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Publication Date

2025-04-04

Undergraduate

UNIVERSITY OF CALIFORNIA, LOS ANGELES

LET THE MONSTERS SPEAK:
DISABILITY, TRAUMA, AND THE GENRE OF FEAR

A THESIS SUBMITTED TO
THE DEPARTMENT OF ENGLISH

IN PARTIAL FULFILLMENT OF THE DEGREE OF BACHELOR OF ARTS

BY

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LOS ANGELES, CA

APRIL 4, 2025

ABSTRACT

LET THE MONSTERS SPEAK: DISABILITY, TRAUMA, AND THE GENRE OF FEAR

BY MICHAELA R. TRELBY

This thesis explores Stephen King's novel *The Shining* through the intersecting lenses of disability studies, trauma theory, and horror literature. Arguing that horror is a uniquely generative genre for representing experiences of invisible, unhealthy, and unpredictable disabilities, this project challenges the longstanding discomfort within disability studies surrounding metaphor, suffering, and trauma. Drawing on theorists such as Tobin Siebers, Susan Wendell, Eli Clare, and Ria Cheyne, it examines how *The Shining* uses its metaphorical, supernatural elements to communicate the internal experiences of disabled characters who resist straightforward diagnosis. The novel's central figures—most notably Jack, Danny, and Dick Hallorann—are all portrayed as disabled and traumatized in distinct yet interconnected ways. Their inner lives reflect social stigma, isolation, and internalized ableism, while also offering a space for disabled solidarity and shared experience.

By reading Jack's alcoholism and mental illness, Danny's psychic condition *the shine*, and Hallorann's empathetic role through a cripistemological lens, this thesis argues for a broader recognition of trauma as a disabling experience and for horror as a literary mode capable of expressing the unspeakable. The project resists the desire for sanitized or "positive" portrayals of disability in favor of complexity, discomfort, and human truth. Ultimately, *The Shining* reveals that monstrosity and vulnerability are not opposites, but reflections—and that horror can provide a space for their voices to speak back.

ACKNOWLEDGEMENTS

I first have to thank all of the faculty mentors who have encouraged me to reach this point—in particular, my thesis advisor, Professor Helen Deustch, for the support that she has offered me throughout this process. It has been a labor of love, but certainly a labor, and the feedback that she gave me throughout the process was invaluable. I could never have reached this point without you, and all of the critique and advice that you lent me throughout the process. Sincerely, thank you—I hope to work with you again one day.

Additional thanks to my book club for getting me to read *The Shining* in the first place, particularly to Sophie, who suggested the book, and to Annabelle, who read through this whole draft and helped me along the way. It feels fitting for a thesis that centers itself in community to find its origins in *my* community. Thank you, all of you, for standing with me as the best friends that I could ask for. Thank you for being patient with me when I don't finish books as soon as I mean to...

And finally, thank you to my amazing partner Noah. This thesis simply could not have existed without you. Thank you for every time you made my lunch so that I could study longer, every time you told me to keep going even though it was hard, and every time you listened to me ramble on about nothing as I worked through my ideas. You're my rock, my greatest supporter, and you actually managed to finish the novel before I submitted this thesis. That's an impressive feat all by itself! I will always be grateful for the support you gave me throughout this process. I hope you know that.

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PREFACE

In an essay on the (lack of) overlap between the fields of disability studies and trauma studies, James Berger noted that “scholars in disability studies frequently identify themselves as disabled or as having family members who are disabled, while scholars in trauma studies virtually never describe themselves as having suffered trauma.”¹ I think it is vital for me to begin this thesis by doing both. As a traumatized person, and a disabled person, I am informed by my experiences and these aspects of my identity inform the throughline of my argument in many ways. I am disabled by my trauma, but also by chronic illness, and the overlap and relationship between these two things is something that I navigate everyday—something that brought the foundations of this thesis to life.

I was drawn to *The Shining* particularly because of my experiences, and I follow in the footsteps of other scholars within the field of disability studies by identifying my own positionality, and the reasoning behind my initial observations. In her essay on chronic pain, Alyson Patsavas describes the idea of a cripistemology by explaining that “rather than making an a priori claim to “authentic” or “true” knowledge, a cripistemology of pain produces knowledge from experience while simultaneously claiming a specific positionality to mark the limits of the knowledge claims produced.”² In a sense, I would like to create a cripistemology of the overlap between trauma and disability—more specifically, invisible disability—by means of my analysis of *The Shining*. I cannot make any claims to see every aspect of the text I am analyzing, but I hope that my unique positionality allows me to highlight an aspect of the novel that others might not see upon first glance.

¹ Berger, “Trauma Without Disability, Disability Without Trauma,” 571.

² Patsavas, “Recovering a Cripistemology of Pain,” 205.

Steven King's best selling novel is renowned for its terrifying atmosphere, for its bizarre and other worldly depictions of unreality, and for having an abject central figure that is simultaneously fascinating and revolting. When I opened this text for the first time, I saw a reflection of family dynamics similar to my own in many ways. I saw myself in Danny, a young and vulnerable child displaying signs of neurodivergence and experiencing frightening health episodes. In Jack, a parent who struggles to battle alcoholism alongside trauma from his own abusive childhood—alongside what is likely a personality disorder, I saw my mother. Like Danny, I struggled with the simultaneous love and fear of my abusive parent, and always tried, but never succeeded in understanding what her experience was truly like.

For much of my adolescence I was deeply isolated, in a way that mirrors the Torrances' complete seclusion at the Overlook Hotel. I would go for weeks or months at a time without ever leaving my home, and my mother approved of every person that I had access to speaking with—most of them were her coworkers or employees. I say this to contextualize my reading of *The Shining* as a text that, at its core, describes the experiences of invisible disability, and the link between disability and trauma—particularly in a family context. I think that this text highlights a unique experience of disability, isolation, and trauma, and it does so in a way that is only communicable because of its genre. The nature of horror opens up a unique avenue of exploration of experience that could easily be missed if one were to put aside the potential for communication in a genre so motivated by metaphor, and the genre's focus on unpleasant feelings like unease, fear, and grief allow for a focus on aspects of disability that are lacking in many current discourses.

Elaine Scarry discusses physical pain and its resistance to language—in fact, its “destruction of language,”³ which leads to a reliance on “analogies and remote cosmologies”⁴ in an attempt to communicate one’s internal experience. In his essay on trauma and disability, Berger highlighted that trauma accomplishes something similar, as “trauma theory becomes also a vehicle for catachresis, for saying the unsayable, or saying that for which no terms exist.”⁵ This problem of the “unsayable”—an experience that is impossible to communicate to an outside observer—is where the power of horror lies. Horror, as a genre, is able to bridge a gap between those who have experienced the unsayable, and those who could never feasibly imagine it happening to *them*. As a profoundly metaphorical genre, it removes these experiences from the bounds of “realistic” portrayal in order to present them in a way that is comprehensible—both to longtime sufferers of pain or trauma, and to those who have never experienced trauma or chronic pain.

Noel Carroll presents the idea that horror literature offers the audience a reasonable separation from the material, explaining that “saying we are [horrified] by Dracula means we are horrified by the thought of Dracula where the thought of such a possible being does not commit us to a belief in his existence.”⁶ *The Shining* does not ask its audience to commit to the idea that they, too, could become disabled—could develop a significant chronic illness, or one day experience a traumatic event that fundamentally shifts their perception of the world. It does not ask its readers to engage with disability on its own terms. Instead, it presents readers with the emotional experiences that go hand in hand with trauma and disability—emphasizing the isolation, suspicion, fear, and suffering that is often caused by disabling illness, allowing for

³ Scarry, *The Body in Pain*, 6.

⁴ Scarry, *The Body in Pain*, 4.

⁵ Berger, “Trauma Without Disability, Disability Without Trauma,” 567.

⁶ Carroll, “The Nature of Horror,” 56.

readers to meet the text on its own terms, rather than placing subconscious distance between the able-bodied reader and the disabled—Othered—characters. In doing away with the need for medical diagnosis or the representation of symptoms in “accurate” detail, the presentation becomes simultaneously less specific, and more broadly applicable.

The Shining presents its readers with an experience of disability that includes a place for grief and mourning, something that is missing from many representations of disability in modern literature. As characters are faced with the inherent concerns of disability caused by illness—uncontrollable and frightening symptoms like pain, dizziness, and sweating—they also struggle with the social concerns related to disability as they face fears of institutionalisation, poverty, and social isolation. As a disabled person, who experiences a disability that causes suffering which is inherent to the condition—not just socially constructed—this text functioned as a lens through which I could see my feelings on my condition be presented through a metaphorical lens, which inherently made it feel less raw and threatening. This is how the lens of metaphor can be utilized to bring both able-bodied *and* disabled audiences into the narrative, without getting mired in the context that comes along with “realistic portrayals” of disability.

Eleanor Brown, in her book titled *Milton's Blindness*, wrote that “by similarity of experience alone, I am rendered a more able critic,”⁷ which is a viewpoint that I hope to build on with this thesis. Similarly, in *Brilliant Imperfection*, Eli Clare shares stories of childhood abuse far more eloquently than I fear I ever could, but emphasizes that he tells his story “through a thick veil of shame.”⁸ I am inspired by the scholars and theorists of disability studies who precede me, who acknowledge their positionality and own their experiences despite the shame and fear that goes along with that telling. My hope is that by acknowledging my own

⁷ Brown, *Milton's Blindness*, Preface.

⁸ Clare, *Brilliant Imperfection*, 120.

positionality, and owning my identity as not only a disabled, but also a traumatized person, I open a door for further analysis and perhaps work to alleviate some of the shame that others in my shoes feel when sharing their own stories.

I hope to pave the way for further exploration of the horror genre in a general sense by way of my analysis of *The Shining*. My unique positionality allows me to view this text in a way that others might not, and I wonder what other texts may resonate with disabled individuals who hope to see their experiences presented in all of their complexity, even when it is unpleasant. It is my belief that horror has a unique—yet unexplored—capability to communicate disabled experiences, particularly invisible, unhealthy, and unpredictable disabilities. While the link between the study of trauma and horror has long been established, it is my hope to use this text to illustrate an intersection between trauma, horror, and the representation of disability, which many scholars have yet been hesitant to explore at length.

INTRODUCTION

As a field, disability studies can be quite isolated. In *Narrative Prosthesis*, David Mitchell and Sharon Snyder highlight the paradox of disability representation in the cultural landscape, stating that “while other identities such as race, sexuality, and ethnicity have pointed to the dearth of images produced about them in the dominant literature, disability has experienced a plethora of representations in visual and discursive works. Consequently, disabled people’s marginalization has occurred in the midst of a perpetual circulation of their images. Curiously, a social erasure has been performed even as a representational repertoire has evolved.”⁹ Disability is represented again and again, but is never allowed to speak for itself, or to act as a representation of the experiences that go along with real, lived disability. They aptly

⁹ Mitchell and Snyder, *Narrative Prosthesis*, 6.

describe it as “hypersymbolic”¹⁰ because of the consistent utilization of disability to represent something other than itself, acting as a shorthand for an able-bodied audience to understand that a character is meant to be “other” in some way. Because of this overrepresentation of inaccurate, negative, metaphorical portrayals of disability, and the fact that even other “minority commentators tend to situate disability as a social grouping from which they must escape to assert the positivity of their own culturally devalued identity,”¹¹ the relationship between disability studies and other fields can often be a distant or difficult one, particularly as it relates to metaphor.

This is where the field clashes with both trauma studies and horror studies. Because “trauma studies is, in many ways, ultimately a theory of metaphor,”¹² it is understandable how the two fields could find themselves at odds with each other. To paint an even more stark picture of the division between disability studies and horror studies, Melinda Hall has highlighted that “it has become commonplace to consider horror fiction (perhaps inescapably) ableist”¹³ because of the multitude of ways that disability is utilized within the genre, many—if not most—of them, negative.

