

Freak, Out! :  
Disability Representation in Theatre

by

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## INTRODUCTION

I have always been interested in the methods people use to construct narratives of their own lives. No one fashions the story of himself or herself out of thin air; the tales we tell about ourselves are based off the stories we already know. As a white, able-bodied female I do not have a hard time finding theatrical stories that relate to my experience. But my exposure to disability studies makes me think about those whose accounts are absent from the broader cultural imagination. A disabled person does not have this same luxury of seeing variability in the reproduction of his or her existence; he or she must navigate a lived experience and identity missing from any form of media. How do you imagine the story of yourself without an available model?

The artistic representation of disability can be found in many forms of media. The 21<sup>st</sup> century has brought a proliferation of creative outlets for presentation, each with its own standards and biases. I chose theatre as the medium to examine for many reasons. Theatre is an art form based on and in the body; it is impossible to escape the fact that the performer must embody the character. The limitations of the physical body of the actor will be the physical limitations for the character. This is important when it comes to non-conventional embodiments such as disability because often the actor's body becomes the focus of the presentation. Unusual bodies change how an audience comprehends the performer onstage. These bodies alter character presentation and by extension alter the relationship of that character to an audience.

Theatre creates a space to suspend disbelief that is different from other art forms. The real and the fictional are in a constant flux on stage. However, when it

comes to impairment—both in terms of the actor and of the character—this is not the case. It is troubling to me that—even in a realm that could create alternative types of reality—there is a lack of inclusion of disabled actors and disabled characters. Such absence points to a crisis of representation on the contemporary stage. It is only through exposure to a variety of bodies that one day variability in disabled narratives will be possible.

At the current moment, disabled performers face challenges when embodying characters. Instead of seeing a character, who is written as disabled or not, we see a disabled actor playing a role onstage. Spectators note the non-normity of the actor's body before anything else. Artist Bill Shannon coined the term “condition arriving” to describe what it is like to be disabled as a performer or in public life. In a private interview with disabled author Kaite O'Reilly “he claims when in public spaces his impairment arrives 10 minutes before he, the man, the artist, does, attracting an audience, making him a continuous and perhaps unwilling performer” (32). Shannon is both visible and invisible. On the one hand, he cannot escape the stares at his crutches; on the other hand, he, the person, disappears when using them.

Can disabled performers appear on stage with the expectation that audiences will see more than just their physical body? Can their disability be just another trait like hair color or weight? This manuscript examines the production and reception of disability on stage by looking at both disabled characters and disabled actors. There are two performance histories that affect the reception of disabled actors: that of freak shows and that of a history of able-bodied performers playing disabled characters in theatre productions. These two historical threads have created parallel theatrical

tracks in contemporary America. Both performance venues—circus and conventional stage—qualify disabled bodies in performance. I chose to look at theatrical performance because the stage is a space that allows for a heightened level of performativity—it is the site and context that most clearly presents the portrayal of disability that I am interested in.

There is a difference between the performance *in* and the performance *of* a disabled body. From the field of performance studies, I use theorist Erika Fisher-Lichte's concept of the phenomenal and semiotic bodies. She has written extensively about this theory in her books *The Transformative Power of Performance* as well as *Theatre, sacrifice, ritual*. The phenomenal body is the real, sensual body of an individual, and the semiotic body is the signs the audience reads as a collection of performative acts that make up a character. Both bodies are always in view of the audience; performance is balancing the oscillation between the two. The spectator's phenomenal reception of the actor's presence can pull apart the real/fictional or actor/character binaries present in the live event. The physical visible markers on a disabled individual's body can interfere with the audience's reception of full transformation into a semiotic character.

My analysis of the representation of disability on stage draws from the social model of disability, a term coined by scholar Mike Oliver in the 1980s. In the anthology *Disabling Barriers—Enabling Environments*, Oliver writes a chapter that explains where the term came from:

The social model stemmed from the publication of *Fundamental Principles of Disability*... [it] argued that it was not our impairment

that were the main cause of our problems as disabled people, but the way society responded to us as a minority. My first encounter with, or my first attempt to use, this idea resulted in the development of this thing which has come to be called the social model of disability. (7)

While there are some people who use the words “disability” and “impairment” interchangeably, that will not be the case in this manuscript. Using the lens of the social model of disability, these terms have different meanings. In teasing apart their respective definitions, I hope to pinpoint how disability functions. Disability scholar Tom Shakespeare writes about the social model in the following way, “impairment is distinguished from disability. The former is individual and private, the latter is structural and public... here there is an analogy with feminism, and the distinction between biological sex (male and female) and social gender (masculine and feminine)” (216). What is physiological, the impairment, remains unchanged as a person navigates the public/private dichotomy, but what is social, the disability, alters with changing relations.

The social model of disability represents a radical shift from the medical model of disability. This view posits that a disabled person is “wrong” or “broken” and thus needs to be “fixed” so that they can be “normal.” The medical model frames the impairment and disability as one and the same without recognizing the ways in which the greater society can disable a person. For example: if all buildings had ramps and were equipped with elevators, then the use of a wheelchair would not be disabling, because it would be no more difficult to navigate a building with wheels than on foot. Alternatively, if these buildings’ stairs were suitable for people with

nine-foot long legs, then the majority of the current able-bodied population would be disabled from entering such edifices. The social model points to the ways in which the environment created by people can be more disabling than a physiological condition (Eisenhauer 8). As I use the social model in this manuscript, impairment will refer to the bodily limitations—for example, not being able to hear or not having an arm—and disability will refer to the ways in which these impairments, as comprehended by the person and by others, inhibit one from participating fully in society. More often than not, disabled people can function similarly to able-bodied peers whenever appropriate accommodations are available.

The rift between impairment and disability can be seen in the social discourse around the “unusual.” Disability theorist, Rosemarie Garland Thomson wrote extensively about the meaning of “othered bodies” in her book *Extraordinary Bodies*. In writing about freak show performances, Thomson posits that, “the physically disabled body becomes a repository for social anxieties about such troubling concerns as vulnerability, control, and identity” (6). Her statement makes evident that the disabled body is not the problem, but the social baggage that is read onto it.

The case of President Franklin Delano Roosevelt exemplifies how different social and physical disabilities can be. He had polio and often used a wheelchair and crutches to move around, but press were not allowed to take pictures of him in his wheelchair. The FDR Library states, “there was a gentlemen’s understanding with the press that photographs displaying FDR’s disability were not published” (“Roosevelt Facts and Figures”). Until recently, the public had no access to footage of FDR using a wheelchair (Wilson). During the time of his presidency, disability was strongly

equated with weakness, and thus, while many knew that FDR had polio, it was unacceptable to showcase the President using assistive devices. The disparity between the President's actual impairment and the publicly perceived degree of his disability is a strong example of the fact that disability is socially constructed and incredibly damning.

It is difficult for disabled people to gain a respectful cultural visibility. Despite the Social Security Administration's reporting that the number of disabled people in the US is over ten million, the stage does not reflect or represent this population's impressive number. Disabled people have always struggled to be visible in a world that would rather ostracize them. By locating difference in another person, one can reassure one's own position as "normal." Broader cultural expectations and anxieties create the "freak" and the criteria for what makes someone "too unusual" change with time and place. There are very specific venues in which the presentation or representation of the disabled body was condoned and permitted. On the one hand, we may not mind watching disabled individuals on TV as part of telethons that ask us to donate money so that the disability can be "fixed" to make them "normal." But, on the other hand, many people are resistant to integrated schools because special accommodations change classroom dynamics.

Acceptance of disabled individuals in society is almost always conditional; there are times, places and situations where disabled people are allowed to exist. Starting in the late 19<sup>th</sup> and early 20<sup>th</sup> century, there were many different attacks on disabled persons. Disability writers Sharon Snyder and David Mitchell detail the eugenics war on disability in their book *Cultural Locations of Disability*. The early

20<sup>th</sup> century witnessed the height of eugenics and many people were forcefully sterilized to prevent the growth of a race of “feeble-minded” individuals. Even if unrelated to an actual disease, disability was perceived as “contagious,” thus necessitating quarantine. “Feeble-minded” children were placed into training schools where they could be taught at their own speed. As Snyder and Mitchell describe, the reality was that “the move from institution to training school allowed for a liberal discourse to control the public perception of avowed segregation by emphasizing a move from sedentary imprisonment to educable environment” (92). The turn of the century brought a change in the way people discussed disabled individuals—people tried to “liberate” or “help” those with disabilities—but the practices remained unaltered. Disabled people were still marginalized and left for years in institutions. While educational practices isolated disabled individuals, rendering them invisible, simultaneously freak shows segregated disabled performers by making them spectacles.

### **Freak Shows: A Contextual History**

One cannot consider the visibility of disabled performers on the contemporary stage without first understanding the long and complicated history of freak shows. These proved to be loaded performance spaces, and the echoes of their production and reception of disability have ramifications in theatrical performances today. Unfortunately, freak shows continue to influence the way disabled peoples are portrayed on reality television, falsely justify their marginal place in conventionally

staged productions, and affect the artistic works of disabled performers who choose to reclaim the moniker “freak”.

To begin with, the circus is a very specific venue, in which oddity and the extraordinary—be it either virtuosity or aberration—are not only the norm but highly desirable. As Thomson frames it “for the price of a ticket, the process of what David Hevey calls ‘enfreakment’ offered to the spectators an icon of physical otherness that reinforced the onlookers’ common American identity, verified by a body that suddenly seemed by comparison ordinary, tractable, and standard” (17). The circus invites audiences to stare at a variety of attractions: animals, trained acrobats and the “freaks.” All attractions contain something that is outside of the daily experience of the spectator, though the content of circus performances differed through time.

To the delight of spectators, disabled performer embodied a controlled otherness in performance. Disabled performers were required to enact and present their disability by the able-bodied ringmasters who ran the circuses. While the acts varied in specific form, all had the display of a person’s disability as the starting point. Some acts were active—such as a woman without arms crocheted with her feet—while others were clearly passive—for example, the act in which a seated bearded lady let the public come near and touch her unusual face. Disabled performers were exhibited and praised for the phenomenal experience that the presence of their physical difference provoked in the audience. These circus performers did not have to train or acquire a particular skill: the audience would only ever see them for the oddities and limitations of their physical bodies.

The freak show thrives on contrasting the everyday and the extraordinary. It reinforces the gap between the performer or “freak” versus audience or “norm”. The problem is that this dichotomy necessarily disfavors the disabled person by keeping him or her outside of the realm of the normal. The disabled performer is allowed onstage with the caveat that their performance highlights difference.

The exploitative nature of 18<sup>th</sup> and 19<sup>th</sup> century freak shows has led to their dissolution, though they continue to be a strong cultural force. Rachel Adams has written extensively about freak shows, both in contemporary performance and in the past. The scholar notes, “as actual freak shows were evicted from popular culture, their representational currency multiplied, granting them symbolic importance in inverse proportion to their declining status as a profitable mode of live entertainment” (2). Although freak shows in their 19<sup>th</sup> century incarnations have by and large been extinguished, Adams argues that they have made a come back in recent years (3). For one, there are a growing number of disabled performers who have reclaimed the freak show and re-crafted the form in a modern way. Mat Fraser’s “Sealboy: Freak” pairs his personal story with a 19<sup>th</sup> century freak show performer who had a physical impairment similar to his. And Circus Amok, led by Jennifer Miller the bearded lady, is another troupe that embraces the label.

The freak show exists in less literal forms as well. One only needs to turn on the television to see a variety of programs that play on disability: *The Little Couple* or *Little People Big World* follows families with dwarfism; or *Abby and Brittany: Joined for Life* centers on conjoined twins; and *My 600-Pound Life* is one of many shows about the lives of overweight persons. A number of reality shows play on

performance of or against disability such as *The Biggest Loser*—a show in which obese people compete to lose the most weight. By dissolving the freak shows we have not eliminated the exclusionary practices around disabled performers.

