death is normal for all bodies, so the disabled body becomes like all other bodies. There is no fear that it won't be able to perform the expected functions of daily life.

But, the body of the malformed actor on stage can never be neutral, thus it can never recover and as we don't want to see the actual actor die, we eliminate the disability of the role by having the role performed by an able-bodied actor. This creates a safe distance, art and reality are kept separate. The materiality of malformation is too real. The able, normative body is capable of portraying disabled, non-normative. But the disabled, non-normative body cannot not do the opposite: it cannot be not-disabled or not-non-normative. With our current technology, the paralyzed body cannot walk, the amputee cannot grow limbs, the overweight body cannot be slim. This is the incorporeal corpse, a body living in an in between space between life and death.

Cripple toys with the fictional nature of performative acts; its titular character is a cripple, living among a fictionalized version of Ireland, in a play about an actual film (a documentary which has since been shown to be fabricated). The film around which *Cripple*'s plot centers, *Man of Aran*, forms a basis for many perceptions of life on Ireland's west coast, but for "anthropologists the film has always been problematic, whether considered ethnographically, psychologically, or politically" (Hockings 227). Anthropologist John Messenger cites over 180 factual errors in the film (Hockings 227). One notable fabrication of the film is a shark hunting sequence; anthropologist Solon T. Kimball says the islanders had to be taught the skills to build harpoons and hunt sharks. John Messenger says that Flaherty, the film's director, brought fisherman from Scotland to teach the locals how. "Flaherty…created new customs, such as shark fishing, and seriously distorted numerous indigenous ones in order to make the *Man of Aran* fit his preconceptions and titillate the camera" (Messenger 363). If the actual

Irishmen are incapable of satisfactorily portraying themselves in a supposed documentary, then outsiders must be brought in; just as an able-bodied actor must be brought in play a disabled character when Cripple Billy wasn't playing "cripple" properly. Flaherty's blatant falsification of a life he had been purported to be documenting forms an ideal backdrop for McDonagh's play. McDonagh seems to be recognizing that *all* performative acts are fiction and the malformed body is an unwelcome incursion of the real world into the artistic frame.

After Billy has disappeared from Inishmaan and once the documentary has been released, the townsfolk gather for a screening of the film. The screening is the moment McDonagh chooses to reveal that the death we saw Billy experience was in fact a performative play within a play. Billy enters the film auditorium as the film plays, entering from behind the movie screen and breaking all of the possible framing devices. The marked division between performance and the everyday is breached. Billy breaks the literal frame of the stage and of the movie screen at once. Also, the interpretive frame which makes it perfectly reasonable that a character can die on-stage and reappear soon after for bows is disrupted. Billy has come back before the bows, entering from the movie itself, and yet his malformation persists. Furthermore, Billy reappears just as the film ends. The cripple is still there at the end. This seems deliberate. We as the audience are shocked — we thought we saw Billy die one scene earlier. Everyone within the script is shocked — cripples are not supposed to survive in film.

Performative acts are representations of the everyday and performed disability

is always a representation of disability, the very concept of performance depends upon a fictionality. All things that are performed are representations or at least depend upon the fiction that they are mere representations in order to quell our anxieties around them. All writings are also fictions. Performance by malformed actors provides us with something that writing cannot—the actual presence of malformation rather than the fiction or representation of it. The malformed body is both the thing itself and the representation of the thing. The actual disabled body is not simply a representation, it exists in the very space of the metaphor it is supposed to merely represent. Cripping up then is necessarily a metaphor for something else, but crippled performers are both the thing itself and the metaphor. On the written page disability can serve as a metaphor for something else. But in performance, the malformed body must be accounted for and reckoned with. Mitchell and Snyder's idea of narrative prosthesis can apply to written literature, but in performance malformation works slightly differently. It blurs the line between art and reality. On the page, disability can be imagined and exists only within the mind. But in performance, we see disability. The threat becomes real. On the page disability is a metaphor to be understood; in performance disability is a material reality and thus a problem that must be solved along with the dramatic question. The malformation is not just part of the story or the art, it is also part of the actual body we see before us. This is the incorporeal corpse — a body existing between life and death, between art and reality. It is a reminder of death bleeding into the life of the art and a reminder of the corporeal reality of disability bleeding into the fantasy of ideal bodies in performance. Thus, the

incorporeal corpse must be erased and this is done either through recovery or death.

McDonagh gives one last nod to the recover/die expectation as the play ends. At the end of *Cripple*, Billy is still alive. He's still there just as any able-bodied character would be. However, just before we fade to black, the stage directions indicate that Billy coughs heavily, "his hand to his mouth. After the coughing stops he takes his hand away and looks down at it for a moment. It's covered in blood (McDonagh 113). Although we assume Billy probably has tuberculosis and could die, we don't actually see him die and we also never see him recover. Either is possible. But that is in the future and not part of this story. We know that Billy, like the others, (and despite being a cripple) has a future beyond this narrative. Sure, Billy may die, but the interesting thing is we don't see it. Unlike most other depictions of cripples where we know that one of the two outcomes most certainly will happen, McDonagh leaves it open ended. And open ended can be frustrating. Earlier is the play, when the townsfolk don't know where Billy is or what he is doing, Helen says, "Cripple Billy's aunties should be *told* that Billy is dead or dying, and not have them waiting for a letter from him that will never come" (McDonagh 68). But this is the position McDonagh leaves us in at the end of the play. He doesn't explicitly say the outcome for either Billy or his disability, we are never *told* that he is dead or dying. McDonagh is playing with the limited possibilities that are typically available to disabled characters. The information we are given is that life for Cripple Billy will continue after the curtain falls like it would for any able-bodied character. McDonagh has been playing with this idea throughout the entire script, and instead of resolving the

crippled body as we would expect, he does what we rarely see done with crippled characters on stage and screen.

Chapters

The remaining chapters of this dissertation will further explore the recover/die expectation, the erasure of disability, and historic examples of how the incorporeal corpse accomplishes this.

In Chapter One, I look at historic portrayals of Joseph Merrick, known as The Elephant Man. Merrick is the ultimate incorporeal corpse in that because he is so unique, even in death the idea of his disability remains. His body is continually performed and re-performed in an attempt to understand and control its deviance. We grapple with this in various ways — writing plays about him, making movies about his life, (he dies in both) and making science documentaries in which the enigma of his body is attempted to be solved. Since his body can never be cured, but the image of it seems to live on we use his body to say what COULD be solved through the miracle of science.

When the malformed body that is being performed is an historical figure whose legend has seemingly outlived the death of the body itself, audiences may feel a sense of anxiety in the lack of resolution. The body of the physical person has died but the presence of the disability remains in stories and legends. Thus, performances of disabled historical personages continually aim themselves at rehabilitation and death. Performances attempt to erase or explain away a disability that otherwise ostensibly will remain ever present. The performances recognize the death of the figure and focus

on postmortem recovery of humanity.

In Chapter Two, I look at the role of empty wheelchairs in horror films. The horror film that depicts an empty wheelchair uses such an image as a surrogate for the audience, whose seated position in the theatre seat mimics the position of the empty wheelchair on screen or on stage. The wheelchair is empty but this empty space must be occupied and the audience fears that it could be them that ends up there. Part of the anxiety produced by horror comes from its threat to move *into* liminality and remain there, rather than through and eventually out of liminality. For many people, impairment represents the tragedy that they hope they will never have to face. For the full effect of the visceral response of fear of disability, the viewer needs to see a physical marker represented. And the empty wheelchair is just that – a reminder that disability is an ever-looming threat.

In Chapter Three, I explore the freak show and its legacy in performance. This chapter traces a line from the origins of the freak show, through the movie *Freaks*, and eventually toward *American Horror Story*. Disability, which I contend is typically eliminated through death or recovery, survives until the final credits of *Freaks*—in fact it is even normalized and celebrated in the final scene. On the other hand, *AHS* centers on death, but death for the disabled body is treated differently, extra steps are taken to be sure disability is eliminated. Malformed actors in the series face a different and somehow more permanent form of death than the cripped up actors do. While *Freaks* is a rare example of the opposite, *AHS* depicts disability as incorporeal corpse that must be resolved. In *American Horror Story* we have the standard line up of

disabilities expected in the circus. Dwarfism, thalidomide, amputees, fat ladies. Now, freakshows act in a very specific way. They bring more people into the bellcurve of normalcy—we walk away saying "at least I'm not that." Who survives until the last episode? Every surviving character is played by an actor who uses CGI or prosthetics to crip up to portray disability. *American Horror Story* kills off every last disabled actor in its final episode, and focuses on the cripped up actors.

I have titled Chapter Four, "Reframing Disability" and it looks at attempts to use bodies of actual malformed actors to move beyond the incorporeal corpse. I present Andrew Hinderaker's *Colossal* and Cassandra Hartblay's *I Was Never Alone* as two recent scripts dealing with disability which are intended to be performed by performers with disabilities. Both scripts call for audiences to be confronted with the presence of actual malformed bodies onstage. The character list for *Colossal* splits its lead character into two roles played by two different actors: Mike, "ten months removed from a catastrophic football injury that left him in a wheelchair" and Young Mike, "an extraordinary physical specimen." Hinderaker's script calls for this split because we see Mike both before and after his spinal cord injury and the dual role allows post injury Mike to be played by an actor who actually uses a wheelchair. This a wonderful development, but nonetheless, the final scene depicts Mike learning to walk again. The play provides a role for a working disabled actor, but the story depends upon the recover or die expectation.

In her introductory notes on how to perform *I Was Never Alone*, Hartblay urges "directors to cast or consider casting actors with disabilities in these roles, and to

withhold judgment and expectations about what an unusual body can "do" on stage; or even to intentionally cast actors with embodiments different from the characters they are portraying" (Hartblay 5). Hartblay asserts that casting actors with and without disabilities works to "amplify the voices of the actual people" (Hartblay 5). So I argue that, while both scripts call for actual malformations to appear on stage the ultimate outcome in each performance is drastically different. *Colossal* ultimately focuses on its lead character's eventual recovery, while *I Was Never Alone* focuses on the present lived reality of its disabled characters and steers clear of narratives of death and recovery.

The challenges facing malformed actors and disabled characters are multifaceted and, of course, intertwined. I see three specific things perpetuating the incorporeal corpse: first, a preponderance of roles are written from a perspective of uncritical acceptance of the recover/die expectation; second, characters written as disabled primarily being played by non-disabled actors; and third, malformed actors rarely, if ever, being cast in roles written as (presumptively) able-bodied. The ableism of casting perpetuates the inherently biased system which leads to a dearth of suitably trained actors and suitably positive portrayals. I ultimately argue that having multiple perspectives on set and in the rehearsal room can bring previously missed depth of character to any show, and that it is essential to have disabled actors and directors participating in ways that have been historically unavailable to them as a means of resisting the incorporeal corpse. Performative intervention by a person with actual disability interrupts assumptions about the shame of living with a disability and about

the need to do away with or overcome the situation; the presence of malformed bodies emphasizes the possibility of living day by day with disability in a normal way.

EILEEN: The one bad arm will never go away.
KATE: Until the day you die.

— Martin McDonagh, *The Cripple of Inishmaan*

Chapter One

Controlling Disability: Representations of the Elephant Man

In performance, the malformed body exists in the margins blurring life from death; it becomes an incorporeal corpse that must be resolved into either a state of repair or into death. The narrative of disability becomes one of either the triumph of overcoming or a tragic end. The disabled body cannot remain stable because our expectations about narrative indicate that the disabled body is undesirable and cannot remain at a point of stasis. This is simple to achieve in fictional pieces, but more difficult when performing biographical works. When the malformation that is being performed is an historical figure whose legend has seemingly outlived the death of the physical body, audiences may feel a sense of anxiety in the lack of resolution. The body of the physical person has died but the presence of the disability remains in stories and legends. Thus, performances of malformed historical personages continually aim themselves at rehabilitation. Performances attempt to erase or explain away a disability that otherwise ostensibly will remain ever present. The performances recognize the death of the figure and focus on postmortem recovery of humanity.

This chapter addresses the cultural reading of malformed bodies including how they are performed and performed upon even after those bodies cease to exist. In fact, the notion that disabled bodies are performed even after those bodies' occupants cease

to inhabit them (i.e. in death) and performed upon with non-inherent meaning in life leads to my notion of the *incorporeal corpse* – a body without life, a life without a body, a disembodied ideal all tied up into one person's less-than-ideal body that should nonetheless be but isn't read first as human, as agential, and as a subject. On the written page disability can serve as a metaphor for something else. But in performance, the malformation must be accounted for and reckoned with. Disability on stage and screen is far too real and material and the attendant anxiety can be assuaged by having abled-bodied actors crip up. However disability is handled, most outcomes lead to eventual elimination. Representations of disability in the performing arts and on film have relied upon drawing a spectrum from life to death and have tended to place images of the disabled body closer to the death end of the spectrum. And when a 'cripped up' able-bodied actor steps away from playing disability, the audience members often find a sense of security in feeling that the disability has been overcome as the actor sheds it.

We have seen how the disabled body in performance must be resolved to a state of either death or recovery. Joseph Merrick, the Elephant Man makes an interesting case study for how this plays out when the disability is so extreme that it can never be cured, and to a large extent the disability itself can in a sense never be killed or terminated. Merrick's malformation was so remarkable that it gave him notoriety in life and lasting remembrance in death. Since his malformation could not be eliminated, the attendant existential anxiety must be dealt with through other means of control. Harlan Hahn's concept of existential anxiety—"the perceived threat that a

disability could interfere with functional capacities thought necessary for a satisfactory life" (Hahn 43)—leads to the desire to justify or explain away Merrick's remarkable existence. Since Merrick's disability is impossible to eliminate it must be dealt with by other means; we will see in this chapter how the need to do so plays out in various ways (e.g. live theatre can explain Merrick with a non-disabled actor, modern science *could* help Merrick *if* . . ., etc.).

By looking at the subject of Joseph Merrick, this chapter will look at how disabled bodies both living and dead may be used to create alternative levels of meaning. The malformed body is given meaning both inside and outside of life, so that the body's agency means less than the body's malformation does. This chapter hopes to propose a discursive theoretical construct for disability which expands upon David Mitchell and Sharon Snyder's theory of literary discourse as dependent upon "narrative prosthesis." According to Mitchell and Snyder almost every culture around the world views "disability as a problem in need of a solution, and this belief establishes one of the major modes of historical address directed toward people with disabilities. The necessity for developing various kinds of cultural accommodations to handle the 'problem' of corporeal difference situates people with disabilities in a profoundly ambivalent relationship to the cultures and stories they inhabit" (222). Mitchell and Snyder address how literary narrative leans upon disability as a stock feature of characterization and a metaphorical device; "solving" the "problem" of disability within a narrative propels the story forward and allows the narrative to deal with the perceived crisis. What then of disability that cannot be "solved" within a

fictional construct? If malformed bodies cannot be used as a narrative prosthetic (because they are living in a material world rather than within a written narrative), what function do they serve in inscribing meaning into discourse? In what way is discursive meaning extracted from such bodies (both in life and in death) when those bodies are agential subjects with actions and desires of their own? Narrative prosthesis relies upon the crutch of disability to further literary meaning. Outside of a literary narrative, disability cannot be relied upon to give appropriate or desired discursive meaning; it cannot necessarily be controlled in a simple and convenient way.

Narratives can be controlled, whereas actual lives seem disturbingly uncontrollable. Narrative prosthesis creates meaning in a fictionalized disabled body, whereas actual disabled bodies must be overlaid with meaning upon an already existent disabled body. This is the incorporeal corpse — a body, a missing body, a perceived meaning, an immaterial and ghosted subject. The incorporeal corpse can be either living or dead. The *presence* of the body or alternately the *interpretations* of that body are more important than the body itself. Whether Merrick is dead or alive, meaning can be read into his body because of his malformation. He is nearly dead in life and will be given new life in death. The living disabled body has no more value than a corpse; its past becomes insignificant and dead, while the body serves the needs of those who use it as a prop or metaphor.

This happens in all modes of performance, where stories are enacted by performers who are not actually living the reality of existence with a disability. The

stories of the ruling class are presented and when characters from the sub-strata of society are introduced it is usually through the vantage point of those in power. Within a story, the narrative form might be dependent upon disability in what Mitchell and Snyder term narrative prosthesis; but also the bodies themselves of the actors that act to create power and meaning apart from the narrative. By and large, the disabled body in film, television, and theatre is rarely played by a body with an actual malformation. Each of these portrayals is also an incorporeal corpse. Even exceptional personages are used to reinscribe the position of those in power. For instance, Merrick, also known by his stage name The Elephant Man, has been used throughout the past century and a half as a means of obtaining power by those with an interest in exploiting his life and his story.

However, rarely do we hear the story as told by him; his personal narrative does not adequately give power to the perception of disability that each reinterpretation has an interest in furthering. Instead each portrayal adapts the tale to fit a certain social meaning: the authority of medical practice, a Freudian understanding of empathy, or the supremacy of the cultural capital of science. Ironically, each time this is done the reinterpreter attempts to strip away the extraneous details and make an approach at Joseph Merrick's core essence. But by stripping details, much of what made Merrick distinct, unique, and historically memorable in the first place is lost. Is it truly possible to understand a core essence by removing details that the current reinterpreter feels get in the way of such an understanding? Joseph Merrick is the epitome of the modern incorporeal corpse, more

meaning is given to his body by taking more of himself away from him. In life and in death his body, his spirit, his skeleton, his memories can be interpreted however best suits the interpreter. Of course, yes I recognize that I am doing the same thing in this chapter; it is far too easy to use exemplary bodies to make a point.

By looking at five different models of representation of The Elephant Man from both during his life and after his death we can see a progression of the historical use of disability and freakishness as a means for acquiring power. First, Joseph Merrick presented himself in a freak show under his stage name, for the most part presenting his own story, in charge of his own finances, and working to earn a living in order to save up enough money to buy a home of his own in the country. Secondly, Dr. Frederick Treves of the London Hospital used Merrick to demonstrate the emerging cultural authority of the medical profession over the normalization and categorization of human bodies. Thirdly, the 1977 play *The Elephant Man* by Bernard Pomerance used Merrick's body as a source for dramatic inspiration, removing any markers of the disability itself so that the dramatic question of the malformed body could be resolved. Fourth, David Lynch's 1980 film *The Elephant Man* used Merrick as an opportunity to explore a rather Freudian dream sequence on the nature of empathy. Finally, a documentary that aired on the Discovery Channel in the US and the Science Channel in the UK used scientific inquiry to attempt to get at the heart of what it meant to be Joseph Merrick. Each historical period exploited the power inherent to his public personage while only questionably approaching a true description of his essence as a person. We will be looking not so much at the

historicity of Merrick's life, but rather at the usages to which his body was put, and how Merrick is repeatedly incorporeally corpsed.

Merrick in the Freak Show

In a sense, while Joseph Merrick's time working in a freak show may have been the period of his life in which he was most easily accessed by the interested public, the time in his life in which showmanship and salability of a publicly constructed image was most prevalent, it might also be the time during which the humanity of the man himself was expressed. This chapter is more interested in how the power inherent to the Elephant Man's body was exploited by others, but a brief look into the time before he was exploited, "rehabilitated," and "re-presented" by others is necessary first.

Joseph Merrick was born in Leicester in April of 1862, but the story of the Elephant Man did not start until several years later. At the age of five, tumors first appeared on Merrick's body; at the age of eleven, Merrick was orphaned when his mother died. He attempted to earn a living for several years in a small workhouse. Merrick was like many other outcast, working-class, young men across industrializing Europe at this time. According to Diana Snigurowicz' essay "The *Phénomène's* Dilemma: Teratology and the Policing of Human Anomalies in Nineteenth- and Early-Twentieth-Century Paris" there were "a number of workshops […] set up under the slogan [Work Honors Man] in order to provide paid work and housing to working-class individuals who had been 'disabled' through no fault of their own. As Darzac wrote: 'The unfortunate cripple had, until now, but two careers to embrace, or between

which to choose: begging or death — since, I ask you who would hire a *manchot* or a *cul-de-matte*'?" (Snigurowicz 181). Merrick initially chose to live and work at one of these work houses, but the continued growth of tumors throughout Merrick's life became so severe that a normal life of work became impossible, and when his condition became so severe that he was unable to continue working he was no longer allowed to reside at the workhouse.

With his disability disqualifying him from life at the workhouse, Merrick first experienced life as an incorporeal corpse. Merrick had become an insubstantial body; he was bodiless in that he could not contribute industrial capital through his body's ability to produce work; his body was departed from capitalist production of value; his bones (in their malformation) became more prominent than his mind and his humanity; his presence in the workhouse became immaterial. He was shunned from the workhouse, and like a corpse that is shunned as unclean, Merrick was shunned for various reasons that could be interpreted as unclean. Impurity, pollution, dirt, or uncleanliness can be described as "matter out of place."[1] The definition of dirt is contextual and malleable — what is unclean in one situation may be tolerable in another. We see this in Merrick's move from the workhouse to the freak show. The workhouse is a place for a productive and capable body, Merrick's body did not fit this ideal, and like a corpse he was out of place, impure, and polluted while at the workhouse. Eventually, Merrick began displaying himself (like other malformed

[1] for a discussion of this, see Mary Douglas' *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*

people of his time period) in order to earn a living by joining travelling freak shows. The freak show had a distinct function in a society unable to adequately explain the random genetic mutations that might appear from time to time; it contained and controlled the freakishness and provided a point of reference so the normal body could claim normalcy. Bill Hughes argues that, "Nondisabled people require disabled people in order to live in the minimum security of that curious and liminal ontological space that is called 'the human condition.' For many people, the frailty of that condition is troublesome. For many people, impairment represents the tragedy that they hope they will never have to face" (Hughes 89). The working public was willing to pay for the assurance that their condition was close to the norm of human civilization. The monstrous outliers demonstrated that each inconsequential working class Londoner was more acceptable and normative than he or she may believe. The freakish body was not necessarily "matter out of place" as long as that body stayed within the confines of the freak show. Like a corpse that is out of place (and thus impure) away from the graveyard, Merrick was out of place and impure away from the freak show.

Taking advantage of his one opportunity, Merrick began displaying his deformity to the public under the stage name of The Elephant Man. This moniker he took played upon public fears rooted misunderstandings of origins of human variation. Paul Semonin posits that, "In the popular monster lore, this boundary between beasts and humans was virtually nonexistent and was crossed over frequently in a bestiary tradition dating back to antiquity that included centaurs, satyrs, and minotaurs, not to mention the dog-headed men, pygmies, and troglodytes who constituted the monstrous

races believed to inhabit remote parts of the earth" (Semonin 75). Merrick took advantage of this gap in scientific and reproductive knowledge and presented himself in various bestial fashions that he purposefully left vague: maybe his mother was trampled by elephants while pregnant leading to birth defects, maybe he was the product of human and elephant. Either way his mother's shortcomings led to his condition was the lesson to be learned. These two causes are common with many congenital malformations, for example, "Maternal impressions and responses were held to produce certain clearly identifiable, 'psychogenic' effects upon the unborn child. For example, the pregnant woman who was impressed or frightened by the gibbons at the zoo might give birth to a 'monkey-headed' (anencephalic) child" (Eberly 59). Or alternately, malformed children were thought of as hybrids which involved the "pairing of humans with animals to produce offspring. According to folk belief children born to these pairings often were marked in some way. A child born with a cleft lip, for example, might be viewed as the result of a human coupling with a cat or a hare" (Eberly 60). So, even in narrating his own story, Merrick's body told the tale of his mother's past and of the moral model of disability, his disability being the fault of is mother. He presented his body as best he could for profitability, but the tale his body ultimately told was that malformation is a sort of intergenerational punishment. While working for freak show promoter Tom Norman, Merrick first came to the attention of Dr. Frederick Treves, who worked at the London Hospital and presented Merrick's body in a lecture there.

Indecency laws in England were becoming more restrictive at this time and

Merrick joined a travelling curiosity show that took him to Belgium. The Belgian tour was eventually shut down, also for indecency. Merrick had previously stated, and wrote in his memoirs, that his intention was to work in freak shows long enough to earn enough money to buy a private home in the country so that he could live out his days in solitude and peace. When the show was shuttered, his new employer stole all of Merrick's savings — about £50. By 1886, Merrick had managed to make his way back to London, where the attention that his appearance naturally brought alerted him to the police. Unable to continue earning a living on the freak show circuit, Merrick made his way to the London Hospital where he had previously become acquainted with Dr. Treves. Merrick's previous experience with Dr. Treves had not necessarily been a positive one, but with nowhere else to go it seemed to be his one remaining option. Howell and Ford point out in their research on Joseph Merrick that Norman's autobiography questions Treves role as a hero figure. They state that before we was left with no other option, Merrick refused to visit the London Hospital because "he did not mind, he said, being displayed discretely and decently when he was being paid, but over there [in the medical lectures] 'I was stripped naked, and felt like an animal in a cattle market'" (Howell and Ford 77). Norman's account of the situation would certainly have the same level of bias as Dr. Treves later writings, but there seems to be some truth in Norman's version of the event, and in both versions.

Merrick seemed to understand that he possessed power over his own life and his own deformities by selling them on his terms. He had an end goal in mind — to purchase a country home. He took home his own pay, and to some extent he controlled

his working conditions. He used his body and public image for his own purposes and for financial profitability. The power imbued within his body was not being exploited for other means – it was very clearly about profitability. Even the dastardly event in which he lost his life savings was solely about money, not about exploiting a body's inherent power for control or social status. In this way, this period of his life could be seen as the period in which he was most self-autonomous. His persona was constructed, but he had a hand in its construction and a stake in its profits. Everyone (the public audiences, his promoters, Merrick himself) knew that this was about profitability and earning power. The freak show exploited bodies for profit, yet at this stage Merrick had a hand in the distortion that brought in profit. Nature distorted Merrick's body and Merrick distorted the history and cause of that body in a capital exchange. Victorian audiences knew that the freaks may or may not be legitimate, even if the sideshow explanations of them most certainly were fraudulent.

> In a strict sense of the word, every exhibit was a fraud. This is not to say that freaks were without physical, mental, and behavioral anomalies. Many had profound differences (severe disabilities in today's language), but, with very few exceptions, every person exhibited was misrepresented. Showmen fabricated freaks' backgrounds, the nature of their condition, the circumstances of their current lives, and other personal characteristics. The accurate story of the life and conditions of those being exhibited was replaced by purposeful distortion designed to market the exhibit, to produce a more appealing freak (Bogdan 25).

Other people's later reflections on Merrick's life used his image to gain other kinds of power which will be discussed below. But at this time, Merrick was selling the aspects of himself that he wished to. To the extent that Merrick had control over

his own image, he edited together lines of poetry which he would pass out in a pamphlet to those who paid for his freak show. The poem reads:

"Tis true my form is something odd,
But blaming me is blaming God,
Could I create myself anew,
I would not fail in pleasing you.
If I could reach from pole to pole
Or grasp the ocean with a span,
I would be measured by the soul;
The mind's the standard of the man."

At this point, Merrick was being exploited, but he controlled the fruits of that exploitation. Like the proletariat selling his physical capabilities to the factory worker, Merrick was selling his specific situation to the general public. Merrick was in control to a certain extent, and the outcome in the transfer of power was unashamedly about profitability. Certainly, Merrick's handlers were interested in their own gain and we must not idealize this period in his life; his handlers were abusive and thieving. Nonetheless, the upfront nature of the power transfer gave Merrick a voice of his own, unlike the later people who attempted to hide their myriad motivations. Merrick began his transition into the ultimate incorporeal corpse at this time. He was incorporeally corpsed in being shunned from the workhouse. He was reduced to bodily remains, his body became imbued with ultimate meaning while at the same time it became immaterial.

Merrick in The London Hospital

In 1884, Dr. Frederick Treves brought Joseph Merrick into the London Hospital in order to use him as the basis of a lecture presented to the London

Pathological Society. At the time, Treves had no interest in treating any medical condition that Merrick may have been suffering from, as Merrick was incurable and the London Hospital was not a hospital intended for chronic cases. The Hospital was not a group home, a hospice, or treatment center for the terminally ill. Treves' sole interest in bringing Merrick to the hospital was as a subject for lecture in order to increase his own stature within the medical field. At this time, doctors were in the middle of a shift in the perception of their value and grabbing for authority and a new form of legitimacy. In the introduction to his book *Impure Science*, Steven Epstein discusses the ascension of physicians to a point of authority and high status. He writes, "Over the course of the nineteenth and early twentieth centuries, doctors rose to positions of privilege, able to reap substantial social rewards on the basis of their authority. This authority rested on the twin pillars of legitimacy and dependence: people believed that medical knowledge could help them, and they felt that only doctors possessed that special knowledge and the skill to use it" (Epstein 7). Even for an incurable, the power and knowledge of a physician provided a point of stability, and Treves used this dependence for his own social reward.

The difference between the freak show and the medical theatre may have been nothing more than the profit that was received. In his essay "The Social Construction of Freaks," Robert Bogdan recognizes this in saying, "Although freak shows were often presented as educational or scientific exhibits, they were always first and foremost a for-profit activity" (Bogdan 25). On the surface, Treves may have wanted to educate, but this was no benevolent act of patient caretaking or medical education.

His profit was not monetary, but he did profit in bringing prestige to the London Hospital and he did gain the capital of his own immortal Christian soul.

Nobody other than Treves himself describes Merrick's treatment at the hospital, however clues appear in the initial report to the Pathological Society of London to suggest that Treves was somewhat less than caring towards Merrick during these examinations. The examination to which Merrick was subjected during these lectures must have been a source of humiliation and appalling dehumanization to a man who had previously been paid for the display of his body. Treves, at this time was not well acquainted with Joseph Merrick, he had brought him directly from the freak show to the medical theatre. Merrick was displayed and groped naked before the London Pathological Society. Treves' concern with Merrick was in desperately trying to identify him and identify the malady with which he was afflicted, not to improve Merrick's daily life but to access the power available by diagnosing such a unique and infamous person. All of this was an attempt to negate the threat that Merrick's body posed to Treves himself, to the system of medical classification, and to London society itself. It is a treatment more appropriate for animals or monsters than for a human being with agency of its own.

Treves' report describes that Merrick's skin "was also rendered remarkably loose, so that it could be freely slid about, and if grasped it could be drawn away from the deeper parts in immense folds" (Treves 104-5). He is treated as an object to be discovered, examined, classified. The personal or emotional ramifications of manipulating another human being are barely considered in Treves' memoir. As was

all too common for medical practice at the time, Merrick the human being was not at the hospital for treatment for an illness or permanent condition, he was there as a physical specimen, a display of freakishness beyond the realm of humanity, a subject to be molded, prodded, explored, and probed by a medical expert.

When Treves endeavored to write his autobiography after the death of Joseph Merrick, he continues to make little relevance of the man himself. Empathy seems to lack in the relationship. Merrick is an object for Treves' use, not a person to engage personally. In fact, it is Treves himself who changed Merrick's name from Joseph to John as he has been widely known since his death. No explanation for this has ever been offered or adequately found. It was in Treves' handwritten journals that this change was initially made. On the first page, Treves wrote Joseph, but then scratched this out with ink and instead referred to him as John from then on. It is unclear whether Joseph was referred to as John during his lifetime or only after his death. Some think it may have been an attempt to give Merrick a Christian, or baptismal name. Others surmise that the reason behind this was to mask Joseph Merrick's identity, but Merrick was such a public figure that this seems unreasonable. Whatever the reasoning, Treves took away a portion of Merrick's identity and replaced it with a name which gave Treves himself power over the remembrance of The Elephant Man. He claimed agency over Merrick in life and continued that after death by dictating the name by which he would be known.