I understand the hesitancy to incorporate the study of horror into the study of disability. Ria Cheyne describes the relationship between horror studies and disability studies as “one of mutual avoidance,”¹⁴ as horror studies struggles for legitimacy by arguing that representations of corporeal forms act as a metaphor for “repressed elements of society,”¹⁵ rather than individual experience. She argues that “horror’s excessive corporeality is contained by understanding it in

¹⁰ Mitchell and Snyder, 16.

¹¹ Mitchell and Snyder, 33.

¹² Berger, “Trauma Without Disability, Disability Without Trauma,” 563.

¹³ Hall, “Horrible Heroes.”

¹⁴ Cheyne, *Disability, Literature, Genre*, 34.

¹⁵ Cheyne, 34.

terms of something else,”¹⁶ which is precisely the phenomenon that disability studies pushes back against. I would not even attempt to argue that *The Shining* avoids this tendency completely, particularly in relation to representations of visible, physical disability. What I would argue, though, is that the genre of horror holds a unique capability to present the experiences of disability, particularly ones that writers like Beth Linker and Susan Wendell would describe as “unhealthy”¹⁷ disability—disability tied to illness, disability that is painful, disability that inherently causes suffering outside the structures of societal ableism.

As Cheyne has noted, “horror is far from the only genre to harbour a preponderance of problematic images, and certainly canonical literature has no shortage.”¹⁸ Rather than writing off any potential connections between the fields of horror studies and disability studies, I would argue that the question of perspective comes into play. Ato Quayson argues that “the embarrassment, fear, and confusion that attend the disabled in their everyday reality is translated [...] into a series of structural devices that betray themselves when the disability representation is seen predominantly from the perspective of the disabled rather than from the normative position of the nondisabled.”¹⁹ In short, disability functions as a tool to be utilized by an able-bodied norm, to act as a shorthand for something that is “off the map of ‘recognizable’ human experience,”²⁰ rather than representing the real, lived, experience of disabled individuals—and this difference is made clear when viewed from a perspective of disability rather than able-bodiedness. Disability in literature represents the deviation from the norm of humanity, as we stray into the unrecognizable, stark, Other. But what happens when a text centers itself on the experience of disability, and the able-bodied norm becomes that unrecognizable Other?

¹⁶ Cheyne, 34.

¹⁷ Linker, “On The Borderland of Medical and Disability History,” 526.

¹⁸ Cheyne, *Disability, Literature, Genre*, 32.

¹⁹ Quayson, *Aesthetic Nervousness*, 19.

²⁰ Mitchell and Snyder, *Narrative Prosthesis*, 5.

Horror often focuses on the monstrous and inhuman, and disability has often been utilized as a simple way to communicate to an audience that a character is meant to be feared, such as in “The Hook,” an urban legend retold by Stephen King, and analyzed by Cheyne, where the monstrous villain is a “dangerous homicidal maniac” who “has just escaped from Sunnydale Asylum for the Criminally Insane,” and “[is called] The Hook because that’s what he’s got instead of a right hand.”²¹ This is an example of both visible disability—the amputated hand, and hook prosthesis—and invisible disability—the mental illness that gets The Hook labeled a “maniac” and sent to an asylum—working in tandem to communicate to the reader that this is a figure to be feared. As Cheyne points out, “the character’s physiological and psychological abnormality is inseparable from his murderous acts and works alongside them to generate a sense of fearful anticipation.”²²

The history of disability representation within horror literature is deeply flawed, particularly in reference to figures like The Hook, reduced to their disability as their sole identifier, and therefore the root of their monstrosity. Instead, I would like to argue that the relationship between horror and disability becomes more complicated in relation to invisible disabilities such as chronic pain, mental illness, and nervous system disorders. All of these conditions lack a distinct visual marker to act as a shorthand to present as a clear message to the audience about the character’s internal world, and therefore require some level of engagement to portray. In a sense, diagnosis can often act as that shorthand, when the audience is told that a character has a specific condition and is meant to understand what that entails. On the other hand, Clare highlights the dilemma of diagnosis as knowledge by posing a hypothetical question: “What more do you know about me now that you have two diagnoses to attach to my

²¹ King, *Danse Macabre*, 32.

²² Cheyne, *Disability, Literature, Genre*, 27.

body-mind?”²³ The knowledge of what a condition entails—for example the understanding that epilepsy causes seizures—or even the understanding of the condition’s cause does not necessarily entail an understanding of that person’s experience living with their condition.

In my opinion, it is books like *The Shining*—which resist the temptation to definitively diagnose their disabled characters within the text, or which create disabling conditions outside the bounds of what we consider to be real—that are able to truly bypass this question. This is where I would argue that the horror genre has a unique capability to utilize its deeply entwined relationship with metaphor to present a narrative that represents the *experience* of disability in a way that is comprehensible and meaningful to both an able-bodied and disabled audience, without the need to engage in the loaded concepts of diagnosis and cure that remain ever-present in “realistic” depictions of any kind of disability. By removing the idea of “real” disability, the text naturally distances itself from the aspects of the medical model that disability studies fights against—the consistent need for treatment and cure, in particular—instead, it is able to present an idea of what it *feels* like to be disabled, while leaving aside the layers of context that go along with recognizable disability. As a person with a nervous system disorder that causes fainting spells, I was able to relate to the experience of Danny’s episodes, even though the text more closely associates them with absence seizures—and truly, his experience represents neither. Because his condition is a part of the unreality within the narrative, it resists the idea of a “real” diagnosis, and becomes translatable to more versions of chronic illness and disability. Many people with chronic illnesses work for years to find a diagnosis of their conditions, and the way that the *shine* seems to evade diagnosis entirely could be seen as validation of that experience.

I would argue that three out of four point of view characters within *The Shining* are disabled, and all four are definitively trauma survivors. The novel primarily follows the Torrance

²³ Clare, *Brilliant Imperfection*, 41.

family as Jack Torrance—Danny’s father and Wendy’s husband—takes on a job as the over-winter caretaker at the Overlook hotel in its off-season. The hotel is haunted by past guests and employees, many of whom have died at the hotel, and past events—such as grand parties and grizzly murders—play on a loop as the spirits repeat the events of their lives and deaths ad nauseam. This kind of repetition is a common feature of trauma theory, as stated by Cathy Caruth, who argues that “the wound of the mind—the breach in the mind’s experience of time, self, and world—is not, like the wound of the body, a simple and healable event, but rather an event that [...] is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor.”²⁴ In this sense, the way that the spirits of the Overlook play out a loop of their lived experiences is a direct representation of the way that trauma manifests itself, and many of the other supernatural phenomena that plague the Torrance family play into similar patterns.

As a genre whose primary purpose is to unsettle, disorient, and provoke a fearful effect in its audience, horror utilizes traumatic events and traumatized characters in most, if not all of its manifestations. In *The Shining* these traumatic events are inextricable from the characters’ disabilities. James Berger argued that “disability studies is marked by an inability to mourn, and trauma studies by an inability to stop mourning.”²⁵ Disability studies and trauma studies, as fields, act as two extremes. Because of the push for broader social acceptance, and the assertion that disabled individuals can do anything that an able-bodied individual can, disability activism has strongly resisted the association of disability with loss, or with mourning of any kind. Many

²⁴ Caruth, *Unclaimed Experience*, 3-4.

²⁵ Berger, “Trauma Without Disability, Disability Without Trauma,” 577.

disability activists resist the idea that disability should be associated with illness, with weakness, or with suffering.

I have made the conscious choice to resist the description of disabling illness solely as “impairment,” a term utilized by many writers within the field to put distance between “healthy” and “unhealthy” disabilities. Within the traditions of the field, “disability” is meant to refer to way that a person is disabled by their environment—the hurdles that they face due to ableism, lack of accessibility, or lack of consideration—and “impairment” is meant to refer solely to the negative effects that are inherent to a person’s body or their conditions. In this way, even disability activists fall prey to the lure of distancing themselves from those that they consider to have “real” limitations, just as other marginalized groups have done to disabled individuals in a more general sense. However, I think that texts like *The Shining*, which find their core explorations in the overlap between trauma and disability, illustrate that these concepts are not so easily divisible. A person’s relationship to their impairments is often fundamentally defined by the way that those impairments are regarded socially.

Writers like Linker have highlighted that “there is a hierarchy of sorts among the disabled within disability studies. Amputees, the blind, and the deaf are more ‘predictably impaired’ (as long as the disability is not the result of a degenerative disease) and thus serve as ideals by which disability is defined, for they can live their lives without contending with daily health concerns that require frequent medical attention.”²⁶ Because these disabilities often come without daily variance in needs, and many individuals within these communities would actively choose to not seek a cure, they are an easy focus point for a field whose primary focus is advocacy and accommodation. Additionally, as Mitchell and Snyder have highlighted, this often does not stem from malice, but rather that “from the segregation of special education classrooms to the

²⁶ Linker, “On the Borderland of Medical and Disability History,” 526.

systematic murder of people with cognitive disabilities in Nazi Germany, the fate of people with physical disabilities has often depended upon their ability to distance themselves from their cognitively disabled peers.”²⁷

I consider it to be vital that the majority of the focus of disability studies remains squarely on accommodation and acceptance within society—on the eradication of the ableism that isolates us in the first place—but I fear that it does us all a disservice to do so at the expense of those disabled individuals who require frequent medical intervention, who struggle with the unpredictability of conditions that flare up and fall into remission unexpectedly, and who experience symptoms that cause suffering that is not culturally constructed—symptoms external to ableism, like chronic pain, nausea, or fatigue. Wendell highlights that “it is safer and more comfortable for disability activism to focus on people who are healthy disabled,”²⁸ a tendency that I hope to avoid at any cost. If those disabled by illness cannot find support and fellowship amongst the disability community, where could they find it otherwise?

Horror opens up a route of exploration for those unpleasant aspects of disability, particularly disabling illness; it offers a place to mourn the difficulties that inherently come along with many disabilities, something that is sorely lacking in the broader field. It also offers up a route of exploration for the link between disability and trauma, as the acknowledgement of a link between the two is so often resisted for the same reasons that scholars delineate a hard line between “impairment” and “disability,” despite the oftentimes fuzzy border between these two experiences. I agree with the hard line taken by Tobin Siebers in his book *Disability Aesthetics*: “I want to insist that disability studies include trauma within its definition of disability.”²⁹ Trauma is oftentimes disabling, and traumatized individuals struggle with the shame and

²⁷ Mitchell and Snyder, *Narrative Prosthesis*, 3.

²⁸ Wendell, “Unhealthy Disabled,” 19.

²⁹ Siebers, *Disability Aesthetics*, 103.

ostracization that stems from societal ableism, just like any other disabled person. *The Shining* focuses strongly on the poor treatment of disabled individuals on a social level—for example, a recurring focus placed on institutionalization and the violation of bodily autonomy that mentally ill and cognitively disabled people often experience at the hands of others—but it also allows for the exploration of the fear and distress that often accompanies the experience of one’s own bodymind betraying their desires and intentions. An exploration of one aspect of disability does not preclude the exploration of another.

INVISIBLE DISABILITY IN *THE SHINING*

The Shining is a complex novel, and it is difficult to make stark arguments about whether the text presents itself in a purely “positive” or “negative” way. The central characters are deeply flawed, particularly in the case of Jack Torrance, but their humanity is consistently reemphasized to bring the reader back to an empathetic response. To fully illustrate the internal experience of the characters, the text itself is manipulated as the—at times bizarre and disjointed—stream-of-consciousness style narration consistently shifts into italics, all caps, small caps, phonetic spelling, or parenthetical asides to emphasize the *feelings* surrounding language, rather than simply the message that language itself communicates. The representation of disability within the novel strays dangerously close to problematic cultural motifs surrounding disability, as Jack’s disabilities regularly manifest in ways that cause harm to himself and the people around him, and the supernatural elements of Danny and Hallorann’s disabilities make it difficult to determine whether or not they fall under the common “super-crip” motif. The line blurs between disabling illness, mental health concerns, and the lingering effects of traumatic events, to the point where distinction between these three experiences within the text would be close to impossible—particularly because of the way that they overlap with the novel’s

supernatural phenomena. The text does not shy away from the difficulties and complexities that go along with any one of these experiences, let alone the interactions that occur between them within a single character or a family unit—rather, it leans into its own complexity to emphasize the disorienting atmosphere and consistently keep the reader from understanding what is “really” happening.