Perhaps these commercialized demonstrations of disability are more palatable than the freak shows of an earlier era because we know that the participants had to consent to be viewed; but at their core these programs are not much different from the 19<sup>th</sup> century freak shows that we have learned to condemn. We have “done away with” these types of performances without making a new space for the presence of disability onstage. Above all else these performances, both contemporary of the 19<sup>th</sup> century, focus on the phenomenal body of the disabled actor. These productions continue the trend of profiting from abnormal bodies. It is not the actor’s embodiment of a fictional character that is at the center of this kind of performance, but the spectator’s sensual or phenomenal experience of the disabled performer’s real physical body. These disabled actors are perceived as incapable of participating in a fictional world because their real bodies are so unruly.

With the dissolution of freak shows, spectators turned to theatre for extraordinary bodies. The staging of disabled bodies is influenced by the spectator’s reception of the real or the fictional. The draw of the freak show is how horrifying and abnormal the *real* can be, whereas conventional theatre thrives on the performers’ skill in creating a *fictional* world. As long as the unusual can be contained, audiences want to consume it. Currently, realist theatre dominates the mainstream American stage: while the world of the play is fictional, audiences expect to see plays enacted as mirror images of the real. Actors in realist productions must navigate the balance

between the semiotic and phenomenal body; disabled performers, whose phenomenal salience had once been a marketable trait, struggle to find a place in theatrical venues.

### **Theoretical Frame: Erika Fisher-Lichte's Theory of the Phenomenal and Semiotic Body**

In the chapter “Prologue: Electra’s Transgressions” *Theatre, Sacrifice, Ritual* and subsequent publications, Erika Fischer-Lichte theorizes about the actor’s semiotic and phenomenal bodies in light of the spectator’s reception of the real and the fictional onstage. For this reason, I use her theory as the basis for my discussion on the performance of disability. While Fischer-Lichte’s scholarly writings focus mainly on the performances of able-bodied actors in both theatrical and performance art pieces, I find that her theoretical frame is suitable to the discussion of disability onstage. Thus, I apply her definitions of the actor’s phenomenal and semiotic bodies to my analysis of the reception of disabled actors.

Fisher-Lichte considers the phenomenal body to be the actor’s real and sensual body and the actor’s semiotic body to be the one that conveys the fictional character. Both the phenomenal and semiotic bodies co-exist and are constantly in the view of the audience—though at times one may be more visible than the other. The spectrum varies from one kind of production to another: typically, the phenomenal body of the performer is more perceptible in performance art, while in realist theatre the actor’s semiotic body comes to the forefront in the production of the character. In the latter case, the performer “completely transform[s] his body... avoid[ing] anything that would draw the attention of the spectator to his vital, organic body”

(“Theatre, Sacrifice, Ritual” 13). In a production that emphasizes the actor’s semiotic performance, the audience can empathize with the character without concern for the actor’s wellbeing—for example, onstage violence is known to be fictional and not endangering. In a freak show, or any kind of theatrical production that blurs the line between the real and the fictional, the performance works “first of all on the body of the spectators, on their senses and nerves and not so much on their imagination, their mind, via empathy” (6). The phenomenal body of the performer can provoke a phenomenal response from the viewing audience—if the performance artists feels pain, the audience readily identifies it as a real experience and not a fictional one.

Actors are trained to navigate and create a balance between their semiotic and phenomenal bodies. Additionally, they must understand how the shifting dynamics between these two kinds of stage presence affects the audience’s reception of them. In “Prologue: Electra’s Transgressions” Fisher-Lichte discusses the interplay between the phenomenal and semiotic in theatre, “it is the semiotic body which brings forth the expression of suffering, while the phenomenal body does not actually suffer” (4). The actor playing Oedipus can stab his eyes out and come back on stage with all the accoutrements of suffering—blood pouring from eye bandages, screaming and crying in pain—but spectators know that his physical body is not at all in danger. The audience reads the signs of pain and believes that the character has suffered, but we never fear for the actor’s physical integrity.

The actor’s body is both a tool and an impediment; one cannot perform without a body and so the actor must train to use it correctly. Fischer-Lichte notes that actors and audiences have to “acknowledge the doubling of ‘being a body’ and

‘having a body,’ the co-existence of the phenomenal and the semiotic body” (“The Transformative Power of Performance” 82). In most performances in the style of theatrical realism, audiences expect to be able to easily distinguish between what is the world of the play (fictional) and what exists outside of it (real). Fisher-Lichte writes “the emphasis lies in the tension between the phenomenal body of the actor, or their bodily being-in-the-world, and their representation of the dramatic character” (76). It is the clear distinction between the real and the fictional that puts the audience at ease when viewing a performance.

If the boundary separating the real and the fictional onstage breaks down, then the audience will inevitably experience discomfort. If we see that the actor who plays Hamlet is really having a nervous breakdown, the production becomes deeply disturbing to the spectators. In her book, Fisher-Lichte describes two productions: a troupe of disabled actors’ performance of *Giulio Cesare* at the Hebbel Theatre Berlin and Max Reinhart’s production of *Electra* with able-bodied actress Gertrude Eysoldt in the title role. In both cases, audiences were alarmed as the actors blurred the boundaries between the real and the fictional world. The spectators’ view of violence to the fictional character in these two productions—or rather their perceived violence in the case of the disabled actors—was necessarily unsettling because it seemed to cause real pain to the actors’ phenomenal bodies.

Unsurprisingly, the presentation of physical violence effectively collapses the real and the fictional onstage. In Reinhart’s *Electra*, the actress Gertrud Eysoldt threw her body around the stage and “in the acts of violence which she performed on her own body when playing Electra... Eysoldt sacrificed her own physical integrity”

(“Electra’s Transgressions” 9). The able-bodied actress did not convey pain through her acting, but actualized it onto her body. She willfully broke the separation between the real and the fiction in her portrayal of Electra, and this gesture rendered her performance incomprehensible to most audience members—Fisher-Lichte includes a number of excerpts written by puzzled offended reviewers. Eysolt’s phenomenal body, the actress’ sensual and actual experience of pain, overpowered the semiotic body’s expected expression of the fictional character. The audience assumes that it will be able to distinguish between actor and character, “the boundaries which the actor has to draw through action should differentiate more or less clearly between the violence that is done to the character being played and the actor’s own body that does not actually suffer from the violence” (4). Once the actor’s physical body is in danger this changes the audience’s relationship with the character.

The boundaries between character and actor have always been difficult for disabled actors. This precedent started with freak show performances. In the case of the Hebbel Theatre’s production of *Giulio Cesare*, performed by disabled actors:

The actors’ and actresses’ individual physicality has such an immediate and disturbing impact on the spectators that they were unable to establish any relationship to the dramatic characters... the actors were not perceived as signs for a particular character but solely in terms of their specific materiality. (“The Transformative Power of Performance” 86)

In these cases, the performance cannot be cognitively deciphered; it provokes a visceral reaction in the spectator. The experience of the actor’s phenomenal body is

so intense that it also affects the audience's phenomenal body. Physical suffering makes the actor's body more prominent than the semiotic character. Fisher-Lichte's examples underscore the large role violence can play in reception. Her choice makes her theoretical frame particularly apt here, as disability is almost inextricably paired with difficulty: if not literally physical, then to the emotional experience of being othered by society. What Eysoldt achieved by committing acts of violence to her own phenomenal body, disabled actors were able to accomplish by their mere presence in front of an audience. Spectators were so taken aback by the actors' actual bodies that the performance became incomprehensible from a fictional standpoint—onstage they could not see a cast of performers, but only a group of disabled individuals.

For disabled performers, the difficulty in overlaying a semiotic character comes, at least in part, from the dearth of disabled embodiment on stage. The reason spectators were “unable to establish any relationship to the dramatic characters” was because disability did not figure in their definition of the real and the fictional. Any physical marker will affect the audience's receptivity to that body in a fictional context. The limited presence of disabled actors onstage makes it more difficult for audiences to differentiate what belongs to the real or to the fictional realms. That in and of itself can make the audience uncomfortable. Only further exposure to disabled bodies may change such prejudiced assumptions.

### **The Spectrum of Visibility**

The white, male, able-bodied person is the “norm” for the western stage, visible deviations affect the audience's comprehension of a character. In this case,

race is a strong analogy with visible disabilities; both affect spectator reception of a character. There was once a tradition in theatre, which has now been deemed inappropriate, of white actors “blacking up” to play roles (Toll). Although this practice is no longer acceptable, there are still biases against black roles in theatre. There are some in the disability arts community who described the phenomenon of able-bodied actors playing disabled roles as “cripping up.” Carrie Sandahl, a disability theorist and performer, writes “In ‘cripping up’ ... an actor is cast to play a character from a less dominant social position. Rarely is an actor of color, a woman, or a disabled person cast against type to play a character from a more dominant social position” (236). While we now recognize that it was social positioning and not skill that disqualifies black performers, there are many who cannot make the cognitive leap to believe the same about disabled performers. There are many that still espouse the view that there is something essentially lacking from a disabled person, such that they cannot fully act. As a society we have not yet made the transition to believing that a disabled actor would be capable of playing a disabled character better or as well as an able-bodied performer would.

Similar to race and gender, disabilities fall into a broad spectrum of visibility depending on each person’s specific physical markers. As such, a particular disability may be very visible and thus easily recognizable, while another remains invisible to the onlooker. A visible disability would be any condition that manifests as a marker on the body. Dwarfism is an example of a condition is highly visible. Actors that use assistive technologies, such as a paraplegic or quadriplegic person who uses a wheelchair, make his or her conditions highly visible to the public. Although

disabilities that are legible on a body and those that are revealed through the addition of technology are not one and the same, onstage they may be read as similar. No matter how it manifests, non-normative physical appearance affects the reception of the actor and the character. The wheelchair has become the iconic sign image for disability, and some people who use wheelchairs feel as though their wheelchair is the only part others see of them—the user him or herself is rendered invisible. When a spectator sees a performer in a wheelchair, he or she reads that body in a very particular way. Disability and performance scholar, Petra Kuppers describes a performance by a regular wheelchair user:

She is on the floor, next to her chair. She drags the chair over her body, aligns herself with it on the floor as she swings around it, put it into new spaces. Her face is concentrated, unreadable – no emotional relationship to her wheelchair. (60)

By complicating the relationship between individual and assistive device, this performer subverts spectator expectations. She renders her disability partially invisible by engaging with her wheelchair in a non-conventional way. In continuing my examination of semiotic readings of disability, I examine these points of tension where the disabled individual performs disability in an unexpected manner.

On the other side of the spectrum are invisible disabilities. Most commonly, these are cognitive or psychological disabilities that are not readily visible to others. People with invisible disabilities face different challenges than those with visible ones. Oftentimes they have to disclose and/or must continually prove their disabled status. Even then, people may not accommodate their needs because one does not

“look” disabled. In the case of both visible and invisible disabilities, audiences grant what can be read on the actor’s body the power to determine what a person is or is not able to do.

Deafness is an example of a disability that can shift from one end of the visibility spectrum to the other<sup>1</sup>. This kind of disability is often invisible except when the deaf person chooses to use some sort of adaptive technology, such as a cochlear implant or hearing aid—these technologies render the hearing impairment visible. Perhaps the most “visible” signifier when it comes to deafness is “deaf voice.” Though people are not sure what exactly causes “deaf voice,” it has been posited that an excess of tension during vocal production can lead to unintelligibility in speech (Monson 19). The lack of audio feedback may create a flat nasally quality in the speech of some deaf people. Thus while one might watch two people signing and not be able to know which one is deaf, the disabled person becomes more easily recognizable once one of the two speaks. But even this marker is a highly variable characteristic. Some deaf people have profound hearing loss, and yet through schooling and speech therapy their voices are indistinguishable from those of their hearing peers. Herein lies the complexity of reading disability: we expect the disabled body to perform in a certain way and to give us specific clues, but there are always a myriad of ways in which these stereotypes or assumptions are can be defied.

This is the question at the core of this manuscript: how does a disabled body perform on stage? Answering this question is complex because there are many different groups who have claimed authority over the disabled body. While disabled individuals can speak from the perspective of lived experience, the voices of able-

bodied persons are often heard more loudly. In this manuscript, I include performances by disabled and able-bodied persons in both contemporary and historical contexts. In doing so, I hope to create a full picture of disability representation onstage. The first chapter is a case study of *Richard III*. I chose this canonical text because disability functions in many different ways throughout this play. While Shakespeare's writing of Richard's disability is antiquated—assuming that inner deformity can cause outer impairment—there are some interesting and progressive facets to the role. Richard, the character, is able to manipulate his shape in such a way to gain power despite being impaired. In this chapter I analyze two different productions of *Richard III*: one with able-bodied actor playing the lead and another that features a disabled actor in the part. Through these case studies I hope to illuminate the ways in which the actors deploy disability.