For the Victorian doctor interested in the classification and codification of all things, living beings included, it must have been immensely frustrating for Treves to

merely look at and make a presentation of Merrick. He was unable to classify the problem, treat the problem, or in any way abate the difficulties the problem presented. Treves eventually wrote his autobiography, and at this point he is no longer interested in attempts to classify or explain Merrick's condition. Instead he uses Merrick as an opportunity to present his own skill as a doctor in the attention to detail that he put into his time with Merrick. Treves' autobiography includes the obligatory physical description that the scientist interested in the classification of living things and diseases would expect. Treves informs the reader that he "made a careful examination of my visitor, the results of which I embodied in a paper. I made little of the man himself" (Treves 7). The man himself, the human being within was of little importance to Treves. Treves made attempts to classify and diagnose, but when this failed, and after the death of Merrick himself, Treves was reduced to explanatory passages which depicted Merrick as Treves saw appropriate to depict such a medical subject.

Medical care at this time could be afforded by only few people. Other persons that received medical care received it only through the beneficence and charitable nature of the upper crust of society. This way of conceiving medical care is an extension of the 18th century administration of medical care. While medical procedures and capabilities were being expanded upon, the system for funding and administrating medical care remained from previous centuries. According to Michel Foucault, such a system was one in which "Sickness is only one among a range of factors, including infirmity, old age, inability to find work and destitution, which compose the figure of the 'necessitous pauper' who deserves hospitalization"

(Foucault 168). Joseph Merrick was such a person who could not afford his own medical care, but was deserving of medical care because of infirmity and the inability to find work. He fulfilled various definitions of the necessitous pauper. But providing care would not rehabilitate his body such an extent that he could eventually work, so despite being necessitous he was extraneous and not useful— thus undeserving of care. "Besides corporeal fitness, the idea of duty and labor was crucial to the concept of the worthy citizen-human" (Snigurowicz 181). Because Merrick cannot be rehabilitated into a fitting corporeal state which could perform profitable labor he was not a worthy citizen-human.

Merrick's body was incapable of participating in the industrialization of Victorian England. He was unable to support his own life financially and unable to earn enough money to pay for hospitalization. For the Victorian sensibility where bodies are seen as sources of labor and a productive entity which contributes to society's ability to produce goods, Joseph Merrick's deformed and disabled body was out of place. What began in the industrialization of the late 18th century was fully realized during Victorian times, and impacted Joseph Merrick directly. As Foucault states in "The Politics of Health in the Eighteenth Century":

> The problem is to set the 'able-bodied' poor to work in transforming them into a useful labour force, but it is also to assure the self-financing by the poor themselves of the cost of their sickness and temporary or permanent incapacitation, and further to render profitable in the short or long-term the educating of orphans and foundlings (Foucault 169).

The London Hospital was not an institution intended or equipped to deal with incurables or the chronically sick. Joseph Merrick, as a nonworking person, was

unable to pay for his own care and initially was to be discharged from the hospital even though no other institution was able or willing to deal with the situation. His body did not fit the norm of a useful, productive body. He did not contribute anything to society, to industrialization, or to financial prosperity, therefore he was deemed unworthy of sustained medical care which could be paid for through taxes, the general funds of the hospital, or other sources of public monies. For this reason, F. C. Carr Gomm, Governor of the London Hospital, initially was unwilling to keep Merrick at the hospital. Yet, upon further consideration, he wrote a letter to the editor of the London *Times* explaining the situation to those who were part of London society and asking for contributions to support Merrick's care. Enough money was raised to permanently fund hospitalization for Merrick at the London Hospital, through the time of his death. It was only because of the generosity of others, outside the standard care which would be given to the "necessitous pauper" which allowed Merrick to receive accommodations necessary to his survival. The system certainly stood outside of the normalized way in which medical care was paid for, but an appeal to pity bridged the gap. As Bogdan states, "Pity as a mode of presenting people with physical, mental, and behavioral differences fit better the medicalized conception of human differences. While in the nineteenth century natural scientists, teratologists, and other doctors examined freaks, they were not patients. Professionals had not gained control over human deviation; people with physical and mental anomalies were still in the public domain" (Bogdan 34). Carr Gomm's letter is a product of using pity to sell the product, and Merrick's body and presence at the hospital helped bring control over the

human body and its anomalies to the medical profession, his body was part of the public domain as was the funding of his continued care.

Foucault states that even medical care which could be accessed through steady labor and production was criticized by economists who could not get past the nonproductive bodies of certain portions of the population. Foucault writes that people began to question the system of paying for others' medical care in a "general re-examination of modes of investment and capitalization. The system of 'foundations', which immobilize substantial sums of money and whose revenues serve to support the idle and thus allow them to remain outside the circuits of production, is criticized by economists and administrators" (Foucault 169). Hospitalization and medical care were not a human right or a way of achieving individual welfare, or sustainability and health for individuals of the population. Instead, they were seen as investments in the potential labor capacity which could be provided by a healed person through the process of being cured or healed. Medical care was intended for society at large, not for specific individuals. Those who paid for the medical care of the less fortunate expected a return on their investment, which came through those persons' bodies being put back to work and producing industrialized commodities. The goal was not the personal health of individual members of the society, but rather raising the general health across the population so that it could be as productive as possible, providing a return on money spent. "Here it is not a matter of offering support to a particularly fragile, troubled and troublesome margin of the population, but of how to raise the level of health of the social body as a whole" (Foucault 170). The concern was not for

the health of individual bodies, but for the health of society's ability to produce. Merrick's body placed him outside of the system so that no amount of money spent on his care (even though he was a necessitous pauper) was seen as a productive expenditure.

Only when certain members of society were willing to front the money for his care with no expected return on their investment, was he cared for. In this way, even while he was at the hospital he remained a freak show. He did not produce goods, instead people were paying for the opportunity to visit with him, to display their generosity to other members of London society, for the added comfort of keeping him sufficiently locked away from appearing on the streets and disrupting the normalcy that they expected. Through such charity, Merrick was further defaced and dehumanized, making him a freak show spectacle for the exceptionally wealthy. He was at the mercy of those who provided the funds with which he could be cared for:

> In this process of the gradual attenuation of traditional social status use, the 'pauper' is one of the first to be effaced, giving way to a whole series of functional discriminations (the good poor and the bad poor, the willfully idle and involuntarily unemployed, those who can do some kind of work and those who cannot). An analysis of idleness — and its conditions and effects — tends to replace the somewhat global charitable sacralisation of 'the poor'. This analysis has as its practical objective at best to make poverty useful by fixing it to the apparatus of production, at worst to lighten as much as possible the burden it imposes on the rest of society (Foucault 169).

Joseph Merrick was involuntarily unemployed but nonetheless part of the "bad poor." He was part of the bad poor because his existence revealed a flaw in Victorian society, the move towards industrialization, notions of charity, and

the lack of usefulness of nonproductive bodies. The only way he could continue to serve as a productive part of society was to continue to be a freak available to the super wealthy, a sideshow for the refined, and a source of reflection of such persons' Christian charity.

The power inherent in Joseph Merrick's non-normative body was exploited by the upper echelons of Victorian society for their own purposes. Dr. Treves exploited him to further his career, and the upper classes exploited him as a display of their Christian goodwill. Merrick had many visitors while in the London Hospital, all of whom "were recommended by or associated with prestigious people and organizations—scientists, doctors, clergy, newspapers, and scientific organizations" (Bogdan 27). Treves did nothing more than the freak show itself seemed to do, he merely skipped the middle man. He was promoter and expert witness. He could avoid the 'exotic presentation,' carnival barking, and shameless made up stories. He was the authority, the medical authority, and he had his study of Merrick's body to enhance and legitimate his claims to medical power and knowledge and authority. Merrick's body had become out of place and unclean while at the workhouse necessitating his move to the freak show. Yet, his body was considered unfit to be exhibited even in exhibition of freaks. He was too freakish. He did not fit properly in any available societal space. His deformed body could not be rehabilitated into the workforce, thus it was difficult to find a proper place for him at the London Hospital. His body became matter out of place whether at the workhouse, the freak show, or at the hospital. He was sequestered away from the rest of the hospital, and continue to perform his

disability in order to justify his presence at the London.

The "problem" of Merrick's corporeal difference was dealt with not by rehabilitating his difference, accommodating his difference, or adapting the world around his difference. Instead, his body became something which could be performed upon in order to secure power for the newly emerging medical field and secure power for the charitable upper echelons of society. His body seems to only cease being matter out of place when his body is being used in one of these two roles. Until his malformation dies, he is a liminal person that must be sequestered. His malformed body is set apart from the everyday world and framed within the performative space carved out for him in the back of the hospital. But he cannot come back onstage for curtain call, bow, and shed his malformation. His body remains liminal whether he is onstage of off, as his malformed body is always performing. The performative lens does not change the fact of his body. Merrick became a living bag of bones, and ethereal symbol through which charitable works could be enacted, a body of knowledge for the medical field, a shadowy figure confined to the back hallways of the hospital, a relic of his former selves. He became an incorporeal corpse in every sense.

Merrick in Bernard Pomerance's play

"He's brought the hospital quite a lot of good repute. Quite a lot of contributions too, for that matter. In fact, I like him; never regretted letting him stay on. Though I didn't imagine he'd last this long" (Pomerance 63), hospital administrator Carr Gomm tells Dr. Treves in the play *The Elephant Man*. Yet, it's not

just in the play that Merrick lasts longer than anyone would expect; his specter as a cultural figure has lasted far longer than anyone imagined. The idea of the incorporeal corpse is encapsulated when Merrick's life is enacted and re-enacted after his death.

Once the actual body of Merrick is removed from the performative equation, new means of dealing with his ever present image must be enacted. Bernard Pomerance's 1977 play, *The Elephant Man*, tackles the issue by casting an actor without malformation in the lead role. Merrick's legend has lived longer than his physical body and no solution exists for his disability. By substituting a non-disabled actor into this role, the audience's attendant anxieties surrounding disability can be assuaged. When we watch an actor crip up –think of the non-disabled actors in *My Left Foot*, *Rain Man*, or *The Theory of Everything* winning Oscars for their turns as disabled characters—our existential anxieties are alleviated when the actor sheds the disability and walks away from the role. Disability is a problem in need of a solution, and the body of the actual disabled person can never be "solved." An actor can play religion, occupation, love, addiction, marriage, and so forth. In extreme instances ethnicity, race, and gender can be covered up and played against[2]; but the body of the disabled actor remains disabled after the curtain comes down or after the credits roll. The blurry lines that separate art from fiction are destabilized even further by the

[2] It is not my intention to dismiss concerns over the ethics, practicality, or practicability of doing so; I am only speaking about the possibility of doing so. One notable example of this having been done is the 2007 French documentary *Dans la Peau d'un Noir*, wherein two French families (one black, one white) undergo lengthy makeup sessions and spend several days living undercover as the "other race.' Moreover, stage performances such as Shakespeare and *Victor/Victoria* toy with the possibility of playing against gender. My intention is to point out that to a certain extent physical characteristics can be covered, but that the malformed actor can never put on able-bodied "drag."

presence of the body of a disabled actor. As Lennard Davis writes, "the 'normal' actor, then, embodies this mythology of class and bodily open-endedness, while the disabled actor is seen as a grim reminder that transformation is not possible, except in limited ways" (*The End of Normal* 40). Pomerance allows for the rehabilitation of Merrick by simply eliminating the physical presence of the malformation and merely pointing at it through discussion. The play points out the "real person" underneath the disfigurement by refusing to portray the disfigurement. I would assert that most times when a disabled character is played by an able-bodied actor, this same phenomenon is occurring. The disabled character's full humanity is metaphysically restored once the able-bodied actor finishes the role. "The necessity for developing various kinds of cultural accommodations to handle the 'problem' of corporeal difference situates people with disabilities in a profoundly ambivalent relationship to the cultures and stories they inhabit" (Mitchell and Snyder 222).

A driving force behind the desire to separate malformed actor from disabled character is described by Sandahl as "the concept of 'neutral,' the physical and emotional state from which any character can be built. Actors who cannot be 'cured' of their idiosyncrasies to approach neutral may be considered physically and emotionally 'inflexible,' unable to portray anyone other than themselves or those like them" (Sandahl, "Tyranny" 256). An actor marked by profound physical disability is unable to shed this marker and reach a supposedly "neutral" state. Disability is always written on the actor's body and thus always written on the character. Combining the ideas from Ferris, Hahn, and Sandahl (that the lines between art and fiction are blurred

by disability, existential anxiety, and the inability of the disabled body to be neutral) we can understand the preference to have non-disabled actors play disabled characters. There is a much higher degree of deliberateness involved in this type of performance. Think back to Victor Turner's idea that the audience that witnesses a cultural performance is presented the materials of everyday life in meaningful form, but meaning is infused into performance in different ways than those operating in everyday activity. Performative reflexivity is another way of indicating the metacommunicative potential of the theatrical setting. Theatrical meaning can be derived at a more conscious level because of theatre's separation from routine life. The theatre/routine life division is marked in two main ways. Most significantly, the performance is set apart physically, it is framed by the theatre and stage themselves. Secondly, an interpretive frame must be set which makes it perfectly reasonable that a character can die on-stage and reappear soon after for bows. The audience must work under the mindset that the people who appear on the stage are actors who are playing their theatrical roles. But, the material fact of visible malformation is present whether on stage or off.

Pomerance hints at this in the introduction to the script for *The Elephant Man.* "Merrick's face was so deformed he could not express any emotion at all. His speech was very difficult to understand without practice. Any attempt to reproduce his appearance and his speech naturalistically--- if it were possible---would seem to me not only counterproductive, but, the more remarkably successful, the more distracting from the play. For how he appeared, let slide projections suffice" (Pomerance vi).

Pomerance indicates a preference for an actual disabled body *not* to appear on stage, whereas projected still images will "suffice." It is almost as if Merrick's countenance would be too overwhelming in actuality, so a non-disabled body must be substituted in. The closer that the actor comes to one-to-one representation of the body of Merrick, the more distracting. Sandahl writes, "Because disability always signifies in representation, the trained disabled actor is rarely given the opportunity to play nondisabled characters" (Sandahl, "Tyranny" 218). The opposite is true as well: nondisabled actors are usually given the opportunity to play the disabled characters.

Meaning from elsewhere is marked upon the malformed body and cannot be erased, so able-bodied actors must play disabled characters because they are the only ones that can achieve the supposed state of neutral. All actors' bodies are imbued with meaning, but the malformed actor has an extra layer of meeting written on his or her body from which he or she cannot be divorced. "The size, shape, and carriage of an actor's body on stage convey much more than a character's physical dimensions. In Western dramatic and performance traditions, outward physicality is most often used as shorthand for the character's inner psychological or emotional state" (Sandahl, "Tyranny" 222). Thus, being disabled on stage becomes a meaningful act. It becomes a dramatic question. And, a dramatic question must be answered. For disability, as we have seen, that answer is recover or die. The malformed actor is unable to achieve either of these, and thus excluded from most opportunities on stage and screen. Actual malformation is a dramatic question that can never have a satisfactory answer. So, the able-bodied actor plays the disabled character to avoid this problem. In fact,

Pomerance even suggests that an actor with certain disabilities NOT play Merrick. "No one with any history of back trouble should attempt the part of Merrick as contorted. Anyone playing the part of Merrick should be advised to consult a physician about the problems of sustaining any unnatural or twisted position" (Pomerance xi). This seems to be a warning that a malformed actor might be excessively affected by playing this disabled character. The two must remain separate. The disabled character might creep into the actual body of the malformed actor and permanently affect him—and the audience! The line between art and fiction would be untenably blurry.

In the script, Pomerance recognizes that the fate of the disabled character is ultimately to die and that Merrick can never recover. Of course, death is the fate of all bodies, disabled or not, but the malformed body can never be not-malformed so it is always one step closer to death than it is to life. Dr. Treves says of Merrick, "As he's achieved greater and greater normality, his condition's edged him closer to the grave. So---a parable of growing up? To become more normal is to die?" (Pomerance 64). In life, Merrick can never be normal. His only chance of normalcy is to die. Death is a normal state, disability is an abnormal state, Merrick can only be like others in death – and even then only maybe. In death, there is no need to worry that the malformed body will have any more or less function than the normative body. There is no longer a perceived threat that a disability could interfere with functional capacities thought necessary for a satisfactory life. In dying, the disabled person can become like everyone else. Or at least Dr. Treves hopes. In actuality it seems that Merrick's legend

will live on forever, so play scripts such as Pomerance's are necessary in order to reattempt a form of recovery.

In Pomerance's version, Merrick's death is imagined as the result of an attempt to achieve some kind of normalcy. He has slept sitting up for most of his adult life because the weight of his head was too unwieldy. One night he decides to attempt to sleep laying down. Two pinhead characters, who we had met earlier and play when Merrick was still with the side show, enter Merrick's room in a sequence that seems outside of the bounds of normal time. They recite a poem, "Here is eternity's finest hour/ Sleep like others you learn to admire/ Be like your mother, be like your sire." Then the stage directions indicate, "They straighten MERRICK out to normal sleep position. His head tilts over too far. His arms fly up clawing the air. He dies." Again, death of the malformed body and achievement of normalcy are linked. Elimination of the disabled body, in theory, should eliminate the attendant anxiety surrounding it. The sequence again indicates that the only chance for the disabled body to become normal is to recover or die. Yet, the anxiety surrounding Merrick persists; his life has ended but the specter of him remains.

If the Elephant Man cannot be eliminated in death, and if the play cannot rehabilitate the character's body, then the overall problem can be solved by having the character's disabled body be separated from the actor's non-disabled body. The icon of Merrick gets disembodied from the frame. By putting an able-bodied actor in a disabled role, whether it is Merrick or any other character, the disability becomes a relic, a shell, it is disembodied and no longer exists in physical form; the *idea* of

disability and the disability itself become divorced from one another. The materiality of the disability is removed, and disability becomes nothing more than a portrayal, an act. The incorporeal corpse necessitates that the two remain separate, so that the blurry line between art and fiction can be maintained.

Merrick in David Lynch's film

David Lynch's 1980 film *The Elephant Man* depicts a fictionalized account of Joseph Merrick — referred to as John Merrick in the film. The film does not concern itself with the historicity of Joseph Merrick as a real human figure and instead uses him as a character to explore psychoanalytic approaches to human experience. The film creates another manifestation of the incorporeal corpse in looking through the century-old shadow cast by Merrick's body. The film depends upon representations and changes details of Merrick's life into fictions in order to accomplish its goal and even uses a dream sequence to explorer the inner workings of Merrick and Treves' psyches. It produces an empathetic relationship between the two that never seemed to actually develop during Merrick's lifetime. The film follows Merrick's life as he is displayed in a freak show, displayed in the medical theatre by the ambitious young doctor Treves, and eventually taken in as a permanent resident of the London Hospital. The film culminates in Merrick's death. As the film depicts a malformed character unable to be cured, it necessarily ends with the character's death. Even though the film wishes that we empathize with Merrick, it ultimately follows the death/recovery formula.

While in the hospital, Merrick is again displayed as a freak by the

nightwatchman of the hospital, who charges patrons of his local tavern for the opportunity to be snuck into the hospital and gawk at Merrick. Through the course of the film, against the backdrop of the nightwatch's illegitimate tours, Dr. Treves begins to question his own motives. He begins to wonder if he is merely exploiting and exhibiting Merrick in the same way that Merrick has been previously exploited and exhibited. The all-important human ability to empathize – to recognize the emotions experienced by another – is explored through the film's narrative. When Treves first encounters Merrick, Treves hardly even recognizes Merrick as another human being. Treves is condescending, patronizing, and coddling toward Merrick. Eventually, Treves comes to see "the Elephant Man" as human rather than freak. Treves' eventual recognition of Merrick as a sentient being allows Treves' empathy to occur. The film constructs Merrick's on-screen make up as realistically and monstrously as possible so as frighten the audience and then uses John Hurt's stellar performance to re-humanize Merrick. Yet, Hurt's able-body stands in for a missing body, a perceived meaning, an immaterial and ghosted subject; we see the incorporeal corpse on film casting literal shadows through celluloid and picking up where metaphorical shadows of Merrick end. "Director David Lynch, speaking about Hurt's realistic representation of Merrick, said, 'He did look like this. People did go past that, and learn to love him. We think it can happen again'" (Graham and Oehlschlaeger 138). Like Victorian Londoners, like the film viewer, Lynch's Treves must make competent social interaction with Merrick in order to begin the process of empathy, but Merrick's extreme appearance delays the immediate physical process this might occur through. Treves stands in for the

filmviewer and must learn to look at the world through Merrick's eyes. The film viewer uses Lynch's eyes to look through Treves' eyes to look through Merrick's eyes. Multiple levels of perspective and subjectivity are explored. But we really learn nothing about Merrick himself; instead, we learn about psychoanalytic dream interpretation, and Lynch's views about what makes a human human.

Social interaction is governed by the ability to read familiarity in others' faces; Treves' social competence is initially thwarted by Merrick's unfamiliar visage in Lynch's film and he must go through the process of developing empathy. Because our social world is inhabited by multiple acting bodies, the competence of our social interactions is determined by our ability to relate to and make meaning of the publicly observed actions of other people's bodies. Vittorio Gallese proposes a theory of mirror neurons which enable human beings and other animals to accurately read and empathize with the actions and emotions of other animals. He cites examples from radioimaging testing, where similar portions of the brain are activated whether the subject performs an action or observes an action. This suggests that two separate bodies performing differentiated tasks (action versus observation) process the disparate tasks in the same neurons. Initially, Merrick's body is too extremely dissimilar for Treves to engage in this process.

The stimulation of mirror neurons is dependent upon the ability to relate to and empathize with the actions of an observed body. The process is a cross-species phenomenon, affecting even two different species which perform similar but distinguishable tasks. For instance, a human being observing a bird eating food, or a

dog barking, processes this information as if the human being himself or herself were eating food or speaking. But Merrick is within Treves species, but such a physical outlier as to make categorization difficult, and empathy is replaced by horror. Just as a malformed actor cannot adequately play a disabled character, Treves cannot empathize with a malformed horror such as Merrick.

Gallese speculates that such observation of others stimulates the same neurological areas even if the bodies themselves are distinct. "These results [similar activation of mirror neurons whether an activity is performed or observed]," he writes, "suggest that the full appreciation of others as persons like us depends upon the involvement of body-related first-person tactile experiential knowledge" (40). So, if empathy is dependent upon "appreciation of others as persons like us," what does this mean for the non-disabled person encountering another person's malformed body performing a task in a previously unfamiliar way. The fact that the human can observe another species and relate to the task seems to suggest that observation of a malformed body should be no different. However, the other species are presumably able-bodied, non-deformed specimens of their kind, and thus the tasks they perform may be instantly recognizable. However, an able-bodied person such as Treves may have no "experiential knowledge" of the way which a disabled person like Merrick opens a jar, ambulates, or blows his nose into a tissue. Thus, one might wonder if the same mirror neuron effect happens between able-bodies and malformed bodies, between Treves and Merrick, between spectator and performer.

Disability theory postulates that one of the possible explanations of exclusion

of disabled persons is a fear of the disabled body itself. This fear of disability has been proposed as two kinds of discomfort that nondisabled people feel around people with disabilities: existential anxiety and aesthetic anxiety (Hahn 43). A perceived lack of structural integrity of the malformed person's sensory-motor system may cut off the possibility of the mirror neuron effect. "The integrity of the sensory-motor system appears to be critical for the recognition of emotions displayed by others," Gallese writes, "because the sensory-motor system appears to support the reconstruction of what it would feel like to be in a particular emotion, by means of simulation of the related body state" (37). An able-bodied person quite possibly has never been in a "related body state" as a malformed person. The topic of relating motor neurons to disability is ripe for further exploration to see how the effect relates to aesthetic anxiety and existential anxiety that comes with observing crippled bodies.

Through the film, David Lynch explores the process of empathy as Treves comes to become familiar enough with Merrick's to engage in the process of empathy. David Lynch uses the relationship between Merrick and Treves to tell a tale about the industrial takeover of human bodies and the need for empathy with fellow human beings to act as a point of resistance; in one important dream sequence, this theme of empathy is explored through a Freudian psychoanalytic framework. Several aspects of the dream demonstrate Treves' growing empathy, including the fact that the dream appears to be a shared dream between Merrick and Treves, the condensation of various symbols within the dream, and the latent and manifest content of the dream. We are placed into the mind of Merrick, but not necessarily the body.

When the dream sequence first begins, the viewer sees Merrick preparing to go to bed. However, at the end of the sequence, we see Dr. Treves waking up and contemplating his treatment of Merrick. Lynch uses a technique of never focusing on Merrick himself in leading up to the dream. Instead, the camera lens focuses into the darkened eyehole of a mask that Merrick wears to cover up to go into public. In this way, the viewer never is transported into the mind of Merrick himself. Instead, the camera focuses on an abstract representation of the human being in question. The mask serves as a reminder of Merrick's former life as well as his inability to function in normative society and other people's (Treves included) inability to see the humanity within. Thus, the dream is not necessarily taking place within Merrick's mind. Instead, after the viewer sees that Treves has woken up from a dream, we understand that maybe the dream was taking place within Treves' mind and the focusing into the eyehole of the mask demonstrates that this dream is a result of Treves placing himself within the mind or reality of Merrick. Instead of reading this dream as Merrick's, we should read this dream as a highly elevated wish fulfillment of Dr. Treves himself. The wish being fulfilled for Treves is one of empathy; Treves' subconscious mind wishes to recognize the humanity within John Merrick and understand what life might be like from Merrick's perspective. He can never inhabit such a body and works through dreams instead.

In his book *On Dreams*, Freud proposed the phenomenon of condensation; the idea that one simple symbol or image presented in a person's dream may have multiple meanings. Several instances of condensation occur within this dream that

demonstrate that Treves is beginning to empathize with Merrick as a human being. For example, at one point in the dream we see coal smoke billowing out of the factory. Several meanings are wrapped up within this one image. First, the coal smoke is not only smoke itself but also representative of industrialization. John Merrick's non-normative body does not fit into an industrialized society. His malformed body obscures and separates him from functioning and earning a living with his body, just like the dark billowing smoke obscures the dreamer's vision within the dream. Many things can be said about this: Merrick is choked off from society, industrialization oppresses human bodies, Treves is treating Merrick's body as a machine and uses it as a means to accomplish his goal of furthering his medical career. "Benedict August Morel's theory of degeneration… held that despite positivism and progress, humans (in particular, the 'dangerous' and working classes) were physically deteriorating. Afflicted with visible corporeal signs that attested to their degeneration, these 'degenerates' passed on their 'sins' to their offspring, each generation progressively regressing until the stock died out" (Snigurowicz 176). Merrick's body falls into this tradition of the degeneration of the working class that comes with industrialization. Also, the smoke has a texture reminiscent of the texture of Merrick's skin on his back and legs. In this way, Merrick's disability works to oppress his body in the same way that industrialization oppresses all human bodies. When Treves wakes up, he sees within this condensation of symbols that not only is Merrick oppressed outside the hospital, but Treves himself might be furthering that oppression through his actions. Whether in a factory, or in a hospital, all working-class bodies must be surveilled,

controlled, and policed. Surveillance dehumanizes the individual, and extreme bodies with congenital anomalies tend to receive the most scrutiny. “The surveillance and policing of humans with congenital anomalies made them ‘less than human,’ by identifying them as deviant or abnormal, and restricting or eliminating their livelihoods” (Snigurowicz 174).

This condensation of symbols leads to Treves’ extreme feelings of empathy when he wakes up. Also within the dream, some of the sounds serves as examples of condensation. At one point Merrick is looking in a mirror and a voice is heard bellowing. It is never entirely clear if this voice belongs to a man or an elephant. In this instance, Treves begins to realize that the term “The Elephant Man” is becoming real within his imagination. Instead of regarding Merrick as a human being and thinking of “The Elephant Man” as a stage name, Treves realizes that he is thinking of Merrick as less than human and even beast-like in nature because of his malformation. The bellowing sound condenses ideas of Merrick as a side show performer, Merrick as a performer within the institution of the hospital, Treves’ exploitation, and Treves’ treatment of Merrick as subhuman into one audible symbol. Also condensed within the dream, are physical representations of Merrick himself. Within the dream, the dreamer at one point looks into a mirror. However, Treves if indeed he is the dreamer does not see himself, he sees a reflection of Merrick. Likewise, at one point the dreamer has the perspective of a person prostrate on the floor being kicked. Both of these images condense Treves self into the being of Merrick — this goes to the very heart of what empathy is. If empathy is the ability to recognize and comprehend the emotions and

perspectives of another human being, Treves' dream must condense his own being into that of the person he is empathizing with. Treves' need to perform certain roles such as "doctor," "husband," and "benefactor" are condensed into one symbol of Merrick also performing his dictated roles as "freak," "charity case," and "extraordinary human." All these notions of performance are condensed into one central image so that Treves may reach a point of empathy.

Lastly, aspects of Treves waking life are present within the manifest content of the dream, demonstrating that this dream is being dreamed by Treves. It would be easy to assume that Merrick is the character who is dreaming, but physical objects from Treves waking experience demonstrates that this dream should be read as coming from Treves. For instance, Merrick's mother appears in the dream, yet previously Merrick showed Treves a photograph of his mother. Thus, Treves did have a mental picture of this photograph allowing it to appear in his dream. When Treves wakes up we see two portraits on either side of his head, both reminiscent of pietas. On one side of his head is a portrait of a woman holding a child. On the other side of his head is a portrait of a child holding an animal which appears to be a goat. Portraiture is very important to the manifest content of the dream. There is the portrait of Merrick's mother, and also the frame within which the dreamer sees the reflection of Merrick's face. This could be considered another kind of portrait. Also, the mix of a child being cared for and an animal being cared for in these pictures is manifest in the dream's juxtaposing of imagery of Merrick himself and an actual animal. The manifest content is the portraiture and the animal imagery. The latent content of this dream is the notion

that Merrick is somehow subhuman, but can also be found in what the pieta itself symbolizes. Pietas symbolize caring, coddling, and infantilizing. The latent content in this dream helps Treves to realize that he is condescending, coddling, and infantilizing John Merrick. The symbology here enables Treves to better empathize with Merrick as a real human once he wakes up from the dream. And the mental comparison Treves makes between Merrick and animals, allows his mirror neurons to engage empathetically with actions Merrick makes.

Everything in this dream is geared toward the notion of empathy. However, this is not just empathy of Treves toward Merrick, but also empathy of the viewer toward Merrick. Many of the shots that Treves sees within his dream are point of view shots, so that the viewer is seeing and feeling many of the same things that Dr. Treves is. Throughout the dream, the camera is never a passive observer framing the shot for the audience. The viewer is always within the camera. The camera is always within the mind of Dr. Treves. And Dr. Treves places himself within the dream inside the mind of Merrick. On all levels, some notion of empathy is being displayed. Thus, the dream functions as a vital piece to the overall theme of the film. When the viewer looks in the mirror within the dream and sees Merrick's face, he is forced to consider who or what is truly monstrous. Merrick becomes a mirror reflecting the identities of the Treves and the audience looking through Treves' eyes; Merrick's own identity does not project out of the mirror. Also, when the camera is prostrate on the floor receiving kicks from Bytes, the viewer in effect receives these kicks. The viewer and Dr. Treves make the same empathetic journey throughout the film. Film is inherently

exploitative of imagery, and the film's audience is forced to reconsider whether they are viewing, staring, or gawking at this fictionalized representation of John Merrick's life. Is the viewer participating in empathy, or complicit in another level of exploitation in the centuries long history of exploitation of Joseph Merrick? Just like Bytes exploited Merrick for profit, Treves exploited Merrick for power, David Lynch exploited Merrick for a good story, and the audience exploits Merrick for entertainment. The dream sequence forces the audience to realize all of this, and hopefully turn its exploitation into empathy. Lynch encourages his films viewer to have a personal stake in the interpretation of Merrick, in other words *The Elephant Man* "cultivates love rather than voyeuristic detachment" (Graham and Oehlschlaeger 140).