Jack Torrance is a man who strives to be a good husband and father, but who regularly finds himself in fits of uncontrollable rage, and struggles immensely to resist his desire for alcohol. Over the course of the novel he repeats exact lines of dialogue spoken by his own abusive father, as he tries and fails to break the cycle of familial abuse with his son. Danny is a five-year old boy who exhibits multiple signs of neurodivergence, and who experiences a fictional condition called *the shine*, which grants him telepathic and psychic visions, but at the cost of frightening episodes that strongly resemble fainting spells or absence seizures.

Wendy—Danny’s mother and Jack’s wife—is a mild-mannered, highly-anxious woman, who has only her husband to rely on after distancing herself from a psychologically abusive mother and a sexually abusive father. Every member of the Torrance family is traumatized, and shaped by their traumatic experiences, and I argue in this thesis that Jack and Danny are definitively disabled, but the argument could certainly be made for Wendy as well. The Torrances represent a normative ideal of a well-educated, middle-class, White nuclear family, but find themselves in dire straits due to Jack’s disability—bringing a privileged audience that may relate to them into the understanding that disability is distinct in “its unambiguous ability to impact every other identity category at any time.”³⁰

The only point-of-view character in the novel outside of the Torrance family is Dick Hallorann, the Overlook Hotel’s on-season cook. He is an older Black man, a veteran, and the

³⁰ Mitchell and Snyder, *Narrative Prosthesis*, x.

only person that Danny has ever met who also has *the shine*. His introduction at the beginning of the novel is brief, and his perspective is only shown in the final act of the novel, but he is a pivotal character within the framework of the text, as he represents a way to break the cycle of isolation and abuse that Jack finds himself unable to escape. When Danny calls on him for help, as the only person he knows to share his experiences, Hallorann finds himself responsible for the safety and well-being of a five-year-old child he has only met briefly. It is his willingness to go out of his way to get to the Overlook, putting his own health and safety at risk in the process, that allows Danny and Wendy to survive their time at the hotel. His presence in the narrative operates to bring a focus on the importance of solidarity amongst disabled individuals and the way that we can find unity through shared experience. His perspective is where it is made clear that an acknowledgement of one's personal vulnerability is a way to move past trauma, and come to grips with traumatic experiences.

All of these characters have disabilities that would be considered “invisible,” “unhealthy,” or “unpredictable,” which raises complex and difficult questions when it comes to literary analysis. These kinds of disabilities are often more difficult to notice and assess—it can often take years or decades for a person with a chronic illness to find a diagnosis or treatment for their condition. This process only becomes more difficult when examining literary characters. For instance, should every character that displays signs of mental illness be considered disabled? If disability is defined by a limitation of one's ability to equitably participate in society, then how can this be assessed in the limited scope of a single narrative? If a character is stated to have one diagnosis, but the representation of it is inaccurate to lived experience, should they be considered to have that diagnosis at all? In *Narrative Prosthesis*, Mitchell and Snyder draw attention to an analysis of disabled detectives in crime fiction, finding that they rarely encounter any of the

social and societal roadblocks that commonly interfere with a disabled person's ability to navigate the world. Does that mean that these characters should be considered to be able-bodied?

I raise these questions to acknowledge that it can be difficult to draw a hard line between disabled and non-disabled people in the real world, and that it becomes even more fraught in literature—most often as it relates to invisible disability, and particularly when there is no clearly stated diagnosis offered within the text. One of the only “diagnoses” that appears definitively within *The Shining* is alcoholism. Jack self-identifies as an alcoholic, and is referred to as such by friends, family members, and coworkers. His substance abuse causes significant distress to him and the people around him, and limits his ability to work, pursue his writing, or spend time with his family. Even so, he was never diagnosed with alcohol use disorder—or any equivalent—by a medical professional, and the debate remains open in the present day as to whether alcoholism should be considered a disability or not.

Even in pre-existing analyses of *The Shining* writers frequently disagree on the subject of Jack Torrance. Is he meant to be a sympathetic figure, or “truly evil”³¹? James Anderson wrote that “Jack lacks the discipline or the motivation to be a successful writer over the long term,”³² a description of behavior that many real people disabled by mental illness face over the course of their lives. Particularly when viewing this text as a critique of societal ableism, which highlights the isolation of disability, this kind of analysis could be seen as a form of meta-textual ableism—present because Jack's disability is uncomfortable for readers. When I tell people that I am studying representations of disability in *The Shining*, almost everyone familiar with the text immediately recognizes Danny as disabled, but I am often greeted with outright surprise at my

³¹ Anderson, *The Linguistics of Stephen King*, 35.

³² Anderson, *The Linguistics of Stephen King*, 39.

assertion that Jack was disabled, and was once told directly that “he’s just not the kind of person I think of when I think about disability.”

It is my belief that not only do these characters fit the definition of disability—as they are impaired by their bodyminds in a way that “substantially limits one or more major life activities”³³—the tension surrounding their disabilities is a core aspect of the representation of disability within the text. Wendell highlights that people living with chronic illness often “have trouble getting recognition of their illnesses—if not by the medical profession, then by friends, relatives, acquaintances, employers, insurers, and others who believe that they should have recovered from their diseases long ago.”³⁴ People with invisible disabilities often face near-constant suspicion about whether they are “faking it” or not. Scarry summarizes this concern eloquently, saying that “to have great pain is to have certainty; to hear that another person has pain is to have doubt.”³⁵ Despite the best intentions of a listener, without sharing in the experience of another person, it can be difficult, if not impossible, to truly empathize with an experience that has no visible markers. The experiences of trauma and chronic pain share in their incommunicability, and this kind of isolation can be traumatizing in and of itself, as people with invisible disabilities are forced to repeatedly reevaluate their relationship to the world and to the people around them when faced with a reality of constant doubt.

In a sense, this text represents the isolation and fear associated with experiencing an invisible disability—not only within the text itself, but in the external reception of the text. Jack’s mental illness is less sympathetic and palatable to an audience because rather than causing harm solely to himself, his bouts of rage manifest in harm to others, which leads to an instinct to erase the idea of his disability altogether, framing him as the unrecognizable Other classically

³³ “Introduction to the Americans with Disabilities Act,” U.S. Department of Justice Civil Rights Division.

³⁴ Wendell, “Unhealthy Disabled,” 20.

³⁵ Scarry, *The Body in Pain*, 7.

represented in horror villains. He is not granted “permission” to be disabled because of the harm that he causes, because this identity marker would be viewed as an excuse, rather than an explanation, for his behavior. This instinct may manifest itself out of a desire to be respectful to those with disabilities, and to step away from the classical horror trope of disabled man as monstrous, but in effect it strips disabled characters of their personhood. A disabled person can exhibit malice, or cause harm to others, just like an able-bodied person—but an association between disability and weakness, or a desire to see disabled figures represented in a purely positive light after centuries of negative portrayals in literature, clouds the ability to recognize Jack as a disabled individual. This level of ambiguity is difficult to reconcile with, and it would likely be easier to simply disregard, but perhaps for a field that not only acknowledges but emphasizes and relishes a resistance to the medical model—which pushes for examination, diagnosis, and then cure—this kind of complexity should be greeted with open arms.

The novel staunchly refuses to delineate between the realistic experiences of its disabled characters and the metaphorical, mystical aspects of its world. In the book’s final act this is made textual when Wendy ponders whether the frightening supernatural phenomena that her family has been experiencing is “real psychic phenomena or group hypnosis” and realizes that “she didn’t know, and didn’t think it mattered. What had been happening was just as deadly either way.”³⁶ The text seems to do away with the idea of an objective “reality” altogether, emphasizing the internal experiences of its central characters rather than an objective truth as to the cause of them. *The shine*, for example, is not an official diagnosis, but a term coined by Hallorann’s grandmother to describe her own experiences, which she passes to Dick and he passes on to Danny. It is not a condition that needs medical intervention, necessarily; instead, it is a word that was coined through the cultural experience of disability, which offers a sense of community to

³⁶ King, *The Shining*, 395.

others who share in that experience, something that writers like Alison Kafer have begun to refer to as “crip knowledge,”³⁷ knowledge that stems directly from the *experience* of disability, rather than the analysis of it. This kind of social diagnosis differs starkly from the more conventional medical diagnosis—one meant to offer a shared language for disabled individuals to more easily discuss common experience, and the other meant to categorize a disabled person for better ease of treatment, or to recognize them as disabled at all.

Over the course of the novel, the societal treatment of people disabled by mental illness, those left without support and accommodation—particularly people who see or hear things that aren’t there—remains at the forefront of the characters’ minds. For instance, as Danny replays a consistent fear of THE MEN IN THE WHITE COATS who he fears will come to take him away from his family if he is revealed to be “crazy,” or when Jack laments that if he loses another job due to his conditions, he and his family will be forced into poverty. These real, practical fears exist alongside the supernaturally frightening aspects of the novel’s setting, such as a haunted hotel that seeks to consume the soul of a psychic child. While I cannot argue that *The Shining* is a perfect text when it comes to the representation of disability, I want to highlight the nuanced perspective that it brings forward, and the way that it exemplifies a particular strength of the horror genre. The study of horror and the study of trauma are already deeply intertwined, and I believe that the study of disability must be incorporated into this relationship as well.

This text emphasizes the societal taboo and social ramifications of being found to be outside the norm, and presents the audience with the idea that the only way to escape that kind of ending is to connect with others who share similar experiences. Where Jack fails in this text is his refusal to accept or seek out help and support with his conditions, insisting that he is meant to handle them alone, and fearing the vulnerability that goes along with a request for support. In the

³⁷ Kafer, *Feminist, Queer, Crip*.

end, it is Dick Hallorann, the only adult in Danny's life who also has *the shine* and is able to illustrate to him that he isn't alone in the world, who is able to save him and his mother from Jack's destruction. He makes his way across the country in perilous conditions, and is helped by several others who *shine* along the way, in an effort to show a vulnerable child that he is not alone in the world. Jack's ultimate self-destruction is made clear, in the end, to be a product of his refusal to seek out community and his determination to face his demons alone.

READING ALCOHOLISM AS DISABILITY

In *Narrative Prosthesis*, Mitchell and Snyder's primary goal is to interrogate why "the 'visual' spectacle of so many disabilities become[s] a predominating trope in the nonvisual textual mediums of literary narratives."³⁸ My focus, on the other hand, is on what happens when there is no "visual" marker or shorthand to represent a disability. In cases like this, concerning the representation of invisible disability in the form of chronic illness or cognitive difference, how does the relationship between disability and metaphorical representation shift? I will begin with an exploration of alcoholism, not only in spite of the fact that there is significant debate over whether it should be considered a disability, but because of it. Jack Torrance's alcoholism is severely disabling, and it regularly prevents him from living his life in the way that he would choose to. He regularly acts out in ways that are distressing and harmful to himself and others when under the influence of alcohol, and yet, is unable to keep himself from craving and drinking it. Nevertheless, any opportunity to improve himself runs up against his own beliefs that his alcoholism is a matter of willpower—that he should be able to control himself, and any failure in that represents a moral failing rather than a need for more support.

³⁸ Mitchell and Snyder, *Narrative Prosthesis*, 53.