The second chapter focuses on the ways in which disability is currently presented on stage. A history of discrimination against disabled actors has led to two parallel theatrical traditions in contemporary performance. On the one hand, there are plays that have been written, directed and acted by able-bodied people. These plays often showcase the disabled person alone in the world of the play. Their disability does not function within the greater social picture, but rather it appears as a problem for that individual to bear. The other trend introduces plays written by disabled people, who seek to subvert those norms. This is often achieved by socially contextualizing the disability. All performances can also be analyzed for how the character was embodied. The actor who is cast affects the audience's reception of the role.

While Chapter Two focuses on the representation of disability in scripted dramas, Chapter Three examines the dynamics and reception of a company with many disabled actors. Companies formed by a large group of disabled actors produce works that present alternative contexts for the disabled body. For example, National Theatre of the Deaf and Deaf West place deaf, hearing and hard of hearing actors all together on stage. In doing so, their productions complicate the able-bodied/disabled binary. The third chapter centers on a case study of *Disabled Theater*, a piece by Theatre HORA, a company composed of actors who all have cognitive disabilities. The close examination of *Disabled Theater* will allow me to return to some of the issues covered in this manuscript's introduction as the legacy of the freak show continues to overshadow this type of performance. Through these examples I seek to illuminate what disability currently looks like on stage with an eye towards other possibilities in the future.

## CHAPTER I

**A Case Study of the Character Richard III: Deformed but Able**

Out of the Elizabethan era, which gave birth to the freak show that first showcased disabled individuals in a theatrical setting, came one of the most powerful physically disabled characters in the Western canon—Shakespeare’s Richard III. The freak show and later theatrical productions with disabled characters highlight a tension in regards to the visibility of disability. On the one hand, people flocked to see the unusual and extraordinary. On the other hand, impaired individuals were put away in sanatoriums and institutions or killed. Audiences were able to separate the disabled spectacle onstage and the person sent to live out his or her life in a hospital. Both of these social patterns achieved the same effect: disabled people were contained; individuals should only be made visible on the terms of able-bodied people. While freak shows now bear the brunt of responsibility for the mistreatment of people with disabilities, they are just an exacerbated case of what was happening in all kinds of social venues. A disabled individual’s worth rested on his or her ability to display oddity. Richard III is a notable exception. While many disabled performers had the terms of their visibility set by others, the character of Richard controls his presentation both within the world of the play and to the audience.

Shakespeare’s Richard III is the most famous impaired character in the Western canon. As a theatrical work, *Richard III* presents a version of disability that was exceptional in Elizabethan times; it continues to be today. Unlike his contemporaries who ran the freak shows, Shakespeare fashioned a character that determines the terms of the visibility of his disability. This 400-year-old play

continues to defy some of the entrenched tropes now standard for disabled characters in contemporary theater. Above all else, Richard has agency within the play. He is described as “monstrous” and “deformed” yet his impairment does not *disable* him from seizing absolute political power. He is a politician and chameleon, shifting and transforming depending on the scene. Richard has a full arsenal of tools, which he wields to his advantage. His disability is one of those tools.

In specific performances of the play, one from 1985 and the other from 2004, the actor, like Richard himself, draws upon a specific arsenal of tools. These include the play itself, the vision for the portrayal that comes from the actor’s lived experience, and input provided by the director, who holds the overall concept for the production. This chapter consists of an examination of the script of *Richard III* followed by a case study of the two aforementioned performances. The first production was directed by Bill Alexander in 1985 and starred able-bodied Antony Sher. The second starred disabled actor Henry Holden and was directed by Heidi Lauren Duke in 2004.

### **The Historical Man and the Literary Myth**

Shakespeare’s *Richard III* tells the story of a power hungry warrior, determined to gain the throne. A strategic genius with little mercy, Richard kills and betrays until the crown rests on his brow. But his new robes and power do not sit easily. Richard must continue to kill to assure his reign. The play concludes with the battle of Bosworth, where Richard is slain. His successor is Richmond who will reign as the first of the Tudor kings. Throughout the play Richard’s peers underestimate

him because of his physical deformity, and Richard uses this incorrect assumption to his advantage.

The theatrical presentation of Richard III has eclipsed the historical evidence. Richard of Gloucester now is popularly known for being deformed and disabled. While it is a common practice for historical characters to be distorted with time as our opinions on the past change, Richard is one of the clearest examples of this kind of shift. CNN reported on the recent exhumation of his body, found in what is now a parking lot, and stated that while Richard might have had scoliosis the remains did not prove that he had a hunchback (Jones), the most popular imagining of the character. However, the incongruities between the historical personage and Shakespeare's fictional character are irrelevant; at its core, *Richard III* is a propaganda play. Richard's house had fallen from power by Shakespeare's time and England had a new king on the throne. It is common to demonize those who have fallen on the wrong side of history; the gross exaggeration of Richard's disability is just one of many tactics to delegitimize his reign and Shakespeare, funded by the House of Tudor, had the final word on this Lancastrian king. And ever since, the collective cultural imagination envisions Richard as the twisted king—and twisted both in shape and mind.

While historical accuracy may not be important to a dramatic work, the historical context in which it comes to be is. Medicine had a different function in Elizabethan England than it does in contemporary America. The causes of diseases were unknown; it was still years before the emergence of germ theory and other modern medical practices. People believed blemished appearances also revealed inner

truths. And that inner turmoil or imbalance was believed to cause varying types of illness.

Some elements of Richard are understood best in this historical context. Fourteen lines into his first speech Richard claims he is not made for a world settled into peace. His body is unsettled, he is unsettled, and he seeks to unsettle the world by proclaiming “And therefore, since I cannot prove a lover, / To entertain these fair well-spoken days, / I am determined to prove a villain / And hate the idle pleasures of these days” (1.1.28-31). Richard’s form and nature are inseparable.

In Shakespeare’s time audiences would have known exactly what this was all about. Richard’s rotten interior was the reason why he was physically deformed, and as a result determined to terrorize the world that naturally marginalized him. Contemporary scholars and doctors have diagnosed Richard with everything from neonatal asphyxia to kyphoscoliosis; despite these attempts at explanation, no single label would perfectly prescribe how he should be performed (Accardo; Rhodes 1651). On the one hand, this allows for a variety of physical interpretations of Richard’s condition. On the other, this lack of specificity leads to a generalized or limited imagining of disability, which can promote stereotypes.

Whichever of these avenues a director and actor have chosen to pursue over the centuries, the ways in which Richard manipulates his disability in the world of the play is more interesting to me. Richard’s impairment is metaphorical as well as literal, and thus he can manipulate it from scene to scene: sometimes his impairment is crucially important to how others perceive him, sometimes not. Within the world

the play, Richard is an actor who masterfully creates and recreates his public persona as the situation demands.

### **Impaired But Not Disabled**

While there is definite textual evidence indicating an impairment, that impairment does not disable Richard from gaining power. In the same way that an actor can play up personal physical characteristics as needed, Richard knows when to deploy his disability and when to hide it. He cleverly navigates the spectrum of visibility of his impairment, and at the same time embodies Lennard Davis' term "dismodern subject." He explains, "as the quadriplegic is incomplete without the motorized wheelchair and the controls manipulated by the mouth or tongue, so the citizen is incomplete without information technology, protective legislation and globalized forms of securing order and peace" (30). Under this definition all dismodern subjects are disabled, as individuals must rely on other people and instruments to complete the tasks of daily life. Katherine Schaap Williams borrows the term in her article "Enabling Richard: the Rhetoric of Disability in *Richard III*" for *Disability Studies Quarterly*. As Williams states, "although Richard's body appears singularly deficient among the other characters in the play, he relies upon the multiple significations of his deformities as a technology of performance to aid his bid for power, not impede it" (Williams). Rather than deny his weakness, Richard flaunts it thereby turning it into a strength.

Williams also argues that Richard controls his social environment through his calculated choice of words. She writes, "although characters in the play repeatedly

anatomize his form, the materiality of his form remains unclear until Richard highlights his shape — positively or negatively — with his rhetoric for specific purposes” (Williams). While the characters peg Richard’s deformity as what makes him different, it is his adaptive intelligence that sets him apart. For example: in one of the early scenes, Richard’s brother Clarence confesses his discomfort about the King Edward’s reign. By mistaking him for a trustworthy person, Clarence gives his brother all the ammunition needed to bring Clarence down. While Clarence is confiding, Richard is already plotting his brother’s downfall. Even if Richard’s disability is what is most visible to others at first, his superior intelligence allows the character to disguise his deformed body. He is not only a master strategist on the field of battle, but also in the court. A life spent in the margins because of his physical limitations has enabled to study the entire field of play. Through a lifetime of experience, he knows the players and where their weak spots are.

Richard is the first to speak of his disability. In the opening address, he displays his impairment to the audience. Richard says of himself, “I, that am curtail’d of this fair proportion, / Cheated of feature by dissembling nature, / Deformed, unfinish’d, sent before my time / Into this breathing world” but he does not want our pity (1.1. 18-21). The hopeful successor wants to set the agenda and control how the audience perceives his impairment, and by extension, him. In owning his disability, he can win the respect of an audience whose natural response might have been dismissal or pity. He woos the audience, seeming to say ‘watch me, watch what I can do!’ A few lines after claiming he has entered the world unfinished, he is plotting how he will change the political landscape. Shakespeare showcases Richard’s

intelligence right from the beginning. From a dramatic perspective, it makes sense that Shakespeare would choose to address the non-conventional physicality of his main character immediately. But it also makes sense in terms of character development. Richard wants to define the terms of his disability rather than allow the spectators' preconceived notions to cloud their view of him. In the dramatic text, Shakespeare skillfully pairs disability with strategic intelligence. Richard woos the audience the way he would woo any subject. Although Richard may not be shaped for sports and tricks, he and Shakespeare know that addressing the disability head on is the only way to overcome it.

Richard's deploys his impairment at the coronation ceremony to disrupt the proceedings for his own benefit. Richard pulls out his disfigured arm and shouts "Look how I am bewitched. Behold, mine arm / Is like a blasted sapling, withered up. / And this is Edward's wife, that monstrous witch, / Consorted with that harlot, strumpet Shore, / That by their witchcraft thus have marked me" (3.4.67-71). The incoming monarch demands that the room stare at his deformed body. This deliberate power play brings to light precisely what makes the others uncomfortable. When Hastings, who is friendly with Richard but serves King Edward and his family first of all, disputes Richard's claims that witchcraft has deformed the arm, which is not unreasonable—most production do not alter the arm's appearance—Richard turns on him by ordering a beheading. Williams argues the physical arm is irrelevant, "Richard has been telling his audience what to see in his body throughout, and he possesses such political power that they have no recourse but to accept his description of

reality” (Williams). Richard is, and publicly affirms that he is, the sole expert on his impairment; he will decide what is acceptable.

While Richard sets the term for how his impairment does and does not limit him, he is not the only one to fixate on his physical appearance. To fashion a full dramatic representation of the twisted king the actor must consider how the other characters decry Richard’s disability. Marginalized characters such as women and children are most likely to comment on Richard’s deformity. Their insights are often ignored until it is too late. It is only once those characters who profit from Richard’s political gains fall from the king’s good graces that the old curses come back to mind. For example as he waits to be beheaded Hastings cries out, recalling earlier warnings, “Woe, woe for England! not a whit for me; / For I, too fond, might have prevented this / Stanley did dream the boar did raze his helm; / But I disdain'd it, and did scorn to fly... O Margaret, Margaret, now thy heavy curse / Is lighted on poor Hastings' wretched head!” (3.4.79-92). Hasting followed Richard’s rhetoric, hoping to benefit, but ultimately it made him ignore what was right in front of his eyes.