Nonetheless, the film exploits Lynch's perception of the Elephant Man. He uses Merrick's body to teach us something about empathy and cultivating love, while claiming he is not. Following the credits, Lynch has inserted an addendum explaining how the film should be viewed: "This film is based upon the true life story of John Merrick, known as the Elephant Man, and not upon the Broadway play of the same title or any other fictional account." This message separates the film from the Broadway play, likely for legal reasons, but it also asserts that the film could be viewed as the authority on all matters Merrick. Nonetheless, the film is anything but. Howell and Ford's book *The True History of the Elephant Man* is widely regarded as the most historically accurate look at Joseph Merrick's life. Lynch's film deviates greatly from the events as presented in *The True History.* What becomes important is

not Merrick's body itself, but rather the PRESENCE of his body and our viewership of his body. And what exactly is Merrick's body other than the meanings we give to it? In fact, it is documented that the meaning that Lynch gives to Merrick's body is not the same meaning that other people gave to Merrick's body while he was still alive. Treves' house surgeon D. G. Halsted attended to Merrick every day while at the London Hospital and confessed, "'I could never quite overcome a feeling of uneasiness in his presence.' In spite of his medical training, Halsted did not find it so easy to 'go past' Merrick's difference as Lynch would have his audience do. Learning to 'love' Merrick is made much easier on film" (Graham and Oehlschlaeger 140).

The film is not concerned with the historicity of Joseph Merrick as a real human figure. Instead, it uses the story to explore a Freudian take on the necessity of genuine human interaction and the importance of empathy in such interaction. Common to the historical period from which this film comes, the film questions the corporatization of commerce and the globalization of industry and manufacturing. To do this, it looks at representation of industrialization in Victorian England. The 1970s and 1980s witnessed the growing scope of the power of corporations on the public and private lives of American citizens. To question this growing intrusion of corporate entities into private lives, Lynch's film gives a portrayal of human compassion, empathy, and a concern over the growing takeover of human bodies by industrialized machines. So as the character Treves comes to understand Merrick's body and engage in empathy through the course of the film as the actual Treves never did, the film itself serves as another example of our tendency to use the Elephant Man's body in its

absence for our own purposes unrelated to the actual human being himself. The characters learn to empathize with Merrick, but the filmmaker himself may not bridge that divide. The film itself attempts to see Merrick as more than incorporeal corpse within its own confines, but the filmmaker and filmviewer continue to perceive Merrick as incorporeal corpse. As we read from Graham above, it is easier to "love" Merrick on film. The character might be empathized with, the historical concept might be appreciated, but the actual man remains distant and unrehabilitatable so the film finally settles on depicting his death. The concept of Merrick means he will be incorporeally corpsed, a shadow, disembodied, insubstantial, departed, immaterial, deceased, defunct, a relic, a bodiless shell, imponderable and ghostly in perpetuity. The film cannot change this and its only remaining solution is to depict Merrick's death.

Merrick on the Discovery Channel

The attempt to humanize Joseph Merrick continues today, a century and a half past the time of his death. A spirit is being breathed into his lifeless body, his imponderable remains as researchers continue to dig into the human side of Merrick, and strip away the monstrous. His bones were never buried; instead, they were boiled, bleached, and laid bare at the London Hospital. Though he was never entombed in a proper grave, grave robbers nonetheless have come after his body, his spirit, and his public image, extracting whatever value they could get their hands on. He became a literal manifestation of the incorporeal corpse in death, even though he is dead his malformed body remains available for performance. This is now done through well-

intentioned albeit possibly misguided attempts to see through his deformities to the "real person" underneath, and science serves as the allegedly impartial and well-reasoned lens through which bodies (even bodies which no longer fully exist on the material plane) are examined. The show begins by making the bold claim that it will "reveal something that's never been seen before, the face of the real Joseph Merrick" ("Curse of the Elephant Man"), as if somehow the face that he lived with for his entire life is not his real face. Today's attempt to get to the heart of the true Joseph Merrick does not come through charitable stays in a hospital not equipped to deal with permanent afflictions, actors contorting their body and disguising their voice, or through films giving psychoanalytic interpretations of the inner workings of Joseph Merrick and the people around him. Today, the attempt to get at the core of Joseph Merrick comes through the scientific method, genetics, advanced diagnostic techniques, and reconstructions of forensic evidence. This speaks to a very specific historical moment in which we give the authority of experts a place of reverence as a cultural centrality where science can progress knowledge by the mere fact of being science. Science itself seems to have been elevated, apart from the goal that scientific inquiry works toward.

Although Merrick's bones have been preserved, and samples of his DNA are available in hairs which were embedded in a plaster cast made of his head after his death, the actual condition from which Joseph Merrick suffered is still debated. The common theory is that he suffered from Neurofibromatosis Type 1. Another belief is that the cause was Proteus Syndrome, while others suggest that the Elephant Man

suffered from an unlucky and exceptionally rare combination of both. The work of discovering what ailed Merrick seems to have two aims: first to strip away the extraordinary to normalize him; and second, to demonstrate the supremacy of the skills of the scientist in the normalization of all human bodies and experiences. In 2003, Discovery Health Channel screened a documentary entitled *The Curse of the Elephant Man*. In this piece, the filmmakers attempted to create a computer generated model of what Merrick may have looked like without his deformities. Until late 2016 the documentary was unavailable for viewing, and could not be purchased in DVD form. This stood in stark contrast to other Discovery Channel programs which have gained a market for purchase after their initial air date. For many years, Discovery Channel's website had a neglected webpage which seemed more dedicated to the scientific procedures used, rather than the outcomes they provided or the person they examined. On the website, the documentary had its own dedicated page, but only four two-minute clips were available and no mention is made of the fact that the filmmakers attempted to reconstruct Joseph Merrick's body and face free of his deformities. Of the four short clips are available for viewing, they are each more concerned with the process of DNA extraction and sequencing than with the life of Joseph Merrick. Recently the full program has been made available for streaming on Amazon, but for many years it seemed that Discovery was emphasizing that the program was about science instead of some misguided attempt to rehabilitate Merrick.

By collecting information about Merrick, including existing photos, DNA samples, access to his skull and cooperation from living ancestors, the research team

was able to create a computer generated image, which estimated what Joseph would have looked like had he not been struck down by the awful conditions which plagued his life. But, for many years mention of this aspect of the program came only from individual bloggers who wrote about the program after viewing it in 2003. The Discovery Channel's website did not give any indication that a reconstruction of Joseph Merrick without deformities was part of the intention of the program. Recent demand for all things freakish and the greater availability of streaming on the internet likely influenced the shows distributors to recognize the profit potential of the program, but for more than a decade, the "curing "of Merrick in the show was downplayed. Discovery's years long neglect of this aspect of the program seemed to acknowledge what was problematic to begin with in the television program. Using scientific techniques to re-create Merrick sans deformities in a sense stripped him of the uniqueness that made him a remarkable and individual figure. This seems to be an extension of the need to take the monster out of Merrick in order to understand him as a human being. Like Dr. Treves who was unwilling to admit the humanity of Merrick, and instead focused on the possibility of diagnosis, the Discovery Channel program strips away his deformities to find the humanity which in its view clearly has been obscured or covered up by monstrosities. Surely, this line of reasoning goes, Merrick must have been human but we cannot fully understand that aspect of him with these monstrosities lain over the top. Paradoxically, ignoring the humanity is supposed to somehow highlight the actual human. The effect is strikingly similar to *Siamese Twins*, another documentary focusing on the rehabilitation of freakish bodies. *Siamese*

Twins is a documentary from the PBS television series *Nova* following eighteen months in the lives of conjoined twins born in Thailand and brought to the United States to be surgically separated and adopted out. "Under this close surveillance, the twins are paradoxically both present and absent, because they are reduced to something closer to malformed skin and bones, a 'surgical field' in which the new masters of the body will carry out their good, though dangerous, work" (Clark and Myser 340). In a sense, both documentaries attempt to dig into the human essence by stripping away the personal essence. The monstrous affect of Merrick's personal appearance obfuscates any ability to regard his humanity. He is both present and absent, so the monstrous and the human cannot coexist and must be surgically or scientifically sundered.

This raises questions about what the essence of a man truly is. Would Joseph Merrick have been Joseph Merrick without his deformities? This question is difficult to answer and seems like an exercise in futility. Would Joseph Merrick have been The Elephant Man without his deformities? Clearly, the answer is no, he would have been any other nondescript working class British man. So then, what is the point of attempting to see Joseph Merrick without his deformities? This seems to point toward our inability to see past the physical limitations of others. Stripping him of his deformities is not so much about understanding Merrick himself, but more geared toward placing ourselves in a comfortable position. We must categorize, create lists, see the world in hierarchies, and pigeonhole the people that we see around us. When a truly remarkable and unique person like Joseph Merrick is presented to us we are

unsure how to reconcile the situation. No one before or since Joseph Merrick has looked remotely similar; he is more dissimilar than we are accustomed to. Humans tend to assume certain personal characteristics about others based on physical appearances — we might assume a certain personality exists in a person we have only recently met because they are spitting image of our best friend growing up, our favorite aunt, or the mugger who took our phone and wallet. It is impossible to make such judgments about Merrick because his face is so drastically different. In order to make such generalizations about Merrick, Discovery Channel attempted to rid his body of his uniqueness. But any attempt to do so also erases the person for who we have no point of reference to access inside the deformities. All in one moment, this process attempts to dig out who the underlying person might be while also in erasing who that underlying person is. In this view, the scientific attempt to better understand Merrick was an outright failure, a futile undertaking from the start.

For years, this seemed to be implicit in the lack of availability of a video of this documentary – not acknowledging the film seemed to acknowledge that the attempt to "rehumanize" Merrick failed. The only clips available from the show focused on the scientists themselves, and the process of DNA sequencing. By removing any references to the aspect of the show dealing with reconstruction, Discovery Channel seemed to admit that stripping the deformities away was a pointless and misguided attempt, that they were turning disabled bodies into challenges to be overcome rather than people. "The medicalized staging of conjoined twins as primarily a technical challenge conceals the deeper epistemological and phenomenological hazard that they

embody: namely, the threat that they pose to normative conceptions of corporeality" (Clark and Myser 350). Like conjoined twins, Merrick's body posed a threat to normative conceptions of corporeality, even over a century after his death. The attempt to humanize Merrick by stripping away the monstrous reifies the perception that disabled, freakish bodies are not fully human. For more than a decade, I assumed that Discovery Channel had recognized how this was problematic and withdrew the documentary. They attempted to rehabilitate Joseph Merrick postmortem into a human being, but the attempted rehabilitation failed. Of course, now the documentary has resurfaced, and this seems to indicate a willingness to commodify and sell anything that seems profitable.[3]

Instead, as mentioned above, the brief clips available online focus on the scientific process — not on the man himself. *The Curse of the Elephant Man* is not about Joseph Merrick, just as *Siamese Twins* is "arguably not 'about' the children at all, except as a means by which to represent the sophisticated medical technology available at Children's Hospital, and the extraordinary medical expertise concentrated there" (Clark and Myser 340). The online interviews deal with how DNA is extracted, how genetic material is preserved, what genetic material can tell us about a human being, and the multiple scientists scattered all over the world who were tasked with

[3] I first became aware of the lack of available copies of the documentary in 2010, when an acquaintance showed me a copy he had recorded on VHS during the original broadcast. He invited me to watch it and told me how lucky he felt to have recorded it, because it seemed to have disappeared. I spent hours trying to track down a high quality version for myself with no such luck. I have interpreted the unavailability as an acknowledgement that that documentary had failed; the recent reemergence has made me assume, "Profitability over honesty." My overall general point is the same: reinterpretations of Joseph Merrick's body are valuable commodities.

this endeavor. According to the modern zeitgeist, science can solve everything. It can show us the humanity behind the monster. It can bring a deceased person back to life. It can even correct the deformities of a person who no longer exists. Merrick must somehow recover or die even if he is already deceased. Genetic science, and all branches of science in general, make attempts to understand the world better and to understand the human beings' place within the world, but as the *The Curse of the Elephant Man* demonstrates, they also obscure the human side, the interpersonal, the real world lived experience and reactions.

There exists a divide between the acquisition of scientific knowledge and the folk desire for lay expertise. Science must continually be reasserted as a point of progress against a public without the specialized knowledge to understand the workings of extremely skilled scientists. This was the case when Merrick's body was displayed at the London Hospital, and it is the case in a documentary film looking back upon his life. Documentaries about the Elephant Man or any other potential freak "have a mixed inheritance that reflects the complex work they must perform in the subjection of the extraordinary body. These antecedents include … the clinical report or case history, whose explanatory narrative transforms the subject into the "patient"; … and the television hospital melodrama centered upon the benevolent work of heroic physicians" (Clark and Myser 339). Power is wielded by experts, and science's status as 'empirical' and 'unbiased' is used to settle disputes and strive toward progress. Epstein writes, "Increasingly, science is the resource called on to promote consensus, and experts are brought in to 'settle' political and social controversies" (6).

The Discovery Channel's reconstruction of the life of Joseph Merrick speaks toward the modern tendency to create a cult of infallibility around scientific inquiry and discovery of new knowledge. Their filmmaking effort asserts that "science can fix anything." This furthers our desire for "medical science epitomiz[ing] the postwar vision of progress without conflict" (Epstein 7). While science has been asserted as infallible, unbiased, and progressive, this inherently creates a corollary status of science as a domain of restricted access. The skillfulness of its practitioners must be reasserted against the doubts, incursions, and questions of the populace. "Scientists themselves are often anxious to police the boundaries of their professional domain and keep out unqualified interlopers or traffickers in 'pseudoscience'" (Epstein 8). The scientific explorations of Merrick's body act to police this boundary; his body becomes a construction of scientific authority against those who would mythologize him and regard him in humanitarian rather than scientific terms. Rosemarie Garland-Thomson writes that, "the medical commitment to healing, when coupled with modernity's faith in technology and interventions that control outcomes, has increasingly shifted toward an aggressive intent to fix, regulate, or eradicate extensively deviant bodies…, privileging of medical technology…, inviting the belief that life with a disability is intolerable" (Garland-Thomson, "Integrating Disability" 342). As portrayed through Discovery, Merrick is being used by modern geneticists as a display of their scientific skill and technical proficiency. Like the Baroque painter more interested in displaying his mastery of painting technique and brushstroke rather than the subject matter itself, or Eddie Van Halen using his guitar to demonstrate his

technical proficiency at finger picking rather than standard pop song construction, these geneticists use the Elephant Man to demonstrate how far genetics has progressed rather than to understand the life of the human being. It is almost as if the film suggests that even though Merrick's body could not be cured during his lifetime and his malformation lives on after his death, maybe there is still a chance to eliminate it. Yet, because it can never be eliminated, his disability is put to use in other ways. Death and rehabilitation failed to erase Merrick and the world is still looking for ways to do so. The desire to erase his disability remains even more than a century after his death.

Conclusions

Through living at the London Hospital, an actor cripping up, psychoanalysis on film, or the science of DNA, "bodies are compelled to comply with normative ideals or 'phantasms' that make these bodies knowable and pliable—'docile,' as Foucault would say. From both Foucault and Butler we know that this forced compliance is a phenomenon as wide and as deep as the social body itself" (Clark and Myser 351). The divide between the social body and the physical body becomes blurred when everyone has a stake in the meaning of the physical body. Joseph Merrick, a man defined by his organs, his absurd organs, his organs more unlike any other organs than most anybody else who has also lived, becomes both a body dependent upon its organs and a memory dependent upon no longer functioning organs. His dead body was boiled, bleached and preserved; casts were made of his corpse's skin; but in death his organs which were at one point in time uniquely alive become separate from his

continued presence. His continued existence is free from its organs but also entirely dependent on his organs' previous existence as incorporeal corpse. His organs must be shed in order to retain the meaning of his skeleton and body even though in life the meaning of his body was very much dependent upon those organs. Death was inured in his living body, and life blossomed when his organs failed. His only chance of normalcy — like any other malformed body — is through death.

But Merrick was unique enough to remain as another entity long after his death. Others use his discontinued presence to make a statement about what his body may have meant or might continue to mean. "A person is partly innate, partly made, and partly reflected, a blend of existing material, individual will, and public perception" (Graham and Oehlschlaeger 187). Merrick is and was a composite of all of the stories incorporated around his body. Merrick, and everything that surrounds him, serve as the ultimate incorporeal corpse. His life, and the depictions of his life, are disturbingly uncontrollable. His physical difference cannot be "solved" as any fictional narrative. So, various interpretations have sprung up around the idea of his body in order to find a proper place for his body. The malformed body performs uncontrollably and stands as matter out of place. The incorporeal corpse is created when we try to find a place for the disabled body to belong. Each of these portrayals of Merrick is an attempt to cure him anew. Merrick is a special example of a person whose legend has outlived his physical presence. He did not die in death, the dramatic question of his body is unable to be solved in that way, thus each of these representations takes aim at the possibility of his body recovering—even long after his

death. Meaning must be extracted from the disabled body in order to purify it; this can be done during life (Sen. Dole, the freak show) or after the fact (boiling and preserving Merrick's bones, film adaptations). Instead of control of disability unfolding through written narrative as in literature, meaning must be overlaid upon and extracted from an already existent malformed body. The impurity, pollution, dirt, or uncleanliness of the disabled body can be interpreted differently in each historical period, and thus what must be extracted from disabled bodies changes, too. Yet, it seems that the constant through time is that extracting meaning from disability somehow purifies it, in an attempt to make the incorporeal corpse no longer "matter out of place."

Merrick's body (though long dead) is no longer is his body, instead it becomes the embodiment of the progress of medicine, technology, science, knowledge, psychoanalysis, acting talent, genetics, art, and humanity. Compared to working-class Victorian London and even the less informed doctors of the Victorian era, today's doctors and scientists can only mean health, progress, human control over the previously unknowable, prosperity, and the need to no longer fear the uncontrollable. Our filmmakers can teach the viewing audience lessons about the importance of acceptance and empathy. We can witness an actor achieve neutral and then transform into any character. We are reminded that Merrick's time *is not now* and that we no longer need to fear. Merrick's body gives us occasion to express our own humanity. "Newspapers and tabloids routinely and loosely use the epithet 'Elephant Man' in their headlines, whether sensational (claiming that Cher would adopt a child with the 'Elephant Man disease') or scientific (announcing discovery of the genetic location of

neurofibromatosis)" (Graham and Oehlschlaeger 186). Largely, this does the same work as the freak show itself. The freak show reminded the spectator that, "I am not *that* (i.e. monstrous), I am more human than whatever unfortunate thing that might be." The documentary film reminds us that, "We are not *then* or *there* (i.e. less informed Victorians). We have physicians and scientists that make us better humans today now than we were then and better humans than those who are still currently unsophisticated." More than anything, Treves wanted us to know that he could improve the lives of the working class; Lynch wants us to know that our human condition has been improved through our ability to see past the deformity and engage in empathy; the documentary wants us to know that scientists can bring us closer to normal than anything else previously could. Humans fear being degenerate, being outcast, not being normal. Science can erase deviance and can make us all virtuously fit into the normative.

This chapter on the Elephant Man is not an attempt to prove or disprove the veracity of the statements made by medical doctors, Freudian analysts, geneticists, or empathetic filmmakers; but rather to question which forms of knowledge we should privilege. Science does not always give us the answers we are looking for, or show us the core essence of a human being. Medicine often fails to regard the humanity underlying the malady. Merrick is continually being used for a purpose like he was by Dr. Treves, by Bernard Pomerance, by David Lynch, and by Discovery. Typically, disabled bodies are controlled as docile bodies in the Foucauldian carceral system. Foucault discusses how the penal system with outreaching arms affects society as a

whole. He believed other governmental programs apart from prison – such as welfare, social workers, and new educational techniques – expanded outward from the penal system. He called this expansion of disciplinary control the carceral archipelago. It created a whole society of docile bodies submitting to the will of the state. Bodies like Bob Dole being paraded before the U.S. Congress, non-disabled actors cripping up, and Joseph Merrick given new forms of life in the absence of corporeality become docile bodies controlled by the carceral archipelago.

The substance of the malformed person becomes immaterial and perception becomes more important, even to US senators who purportedly want to "serve the needs" of disabled people. "The job of those who want to serve people seen as disabled or different is to get behind the scenes, to know them as they see themselves, not as they are presented. Presentations are artifacts of changing social institutions, organizational formations, and world views" (Bogdan 35). Merrick's body AND his legacy are the presented artifacts, like the performance of disability is a presented artifact. The changing social institutions require different things from Merrick's corpse in different eras. We are never knowing him, just what is presented. Merrick is much like the conjoined twins, who are paradoxically both present and absent, like Bob Dole, whose actual physical presence becomes ignored, like the disabled character, who becomes lost among chatter of a virtuoso acting performance. They submit to the will of power and knowledge both in presence and in absence.

BILLY: I don't know, now, but I suppose you intimating me mammy
and daddy preferred death to being stuck with me didn't help matters.
HELEN: I wasn't intimating that at all. I was saying it outright.

— Martin McDonagh, *The Cripple of Inishmaan*

Chapter Two

The Threat of Disability: The Empty Wheelchair as a Vehicle of Horror

While many of our cinematic and theatrical tropes are dependent upon fear of the malformed body, it is not just the body itself that induces fear. While malformation appears marked and incapable of the full range of human functions and thus appears to be in a state closer to death, disability as an idea induces just as much fear. When the threat of disability looms as a real possibility, the incorporeal corpse rears its head. Horror movies often lean on the threat that the incorporeal corpse will not be met with death or rehabilitation to produce anxiety in their audience. Where does this fear come from? When presented with performative disability, an audience member can find comfort in the fact that that disability will be resolved somehow, whether through cure or through death. But when presented with the looming threat of the possibility of disability, the ultimate resolution is not away from disability and into cure or death; rather the resolution would then be into a state of disability creating an anxiety in the audience which is confronted with the unknown. The fear of disability itself can provide just as much unease as actual malformation and visual media like film and theatre take advantage of this; since these media are dependent upon a viewer seeing and reacting, the disability needs a physical representation — more than a mention or discussion. The horror film threatens to move into liminality, rather than out of

liminality; it will settle into a liminal state rather than pass through it. Remember Hughes idea that was discussed in the last chapter that, "for many people, impairment represents the tragedy that they hope they will never have to face" (Hughes 89). N. Ann Davis expands upon this idea in her discussion of invisible disability: "There is so much fear of aging and infirmity in our society, and so much stigma attached to being disabled, that the prospect of being disabled seems terrifying to many of those who see and present themselves as able-bodied persons. When something is terrifying enough, people seek to protect themselves by distancing themselves from it" (192). For the full effect of the visceral response of fear of disability, the viewer needs to see a physical marker represented. The body of the malformed actor can accomplish this, but a prop can be an interesting stand in.

One example of the way that this is taken advantage of can be seen in horror movies' using images of an empty wheelchair to create a sense of imminent danger, foreboding, and the knowledge that death and disability loom in the future. This chapter will demonstrate how the empty wheelchair works to prevent audiences from distancing themselves from potential malformation. The classic example of this is the 1980 horror film *The Changeling* starring George C. Scott, famous for its promotional poster depicting an empty wheelchair; the wheelchair is empty yet nonetheless casts a shadow which includes the body of a young boy sitting. This chapter will look at this classic example as well as newer iterations of the trope in recent horror films including the 2014 film *Jessabelle*, directed by Kevin Greutert, and the 2015 big-budget horror film *Crimson Peak*, directed by Guillermo del Toro.

The empty wheelchair functions in several ways in horror film imagery. Let's call these the Three Effects, for easier reference and explication throughout this chapter. Through the First Effect, the empty wheelchair demands to be occupied; like Chekhov's gun (the dramatic principle that every memorable element in a fictional story must be necessary and irreplaceable, and any that are not should be removed) a wheelchair demands explanation. Sandahl states that "disability always signifies in representation" (Sandahl, "Tyranny of Neutral" 255), and the wheelchair, too, as a memorable element, represents something that the audience seeks explanation for. In the Second Effect, the empty wheelchair serves as a supernatural connection between life and death; if malformation is closer to death than life upon a continuum, then we can expect death or severe maiming for the wheelchair's intended inhabitant. The wheelchair is a placeholder for the liminal personae and according to Turner, "liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremony" (Turner, "Liminality and Communitas" 94). Through the Third Effect, the empty wheelchair visually entices the viewer to actually feel that he himself might be threatened; the horror genre is dependent upon spectatorship and the empty wheelchair on screen mimics the seated position of the viewer. This relates to Ferris' idea that "disability obscures the blurry lines that separate fiction and art from real life" (Ferris 56).

This is the incorporeal corpse, a body, a missing body, a perceived meaning, an immaterial and ghosted subject, looming because of the threat of the possibility of malformation. Again, Harlan Hahn's concept of existential anxiety, "the perceived

threat that a disability could interfere with functional capacities thought necessary for a satisfactory life" (Hahn 43), informs our perception of the empty wheelchair. The threat looms because in seeing an empty wheelchair we know that the disability will not be resolved, rather disability itself will be the resolution. Some character will end up in a permanent state between life and death and we feel that the disability will never be resolved into a state of life-in-full or death-in-full. Disability is a problem in need of a solution; part of the concept of narrative prosthesis depends upon "the 'problem' of corporeal difference situate[ing] people with disabilities in a profoundly ambivalent relationship to the cultures and stories they inhabit" (Mitchell and Snyder 222). The empty wheelchair suggests a problem-to-come, rather than a problem-to-be-overcome. It suggests a movement into a permanent state of liminality, rather than moving out of it. There is no actual malformed person to be "solved," only the impending threat. Victor Turner identifies the climax of his drama to be at the point of resolution, i.e. the achievement of balance – through resolution or schism – after the release of conflict through "performance" of a series of events (Turner, *Dramas, Fields, and Metaphors* 43). But the performance surrounding the empty wheelchair leads to disability rather than away from it. The wheelchair that is empty suggests an incorporeal corpse. It threatens the character in the film, who is the surrogate of the viewer in the audience whose body mirrors the position of the wheelchair. It suggests that they may have to be the ones to eventually fill that wheelchair.

In their article, "The Social and Technological History of Wheelchairs," Brian Woods and Nick Watson look at the history of cultural perceptions of the wheelchair,

contending that not until contemporary culture do we sees the beginning of the wheelchair as medical device. In the seventeenth, eighteenth, and nineteenth centuries, wheeled chairs were regarded as a luxurious mode of conveyance for the wealthy as well as an aid to the sick, but by the twentieth century the wheelchair was "a sign of failure. With its concentration on the cure or alleviation of impairment, the traditional technologies of rehabilitation were the orthoses, the prosthesis, the caliper, the brace, or a crutch—-the material forms of the idea that you could replace or augment what was lost" (Woods and Watson 407). But in our current context, the wheelchair, as a mobility device, also marks an absence of mobility and agility presumed to be necessary for a satisfactory life. The wheelchair becomes a marker of an inability to fully participate in the ways of capitalism, a social defect leading ultimately to ostracization and premature death.

The image of the empty wheelchair is a striking departure from the image of a disabled character in most films wherein disability is the threat which must be resolved through cure or death — usually disability is already present and embodied and can thus be dealt with. But when the audience sees an empty wheelchair the question shifts from, "How will the disability be fixed?" to "How will the disability be acquired?" For example of the standard portrayal, imagine 1990's *Misery*; James Caan, injured in a car accident, doesn't begin the film in a wheelchair but ends up disabled early on. After intense torture and brutal treatment from the increasingly insane Kathy Bates, she breaks both his legs. Despite the disability, he outsmarts and defeats his oppressor, and the film ends with his power to walk restored. Caan's

disability is resolved and the horror of the film ends. George Romero's *Monkey Shines* from 1988 follows a similar pattern. John Pankow plays a wheelchair using law student. As a gift, he receives a helper monkey from a friend, however a service animal (or ongoing assistance of any kind to a disabled person) is not a maintainable state of affairs — disability must be eliminated. In true horror movie fashion, the monkey turns homicidal and Pankow kills it, using his wheelchair no less to deliver the death blow. Before the film can end, we see Pankow's character undergoing surgery and learning to use his legs again. The object which would have enabled a malformed person to subsist (a service animal) is eliminated and the malformation itself is eventually overcome. In 1991's *Friday the 13th Part II,* one of the eventual victims swears early on that he's going to get out of his chair one day. He does eventually get out of his wheelchair: he falls out—after the film's killer, Jason Vorhees, sends the wheelchair and his victim's corpse, down a flight of stone stairs. There really seems to be only two choices: recover or die. The important thing though is that either way the person ends up no longer in a wheelchair. Disability is necessary in narrative to allow the nondisabled viewer to understand that the danger of this liminal space can be overcome. The fear we feel from the empty wheelchair comes from the fact that we must watch a character end up in a wheelchair rather than out of a wheelchair and life in a wheelchair is a state worse than death.

Before delving further into the three ways that the empty wheelchair functions, let's take a minute to look at is how this reaction relates to Ato Quayson's idea of "aesthetic nervousness."

> Aesthetic nervousness is seen when the dominant protocols of representation within the literary text are short-circuited in relation to disability. The primary level in which it may be discerned is in the interaction between the disabled and nondisabled character, where a variety of tensions may be identified, however, in most texts aesthetic nervousness is hardly ever limited to this primary level, but is augmented by tensions refracted across other levels of the text such as the disposition of symbols and motifs, the overall narrative or dramatic perspective, the constitution and reversals of plot structure, and so on the final dimension of aesthetic nervousness is that between the reader and the text. The reader's status within a given text is a function of the several interacting elements such as the identification with the vicissitudes of the life of a particular character, or the alignment between the reader and the shifting positions of the narrator, or the necessary reformulations of the readers perspective enjoined by the modulations of various plot elements and so on (Quayson 202).

The viewer of the horror film identifies with the vicissitudes of the life of the particular character bound for the wheelchair, but the visceral response of the viewer has one greater link in that the seated position of the moviegoer can viscerally respond to the seated position necessary to occupy the empty wheelchair. The position of the viewer, mirrored in the image in front of them, creates an extra element of response and directly links the body of the viewer to the fear of death and disability.

Quayson argues that, in literature, disability and the sublime are at separate ends of the same continuum. But, I argue that when we see a film or a stage production, the visual and this will response create a different relation between the audience and the character. Quayson states that:

> if the ambivalent status of disability for literary recitation is likened to that of the sublime, it must always be remembered that, unlike the effects of the sublime on literary discourse, disability's ambivalence manifests itself within the real world in socially mediated forms of

> closure.… Disability might also be productively thought of as being on a continuum with the sublime in terms of its oscillation between a pure abstraction in a set of material circumstances and conditions. Considered in this way, we can think of the sublime as occupying one end of the spectrum and disability occupying the other end (Quayson 208).

This theory works for words on the page, but I posit that viewing disabled bodies (whether live on stage or recorded on film) along works along a secondary continuum. The continuum we see malformed bodies sliding along when we can see an actual body is a continuum between life and death, and the malformed body (even though very much alive) falls closer to the death side of the continuum. Death and the sublime have much in common. The notion of the sublime in literature can be traced to Edmund Burke's landmark treatise on the subject, *A Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful* (1757). Burke defines the sublime as "whatever is fitted in any sort to excite the ideas of pain and danger... Whatever is in any sort terrible, or is conversant about terrible objects, or operates in a manner analogous to terror." Burke believed that the sublime was something that could provoke terror in the audience, for terror and pain were the strongest of emotions. However, he also believed there was an inherent "pleasure" in this emotion. Anything that is great, infinite or obscure could be an object of terror and the sublime, for there was an element of the unknown about them. Death fits in this notion of the sublime that it is infinite and obscure and an object of terror. Yet when we see a human body before us, we have a visceral response just as much as an emotional response. The physical body whether on film or on stage produces a reaction to the living body in a

way that is separate from the way we react to words on a page. We have a visceral reaction to the living body, and thus a marker upon that body like malformation is a signifier of death, a signifier of inability to take action when needed. We fear that the disabled body will be unable to perform the tasks we wish to see it perform on stage and off and we feel the pangs of death upon that body.