“There is nothing neutral about the *DSM*,”³⁹ says Eli Clare. “Hundreds of forces swirl through diagnoses, each with its own balance of utility and risk. Some carry almost no stigma; others come freighted with discrimination and self-loathing; still others bring both relief and sorrow.”⁴⁰ Diagnosis can provide opportunities to access care and treatment, or it can be weaponized to cause harm to a disabled person, but it is never neutral, so one’s intent should always be examined before undertaking diagnosis. In the case of Jack Torrance, I want to examine the diagnostic criteria for alcohol use disorder. I will not be performing a retrospective diagnosis for other disabling conditions that I observe in the novel, but retrospective diagnosis is not necessarily required in this case as Jack self-identifies as an alcoholic multiple times over the course of the novel. Thus, my examination of alcoholism—or the official diagnostic term of alcohol use disorder—is meant first and foremost to explore the way that the novel handles the representation of specific, “realistic” disabilities.

In particular, I want to draw attention to the way that this disorder has begun to be characterized primarily by the internal experience of the person, rather than the external presentation of their behavior. This is where the novel’s use of perspective shines, as the reader is granted access to Jack’s thought processes, the struggle and rationale behind his decisions, and the *experience* of disability comes to light, rather than the more simple outcome of his actions. The *DSM-5* considers a severe manifestation of alcohol use disorder to encompass at least 6 of the 11 diagnostic criteria. Over the course of the novel, we see Jack experience all 11. The *DSM-5* asks, in the last year have you: “More than once wanted to cut down or stop drinking, or tried to, but couldn’t?” or “Wanted a drink so badly you couldn’t think of anything else?” or “Continued to drink even though it was making you feel depressed or anxious or adding to

³⁹ Eli Clare, *Brilliant Imperfection*, 140.

⁴⁰ Eli Clare, 42.

another health problem? Or after having had a memory blackout?”⁴¹ These are all experiences that are distressing, but they are primarily internal.

We can begin to see the tension that arises from classifying alcoholism as a disability if we examine diagnostic criteria such as: have you “continued to drink even though it was causing trouble with your family or friends?”⁴² From an external perspective, a person continuing to drink in spite of the damage that it causes to their interpersonal relationships could easily be regarded as a person who is simply unaware of—or doesn’t care—about that damage.

Additionally, there are people who meet the criteria for addiction to alcohol or drugs, but who do not identify as alcoholics or addicts. Where do they fall on the spectrum of disabled versus non-disabled? This is where the utilization of perspective within *The Shining* comes into play, as the reader is guided through Jack’s constant struggle between his desire to continue drinking, and his knowledge of the harm that his drinking brings to his family.

One of the ways that this internal experience is represented is through the supernatural—metaphorical—elements of the Overlook Hotel. One particularly poignant moment arises after a fight with Wendy, when Danny suddenly appears with bruises on his neck while the Torrances are completely isolated by the snow, and she accuses Jack of choking him. Not only because of his past actions—breaking his son’s arm in a rage multiple years previously, and his admission to sleepwalking only moments previously—but additionally because they are the only living beings at the hotel, so if it wasn’t her, logically, it must have been him. The moment is quickly resolved by Danny declaring that it wasn’t his father, and Wendy retracts her accusation, but despite this, Jack spirals.

⁴¹ “Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5,” National Institute on Alcohol Abuse and Alcoholism.

⁴² “Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5,” National Institute on Alcohol Abuse and Alcoholism.

He is overwhelmed and wholly convinced that his wife is deeply resentful and suspicious of him, despite the fact that when readers are presented with chapters from her perspective, it is made clear that this is not the case. He thinks to himself that “he could be off the juice for twenty years and still when he came home at night and she embraced him at the door, he would see/sense that little flare of her nostrils as she tried to divine scotch or gin fumes riding the outbound train of his exhalation. She was always going to assume the worst.”⁴³ His panic and “confusion give[s] way to anger”⁴⁴ and he is enveloped by fantasies that only serve to make him more upset, as he convinces himself that if she will always think of him as a “drunk,”⁴⁵ then he should at least get to “earn [his] scoldings.”⁴⁶

The only thing that allows him to “momentarily [forget] his wife and son upstairs”⁴⁷ is a trip to the hotel dining room, which had been previously been “stripped clean”⁴⁸ of alcohol at the end of the resort season, and yet, his desire to drink manifests in the form of a vision of a fully stocked bar:

He stepped through the batwings and into the deep, folded shadows of the bar. And a strange thing occurred. [...] The shelves were totally bare. But now, lit only murkily by the light which filtered through from the dining room [...], he thought he saw ranks and ranks of bottles twinkling mutedly behind the bar, and syphons, and even beer dripping from the spigots of all three highly polished taps. Yes, he could even smell beer, that damp and fermented and yeasty odor, no different from the smell that had hung finely misted around his father’s face every night when he came home from work.⁴⁹

The supernatural and metaphorical elements of *The Shining* open up new avenues of communication between the reader and the experiences of the narrative’s central characters. Rather than simply stating to the reader that Jack desperately wanted to drink, we see a “visual”

⁴³ King, *The Shining*, 237.

⁴⁴ King, 237.

⁴⁵ King, 238.

⁴⁶ King, 238.

⁴⁷ King, 238.

⁴⁸ King, 239.

⁴⁹ King, 239.

representation of his temptation manifest before him. He goes on to pantomime an interaction with a bartender as he meditates on the concept of sobriety at length, which he self-describes as a “sad exercise in the dramatic arts.”⁵⁰

An important note here is the lack of distinction that is made between Jack’s “real” experience, the narrative he creates in his head, and the supernatural actors at play within the Overlook hotel. Because Jack is never sure what is “real” and what is not, it is never made clear to the reader either. The novel does not concern itself with the reasoning behind his experiences, but rather focuses on the experience itself. The passage ends with Jack—and the reader—being moved back towards a sense of “reality,” but a harsh delineation between “real” and “unreal” is never made. Jack notes that “[the bartender] was gone. Worse still, he had never been there. The drinks had never been there,”⁵¹ but the last piece of his retreat into fantasy is his feeling that he is being watched and mocked by “the people in the booths, the people from the costume party,”⁵² socialites from decades previous who he imagines to be looking down on him. In a sense, with that being the final image to dissipate back into what we would call “reality,” it isn’t necessarily his desire to drink that lingers and causes the most damage, but his shame surrounding the desire to drink.

Additionally notable is his initial association between the smell of beer and his childhood experiences with his abusive father, when the passage begins. This reminder from the narrative of where Jack’s first associations with alcohol were formed brings in the tie between disability and trauma that I have noted previously. Jack’s past experience as a victim of his father’s abuse runs up against his present experience as an abuser, someone who fights against his impulses, but fails in the end. Jack’s alcoholism is disabling, and it is likely that his father’s was as well—but

⁵⁰ King, 241.

⁵¹ King, 243.

⁵² King, 243.

we never see that perspective. His father is never humanized because Jack himself is unable to come to terms with his father's flaws, and Jack blames himself—to the point of detriment—for his inability to control his own alcoholism, because he blames his father for never being able to control his. His anger towards his father is then redirected towards himself, and his anger prevents him from seeking help, as he believes wholeheartedly that other people blame him as well. We see this in the way that Jack imagines Wendy's perception of him—particularly in the detail that he believes her to always be sniffing for the scent of alcohol, a smell which he associates with paternal violence. His trauma is inextricable from his disability, because these traumatic events prevent him from seeking out community and support, which in turn make his symptoms worse, continuing to foster a cycle of destruction—both self-destruction, and destruction within the family unit.

In her chapter on the intersection between disability studies and the horror genre, Cheyne describes how the representation of a villain in a horror text can shift from “monster—in the unambiguously negative sense of the word—to [...] a person who has committed monstrous or horrific acts.”⁵³ She presents the idea that when villains are presented as victims of prejudice, or the audience is told about their traumatic childhood, and particularly when the narrative is presented from their point of view, it generates empathy from the audience. At no point are Jack's harmful actions justified by the narrative as the right thing to do, but the potential origins that they stem from are explored in detail. His trauma is intrinsically linked to the manifestation of his addictions and the mental illness that he experiences, and the connections between these aspects of Jack's life cannot be severed. His traumatic childhood, and abuse at the hand of his father, is horrific, and is reflected in the way that he treats his own son, despite his best intentions. All of these factors are in play at the same time—Jack's trauma, his disability, his

⁵³ Cheyne, *Disability, Literature, Genre*, 46.

horrifying treatment of his son, his shame and guilt surrounding that treatment—and they are represented by way of the metaphorical haunting of not only the hotel, but also the people inside it.

Fundamentally, it is the decision to incorporate Jack's perspective that allows *The Shining* to tell the story that it does. In an analysis of one of King's earlier works, *Carrie*, Anderson discusses the way that “for a moment, King brings us into the mob mentality and we, the reader, experience the “bully” point of view as all the jokes against Carrie are recounted,”⁵⁴ in reference to the way that the novel's titular character is ruthlessly mocked by her high-school peers, and the reader is subjected to their point of view and perspective all the while. *The Shining* takes this even further in the case of Jack, who is inarguably an abuser, someone who regularly brings harm to his family, and who is—for all intents and purposes—the antagonist of the novel. Many of the moments of violence and anger that we see directed at Danny are not from his perspective at all, rather, the reader is seated firmly in Jack's perspective, and told explicitly how he arrives at these points of intense rage. His lack of self-awareness and inability to bring himself to connect with others push him further and further to the outskirts of “sanity.” It is not the cognitive distortions he experiences which cause the central threat to his family, but his inability to face them, or even admit that he is experiencing them at all.

Nevertheless, a central part of the horror in this text is Jack's deeply human nature. His thoughts and actions make logical sense—in that one can easily track why and how he makes the decisions that he does. In horror, much of the traditional fear surrounding mental illness stems from the idea of the “madman,” an unknowable force of evil, who does not think like a human being, who cannot be reasoned with, and who seeks to destroy an able-bodied and neurotypical society, or the people within it. *The Shining* deviates from this presentation in its repeated

⁵⁴ Anderson, *The Linguistics of Stephen King*, 14.

insistence that Jack is just a regular person. He is not unknowable. In fact, there are many times during the novel when he thinks and behaves in a way that is likely to be familiar to King's intended audience, an educated, White, middle-class, male audience. The horror surrounding mental illness in this text surrounds the fear of one's self, and of losing one's connection to the idea of self.

The most explicit discussion of this kind of intangible fear comes from Wendy, when Jack suggests the idea that Danny has harmed himself, convinced that there could be no such thing as ghosts at the Overlook, despite his experiences to the contrary. She tells her husband that "I think that's more frightening than having a stranger creeping around the halls, Jack. You can move away from a stranger. You can't move away from yourself."⁵⁵ They are talking about Danny in this moment, but it seems to be most true in Jack's case. There is a consistent layer of fear that runs throughout the text as characters grapple with the idea that a person is their mind—in a sense—but they are also something outside of it. The question of how much of a person is defined by their thoughts, or actions, or the way that they see themselves, or the way that others see them is never answered definitively, leaving the reader to sit with a fundamental question about the idea of a self, entangled with the complications of disability and the way that we are shaped by traumatic experience.

⁵⁵ King, *The Shining*, 269.

TRAUMA, TELEPATHY, AND THE BODYMIND

As a text highly reliant on metaphor, *The Shining*, is not only able to grant the experience of invisible disability a “visual” marker—as in the case of Jack and his alcoholism—it is also able to highlight the feelings associated with navigating the world as a person with an invisible disability in a nuanced and broadly applicable way. In the world of the text, Jack’s five-year-old son Danny has *the shine*, a nebulous condition which allows him to communicate telepathically, read the thoughts of the people around him, find lost things, and see the future—though throughout the text he is rarely able to make sense of these visions and abilities, leaving him more confused and frightened than before. When he is overtaken by *the shine*, or triggers an episode himself, he is regularly distressed by it, and experiences a multitude of alarming symptoms alongside his telepathic capabilities.