The boar is only one of many analogies used for Richard. Generally speaking, critiques of Richard by the play’s characters can be broken down into three categories: likening him to animals, to otherworldly creatures, and pointed comments about the shapes of his impairment. To compare Richard to animals or other worldly creatures highlights his physical differences. Both Lady Anne and Margaret constantly qualify him with animal imagery. While Lady Anne spits “never hung poison on a fouler toad” (1.2. 152). Margaret—no longer queen and thus stripped of power and voice—likens Richard to different animals: “Stay, dog, for thou shalt hear

me” (1.3.214), “take heed of yonder dog. Look when he fawns, he bites; and when he bites, His venom will rankle to the death” (1.3.289-291), and “Why strew’st thou sugar on that bottled spider” (1.3.242). Margaret also curses Richard with “Thou elvish-marked, abortive, rooting hog, / Thou that wast sealed in they nativity / The slave of nature and the son of hell” (226-228). Richard’s young nephews directly mock Richard’s non-normative body without bothering with analogies. Young York says, “Marry, they say my uncle grew so fast / That he could gnaw a crust at two hours old” (2.4.27-28). Although Richard has been unnatural since birth, young York’s comment insightfully pairs disability with a hyper-ability.

Despite what young York says, the king’s hyper-ability shifts from physical prowess to superior intelligence. The king’s unsettling appearance is noted and noticeable to the other characters, serving as a red herring that allows him to use his remarkable intelligence to defeat opponents. Richard’s cunning and intelligence is particularly visible as he woos Lady Anne. He stops the funeral procession of her late husband to try and win her affection. Unlike in other scenes, where Richard has others to come to his aid, here it is a test of the power of his words and body.

Audiences watch Richard lay all his flaws before Anne’s feet, and in doing so, he disarms her despite her efforts to resist him. While many suitors would rely on their good looks when wooing a wife, Richard does not have that luxury--and he does not need it. His rhetoric and intelligence leads him to victory. As Anne exits with her dead husband in tow, Richard turns to the audience and asks, “Was ever woman in this humour woo'd? / Was ever woman in this humour won? / I'll have her; but I will

not keep her long” (1.2.230-233). Richard does not feel that he has to fit into a normative world when he can shape it to his needs.

### **A King Revived: Performance Case Studies**

There is no prescribed way to perform intelligence, so each performer must decide how to embody Richard’s hyper-ability while balancing it with his disability. Shakespeare’s script offers the actor approaching the title role certain clues for Richard’s embodiment, but the performer must ultimately choose how the character presents. Snyder and Mitchell frame this choice as:

Those who exaggerate his deformities in order to supply the play with an otherwise absent motivation; and those who downplay Richard’s disabilities as an archaic characterization device and focus instead on the rhetoric of intrigue. He also poses the actors’ dilemma as a question: To limp or not to limp?” (103)

A parallel exists between the character’s manipulation of his disability and the way an actor must manipulate his semiotic body in performance. And, of course, the range of options becomes even more complex if this actor himself has a disability or not.

Below I compare two different performances, one by able-bodied actor Antony Sher and another by Henry Holden, who is disabled.

### The Bottled Spider: Antony Sher



Fig. 1: Antony Sher as Richard III (1985)

In the photo above, Richard, as depicted by Sher, is in repose. Sher and director Bill Alexander used Queen Margaret’s descriptor of the “bottled spider” as a basis for character development. Richard rests on crutches with his arms in the cuffs. His face remains up and forward; he listens and plots. There is potential for motion in his stance; the actor seems ready to move from stillness to action at any moment. Leaning on the crutches, he hunches in order to place his hands on the bars that jut out below. His legs are bent, and the pose makes him seem insect-like. The shoes are delicate in ballet slippers; hardly the shoes of a warrior, they give him a nimble and quick moving feel. The costume’s two hanging pieces of fabric suggest additional limbs to accentuate the character’s insect-like appearance.

In the 1985 production, Antony Sher used crutches and costume to highlight the pairing of disability and hyper-ability; these elements gave the character two

additional pairs of legs to scuttle around the court. His Richard III appeared to be both superhuman and animal-like. Critics most commonly described Sher's Richard as a bottled spider, echoing Margaret. The spider analogy renders Richard inhuman, but also grants him power. The insect uses its many legs and arms to pull people into its grasp. Additionally, the spider spins webs just as Richard III concocts schemes.

In writing about the actor's performance scholar James Norris Loehlin comments "Sher used the crutches in every conceivable way, as natural extensions of his own body: holding them above his head as a cross, plucking a coronet from Margaret, probing in Lady Anne's skirts, closing them like mandibles around the neck of doomed Hastings" (Loehlin 83). They became an extension of Richard's being; he is not at the mercy of this assistive device, but uses it as a tool. The character's skilled use of these crutches came to symbolize Richard's intelligence, rather than weakness. This production takes a device and subverts their usual association. When the crutches first appear onstage, audience members connect them with injury and inaction. But Sher's clever maneuvering demonstrated that hindrances could be turned into assets.

It was Sher's own brush with injury that helped inspire this character. The actor wrote extensively about playing Richard in a book entitled *The Year of the King*. After an Achilles' heel injury put Sher on crutches for six months, he decided that this assistive device might be the key to playing Richard. In addition to his own experience, Sher conducted in-depth research with disabled individuals so that his portrayal would include more than the physical markers of disability. Richard is a man who has been noticeably different from everyone around him for his entire life

and this circumstance affects the way he interacts with the world. Sher is able to deploy his disability in many different ways while still remaining impaired.

Consistency is necessary when acting; unfortunately, some able-bodied actors play Richard's physical disability inconsistently. Sher managed to be both inventive and consistent with his physicality, and the audience never forgets Richard is impaired. But that impairment is not disabling. Sher invests in his created impairment, allowing for new discoveries for the character's physicality. This is not the case for many productions of *Richard III*. For example, Andrew Jarvis's Richard (1989) wore a glove on his left hand and held it crooked at the elbow, as if in an invisible sling, but the favoring of this arm was arbitrarily dropped in some scenes. In addition, the use of this hand was inconsistent and not limited; he had no trouble using it to hold small objects. The glove was never removed, even in the scene when the character claims it to be a blasted stump because of Elizabeth's curse. Instead, Jarvis brandished the gloved hand as a reminder of the horrors that spectators and other characters on stage could see. The audience cannot accept this inconsistency: it does not make sense that Elizabeth's curse changed something—his hand was always like that. When a character's disability is embodied inconsistently, an impairment is an extraneous bit of stage business that can be dropped and picked up as needed rather than an essential part of the character.

It is possible that Jarvis highlighted inconsistencies to draw attention to the artifice of Richard's disability. Perhaps the production believed Richard's impairment was an act. Unfortunately, this distinction was not clear enough in performance. Reviewer Martin Hoyle commented that Jarvis appeared "young and healthy (never

mind the wrenching limp)” (qtd. in Colley 252). As a result it appeared that Jarvis, the actor, and not Richard, the character, forgot about his various impairments.

Sher, on the other hand, embraced inconsistencies in Richard’s impairments and used them to highlight the strategist’s intelligence. For example, once Sher’s Richard ascended the throne he gave up his crutches in favor of a scepter. He forsakes strategic power, as represented by the crutches, to gain absolute domineering strength, as represented by the scepter. But this change is hubristic and Richard cannot sustain that quality of power. His deformity, which had been an asset for the play, begins to become a disability. Academic Scott Colley wrote, “ this change [from crutches to scepter] is crucial, for now Richard has lost his earlier advantage of sudden, quick movements. He no longer could leap spider-like from one victim to another but was forced to maneuver awkwardly” (243). In abandoning the tools that made him king, Richard’s reign rests on unsteady legs. The way that Richard uses rhetoric changes in the latter half of the play, he is no longer as capable of manipulating others. While sitting on the sidelines, Richard has the ability to strategize and play the field, but when he is put in the center he loses perspective. Ironically, as king he no longer has the manipulative upper hand.

Sher’s success in embodying Richard comes from embracing a morphing physiology. In the text of the play Richard’s deformity is fluid, changing depending on the situation and surroundings. Sher portrayed Richard as a politician who had learned how to apply his intelligence so that his physical impairment no longer limited him. Sher’s acting of disability remained consistent: his movement was believable in the world that he created and his acting choices pushed the boundaries

of disabled embodiment. But the actor's able phenomenal body does not come into play. In contrast, Jarvis's arbitrary shifts in acting Richard's disability were jarring and highlighted the actor's phenomenal body. Within the world of the play Richard makes others forget he is physically disabled with rhetoric; it is the challenge of the actor to find ways to embody the twisted king's intelligence. The crutches turned out to be the perfect device. While the original connotation for them is injury, they can be transformed in performance. She is not the only actor who has taken advantage of this multifaceted tool.

### **Creative Embodiment: Henry Holden**



Fig 2: Henry Holden as Richard III (2007)

In the photograph, Holden's Richard domineers over a prone Lady Anne. His position is active. Although his legs are slightly splayed, the hand crutches steady his

posture. He is an imposing force. His two crutches and two legs form a canopy over the prostrate woman at Richard's feet. The character has already pounced on his prey. Although Holden is not a tall actor, the photograph shows that his Richard can overpower other characters. He is a master of strategy and knows that by positioning Lady Anne in this way he can control her. His physical impairment is also visible through the leg brace he wears over his pants on his left leg. The choice to wear the leg brace was the director's, it is uncommon for braces to be worn that way (Holden). But by wearing it outside of his pants Richard proves he has nothing to hide.

In this production, director Heidi Lauren Duke decided to split up the role of Richard: while Holden physically embodied Richard and delivered the character's inner monologues, actor Andrew Hutcheson read the text in between from the side of the stage. This unusual approach was developed because of unanticipated demands on the strengths of the lead actor<sup>2</sup>. Although this decision started as a solution to a problem, it has artistic merit as well. Producer Stephanie Barton-Farcas noted that this approach meant that the audience could always see the shadow of Hutcheson behind the actions performed by Holden (Barton-Farcas). This created an interesting attention divide for the audience.

Splitting the character of Richard is another way to imagine the pairing of disability and hyper-ability. While Sher's production indicated Richard's conniving intelligence through the inventive use of crutches, Holden's production played with the idea of public versus private personas. *Richard III* starts with an open address—in this production, it meant that the audience first linked Holden's voice to his body. But as soon as other characters appeared on stage, spectators could see Richard morph

into his public person. *The New York Times* described Hutcheson's voice as "[a] sonorous voice and beautiful diction, he gives us Shakespeare's Richard, a villain sometimes playful, sometimes cruel; a man who delights in his own verbal dexterity" (Saltz). The audience watched Richard's body and inner speech lay bare, whereas the other characters were unable to see through the mask that he has created.

The way that Holden's production chose to manifest Richard's intelligence was not as well received as Sher's. In reviews, some critics were upset that Holden did not have the chance to perform all of Richard's lines. The same *New York Times* article quoted above stated, "but what is Richard without his words and wit, and why should Mr. Holden be robbed of them? He is left trying to provide a gestural interpretation as Mr. Hutcheson recites the bulk of the text. I'm not sure I can think of any actor who could pull this off" (Saltz). One has to wonder whether or not Saltz would make the same comments if the production used able-bodied actors in both roles; or if the director had inverted the two actors' performances of the character, asking Holden to read and Hutcheson to create Richard's physical actions. Although the productions are different on many levels, it is interesting to note that reviewers focus on the inadequacies in Holden's performance and the skill in Sher's.

In fact, both Sher and Holden used hand crutches in their performances, but the receptions of their respective Richards were very different. Sher's Richard was lauded as one of the most inventive Richard III's since Laurence Olivier's performance of the character, and his ability to act while using the crutches was applauded. Holden did not receive the same praise. Even though Holden, the person, uses hand crutches in his daily life, Holden, the actor, had to find new ways to

maneuver them when embodying the theatrical character. Both Sher and Holden are actors by trade. The first is a famous Shakespearean actor, the second has worked in a variety of theatrical roles including writer, actor and activist. But both manipulated their bodies in performance.

Interestingly, a play about an intelligent and capable disabled man does not prompt the audience to project those positive assumptions on a disabled actor. I interviewed Holden and talked about his process of playing Richard III. He brought up Sher's Richard while we were talking and said, "it's great to do something like that, it's very creative" (Holden). Although Sher's performance was not an artistic inspiration for Holden, he wanted to endorse any performance that accurately displayed the disabled body onstage. While Holden could appreciate Sher's creativity, Holden's own inventive physicality was mostly overlooked in reviews of the production. The audience came to the productions with different expectations for the disabled and non-disabled actors.