To go back and re-examine the Three Effects, our three previously stated concepts of how the empty wheelchair affects the viewer, let's begin with examining why the empty wheelchair demands it find an occupant. This idea has its roots in the concept of Chekhov's gun, the dramatic principle that every memorable element in a fictional story must be necessary and irreplaceable, and any that are not should be removed. Chekhov wrote: "Remove everything that has no relevance to the story. If you say in the first chapter that there is a rifle hanging on the wall, in the second or third chapter it absolutely must go off. If it's not going to be fired, it shouldn't be hanging there" (Bill 79). Unfortunately, the malformed body is remarkable enough by virtue of being underrepresented that an unexplained disabled body is perceived to have no relevance to the story. Disability demands explanation, either an explanation of how it came to be or an explanation of who is going to end up this way. Our anxieties with disability, and our fear of acquiring a disability, prompt us to seek explanation. The mark of disability cannot be subsumed into the greater narrative arc the way that a character's height or hair color or other commonplace bodily differences can be. The malformation stands out and is assumed to generate meaning when it appears on stage or screen. "The representation of disability has an

efficaciousness that ultimately transcends the literary domain and refuses to be assimilated into it" (Quayson 205). This is more than merely theoretical; in fact, I was told this very thing at an audition for a television show at one of the major television networks. I was called in to audition for a bank teller character with one line. The casting director told me that she couldn't cast a person with a disability in this role, my reading was good but my disability would not work for the part. I attempted to convince her that my disability had no bearing on my ability to portray a bank teller, that it made perfect sense that *some* bank tellers would have a disability. The casting director agreed but stated that, unfortunately, audiences cannot accept a disabled person in this role. Such an audience would spend the rest of the hour-long drama fixated on the bank teller in a wheelchair and wondering why he was disabled. She went on to say, "In an hour-long drama, there are only 42 minutes to tell the story and we don't have time to explain your disability." She concluded with the idea that it would be ideal if we could cast all people in all roles, but "audiences aren't ready" for disability without explanation. Lennard Davis sums it up as, "If the mother of a child in a movie has a disability, and the film isn't about disability, then the audience will be distracted from the narrative arc by the disability. They will wonder why the 'normalcy' of the film is being tampered with" (Davis *The End of Normal* 37). In chapter 4 we will see a corollary of this proposition where, in an attempt to normalize a disabled character, the mark of disability is withheld from the audience until after the disabled character has been fully introduced and normalized.

This idea of malformation acting like Chekhov's gun extends to the physical

artifacts of disability as well — for example, the sinister and foreboding presence of empty wheelchairs in the three horror movies we will discuss later in this chapter. The wheelchair is unexpected and thus significant. In nearly every film, television show, and stage production we see chairs, tables, beds, bookshelves, exercise equipment, stoves, etc. that are never occupied or used. However, a wheelchair, crutches, or blind person's cane are accompanied by symbolic baggage which necessitates explanation or suggests one of the characters will eventually have reason to use the prop.

Second, let's address the notion that malformed bodies is closer to death than to life upon a continuum, and that we can expect death or severe maiming by virtue of seeing an unoccupied wheelchair. Another personal anecdote might illustrate the point. The death of a child is a parent's worst nightmare. But, I was once convinced that I had managed to stumble upon the one thing that could possibly be harder on my mother than having to bury me — I acquired a disability while my mother watched. At the age of 23 as my mother lounged on the beach, I swam in the ocean and I broke my neck, sustained a spinal cord injury, and would need to use a wheelchair for the rest of my life—although, I was convinced it was not necessarily "a life" during the hard times that came in the first few years after my spinal cord injury. Thinking of it from my mother's perspective when I was emotionally down, I felt like my mother had to watch me die, yet I was still around to witness her dealing with the aftermath of that death. My mother had watched me die, and was now condemned to watch me drag that dead body around. Spinal cord injury and disability felt like a death sentence that had to be enacted, reenacted, witnessed, and recalled for the rest of my life and for the

rest of my mother's life. This fear manifests when we see an empty wheelchair with the expectation that it be occupied. A child should be a source of the continuation of life for a parent, but a premature death ends that possibility of continuing the family. In two of the films we will examine, we see a parent lamenting the death or disability of a child, in the third a husband watches as his wife is maimed further and further. Depressingly, in visual narratives of disability, watching a child acquire a disability or born with a disability works much the same way, as we will see.

Morose, morbid, and depressing for sure. But an extreme physical change, and a lack of function in body parts expresses a tinge of death. In the minds of many parents and children experiencing malformation for the first time, disability exists around the margins of death. This mediated space between disability and death plays out as a trope on stage and screen regularly. It is a particularly ripe topic for horror films, as they often play out around the topic of life spilling into death and vice versa. Ghosts, zombies, vampires, and hauntings are all intrusions from the world of the dead into the world of the living. Malformation, too, is often presented as a not fully living, yet not quite dead aspect of the physical world. Gleeson argues that "disability occupied a social space distinct from yet embedded within the general terrain of everyday life" (qtd. in Borsay 13). Disability exists in the world but is fully part of the world. Moreover, death and disability are never fully eliminated or eradicated from the physical world. Blame for such things must be enacted upon other bodies and punished in order to achieve such fleeting desires as revenge, redemption, and catharsis. Lack of expression of full humanity of malformed characters is common

across literature, dramatic literature, and film and the empty wheelchair trope plays into this.

Lastly, let's look at the physical mirroring that is done between the seated audience member and the positioning of the empty wheelchair. Any horror movie worth the time of the viewer needs to produce a visceral response. The horror film genre is especially concerned with the relationship between the seat-filler and the image, horror movies, more than any other genre, regularly explore issues of spectatorship. Henry Stewart, film critic for *The L Magazine* sums up the connection between horror movie and its viewer thusly:

> This has been especially true lately: [numerous films grapple with] the relationship between the camera and the viewer, between screen and spectator.' But it's also been the case for decades, though perhaps in a less conspicuous manner. One motif that runs, historically, through the horror genre is the wheelchair-bound character, who appears in films from at least the 1950s through *The Rocky Horror Picture Show* (1975), *The Changeling* (1980) and *Bubba Ho-Tep* (2002), as well as many others, some of which are discussed after the jump; more often than not, this person serves as an audience surrogate. After all, who is more like the movie watcher, stuck in their seat, than the paraplegic? Or the broken-legged?

Stewart misses an important distinction here however: the wheelchair in *The Changeling* isn't occupied by a "wheelchair-bound character" in a traditional sense. The wheelchair is empty and presumably occupied by a ghost. Because of the empty wheelchair, the threat looms that someone (either the lead actor or the audience) must occupy the wheelchair.

What is it that makes the act of sitting means so much? Sitting itself is a

ritualized, productive, performative act with its own set of connotations depending on context. Bob Dole sat in a chair on the floor of the Senate. Senators sat and listened to him speak. Presumably, it would have been more appropriate for Dole to have been standing during his speech. Sitting seems to mean something even if the performer is merely sitting, rather than consciously enacting. Maybe sitting is less formal, less powerful, various forms of sitting are appropriate only in specific times and places. Even the objects which are sat in and upon carry meaning. Graduation ceremony placements, churches, wedding party sides of the aisle, wheelchairs, hospital beds, and directors' chairs all provide a specific meaning behind the "sit." The director's chair is one type of object which has developed its own performative cult of meaning and status. On a movie set, the director has his own chair and this chair has become a recognizable trope used in sketch comedy, satire, and other types of performance to designate who the "director" is. There is nothing specific about a director's chair which necessarily serves its function in any way that another chair could not; it is wooden posts on hinges, slung with canvas, and with the director's name embroidered across the back. Yet, sitting in this chair performs a specific task apart from the function which comes from the chair's form. Catholics make a ritual of when it is appropriate to stand and proper to sit during masses, weddings, and baptisms. A king or queen has a throne overlooking the court from which he or she conducts the business of governing. The layout of the court is more about the performance of power than it is about the interactions which such a layout would functionally enable.

The chair itself or the sitting doesn't do the work of governance, or of

directing, or of religion. However, it enables the body occupying the chair to perform that work. So the meaning is not in the chair, the object, the materiality. Nonetheless, statements such as "I could never be in a wheelchair/ I would rather die than use a wheelchair" are commonly heard by those who use wheelchairs. The wheelchair itself, the act of sitting, becomes shorthand for a person's fear of impaired bodily function. The malformed body may very well accomplish many things, but the act of sitting carries performative meaning which obfuscate such accomplishments. A sitting person is regularly and very literally "looked down at;" such a person also cannot partake in such ritual customs as when a bailiff announces "Please rise" when a judge enters the courtroom. But these are performative acts, not material necessities.

Thus, the following discussion of empty wheelchairs on film examines that sitting, or malformation itself, are not the real objects of derision. Instead, they stand in as a simplified and easily identifiable object at which one can point the finger and lay the blame. In fact, just the marker of disability points to the perception of a fine line between disability and death. The fear of disability is so great that even an empty wheelchair brings about a visceral response,

Fear of sitting/disability/malformation/deformity/et cetera leads to the incorporeal corpse. Perhaps the real hangup we have is with bodily difference, with the inability to perform expected tasks. How do we care for a body that is so different that we do not necessarily understand at first encounter what it is attempting to accomplish? Can a body accomplish the same tasks and social interactions if others do not know how to read it? Is a body that is too extremely foreign unable to be

empathized with and therefore more difficult to care for?

Let's look at a how the Three Effects of the imagery of an empty wheelchair work on screen. As mentioned before, the classic example of this is from 1980's *The Changeling*; any cinephile who has spent an evening looking through the horror section of the movie rental store would have an immediate recognition and reaction to the empty wheelchair on the film's poster and DVD box cover. In the foreground of the image, and antique wheelchair made of wood and wicker sits alone. It has clearly been abandoned and disused for many years; it is covered in dust and cobwebs and sits alone and empty. The shadow it casts however is completely different. The body of a young boy appears to be seated the wheelchair in the shadow. Even after years of disuse the specter of death and disability remains in what we read into the wheelchair. The shadow draws a link between the physical reality of an artifact of disability and the threat of death and the afterlife that disability suggests. This is all suggested before we even begin to watch the film itself. The imagery is stamped across all aspects of the promotional materials for the film. It is rendered in great detail on the film's poster and also rendered in a minimalist form reminiscent of a brand logo on promotional glossies. The fear of disability is branded and stamped everywhere on the preview and promotional materials so we go into the viewing knowing what to fear in the film. The film's promotional materials inform us ahead of time that the threat of disability will be present throughout the film and that this disability is linked to ghostlyness and to death. We want to know who was in that wheelchair? Why is the dead body still attempting to occupy the wheelchair? And who will end up in that wheelchair? We

spend the first half of the film waiting for the introduction to the wheelchair.

While we must anxiously await the arrival of the empty wheelchair, knowing that it looms as an ever-present threat, the film holds off before fully exploring that. Instead, the film begins by introducing us to its theme of the fine line between life and death and the constant threat of one spilling into the other. This sets up the idea that we understand later in the film (through the empty wheelchair) that there is much crossover between life and death and that disability is the conduit through which it happens. In this film, disability does not lie at the opposite end of Quayson's spectrum of disability and the sublime. Instead, disability is the vehicle upon which we can travel along the continuum between life and death. Disability gives us access to the otherworldly, to the sublime, to death and as an unfortunate consequence also gives the specters on that side of the continuum access to life, to the living, to the material world.

The permeable line between life and death is a constant theme throughout *The Changeling*; the film depends upon the liminal space between the material world and the ghost world that disability represents. The film opens with the family, comprising a father, mother, and daughter, driving along a snowy mountain road as they return from the ski vacation in upstate New York. The family's car breaks down and they pull over to the side of the road. The family gets out of the car and the father walks down the road to use a pay phone to call for help. While on the phone, he watches in horror as an 18 wheeler loses control on the snowy road and plows into the back of the family station wagon which crushes the mother and daughter. We are horrified by the

quick, accidental, and apparently random machinations of death. However, the film toys with this feeling briefly and does not immediately confirm that his daughter or wife have died in the car accident. We are left to assume that they have died but no mention is made of this. Soon, the father, John Russell returns to his flat in New York City. While seated at his piano a red rubber ball bounces across the room toward him. We see a shot of the back of his daughter throwing a red ball to her father. The initial impulse is to think that maybe his daughter did not die the accident and is back home with her. We begin to question our knowledge of death and life. The sequence turns out to be merely a flashback; the red rubber ball — a favorite of his daughters — has rolled off a shelf as his housekeeper helps him pack up to move out of the flat, and the shot over the shoulder of his daughter is merely indicative of his reminisces about her. Then we learn that she and her mother were indeed killed in the car accident when it is mentioned by his housekeeper. This opening sequence sets up the blurred space between life and death; characters we believe to be dead or alive again for a moment even if only in our protagonist's thoughts. But, because this is a film, we are privileged to be seeing his thoughts, and seeing the bodies of those he is thinking about in the frame allows us to question life and death. Unlike on the written page, where we would be told that he sees his daughter or at least believes he sees his daughter, or is having a flashback, we actually see what he is seeing; we see his thoughts. For a moment his thoughts are our thoughts. We have the same visceral reaction as the protagonist in questioning life, death, ghosts, and memories. The ball is more than merely a passing plot device. It is symbolic of the afterlife's ability to

interact with the material world and reappears throughout the film and similar instances. The color of the ball also helps us visually associate it with his deceased daughter. The ball is bright red and this is the first shot of such a distinct color that we see after the opening scene. His daughter was wearing a red hat and a red coat on the day she was died, the red ball is tied to her, and when John removes his coat upon arriving at his flat he is wearing a red sweater. Red is foreboding and connects life and death. The ball itself and the color red remind John of his daughter's previous existence as a living being and of his continued life after her passing.

John moves across the country to Seattle and rents an historic mansion that has not been occupied in years. As he enters the mansion for the first time he again wears red, this time a vest. The red color is a visual cue that the other world will bleed into the material world in this house. At this point we still do not know necessarily why, but the image of the empty wheelchair from the promotional materials is seared into our consciousness and we suspect that disability may have something to do with it. John lives in the house for several weeks with myriad strange but seemingly inconsequential but odd happenings. He wakes up to the same unexplained banging sound at the same time each morning and at one point while in the yard he watches a pane of glass in the attic shatter outward as if from the inside. Curious, he explores the house and finds a boarded up entrance to this part of the attic. At this point, we see the first shot of the empty wheelchair that we have already been conditioned to be on the lookout for. He enters the abandoned and dusty part of the house and the empty wheelchair looms strangely in the background.

At this point we have already seen shot after shot of empty chairs, empty beds, empty automobiles, empty couches, empty rooms, but none of these unsettle us like the sight of an empty wheelchair. Other artifacts are part of the minutia of everyday life and don't call for occupants on film. "Disability always signifies" (Sandahl, "Tyranny of Neutral" 255) and a wheelchair, however, is extraordinary and it threatens us with the inevitability of death and disability. We don't think anything of it when other objects are empty, yet we immediately notice the emptiness the first time the wheelchair appears. Like Chekhov's gun, the wheelchair demands explanation. A wheelchair must be occupied. At this point, we do not know who or what the wheelchair is for, but we do know that it *must* be for someone.

As it turns out, the wheelchair is left in the house from an unsolved, and even more importantly an unreported, murder of a disabled boy from decades before. The disabled boy was heir to a family fortune from his mother's side of the family. The mother had died previously and the boy's father was concerned that his crippled son would not live long enough to receive his inheritance, thus cutting off the father from the riches. The father had to kill his disabled son, because the son's disability put him on the precipice of death. The real son was murdered, swapped out for a healthy son, and the inheritance was maintained. Malformation got in the way of capitalism, of life, of fortune, of family wellbeing and needed to be eliminated. In the last chapter we explored the idea that, "besides corporeal fitness, the idea of duty and labor was crucial to the concept of the worthy citizen-human" (Snigurowicz 181). The disabled son in *The Changling* was unworthy and corporeally unfit, threatening his family's

prosperity. As capitalism and industrialization became more entrenched in Western society the value of any object — including the human body — became more and more dependent upon the value of what it could produce. The son's disabled body is a non-productive body, thus never seen as fully human. This is where the second of our three assumptions about what to expect from an empty wheelchair on screen comes into play as a symbol of the ominous inevitability of death and disability. Death, and its handmaiden disability, are thwarted only with the accompanying risk that if not done properly it will remain, like a specter, invading the world of the living and unable to be resolved. The father of the wheelchair using son attempted to escape the threat of disability by eliminating his son and replacing him with another, but the act sticks with the family as a curse and as a marker of death and eventually the replacement son must become malformed himself or die an associated death. The film's title is a reference to the folkloric belief in changelings. A changeling child was believed to be a fairy child that had been left in place of a human child stolen by the fairies. The theme of the swapped child is common in medieval literature and reflects concern over infants thought to be afflicted with unexplained diseases, disorders, or developmental disabilities[4]. "In some quarters however, 'handicapped' children were regarded as changelings, who came from a sub human underworld of fairies, elves and demons in exchange for a stolen human child" (Allday 33). Changeling lore justified how a seemingly normal family could end up with a disabled child. Yet, this film does the

1. [4] For a discussion of changelings and their connection to disability see Eberly, Suasn Schoon. "Fairies and the Folklore of Disabilities: Changelings, Hybrids and the Solitary Fairy." Folklore, Vol. 99, No. 1 (1988), pp. 58-77.

opposite. In *The Changeling*, instead of being used as an explanation of disability, the swapped out child, the changeling, is free of disability. The family attempts to circumvent the threat of disability and exchange it for normalcy. But because of the looming threat of the abandoned wheelchair, we know that this disability-free-state cannot be maintained; there can be no side step, no shortcut around the omnipresent menace. At the conclusion of the film John Russell confronts the now elderly changeling with his knowledge of the illicit past and secret murder, and the changeling, now a US senator, dies a sudden-death as the haunted mansion burns. The film informs us that death is coming for all of us and if we believe that we can avoid death by avoiding contact with the disabled we are sorely mistaken.

The third aspect of how the empty wheelchair works upon the audience plays out brilliantly in *The Changeling*. The audience members sit in their seats as the empty wheelchair moves about the house without any assistance and without an occupant. The wheelchair moves about, and the seated audience members watch anxiously not knowing where they themselves, and the wheelchair as their surrogate, are headed. No body controls the wheelchair, disablement has the potential to careen out of control. In one scene, the wheelchair sits at the top of a large set of stairs. The audience, mirroring the position of someone sitting in a wheelchair, has a visceral and empathetic response to the lack of control portrayed in this image. Someone could take advantage of you, murder you, push you down the stairs if you were in a wheelchair and you would be helpless to stop it. *You, too, could become disabled and most certainly will die* the film tells the audience; the film warns no to try to avoid

disability and an not to deny the connection between disability and death. The incorporeal corpse looms throughout the film and in fact it very well could be you at any moment.

Our second film, *Jessabelle*, seems to pay homage to *The Changeling*, using imagery of an empty wheelchair to recall a past full of death, disability, abandonment, and an undesirable child swapped out for a more suitable replacement. The lead character is a changeling of sorts who as a white baby was substituted in for an illegitimate mixed race baby. She discovers this after becoming disabled, thus the film explores the overlap between conceptions of racial and disabled identities. *Jessabelle,* like *The Changeling*, begins with a car accident. A twentysomething couple packs their belongings into a pickup truck and as they prepare to move in together and start a new life. Their pickup is T-boned by an oncoming semi-trailer truck, Jessabelle wakes up, maimed, in the hospital and learns that her boyfriend has been killed. We learn that her mother died in childbirth, her father couldn't handle the responsibility, and Jessabelle was raised by her now deceased aunt. Having no family left other than her estranged father, but now needing care as a disabled person, Jessabelle reluctantly contacts him and moves into her father's house. She spends the rest of the film getting in and out of her wheelchair and feeling trapped and isolated whether in the wheelchair or out. Eventually, after a series of mysterious and haunting occurrences, Jessabelle learns that she herself is a changeling, substituted in by her father for mother's illegitimate mixed race infant then sent off to live with her aunt. She discovers that her white mother — at least, the woman she believes to have been her

mother — had been having an affair with a black preacher. When the mixed-race baby is born and his wife dies in childbirth, Jessabelle's (presumed) father murders the infant, acquires a white baby in order to cover up his wife's infidelity and his act of infanticide. The father attempts to discard the undesirable race baby and his later punished with a daughter of undesirable physical ability.

But the film expects that the disability can be discarded (either through recovery or death) and this somehow aids in the solving of the film's racial dilemma. Anna Mollow points out, "if race and disability are conceived of as discrete categories to be compared, contrasted, or arranged in order of priority, it becomes impossible to think through complex intersections of racism and it was a in the lives of disabled people of color" (69). Like the murdered disabled child in *The Changeling* that demands a suitable replacement, *Jessabelle* seeks out a replacement for a murdered black child with another person of a suitably "marginalized" identity. But, the film places racial identity as a marginal state, and disability as a liminal state. If black bodies are marginal (outside or beyond the border) and disabled bodies are liminal (existing on the margin, between limits), then Jessabelle's disability gives her access to the afterlife and to knowledge about her history as a racially appropriate replacement.

The ghost of the murdered child has apparently been dormant for the last 20 odd years, but is awakened and reanimated when her now-malformed, white replacement reenters the home. We will see this as a repeated theme throughout many theatrical and cinematic representations of disability, the disabled person acts as a

conduit between the realms of life and death. It seems that in becoming disabled, part of Jessabelle's life has been stripped away from her and she now has access to the dead in a way that others around her do not. While Jessabelle's malformation gives her access to the dead and gives the dead access to her, her wheelchair itself becomes an important part of the equation; the wheelchair is a means of transport, not just of Jessabelle's maimed body, but also between the spirit world and the material world. In a strange way, the horror and tension in the film become more about the wheelchair itself then the disability. When Jessabelle and her father first arrive at his house, the film makes a point of showing her father get the empty wheelchair out of the trunk of his car; the wheelchair appears as an ominous and almost mystical entity that must be unearthed. But, when the father pushes the wheelchair toward Jessabelle, the film changes to a POV shot. We see her point of view as he wheels the empty wheelchair along the side of the car to get her. We know that the wheelchair must be occupied by someone, that it is a harbinger of death, that the wheelchair is coming for Jessabelle and since she is a surrogate for our own seated body presumably for us. Jessabelle is trapped in the car waiting for someone to provide a wheelchair to push her around, we're trapped in the theatre wondering how we would respond if that was us.

Jessabelle settles into a bedroom on the first floor of her father's house and her first night there she can see, through the curtain that surrounds her bed, a ghostlike figure sitting in her wheelchair. She pulls back the curtain and the wheelchair is empty. Of course, this raises the question why a ghost (presumably nonmaterial being) would need a wheelchair? However, maybe it is not the ghost that needs the

wheelchair; instead, maybe the wheelchair needs the ghost. When a wheelchair appears on film it must eventually be occupied by someone, but in the meantime a ghost will do the job. The wheelchair serves as a bridge between life and death, so it seems to be a reasonable place for death to bleed through into life. After she pulls back the curtain to see that the wheelchair is empty, the wheelchair sits in a room facing her menacingly and we again have the triumvirate of anxieties.

A few nights later, in a fit of drunken rage her father throws Jessabelle's empty wheelchair into the lake behind his house. Jessabelle watches helplessly as he does this, without a wheelchair the paralyzed person cannot function. A malformed body needs a wheelchair to function, just as a wheelchair needs a body to function. Wheelchair and body are mutually important to each other in a symbiotic relationship. The wheelchair may indeed go together with all kinds of hindrances, but in the intertwinement of body and wheelchair new possibilities of action also can emerge (Winance). Jessabelle's lack of wheelchair becomes a threatening position for her to inhabit. Yet the next morning there is a new empty wheelchair waiting in her bedroom. At first, we see it through her four poster bed's curtains much like the threatening wheelchair looming in her bedroom on her first night in the house. Jessabelle's father enters to explain that this was her mother's wheelchair, her mother used it during the final weeks of her pregnancy. We know that a wheelchair must always be occupied eventually and that this wheelchair — abandoned for two dozen years — has finally found its occupant. Of course, now there are two wheelchairs in the film and so, like Chekhov's gun, the second one will need to be used as well. We

begin to ask ourselves, "Who is in the empty wheelchair in the lake?" The audience becomes aware that two bodies in the film face (or faced) a threat, as two wheelchairs become a potential audience surrogate. Her father disposes of a wheelchair in the lake, very similar to the manner that he disposed of his wife's illegitimate mixed-race baby. Nirmala Erevelles and Andrea Minear show how, "The association of race with disability has been extremely detrimental to people of color in the U.S. — not just in education, but also historically where associations of race with disability have been used to justify the brutality of slavery, colonialism, and neocolonialism" (358). The marker of disability is central to the capitalist enterprise of distribution of power and controlling bodies in the categories that they fit into. Race and disability are conflated as linked categories in the film, both pose an existential threat, and both can be "solved" as Jessabelle's disability is eventually controlled.

Apparently though, neither the disposal of the empty wheelchair nor of the infant is permanent as Jessabelle's disability provides a conduit for the deceased to reenter the world of the living. Jessabelle's father disposes of an undesirable black child out of preference for an adopted white one. Yet when the white replacement becomes malformed she is given access to the afterlife and to the experiences of her black predecessor. It is almost as if the attempt to circumvent or avoid racial mixing leads to an inlet for the specter of disability. In the introduction to *Blackness and Disability: Critical Examinations and Cultural Interventions*, Christopher Bell writes:

> Disability shares much in common with other maligned identities in so far as departures from the norm are seen as threats to the mainstream body politic. For instance, racial minorities are often characterized as inferior to white individuals. Such a misguided belief is a long-standing

> component of cultural attitudes towards disabled individuals as well. This is on for several reasons, one of which bears particular underscoring: The politics of passing notwithstanding, it is unlikely that an individual will go to sleep one night and wake up a different race. Similarly, the process of changing biological sex is typically spread over months. Although some individuals alter their class status by winning the lottery or going bankrupt, the vast majority of individuals rarely experienced drastic shifts in class. Not so with disability. Disability is, arguably, the only identity that one can acquire in the course of an instant (1).

Jessabelle's father attempts to rid himself of his illegitimate mixed-race daughter and in return is given a daughter who eventually becomes marginalized by "the only identity that one can acquire in the course of an instant." But it is the liminal nature of disability that causes the marginal treatment of the black body to be revealed. A black child is disposable, it is murdered and discarded, and a disabled body allows these things to eventually resurface—from the lake, from the afterlife, and from memory. The disabled body acts as an interlocutor between races and between metaphysical realms.

The empty wheelchair we see throughout the film looms as a threat that we don't understand until we learn of her father's racist motivations. We finally make this connection at the end of the film when Jessabelle herself rolls off the dock in her wheelchair from the same spot her father discarded the previous wheelchair. Underwater, we see Jessabelle losing consciousness, the ghost of the murdered infant, and two wheelchairs. Disability, race, deception, infidelity, and terror all seem to be united at the moment of death. The film posits the death of a black body as comparable to the disablement of a white body. The black character in the film is

marginal and murderable, but the murder doesn't erase blackness. Instead as a ghost, this body comes to inhabit a marginal space as a restless spirit which can only return from the margins through a disabled body. An able-body (and preferably a white body according to the film) can enter this space and return again through the act of acquiring a disability. And somehow this can correct the situation.

Simi Linton has written that the project of disability studies is to "weave disabled people back into the fabric of society, thread by thread, theory by theory. It aims to expose the ways in which disability has been made exceptional and to work to naturalize disabled people — remake us as full citizens whose rights and privileges are intact, whose history and contributions are recorded, and whose often distorted representations in art, literature, film, theater, and other forms of artistic expression are fully analyzed" (522). In response, Josh Lukin writes that "it is imperative that those threads and theories, and that 'fabric of society,' not be imagined as all white" (314). The film *Jessabelle* violates both these prescriptions. The film attempts to rehabilitate a disabled body back into the fabric of society. But to do so it mandates that the body be confronted with the choice of full recovery and rehabilitation or outright death. It positions disability as something that must be overcome to live a full and productive life; yet, this idealized state is imagined as all white. To be liberated from her liminal state, Jessabelle must shed both the yoke of disability and the stain of blackness.

Finally, we have the 2015 film *Crimson Peak*. In turn-of-the-century Buffalo, New York, a young, female aspiring writer is courted by an English baronet who is in the United States searching out investors for his red clay mining company. Her father

disallows the relationship. However, after the father is murdered, the young woman is left with no other viable option but to marry the English baronet out of necessity. "Western thought has long conflated femaleness and disability, understanding both as defective departures from a valued standard" (Garland Thomson, "Integrating Disability" 337), and this film uses the image of the empty wheelchair to equate female dependency with death and disability. The woman, Edith, moves to the cold and barren English countryside into a decrepit and decaying castle with her new husband. Later we learn that the baronet and his sister are in love with each other and have been his childhood. He marries unsuspecting young socialites, slowly poisons them to death, and collects their inheritances in order to support his failing mining enterprise and fund his incestuous relationship with his sister.

After arriving in England, Edith wanders cold and abandoned around her new mansion home. Up until now, death has been a constant theme throughout the film; disability and disease, however, have not been mentioned at all. This changes just before the 54 minute mark of the film and the tone of the film immediately shifts. While wandering around the house exploring, Edith walks by an unused wheelchair. It is sitting alone and abandoned in a hallway with absolutely no explanation or apparent use. The wheelchair is wood and wicker and a nearly identical model to what we saw in *The Changeling*. The wheelchair is covered in dust and cobwebs, facing the same direction on screen as its counterpart in *The Changeling* when we first encounter it, and sits in a cluttered attic among disused items in what seems to be another surefire homage. To this point in the film we have been unsure exactly what threat the film is

suggesting, but it now becomes clear that Edith is the target. After she passes by it, we see the faint outline of a ghost which reaches out toward her. As in our other films the empty wheelchair serves as a vehicle for the deceased. If a disabled body will not sit in the chair, a dead one will for as long as is necessary. A wheelchair requires a person to be sitting in it, and always has a ghost in it; whether or not we see the ghost, we feel its presence and the looming threat. We know that by the end of the movie, someone will need to be sitting in the wheelchair.

Edith's status as a foreigner, her persistent wandering around the house, and her identity as a woman marked her body as noncompliant and a threat that must be reckoned with. Garland-Thomson writes, "Perhaps because women and the disabled are cultural signifiers for the body, the actual bodies have been subjected relentlessly to what Michel Foucault calls 'discipline' (1979). Together, the gender, race, ethnicity, sexuality, class, and ability systems exert tremendous social pressures to shape, regulate, and normalize subjugated bodies" ("Integrating Disability" 339). The specter of death and disability hangs over Edith as a form of "discipline," a form of correction for her inadequate self. The wheelchair serves as a portal through which death inculcates itself into the world of the living and the feminine body must comply in order to avoid this.

True to form, the baronet and his sister slowly poison Edith and she begins to use the wheelchair just as we expected she would. How the plot plays out is less important at this point, but simply put, Edith is rescued by an American suitor, the incestuous brother and sister are killed, and their ghosts are left to wander the halls of

their dilapidated mansion alongside this abandoned wheelchair. The empty wheelchair and the ghosts remain behind as symbols of life that is unfulfilled and ended prematurely. We are again left with the feeling that must occupy the wheelchair, the wheelchair is an omen of death, and if you the audience are not careful you could end up in its deathly confines.

We can see that similar to Ato Quayson's spectrum of death to disability, when we are presented with live bodies it becomes apparent that disability lies closer to death on the spectrum of death to life. "The common impulse toward categorization in interpersonal encounters is itself part of an ideal of orders that is assumed as implicit in the universe, making the probing of the Explicit for the implicit part of the quest for an order that is thought to lie elsewhere. It is this … that persistently leads to the idea that the disabled body is somehow a cipher of metaphysical or divine significance" (Quayson 203). We could say that disability bridges the space between death and life and, as in the cases above, the empty wheelchair is the vehicle upon which the transport is done.

Maybe this is because most people believe in protecting children and protecting those who cannot protect themselves. Someone in a wheelchair is not able to protect themselves or to live a full life according to our assumptions and they are not able to hide because of the omnipresence of the chair. In the event of an attack, like in a horror movie, the person in a wheelchair is stuck. We in the audience are seated in stock as well and have a visceral response to the image. When we (the audience) see the EMPTY wheelchair, our mind goes straight to the worst case

scenario: The person in the chair has been killed. And then we go to an even worse than worst case scenario: How awful do you have to be to kill a helpless person? AND THEN we make it even worse by identifying completely with the person we think was in the wheelchair because being trapped is a universal human fear. The empty wheelchair is a flashing red light that the evil in the movie is functioning so far outside the bounds of normal human behavior that he/she/it has become a monster, an incorporeal corpse to match the disabled person himself.