The interweaving of the rational with the supernatural complicates the portrayal of *the shine* as a disability. Danny is both hallucinating and truly psychic. The text constantly pushes back against the idea of giving the reader an objective view of what is “really happening.” Because of the abilities that come along with it, the representation of *the shine* strays dangerously close to the “super-crip” trope, where a disability is tied to a character’s heightened capabilities. This representation is traditionally seen as damaging because of its overly-positive and unrealistic portrayal of the experience of disability and “ableist stereotypes that bestow disabled people with spiritual qualities.”⁵⁶ The motif distances disabled individuals from their humanity, making them fundamentally different and Other when compared to the able-bodied characters that surround them. At the same time, I think that in the specific case of *The Shining*, even the “positive” aspects of *the shine* do more harm than good—which negates the overly-positive representation of disability associated with the super-crip motif. Because of the

⁵⁶ Clare, *Brilliant Imperfection*, 6.

way that these visions manifest—and the way that Danny’s positionality as a five-year-old boy affects his interpretation of them—the supernatural aspects of *the shine* make the condition *more* disabling, rather than less.

The condition is not ever clearly defined within the novel, and most of Danny’s encounters with it are difficult and distressing. We see descriptions of the way that their effects frighten his parents, as well as examples of him feeling sweaty, tired, and confused afterwards. The things that he sees are terrifying, as he has visions of his distressing events that he doesn’t understand, like suicide, or the notorious REDRUM—the word “murder” reflected in a mirror, which he reads during a vision of his father brutalizing his mother. The only ability that truly serves him well over the course of the novel is the ability to communicate telepathically, which he utilizes to get in touch with Dick when his father begins to endanger the safety of him and his mother. Even so, this telepathic communication manifests itself in the form of extreme pain, which regularly endangers the life of the receiver, once again seeming to negate the overly-positive aspects of these psychic powers. While one could certainly still make the argument that this portrayal ties into ableist stereotypes about the effects of disability, I think that the relationship Danny has to his condition, and the way it is treated by the people around him shift this narrative.

Despite the difficulties and suffering that his condition inherently causes, most of Danny’s distress relating to his experiences comes from the reactions of others, a hallmark idea of disability studies—that disabled individuals are disabled by their environment and by ableist societies, rather than by any sort of inherent flaw found within their bodymind. He regularly experiences distress related to the visions that he is granted access to, but the reactions of his

parents hold far more weight, in the end. When describing the only instance in which he triggered an episode in front of his parents, he says:

[...] something had happened. When he came back to real things, he was lying on the floor with beans and mashed potatoes in his lap and his mommy was holding him and crying and Daddy had been on the phone. He had been frightened, had tried to explain to them that there was nothing wrong, that this sometimes happened when he concentrated on understanding more than what normally came to him. [...]

His father had said: "He's having a Ha Loo Sin Nation. He seems okay, but I want the doctor to look at him anyway.

After the doctor left, Mommy had made him promise to never do that again, to never scare them that way, and Danny had agreed. He was frightened himself.⁵⁷

Danny's own fear of his episode is superseded by that of his parents, in this instance. Rather than the offer of comfort and reassurance, he is made to promise that he will not do it again, as if his condition is his own fault, something he has control over, and—beyond that—that it is something to be ashamed of. This kind of shame is a common experience for disabled children—in particular those raised by able-bodied parents—which can, and does, follow people into adulthood. This is a clear and direct example of how societal ableism is not just disabling, but traumatizing, and the trauma associated with being disabled in an able-bodied society is something that most—if not all—disabled people can understand.

While Danny's recollection of his episode at the dinner table is fragmentary, as he has no recollection of what led to his dinner being knocked over, or how he ended up in his mother's lap, we later see a similar episode described from the perspective of his parents. After realizing that Danny is in the bathroom with the door locked, offering no response when either of his parents knock or call to him through the door, even when threatened that there will be "spanking if you don't open up",⁵⁸ Jack breaks the lock, and they enter to see that:

The water was running full force in the basin. Beside it, a tube of Crest with the cap off. Danny was sitting on the rim of the bathtub, across the room, his toothbrush clasped limply in his left hand, a thin foam of toothpaste around his mouth. He was staring, trancelike, into the mirror on

⁵⁷ King, *The Shining*, 29

⁵⁸ King, 126.

the front of the medicine cabinet above the washbasin. The expression on his face was one of drugged horror, and her first thought was that he was having some sort of epileptic seizure, that he might have swallowed his tongue.

“Danny!”

Danny didn’t answer. Guttural sounds came from his throat.

Then she was pushed aside so hard that she crashed into the towel rack, and Jack was kneeling in front of the boy.

“Danny,” he said. “Danny, Danny!” He snapped his fingers in front of Danny’s blank eyes. [...]

“Oh Jack my God *what’s wrong with him?*”

Jack grabbed the boy by the elbows and shook him hard. Danny’s head rolled limply backward and then snapped forward like a balloon on a stick.⁵⁹

As he is once again experiencing an episode—this time locked in the bathroom, as he works to keep these episodes from occurring in front of his parents—he is again made to feel ashamed, as if he is at fault for his parents’ fear. When he doesn’t answer the door he is scolded and threatened with physical punishment, and even after his parents have discovered him in a vulnerable state, they continue to yell. There is a steady undercurrent of violence that runs throughout the passage, as Jack bowls Wendy over in his rush to get to Danny, and then shakes him “hard,” in his effort to awaken him.

When his parents take him to a pediatrician to discuss his condition, the doctor expresses his concerns that Danny’s troubled home life in his early years may have led him to “full-fledged psychosis.”⁶⁰ He tests for and considers diagnosing Danny with several conditions, including epilepsy and schizophrenia. Wendy brings up autism, and thinks to herself that “she had read about autism. The word itself frightened her; it sounded like dread and white silence.”⁶¹ While the novel was published in 1977, and psychological treatment has grown and changed in the years since the novel was released, many perspectives like these persist today. Wendy imagines autism to be an inherent loss, and something that would strip her son of the things that she loves about him, despite the fact that he already exhibits several signs of neurodivergence—he is

⁵⁹ King, 126-127.

⁶⁰ King, 152.

⁶¹ King, 152.

hyperlexic, struggles to connect with peers of his own age, and exhibits heightened levels of pattern recognition, for instance. It is who he is, and putting a name to the experience does not change the fundamental experience of it. This perspective on diagnosis differs fundamentally from the way that *the shine* is named by a person who shares in the communal experience of the condition, and is presented without a sense of fear or judgement from the receiver. This one interaction with the medical field remains focused on Danny's parents and their fears for their son, rather than his own perspective on what is happening to him—right down to the fact that Danny is asked to leave the room while his condition is discussed.

In a sense, *the shine* is always associated with shame and fear within Danny's family unit. In his most vulnerable state, which he already describes as frightening, his parents only exacerbate this, and make him responsible for *their* fears as well. Danny's experiences highlight the shame and fear that can often go along with a disabling illness, particularly with parents who would wish for an able-bodied child. Eli Clare discusses this kind of shame at length in a description of his own childhood experiences with his mother, telling his readers: "I grew up knowing she desperately didn't want a disabled child. She made that clear in a thousand ways. [...] Her grief, guilt, bitterness about my cerebral palsy was so distinct, so personal; at ages ten, eleven, twelve, I believed she didn't want *me*. I may have been right. But for sure, if she could have un-chosen disability, she would have."⁶² For many people disabled from childhood and onward, the first place that we learn to feel ashamed of our bodyminds is within our own family dynamics. *The Shining* illustrates this again and again as Danny runs up against his parents' lack of understanding of his condition, their fear of it, and his father's anger towards it.

An interesting layer to the representation of *the shine* is the balance that it strikes between the impairment and inherent suffering that the condition causes Danny, and the fact that he is

⁶² Clare, *Brilliant Imperfection*, 129-130.

able to find peace with it—particularly after receiving reassurance from Hallorann. One of the reasons why disability studies resists the idea of cure so strongly, and why the focus is on the accessibility of society, rather than “fixing” the bodyminds of disabled individuals, is that many disabled people are not only accepting of their disabilities, but proud of them. It is a marker of identity that fundamentally shifts one’s perception of the world and their way of interacting with it, and many disabled scholars and activists have stated that even if a cure for their conditions were to be found, they would choose not to take it. Even so, Wendell points out that this perspective is complicated when put up against chronic illness and impairment. Chronic illness comes with a sense of unpredictability, and symptoms like fatigue, nausea, and pain. It is disruptive to one’s experience of their life and their relationship to their bodymind in a way that “healthy disabilities” often are not. Most of the distressing aspects of many “healthy” disabilities can be attributed to societal ableism, but chronic illness would still cause suffering, even if it was accepted within our culture.

This is not to say that “unhealthy disabilities” should not be accommodated, or that there aren’t chronically ill people who would choose to remain the way that they are, even if they were offered a cure. Wendell argues that “although most of us want to avoid suffering if possible, suffering is part of some valuable ways of being. If we could live the ways of being without the suffering, some of us would choose to live them. Some of us would choose to live them even if they were inseparable from the suffering. And some of us are glad to have been forced to live them, would choose to be rid of the suffering even if it meant losing the ways of being, but would hope to hold on to what we have learned from them.”⁶³ I would argue that *the shine* is meant as a representation of what these “valuable ways of being” could be. *The shine*, particularly in the way that it allows Danny to communicate directly—telepathically—with other

⁶³ Wendell, “Unhealthy Disabled,” 31.

people who share in his experience, acts as a metaphor for the close sense of community and belonging that often goes along with the experience of chronic illness, and finding those who share in your experience.

The text brings specific attention to the fact that his fears are externally driven, rather than internally motivated, particularly as Danny's fears of institutionalization surface over and over again. He describes that:

Sometimes when he fell down or bumped his head or had a bellyache, he would begin to cry and the memory would flash over him, accompanied by the fear that he would not be able to stop crying, that he would just go on and on, weeping and wailing, until his daddy went to the phone, dialed it, and said: "Hello? This is Jack Torrance at 149 Mapline Way. My son here can't stop crying. Please send THE MEN IN THE WHITE COATS to take him to the SANNY-TARIUM. That's right, he's LOST HIS MARBLES. Thank you." And the gray truck with no windows would come rolling up to his door, they would load him in, still weeping hysterically, and take him away. When would he see his mommy and daddy again? NO ONE KNOWS.⁶⁴

The distinction is important to make here that Danny does *not* fear that he will start crying and never be able to stop. He fears that this will happen and it will result in his immediate removal from his family, from society, and from everything that he knows, potentially permanently. These figures of the MEN WITH THE WHITE COATS recur continuously in Danny's inner monologue over the course of the novel, an example of one of the many times that *The Shining* tries to present the idea of a frightening, adult concept, presented through the mind of a young child. These phrases, which hold immense amounts of weight in Danny's consciousness, are presented in stark small caps, or misspelled—or, in the case of SANNY-TARIUM, both—as a way to make a jarring note for the reader that these kinds of societal concerns affect everyone, even the children that we, as adults, often expect to simply let these things go, because they couldn't possibly understand.

This text works to highlight clearly the idea that no matter what suffering is caused by *the shine*, the aspects of his experience that are most damaging to his psyche can be linked to the trauma of ableism. Even just hearing about the suffering of another disabled individual results in

⁶⁴ King, *The Shining*, 198-199.

what I would consider to be trauma, even leaving aside the treatment that he has directly received from his parents due to the recurrence of his episodes. Danny's trauma is intrinsically linked to his disability, in meaningful ways that color his relation to his sense of self and his bodymind. Being shouted at, physically shaken, and told stories of the treatment of other disabled individuals is traumatizing, and makes his condition significantly more disabling, as it becomes traumatic, which only amplifies the suffering inherently caused by his episodes.

THE FEAR OF VULNERABILITY

Much of what Danny learns about the treatment of disabled people in the culture he grows up in stems from the fears of his parents. Jack in particular insists on maintaining a facade of "sanity" at any cost—even to the detriment of himself and others—as he isolates himself further and further from anyone who could provide him with support. One of the first events in the novel that highlights for the reader that something is not right about the Overlook Hotel is the scene in which Jack sees the hedge animal topiaries outside the hotel moving and threatening him. Throughout the scene, he is completely enveloped in panic, but he is unable to bring himself to communicate the experience to anyone.