Confronting disability is inescapable when an actor must embody Richard III, but how the actor chooses to do so is not prescribed. Shakespeare's Richard III is a character full of inconsistencies. There are some able-bodied actors who choose to take this information and play his impairment as something that comes and goes as they please. Others do so in a way I find to be much more effective. When actors demonstrate that Richard is manipulating the impairment over the course of the play, I engage more actively with the character's intelligence. As Holden said, "you relate to Richard III, as an actor with a disability it is a pleasure to play [him]." There are some ways in which Richard is the ideal disabled character; he is afforded a kind of

agency and power that is almost unprecedented in the Western theatrical canon. Richard is a king and he sets the terms for his own visibility. At a time in history when disabled individuals were being locked up or exhibited in freak shows, Shakespeare created a king who was both commanding and monstrous. Although the historical Earl of Gloucester has been distorted through Shakespeare's lens, *Richard III* puts forth important and progressive ideas about disability.

## CHAPTER II

**You Get “Better”:****Representation of Disability in Scripted Dramas on the Contemporary Stage**

Shakespeare's *Richard III* is a canonical piece of theatre with important commentary on disability, but this is not the only existing example of this kind of narrative. In fact, Richard's story is somewhat unusual in that, as a king and lead character, he can manipulate the world that he lives in. In contemporary theatre, it is much more common to find disabled characters ruled and dominated by the greater world. Their emasculated position comes in part from the fact that disabled characters are often supporting rather than leading roles. Even when that is not the case, there is almost always an able-bodied character that figures prominently in the story. The following two chapters examine the ways in which disabled characters manifest on the modern stage. Chapter II focuses on the role of the disabled character independently and in relation to others in dramatic literature, while Chapter III introduces the works of companies with disabled actors who create a world on stage where disability is presented as the norm. The latter chapter is a close examination of Theatre HORA's production of *Disabled Theatre*. By examining a wide range of performance styles, I am at constructing a fuller picture of the potential avenues of disability representation.

Able-bodied individuals have written and performed disabled characters for centuries. Until recently, disability was only processed through an able-bodied lens. In the last twenty years, spectators have witnessed an increase in other and more diverse narratives. Plays that more closely resemble the lived experience of

individuals with disabilities are starting to permeate the theatrical realm. This shift is in part due to the traction that the social model of disability has received. Narratives that consider disability within the greater social context foster more rich and complex characterizations. This new perspective deepens the field of stories about disabled persons and may more closely resemble their lived experiences.

If disability representation starts with what is on the page, then it is important to consider where the dramatic author is positioned on the disability spectrum. In the author statement for his play *Summer in Des Moines*, disabled author Chuck Mee writes, “there is not a single role in any one of my plays that must be played by a physically intact white person. And directors should go very far out of their way to avoid creating the bizarre, artificial world of all intact white people—a world that no longer exists where I live—in the casting of my plays” (Mee 243). Mee’s disability informs the theatrical world he writes and the statement above provokes directors to consider it in the play’s full production<sup>3</sup>. An able-bodied writer is less likely able to draw from direct experience with disability when writing a play on this theme. Without proper back-story or information, he or she promulgates stereotypes and bias. It is true that there are able-bodied writers who are not prejudiced or misinformed, as much as it is not the fact that every disabled writer is unbiased. There are pieces by able-bodied writers that truly capture the disabled experience—one example is Nina Raine’s *Tribes*. When audience members were interviewed after *Tribes* premiered at the Steppenwolfe Theater in Chicago one deaf woman said “I completely get this play...for myself, being the only deaf person in my family, it really hit home” (“Tribes- Audience Response”). Authorship is the first layer, but not

the only one, towards presenting a character that can reflect the varied lived experiences of disabled individuals.

Variability in the portrayal of the disabled experience allows for many “positive” imaginings without privileging any single version. Spectators are allowed to disagree on how the experience should be staged. Disabled playwright John Belluso has been celebrated for his plays, which present a starkly realistic vision of what it is like to live disabled. His play *Nervous Smile* revolves around two sets of parents who decide to abandon their teenage children with Cerebral Palsy at a hospital because they cannot bear the strain of caretaking. The children in the play are not the beautiful, smiling disabled children the public is familiar with from Jerry Lewis campaigns<sup>4</sup>. Instead, Belluso gets at the heart of caretaking and the strain that it can put on people. Representation that mimics life is important in fleshing out what disability can look and feel like, even if sometimes this choice means working against what has been the typical presentations of disability.

### **Disability, Doctors, and the Medical Model**

For hundreds of years, the medical model’s stereotyped and antiquated ideas about disability have been the guidelines for creating characters with impairments. This kind of medical view posits only two possible endings for the disabled character: either he or she is cured of the affliction or dies. Rather than allowing for disability to be integrated into a person’s sense of self, a character must fight the impairment into submission. This “cure or death” paradigm has problematic ramifications for many parties. For the disabled audience member, this kind of production can be alienating,

as it makes the spectator unable to see his or herself on stage. For the able-bodied audience member, the bias inherent in the “cure or death” paradigm is further condoned and transfers to his or her interaction with disabled persons outside of theatre in the social sphere. Theatre has the potential to be a teaching mechanism about different life experiences and social constructions. Plays that directly address cultural stereotypes challenge spectators to re-imagine the disabled “type”.

The staging of disability opens new possibility for how medical narratives are constructed in performance. Professor of Theatre at the University of Tennessee Stanton B. Gardener has written extensively on the interactions between drama and medicine. Medicine and theatre have a long history of being intertwined; theatrical productions as far back as the Greeks have utilized medical doctors as important dramatic figures. The scholar poses that as medical theories and acting styles have changed, the way that the stage portrays medicine has also shifted. Medicine does not have the visual appeal it once did: “because of realism’s investment in the ideology of the visible, the interior landscape of disease is consigned to one of its many offstage realms” (Gardener 317). Still, medical stories continue to enrapture audiences and disease must be made visible in ways that are both realistic and dramatic. As such, a visible disability suits the audience’s appetite and acts as a stand-in for diseases that we no longer see stage.

John Merrick from Bernard Pomerance’s *The Elephant Man*<sup>5</sup> is the quintessential example of the paternalistic grip that able-bodied doctor characters have over their disabled patients. The play follows Merrick, a man so horribly deformed that nurses run from him rather than care for him. At the beginning of

Pomerance's play, Merrick works in a freak show before Doctor Treves saves him from that life. Treves keeps Merrick, nicknamed The Elephant Man because his body has been distorted by masses caused by elephantitis, in the hospital to protect him. Although Treves makes choices based on what he believes is best for Merrick, it is hard to see his position as entirely benevolent. While Merrick's life in the circus was not ideal, he was able to make some money. Merrick does nothing in the hospital but build a small model of a church.

Contrary to what Treves may have intended, Merrick does not stop being an exhibition when he enters the hospital. His value is still in his oddity. The medical system is often positioned as the lesser of two evils when compared with freak shows. This evaluation ignores how both systems participate in the same activity it is just named differently. David Gerber has written extensively about careers in freak shows and the perceived versus actual agency of the participants. He concisely words the critique of the medicalized gaze by saying that in performance "at least one might be paid for being stigmatized" (Gerber 48). Treves frees Merrick from a life of exhibition so that Merrick can become an unpaid exhibit behind closed doors. Treves goes further and infantilizes Merrick; the Elephant Man is kept out of discussions of his treatment, is unable to make an independent income, and barred from seeing visitors. Merrick is reduced to being child with no agency; he resigns to a life of building with blocks.

Merrick's story also exemplifies the "cure or death" medical paradigm. Originally Treves takes on The Elephant Man as a case study who can be cured, but there are complications. As Doctor Treves puts it, "it is the overarc of things, quite

incapable that as he's achieved greater and greater normality, his condition's edged him closer to the grace... to become more normal is to die? More accepted to worsen?" (Pomerance 64). While this statement seems heavy-handed, Merrick's disability and humanity are being juxtaposed. Living with the disability, although this is what Merrick has been doing for many years before Treves showed up, is no longer an option. In *The Elephant Man* to be cured is to die. Merrick's impairment makes him so fundamentally different that he cannot ever be "normal." Treves's focus on the medical and scientific potential of The Elephant Man eclipses the doctor's ability to determine for what is right for the patient. Even if cure means his death, Treves is compelled to rid Merrick of his impairment. While earlier in the play Merrick was infantilized, in the final moments of the play he almost stops being human to Treves. Instead, he becomes a specimen.

Doctor characters, compelled by a mission to cure, dominate the narratives of individuals with disabilities. They wield extraordinary power to change the life of the disabled character. Doctor characters have an important role to play as "threshold figures who represent the medicalized reality that realism both embraces and seeks to disown" (Garner 320). Doctors often embody scientific knowledge on stage, giving them omniscient power of knowing how the natural world works. They function as a reasoned voice from the outside, capable of taking a step back from the action to make the wisest decision. As a result, these doctors are often granted decision-making power for disabled characters. The doctor character is central to the action of play and acts as a liaison between the disabled character and others. Additionally, as an able-

bodied character, doctors offer a point of entrance for the able-bodied spectator. The doctor acts as a guide through the foreign land of the disabled experience.

The unfamiliar land of disability is familiarized through character journeys that culminate in getting “better.” Although the impaired character starts different, he or she is constantly working toward an able-bodied ideal. Convalescence narratives reinforce the power of the medical system and of doctors. In these stories a character is able to rapidly change from a disabled to a non-disabled state. Some characters recover over the course of the play, while others are spontaneously “healed.” These stories predispose the audience for uneasiness with those who have contently integrated disability into their sense of self and do not search for a cure.

Jonathan Lewis’ *Our Boys* illustrates a typical convalescence narrative arc. This play follows six army veterans as they recover from various injuries. The setting is a hospital and thus despite the fact that we never see doctors, the medical system is always present. Every character has some physical marker of disability: Joe has no ring finger and wears a bandage on his hand; Keith’s leg is marked in black pen to indicate the extent of numbness; Parry and Mick both use wheelchairs; Menzies wears padding on his lower back and walks strangely; and Ian uses various assistive technology from a wheelchair to crutches over the course of the play. Even psychological impairments are physically marked: the bandage on Joe’s finger reminds the spectator of the severe PTSD and rage that he has bubbling beneath the surface. The men work tirelessly to get better so they can be released. The play’s message is clear: living as a disabled person is no way to live.

In the play, Ian best embodies this relentless pursuit of able-bodiedness. He transforms from a comatose state, due to a gun shot wound to the head, to fully discharged and rejoining his troupe course of the play. Lewis writes in the character notes: “He is in a wheelchair and appears to be little more than a vegetable. (But as the play progresses so does his recovery, including the way he speaks, which is very slow and deliberate to be begin with)” (5). The character’s physicality changes drastically over the course of the play. Just as with the embodiment of Richard III, the actor playing Ian has great potential for the performance of impairment. In scene four Ian is onstage doing pushups in his wheelchair when Joe comes in:

JOE: How many did you do? Ian? Was it thirty?

IAN: (*as he pushes up again with great determination*) Six.

JOE: Six! Keith here said you’d done nearly thirty.

IAN: Hundred and six. Hundred and seven.

JOE: Didn’t Keith tell you to stop at fifty? Whoa whoa whoa, take it easy. That’s too much Ian. (Lewis 20)

Ian is not disabled—in fact, we can see glimpses of his hyper-ability throughout the play. We also get cues that Ian will be fine: in a sleep-talking scene near the beginning of the play, the stage directions indicate that Ian is “talking in his sleep more fluently than when conscious” (13). Underneath the disabled exterior there is an able-bodied man and so the audience never forgets the able-bodied actor.