This may be a reason the malformed performer is shunned or rejected even for roles explicitly calling for disability. Audiences don't want to be reminded this too could happen to them. They too could die, or worse, become a cripple. But always remember, he or she touches on the sublime; and in your position, sitting in your chair watching a performance, you aren't too far from the liminal limbo of permanent disability. And, unlike in the movies, where disability can be easily eliminated through death or recovery, your real-world malformed body could remain that way forever.

BOBBY: I don't think the *whole* film will be about the
cripple fella. The cripple fella'd only be a minor role.

— Martin McDonagh, *The Cripple of Inishmaan*

Chapter Three

Eliminating Disability: *Freaks* and *American Horror Story*

Since its debut in 2011, the FX television show *American Horror Story* (*AHS*) has been positively recognized for its diverse cast, LGBTQ focus, reliance upon actors with disabilities, and its storylines dealing with disability and impairment. The show has been called "groundbreaking" (logotv.com), "progressive" (The Metropolist), and has been said to gracefully navigate the gray area between embracing the extraordinary and the exploitative (AV Club). The show employs actors with downs syndrome, amputated limbs, and birth defects. While other films and television shows rely on actors cripping up with prosthetics or CGI, *AHS* fills out its cast with true cripples. Yet, therein lies a problem as well**:** *AHS*'s actors with malformation always play a secondary role, they fill out the rest of the cast but the primary story line depends upon able-bodied actors portraying disability. All characters in the show are confronted with death, so the bodies marked as malformed are eliminated in other ways. When death is a possibility for all characters, disabled or not, other means are employed to separate the dead malformed person from the dead able-bodied person. Season 1, *American Horror Story: Murder House* (*AHS:MH*), focuses on a family that has recently purchased a haunted mansion and the blurred space between life and death; *American Horror Story: Freak Show* (*AHS:FS*), the fourth season of the series,

focuses on the dying industry of freak show performance and pays season-long homage to Tod Browning's horror classic *Freaks*. Disability runs through every aspect and season of the series. But, a side-by-side analysis of *AHS* and *Freaks* reveals major differences in attitudes toward disability, freakishness, and ostracization. The "groundbreaking" and "progressive" *AHS* strangely seems to be less forward-thinking than the allegedly exploitative *Freaks*. In light of the fact that this television series has been praised for employing malformed actors, this chapter will attempt to trace a line from the origins of the freak show, through the movie *Freaks*, and eventually toward to *AHS* to see how they speak to each other. Disability, which I am contending is typically eliminated through death or recovery, survives until the final credits of *Freaks*—in fact it is even normalized and celebrated in the final scene. On the other hand, *AHS* centers on death, but death for the malformed body is treated differently, extra steps are taken to be sure it is eliminated. While *Freaks* is a rare example of the opposite, *AHS* depicts disability as incorporeal corpse that must be resolved.

As capitalism and industrialization became more entrenched in Western society the value of any object — including the human body — became more and more dependent upon the value of what it could produce. Factories, workhouses, large-scale mines, and farms provided sources of labor in order to extract value from the human body. For people with disabilities, madness, illnesses — essentially any body that could not be "productive" — income earning opportunities were extremely limited. Panhandling. Not much else. Disability and depression fall into what Georgio Agamben terms *zoe*. Agamben makes a distinction between two kinds of life: *bios*

which is life as part of the political state, and *zoe* which is "bare life" outside of the political state that can be killed without sanction but cannot be sacrificed. *Zoe* is a life defined as not worthy of life, a life not worth living. In time, laws were enacted that made the situation even more difficult for persons with extreme disabilities and deformities. "Ugly Laws" were passed by state legislatures across America and enacted by parliaments across Europe. These laws, in an attempt to protect the general public from the horrors of viewing such a person, made it a crime for "indecent" or "unsightly" persons (cripples, amputees, war veterans, mutilated and diseased people) to panhandle in public areas (Schweik). With no other options, many of these people turned to performing in freak shows where their bodies could be publicly displayed and profited from in secluded encampments safely set apart from the view of the general public. As such they were framed as not part of the everyday. In the freak show they were performers, but they couldn't bow and step out of character and away from their malformation. They inhabited a permanent liminal space and capitalized on it for profit. "As a consumer spectacle in a market exchange economy, individuals who displayed corporeal 'deformities' (their own, or those of others) sought to evoke certain types of reactions (for example, sympathy, terror, all, horror, compassion, fear, mirth, and scientific interest) in exchange for monetary compensation" (Snigurowicz 180). Some malformed bodies were too unsightly even for this line of work. For example, Joseph Merrick, the Elephant Man, the freak show performer to end all freak show performers, was run out of two different countries and several times had his performances shut down for indecency despite the fact that his viewings took place in

private areas away from prying eyes.

That some people were too unsightly for even freak show work belies the cultural work that the freak show does. The freak show performer must be unsightly enough to stand out, extreme enough to expand the range of humanity that can be included in the bell curve of normativity, and still different enough to make the observer feel that he is part of the common denominator. Regardless of his disgust, the freak show attendee would exit the performance with a useful lesson: "having previously failed to fully appreciate English women, he would forever after pay the homage due to the loveliest works of creation, enhanced in value by so wonderful a contrast" (Altick 272-73). At the freak show, the deformed body becomes a malleable signifier upon which an audience can project their own concerns in order to draw their own bodies closer to the norm. People wanted to see something outlandish, audacious, and freakish, but not something irredeemable. A hirsute woman, a fat lady, a scaly-skinned man, and an amputee are outlandish but recognizable as human, albeit less than perfectly so. The Elephant Man is too far from the norm and thus irredeemable. "Scrupulously described, interpreted, and displayed, the bodies of the severely congenitally disabled have always functioned as icons upon which people discharge their anxieties, convictions, and fantasies" (Garland-Thomson, *Extraordinary Bodies* 56). Even the freak show performer's body must serve a purpose, and the most extreme deformities (such as Merrick's) were too far from human to serve this purpose. The value in the freak show performer's body comes from its ability to make the viewer feel normal and typical and acceptable, not necessarily from its ability to

horrify. We will see this play out in *AHS*, where malformed actors are eliminated from the show, and their bodies are too far from the norm.

The freak show performer must be close enough to "human" to still be recognizable as such. The project of the freak show is to make a wider and more diverse group of people feel "normal." Or, in the words of Leonard Davis, certain kinds of diversity are always excluded from the project of multiculturalism because festering under the attempt to bring more people under the category of "normalcy" is the implication that "we are all the same because we aren't *that* kind of different. 'That kind of different' would refer to that which cannot be chosen — the intractable, stubborn, resistant, and yet constitutive parts of neoliberal capitalism — *zoe*, bare life, the ethnic other, the abject, the disabled — that which cannot be transmuted" into falling closer into the bell-curve of the ideal (Davis, *The End of Normal* 14). Yet, because it is the bodily difference that is valuable to the freak show, the humanity and the life of the performer ceases to have any public value. Garland-Thomson writes:

> Indeed, extraordinary bodies have been so compelling — so valuable — *as bodies* throughout human history that whether they were alive or dead had little consequence. If live exhibition was enhanced by animation and performance, the display of a dead prodigy embalmed as a spectacle, pickled as a specimen, or text utilized as an anatomical drawing derived from dissection was equally profitable, and often more readable and manipulable. Freaks and prodigies were solely bodies, without the humanity social structures confer upon more ordinary people (*Extraordinary Bodies* 57).

This lack of regard for the humanity of the performer converged with the new technologies of photography and moving pictures to bring about the eventual demise of the freak show. The uncanny and the unimaginable could be captured on film and

disseminated to a much wider audience and for a far greater profit. The body of the freak became less important than access to a camera and film. “Naturally enough, the first experiments in film would often, in true sideshow fashion, center around shocking images of the human body — executions, train wrecks, and of course clandestine pornography” (Hunter 98). The freak show performer could no longer charge a fee for every viewing of his body. The image of a freakish body could be captured on film or even reimagined and imitated on film through the use of special effects, thus further devaluing the malformed body.

Recognizing the demise of the freak show, Tod Browning desired to capture it on film to preserve it, to create a historical record, to give power back to the freaks, and (lest we be naïve and Pollyanna-ish) certainly to exploit. Browning had worked in the circus as a boy and later moved on to Hollywood to become a director. “When he was a child, Tod Browning had followed one of the most perfect boyhood fantasies — to quit school and join the circus. He had a powerful affinity and sympathy for the peripheral carnival attractions” (Havis 17). Browning understood that even in an image on film the body of the real-life human could affect the viewer more deeply than any amount of special effects could. At the time, the ad for his film *Freaks* listed the starring actors and additionally stated that the film featured, “a horde of caricatures of creation — not actors and make up — but living, breathing creatures as they are and as they were born!” This is not the incorporeal corpse, the poster seems to say. There will be no moving into and out of states of disability; the film will not truck in the recovery/death binary, the promotional materials seem to promise. Maybe the film is

exploitative, maybe it is not, but at least exploitation depends upon the film *not* attempting to rectify, reclaim, rehabilitate or eradicate the malformed.

Browning crisscrossed circuses and freak shows across the United States looking for people with freakish bodies, not freakish performances or freakish costumes. He understood the value that could come with bodily difference and did not want his actors on the screen to be performing freakishness or cripping up for their roles. He sought out the malformed. "Browning ended up with the very cream of top-line show-freaks from carnivals around America; most 'self-mades' were ejected, and only the most outlandish of genuine human anomalies made the final cast" (Hunter 138). Browning was obsessed with casting actors with malformations in roles that called for characters with disabilities. To do otherwise, he saw as deceptive and actually devaluing that which he was attempting to sell in his film. No matter the product for sale, the purchaser wants to trust in its authenticity. "'Legitimate' socioeconomic success was achieved by hard work, determination, ingenuity, and willpower, not by trickery or scams. Employers and consumers did not want to be duped into paying for something they did not receive; yet workers and sellers did not want to lose in the exchange. What if physical anomalies were faked precisely in order to elicit the type of 'fair' exchange — a product or service in exchange for the satisfaction of a need — required by the market" (Snigurowicz 180)? Faking disability on screen or stage cheapens the intent of portraying disability in the first place. Further it separates the freak from his ability to profit from his anomaly. The dishonesty and injustice of cripping up plays out late in the film when one actress (in fact both the

actress and the character she plays) are forced to put on disability for the film's climax. This is the only instance of somebody "playing" disability in *Freaks* and the outcome is not a positive one.

Browning recognized the humanity of his cast even as he exploited them for profit and fame. His film seems to value both their lives and their bodily difference. In a peculiar sense, in our capitalist world the ultimate recognition of another's humanity is a willingness to do business with them. Differences among people are nothing more than a new demographic and diversity provides potential for profit In fact, the film begins with a title sequence that recognizes each freak as an individual and laments the advances in medical science that could eliminate freakishness from the world. "The majority of freaks are endowed with normal thoughts and emotions," it reads, "Never again will such a story be filmed, as modern science and teratology is rapidly eliminating such blunders of nature from the world." The prologue prepares the audience to think of the freaks as Browning himself did, humans with interesting stories whose departure should be mourned. At the opening of *Freaks* is a lengthy "prologue instructing the viewer how the film should be perceived. It briefly mentions the long mistreatment of people born with extreme abnormalities and why this film intends to present another side to society's cruel stigmatizing. There is no intended irony to the didacticism or the narrative melodrama that makes this film even more of an archaeological document" (Havis 18). This helps the film work within its carnival setting. The prologue creates a voyeuristic construct which reminds the viewer of his participation within the cinematic process and re-creates the freak show within the

carnival setting in a way that actors in prosthetics never could. The moviegoer is purchasing the opportunity to observe freakish bodies in much the same way that he or she would pay for admission to the freak show. But, I contend that in living out their lives as characters, neither recovering nor dying, the freaks never enter the liminal realm of the incorporeal corpse. They are of course apart from the larger society, but they have a world of their own in which they belong and this is the world that is illustrated and normalized in the film. For the able-bodied, modern viewer it may be tempting to read them as such—we are conditioned to see malformation as abject—but Browning gives them stories of their own, using their owned malformed bodies, and there is no elimination of disability depicted. The story doesn't depend upon "fixing" any body.

Of course, not everyone was on board with the alleged exploitation that came with re-creating the freak show. While the film has become a cult classic, critics and audiences of the time were unsure of how they should respond to the film. The live freak show had recently been done away with as more people became concerned about the social justice implications. "Critical reception was mixed. Confusion over the film seems to have stemmed largely from the use of real freaks to play the parts. Critics worried that the film merely replicated the most unsavory aspects of the freak show" (Hawkins 265). Even if Tod Browning was able to do so, it seems that audiences did not want to look at the actors as both human and freakish. What seemed to turn away audiences was not necessarily witnessing a freak show, rather it was peering behind the curtain of the freak show. The reviewers of the time seemed to be disturbed by

seeing the freaks lead normal lives (conjoined twins are wooed by men, a little person pursues a large woman, they live in homes and do their own cooking, the freaks drink liquor, smoke cigarettes and have sex). "On the contrary, the film's apparent thesis — namely, that 'freakishness is only skin deep, and that differently formed people have all the feelings, intelligence and humor of normal folks' — is one that most contemporary audiences find appealing" (Hawkins 267).

As we've seen the history of dramatic literature is filled with disability onstage serving a purpose other than being merely one trait of a fully realized character. We've seen characters signifying social and individual collapse, the "obsessive avenger," the "sweet innocent," the "comic misadventurer," the "inspirational overcomer," the "charity case," the "freak,"and the "monster," whose disfigurements arouse fear and horror (Sandahl and Auslander 3). Dramatic literature and theatre often rely upon these tired clichés in their portrayal of disabled people. All too easily, disabled characters become stock characters or metaphors instead of fully integrated into the story. But *Freaks* presents a complex enough set of disabled characters so that many of these manifestations are avoided or even countermanded.

The thrust of the film's plot is that Hans, a freak show midget, is in love with a "big person" (as he calls her in the film) who is an acrobat and the most beautiful woman in the circus. Cleopatra, the acrobat, initially laughs off his advances but soon learns he is secretly wealthy and attempts to marry and kill him for his money. The freaks learn of Cleo's plan and seek to take revenge upon her and her co-conspirator. We see the freaks begin a rampage one rainy night as they enact their earlier (and now

famous) “One of us!” chant. “At last, the freaks’ handiwork is revealed. Cleopatra (barely recognizable) has been butchered and mutilated, truncated and disfigured; she is now nothing more than a squawking human chicken, shuffling and pecking at worms in the bone-pit. Not only has she become ‘one of us’ to the freaks, she has become even less then they are, a true sub-human, the geek to end all geeks” (Hunter 148). The film does indeed depict the incorporeal corpse, but does so against a backdrop of disabled performers who are not portrayed as such. The incorporeal corpse is the one actor who must crip up for role. Disability is not presupposed to occupy a liminal space; the circus freaks play themselves, they have romances, affairs, weddings, business dealings, and revenge plots, and they neither recover nor die. But they do seem to realize the punitive potential of the incorporeal corpse in how they deal with Cleo. The freaks maintain their humanity and agency, but cast Cleo into a liminal state betwixt and between.

This ultimate punishment rings with poetic justice which some critics have taken issue with because Cleo’s:

> emergence as a chicken-woman further complicates the depiction of physical difference in *Freaks*. For Cleo is constructed, not born, as a freak. And this construction seems to have two implications for the film. On one hand, it works as a nice metaphor for the way that freaks are shown as “social constructs” throughout the film (i.e., the film shows that there is nothing inherently freakish about differently formed people and that in the freaks’ world, it is “big people” who seem abnormal and odd). On the other hand, however, it directly contradicts the argument for tolerance that we are given at the beginning of the film. Having been initially reminded by the Barker that physical difference is an “accident of birth,” not the visible sign of some inner monstrosity, we are ultimately presented with a woman who has been

> turned into a freak as punishment for her immorality and greed (i.e., a woman whose physical difference is the tangible sign of her inner monstrosity). The fact that Cleo — the true "living monstrosity" in the circus — is transformed into a physical "monstrosity" raises the possibility that physical difference can be the tangible sign of inner depravity, which serves to partially blunt the progressive edge of *Freaks* (Hawkins 270).

Hawkins is correct in that this complicates the message of the film, but his argument neglects many of the deeper complications. Physical difference is indeed "not the visible sign of some inner monstrosity" as Hawkins says. Physical difference (i.e. malformation) is not, and the film beats us over the head with that; *portraying* disability (i.e. cripping up) is monstrous though. The film distinguishes between the malformed bodies of the actors themselves and the use of performed disability as a metaphor. Yes, Cleo's punishment is a "nice metaphor" for the social constructs of freakishness. But it is also not just a metaphor, it is rooted in direct action and physical reality. This seems particularly significant if we consider the fact that Browning wished to only have "genuine" freaks in his film and rejected the "self-made." After become a freak, Cleopatra occupies a liminal space; she is not quite human, not quite bird, not yet dead, but no longer alive. But her liminality is not a result of disability in and of itself. Rather, her becoming a liminal person is a result of punishment. The rest of the freaks live out the course of their lives with disability; Cleopatra's existence as a whole and fully-realized human is cut short by punishment.

Putting on a disability for a role in a film or play or freak show is a very different thing than living with a malformation. Cleopatra enters into liminality from which she will not escape, but the other freaks merely play at it for their circus act.

Thus, Cleopatra is not just disabled because of the social implications of physical impairment. She has had limbs cut off and tongue cut out, a beak sewn to her face, and feathers glued to her body. Through others altering her body, she has been made a pariah because of her immorality — conversely, by having been shunned from normative society, the naturally born circus freaks have been made pariahs because of their bodily differences. Cleopatra has committed the crime of attempted murder and her punishment is mutilation of her body. Up to this point, the freaks have committed no crime other than the "crime" of being born disabled.

The impairments of the freaks and Cleo cannot be read in the same light as each other; for Cleo her disability is a punishment, but for the others their malformation is an offense in and of itself. If this is the case, Hawkins' second point (that the film equates physical difference with inner depravity) is not necessarily true. Cleopatra's imposed physical difference may be a sign of inner depravity because it stems from others' desire to punish her wrongdoing. But this is not the case for the rest of the freaks. Their physical difference carries no significance as to their inner state because it is "accidental" or "natural" or a "blunder." A subtle contradiction runs through the film. Browning presents the freaks as sympathetic characters for most of the film. Then we see the orgiastic wedding feast, and later we see the freaks, intent upon vengeance, crawling through the mud with knives in their hands and mouths as a storm rages and lightning flashes. After the peaceful depictions earlier in the film, this view of them becomes truly disturbing. But that is okay. In fact, it makes their characters more fully human. Our sympathies shift from the freaks to their victims and

back again. The freaks become more ambiguous; like any other human being they are not all good or all bad. They are presented as complex human beings with contradictory thoughts and emotions and the ability to act with malice or with beneficence. The anxiety attendant with Cleo's fate manifests the incorporeal corpse, but the rest of the freaks' portrayals do not and this depiction that has proved to be historically rare.

In a sense, Browning's film takes a population of malformed people who, for no reason other than their physical difference, have been excluded from any world but their own. The film portrays the freaks as more human than previously understood and invites them into normative society. Browning suggests that disabled bodies are not incorporeal corpses by mere fact of existing, they begin the fill that space through erroneous performance and representation. While the freak show itself becomes a liminal space, the disabled people themselves are not portrayed as liminal people. Cleopatra, on the other hand, is ultimately cut off from all human contact because of her inner immorality. "Her mutilation, so hideous and permanent, is beyond imagination. She is now more fowl than human. The completion of moral compensation, and with it the triumph of truth over beauty, has been witnessed by the disinterested gods and angels above" (Havis 18). The deceptive Cleopatra has been rejected by the circus, by the freaks, by god, and by the general public. Her moral failings, her deceit, mean that she does not have a place anywhere. Meanwhile, the other freaks, who have never been able to hide their difference, will always have a place within commerce, within the circus, and elsewhere. Hawkins' argument that the

film reifies the link between outward appearance and inner depravity seems to not hold up in light of the fact that the film seems to be arguing that freakishness is only skin deep. At the film's conclusion, the actor performing disability suffers, and the actors with actual malformations continue with their lives. Browning's obsession with finding true circus freaks for his film has finally paid off at this point. Cleo is the incorporeal corpse, the real life freaks are not. Unlike the world at large and many other narratives which punish disability itself, this film instead punishes deception — whether it is the deception of murdering for an inheritance or the deception of cripping up for a part in a film or a circus.

Looking back to the metaphorical manifestations of disability mentioned earlier, we can see that many of these seem to be subverted in the film. There is no "comic misadventurer" whose disabled body becomes the target for comedic violence; instead, this happens to the able-bodied, beautiful, blonde woman. There is no "sweet innocent" to act as a moral barometer of society; society does a sufficient job on its own of presenting itself as problematic. There is no "obsessive avenger" who spends the entire story seeking revenge upon the perceived cause of his disability; the revenge that is enacted is for moral failings instead of physical difference. So, while Browning's film certainly was exploitative of disabled people, it seemed to attempt to allow them to have a say in their own portrayal and to avoid stereotypical metaphors of disability.

Ultimately, the film *Freaks* flopped and Browning's desire to make a career of regularly putting freakish bodies on film did not come to fruition. Since the end of the

freak show, acting opportunities for disabled performers have been few and far between. Sure, we can all list some examples but most of those examples have something in common — they portray disability as something fantastical or otherworldly. *The Wizard of Oz* and plenty of other films have employed hundreds of actors with dwarfism. But getting cast in a mainstream, non-fantasy role was largely out of the question for actors with malformations. Many people after the demise of the freak show contented themselves with the idea that disability could be eradicated and did not need to be discussed publicly. *Freaks* and freaks were best left unacknowledged. But the film was rereleased and not everybody was comfortable. "Mindful perhaps of the thalidomide scandal, Nina Hibbin [wrote] in the *Daily Worker*: 'To release *Freaks* in the '60s, when misuse of science has produced its own appalling tragedies of malformation, I find hard to take.' Yet, this was countered by Penelope Gilliat in the *Observer*: "The film is moving, harsh, poetic, and genuinely tender. It triumphs at once over your nausea… What Browning has made is really a fable, concerned like most fables with pure ideas of trust and betrayal and revenge" (Hunter 149). In recent years, there has been a surge of television shows and films attempting to diversify their storylines and casts. *AHS* has attempted to integrate the theme of disability into its show like it would any other diversifying factor such as race, sexual orientation, family bonds, or religion. The attempt is admirable, and it is refreshing to see alternative body shapes on mainstream television. Yet, I propose that *AHS*'s treatment of disability reveals an underlying attitude that malformed people are less-than-perfect, unable to hold their own in the entertainment industry without the

coddling of able-bodied handlers, and are living in a state of near-death.

The death of a child is a parent's worst nightmare. But, as I indicated in a previous chapter, I was once convinced that I had managed to stumble upon the one thing that could possibly be harder on my mother than having to bury me — I acquired a disability while my mother watched. At the age of 23, I swam in the ocean and I broke my neck, sustained a spinal cord injury, and would need to use a wheelchair for the rest of my life—although, I was convinced it was not necessarily "a life" during the initial hard times that came after. Having been regularly exposed to the dominant media portrayal of disability as incorporeal corpse, my initial reaction was that I had died, and was now condemned to drag that dead body around. Spinal cord injury and malformation felt like a death sentence that had to be enacted, reenacted, witnessed, mourned, and recalled. Those people (including family) that know a person who acquires a disability seem to have just as much trouble with acceptance. Sarah A. Smith Rainey describes this interpretation of cripples as being in an undead zombielike state, saying, "they are otherwise healthy and functional…, an existentially horrifying and dreadful situation to viewers: ethical, humane reintegration of people who are no longer their former selves. The returners [maimed soldiers returning from war in her example] are not strangers to the living. They are former lovers, parents, and children who have been mourned" (16). They aren't what they were, have been metaphorically laid to rest, and yet still roam the earth. Myself, I felt had entered a liminal state between life and death, but unlike a performance, I had another option other than recovery or death. I chose the option depicted by most of the characters in

Freaks—life with disability. My initial fear was that this life would be stuck between and betwixt, and acceptance of a full future with disability goes against most images we encounter. In my experience, death of a child clearly is the ultimate bad thing, but often the community around the disabled person becomes so myopic and fixated on disability that they neglect to see the life that is present.

AHS: Murder House recognizes this fear in an episode after a mother must bury her dead daughter. Halfway through the fifth episode of the season, a mother says of her daughter's death, "They say when a parent dies a child feels his own mortality. But when I child dies, a parent loses his immortality." A child should be a source of the continuation of life for a parent, but a premature death ends that possibility of continuing the family. Depressingly, in *American Horror Story* a child with a disability works much the same way as burying a dead child, as we will see.

Morose, morbid, and depressing for sure. But an extreme physical change, and a lack of function in body parts expresses a tinge of death. In the minds of many parents and children experiencing impairment for the first time, disability exists around the margins of death. This mediated space between disability and death plays out as a trope on stage and screen regularly. It is a particularly ripe topic for horror films, as they often play out around the topic of life spilling into death and vice versa. Ghosts, zombies, vampires, and hauntings are all intrusions from the world of the dead into the world of the living. Disability, too, is often presented as a not fully living, yet not quite dead aspect of the physical world. Death and disability are never fully eliminated or eradicated from the physical world. Blame for such things must be

enacted upon other bodies and punished in order to achieve such fleeting desires as revenge, redemption, and catharsis. Unlike in *Freaks* which attempted to present its titular characters as fully and complexly human, lack of expression of full humanity of disabled characters is common across seasons of *AHS*.

The inaugural season of the series focuses upon a family which has moved into a haunted mansion in Los Angeles. Death and disability drive the action of the show through the course of the first season. The season follows Ben and Vivian Harmon and their teenaged daughter Violet who have moved from Boston to Los Angeles after Vivien gives birth to a stillborn baby and Ben has an affair one of his students. On arrival, they learn from their real estate agent, that the gay couple previous owners of the Harmon's new Victorian mansion apparently died in a murder/suicide. Their neighbor Constance and her daughter Addie are frequent, albeit usually unwelcome, guests. Addie seems to have a supernatural connection with the house's mysterious past.

Throughout the season, the show presents the previously mentioned representations of disability. A character living with disfigurement as a result of a house fire is told, "You're disgusting. I bet the kids scatter when you walk down the street;" he is the "ultimate outsider," the freak, the monster who arouses fear mentioned above by Sandahl & Auslander. He is neither ghost nor human, but instead is shunned by both. In the show, neither the humans nor the ghosts accept him and his disfigurement. He is the ultimate outsider to beings on both sides of death and he remains that way through the course of the series.

Further, the show starts off with one very specific representation. The opening scene introduces us to a "blind seer" in the guise of a mystical mentally disabled child. In a flashback to more than 20 years before the current setting of the show, we see a child standing in the yard of the house staring up at it. Two young identical twin brothers, with red hair and the lisps of preteens with braces on their teeth, with baseball bats and firecrackers in their hands walk by the young girl. At this point, the house is vacant and the boys seem intent upon wreaking the destructive havoc of adolescent boyhood on the house's creepy and deserted innards. As the twins walk by the young girl, she turns to face the camera for the first time and we realize that she has downs syndrome. The girl delivers the ominous warning to the boys: "You are going to die in there." The twin boys quickly respond, "Shut up, freak!" The boys enter the house, go down to the basement, and promptly die -- killed by what appears to be a supernatural entity. And, the opening credits roll. The next time we see this character with downs syndrome is more than 20 years later after the Harmons have moved in. Vivian is home alone organizing her new kitchen and she is startled by a voice behind her saying, "You are going to die in here." The audience is once again introduced to the girl from the opening sequence. She turns out to be Addie, the next-door neighbor (now in her early 30s) who initially appears to be a spiritually prescient mystical seer. *AHS:MH* acknowledges that it is using the conceits of the mythology of ghosts and supernatural powers in order to gain control over things that humans are typically afraid of, in this case death and disability. Thirty-three minutes into the first episode, Ben Harmon, a practicing psychiatrist, says to one of his patients, "One of my

old psych professors told me that we created myths to control the things that we are afraid of." Death and disability are subjects for fearfulness because of their uncontrollability. But Addie, the show's one character that is marked as malformed and also dies, disappears from the show upon death. The able-bodied character deaths result in ghosts in the house, but the malformed character is eliminated entirely. The other characters enter into a liminal state upon death, but Addie (as a visibly disabled person) already inhabits a liminal space and so her body must be resolved; when she dies she is released from her limbo

We see an attempt to control disability played out through Addie's mother, Constance. After Addie has declared her ominous death prediction to Vivian, Constance walks in and introduces herself and her daughter. It turns out that Constance is a frustrated stage mother in the vein of Mama Rose from the musical *Gypsy*, and also a faded Southern Belle in the vein of Amanda Wingfield from Tennessee Williams' *The Glass Menagerie*. She explains to Vivian that she came to Hollywood from the South with dreams of stardom. However, she refused to appear topless on screen and her career never took off. Soon after, "then came the Mongoloid [her daughter Addie]," says Constance, providing herself with an easy scapegoat for the source of her failure to achieve stardom. According to Constance's preferred interpretation, Addie's disability both caused the end of Constance' career, the end of a hopeful future with grandchildren, and (possibly worst of all) prevented Constance from having a daughter through whom she could vicariously live out her Hollywood dreams. Constance's actions didn't stall her dreams, Addie's downs syndrome did.

Constance embraces the existence of her daughter Addie as both a scapegoat and a confidant. She gives Vivian a housewarming gift of rubbing sage, traditionally used to ward off evil spirits in American mythology. We do not know it at the time, but the sage is actually an indicator of Constance's relationship with her mentally disabled daughter. Constance both fears the lack of control that she has over her disabled child but embraces the control that her daughter's disability gives her in the image that she can portray to the rest of the world.

In justifying why the gift is rubbing sage as opposed to baked goods, Constance states, "Addie wanted to bake you a pie, but she tends to spit in the batter so I brought you this instead." Though, later in the series we see the mother asking Adelaide to spit in the batter. In episode two we see Constance baking cupcakes for her neighbors. After adding syrup of ipecac to cause diarrhea, she commands her daughter, "Here, spit in this." Maybe Constance is not lying, Addie does tend to spit in the batter, but it is only because of her mother's desire to have her do so. Again Addie is faulted for the actions of her mother. Thus, it is not Adelaide's disability that imbues her with special powers or the ability to see the spirit world. Rather, Adelaide is merely enacting the commands of her mother. The disabled person, and even the disability itself, becomes the scapegoat and the conduit for the faults of the mother. The mother cannot control her child's disability, she cannot have grandkids, she cannot control her Hollywood career, and she cannot live vicariously through her daughter because of a disability, but she can use manipulation of the disability to control her neighbors' perception of herself, her home life, and her mothering ability.

The malformed body must be monitored and controlled for the sake of those with "normal" bodies. "Throughout modernity, disabled people's lives have been blighted and demeaned by a degree of supervision that is probably without historical parallel…. Disabled people became (i.e., were inscribed as) people who could not do things for themselves, who were a burden, a group in need of intensive and intrusive systems of surveillance" (Hughes 83). The narrative of horror films can often be read as the playing out an attempt to gain control over disability and death and Constance believes she is a master of this. Nineteen minutes into the fourth episode Constance discusses being seen in public with Addie. She seems more concerned about how her daughter reflects back upon her, rather than her daughter's personhood, subjectivity, and social comfort. The realms of reproduction and kinship often play out as key social sites in which disabilities are imbued with cultural meaning. We see this meaning being given to the daughter from the mother, instead of coming directly from the daughter herself in this television show.