In his drinking days he had always been afraid of something like this happening. [...] What did you call it when you were cold sober? The question was meant to be rhetorical, but his mind answered it (you call it insanity) nevertheless.⁶⁵

The tension continues to build over the course of the scene until he reaches a point of terror where he can do nothing but stand with his eyes covered, holding himself, and crying, as he waits to be attacked by something that he can't understand: "He began to make a whining sound, unaware in his locked concentration that he was making any sound at all. [...] (*no no NO NO I WILL NOT BELIEVE THIS NOT AT ALL!*) He clapped his hands over his eyes,

⁶⁵ King, *The Shining*, 210.

clutching at his hair, his forehead, his throbbing temples. And he stood like that for a long time, dread building until he could stand it no longer and he pulled his hands away with a cry.”⁶⁶ In the end, the hedges do not attack him, and he finds himself standing alone on the green with everything positioned just as it should be. The scene ends with him reassuring himself: “‘I’m very tired,’ he said, and now it seemed okay to talk out loud. It didn’t seem crazy at all. ‘I’ve been under a strain.’”⁶⁷ Despite these rationalizations, he nevertheless decides that telling his family about his experience would be the wrong choice: “He felt all right. He saw no need to mention his hallucination. He’d had a bad scare but it was over now.”⁶⁸

In this passage we see a literary device commonly utilized in *The Shining*, parenthetical insertions to the stream-of-consciousness style narration. Most often, this is utilized to highlight the instinctive, automatic thoughts of the characters, or specifically thoughts that they try to avoid, but which surface anyway. Typically, these parentheticals are frightening or overwhelming, and often tied to the traumatic experiences of these central characters, and they are oftentimes jarring, separated from the rest of the text by line breaks or font changes, rupturing the flow of the narrative. In this case, it works to highlight the cultural conditioning that Jack has incorporated into his sense of self as he faces down an experience that he—and others—would label as insanity.

Jack’s fear of being labelled as “crazy” mirrors his son’s fears of institutionalization, but his inability to face those fears lead him to continually isolate himself from others over the course of the novel. James Berger tells his audience that “trauma theory posits transmission, but it posits also the impossibility of transmission. Trauma signifies the collapse of signification.”⁶⁹

⁶⁶ King, 211.

⁶⁷ King, 212.

⁶⁸ King, 212.

⁶⁹ Berger, “Trauma Without Disability, Disability Without Trauma,” 566.

His argument about the dissolution of communication, and the isolation of trauma as a person is unable to communicate it effectively, mirrors Scarry's description of the effects that pain has on language: "Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned."⁷⁰ These experiences—of disabling trauma and disabling pain—are different in a practical sense, but they have the same effect on our capacity for language. In Jack's frightening encounter the reader is shown how intense fear and traumatic experiences can destroy one's capacity for communication in a similar way to physical pain.

Faced with the prospect of attempting to communicate an experience that is socially isolating—and fundamentally breaks down one's ability to communicate—Jack decides that it is easier to manage his conditions alone, rather than taking the risk to attempt connection. The Torrances face a very clear and literal form of isolation at the Overlook in the form of the intense snowfall, which cuts off their access to local roads and telephone lines—but this once again acts as a "visual" marker for an invisible experience of isolation. Chapters surrounding tension within the family unit—particularly Jack's endeavors to pull away from his family and hide his experiences—regularly end with a description of the snowfall, lines like "Outside it had begun to snow again."⁷¹ or "Outside snow had begun to spit down from the sky like lead."⁷² This is another way that the highly metaphorical genre and setting of *The Shining* acts to portray the intense isolation associated with disability, particularly invisible disability—as the figures within the hotel purposefully distance themselves from each other, their distance from the outside world grows in turn.

⁷⁰ Scarry, *The Body in Pain*, 4.

⁷¹ King, *The Shining*, 245

⁷² King, 330.

Jack's inability to come to terms with his vulnerability is what leads him to lash out at the people around him, particularly those that he perceives to be noticeably vulnerable in a way that mirrors his own experiences. Later in the novel, when Danny not only sees the hedges move, but is grabbed by one of them and has his leg cut open, Jack takes his determination to be perceived as "sane" and turns it back on his son in the form of anger, ensuring that there is no deviation from the norm within his family unit. We see this moment presented from Danny's perspective:

"What about the hedges, Danny?"

Danny's lips began to tremble. He was going to cry. What if he couldn't stop?

(i won't cry I Won't Cry Won't Won't WON'T)

"All covered with snow," he whispered. "But, Daddy—"

"What? I couldn't hear you!"

"Jack, you're cross examining him! Can't you see he's upset, he's—"

"Shut up! Well, Danny?"

"They scratched me, Daddy. My leg—"

"You must have cut your leg on the crust of the snow."

Then Wendy was between them, her face pale and angry. "What are you trying to make him do?" she asked him. "Confess to murder? What's wrong with you?"

The strangeness in his eyes seemed to break then. "I'm trying to help him find the difference between something real and something that was only a hallucination, that's all."⁷³

His inability to come to terms with his own experiences, forcing himself to believe that what he saw wasn't real and his insistence on dealing with his fears alone, is turned outward and put onto his son. His inability to acknowledge his own vulnerability to others manifests as aggression towards those who *are* outwardly vulnerable. It's notable that this is one of the scenes where Danny's fear of institutionalization resurfaces, as he understands that his father is questioning his reality, and on some level grasps the dangerous position he is in—having an experience that does not fall into an accepted norm. Despite Jack's unique ability here, to share in his son's experience, and meet his frightening experience with comfort and reassurance, he turns away and insists that his son renounce his experience to fit better into the norm. The shame surrounding disability becomes a self-perpetuating cycle, as Jack's beliefs—that his disabilities are a moral

⁷³ King, 296.

failing—are passed onto his son. This is not simply ableism, but a complex manifestation of internalized ableism, as a disabled man, victimized by a disabled parent, passes to his own son the anger and shame that he feels surrounding his disability. The acceptance of one's disability becomes an acceptance of failure in Jack's eyes, which prevents him from ever meeting his son's experiences with kindness or understanding.

This is where the representation of physical disability within the text comes into play. While the highly metaphorical nature of the text readily allows for a non-visible experience of disability to be granted a “visual” marker, it also incentivises narrative prosthesis, and predisposes the narrative to utilize visible disability as a stand-in, shorthand marker for a character's interiority. The only visibly disabled character to play a significant role in the narrative is Jack's father, who appears in most of Jack's nightmares, visions, and memories of his childhood. While Jack is an abusive father, he is a point-of-view character, which allows for the reader to be made privy to his inner monologue and sense of self. As I have previously argued, *The Shining* would be a radically different text without this perspective, as it shifts the representation of Jack from monster to a person who has committed monstrous acts.⁷⁴ The representation of an abusive father as an unknowable, unreasonable *monster* surfaces in Jack's recollection of his own father, who is granted no redemptive or humanizing insights into his character.

One of the most notable details present in all of Jack's recollections, for our purposes, is the fact that his father has a physical disability that causes a need to utilize a mobility aid. Jack recalls that “he had begun to carry the cane [...] when a car accident had left him lame. After that he was never without it.”⁷⁵ His father's cane forms the centerpoint of the moment that Jack

⁷⁴ The difference in presentation noted by Ria Cheyne in her chapter on horror and disability.

⁷⁵ King, *The Shining*, 226.

considers his relationship with his father to have been broken beyond repair as “love began to curdle at nine, when his father put his mother into the hospital with his cane.”⁷⁶ He goes on to describe a horrific moment where his father suddenly, and seemingly without any provocation, beats his mother nearly to unconsciousness in front of their children at dinner. The passage explicitly represents a marker of disability being weaponized against a vulnerable person. It is not simply that the aggressor happens to have a disability, or that the disability is an aspect of a complex character; rather, his mobility aid is one of his most distinguishing characteristics, described in explicit detail as “long and black and thick and gold-headed.”⁷⁷ The cane is arguably the central point of the scene as Jack’s father is described as “caressing it”⁷⁸ and the violence of the scene is attributed to the cane itself, rather than the man wielding it: “the cane had gone up and down on her seven more times.”⁷⁹ It is as if the cane comes alive as a symbol of his father’s violence, the visual marker of his disability acting as a symbol of his rage.

On one hand, as the only real representation of visible disability in the novel, this figure and this moment stands out as an exemplification of the deviant, disabled monster, threatening a non-disabled, vulnerable, target—as we see in *The Hook*, the short story discussed previously. On the other hand, I think that this presentation acts in conjunction with the representation of Jack to highlight how a person’s relationship with their own personal feelings of vulnerability affects their treatment of those around them, particularly those who experience similar vulnerability. His father’s weaponization of the cane is another “visual” marker of the narrative that Jack continues to play out with his own son, as both men weaponize their feelings of insecurity surrounding their own vulnerability and externalize that in the form of anger towards

⁷⁶ King, 226.

⁷⁷ King, 226.

⁷⁸ King, 226.

⁷⁹ King, 227.

the vulnerable people around them. Notably, as Jack distances himself from his connections to his family, he begins to see visions of his father more frequently, goading him to commit violence against them. As he completely loses his connection to his sense of self at the end of the novel—the reader is no longer given access to his perspective, and the pronouns that Wendy uses to reference him shift from he/him to it/its—he shifts from a man who has committed monstrous acts to a true, horrific, monster. During these scenes, he shouts the same dialogue that his own father did when brutalizing him as a child, making clear and textual the way that his traumatic experiences are linked to this destructive cycle.

When the Torrance family considers leaving the Overlook, fearing that it was the hotel itself that was causing their distress, Jack spirals into an inner monologue lamenting the harm that losing his job as the Overlook's caretaker could do to his self-esteem and sense of identity.

There would be no job, not even part-time or seasonal, except maybe shoveling out driveways for three dollars a shot. The picture of John Torrance, thirty years old, who had once published in *Esquire* and who had harbored dreams—not at all unreasonable dreams, he felt, of becoming a major American writer during the next decade, with a shovel from the Sidewinder Western Auto on his shoulder, ringing doorbells . . . that picture suddenly came to him much more clearly than the hedge lions and he clenched his fists tighter still, feeling the fingernails sink into his palms and draw blood in mystic quarter-moon shapes. John Torrance, standing in line to change his sixty dollars into food stamps, standing in line again at the Sidewinder Methodist Church to get donated commodities and dirty looks from the locals.⁸⁰

Jack views himself as different from—better than—the people in line for food stamps or donated goods, and the idea that his condition is leading him to a place where he could fall to their level sends him spiraling not into fear, but rage. Jack's perspective exemplifies the way that the transition from “normal” and able-bodied, to disabled, can be intensely harmful and destructive if one is unable to come to terms with it. Disability, particularly the forms of disability traditionally referred to as impairment, often comes with a reduced capacity to work, and lead to an increased level of financial dependence on the people around you. This transition from an

⁸⁰ King, 270.

upper-middle class, well-educated prep school teacher to someone struggling to survive because of their disability is terrifying for Jack. Writers like Wendell have highlighted that it is even more difficult to find accommodation for an invisible disability, because the people in one's environment will doubt the need for it without a visible marker. Subconsciously, Jack only becomes aware of the ableism of his society—ableism that he has helped to perpetuate—when he faces the reality of acknowledging a disability to himself and others, and the need to seek out support and accommodation.

Jack is unable to reconcile with this state of affairs, constantly distancing himself from his feelings and actions, to allow himself to remain isolated and unsupported. He acknowledges the disconnect between how he would like to behave, and how he chooses to behave when he is in full control of himself, but rather than seeking out help to align his behavior with his desires, he frames it in a startlingly detached way: “he still felt that the whole range of unhappy [...] experiences had to be looked at with Jack Torrance in the passive mode. He had not done things; things had been done to him.”⁸¹ He attributes all of his rage, his difficulties managing his alcoholism, the harm he's done to his wife, his son, and his former students, to a string of things that happened to him. Whereas the novel seems to present an explanation for his behavior, without justifying the harm that he does to himself and others, Jack seems to view the reasoning behind his actions as an excuse for his poor behavior, and something that will be easily overcome. Alone. Because he is unable to acknowledge his own vulnerability, his own need for support and assistance, his own fears surrounding his identity and sense of self, he cannot acknowledge the vulnerability of others without anger. He cannot look within himself to meet his own vulnerability with kindness, so he is unable to turn that experience outward.