*The Boys Next Door* by Tim Griffin takes a somewhat different spin on the convalescent narrative. This play follows the lives of four cognitively disabled men, Arnold, Lucien, Barry and Norman, who live in a group home together. One of the

men makes a “miraculous” and momentary recovery. In a climactic scene Lucien, whose speech has previously been halted and stilted, suddenly has a moment of clarity in which he is able to speak perfectly<sup>6</sup>: “I stand before you, a middle aged-man in an uncomfortable suit, a man whose capacity for rational thought is somewhere between a five-year-old and an oyster” (Griffin 94). Such dramatic moments prompt the audience to remember the able-bodied actor. Lucien’s declaration reveals that we are all the “same” underneath—same here meaning able. Scripts promoting the assumption that disabled characters have an inner able-bodied nature that is waiting to escape are problematic for disability representation. Plays that espouse this idea impede the casting of disabled actors, as they cannot manipulate their bodies the way the text prescribes. Additionally, these moments encourage spectators to engage with the able-bodied facet of the character, rather than the disabled aspects.

The audience’s relationship to the character alters after moments of hyper-ability. The artifice of the theatrical world is exposed and the audience can intellectually comprehend a character, but not engage with it at an experiential level. In his article “‘Disabled’ Characters in Plays”, scholar Lionel Warner examines impaired characters embodied by able-bodied actors. He explains “the very fact that the so-called disabled character is also unusually enabled is a factor which perhaps bridges the divide, or pulls us in both interpretative directions” (Warner 375). The two directions described by Warner are 1) feeling pity for a character that is in pain or suffering while simultaneously knowing that 2) he or she is a theatrical device and thus their impairment can be read for higher significance. The second part is only achievable if the actor is able-bodied. The reality of the disabled actor’s impairment

would obscure its theatrical significance. For the majority of able-bodied audiences, a moment of hyper-ability offers a way of connecting to a character that has previously seemed unrelatable. But these moments also let the audience off the hook; spectators are momentarily transported out of the given world of the play and reminded that the performers onstage are acting.

All these plays posit the able-bodiedness is the better, if not the only, option for a good life. A continuation of this question is: is death preferable to disability? Two plays address this question: *Whose Life is it Anyway?* by Brian Clark and *Gretty Good Time* by John Belluso. The former author is able-bodied and the latter is disabled. Both narratives follow the lives of quadriplegic characters who decide that they want to die. At the start of the play, Ken Harrison from *Whose Life is it Anyway?* has been disabled for six months after a car accident and Gretty from *Gretty Good Time* has been disabled for fifteen years due to polio. Is death more desirable than living disabled? If the play answers “yes” that has ramifications outside of theatre. An audience member who has only seen quadriplegia discouragingly embodied on stage will be unprepared to interact with a contented disabled individual in real life. By showcasing a quadriplegic life as unfulfilling, the play permits the spectator to think the same way.

The opening scenes of both plays foreshadow how the character and his or her disability will function for the rest of the narrative. Ken Harrington starts *Whose Life is it Anyway?* in a hospital bed and ends that way. In fact, he never moves. Throughout the entire first scene Ken interacts with medical personnel; they come in and out of his life, controlling everything in his day except for his mind. His reasoned

brain is another iteration of the miraculous recovery like Lucien in *The Boys Next Door*. Ken's intelligence is his only escape but he says, "if you're clever and sane enough to put up an invincible case for suicide, it demonstrates you out not to die" (76). Ken is an able-bodied man who is now trapped in a disabled body. By his standards, he is already dead. The true person, the able person, is still there as evidenced by his intelligence, but his body is an impediment. Ken has lost control of his body and uses rhetoric as last hope for agency. In the hospital, Ken is at the mercy of doctors and nurses, constantly reminded of the life he lost and how his social position has changed.

Alternatively, Belluso's Gretty challenges the medical system that seeks to subdue her. In the opening scene Belluso established Gretty's tenuous relationship with the medical system:

*Gretty is lying on the floor near her bed, her eyes open. Also near the bed is her overturned wheelchair...*

DR. CAPLAN: Were you trying to leave us?

GRETTY: Yes. I was.

DR. CAPLAN: And how were you to leave us? You are paralyzed, you do not have the strength... then go, and I will leave you here, with your dreams. Good night. (167-168)

Right from the start, Gretty is at odds with the medical field. She openly protests the hospital rules, revealing a vindictive side of Doctor Caplan. Knowing that she cannot right herself, due to her full body paralysis, the doctor leaves her on the floor. The medical system, which supposedly will do anything to make a character "better", is

shown in a more complex light. Additionally Gretty's position outside of her wheelchair shifts her relationship to the assistive device. Dramatically she would be most comprehensible for the spectator if the actor sat in a wheelchair. By placing her outside of it, Belluso draws attention to how disability is conventionally represented, while simultaneously offering another option.

By contextualizing Gretty outside of her wheelchair, or at least adjacent to it, John Belluso skews disability in a way that never happens in Brian Clark's *Whose Life is it Anyway?* In Belluso's play disability is not just an immobilizing device, but part of the character's life and story. If Gretty is isolated at times during her stay in the hospital, it is just as much the medical system's fault as it is hers. Her desire to die comes not just from her paralysis, but her fear that she will be moved to another hospital if her condition worsens. The environmental and social condition of a new living situation is far more troubling than her impaired body. Ken is completely isolated; the people who surround him are only there to serve his physical need. Throughout the play he complains that his impairment has taken away his manhood, and in some ways his personhood. Disability becomes his only defining characteristic; Ken does not do anything else. Given that fact, it is no wonder that he puts almost no value on his disabled life. Gretty is able to incorporate her impairment as part of her identity and thus can continue to live with it.

Disability is contextual; certain situations will make an individual more or less disabled. In a hospital setting, impairment is framed as an individual problem—doctors aid patients in their solo quest for better health. Outside of the hospital walls, impairment often remains the problem of the individual with no consideration of how

others play into the situation. A history of individualized responsibility has led to the seclusion of disabled individuals. As a result able-bodied persons form ideas about what disability looks like and acts like without seeing the full picture. In John Belluso's *Rules of Charity*, main character Monty is a man in his 50s who has Cerebral Palsy and uses a wheelchair. About halfway through the play, Monty is interviewed by another character for her movie about the lives of disabled people.

The interview starts as follows:

PAZ: Monty, are you comfortable there on the couch?

MONTY: Yes, it's a comfortable couch.

PAZ: Okay, you see the reason I ask is that I think that we, meaning the audience, would have a broader grasp of the reality you live within if you were sitting in the *wheelchair*. [sic]

MONTY: Sometimes I sit on the couch.

LH: It really *is* a comfortable couch.

PAZ: Yes, I'm sure it is, but I do think that...

MONTY: (*Smiling*) I'll sit in the wheelchair. (25-26)

The able-bodied Paz needs Monty to perform disability in a specific way. The truth, that Monty is not confined to his wheelchair, does not embody the stereotype of disability. This false staging of disability poses the question, what does a disabled person look like in the context of daily life? Monty is in his home, where he can sit on his furniture like any person would. But in this context he is not as interesting to Paz because he lacks the visible signifiers of disability. Sitting on the couch, he is just a man talking about the experience of disability in his life, while in his wheelchair,

Monty is a man suffering from disability and telling his story. To audiences, his body in the wheelchair is comprehensible drama, whereas the body on the couch does not visibly mark him as disabled. In this case, Monty happily performs disability in the way that Paz needs it to look in the film. Belluso's play pushed the disabled body outside of its normal confines by calling attention to the artifice of disability embodiment in Paz's film.

Brian Friel's *Molly Sweeney* also addresses assistive technology as a component of disabled embodiment on stage. The play centers on Molly, a woman who lost her sight at ten months and has been blind for thirty years before she has surgery to return her sight. Although the surgery is initially a success, the restoration of her sight brings more problems than benefits to Molly. Ultimately, overwhelmed by the pressures of the new sighted world, she develops a kind of psychological blindness and spends the rest of her life in a mental hospital. At the beginning of the play, Friel writes, "most people with impaired vision look and behave like fully sighted people. The only evidence of their disability is usually a certain vacancy in the eyes or the way the head is held. Molly should indicate her disability in some such subtle way. No canes, no groping, no dark glasses, etc." (13). Friel subverts the audience's expectations of what a blind character should look like. If Molly appeared with a white cane in her hand, we would know her as blind because she uses the tokens of blind representation. Instead, Molly defies that disabled model, "I danced a wild and furious dance round and round that room...No timidity, no hesitations, no faltering. Not a glass overturned, not a shoulder brushed. Weaving between all those people, darting between chairs and stools and cushions and bottles and glasses with

complete assurance, with absolute confidence” (31-32). Molly’s impairment does not stop her from fully participating in the world; it is only once her sight is restored that she weakens and withdraws. Molly narrates from the end of the play, when she is blind again, so her convalescence is not as straightforward as some of the other plays examined her. All this means that it would be possible for a disabled actor to play Molly, which is a step in the right direction in terms of inclusionary casting practices.

### **Casting: Disability Made Real Onstage**

Due to the fact that theatre is an embodied art form, casting choices will affect a spectator’s reception of a character. As I discussed in Chapter One, different people can take the same character parameters and embody him or her in drastically different ways. A history of able-bodied portrayals of disability created a standard for the ways in which disability can be made visible, and thus comprehended, by spectators. Non-disabled actors convey the signs that come to mean “disability” to the viewing audience. Spectators are accustomed to reading these signs for deeper metaphorical meaning. For example, characters that lose their sight over the course of the narrative usually were metaphorically blind before they became physically unable to see. This means that audiences expect blindness to have a symbolic meaning rather than just be a characteristic of a performer. The first instinct of an audience is to find the metaphor, not to assume that this is a lived experience.

Any deviations from the “normal” body make the actor’s physical body—rather than the characters semiotic representation—more present to the audience. On the Western stage, the “normal” body is white, able, and male. Physical and visible

markers on the body interfere with the complete transformation from actor into character or real into fictional. Audiences engage in a phenomenal reception of the body, rather than on the actor's conveyance of the semiotic character. Fisher-Lichte writes that the character "is defined by what is brought forth by the sum of performative acts, which in turn constitute the actors' own physicality" ("The Transformative Power of Performance" 86). When a disabled actor is on stage, the performer's physical body eclipses the character. The actor with a physical impairment has the additional challenge of creating a character who does not have that impairment as a defining characteristic. Performative acts to create a semiotic character body compete with the physiological reality of the actor.

Disabled actors are often critiqued and criticized for the "limits" of their phenomenal body. This premise follows the medical model, focusing on an individual's impairment, rather than possible accommodations which would make it possible for him or her to succeed. This kind of critique ignores the fact that all bodies are limited in some respect. Constraints do not merely come from the physiology of a disabled person, but from how a body is asked to perform. As I elucidated earlier in this chapter, many writers create disabled roles with implicit or explicit bias toward the able-bodied actor. Additionally, directors often refuse cast disabled actors against type. Having been taught to view disability as a theatrical metaphor, spectators may believe the actor's physical difference has greater significance in the world of the play than it should. Disabled actors are deemed "too disabled" to play able-bodied parts and many disabled parts are written so that it would be impossible for a disabled actor to be cast as well.

There are many extenuating circumstances that lead to a disabled individual being cast or not in a production. Often the responsibility is on the single disabled individual for not performing well enough. But artists and spectators must widen their gaze and think about why there are so few disabled actors trained to play these parts. As disabled performer Mat Fraser in a short documentary on Youtube about disabled performers comments, “if they won’t bloody move the steps and put a ramp in, then you can’t get in ... to learn the lesson, you know, nothing’s going to change” (Terentjev). Excluding individuals from receiving training guarantees that they will be less experienced and less likely to be cast in a role. Disability and performance scholar Carrie Sandahl writes: “Actors from marginalized groups must battle on two fronts, then: to be cast in roles that resemble their own identities and to be cast in roles that do not” (236). There is a bias against the body of the disabled actor on many fronts. In a later moment in the video referenced above, Fraser notes, “All the major drama schools in Britain now are pretty much fully accessible. Now, suddenly enough, lo and behold, what a surprise, you are starting to get an influx in disabled students” (Terentjev). If acting is a training-based art that can be learned, then all bodies should be allowed to participate. But in most theatre schools, only some bodies are deemed appropriate for or worthy of training. This exclusionary attitude affects the makeup of the drama program’s student body and later the professional acting pool. It is not that disabled actors do not or cannot exist, but that the current theatrical environment is exclusionary to these performers.