The disability of a child often acts as a site for the expression of motherhood. In many instances of disability in literature and film, the disabled character allows a mother character to enact her version of motherhood. This is not exclusive to fiction, but also happens within the family home where the quality and adeptness at motherhood is read through a mother's ability to interact with or care for a disabled child. The extra level of care needed between mother and disabled child tests the worthiness of the mother in the eyes of others. The mother who provides the extra level of care needed to the disabled child is praised; the mother who fails to do so is

vilified. There seems to be no middle ground. The mother of a typical child can comfortably settle into the space of being an average mother. But the mother of the disabled child, she is always either "more than" mother or "less than" mother. She begins her process of mothering from a point of disadvantage and then is judged harshly if she fails to turn her disabled child into a "productive member of society." The mother of the disabled child must do more than the mother of the nondisabled child just to be seen as a mother of average quality. This idea of being in a catch-22 when starting from a point of disadvantage is mirrored in Constance's relationship with Adelaide. Adelaide cannot be trusted because she spits in other people's baked goods, Constance is allowed to act as a good mother because she prevents this grotesque scenario from playing out, and Constance also gets to enact her own spiteful mess by commanding her disabled daughter to do it for her. She has ingeniously figured out a way to be a less than adequate mother, and use her child's disability to appear as a more than adequate mother.

Addie's disability provides Constance with alternatives on how she can present herself to her new neighbors. The relationship between mother and child, "is a nexus at which the dramatic alternatives are articulated: dependency versus autonomy; intimacy versus authority; the acceptance of caretaking versus its rejection; normative cultural scripts versus alternative, more inclusive 'rewritings'" (Ginsberg and Rapp 187). We see the points of view of the children and parents divided by their alternate interests in the outcomes for their own bodies. Disabled people rarely act from a position of power, bodies seem easier to control, and whether within the familial

structure or the filmmaking process those without disabilities tend to feel they know what is best for disabled persons. For children with disabilities the division between their own desires and the desires of their parents can be particularly pronounced. Because the disabled child's bodily, sensory, social, political, spiritual, educational, and vocational experiences are likely more remarkably different from those of their parents than typical children's are from theirs, the disabled child's passions and desires are also likely to be more remarkably different. Constance must teach and instruct Addie to act in a certain way in order to enact her own desires, while at the same time apologizing for the misdeeds of her daughter that result from these instructions.

In *AHS:MH*, we see a mother whose own discomfort with her body is passed on to her daughter. One of Addie's biggest desires is to be a "pretty girl." We see her looking at pictures of cover models and magazines and asking her mother, "Why can't I be a pretty girl?" On Halloween, Addie wants to go trick-or-treating as a pretty girl, presumably looking like a Hollywood starlet with big hair, makeup, and a tight dress. But, her mother tells her "No, you will never be a pretty girl." Instead, Constance wants her to go trick-or-treating in a full-bodied costume of a rabbit. The daughter feels she has potential to be pretty, malformation-be-damned, but because of her mother's hang-ups she will never be allowed to express herself as such. The mother had potential to be a Hollywood starlet, yet her career never took off because she was unwilling to show her body. This concern over bodily image is passed on to the daughter with downs syndrome, who throughout the series is obsessed with becoming

pretty and normative.

Ultimately, Adelaide's death is caused by a Halloween mask that erases her own face, hides her malformation, and also prevents her from being able to watch out for her own safety, but she wears it because of her mother's desires. In the episode before Adelaide dies, she puts on makeup with the help of her teenage neighbor in an attempt to be "a pretty girl." Upon seeing this, Constance becomes upset, washes the makeup off of Addie, and tells her she will never be pretty. After Addie and Constance fight about the bunny rabbit Halloween costume, Constance eventually feels guilty. Her solution, however, is not to let Addie dress as Addie desires. In Constance's worldview a child with downs syndrome can never "be pretty," and also the constructs of what can constitute being pretty comes from the mandate of the mother instead of from the desires of the child. The compromise solution is to allow Addie to wear a rubber mask in the likeness of a pretty girl. In Constance's mind Addie can only be seen as pretty in public if she covers up both her humanity and her malformation. But Addie's vision is impaired by the mask, she runs into the street to trick-or-treat, and she is killed by an oncoming car. Any attempt to regard disability as fully alive and beautiful results in death. It seems Addie should have known her place.

Addie, as a malformed person, is only a pretty girl when controlled by her mother. Other mothers are in a constant battle to control their children in the world of this show. In the minutes before Addie is killed, we hear another mother scolding her child and asserting control over her child's behavior. "What did I say? No eating candy until we inspect it at home," an unidentified mother barks at her young,

costumed child on Halloween. Mothers are in a constant battle to control their children, their actions, and their images, but disability is uncontrollable and the mother of the disabled child becomes hyperaware of what this says about herself. Constance cannot control the disability itself, so she does her best to control its presentation to the public. A mother's control is needed to mediate or normalize disability. Constance spends the series attempting to create her ideal home life for her family, but with a malformed child, she feels that she must act as a medium between her child's disabilities and the outside world. Early in the show, the idea arises that myths are created to control that which we are fearful of. This same idea comes up toward the end of the season, after Ben's daughter, Violet, has died and she remains on the property as a ghost. A spirit medium is attempting to contact dead people and control the activities of ghosts. "It's bullshit," Violet says, "People make up these spells and chants in order to pretend like they are in control. But they're not." Disability also lies outside of the realm of control, and thus constant mothering is necessary in order to mediate. Like the medium who must act as intermediary between spirit world and physical world, a mother must do the same between her disabled child and the expected able-bodied normativity of her surroundings.

After Addie has died, Constance visits her in the morgue, applies makeup to her, and tells her that she is finally a pretty girl. She refuses to mourn, or at least she refuses to allow other's to see her performing the expected rituals of a mourning mother. "Most people would be devastated by the deaths of their children, but I'm too strong for that," she says at one point. We can read Constance's actions in several

ways regarding how disability relates to both life and death, how disability is viewed by the family's neighbors, and how disability acts as a site for Constance to express her own motherhood. One possible reading is that while alive, Addie's malformation has marked her as close to the border of death. Her disability prevents her from living a fully alive existence. Thus, if Constance is attempting to rework her own shortcomings as a person through her daughter, she marks her own existence as close to death or never fully realized if she puts makeup on her malformed daughter and flaunts this publicly. Under this reading, the daughter's body (whether dead or disabled) cannot ensure that the mother lives on for at least one more generation as a beautiful starlet. Instead, the malformation marks Addie as straddling the line between life and death, and brings stagnancy and infertility to Constance instead of immortality. If most children imbue their mother with a sense of immortality, Addie has denied this to her mother.

Tellingly, Adelaide is the only character who is killed off during *AHS:MH* who after death does not remain in the house or on the television show as a ghost. When a malformed child comes into existence it "dies" antecedent to the parents and yet continues living as a reminder of the child's status as not quite dead but nearly. The disabled child is ghosted. In *AHS:MH*, dying or being buried on the murder house property means that the spirit will forever be left to wander the property. Adelaide dies in the street across from the house, and her body is not buried on the grounds of the murder house in time for her spirit to be permanently trapped there. The only character to die yet not remain in the show as a ghost is Addie, the child born with a disability

played by an actor with a malformation. She already lives in a ghostlike state between life and death because in her mother's eyes her disability prevented her from ever being entirely alive in the first place. Other characters exist in this in between state between life and death – they are all already dead, they are spirits -- Addie is a living character to inhabit the space between life and death. She is the only malformed character to die on screen and, when she does, both actor and character are eliminated. Disability and death are linked. The mother of a disabled child becomes unsure of her own value as Mother because of the existence of her child in a space between life and death. Addie and her malformation disappear after death, but the able-bodied ghosts remain. Death can serve as a point of redemption, but apparently downs syndrome is irredeemable. Ghosts are almost human, but disabled people are almost dead; so, disability plus death is too much to comprehend. If in death we are free of all the supposed troubles of being alive, how could Addie's downs syndrome be erased without erasing Addie herself? And so the writers did just that: they erased her from the show.

Toward the end of the season, the Harmon family prepares for the birth of twins. The ghosts inhabiting the mansion plan to wait for the birth then kill the newborns at an ideal moment, while they are still in a perfect state of able-bodied liveliness in order to maintain this newborn, able-bodied perfection for eternity. "We are going to smother them at that perfect age," the spirits in limbo declare, "so they are cute forever." Forever cannot handle disability, there's always that hope that disability might be eradicated or wiped away. The disabled body is imperfect and *AHS* implies

that death might be a better option than life with impairment.

Another teenage daughter during the first season of the show is referred to as: "Just like her mom. Smart and beautiful, no need to be like anyone else." Whereas, the character with downs syndrome complains for the entire series that she is not beautiful, her mother cannot accept her. The attractive, able-bodied daughter is regarded as extending her mother's life by being smart, beautiful, and the spitting image of her mother. But the malformed child was born in a state of near death in the view of her mother. She ends the mother's life at the moment of birth, and serves as a constant living reminder of death and mortality. For the mother afraid of her own mortality, who had been hoping to vicariously live out her dream of stardom through a daughter, a daughter with a disability is an untenable nightmare. The character who cannot fulfill her mother's vicarious dreams of Hollywood stardom because of her disability ironically is played by a Hollywood star with a malformation. Perhaps the concerns of the mother within the show are unfounded? The actress with downs syndrome defies the fear of the mother within the story. The real person with downs is a star and a diva in a way that the fictional Constance never will be. So, while the characters are afraid that disability is a strain on the progress of life, the show itself in a meta-theatrical twist gains extended life and importance through the disability of an actress. The disabled actress is pretty, popular, and successful in her career, while within the series such a person is perceived as unable to be so. "But the current state of affairs perpetuates ableism by reinforcing the audiences' expectations both that disability is a state to be magically transformed and that nondisabled actors are the

high priests who reenact the sacrament every time they don a disability for a role and then remove it when they go home at night" (Davis, *The End of Normal* 42). For the actress with the actual disability it is permissible for her to be on the show but not to continue in the narrative after her character's death, as her malformation cannot be satisfactorily erased. Only the nondisabled actors can put on the disability and remove it when the show needs them to.

Disability, like poverty or illiteracy, is something to be overcome within the narrative of a film or television show. The audience feels more comfortable watching a show in which the disabled character is rehabilitated and moves on. The thought of a permanently disabled character is too much to bear. Thus, if the character within the film cannot overcome his disability, the actor himself must (or in the case of *AHS*, the character is simply killed off). The audience is discomfited if the actor portraying Stephen Hawking in *The Theory of Everything* were to remain in his sip and puff wheelchair after the credits; nothing has been overcome. But if Eddie Redmayne walks off the movie set, does interviews on the *Tonight Show*, and walks down the red carpet at the premiere, the movie going public can find a false sense of security in feeling that the disability has been overcome and the actor wins an Academy Award. The audience wants to see an actor morph into something new and overcome his impediments. The disabled actor cannot and will not walk away from his malformation and as a result the audience must face malformation's depressing permanence. The audience does not want to deal with that. Hence, the able-bodied actor and character remain behind as ghosts, but the body of the malformed actor is

eliminated. “The ‘normal’ actor, then, embodies this mythology of class and bodily open-endedness, while the disabled actor is seen as a grim reminder that transformation is not possible, except in limited ways” (Davis, *The End of Normal* 40). One ends up wondering how far the disabled community has actually come in the years between the freak show circuit and the mass distribution of *AHS*. In the nineteenth century, Merrick’s performances were shut down due to indecency, other more normal looking freaks were permitted to perform without scandal. Today, characters with disabilities are performed by actors without disabilities; and, as in *AHS:MH*, actors with disabilities are killed off early in television shows and disappear for the remainder of the season. Or (as we will see below in *AHS:FS*), actors who legitimately have conditions qualifying for freakdom are cast alongside able-bodied actors in an attempt soften the impact of seeing malformed bodies on screen. Previously, only the most extreme examples were excluded; now, any freakery is cause for some level of erasure.

By the time *AHS* reached its fourth season, the show embraced the praise it had been receiving and took its willingness to employ disabled actors to a further extreme. This season of the series was set in a freak show in Florida as the side show industry was in the final years of its slow and agonizing decline. Elsa Mars, the owner of the freak show, eventually abandons the carnival, moves to Hollywood and secures her own television variety show. She dies, makes her way to the afterlife, and re-encounters all of the freaks she previously knew. The disabled actors themselves deserve praise for their work: Erika Ervin as Amazon Eve, Mat Fraser as Paul the

Illustrated Seal, Jyoti Amge as Ma Petite, Rose Siggins as Legless Suzi, Christopher Neiman as Salty, Drew Rin Varick as Toulouse, and Ben Woolf as Meep. The rest of the cast was filled out by able-bodied actors made to look like freaks with CGI and prosthetics. Certainly, one could argue that other than Mat Fraser, none of the disabled actors had the acting chops to carry a lead role on a major television show. The show's creators cannot be faulted for casting professional actors in roles that called for it. The problem with this season of the show is the ultimate treatment of those with actual real-world disabilities and the separation that is created between cripped up able-bodied actors and malformed actors.

Season 4 also assumes the premise that disability is a state closer to death, perhaps also a condition worse than death, that death is the only solution for the disabled, that a disabled life is a not a life worth living. The penultimate show of *AHS:FS* features a massacre of nearly everyone in the freak show. A white, able-bodied character named Dandy roams the carnival grounds like a shooter at an American high school deliberately picking off each and every freak he can find. Five freak show performers survive until the final episode: the conjoined twin sisters, the lobster boy, the hermaphrodite, and the amputee owner of the freak show. Each of these surviving character's disability is dependent upon CGI or prosthetics, none of the disabilities will follow the actor off the set after the TV show wraps. Not one of the disabled actors survives until the final credits. Not the actor playing the fat lady, not the trans-woman playing the world's tallest woman, none of the amputees or dwarves, not the actor with phocomelia, not even the overweight woman whose

character is not even part of the sideshow. Not one. The malformed actors become disposable props. To deserve life in the final episode, the actor must be able-bodied in real life. Agamben's notion of *zoe* seems to describe the situation perfectly. Life with a disability is a life not worth living, bare life can be killed without repercussion or consequence. The actors playing the characters who survive to the final credits will shed their disabilities, walk off set, receive praise for their performances, make the rounds of the talkshow interview circuit, possibly receive awards for their performances, and be reintegrated into American political life. The disabled actors have been eliminated from the show and from discourse, and serve a subsidiary purpose to the stars. They can never transform out of the malformation — like the cripped up actors can transform out of their fictional disabilities — and thus cannot be permitted the same attention.

Afraid that disabled actors cannot carry the show, *AHS:FS* softens their disturbing appearance on screen with having them appear alongside able-bodied actors. Some have argued that the film *Freaks* did this as well by making its cast of freaks share screen time with normal-looking people. "While it is tempting to read these actions — as the *Time* review of [*Freaks*] does — as a series of sideshow acts, the presence of sympathetic 'big people' in nearly all these scenes helps to mitigate the performance aspect. Randian is in the middle of a conversation with one of the Rollo brothers — the circus acrobats — when he lights his cigarette. Similarly, Francis, the armless woman, is listening to one of the Rollos brag as she eats her evening meal" (Hawkins 267). However, the film puts freaks in normal situations. The

freaks carry the weight of the film, the able-bodied characters are secondary in each of the scenes they appear in. *Freaks* put freaks on film, let them be themselves, and let them shine. *AHS* puts freaks on film, but to normalize them uses able-bodied actors cripping up. If critics have condemned *Freaks* for mitigating the appearance of its deformed actors by placing them on screen with able-bodied actors, *AHS:FS* does something more egregious in my mind. It attempts to entirely erase disability by juxtaposing prosthetics against actual malformation—if the viewers know that some of the disabilities are merely being faked, they can find solace in that maybe *all* the disabilities are being faked. In the freak show itself, and in the film *Freaks*, audiences would have been disappointed had they known the physical anomalies were faked; now, the opposite seems to happen, faked disabilities are performed on screen alongside real malformations and the audience can feel safe hoping that maybe not all of that messiness on the screen is real. It is comforting for the audience to assume the disability will go away with the final credits.

Agreeing with the Pacific Film Archive, Joan Hawkins states that, "*Freaks* is guilty of the crime it denounces. Through its bizarre revenge plot and its periodic insistence on the 'code of the freaks,' the film 'traps its characters in a horror mode.' It re-inscribes physical difference as a thing to be feared" (Hawkins 267). I disagree — especially when the film is juxtaposed against *AHS*. In comparison to *AHS*, *Freaks* gives the performers something to live for. The freaks in *Freaks* do what they want, living on their own terms. They survive to the end and enact justice as they see fit. In *AHS*, the real freaks all die at the hands of others. Instead, it seems to me that

Browning does not want to permit his audience the safety of hiding behind costumes and prosthetics. Browning confronts his film's viewers head on with the deformities and realities of life. He makes the statement (bold for his time, and even bold today) that despite their malformations, his film's freaks are human in every way. "Rather than allow an audience the safe shelter of a very costumed and tame fairytale, subsequent international directors embraced the disturbance of deformity, giving their audience wild transports to a dimension first chartered by Browning. The freaks' taunting choral chant at the wedding banquet chills as a contemporary reference nearly independent from the film — "We accept you, one of us, one of us!" (Havis 17). *Freaks* glorifies and allows the malformed people to live. *AHS* kills them, and allows costumed actors to live. Browning's film celebrates the malformed body, while both seasons of AHS minimize the presence of or eventually entirely erase the disabled body.

Presumably, *AHS:FS* is about the death of the freak show as a cultural phenomenon. The freak show ended as modern technologies converged to make freaks and deformities more readily available to the public outside of the circus tent. Cinematic technology brought it to the big screen, more technology brought home soldiers with gross deformities, atomic technology led to Japanese babies being born with genetic mutations in Hiroshima and Nagasaki, medical technology led to new afflictions such as phocomelia brought about by the drug thalidomide, and broadcast to the masses over the technology of nightly news on television. We might surmise that the makers of *AHS:FS* were attempting to reference this decline of the freak show,

the decline of live performance, the westward movement of entertainers to Hollywood, in the season finale's massacre scene, and in the move of Elsa Mars to television. Perhaps even, we could suppose the show's creators are referencing the disposability of disfigured, malformed, freakish, disabled people when we knew capitalistic ways of profiting upon other people's differences were being discovered through technology and medical care. The show might think it is exposing the maltreatment of the disfigured by society at large. But from my perspective, especially when juxtaposed against the movie *Freaks*, the massacre scene reinforces the idea that disabled people are disposable and not fully human.

Furthering the perception that disabled people are not fully human is this show's suggestion that malformed people might be better off dead. Again, everyone in the freak show lives apart from society as a pariah and appear to be living on the edge of death. They seem to be closer to death than to life. However unlike in *AHS:MH*, we do see the ghosts of these characters in *AHS:FS*. Season one presents the ghosts as part of the real world; able-bodied people get to remain in the physical world as ghosts, as memories even after their death — they are remembered and a part of the physical world forever. The malformed characters from season four pass on to an afterlife reserved for malformed people. Death is a better option for them than life with a malformation as disabled people will be forgotten by those remaining in the physical world and can only be happy in the next life. In season four we see the characters after they have descended into hell or Hades or whatever metaphor you might prefer to use. Even more telling, the show attempts to erase their disabilities. Where possible, the

unsightly mess of malformation is erased in the afterlife. Twisty the Clown, a psychotic and homicidal clown from the first half of the season, is restored to full health physically and thus presumably psychologically as well. Twisty's story is that his lower jaw was blown off in a gunshot accident and he responds by becoming homicidal. In the afterlife, his lower jaw is restored and apparently his sanity as well. Unlike in *Freaks* where mutilation is a punishment for antisocial behavior, *AHS:FS* presents antisocial behavior as a consequence of mutilation. Hawkins may have suggested that bodily difference and evil behavior are linked in *Freaks*, but to me that film actually questions this supposed link while *AHS:FS* outrightly depends upon it. Moreover, Elsa Mars, the amputee owner of the freak show has had her limbs restored in the afterlife and she is welcomed back by the freaks she previously had abandoned. In the afterlife, both her honor and her legs have been returned to her. She can finally be happy again now that she is dead. While these disfigurements are erased in the afterlife, congenital disabilities are not erased and other characters' acquired disabilities remain. Dwarfism has not disappeared, the tattooed lady retains her tattoos, Paul the Human Seal, with shortened arms due to phocomelia, has not magically extended his limbs. If nothing else, the show seems to suggest that the happiest possible outcome will come about in the afterlife and where possible that happy outcome will include the erasure of disability. Ultimately, the scene suggests that disabled people will only be happy in the afterlife, and they will be happier still if their disabilities are erased in the afterlife. A disabled life is barely a life worth living in the world of the show.

If one were to regard the full humanity of the disabled person, one could see that each individual disabled person has the full capacity to be either monstrous or innocent. Browning's film recognizes this; *AHS* places each of its characters within one of two stereotypes, the obsessive avenger or the sweet innocent. Of course, we should not really be surprised by this as season one opens the entire series by focusing on the blind seer stereotype. *Freaks* "illustrates the basic connection that always exists between the monster and the 'normal' world (s)he menaces. For it is precisely when the freaks turn monstrous — when they seem to step outside the bounds of normal social constraints — that they become enforcers of patriarchal convention. It is when they become monstrous that they most clearly function — within the dominant society — as one of us" (Hawkins 274). *Freaks* says that if society is monstrous, freaks are just as monstrous as the rest of society. Disabled people are like any other people, they have the ability to do good or to do bad. *AHS*, on the other hand, identifies the dominant society as sometimes monstrous sometimes benevolent; yet, disabled people cannot be read in the same way that normative people can. In *AHS*, the freaks must die and the more normal ones can leave the freak show and join society. For the actors who crip up, life can become normal. For the actual freak show actors, death is the only option. Indeed, some of their disabilities are even erased in the afterlife.

Another possible interpretation from the television series is that disability only exists among the living and ceases to exist after death. In one sense, disability is imposed upon a body from the outside. Disability is a nebulous construct that can only be defined in relation to a normative ideal. Disability only exists in its relationship to a

given and expected functional normalcy. A functioning, idealized body must be available for contrast against the disabled body if the disabled body is to be recognized as malformed in some way. “Freak shows were to the masses what science was to the emerging elite: an opportunity to formulate the self in terms of what it was not” (Garland-Thomson, *Extrordinary Bodies* 59). In death, malformations are erased and disposed of within *AHS*. Whether the impairment is mental, psychological, or physical, the trait cannot be carried into the afterlife in a corpse. No corpse can be defined as any less functional or more functional than any other corpse. If disability is considered to be imposed from the outside because of a societal norm, then without the economic, social, and physical barriers which lead to disability while a body is alive the concept of disability becomes erased. In death, the malformed body should be put on an equal footing with any other body. Thus, Constance finally allows Addie to wear makeup and be “a pretty girl” because a dead body can no longer be read as disabled. Twisty can be free from his psychosis. Elsa’s legs are restored and she is welcomed back into the world of the freaks.

Adelaide lived her life with a disability, which becomes erased from her body upon her death and passage into the afterlife. Every other character acquires what would be considered a disability in the world of the living at their moment of death and in turn remains in a state of limbo on the house’s property. The ghosts that remain acquired disabilities such as missing limbs, blindness, charred skin, and seeping wounds. In the world of the living, such malformations would mark the human body and affect the person’s ability to function “normally.” However, in the afterworld that

exists in the supernatural purgatory, physical malformations do not separate one ghost from another in terms of functionality or ability to overcome barriers. In either case, disability is erased after death. This happens whether it is because an acquired disability does not affect a ghost's ability to function, or whether the character with a congenital disability does not remain in the netherworld between the living and the dead at her moment of death. The mother is able to finally recognize the full humanity and beauty of her malformed daughter. Interestingly, the leveling of the playing field for malformed and non-disabled bodies that should occur in death is not necessarily the case for Addie in *AHS:MH*.

By regularly seeing disabled people as a clichéd narrative or a metaphor, audiences are prevented from fully associating or empathizing with malformed characters in the same way that they are able to do with other characters on stage and screen. As Sue-Ellen Case states about portrayals of femininity, "Female characters reflect the absence of real women from the stage and the reasons for their absence" (Case 12). The same can be said for disabled characters; absence of malformed actors in roles written for disabled characters and the overuse of disability as a metaphorical construct demonstrate a fear of disability that comes from a lack of control over the malformed body and the fear that the disabled body exists in a realm between life and death. Malformed bodies should appear on screen as they actually are. The malformed body should not be supervised or softened or erased from the mind of the audience. In fact, "Inclusion starts with the premise that an individual has a *right* to belong to society and its institutions, which therefore implies that others have obligations to

ensure that this happens" (Allan 282). Filmmakers should feel compelled to include malformed actors, not merely to include disability.

Disability scholar Jim Ferris is quoted as saying, "Physical disability means emotional cripple, but it only means that in art, so don't take it personally" (Sandahl and Auslander 13). Unfortunately, while disabled people can often avoid "taking it personally," it may be more difficult for non-disabled audiences to dissociate dramatic portrayals inside film and theatre from the real experience of malformation off the stage and screen and their personal experiences with malformed people. From this, stems the problem with disability being commonly used as a dramatic device, whether it be as a metaphor or as a stock character type. Also, it necessitates the presence of the actually malformed actors on screen in *AHS* being mitigated by the presence of able-bodied actors in prosthetics. The comforting final transformation as the able-bodied actor sheds his prosthetics and false disability as he walks offstage or set for the final time falsely reassures the audience that transformation is possible, even for a cripple. *AHS* depends upon this need for comfort, while *Freaks* willingly embraces the finality (and the acceptability) of malformation.

Freak shows arose in an era of scientific classification, categorization, and determination of precise parameters. The freaks on display challenged these notions. A microcephalic "pinhead" could be displayed as an evolutionary missing link and regarded as not quite human. A dwarf or amputee challenged an audience to reconsider what a complete human being was. Conjoined twins made us ask if this was one person or two. The freak show acted to disrupt the scientific order. Previously,

scientists and physicians kept preserved and dissected specimens in their own labs and used freakish diversion from the norm as a way to further their own scientific hypotheses about what "human" is. The freak show brought the wonders and curiosities — previously hidden from public view — out of universities and laboratories and to a more populist and democratic audience. The freak show turned scientific classification on its head and invited the public at large to make their own determinations. Tod Browning's *Freaks* works in the same way. But, *American Horror Story* re-inscribes the classifications that the original freak show helped to break down; the actual crips die, the pretenders all live. The 19th century line drawn between human and freak that was broken down by the freak show is redrawn in *AHS*. We know who is "normal and acceptable" and who is not according to whether their character is deemed worthy of living in the finale. The original freak show made us question what it is to be human, the movie *Freaks* fell into this tradition. *American Horror Story* clearly gives us its opinion on this question: those with actual malformations are expendable and thus not fully human. In *Freaks* one disabled character becomes the incorporeal corpse, in *AHS* there is no other option for the disabled and malformed characters whether they are cripping up or not..

The original freak show worked in two ways. One, it questioned scientific hegemony on knowledge of what the human is. It allowed freaks to say, "Wait a minute. I am human, too." In light of the fact that the freak show expanded the range of what it means to be human, it also served a second purpose. Two, it allowed the average American to look at the freak and say, "I am not that. More kinds of people

might be human then I initially expected. But there clearly is a hierarchy of humans and I am more normal than that freak." But, as malformed people become regarded as more and more human, closer to acceptable, even possibly normal, that line must be redefined. The use of actors in prosthetics or CGI helps the viewing public to watch the show and still say to themselves, "At least we regular people are not as bad as those people who are permanently stuck with the disfigurements. I may not have a perfect body but at least there is a chance to improve mine."

Kate: You're not dead at all are you, Billy?
Billy: I'm not, Aunty Kate.

— Martin McDonagh, *The Cripple of Inishmaan*

Chapter Four

Reframing Disability: Live Performance and Countering the Incorporeal Corpse

In previous chapters we've seen how the disabled body is compelled in performance toward either recovery or death. This compulsion is played out when actual persons are fictionalized (as in the case of Joseph Merrick), when the disabled body itself is absent from an image (as in the case of an empty wheelchair), or when a disabled body is present on screen but killed off in preference for able-bodied actors who have cripped up (as in the case of *American Horror Story*). This chapter will look at various attempts to push back against this idea and the varying degrees of success with which they are accomplished.

Andrew Hinderaker's *Colossal* with three major productions in 2014 and Cassandra Hartblay's *I Was Never Alone* with productions in 2015 and 2016 are two recent play scripts dealing with disability and written to be performed by performers with disabilities. Both scripts call for audiences to be confronted with the presence of actual disabled bodies onstage. The character list for *Colossal* splits its lead character into two roles played by two different actors: Mike, "ten months removed from a catastrophic football injury that left him in a wheelchair" and Young Mike, "an extraordinary physical specimen" (Hinderaker 1). Hinderaker's script calls for this split because we see Mike both before and after his spinal cord injury and the dual role

allows post injury Mike to be played by an actor who actually uses a wheelchair. In her introductory notes on how to perform *I Was Never Alone*, Hartblay urges "directors to cast or consider casting actors with disabilities in these roles, and to withhold judgment and expectations about what an unusual body can "do" onstage; or even to intentionally cast actors with embodiments different from the characters they are portraying" (Hartblay 5). Hartblay asserts that casting actors with and without disabilities works to "amplify the voices of the actual people" (Hartblay 5). As we will see though, while both scripts call for actual malformed bodies to appear onstage the ultimate outcome in each performance is drastically different. *Colossal* ultimately focuses on its lead character's eventual recovery, while *I Was Never Alone* focuses on the present lived reality of its disabled characters and steers clear of narratives of death and recovery.

In response to theories on the disabled body, actor training, and narrative structure, this dissertation has contended that the presence of malformation in film and theatre brings a visceral response that alters the viewers' perceptions of disability into a bodily artifact that can and should be resolved. The experience of watching performance is a "form of make-believe whose fantastic nature is revealed when the time come for [an actress] to stride across the stage and accept her Oscar" (Davis, *The End of Normal* 40). This leads to representations of disability relying upon the placement of disability on the death end of the life to death spectrum and also imply that disability may even be a state worse than death and recovery or death are the two preferred outcomes. The idea of the incorporeal corpse thus also refers to the use of

disability as an image onstage that can be killed off or rehabilitated through the use of non-disabled actors in disabled roles. In this chapter I argue that that presence of actual disabled performers in the rehearsal room and on set challenges notions of disability as tragedy and begins to break apart the idea of disability as incorporeal corpse. Although, *Colossal* calls for the presence of malformation, its narrative demonstrates the legacy of blind acceptance of the recover/die expectation.

The script actively and admirably works to upend the aesthetic anxiety— "fears of bodily difference, reflected in a propensity to shun those with unattractive bodily attributes" (Hahn 42). But the need to witness Mike walking again at the end of the performance reifies the audience's existential anxiety— "the perceived threat that a disability could interfere with functional capacities thought necessary for a satisfactory life" (Hahn 43). The script confronts the audience with an inability to shun malformation, but gives them the illusion of comfort that the character Mike will have a satisfactory life going forward even if the actor playing Mike remains paralyzed. If the character can't die or recover, than the actor must be non-disabled and "overcome" the stage disability; this script tries to accomplish both and neither expected outcome all at once. Actor and disability still remain separated.

It seems that one paralyzed actor cannot effectively play the full range of actions and emotions that a character calls for, and if a malformed actor is cast, and non-disabled actor must be present to fill in the gaps. Even though the disabled actors rehearse and perform roles as does any other actor, audiences tend to feel this anxiety because of stereotypes and assumptions about disability. The rigorous rehearsal

process that any theatre company goes through will turn scenes into mundane experiences for the actors but not for the audience. Take, for example, Phamaly Theatre Company's 2009 production of *Man of La Mancha*. Phamaly is a Denver company that produces standard Broadway fare using an all disabled cast. Their stated mission is to produce traditional theatre in non-traditional ways, to empower disabled people with the chance to star in plays and roles which would not traditionally be available to them. The actor who played the role of Aldonza in *Man of La Mancha* was a paraplegic who used a wheelchair for mobility. The script calls for Aldonza to be raped onstage. To perform this scene, the rapists lifted Aldonza out of her wheelchair, carried her around the stage, and eventually placed her on a table where the rape took place. At the end of the scene, some of the assailants pushed the actor's wheelchair out one vomitorium, while the other assailants carried the paralyzed actor out through an opposite vomitorium.