⁸¹ King, 109.

This hesitancy to acknowledge experiences with vulnerability, for fear of the implications that it will have, is a deeply important aspect of disability to explore. Writers like Liz Crow have advocated for a reworking of the social model of disability, highlighting that the traditional model leaves no room for the acknowledgement of impairment or personal vulnerability. She speaks directly to other disability activists, arguing that “our insistence that disadvantage and exclusion are the result of discrimination and prejudice, and our criticisms of the medical model of disability, have made us wary of acknowledging our experiences of impairment. Impairment is safer not mentioned at all.”⁸² Despite the efforts to push through the shame associated with disability, the “healthy” disabled distance themselves from the “unhealthy” disabled, for fear of being associated with the *truly* vulnerable. The “hierarchy” that has formed within the study of disability and the disability activism community has formed specifically because of this hesitancy to acknowledge one’s personal vulnerability. This hesitancy is even more heightened when it comes to discussing the specific effects of trauma, as disability activists like Eli Clare acknowledge that the telling of a traumatic experience still carries significant shame. Once again, the link between trauma, disability, and vulnerability comes to the fore in all of its complexity, which *The Shining* does not shy away from.

While I cannot argue that *The Shining* was attempting to make a direct commentary on the disability community and the division that lies between many disability activists and the acknowledgement of personal vulnerability, it still makes a point that rings true. As a horror novel, it is a text steeped in metaphor, which leans into the uncomfortable aspects of the human experience. It acknowledges the desire to distance oneself from vulnerability, even at the cost of those who are more outwardly vulnerable, as we have seen when marginalized social groups try to distance themselves from the disability community, as a way to bolster their own societal

⁸² Crow, “Including All of Our Lives,” 4.

visibility, or in the focus consistently given to “healthy” disabilities, at the cost of acknowledging “unhealthy disabilities.” Vulnerability is an inherently unpleasant, and oftentimes frightening experience—particularly in a society which focuses strongly on one’s ability to achieve independence. Vulnerability is at the heart of most—if not all—horror texts, but *The Shining* differs from a traditional horror narrative in its insistence that the only way to escape the cycle of fear, shame, and vulnerability associated with trauma or disability is to face these feelings head on, and fully incorporate them into one’s sense of self.

THE POWER OF SHARED EXPERIENCE

The point where this cycle of fear is broken is represented within the narrative by Dick Hallorann. He openly accepts all of the aspects of his identity that leave him vulnerable, at multiple points in the novel. He acknowledges his connection to *the shine*, his identity as a Black man, a veteran, a blue-collar worker, and an older man with deteriorating health, all of which come together to place him in an extremely vulnerable social position. It is his ability to come to terms with these aspects of his own life which allow him to reach out to Danny—a disabled child, isolated from the world, convinced that there is something wrong with him—to comfort and reassure him. His ability to acknowledge his own vulnerability offers the reader a glimpse of how to break the cycle of isolation and fear that plagues the Torrance family by offering Danny another solution—a path to self-acceptance and community support.

Jack’s father takes his physical vulnerability, the visible manifestation of it—in the form of his cane—and weaponizes it against his wife, his children, and the patients at the hospital where he works. Jack himself takes his fear of being seen as lesser, his fears of poverty and insanity and social sequestration, and turns it against his son, who shares in his experiences in a way that registers to him as all-too-familiar. But Danny—with the single lifeline of an adult who

understands him, who offers to support him—disrupts this cycle by reaching out for help when he is in need. He does not weaponize the fear of his own vulnerability against the people in his life. He does not lash out at his mother or his father, but rather acknowledges his need for assistance and takes the offer of support seriously.

Upon their first meeting, when Hallorann gives the Torrance family a tour of the Overlook, there is a moment where he not only tells Danny that he is not alone in his experience, he gives that experience a name, telling him: “You’ve got a knack. [...] Me, I’ve always called it *shining*. That’s what my grandmother called it, too. She had it.”⁸³ This moment differs fundamentally from a medical diagnosis, in a meaningful way. Dick’s presentation of *the shine* is a moment of shared recognition, and the gift of a word to utilize in the description of Danny’s experience, but he makes no claim to have a definitive answer as to the cause, or the feelings associated with that experience. It is a moment of community building, as Danny is recognized and told that he does not have to be alone in his experience. It is an example of crip knowledge, forged through the personal experience of disability rather than the study of it.

“Get you kinda lonely, think you were the only one?”

Danny, who had been frightened as well as lonely sometimes, nodded. “Am I the only one you ever met?” he asked.

Hallorann laughed and shook his head. “No, child, no. But you shine the hardest.”

“Are there lots, then?”

“No,” Hallorann said, “but you do run across them. A lot of folks, they got a little bit of shine to them. They don’t even know it. [...] I come across fifty or sixty like that. But maybe only a dozen, countin my gram, that knew they was shinin.”⁸⁴

I find the description of the shine as akin to a spectrum to be fascinating, particularly because of a comparison drawn to autism by Danny’s parents and pediatrician later in the book. As a neurodivergent person myself, this is a familiar moment of recognition, when you realize that someone shares your way of moving through the world, even in a small way. As Wendell

⁸³ King, *The Shining*, 81.

⁸⁴ King, 81-82.

discusses, it is a “valuable way of being”⁸⁵ that can often only be acquired through shared experience. The shared experience of *the shine* allows for a more intimate form of communication in a very literal way, when Danny realizes that he can telepathically communicate with Dick whenever he needs to, an ability that later saves his life. This is another example of the way that *The Shining* utilizes its supernatural elements to make experience literal, and grant it a visual or tactile marker. When talking to others who share my experiences, or share in my neurodivergence or chronic illness, I have often felt that, in a way, we could “read each other’s mind,” or know what the other is trying to communicate better than with someone who does not share that experience. This is a representation of that feeling of connection—of shared knowledge found in an experience of disability—made literal and tangible in a way that a purely “realistic” text couldn’t offer.

As an additional layer, there is something interesting in the idea that communication by way of the shine is physically painful. In their first conversation, Dick has Danny practice reaching out to him through *the shine*, and Danny is forceful enough that he seems dazed for minutes afterwards. When it is finally an emergency, Danny calls out for help, shouting “(!!! OH DICK OH PLEASE PLEASE PLEASE COME !!!)”⁸⁶ thousands of miles from Colorado to Florida, where the cook resides during the winter. On the receiving end, Dick says that “it came all at once, came in a huge blast that drove out everything else: the music, the road ahead, his own absent awareness of himself as a unique human creature. It was as if someone had put a psychic gun to his head and shot him with a .45 caliber scream.”⁸⁷ He nearly crashes his car, as the message comes while he is driving down the highway, endangering not just his own life, but the lives of the people around him. Particularly notable in this passage is the mention that

⁸⁵ Wendell, “Unhealthy Disabled,” 31.

⁸⁶ King, *The Shining*, 310.

⁸⁷ King, 316.

Danny's call for help drives out Dick's "awareness of himself as a unique human creature."

Fundamentally, the implication is that *the shine* allows Danny and Hallorann to break down the inherent division that Scarry observed between a sufferer of pain, and an observer of pain.

Danny's call for help is a sharing of experience as he is able to literally share his pain with Hallorann, the mental wound of trauma becoming a physical experience of pain. In a sense, the cry of a vulnerable, disabled child, calling out for help to the only person he can think of, is disruptive enough to threaten the foundations of ordinary reality.

The decision to go to Danny, to answer his call, is not made lightly. Dick knows that he is endangering his life in doing so, and while the text mainly highlights the danger to a person who *shines* going to a place like the Overlook, which preys upon that vulnerability, there is the additional level of realistic, social danger associated with a Black man, unrelated to the family, putting a significant effort into getting access to a young, White child. Dick even says so himself, as he considers leaving Danny to his fate:

He had come to terms with his blackness—happy terms. He was up past sixty and thank God, he was cruising.

Was he going to chance the end of that—the end of him—for three white people he didn't even know?

But that was a lie, wasn't it?

He knew the boy. They had shared each other the way good friends can't even after forty years of it. He knew the boy and the boy knew him, because they each had a kind of searchlight in their heads, something they hadn't asked for, something that had just been given. [...] And now the boy was stuck in that place, and he would go. For the boy. Because, speaking to the boy, they had only been different colors when they used their mouths. So he would go. He would do what he could, because if he didn't, the boy was going to die right inside his head.⁸⁸

In this passage, we see the sincere effort to illustrate the way that socially constructed boundaries break down in the face of shared experience. Despite all of the differences in their social positioning, Dick knows viscerally what it feels like to be vulnerable—the way that Danny is—and he has experience with the disability that he shares with Danny. There is no system in

⁸⁸ King, 321.

place to protect a child in Danny's position. Dick attempts to contact police and park rangers, to radio the Torrance family, and is met with nothing but resistance. The only chance that he has, the only thing that stands between Danny and his demise, is another disabled person endangering his own life in an attempt to help. This differs so starkly from the response that we see from Jack, who—even in the face of his son's injuries, and his shared experience of supernatural phenomena—is unable to put aside his own fears of his personal vulnerability to prioritize Danny's wellbeing.

Hallorann offers Danny the support that he needs to survive his time at the Overlook. When he realizes that something is truly wrong with his father, though he doesn't know what, it is Dick that he calls out to, by way of the shine. He calls for help, something that Jack would never allow himself to. In the moment of terror where he reaches out for help, Danny cries to himself "I'm just five! [...] Doesn't it make any difference that I'm just five?"⁸⁹ In a sense, it is Danny's ability to acknowledge his own vulnerability, his own inability to handle this situation alone, that allows him to open himself up to the community-building that Dick offers him. This passage is also an acknowledgement of the fact that societal ableism and traumatic experiences do not discriminate, and anyone can be vulnerable to them, even seemingly "normal" children like Danny. Disability crosses all social boundaries; it can affect anyone, no matter their age, race, or social class.

The text highlights Hallorann's differences from the Torrance family at length. Before losing his job due to his alcoholism and an inability to emotionally regulate, Jack was a successful, published writer, an upper-middle class White man with a master's degree who taught at a wealthy private school. Hallorann differs wildly from this, and the novel particularly focuses on the racial difference. As he approaches the Overlook, intent on rescuing Danny from whatever

⁸⁹ King, 305-306.

horror is inside, the spirit of the hotel mentally assaults him with a string of slurs and threats of race-based violence presented starkly in all-caps and italics. This passage was one of the most jarring and horrifying moments in the novel, for me. Seemingly, the hotel's intent is to point out the vulnerable position that Dick is in, and the danger he places himself in in his intent to rescue Danny, in the hope that he will abandon him to his fate—a tactic that worked on Jack numerous times. However, the attempt fails, and if anything it has an opposing effect, as Dick seems all the more determined to get there. An acknowledgement and acceptance of personal vulnerability is something that the text argues to bolster connection, rather than hindering it.

The entirety of Hallorann's journey to save Danny is layered with connection to other disabled figures—specifically, those who *shine*. For example, when his car slides off the road in a blizzard, the snow plow driver who pulls him out and offers him a coat and gloves is said to have *the shine*. In fact, his *shine* is said to make him a respected and trusted figure in his community, which spurs others into action when he lends Hallorann his support. When Dick has managed, in the end, to free Danny and Wendy from the Overlook, a group of people on snowmobiles—including Danny's pediatrician—have banded together to meet them halfway back to town with food and blankets, connecting with Dick's genuine plea for help, and wanting to offer their support. This moment, a swelling triumph as Danny and Wendy are finally brought to safety, is a community effort fostered by disabled individuals, highlighting the importance of disabled community, the value of disabled community members, and the need for connection.