But disabled actors often bring experiences into the rehearsal room that able-bodied actors cannot understand. Disability is a social condition informed by

expectations of others, and often the able-bodied actor cannot understand this element of performance. Training to play a disabled role is not just about learning the physicality of a character. Disabled playwright Mike Ervin believes that any impairment makes an individual better prepared to play a disabled part (113). Sandahl echoes this idea when she states that

Disabled actors argue that non-disabled actors, no matter how good their technical skill at imitating the physicality of a disabled character... lack the lived experience of disability necessary to bring these characters fully to life. Non-disabled people, even fine actors, understand the disability experience primarily through stereotypes available in mainstream media. (236)

Creating just the physicality of a character is similar to assuming that disability is not a social phenomenon. Disabled actors have a better grasp on this component of performance, even if they have not lived their characters' particular disabilities. Disabled playwright John Belluso argues, "disability is a social identity with a long history, not a biological medical condition to be mimicked" (397). For disabled parts, disabled actors can be preferable because they have a life experiences worth of tools that they can bring to a portrayal. Many disabled playwrights, including Belluso and Ervin quoted above, would prefer to have a disabled actor in a role even if their impairment is completely different.

In the end, a playwright can only suggest the way he or she would like the play to be cast. Performance scholar Victoria Ann Lewis edited the anthology of disabled playwrights' work titled *Beyond Victims and Villains*. Each of the plays

included has a note on casting that poses the ideal way the play would be performed, as well as the actual cast list which reveals how the play was staged. Even disabled activists can find their plays being put up with able-bodied cast members.

Sometimes it just is not possible to get the cast a writer imagined. This poses the question: are there ways for an able-bodied actor to play a disabled part without giving away his or her able status? Carrie Sandahl had this question in mind when she saw a production of *Pyretown* by John Belluso. The script notes that Harry is paralyzed and uses a wheelchair to travel around the stage. The actor playing the part in the aforementioned production, Aaron Roman Weiner, did not have a disability. Despite this fact, he stayed in his wheelchair at all times, even during the set changes, which were visible to the audience. He also stayed in his wheelchair for the curtain call when all other actors had dropped their characters. Sandahl was disturbed and intrigued by this choice, unsure of whether or not to be enraged by this man claiming to be disabled (Sandahl 238). Should the body of the character carry into the curtain call? “Had Weiner stood to take his bow, the audience would no longer have been asked to make an imaginative identification with both the disabled character and the disabled actor. The non-disabled audience members might then have made an imaginary identification with the likewise non-disabled actor. I did not like this revelation, but I understood it” (Sandahl 239-241). In order to maintain the boundaries between real and fictional in the world of the play the actor had to remain in character whenever he was on stage. Although Sandahl is not sure whether the actor’s decision is offensive or not, the scholar recognized it sustained the illusion of

disability without giving the audience a chance to connect with the “real” able-bodied actor underneath.

We have not yet reached a time when casting practices equally consider able and disabled actors. At present, the phenomenal body of the disabled actor is so unsettling to the audience that it is difficult to read a semiotic constructed character over it. Such discomfort with the disabled body may come in part from a historical dearth of visibility. The impaired character in most contemporary plays recover either spontaneously or over the course of the play. Disabled actors are barred from being cast in certain roles. There are some exceptions, but these are few and far between. Additionally, the prejudice against the presentation of the disabled person’s phenomenal body means that these actors are almost never cast against type. They may only take on able-bodied roles if the director has created a production in which ability does not have to be focus in the story. A visible disability continues to affect the spectator’s reception of a character.

## CHAPTER III

**Bodies in Context: Companies of Disabled Actors**

If disabled bodies are marginalized in conventional theatre productions, then one way to combat this exclusion is to create theatre companies in which disability is the norm. These companies combat the culturally constructed nature of disability by creating spaces in which the phenomenal body of the disabled actor is not the only quality that receives attention. When every actor is disabled it frees all the individuals of the metaphorical meanings that can be laid on disabled bodies. For example: in company of blind actors “blindness” does not have some greater symbolic meaning.

Two examples of companies that have made disability the norm are National Theatre of the Deaf (NTD) and Deaf West. Both employ deaf, hearing and hard of hearing actors and use both English and American Sign Language in their productions. The two languages are equally utilized, neither is marginalized to a translating position on the side of the stage. As a result, deafness, in this context, is a type of impairment not a disability. Integrated signed and voiced performances can free the audience from seeing any group as tied to single language. Deaf performers can call out using their voices and hearing actors can exclusively sign.

Deaf West’s 2004 production of *Big River* took advantage of the subversion of the use of language and disability. For example, the characters of Duke and King decide to play a trick on a family to steal their money. Throughout the production Lyle Kanouse acted Duke and Troy Kotsur acted King. Kanouse communicated predominantly in spoken English, whereas Kotsur used ASL. King and Duke disguised themselves as long lost cousins, one of whom is a deaf-mute. In Deaf

West's production it was the normally voicing King who was resigned to deaf-mute silence, while Duke took the job as the "fast-signing" front man. The texts' references to deafness were more interesting when played in juxtaposition with actual hearing state—being deaf was not limiting at all. Such inversion of hearing status is only possible in this world because everyone communicated in sign language, and thus being deaf was not a disability.

These companies have produced deaf-centered performances and also adapted canonical plays to their non-normative staging style. The original managing director of NTD David Hays has repeatedly said, "It's a theatre of the deaf, just as the name says: a new form of theatre, aimed at general audiences but always remained intelligible to the deaf" (qtd in Baldwin 38). In general, NTD productions have proven to be more effective when they do not deal exclusively with Deaf issues. For example, *My Third Ear*, a production about the many experiences of being Deaf, is not nearly as popular as some other work. Due to the casting choices, commentary on deafness is implicit in the production like *Big River*; the issue does not have to be confronted head on. Their performances are a subversion of the disabled state in the greater culture and as such, they create room for new commentary.

The script of *Big River* was not altered to accommodate deafness, but instead allowed audiences to read other divides over disability. This is important because, as Sandahl writes in her essay on casting, "audiences are trained by convention to read disability as a metaphor, or meaning-maker, in the play. If the disability cannot be explained by the script, then the actor's impairment will be a supposed distraction, or will create meanings unintended by the playwright or the director" (Sandahl 236). It

can be difficult to see the disabled character as non-metaphorical because that is the theatrical norm. Deaf West frames deafness not as a disability, but as another character trait. Hearing status does not have to be a limiting factor because in this world everyone can communicate. The company is then free to lay the able-bodied/disabled divide over other culturally salient schisms.

Able-bodied audiences may be unfamiliar with disability politics; “Disabled” is often a minority identity that gets forgotten. The deaf/hearing tension may not be as visible to the hearing audience as the racial divide, as that is part of our national history and discussion. It can also make the in-group/out-group tension seem less personally driven toward the hearing audience. Sitting through a performance in which the hearing person is the enemy, can be alienating to an able-bodied audience. Deaf West chose to shift the hearing and deaf boundaries to highlight racial ones. In this production, Huck, who is white, is deaf while Jim, who is black, is hearing; one man is disabled by the color of his skin, while the other is disabled by the status of his hearing. Both groups face oppression from the majority, able-bodied individuals on one hand, and white individuals on the other. The company used this to their advantage: “the tensions of racial difference converged with the tensions of hearing/deafness and it became clear that to understand each other—and to cross boundaries—we need a different type of modality for listening” (Kochhar-Lindgrend 115). The culture of Deafness still plays a role in this performance but it is put into a larger context. Contextualizing is key to comprehension.

### **A Performance Case Study: Theatre HORA's *Disabled Theater***

Deaf West and National Theatre of the Deaf present conventional theatre pieces that have the unexpected twist of being deaf inclusive spaces, but this is not the only model that disabled theatre companies use. Rather than perform pre-scripted work, some theatre groups devise new material based upon lived experience. The company Sins Invalid has a large crew of performers who all focus their work around reclaiming sexuality in a disabled body. The pieces are created over the course of the rehearsal process and are constantly growing and changing.

Another company that works in part with devised work is Theatre HORA. This Switzerland based company is comprised entirely of actors with cognitive disabilities. Their latest performance, *Disabled Theater*, is a collaborative effort with the French choreographer Jérôme Bel. The company in this piece included Remo Beuggert, Gianni Blumer, Damian Bright, Matthias Brucker, Matthias Grandjean, Julia Hausermann, Sara Hess, Maranda Hossie, Lorraine Meier, Tiziana Pagliaro. Bel has made a career creating non-conventional dance pieces such as *nom donne par l'auteur* which featured the choreography of objects. His biography in the program states, "his choreographies could also be seen as statements in favor of the democratization of dance, which he pursues by way of non-virtuous approach" ("New York Live Arts Program"). This is the first collaboration between Bel and Theater HORA and the final production had both dance and theatrical elements.

*Disabled Theater* has toured all over the world including a production at New York Live Arts as part of Performa 13. I saw the production three times during its run in New York City and also stayed for the talkback entitled *Theatre, Discomfort and*

*the Making of “Disabled Theater”* on Saturday night. I was attracted to the provocative title. I was interested to see what *Disabled Theatre* would contribute to the discussion about disabled representation onstage.

This case study exemplifies the complex oscillation of the phenomenal and semiotic bodies. The actors appeared to be playing themselves, as the character and actor names were the same. But there were small cracks in this illusion, which hinted to the spectator that there was a separation between the actor and character; it was more complex than it originally appeared.

At the center of the performance is a dance competition; Bel watched all the performers dance their original pieces during rehearsal and then he picked the seven “best” performances. The piece can be broken down into five different scenes, which I use in my following discussion: Staring, Name/Age/Profession, Statement of Disability, Dance and Reflection, and Talkback. Disabled presentation and representation are at the heart of this performance. What the piece says implicitly and explicitly about living with an impairment has prompted me to examine it further.

### **Promotional Material**

How a production is promoted is an important part of the reception and perception of a performance. *Disabled Theatre* is presented in press material as a non-conventional piece of theatre. The title is a marketing mechanism meant to ensure that the audience is prepared for what they are getting into. The bodies on stage will be unusual, and the audience should therefore be forewarned. Mat Fraser is an actor who started his career as a performer with Graeae, an all disabled troupe, but has since

moved to working in other spaces. He comments: “people knew what they were getting [Graeae]. So they’d only come to it if they knew they could handle it. As I developed my acting career I’d end up in stuff where they didn’t know. And I got the shock wave when I arrived on stage for the first time” (Terentjev). The title acts as a warning label for the piece. After seeing *Disabled Theater*, it is clear that it could have been titled in a myriad of ways, for example: *The Dance Contest*. In fact, most of the promotional material is a way to qualify the performance and make sure the audience knows what lens to use when viewing it.

The program is the most effective way to prep an audience for a performance. Pre-production material contributes to comprehensibility of an actor. In this piece it was most often used as a qualifier. To begin with, the curator’s statement contains the kind of language that is almost always used when describing disabled performers. To reassure us that these bodies can be familiarized, the curator writes “*Disabled Theatre’s* smart, uncompromising vision, bravery and humanity; these are all ingredients for what makes art in culture so important” (“New York Live Arts Program”). These actors will remind us of our humanity; it is difficult to imagine that they would remind spectators of anything else given that the performers are human. This language is reactionary, a response to undo the years in which disabled performers and animals were equivalent in the freak show. It is uncommon that one would need to assert the humanity of ballerinas and actors in a musical. This language makes it appear as if disability alters the body in ways such that it is *inhuman*.

The other area of note in the program was the bios for the actors. They were written in the same manner for all the actors: the year the actor was born, the year

they joined the company and the plays that they have done with Theatre HORA. I do not know why the ages were included in the program; it is possible that this European tradition was carried over for the American performance. It is also conceivable that this is another way to qualify the performance; by knowing the acting's age the audience can gauge what action is "appropriate." Notably, Jérôme Bel, the interpreter and all non-HORA participants have differently formatted bios. Another surprising aspect of the bios was that no actor had listed work outside of Theatre HORA. During the performance, Gianni remarked that he was a TV actor as well. The bios give the perception that these actors do not exist outside of Theatre HORA. The program is yet another iteration of the containment of disabled individuals. Having been primed by the program and promotional material one can view the performance.