For Aldonza's next scene, she reenters and confronts the hero of the play, her admirer Alonso Quijana who proclaims himself to be Don Quixote. In an attempt to compel Quijana to abandon his delusions of love for her, Aldonza sings to him, "A lady has modest and maidenly airs, and a virtue I somehow suspect that I lack; it's hard to remember these maidenly airs in a stable laid flat on your back!" and from another verse, "You have shown me the sky, but what good is the sky to a creature who'll never do better than crawl?" (Wasserman). In Phamaly's production of *Man of La Mancha*, the actor playing Aldonza did not return to her wheelchair before performing this scene. Instead she dragged herself onstage, trailing her paralyzed legs

behind her. Aldonza's lines about lying "flat on [her] back" and never doing "better than crawl" were given another level of literal meaning and an added emotional weight as the actor was prostrate and crawling in a very real sense.

For a woman who uses a wheelchair it is very realistic and natural that after being assaulted and having her wheelchair stolen that she would have to crawl on the ground until she found another person willing to help her. However, for the audience, this is an unexpected act that takes them out of their realm of comfort and forces them, in a Brechtian manner, to reconsider their relationship with what is occurring onstage. The Brechtian alienation effect, requires the audience to rethink its own stereotypes and assumptions: "a representation that alienates is one which allows us to recognize the subject, but at the same time makes it seem unfamiliar" (Brecht 192). Watching the paralyzed woman crawl on the floor out of her wheelchair casts a familiar subject in an unfamiliar light, and the audience is able to recognize the necessary actor/character enmeshment. Those who attend Phamaly shows often state that once the play is underway it is easy to forget that everyone in the cast has a disability. But once one of the characters is placed onstage in a way that seems unfamiliar, the fact of disability is turned back upon the audience for the audience to reconsider. The situation reminds us of the *reality* of the disability, instead of the disability as a theatrical stage device. This unfamiliar situation reminds the audience that not only is the character a paraplegic but so is the actor. They are forced to reconsider their assumptions and stereotypes about what malformed people can accomplish onstage and offstage.

Foregrounding disability in this way functions to make the audience aware that malformation is a reality for both actor and character. Phamaly productions differ from typical productions not only because they create a dialogue between actor and character but also because they create a dialogue between actor/character and spectator which serves to underscore the theme of the actors' and the audience's vulnerability to accident, disease, and death. Phamaly challenges the audience to engage in the play and consider the lives of the actors in a way that a typical theatre company does not. By consequence of this engagement, Phamaly forces the audience to reconsider assumption about people with disabilities and the perceived dangers that accompany disability. Phamaly attempts to confront both existence and aesthetic anxiety by casting malformed actors in roles written with an assumption of able-bodiedness. When roles are written as disabled characters, they are specifically listed as such. When roles are written as able-bodied it is not specifically stated. Non-disability is an unspoken assumption. Whether each character dies or recovers is an individual matter, rather than being imposed upon disabled characters as an assumed outcome.

Phamaly's non-traditional casting works to resist the incorporeal corpse and normalize disability and continued existence/future with disability. "Despite the fact that disability is a ubiquitous, even mundane, human experience, people with visible impairments almost always seem to 'cause a commotion' in public spaces…. The curious fight the urge to stare, to gather visual information that will help make sense of such startling physical difference" (Sandahl and Auslander 2). Disabled actors "cause a commotion" and create in the audience a curious "urge to stare" though they

are simply following the script. Possibly, people fight the urge to stare at disabled people out of concern for "not wanting to be rude." However, the disabled person onstage is ready, willing, and able to be stared at – indeed they are welcoming of it. The very nature of theatre is dependent upon causing a commotion in order to invite an audience to stare. Disability is re-scripted as a fact of life, it can be part of a pleasurable existence even if it is neither unreal nor fictitious. Nineteenth century literary critic Samuel Taylor Coleridge described how an audience allows itself to become immersed in a fictional world in his book *Biographia Literaria*. Jim Ferris discusses this in his essay "Aesthetic Distance & the Fiction of Disability." He writes that, "Coleridge contended that the pleasure we derive from theatrical performances is based on their unreal and fictitious nature" (Ferris 67). In order to empathize with a story, an audience must accept that the unreal has become real, a phenomena which Coleridge referred to as the willing suspension of disbelief. He described the willing suspension of disbelief as necessary for an audience to justify and accept fantastic or non-realistic elements in literature (Coleridge). By suspending disbelief, audiences are able to accept the reality of what is presented onstage in light of the fact that they know this is not actual reality. To facilitate the audience's suspension of disbelief, Western naturalistic acting is predicated upon the actor immersing himself fully in the reality of the character which he portrays. The actor uses all of his energy to transform himself into the character which he is portraying. This creates a reality onstage which the audience passively observes. But an important and final step is to see the actor step aside from the role afterward; by transforming out of, we understand that the actor first

transformed into. Phamaly's work actively disrupts this. Malformation may be a material reality for the company members, but pleasurable and fictional states can still be freely entered into and out of despite the persistence of the malformed body.

The presence of a body with an actual disability works against this "unreal and fictitious nature" that audiences expect. When the audience realizes that these disabled actors are acting in unfamiliar ways, the audience becomes aware that the actor – and not necessarily the character – has a disability and that the actor and character are in fact separate figures. The audience is reminded that they are not unseen spectators and that this event is not really taking place. This is because "disability obscures the blurry lines that separate fiction and art from real life" (Ferris 56). This alienation blurs the lines between art and reality and so does disability itself. Because disability is closely tied to death in our minds, having disabled actors serves as a constant reminder of the looming threat of death. This fear has commonly been dealt with by having disabled character separated from disabled actor. The able-bodied actor metaphorically "kills off" or "rehabilitates" the disability through the curtain call and walking away from the role. Audiences finds comfort in redrawing this blurry line through casting that allows for the ultimate removal of the disabled body. *American Horror Story* accomplished this through killing off all the disabled actors; images of empty wheelchair are effective and frightening because the threat isn't of actual disability, but rather the *threat of* disability; and the Elephant Man is continually repackaged in new ways to deal with the fact that his malformation can never be erased. Thus, scripts that wish to dismantle the notion of the incorporeal corpse must actively address the

audience's existential anxiety.

In 2013, French choreographer and director Jerome Bel collaborated on a performance called *Disabled Theater* in order to confront some of the limitations imposed upon disabled performance. The reviews, while receptive, still highlight our expectations of disability and performance. We can see how pervasive the threat of the incorporeal corpse is in a review of Jerome Bel's production of *Disabled Theater.* Sandra Umathum writes in her essay "Actors, Nonetheless" that, "What is perhaps most remarkable about the evening is what takes place in the audience, which breaks into storms of applause after each of the dance solos, or in some cases simply when the actors walked to the microphone to express their opinion on *Disabled Theater*" (Umathum 99). I find it fascinating that the author finds the audience to be the most remarkable piece of the performance. Not the actors, not the director, not the writing, not the staging, not the technical elements. The audience. It is almost as if the skill of the actor (if the actor is disabled) doesn't matter at all. What is important is the audience's awareness of its open-mindedness to the attempts of the abject body to perform onstage. This author seems to suggest that the audience, able-bodied mind you, is doing the real work. This critic seems to be suggesting that when the actors are malformed, the non-disabled audience must bear the burden of picking up the pieces that the disabled actors have dropped. The disabled actors cannot give an adequate enough performance but the audience makes up for it with its willingness to be tolerant. "At any rate," she writes, "the enormous applause is remarkable, for the reason that Jerome Bel deliberately held back from getting the best out of the actors"

(Umathum 99). Held back from getting the best out of his actors? Maybe the audience or the director don't acknowledge the malformed actor can be proficient. Maybe the malformation disrupts the emersion of actor into character. Whichever is the case, it seems like the disabled actor is compelled to play disability and nothing else.

In watching performance, we want mimesis of the disabled body, imitation of the abject body. The act of watching the skilled performer perform disability deals with the anxiety that the audience may feel when confronted with actual disability. We want disability to be separate from the character, we want it to be fictional, total. This allows us to shed the disability and ultimately control it. We want to *impersonate* the abject, not *be* the abject. When an actor crips up, it distances us from the disability. Actors who are real crips make the disability real and actual and material which is untenable. It seems that the able-bodied actor has the skill and technical prowess to imitate and overcome disability, but the disabled actor's skills are impeded by and can never be fully realized because of disability. Recently, with yet another season of Academy Awards (this time in 2015) going to actors doing "disability drag" – while no actors with actual disabilities were anywhere to be seen at the event – has caused an uproar. Eddie Redmayne won the Oscar for his portrayal of Stephen Hawking in *The Theory of Everything*. Redmayne's Academy Award win pushed the percentage of Oscars given to actors playing disability above 50% for the last thirty years. Of course, the percentage of disabled actors playing those roles is far fewer — 0% if we are counting only men, and Marley Matlin is the only actor I am aware of to have won an Oscar while acting with a disability. Even though many of these roles featured

disabled characters who survived the end of the film, the disability is killed off or rehabilitated in a different sense — the able-bodied actor finishes performing the role and is no longer disabled. Thus, the reoccurring social exclusion of people with disabilities is a problem that must be taken head-on by providing availability of acting opportunities for people with disabilities.

Our need to control disability also manifests in desire to explain or justify the disabled body. The disabled body cannot just appear onstage without some form of explanation. In Chapter Two, I briefly discussed the need to "explain disability." I discussed how casting directors were unwilling to cast disabled actors in minor roles, even where disability would not affect the actor's portrayal. The casting directors reasoning was that there was not enough time to explain the audience members why the character was disabled. This attitude permeates many forms of performance and the way we talk about disability onstage. Of *Disabled Theater*, another critic, Yvonne Rainer writes in an essay titled "The Difference between Death and Disability" that, "The two male performers were wheelchair-bound, paralyzed from the waist down after two separate auto accidents" (Rainer 56). It feels strange to me that the dancers' moment of acquiring disability matters to the dancers' identity. Rainer doesn't focus on the disability itself, but also on *how* they became this way. It is not enough for the writer to say that the dancers are disabled — we need to know HOW they got that way. So important is this information that the author declares that it was "two separate auto accidents," as if *this* is what gives them identity, and there is some concern that there might be overlap of identities if the accidents were one and the same. But she

still feels compelled to maintain their individuality. Disabled people are still unique individuals she assures us, but her reasoning is odd — they were separate accidents. This reemphasizes the importance of the question, "How did you get injured?" and plays into the need to justify and explain and ultimately control disability. The disability needs to be explained to assuage our fear of becoming disabled ourselves and to try to place disability within the context of an ordered and orderly universe. This idea permeates most of the performances I have looked at in this dissertation. We want to understand how and why Joseph Merrick looked the way he did, horror films are full of images of how you, the audience member, might end up in a wheelchair, freak shows as depicted in *American Horror Story* tell the viewer how the performers became disabled and how the freakshow viewer can avoid the same fate.

Rainer also writes, "I am sure I was not the only person in that audience to initially feel acute discomfort at being exposed to the exposure of these obviously disabled performers. I perceived them as embodying, if not a disease, then a set of limitations that have historically been concealed from most of us in our everyday lives" (55). This reminds me of the story of an actor with a progressive disability told to me by an artistic director at a large regional theatre in America. I will not name the theatre, the artistic director, or the actor because the conversation I had with her was not sanctioned by the theatre company. She told me the story of a longtime member of the theatre's acting company with a degenerative disease which progressively hinders more of his movement. In the mid-2010's this actor was cast in a major role in the regional premier of a play that had been popular on Broadway. The theatre received

numerous letters from season-ticket subscribers to complain that they wished they could "see the play as it was intended." Those that complained felt that they had somehow been shortchanged, that they had not seen the play as it was written, that the actor's progressing disability impeded the audience enjoyment of the show as a whole. However, why should life limitations matter while watching a performance? Limitations from life don't apply to other aspects of performance —an actor pretends that he is performing surgery, pretends to be in love, pretends to be stabbed by a sword, so why do limitations apply to disability? A performer and a character are symbiotic in that everything the character needs to do is what the actor can do and nothing will be presented onstage or on screen that is not necessary. Are audiences concerned that some part of the character won't be able to be portrayed because the actor has a disability? If the actor can perform a task then is part of the character, if the actor cannot then it is not part of the character — this idea of "limitations" seems absurd while watching the performance. What exactly is the audience afraid is being missed onstage? To me, this indicates that the fear of disability is really the fear of death of which disability reminds us. This is existential anxiety (Hahn 43), an unsatisfactory life is akin to death, so seeing a malformed actor onstage is almost like seeing a personification of death onstage. There is a stigma that the disabled body cannot perform adequately because the disabled body is innately marked as inferior and abject. Audiences wish to see what they perceive to be a highly skilled actor performing the limitations of disability and feel that malformation necessarily is a limitation on the skill of an actor. This is important to recognize because a lack of

disabled representation further "others" disabled people, creating a distance and gaps in understanding between disabled people and everyone else. Representation offers a mirror—so that people can see themselves reflected in the media they consume—as well as a window, so people can gain understanding and empathy about experiences they haven't had personally. But, when that window is a look into disability, the audience's anxiety is assuaged by ultimately eliminating the disability. This is the stigma that performances like *Colossal* and *I Was Never Alone* are deliberately attempting to resist, the stigma that disability limits the potential of a person and must be solved with either cure or death.

Colossal is an encouraging step in the right direction for involving malformation onstage and screen, while in the end it is still dependent upon the notion that disabled characters must recover or die. Both the opening and closing scenes are of Mike, out of his wheelchair, walking. The opening takes places before the injury has occurred and the closing is during his rehabilitation process. Able-bodiedness is normalized and disability becomes a state that (if entered into) must be overcome and repaired. Despite the script's admirable intentions of putting a malformed person in a disabled role, it nonetheless treats the disabled body as an incorporeal corpse by using it as generative of dramatic meaning then moving toward a point where the disability ultimately ends up being shed.

If disability is a problem in need of a solution and accommodation (Mitchell and Snyder 222), *Colossal* seems unconcerned with the life of the disabled character, and instead seems more interested with the possibility at rehabilitation, and a father's

ability to emotionally handle a disability of someone else. However, even though we see a character with a spinal cord injury onstage, the play itself continues to further many of the same problems from previous interpretations of disabled characters. "Disability has an unusual literary history," write Mitchell and Snyder, "Between the social marginality of people with disabilities and their corresponding representational milieus, disability undergoes a different representational fate" (226). Race, gender, and sexual identity have commonly been excluded from representation onstage and film, they are conspicuously absent. Disability has an unusual history, however, as literary images of disabled people are actually often quite abundant. Nonetheless, the voices of disabled actors, characters, and writers have largely been ignored because disability is used as a device through which the stories of non-disabled characters can be told instead of focusing on the disabled person him or herself. The story of Mike serves as such a prosthetic device. His disability is used as a vehicle for a tale of overcoming. But the body of Mike is an incorporeal corpse, because of the dual-casting, the focus on recovery, and for the possibility that disability might be eliminated.

Colossal opens with a major event (the event of the moment of disability) and I find this problematic in its repetition of past fears surrounding malformation; as this major event happens in the opening scene it sets up the entire play as viewing disability as a problem, a burden, something that must be managed, something that that hinders the ability to live fully, a deviation which must be accounted for. In the opening scene a football game is taking place onstage. The action plays and rewinds

several times which focuses us in on one specific moment — the moment of disability. Like the reviewer above who found it necessary to establish that the two characters she was writing about were disabled at *different* times, this play uses the moment as an opportunity to explain disability. If disability can be understood, maybe it can be managed. The character we see in the scene is Young Mike, when he was still young and virile and energetic and athletic and able to walk.

Then the lights then come up on Mike in a wheelchair. We realize the scene we have been watching repeat is depicting a video recording of the moment Mike broke his neck in a football game. He has been normalized as a human before we are introduced to him as a malformed human. Mike is playing the moment over and over again on a television to a group of high school football players in an effort to teach them about proper tackling technique. The scene establishes that disability is a tragedy which can be avoided and the rest of the play moves toward the point where Mike is going through rehabilitation. Long before Mike is introduced to us as a person who uses a wheelchair, we see him running and dancing around the stage. We can empathize with Mike because he is a person first and later a cripple, rather than the other way around. The scene attempts to normalize the character outside of the realm of disability, under the assumption that the audience must first associate with an able-bodied character before it is able to empathize with a disabled character. Maybe this sounds inconsequential, but to me it seems problematic in the same way as a stage direction would be that introduces a character by saying something like, “he does not sound black.” It is an assumption and an erasure. Disability is more than just a

problem which must be dealt with by normative culture and this opening present disability as something that will need to be "solved." Hiding Mike's wheelchair until a "big reveal" indicates that people with disability are a problem, and will always be a problem. I would love to see an opening scene that begins with acceptance instead of revulsion. This version fetishizes disability, and uses it for shock value instead of recognizing disability as a normal part of everyday existence.

Mitchell and Snyder write that, "Our phrase narrative prosthesis is meant to indicate that disability has been used throughout history as a crutch upon which literary narratives clean for the representational power, disruptive potentiality, and analytical insight" (224). In *Colossal*, Mike's disability is a disruptive force which he and his father family must deal with, instead of a part of her everyday existence. Within a narrative, disability often serves a twofold function: "first, as a stock feature characterization and, second, as an opportunistic metaphorical device" (Mitchell and Snyder 222). His disability is a metaphor in the play and as it is used in *Colossal* seems to be a narrative device for Mike's homosexuality, his father's expectations, and for the audience to come to terms with their own lives and physical abilities. Disability is often used as a "narrative device — and artistic prosthesis — that reveals the pervasive dependency of artistic, cultural, and philosophical discourses upon the powerful alterity assigned to people with disabilities. In short, disability characterization can be understood as a prosthetic contrivance upon which so many of our cultural and literary narratives rely" (Mitchel and Snyder 225). Meaning is assigned to Mike's body from the outside; the narrative contains disability only as a

point of redemption for others. The narrative depends upon prosthesis; the performance depends upon the incorporeal corpse.

Colossal uses the potency that the image that disability as an object for stigmatization provides for a narrative, yet fails to acknowledge that its disabled character is part of the disenfranchised population of people with disabilities. The disabled character begins the road to recovery to conclude the play. The disabled character must come to terms with his homosexuality as he comes to terms with his disability. However, he accepts his homosexuality but we eventually see recovery and repair of disability. This is a common treatment of disability; Mitchell and Snyder write: "Disability cannot be accommodated within the ranks of the normals, and, thus, the options for dealing with the difference that drives the stories plot is twofold: a disability is either left behind or punished for its lack of conformity" (228). Sexual and life experience are disallowed to the disabled character, and once he accepts his homosexual desires he can move on toward rehabilitation. To use this as the resolution indicates that spinal cord injury and disability are things that must be managed and controlled by others so that they do not disrupt or interfere with the flow of able-bodied people's lives. The narrative structure serves to compensate or atone for something that has gone amiss in the world. There is a breaking point in characters' lives which must be attended to — a life out of balance must be resolved or corrected. Mitchell and Snyder described the situation like this: "A simple schematic of narrative structure might run loss: first, a deviance or marked difference is exposed to the reader; second, a narrative consolidates the need for its own existence by calling for an

explanation of the deviation's origins and formative consequences; third, the deviance is brought from the periphery of concerns to the center of the story to come; and fourth, the remainder of the story rehabilitates or fixes the deviance in some manner" (Mitchell and Snyder 227). However, life with a spinal cord injury is not deviant or problematic, it is merely a different type of existence. We rarely see a story where the disabled character falls in love and remains disabled and moves on to a happy life. Love is not the source of fulfillment, the ability to shed a disability is. I would love to see a play dealing with her life story, instead of a play where her brother and father attempt to "correct" her life. This play attempts to tell the story of a young man coming to learn to live with homosexuality, but the structure of it disallows him from being a sexual being unless he overcomes disability. He must find an identity of his own outside of a societal structure designed to manage his disability on society's normative terms instead of on his own.

The disability in *Colossal* is a narrative prosthetic, because his disability remains inconsequential to the play's plot; but the malformation is an incorporeal corpse because it is both present and absent, physically manifest and still potentially eliminated. We are learning of a son's redemption and reunion with his father. Any type of crisis could have brought them back together, disability was not necessary. The previously mentioned mischaracterizations of life with a spinal cord injury, the punishment of disabled sexuality and independence, and the attempt to use disability to shock and fetishize continue to misrepresent disabled people and disabled lives. Hinderaker can be commended for desiring to see an actual malformed body onstage,

but this move is hampered by the fact that the non-disabled younger version of the character appears onstage alongside the malformed version and the ultimate goal is for Mike to get back to the fully functioning previous version of himself.

In contrast, *I Was Never Alone* portrays the lives of malformed persons, told through the words and perspectives of people living with disabilities in Russia, and is one of the few examples I have found onstage and screen that actively works against the cure/death continuum. The incorporeal corpse never appears in Hartblay's play. In my experience working on the play as Assistant Director and performer in an October 2016 production at UC San Diego's Shank Theatre, the few opportunities for the incorporeal corpse to rear its head through casting of able-bodied actors as disabled characters were eliminated through intervention and mediation from disabled cast members in the production.

"You didn't say it right, I was never alone, I always had a lot of people around . . . there were *always* people around me," Alina tells her mother midway through Cassandra Hartblay's ethnographic play *I Was Never Alone*. In choosing this for her play's title, Hartblay points out the multiple levels of meaning in the line and throughout the script. Mama interprets the line as a show of gratitude for Alina for always having neighbors around to watch over her even while Mama (played by Irina Dubova) was busy at work. As a person with a disability, Alina (Judy Bauerline) is lamenting that she rarely had a quiet moment to herself as a child—a natural need that any child must experience in order to grow to a state of independence. The line's intent seems straightforward enough, but our perception of the line changes with our

individual situation and bias. As a wheelchair user and a recipient of in-home care, I readily picked up on what I thought was Alina's straightforward lament. Our able-bodied cast, though, heard the line in the same way Mama does. The line highlights the difficulties of translation, interpretation, subjectivity, perspective, and ethnographic research; Hartblay deftly uses the line to highlight the complexity of her script.

Hartblay describes the script as "based on over 10 months of ethnographic fieldwork focused on the life experiences of adults living with mobility impairments in a provincial Russian city. The script takes the form of seven monologues or portraits, comprised nearly entirely of quotes transcribed from ethnographic interviews with real people, whose life experiences form the inspiration for each character" (Hartblay, "Documentary/Performance"). This performance took place in the Shank Theatre on the La Jolla Playhouse campus at the University of California, San Diego and actors with and without disabilities participated. Notably, one of the actual interview subjects from Russia, Vladimir Rudak, composed music for the play and flew from Russia to San Diego to play the guitar live onstage. He appeared both as himself and as a character in the play (full disclosure, I played the fictionalized Rudak and also served as Assistant Director). The mix of disabled and non-disabled actors ensured that the play was not presented from the perspective of the hegemony of the able-bodied normate. And, the mix of Russians and Americans in the performance ensured that American attitudes towards Russia did not taint the portrayals.

We tend to assume a certain knowability about lives of disabled people and

this manifests both in how audiences perceive characters with disabilities and in how able-bodied actors go about portraying physical impairments. Mitchell and Snyder address this in arguing that while other marginalized identities have suffered cultural exclusion due to a dearth of images reflecting their experience, "disabled people's social invisibility has occurred in the wake of their perpetual circulation throughout print history" (226). Because of the ubiquity of disability in our narratives, and the common assumption that disability must be a tragedy, the majority of theatrework tells stories from the perspective of the privileged and able-bodied, rather than from the perspective disabled people themselves. As an ethnographic piece, it was vital that *I Was Never Alone* focused on the intents of its subjects, not the interpretations of its ethnographer and audiences.

Combining ethnography and theatre, the script opens itself to collaboration and multiple forms of communication in order to make the performance accessible in all areas. Stage directions and actions were read aloud by actors onstage when contextual sound clues were not readily available for blind audience members to follow along. This gave blind audiences access to the action and gave all audiences access to character intent ensuring less for misinterpretation. The performance also made use of CART (Communication Access Realtime Translation) which sends on-site captioning in real time to audiences' computers or mobile devices. ASL (American Sign Language) interpreters were also onstage and Russian language versions of the script were available to audiences so that the performance effectively took place in three separate languages at the same time.

The majority of the play's staging consisted characters delivering individual monologues on a stage that was arranged to suggest we could see into the apartments of multiple characters at once. While each character reenacted an interview, the other characters sat around the stage in different positions, listening to the interview, and reading stage directions and character introductions when necessary. Between each monologue, the characters moved together onstage in a choreographed transition that suggested something from the forthcoming monologue while Rudak played songs written to set the mood for each individual. Alina's choreographed introduction had suggestions of collectivity and shared experience, as the cast greeted and assisted each other. Rudak avoided the obstacles made up of fellow actors while trying to reach his playing space in order to hold court and talk about Russia's lackluster wheelchair accessibility, Vakas (Sam Valdez) struggled to seek engagement with the others, while Sergei (Andrew Manardo) entered to great fanfare like the American action heroes he professed to admire.

Having actors with disabilities as part of the process, gave vitality and honesty to the performance that would have been otherwise missing. Audiences are accustomed to having disability onstage elicit responses of sympathy, pity, and tragedy; and actors are conditioned to play those roles with that same attitude. In his book chapter "Disability in the Media; or, Why Don't Disabled Actors Play Disabled Roles?" Lennard Davis addresses this way of doing things. He says that visual storytelling and performances use "popular and knowable narratives and then tweak them a bit here and there. Disabilities are part of that narrative. Physical disabilities

appear in the popular imagination in a variety of ways, notably as challenges or tragedies, and affective [. . .] Most commonly, audiences are called upon to produce a limited range of responses from sympathy or pity to some kind of beneficent granting of limited personhood to such characters" (Davis, *The End of Normal* 31). But this production of *I Was Never Alone* actively avoided such pitfalls, and the rehearsal process with people from multiple backgrounds enabled each actor see the core of their character and move past playing the "tragedy of disability."

For instance, one character named Anya (Molly Maslak) discussed having her mother help her put on underwear each morning. Her mother regularly complained, "You should wear these underwear! Why are you wearing those?" The character responded, "But I don't want to wear that underwear, I want to wear this pair!" The actor playing this role, who has never in her adult life needed assistance dressing, delivered the line while clearly thinking of how awful she thought it must be to need constant help with such a personal task. She was essentially apologizing for needing help each time she said the line. I explained to her that she needn't apologize for wanting what she wanted; if anything, her mother should apologize for not being able to deliver help without passing judgment. For somebody who has needed it daily, getting help with underwear eventually becomes another part of life, rather than a daily tribulation. Another time, Anya asks her housekeeper to bring a glass of water. Each time she said it, the actress groveled for the water, she pleaded for it, she apologized for being such a burden. I explained to her that a person such as Anya takes pride in the fact that she can accomplish something, albeit in a manner that may

be different from an able-bodied person. Like anyone else, Anya needs water, but she asks for help in obtaining it and feels no shame in doing so. Having able-bodied actors portray disability brings the notion of what the able-bodied person thinks disability "must be like" to all disabled characters; having disabled actors play these roles (or at least available in the rehearsal room) grounds the character in a disabled perspective of reality in that disabled people do not feel the same about disability as the typical able-bodied person probably would.

The actor began to deliver this line and the rest of her monologue with the clear awareness that a great number of disabled people—especially strong and self-actualized people like her character—don't wallow in the plight of disability. They don't get caught up in the limitations of disability in their daily activities, they accomplish what they need to and take what they want from life like any other person does. Because of intervention by a person with an actual disability, these lines stopped being about the shame of living with a disability or about the need to do away with or overcome the situation, but rather about the possibility of living day by day with disability in a normal way.

The variation between the many characters demonstrated that disabled people respond to their impairments in myriad ways. Not all disabilities look alike, and not all disabled people feel alike. *I Was Never Alone* moved beyond the "limited range of responses from sympathy or pity [or] some kind of beneficent granting of limited personhood" that Davis describes. The show served as a real world example that having multiple perspectives in the room can bring previously missed depth of

character to any show, and that it is essential to have disabled actors and directors participating in ways that have been historically unavailable to them as a means of resisting the incorporeal corpse.

The portion of chapter four on *I Was Never Alone* has previously been published in *TheatreForum*, is. 50, Winter/Spring 2017. The dissertation author was the sole author of this article.

Conclusions

So, these are the difficulties, assumptions, and theoretical impediments facing actors with disabilities in achieving professional acting success. Certainly in recent years we have seen more examples of acceptance of malformed bodies on stage and screen. In 2016, MacGregor Arney graduated from University of California, San Diego's MFA professional acting program; in 2015, Regan Linton spent a season with the Oregon Shakespeare Festival in Ashland, Oregon; also in 2015, Ali Stroker became the first wheelchair using actor to appear on the Broadway stage in a revival of *Spring Awakening*; and for five seasons from 2008 until 2013, RJ Mitte was featured on the AMC network's *Breaking Bad*.

But each success is still tempered by the legacy of the incorporeal corpse. British actor Mat Fraser, who "began his acting career with Graeae Theatre Company, Europe's leading company of disabled actors" (Hutchinson), has made the rounds of theatres in English speaking countries, starred in *American Horror Story: Freak Show*, and recently finished filming for a new TV series called *Loudermilk*. Still, the most prominent press he has received has been in early 2017 when it was announced he would play the villainous lead role in Shakespeare's *Richard III* in a co-production by Hull Truck Theatre and Northern Broadsides. The legacy and future possibility of malformed actors must grapple with millennia of expectations that disabled bodies should recover or die. When roles are available to disabled actors, the recover/die expectation will necessarily feature in a large number of them. The conundrum of malformed actors needing to take—as a practical matter—roles of disabled characters

highlights that disability occupies not simply a marginalized space, but more so a liminal space. “While the marginal signifies being outside of a limit or border, the liminal signifies a state of being in-between limits or borders—between ‘healthy or ill, alive or dead, male or female’” (Pearman 274). Each re-performance of a disabled character re-places the disabled body into a liminal position, while at the same time failure to cast malformed bodies reifies the liminality of the malformed actor.

I don’t propose eliminating such roles whole cloth, which seems to me neither necessary nor practicable; I hope only for increased recognition of and potential confrontation of such constructs of the disabled body. Rather than blindly rehashing such portrayals, we must grapple with the consequences in casting and rehearsal. My aim has been to expose three specifics that perpetuate the historical positioning of the disabled body as an incorporeal corpse in performance: first, the preponderance of roles written from a perspective of uncritical acceptance of the recover/die expectation; second, characters written as disabled primarily being played by non-disabled actors; and third, malformed actors rarely, if ever, being cast in roles written as (presumptively) able-bodied. Ableist writing and casting perpetuates our current situation which lacks suitable numbers of trained disabled actors and positive portrayals of disabled characters. Moving forward, I call for having multiple perspectives on set and in the rehearsal room to bring previously missed depth of character and for having disabled theatre artists participating in ways that have been historically unavailable to them. Performative intervention by disabled persons, interrupts assumptions about the shame of disability and about narratives centered on

overcoming; the presence of malformed bodies emphasizes the possibility of living day by day with disability in a normal way—disability is not an end or a precursor to the end, it is a viable and sustainable present. How this change is enacted is a matter of continuing practice by individual companies, but I have hoped to present theoretical and historical ideas which have heretofore complicated our ability to enact change.