CONCLUSION

Ria Cheyne highlighted that “in horror, disabled characters are frequently monstrous perpetrators of evil acts or vulnerable victims or potential victims. Both types of representation work to evoke fearful affects, whether fear of a disabled monster, fear for a vulnerable disabled

character, or a cluster of related sensations including uneasiness, vulnerability, anxiety, repulsion, and revulsion.”⁹⁰ This is true, and in *The Shining*, both aspects are achieved. Jack’s alcoholism, his mental illness, and his simultaneous lack of ability to acknowledge or face them, turn him into a monstrous perpetrator of evil acts. He breaks his toddler’s arm in a drunken fit of rage, and loses his job as an English teacher after beating a student to unconsciousness. Jack’s father weaponizes the visible marker of his disability—his cane—to brutalize his wife and children, seemingly without warning. Danny’s *shine* emphasizes his pre-existing vulnerability as a socially isolated young child, and many of the moments of danger or trauma he experiences are closely linked to his condition. Despite his best efforts to hide his condition from his parents—knowing that they will not respond positively—when they find him experiencing an episode they physically shake, yell at, and shame him for it, emphasizing how his visions put him in a state more vulnerable to threat.

And yet, I would still argue that there is a place within the disability studies canon for representations like these. After all, in horror, the two most central roles in any story are the monster and the victim; by arguing that disability representation is frequently utilized in these two roles, Cheyne illustrates that there is a mainstream genre of literature that regularly casts disabled figures in key roles, central to the plot and story, and that their disabilities are incorporated into the plot itself. True, these disabilities are utilized to accentuate fearful effects, but horror is a genre centralized in the idea of making its consumers uneasy. If disability studies resists the idea of mourning, as Berger argues, perhaps horror is an outlet for those uncomfortable and unexplored feelings of grief and loss that are sometimes associated with disability, particularly disabling illness.

⁹⁰ Cheyne, *Disability, Literature, Genre*, 27-28.

The horror genre is intimately entwined with disability on all fronts, even when it doesn't intend to be. Whether it is in the form of the disfigured, disabled monster who threatens an able-bodied society, or a physically disabled victim made vulnerable and in need of saving by a hero, disability continuously reappears within the genre. Mitchell and Snyder argued that "if the display of radical physical and cognitive deviance in narrative proves ultimately ambiguous to the values of our own disability movement, it nonetheless reveals that even the most 'derisive' portrait harbors within it an antithesis, its own disruptive potential."⁹¹ I would argue that the true disruptive potential of *The Shining* comes in its many, multi-faceted, and intertwined representations of disability. The text does not just have a disabled antagonist, Jack Torrance, or just a disabled victim, Danny Torrance, or just a disabled hero, Dick Hallorann. It casts disabled figures in *all* of its central roles, which allows for these "derisive" portraits to counteract each other, and highlight that disability is just one aspect of a person's identity. Any person has the capacity to be good or bad, frightened or frightening—disabled or not.

Horror acts as a unique locus for the connection between disability studies and trauma studies, as well. The genre's history is filled with representations of disability, and most—if not all—central characters in a horror text are trauma survivors. This is a place where these two concepts overlap constantly, and even if many of the representations are "negative," perhaps it offers up a route of exploration for those feelings that disability activism has resisted so strongly. An acknowledgement of weakness or suffering—or the acknowledgement that one has been traumatized by the actions of another—does not have to be inherently negative. We see within this text that it could instead be a means for forging deeper connections within the disability community.

⁹¹ Mitchell and Snyder, *Narrative Prosthesis*, 40.

A major way that *The Shining* differs from many other horror texts is in its ending. Danny and Wendy find themselves living with Hallorann in an idyllic lake resort; Wendy is injured, and wears a back brace after the events of the novel, but is cared for and feels no need to rush herself to find a job, and Danny gets to experience the love and care of a father figure who not only understands his experiences, but honors and welcomes them. This kind of catharsis after the raw outpouring of terror and distress that immediately precedes it is jarring in a whole new way. The narrative of Danny's call for help, and Hallorann's unrelenting fight to save him is something that offers a kind of wish-fulfillment to anyone who has ever felt unsafe and wanted to be rescued—but it also acts as a call to action for those of us who recognize our experiences in others, and have the capacity to fight for them. A small gesture—like a name for one's experiences, or an acknowledgement that they aren't alone in the world—can fundamentally shift the course of a person's life, particularly for those in vulnerable social positions. *The Shining* argues that alone, those in positions of vulnerability can only act in service of the destructive cycles that made them vulnerable in the first place. It is only through shared connection and community action, and an acknowledgement of our (in)abilities that we can move forward to find something better.

CODA

As I finish this piece, I hope to make clear why my focus has been entirely on King's novel, with no discussion of Kubrick's iconic film—a question that I am asked frequently. Despite the fact that *The Shining*'s film adaptation is now considered one of the best horror movies of all time, it has no place in the arguments that I've made over the course of this thesis.

Several changes were made to the setting, plotline, and characters in the adaptation from novel to screen—but the most noteworthy for our purposes is the complete loss of Jack's

interiority. The Jack Torrance of Kubrick's film is a cruel man, who never seems to feel any remorse for his actions—who is resentful of his family and their role in his life from the first time that we see him on screen. Where the Jack Torrance of King's novel tries desperately to maintain a facade of a good husband, a loving father, and a sober man, his film counterpart seems to make no such efforts. This interpretation could be the result of the inherent difference between literary and visual presentation, perhaps resulting from the loss of Jack's internal monologue, presenting us only with the exterior appearance of his actions, but it truly feels as if the film simply had different goals than the novel, for better or worse.

Stephen King himself has repeatedly spoken about his distaste for the movie adaptation of his best-selling novel, and in most of his interviews I see similar concerns to what I have personally felt. The decision to cut the audience's ties to Jack's mental state and distress moves the film into a more traditional portrayal of an abusive father as a monster, with little to no redeeming qualities or depth—rather than the novel's emphasis on Jack as a man who has committed monstrous acts, but who remains deeply human. While this may make for a scarier movie, or at least one that is more easily digestible at a surface level—particularly since movies have less time to get their message across than a full length novel—it does a disservice to all of the undertones of disability that run throughout the novel. While one could make the argument that the visual storytelling medium simply has less capacity to display the interiority of its characters, without having a monologue run all throughout, this is simply not the case—not even within the horror genre alone.

For a particularly recent example, director Mike Flanagan has released several television adaptations of horror novels, which not only retain a sense of interiority within their central characters, but tell a story that strongly portrays a sense of invisible disability. *The Haunting of*

Hill House, a 10 episode loose adaptation of Shirley Jackson's 1959 novel of the same name, follows a family of siblings reeling from their mother's apparent suicide in their childhood home, and their youngest sister's later suicide in the same place. The show makes significant deviations from its source material, and represents a case where I would say that the adaptation portrays a story of invisible disability, when the source material did not. The show's main plot follows the Crain family as adults, as they struggle to cope with the traumatic events of their lives, and grapple with the potentiality of inheriting a genetic mental illness that led to their mother's death.

In a vein very similar to *The Shining*, Luke Crain struggles with drug addiction as he continuously flees a manifestation of his childhood trauma in the form of a ghost that he has seen since he was a child. Nell Crain is haunted for most of her life by a vision of herself committing suicide—in the same manner as her mother—though she does not realize what she is seeing until it is too late. Theodora Crain, now a child psychologist, has the ability to read people's thoughts, feelings, and experiences when she touches them, and wears gloves at all times to avoid these painful and overwhelming visions—referred to as migraines by her mother, who had similar visions, as well as more classic migraine symptoms like a visual aura. Once again we see ghosts, psychic visions, and the supernatural operating as a metaphor for the experience of invisible disability. In the case of every sibling they are deeply isolated, and fear that they won't be believed if they are honest about their experiences. Most convince themselves that they aren't happening at all. And yet, they come together through their shared traumatic experiences, as well as the life-long disabilities that those experiences left them with—realizing, in the end, that solidarity within their family is the only path to happiness.

The Haunting of Bly Manor, an adaptation of the 1898 horror novella *The Turn of the Screw*, again deviates significantly from its source material in order to tell a story that is enriched

by references to disability. Dani Clayton, an American woman working as a nanny to two young children in the United Kingdom, has fled her old life after witnessing her fiancé's death—an event that she blames herself for. This show explores queerness in conjunction with its themes of disability, as Dani struggles to come to terms with the fact that she is a lesbian. We see the ramifications that trauma can have on a person's sense of identity over the course of the show as her fiancé finds out about her attraction to women just moments before his death, linking these two moments together in her mind forever. He haunts her over the course of the show, appearing in reflections so frequently that she is unable to look in the mirror at all.

Themes of disabling illness run throughout the show, we see characters who struggle to find their footing in reality as they experience dementia-like symptoms tied to supernatural phenomena, and we also see the resentment of an able-bodied family when one character falls ill—expected to die within weeks—and instead lives for years, until she is murdered by her sister, a very extreme representation of the resentment that Wendell points out when a chronically ill person is expected to have recovered or passed away by a certain time, and instead continues to live—but not recover—past that time. Additionally, episode 10 contains its own narrative, almost separate from the rest of the show, as Dani struggles to navigate a relationship with the woman she loves. She holds herself back from acknowledging her desire for connection, knowing that she is possessed by a violent spirit that will emerge one day, but not knowing when, and not wanting to burden her partner with her terminal state. This mini-narrative deftly illustrates the tensions of a life lived with a chronic illness—particularly one that is terminal—as audiences are welcomed into Dani's internal world, where she struggles to live with the unpredictability of her condition. While these are only two examples, and from the same director nonetheless, what I aim to show is that the interior experience of disability *can* be presented in

the format of a movie or a television show, but that Kubrick's adaptation of *The Shining* does not do so. In my opinion the removal of these themes is to its own detriment, but I will acknowledge my personal bias on that front.

Additionally, Stephen King has released a sequel to *The Shining*, a novel entitled *Doctor Sleep*, published in 2013. Mike Flanagan directed the film adaptation for that novel, hence my interest in his work above. The novel, and movie adaptation, follow Dan—formerly Danny—Torrance as a man in his forties, as he struggles to overcome the alcoholism that he has inherited from his father. He joins Alcoholics Anonymous and finds a community to support him after hitting his self-proclaimed rock bottom, and then takes on the ordeal of trying to advocate for and protect another young child with *the shine*, as Dick Hallorann did for him. The novel grapples openly and honestly with the equal-parts love and remorse that he feels when thinking about his father, and the difficulty that comes with grieving an abusive parent whom you loved despite it all.

While all of these elements were incredibly meaningful and aligned well with the underlying story of *The Shining*, I found that the majority of *Doctor Sleep* focused more on vampiric monster horror, a fear of an external threat, rather than unease generated primarily from an internal experience, and it was more of an adventure novel than a psychological horror. Berger discusses a paradox of trauma studies, where “some measure of symptomatic acting out is a necessary component of therapeutic working through. [...] And yet, if one is sufficiently in control of one's symptoms that it is possible to regulate the proportion of acting out as if with some psycho-cultural carburetor, is the acting out then really acting out? And thus, following the theory, can the working through really be working through?”⁹² The way that I see it, while themes of trauma and addiction run as a throughline in the text, they are secondary—as the focus

⁹² Berger, “Disability Without Trauma, Trauma Without Disability,” 568.

shifts to what Dan is able to accomplish now that he has healed. Hence, despite my enjoyment of the book, and despite some elements that could have been useful for my analysis, I decided to leave it for another time.

All of this to say that while *The Shining* is not a perfect novel, I think that it stands as a beacon of what modern horror could contribute to the study of disability. It is not the only horror text to lean on experiences easily translatable to the experience of disability, and my hope is that these findings will open the door for further study on the vital connections between disability studies, trauma studies, and the horror genre as a whole. As advocates for the disability community, we are familiar with discomfort—but I think that there is something to be said for greeting that discomfort with open arms in order to assure others that they are not alone in their experiences, and horror is a uniquely capable landscape for that kind of acknowledgement.

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