More broadly, these problems of representation are not unique to disability. Sue-Ellen Case's foundational *Feminism and Theatre* looks at ways that current womanhood must work within and grapple with the legacy of stage constructs of femininity. Case examines how performance has written and re-enacted rules about what a woman is. "The feminist reader might conclude that women need not relate to these rules or even attempt to identify with them. Moreover, the feminist historian might conclude that these roles contain no information about the experience of real women in the classical world. Nevertheless, the feminist scholar must recognize that theatre originated in this kind of cultural climate and that the Athenian experience will continue to provide a certain paradigm of theatrical practice for the rest of Western theatrical cultural history" (Case 15). The legacy of Greek theatrical history does not end with the end of theatrical practice in Greece. As a corollary, Case argues that our concept of womanhood is necessarily tied to the history of performance of femininity; each performance of femininity re-performs historical constructions of the feminine. Similarly, the legacy of slavery is continually performed and re-performed on stage and screen and our ideas of blackness have been constructed and reified over centuries. Saidiya Hartman argues in *Scenes of Subjection: Terror, Slavery, and Self-*

Making in Nineteenth-Century America that perceptions of blackness cannot be divorced from the history of slavery and courtroom drama and theatre. "When one is considering the crimes of slavery, the popular theater is as central as the courthouse" (Hartman 27). The performance of blackness depends upon re-inscribing the past and re-terrorizing the body. Such histories cannot be erased, but they can be recognized and resisted.

Similar problems face disability in performance, but the difference between race or gender as *marginal* versus disability as *liminal* mean the practices and outcomes are bound to be different as well. Couser writes that, "The border between the disabled and the non-disabled is less permanent and more permeable than those between races and genders. On the one hand, with the help of biomedicine or rehabilitation, individuals may pass from the status of disabled to that of nondisabled; on the other hand, anyone can become disabled at any time, and, barring sudden or accidental death, most people will eventually become disabled to a significant degree ("Disability as Diversity" 97). Disability is a between-borders state; we see it as a precursor to the death that awaits us all. The fear of disability is so great, that Couser talks about death preempting disability in an ominous way; the only hope to avoid disability is to die before it strikes. Couser points toward the two options that are implicit in film and theatre; if one doesn't avoid disability by dying beforehand, one will eventually face rehabilitation or death. But, the malformed actor confuses us by continuing to live and exist while at the same time striking us as liminal.

The stage is a place for art, metaphor, representation, and fictionality. The

stage marks a departure from everyday life. But, our current perceptions on disability, death, and permanence complicate the incorporation of disability into art. About the performance of *Disabled Theater* I mentioned in Chapter Four, Benjamin Wihstutz writes, "Looking at these two sides of theater, it becomes clear that actors are not just artists on stage; even less so do they make their identities and personalities disappear by transforming themselves into stage characters. Rather, being an actor also implies exposing oneself in front of an audience, making oneself an aesthetic object, being an artist and exhibit at the same time" (Wihstutz 36). This would seem to imply that disabled people are never "actors." Or maybe, they are just not "good" actors. In *Disabled Theater* "socially disadvantaged actors, such as people with disabilities, unemployed or homeless people, asylum-seekers, delinquents, and terminally ill people, are no longer represented by actors, and act *themselves*" (Wihstutz 36). Wihstutz, like many other critics, wonders if disabled actors can't play anything but what they already "are." This would indicate that cripples cannot be performers because they cannot "act," they can only "be." Wihstutz cites several reviewers who found the show to be "void of make-believe" and to be a "purely social encounter," rather than an event on stage. Instead of critiquing the limits that such reviews place upon the disabled actor, Wihstutz concurs the reviewers, that this is the most powerful aspect of the performance. The presence of the disabled body takes on greater weight than anything that body might do.

These reviewers don't focus on acting as much as they do on disabled people's capacity for self-awareness. What becomes important for these reviewers is not the

craft of acting, but the audience's own experience as an audience. Upending the incorporeal corpse must involve pushing beyond this limitation where disabled actors are good so long as they address disability. Our current mode of performing disability may not be the freak show, but the audience still manages to take for itself the power of the performance. The audience takeaway from the freak show was "I'm not that." But today's performance of disability by nondisabled performers continues to assert and reassert "I could do better than that." The disabled body seems to never be enough, even in performing its own selfhood. Somehow, our performance of the disabled body alienates the body from itself. Performances create relationships, but our relationship to disability is created through absence and misinterpretation of the malformed body. Christopher Small writes that, "All those activities we call the arts […] are about human relationships. We shall understand them best if we keep in mind that they all operate within the gestural language that empowers human beings, like all other living creatures, to articulate those relationships. Properly understood, all art is action performance art, if you like—and its meaning lies not in created objects but in the acts of creating, displaying, and perceiving" (Small 140). The disabled body is perceived to interfere with the ability to create or display certain attributes, and is therefore perceived to be insufficient to perform a character other than what it physically "is," yet paradoxically it also is seen as less than adequate of this. That is to say, the disabled actor typically plays only disability, but the disabled character is typically played by a non-disabled actor. The physical reality of physical impairment cannot be created or uncreated and interrupts the artistic "process." When art, whether

it be acting, theatre, or filmmaking, is conceived of as a process, and collides with disability as a material fact or finished product, the art is assumed to suffer. And while the gestural language of the malformed body may stand out as a signifier on its own, I would maintain that this language *is* legible even if it is initially alien.

Overcoming such limitations is a matter of confronting such problems head on. It is incumbent upon directors and producers to thrust disabled bodies into the spotlight, even if such foregrounding initially seems counterproductive or alienating. My hope is that by recognizing the limitations placed historically upon expectations of what disabled bodies can or are enabled to do, more mainstream venues for performers eventually are opened. The social and performative landscape creates a disconnect between disabled actor and disabled character, meaning that the malformed actor is viewed as incapable of being a proper or productive citizen and actor. Further questions raised by this dissertation call for answers on how to repair this bifurcation. Such answers must be answered from multiple perspectives and disciplines taking into consideration matters such as employment, labor, capital, casting processes, training of disabled actors, and more. I have hoped to expose theoretical limitations so that more practical considerations may be addressed. The incorporeal corpse will seemingly always loom when disability appears on stage and screen, but awareness of it can mitigate fear of it.

Works Cited

A Walk to Remember. Directed by Adam Shankman, performances by Shane West and Mandy Moore, Warner Bros., 2002.

Abrams, Thomas. "Being-towards-death and Taxes: Heidegger, Disability and the Ontological Difference." *Canadian Journal of Disability Studies*, vol. 2, no. 1, 2013, pp. 28-50, cjds.uwaterloo.ca/index.php/cjds/article/view/69/121. Accessed 14 Feb. 2017.

Adams, Erik. "*American Horror Story: Freak Show*: 'Monsters Among Us.'" *TV Club*. AV Club, 08 Oct. 2014, www.avclub.com/tvclub/american-horror-story-freak-show-monsters-among-us-210265. Accessed 16 Dec. 2015.

Agamben, Giorgio. *Homo Sacer: Sovereign Power and Bare Life*. Translated by Daniel Heller- Roazen, Stanford UP, 1998.

Allan, Julie. "Inclusion as an Ethical Project." *Foucault and the Government of Disability*, edited by Shelley Tremain, U of Michigan P, 2005, pp. 281-97.

Allday, Kathy. "From Changeling to Citizen: Learning Disability and its Representation in Museums*." Museum and Society*, vol. 7, no. 1, 2009, pp. 32-49.

Altick, Richard D. *The Shows of London*. Belknap, 1978.

Autumn in New York. Directed by Joan Chen, performances by Richard Gere, Winona Ryder, and Anthony LaPaglia. Metro-Goldwyn-Mayer, 2000.

Barnes, Colin. "Disabling Imagery and the Media: An Exploration of the Principles For Media Representations of Disabled People." *The British Council of Organisations of Disabled People*, Ryburn, 1992.

Barsam, Richard. *The Vision of Robert Flaherty: The Artist as Myth and Filmmaker*. Indiana UP, 1988.

Bell, Christopher M., editor. *Blackness and Disability: Critical Examinations and Cultural Interventions*. LIT Verlag, 2011.

Bill, Valentine. *Chekhov: The Silent Voice of Freedom*. Allied, 1986.

Bitter Moon. Directed by Roman Polanski, performances by Peter Coyote, Emmanuelle Seigner, Hugh Grant, and Kristin Scott Thomas, Le Studio Canal+, 1992.

Bogdan, Robert. "The Social Construction of Freaks." *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson, New York UP, 1996, pp. 23-37.

Born on the Fourth of July. Directed by Oliver Stone, performances by Tom Cruise, Kira Sedgwick, and Willem Defoe, Universal Pictures, 1989.

Borsay, Anne. *Disability and Social Policy in Britain since 1750*. Basingstoke: Palgrave Macmillan, 2004.

Brantley, Ben. "On a Barren Isle, Gift of the Gab and Subversive Charm." *The New York Times*, 21 Dec. 2008, nyti.ms/2ozZRns. Accessed 20 Feb. 2017.

Brecht, Bertolt. *Brecht on Theatre: The Development of an Aesthetic*. 1957. Translated by John Willet, 1964. Hill and Wang, 1986.

Bubba Ho-Tep. Directed by Don Coscarelli, performance by Bruce Campbell, Vitagraph Films, 2002.

Burke, Edmund, and Adam Phillips. *A Philosophical Enquiry into the Origin of our Ideas of the Sublime and Beautiful*. Oxford UP, 1990.

Cachia, Amanda. "The (Narrative) Prosthesis Re-Fitted: Finding New Support for Embodied and Imagined Differences in Contemporary Art." *Journal of Literary & Cultural Disability Studies*, vol. 9 no. 3, 2015, pp. 247-264.

Case, Sue-Ellen. *Feminism and Theatre*. Routledge, 1988.

The Changeling. Directed by Peter Medak, performances by George C. Scott, Trish Van Devere, and Melvyn Douglas, Associated Film Distributors, 1980.

Clark, Brian. *Whose Life Is it Anyway?* Dramatic Publishing, 1980.

Clark, David L., and Catherine Myser. "Being Humaned: Medical Documentaries and the Hyperrealization of Conjoined Twins." *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson. New York UP, 1996, pp. 338-55.

Coleridge, Samuel Taylor. *Biography Literaria*. 1817. General Books, 2010.

Coming Home. Directed by Hal Ashby, performances by Jane Banda, John Voigt, and Bruce Dern, United Artists, 1978.

Connor, David J. “Cultural Commentary: He Swaggers: Reflections on the Title Character in *The Cripple of Inishmaan*.” *Disability Studies Quarterly*, 2009, vol. 29, no. 1, dx.doi.org/10.18061/dsq.v29i1. Accessed 20 Feb. 2017.

Correal, Anne. “Written on the Body: A Conversation About Disability.” *Inclusion in the Arts*. Alliance for Inclusion in the Arts, 29 June 2010, inclusionin thearts.org/ projects/written-on-the-body-a-conversation-about-disability/. 8 Mar. 2014.

Couser, G. Thomas. “Disability as Diversity: A Difference with a Difference.” *Ilha do Desterro*, 2005, vol. 48, pp. 95-113.

- - -. “Disability, Life Narrative, and Representation.” *The Disability Studies Reader*, edited by Lennard Davis, Routledge, 2013, pp. 456-459.

Crimson Peak. Directed by Guillermo del Torro, performances by Mia Wasikowska, Jessica Chastain, and Tom Hiddleston, Universal Pictures, 2015.

Cullingford, Elizabeth Butler. “National Identities in Performance: The Stage Englishman of Boucicault's Irish Drama.” *Theatre Journal*, 1997, vol. 49, no. 3, pp. 287-300.

“Curse of the Elephant Man.” *Science Channel Presents*. Discovery, 2003. Amazon, www.amazon.com/Curse-Elephant-Man-Malcolm-Hall/dp/B01K0XQSSO. Accessed 20 Mar. 2017.

Davis, Lennard. *The Disability Studies Reader*. Routledge, 2013.

- - -. *The End of Normal: Identity in a Biocultural Era*. U of Michigan P, 2014.

- - -. “Let Actors with Disabilities Play Characters with Disabilities.” *Huffington Post*, December 7, 2009, www.huffingtonpost.com/lennard-davis/let-actors-with-disabilit-b-380266.html. Accessed 10 Feb. 2017.

Davis, Lennard and David Morris. “Biocultures Manifesto.” *New Literary History*, 2007, vol. 38, no. 3, pp. 411-18.

Davis, N. Ann. “Invisble Disability.” *Symposium on Disability*, special issue of *Ethics*, vol. 116, no. 1, 2005, pp. 153-213.

The Diving Bell and The Butterfly. Directed by Julian Schnabel, performances by Mathieu Amalric, Emmanuelle Seigner, and Marie-Josee Croze, Pathe, 2007.

Douglas, Mary. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. Routledge Classics, 2002.

Duchamp, Marcel. *Fountain*. 1917. Porcelain. 291 Gallery, New York.

Eberly, Suasn Schoon. "Fairies and the Folklore of Disabilities: Changelings, Hybrids and the Solitary Fairy." *Folklore*, vol. 99, no. 1, 1988, pp. 58-77.

The Elephant Man. Directed by David Lynch, performances by Anthony Hopkins, John Hurt, Anne Bancroft, and Sir John Gielgud, Paramount Pictures, 1980.

Epstein, Steven. *Impure Science: AIDS, Activism, and the Politics of Knowledge.* U of California P, 1996.

Erevelles, Nirmala and Andrea Minear. "Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality." *Journal of Literary & Cultural Disability Studies*, vol. 4, no, 2, 2010, pp. 127-45.

Ferris, Jim. "Aesthetic Distance & the Fiction of Disability." *Bodies in Commotion: Disability and Performance*, edited by Carrie Sandahl and Philip Auslander, U of Michigan P, 2005, pp. 56-68.

Fornes, Maria Irene. "Mud." *The Norton Anthology of Drama, Volume Two: The Nineteenth Century to the Present*, edited by J. Ellen Gainor, Stanton B. Garner Jr., and Martin Puchner, Norton, 2009.

Forrest Gump. Directed by Robert Zemeckis, performances by Tom Hanks, Robin Wright, Gary Sinise, Mykelti Williamson, and Sally Field, Paramount Pictures, 1994.

Foucault, Michel. *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*. Harvester, 1980.

Freaks. Directed by Tod Browning, performances by Wallace Ford, Leila Hyams, Olga Baclanova, Roscoe Ates, Harry Earles, Daisy Earles, Henry Victor, and Prince Randian, Metro-Goldwyn-Mayer, 1932.

Freud, Sigmund. *On Dreams*. Norton, 1952.

Friday the 13th Part II. Directed by Steve Miner, performances by Amy Steel, John Furey, and Adrienne King, Paramount Pictures, 1981.

Gallese, Vittorio. "Embodied simulation: from neurons to phenomenal experience." *Phenomenology and the Cognitive Sciences*, vol. 4, 2005, pp. 23–48.

Garland-Thomson, Rosemarie. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature.* Columbia UP, 1997.

- - -. *Freakery: Cultural Spectacles of the Extraordinary Body*. New York UP, 1996.

- - -. "Hot Sex and Disability at the Movies." *Huffington Post*, 21 Feb. 2013, www.huffingtonpost.com/rosemarie-garlandthomson/hot-sex-and- disability-at_b_2734145.html. Accessed 20 Dec. 2015.

- - -. "Integrating Disability, Transforming Feminist Theory." *The Disability Studies Reader*, edited by Lennard Davis, Routledge, 2013, pp. 333-53.

Gerber, David A. "The 'Careers' of People Exhibited in Freak Shows: The Problem of Volition and Valorization." *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson, New York UP, 1996, pp. 38-54.

Gilson, Stephen F., and Elizabeth DePoy. "Explanatory Legitimacy: A Model for Disability Policy Development and Analysis." *Comprehensive Handbook of Social Work and Social Welfare, Volume 4 Social Policy and Policy Practice*, edited by Ira Colby, Wiley, 2008.

Ginsberg, Faye and Rayna Rapp. "Enabling Disability: Rewriting Kinship, Reimagining Citizenship." *The Disability Studies Reader*, edited by Lennard Davis, Routledge, 2013.

Graham, Peter W., and Fritz Oehlschlaeger. *Articulating the Elephant Man: Joseph Merrick and His Interpreters*. Johns Hopkins UP, 1992.

Grosz, Elizabeth. "Intolerable Ambiguity: Freaks as/at the Limit." *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson, New York UP, 1996, pp. 55-66.

Hahn, Harlan. "The Politics of Physical Difference: Disability and Discrimination." *Journal of Social Issues*, vol. 44, 1988, pp. 39-47.

Hartblay, Cassandra. "Documentary/Performance." Cassandra Hartblay. 19 Oct. 2016, cassandrahartblay.com/i-was-never-alone/. Accessed 03 Nov. 2016.

- - -. *I Was Never Alone*. Unpublished playscript. 2016.

Hartman, Saidiya. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. Oxford UP, 1997.

Havis, Allan. *Cult Films: Taboo and Transgression*. UP of America, 2008.

Hawkins, Joan. "'One of Us': Tod Browning's *Freaks*." *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson, New York UP, 1996, pp. 265-76.

Hinderaker, Andrew. *Colossal*. Unpublished playscript, 2014.

"History, Mission & Awards." *Phamaly Theatre Company*. www.phamaly.org/about. Accessed 10 Jan. 2017.

Hockings, Paul. "Audiovisual Reviews." Review of *How the Myth Was Made: A Study of Robert Flaherty's Man of Aran*, produced by George Stoney and James. B. Brown. *American Anthropologist,* vol. 82, no. 1, March 1980, pp. 227-28.

Howell, Michael, and Peter Ford. *The True History of the Elephant Man*. 3rd ed., Penguin, 1980.

Hughes, Bill. "What can a Foucauldian Analysis Contribute to Disability Studies?" *Foucault and the Government of Disability*, edited by Shelley Tremain, U of Michigan P, 2005, pp. 78-92.

Hunter, Jack. *Freak Babylon: An Illustrated History of Teratology & Freakshows*. Creation, 2014.

Hurt, John. "Remembering 'Elephant Man' Actor John Hurt." Interview by Terry Gross. Audio blog post. *Fresh Air*. WHYY in Philadelphia, 1 Feb. 2017, www.npr.org/2017/02/01/512857288/remembering-elephant-man-actor-john-hurt. Accessed 1 Feb. 2017.

Hutchinson, Charles. "Mat Fraser to play 'drama's most famous disabled villain', Richard III, at Hull Truck." *The Press*, 14 Mar. 2017, http://www.yorkpress.co.uk/leisure/theatre/15155588.Mat_Fraser_to_play__drama___s_most_famous_disabled_villain___Richard_III__at_Hull_Truck/. Accessed 14 Mar. 2017.

The Intouchables Directed by Olivier Nakache and Eric Toledano, performances by Francois Cluzet and Omar Sy, The Weinstein Company, 2011.

Jessabelle. Directed by Kevin Greutert, performances by Sarah Snook, Mark Webber, David Andrews, and Joelle Carter, Lionsgate, 2014.

Juergens, Brian. "Groundbreaking 'American Horror Story' Gives Queers a Place at the Blood Feast." *NewNowNext*. Logotv.com, 16 Nov. 2012, www.newnownext.com/groundbreaking-american-horror-story-gives-queers-a-place-at-the-blood-feast/11/2012/. Accessed 16 Jan. 2016.

Kaplan, Deborah. "The Definition of Disability." The Center for an Accessible Society, n.d. www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm. Accessed 1 December 2011.

Kimball, Solon T. "Audiovisual Reviews." Review of *Man of Aran*, directed by Robert Flaherty. *American Anthropologist,* vol. 79, no. 3, Sept. 1977, pp. 749-51.

Klein, Paul. "American Horror Story: Progressive, Impressive and Downright Enjoyable." The Metropolist, 31 Oct. 2015, www.themetropolist.com/tv/latest-tv/american-horror-story-progressive-impressive-and-downright-enjoyable/. Accessed 16 Dec. 2015.

Kuppers, Petra. *Disability and Contemporary Performance: Bodies on Edge*. Routledge, 2003.

- - -. *Disability Culture and Community Performance: Find a Strange and Twisted Shape.* Palgrave-Macmillan, 2013.

- - -. *The Scar of Visibility: Medical Performances and Contemporary Art*. U of Minnesota P, 2007.

Lang, Raymond. "The Development and Critique of the Social Model of Disability." Leonard Cheshire Disability and Inclusive Development Center, UCL, Apr. 2007, www.ucl.ac.uk/lcccr/centrepublications/workingpapers/WP03_ Development_Critique.pdf. Accessed 10 Feb. 2017.

Le Van Kim, Renaud, director. *Dans la Peau d'un Noir*. KM Production and Canal+, 2007.

Lepecki, Andre. "'Yes, Now, It's Good Theater'." *Disabled Theatre*, edited by Sandra Umathum and Benjamin Wihstutz, Diaphanes, 2015, pp. 141-63.

Lewis, Victoria Ann. "Disability and Access: A Manifesto for Actor Training." *The Politics of American Actor Training*, edited by Ellen Margolis and Lissa T. Renaud, Routledge, 2010.

Linton, Simi. "What is Disability Studies?" *PMLA*, vol. 120, no. 2, 2005, pp. 518-522.

Lukin, Josh. "Disability and Blackness." *The Disability Studies Reader*, edited by Lennard Davis, Routledge, 2013, pp. 222-315.

MacBean, James Roy. "Two Laws from Australia, One White One Black." *Film Quarterly*, vol. 36, no. 3, Spring 1983, pp. 30-43.

Man of Aran. Directed by Robert Flaherty, Gainsborough Pictures, 1934.

McDonagh, Martin. *The Cripple of Inishmaan*. Vintage International, 1997.

McNish, Deric. "The 19 Percent: Disability and Actor Training in Higher Education." Dissertation, University of Colorado, 2013.

Me Before You. Directed by Thea Sharrock, performances by Emilia Clarke, Sam Claflin, Steve Peacock, and Jenna Coleman, Warner Bros., 2016.

Medoff, Mark. *Children of a Lesser God*. James T. White Book Club, 1980.

Messenger, John C. "*Man of Aran* Revisited: An Anthropological Critique." *Visual Anthropology*, vol. 14, no. 4, 2001, pp. 343-68.

Million Dollar Baby. Directed by Clint Eastwood, performances by Clint Eastwood, Hilary Swank, and Morgan Freeman, Warner Bros., 2004.

Misery. Directed by Rob Reiner, performances by James Caan, Richard Farnsworth, and Kathy Bates, Columbia Pictures, 1990.

Mitchell, David and Sharon Snyder. "Narrative Prosthesis." *The Disability Studies Reader*, edited by Lennard Davis, Routledge, 2013, pp. 222-35.

Mollow, Anna. "'When *Black* Women Start Going on Prozac': Race, Gender, and Mental Illness in Meri Nana-Ama Danquah's *Willow Weep for Me*." *MELUS*, vol. 31, no. 3, 2006, pp. 67-99.

Monkey Shines. Directed by George A. Romero, performances by Jason Beghe, John Pankow, Kate McNeil, and Joyce Van Patten, Orion Pictures, 1988.

Murphy, Robert F. *The Body Silent: The Different World of the Disabled*. Norton, 1987.

Murphy, Ryan and Brad Falchuk, creators. *American Horror Story: The Complete First Season*. 20th Century Fox Home Entertainment, 2012.

- - -. *American Horror Story: Freak Show*. 20th Century Fox Home Entertainment, 2015.

My Left Foot. Directed by Jim Sheridan, performances by Daniel Day-Lewis, Ray McAnally, Brenda Fricker, Cyril Cusack, and Fiona Shaw, Miramax Films, 1989.

Norman, Marsha. *'night Mother*. Weinberger, 1983.

Paterson, Kevin and Bill Hughes. "Disability Studies and Phenomenology: the Carnal Politics of Everyday Life." *Disability & Society*, vol. 14, no. 5, 1999, pp. 597-610.

Pearman, Troy V. "Disability, Blood, and Liminality in Malory's 'Tale of the Sankgreal.'" *Journal of Literary & Cultural Disability Studies*, vol. 10, no. 3, 2016, pp. 271-286.

Quayson, Ato. *Aesthetic Nervousness: Disability and the Crisis of Representation*. Columbia UP, 2007.

Quid Pro Quo. Directed by Carlos Brooks, performances by Nick Stahl and Vera Farmiga, Magnolia Pictures, 2008.

The Raging Moon. Directed by Bryan Forbes, performances by Malcolm McDowell, Nanette Newman, Georgia Brown, and Barry Jackson, MGM-EMI, 1971.

Rain Man. Directed by Barry Levinson, performances by Dustin Hoffman, Tom Cruise, and Valeria Golino, United Artists, 1988

Rainer, Yvonne. "The Difference Between Death and Disability." *Disabled Theatre*, edited by Sandra Umathum and Benjamin Wihstutz, Diaphanes, 2015, pp. 55-60.

"Research on Definitions of Disability from NIDRR." The Center for an Accessible Society, n.d., www.accessiblesociety.org/topics/demographics-identity/nidrr-lrp-defs.htm. Accessed 1 December 2011.

The Rocky Horror Picture Show. Directed by Jim Sharman, performances by Tim Curry, Susan Sarandon, and Barry Bostwick, 20th Century Fox, 1975.

Sandahl, Carrie. "Black Man, Blind Man: Disability Identity Politics and Performance." *Theatre Journal*, vol. 56, no. 4, 2004, pp. 579-602.

- - -. “Ahhh Freak Out! Metaphors of Disability and Femaleness in Performance.” *Theatre Topics*, vol. 9, no.1, 1999, pp. 11-30.

- - -. “The Tyranny of Neutral Distance & the Fiction of Disability.” *Bodies in Commotion: Disability and Performance*, edited by Carrie Sandahl and Philip Auslander. U of Michigan P, 2005, pp. 255-267.

Sandahl, Carrie, and Philip Auslander, editors. *Bodies in Commotion: Disability and Performance*. U of Michigan P, 2005.

Saved! Directed by Brian Dannelly, performances by Jena Malone, Mandy Moore, Macaulay Culkin, and Eva Amurri, United Artists, 2004.

Schweik, Susan M. *The Ugly Laws: Disability in Public*. New York UP, 2009.

Scully, Jackie Leach. *Disability Bioethics: Moral Bodies, Moral Difference*. Rowman & Littlefield, 2008.

The Sea Inside. Directed by Alejandro Amenabar, performances by Javier Bardem and Duenas, Fine Line Features, 2004.

Semonin, Paul. “Monsters in the Marketplace: The Exhibition of Human Oddities in Early Modern England.” *Freakery: Cultural Spectacles of the Extraordinary Body*, edited by Rosemarie Garland-Thomson, New York UP, 1996, pp. 69-81.

The Sessions. Directed by Ben Lewin, performances by John Hawkes, Helen Hunt, William H. Macy, Moon Bloodgood, Fox Searchlight Pictures, 2012.

Shakespeare, William. *Richard III.* Folger Shakespeare Libraries, 2014.

“Siamese Twins.” *Nova*. PBS, 14 Feb. 1995.

Sibonney, Claire. “Americans Would Rather Be Dead than Disabled: Poll.” *Reuters*. Thomson Reuters, 11 July 2008, www.reuters.com/article/us-disability-idUSN7B32025920080711. Accessed 2 Mar. 2017.

Slatman, Jenny and Guy Widdershoven. “An Ethics of Embodiment: The Body as Object and Subject.” *Medicine and Society, New Perspectives in Continental Philosophy*, vol. 120, 23 May 2015, pp. 87-104.

Small, Christopher. *Musicking: The Meaning of Performing and Listening*. Wesleyan UP, 1998.

Smith Rainey, Sarah A. "Love Before and After They Came Back." *Journal of Literary & Cultural Disability Studies*, vol. 8, no. 1, 2014, pp. 17-32.

Snigurowicz, Diana. "The *Phénomène's* Dilemma: Teratology and the Policing of Human Anomalies in Nineteenth- and Early-Twentieth-Century Paris." *Foucault and the Government of Disability*, edited by Shelley Tremain, U of Michigan P, 2005, pp. 172-88.

Sommerville, Jill. "The Stage Presence of the Gimp: A Study of the Complexities of Putting Disabled Actors Onstage." Dissertation, The Ohio State University, 2014.

Sophocles. "Oedipus the King," translated by Stephen Berg and Diskin Clay. *The Complete Sophocles: Volume I: The Theban* Plays, edited by Peter Burian and Alan Shapiro, Oxford UP, 2010, pp. 193-302.

Stewart, Henry. "That Character in the Wheelchair? It's You." *The L Magazine*, 30 Oct. 2009, www.thelmagazine.com/2009/10/that-character-in-the-wheelchair-its-you/. Accessed 23 Aug. 2016.

Sweet November. Directed by Pat O'Connor, performances by Keanu Reeves and Charlize Theron, Warner Bros. 2001.

The Theory of Everything. Directed by James Marsh, performances by Eddie Redmayne, Felicity Jones, Charlie Cox, and Emily Watson, Universal Pictures, 2014.

There's Still Hope for Dreams. Directed by Mark Dissette, Terry Austin and Disstte/Wys Productions, 2009

Tremain, Shelley, editor. *Foucault and the Government of Disability*. U of Michigan P, 2005.

Treves, Sir Frederick. *The Elephant Man and Other Reminiscences*. Cassell, 1923.

Turner, Victor. *The Anthropology of Performance*. PAJ, 1988.

- - -. "Body, Brain, and Culture." *Zygon*, vol. 18, no. 3, 1983, pp. 221-45.

- - -. *Dramas, Fields, and Metaphors: Symbolic Action in Human Society*. Cornell UP, 1974.

- - -. *From Ritual to Theatre: The Human Seriousness of Play*. PAJ, 1982.

- - -. "Liminality and Communitas." *The Ritual Process: Structure and Anti-Structure*, Aldine, 1969, pp. 94-130.

- - -. "Variations on a Theme of Liminality." *Secular Ritual*, edited by Sally F. Moore and Barbara G. Myerhoff, Van Gorcum, 1977, pp. 36-48.

Umathum, Sandra. "Actors, Nonetheless." *Disabled Theater*, edited by Sandra Umathum and Benjamin Wihstutz, Diaphanes, 2015, pp. 99-116.

Umathum, Sandra and Benjamin Wihstutz, editors. *Disabled Theater*. Diaphanes, 2015.

Van Gennep, Arnold. *The Rites of Passage.* Translated by Monika B. Vizedom and Gabrielle L. Caffee, U of Chicago P, 1960.

Victor/Victoria. Directed by Julie Andrews, performances by Julie Andrews, Tony Roberts, Michael Nouri, and Rachel York, Image Entertainment, 1995).

Vlahogiannis, Nicholas. "Curing Disability." *Health in Antiquity*, edited by Helen King. Routledge, 2005, pp. 180-90.

Wasserman, Dale. *Man of La Mancha*. Random House, 1966.

Wasserman, Dale. *One Flew Over the Cuckoo's Nest.* Samuel French, 1970.

The Waterdance. Directed by Neal Jimenez and Michael Steinberg, performances by Eric Stoltz, Wesley Snipes, William Forsythe, and Helen Hunt, The Samuel Goldwyn Company, 1992.

Wihstutz, Benjamin. "'… And I Am an Actor:' On Emancipation in *Disabled Theater*." *Disabled Theatre*, edited by Sandra Umathum and Benjamin Wihstutz, Diaphanes, 2015, pp. 35-54.

Wilson, August. *Fences*. Plume. 1986.

- - - . *Ma Rainey's Black Bottom: A Play*. Plume. 1985.

Wilson, Michelle Clare, and Katrina Scior. "Attitudes towards Individuals with Disabilities as Measured by the Implicit Association Test: A Literature Review." *Research in Developmental Disabilities*, vol. 35, no. 2, 2014, pp. 294-321.

Winance, Myriam. "Trying out the Wheelchair: The Mutual Shaping of People and Devices through Adjustment." *Science, Technology and Human Values*, vol. 31, no. 1, 2006, pp. 52–72.

Woodburn, Danny and Kristina Kopić. "The Ruderman White Paper on Employment of Actors with Disabilities in Television." The Ruderman Family Foundation, July 2016, www.rudermanfoundation.org/blog/article/the-ruderman-white-paper-employment-of-actors-with-disabilities-in-television. Accessed 15 Dec. 2016.

Woods, Brian and Nick Watson. "The Social and Technological History of Wheelchairs." *International Journal of Therapy and Rehabilitation*, vol. 11, no. 9, 2004, pp. 407-410.