### **Scene 1: Staring**

The performance starts with an able-bodied intermediary; before spectators see any disabled bodies, the guide enters. She introduces herself as the interpreter who originally was an intermediary in the rehearsal process. She now is the audience's interpreter, metaphorically and literally, as she is a means for this disabled performance, which is in Swiss German, to be translated to the American audience. She speaks a command from Jérôme Bel, once in English and then again in Swiss German, "Jérôme Bel first asked the actors to come out one at a time on stage and stare at the audience for one minute." The actors came out one by one and stood so that we, the audience, can stare at them. Some stare back with blank eyes, others look around, and some make no eye contact at all. It is unclear who anyone is at this point;

they are nameless faces. Whoever they are, they are demanding our gaze. The discomfort in the audience was palpable. Their different bodies and mannerisms would make people stare on the street, and here onstage the audience cannot look away. And the performers have the chance to stare right back.

This first moment brings attention to the gaze on phenomenal body of the disabled individual. Some actors have visible markers of disability and others do not; those individuals who say their handicap<sup>7</sup> involves Downs Syndrome can be read as such through their low tongue muscle tone or distinctive eye shape. Some of the actors stand and stare for what feels like longer than a minute. One man comes out and then turns around and immediately heads off stage. The spectators engaged in an activity that is usually taboo: staring at someone who is different. Friday night Julia, the third performer, looked nervous at first, but then gave the audience a smile as if to say ‘I know you’re staring.’ She released the tension. She acknowledged the audience gaze and this might make it okay. She became an audience favorite for the rest of the night, continually met with cheers and applause. On Saturday night though, she was having a tougher time and did not flash a smile; it was Lauren who broke the tension and got the audience’s love. The first scene was enough to change the reception of the actor.

### **Scene Two: Name, Age, Profession**

Next the actors were commanded to come out on stage and state their name, age and profession. This is where the tension between what is real and what is fictional begins. Generally, in theatrical productions, the audience expects a semiotic

production of a character. Although we never forget the physical actor, the overlaid signs of the character are the focus. Performance artists, on the other hand, the individual engages his or her phenomenal body without a character. Dance, which is Bel's usual medium, also showcases the phenomenal body in performance. Bel's own training may have had an influence in how the production came together. The beginning of *Disabled Theater* proposes a real/fictional balance that is closer to performance art. The "characters" the actors embody on stage are, to the best of the audience's knowledge with the information provided, the same as the performers themselves.

The choice to start with the phenomenal body in this production harkens back to freak show performances at the turn of the century. Before the actors can perform their dance piece they are exhibited. All participants stated that their profession was acting. During the talkback, Jérôme Bel shed a light on what he viewed as the difference between these actors and just any person off the street with a disability. He said, "It's necessary to me that they are actors. They have training and tutors, people only in an institution I wouldn't dare" ("Theatre, Discomfort and the Making of 'Disabled Theater'"). Bel chose individuals who could distinguish between real and fiction in their theatrical portrayals, and then had them embody characters that were versions of themselves. This is an interesting choice, but could lead audiences to believe that disabled actors are incapable of playing characters. That critique of performance has its basis in the freak show performance culture.

### Scene Three: Statement of Disability

The next scene required the actors to come up one by one and state their disability. To the credit of the performance, the actors appear to get to identify themselves. This allows some say they have “learning disabilities” or “trisomy 21” or are a “fucking mongoloid” and others “I don’t know” (“Disabled Theater”). Some of these would be recognizable diagnoses and others would not, but all acted as qualifications. Personally, I found the decision to include this section confusing. The performance is entitled *Disabled Theater*, the promotional material continually qualified the performers, and some actors had visible markers of disability, so why include the diagnosis bit as well? I had trouble deciphering what this information added to the performance, except pacifying curious audience members.

These labels of impairment served to ground the actors in the real phenomenal world. But do we need these qualifications to appreciate the performance? Professor of Performing Arts Matt Hargraves is especially interested theatrical performances by individuals with learning disabilities. In his article “Pure products go crazy” he examines three different performances in an effort to answer the question: how should we judge a performance by an actor with a learning disability? He writes that the disabled actor will always be viewed with qualification: “the fact that he is on stage speaking directly to us denotes iconically that he is disabled: he is a disabled man because he looks like one. But does his obvious impairment mean that he must remain iconic, unable to break out of the label, ‘disabled man’?” (48). Perhaps the audience would spend the entire performance trying to work out what exactly was “wrong” or “different” about these performers and this section eliminates the guess

work. But it also supports the idea that the actors cannot escape their disability. Hargraves describes the performers he saw as “semiotically encumbered from the start, any ‘characterisation’ is smothered by the ‘fact’ of his disability. He may perform but he will always perform one thing: as in the phrase, ‘these actors will only play themselves’” (48). *Disabled Theater* establishes that disability is as important as the character’s name. With this new information, spectators reset expectations to the “correct” level for the performers. It is only after the actors have been established that they are performers, but disabled, that the dance at the center of the piece can be showcased.

#### **Scene Four: The Dance Contest and Reflection**

The main section of the performance consisted of individual dance numbers choreographed by the actors. Bel gave the performers complete autonomy when creating the dances; his role came later in choosing the best seven to perform. None of the performers were dancers by trade and this was evidenced in their dances. This is to say, that the unprofessional quality of the dances may be unrelated to the performers’ disabled status and merely reflect a lack of training. There are plenty of non-disabled actors who would have difficulty choreographing a dance that looks professional. Despite being untrained, quite a few performers included impressive feats in their pieces, which got the audience cheering and clapping.

This poses the question that is asked of all disabled performances: must we qualify the performance in order to understand it as “good” or “art”? Disability is a qualifier in this performance, offering an explanation for the dances looking

“untrained”—it’s because the actor is impaired. But these two facts do not have to have a causal relation; both can exist without one making the other happen. In Hargrave’s analysis, the “non-disabled audiences may require quotation marks; a performer is ‘good’ as opposed to good because they are working in spite of impairment” (42). All the promotional material and performance up to this point has prepped the audience for the dance section. Is it possible, at this point, to watch the dances without constantly thinking about disability?

I was reminded of qualifiers every time the audience applauded during the performance, especially if it was during a dance. Was the audience genuinely impressed? Did spectators feel the need to encourage any dance move because there was so much discomfort in watching this performance? In the talkback, the curator said this was “a really important show this evening... with a very deep engagement with culture at large and our humanity” (“Theatre, Discomfort and the Making of ‘Disabled Theater’”). Every time the audience applauded I wondered whether they were applauding the performers or applauding themselves for finding value in this type of performance. Spectators might have been appreciating the “good” and not the good in the performance.

But then there were moments of impressive dancing ability. For example, when Julia did hip thrusts into a full split, the audience erupted in applause. Perhaps this is because she has achieved a feat that is not “good,” but truly impressive. In fact, Down’s Syndrome is known to cause hypermobility, which means her disability might have made it easier to perform splits. What is usually thought of as an impairment, was actually an asset. Other performances had movements that received

cheers too: Lauren's handjive, Ramo's inventive chair move, or Damian's prolonged jumping routine. It is possible that the promotional material set-up made spectators more eager to cheer to prove their appreciation, but the performers managed to create engaging pieces anyway.

While dance is at the center of the piece, there was another kind of performance happening simultaneously. After the staring section, each of the actors introduced him or herself before taking a seat somewhere on stage in a black plastic chair. For the remainder of the performance, the audience could watch both the dancer and the rest of the company. Sometimes the actors performed choreographed bits that mimicked the main dance. Actors also laid on each other, or chewed on their fingers, or sat looking bored.

Keeping the actors on stage for the entire performance is a type of exhibition. It evokes the feelings around freak shows in the same way the opening did. Spectators watch the actors in and out of performance mode. Those looking for problematic elements of *Disabled Theater* could point to this decision as a way to showcase the inability of these actors to focus when on stage; it highlights the performers' weaknesses. But there are positive ramifications of this staging choice. Unlike so many other representations of disability, these bodies will not go away. There is never a time when the audience is free from viewing the disabled body.

The constant presence of the actors proved that the piece is much more highly rehearsed than originally promoted. The context notes in the back of the program stated that "Bel was surprised to discover that one of the conditions of these performers was an inability to memorize instructions; each rehearsal would start again from

scratch since nothing was recalled from the previous meeting” (“New York Live Arts Program”). This seemed unreasonable to me; all the actors had cognitive disabilities that impaired their ability to remember previous rehearsals? Given that they are all actors by trade, and that undoubtedly there were lines and blocking that had to be remembered for previous productions, this qualified appeared unreasonable. The perfected nature of the performance was even clearer after seeing it multiple times. Bits I had assumed were improvised that happened again and again. The piece was constructed, choreographed, and well rehearsed<sup>8</sup>.

It was director Jérôme Bel who shaped the world of the performance. Bel’s omniscient voice, which comes through the interpreter’s commands, affects the action of the stage, but it is unclear how much he has done. What was Bel’s place in this production? The commands suggest a transparency in performance, eliminating the accusation that Bel is using the actors. The speaking in the performance is relatively limited as Bel states that, “Language is not their easiest way to express themselves, but their dances are eloquent” (Bel). Keeping this case in mind, would editing the dances have been a means of censoring the performers?

Directors of disabled actors, especially able-bodied ones, create work in the shadow of exploitative ring-leaders from 19<sup>th</sup> century freak shows. Years of abuse have made the implication of working with such actors taboo. Bel originally refused to work with the company and was told that doing so would be politically incorrect (Theatre, Discomfort and the Making of “Disabled Theater”). As Hargrave states “The non-disabled director is also risking something in this work: a rare spoken but deeply held suspicion that he is using these ‘different’ actors as pawns in some game

of theatrical chess” (51). During the talk back after the performance Bel talked about his role in the performance, “I thought it would be too long to do 10 [dances]. I also did my job which is to choose, before that I hadn’t decided anything... In a way I tried to show all these people but if someone was missing they didn’t connect with audience... I have to do something I’m going to get paid and didn’t choose”(Theatre, Discomfort and the Making of “Disabled Theater”). Bel wanted to create a piece of theatre, but worried about editing the dances themselves. As a compromise he constructed the competition. This format allowed him to edit the piece without interfering with the actor’s dances. In the end, he did shape the space for the performers, but did not necessarily dictate how exactly they should present onstage.

### **Reflection and Talkback**

After the dancing was completed, the actors were given a chance to reflect on the piece for the audience. This section revealed some discontent among the actors and their families about how the performance transpired. Mattias noted what his family thought, “It is super. My parents think differently. They didn’t like it. After the performance my sister cried in the car. She said we are like animals in the circus fingers in nose, scratching, fingers in the mouth.” Bel was not the only one who was reminded of the freak show nature of *Disabled Theater*. Damian commented, “I think it’s super actually. I think it’s super we’re allowed to sit still because I practice Qi Gong and meditate. My mother said it is kind of a freak show, but she like it a lot.” This is not to say that all the responses were negative, many of the actors reported

that they liked the performance. As Sarah simply put it, it was “special (“Disabled Theater”).

The reflections revealed one of the largest cracks in the illusion of the real and the fictional. When it was Gianni’s turn to reflect on the piece he got up, took out a piece of paper and read the following, “I’m not happy with the solos. I want to be one of the 7 best too. I didn’t dare complain to Jérôme Bel, actually he’s very nice. I was very angry at not being able to dance. I’m the best dancer and I want to make the audience laugh. (blows a raspberry)” (“Disabled Theatre”). As soon as the reflection was complete, it was revealed that all the performers would be allowed to dance. Throughout the performance, spectators were lead to believe that Gianni the actor and Gianni the character were the same, but here a crack appears; Gianni the actor knew more than Gianni the character let on. Until this point in the performance there was no reason to assume separation of actor and character.

The real and the fictional binary was further complicated by the talk back after the performance. Once Gianni was handed the microphone it was impossible to get him to stop talking. He continually professed, “I am very happy from all my heart and that’s why Jérôme Bel is existing and I love him with all my heart”, he even got up from his seat to go over to hug Bel (“Theatre, Discomfort and the Making of “Disabled Theater”). It was clear that both Bel and the moderator were unsure of what to do with Gianni’s long-winded professions of love. The performance created a space for disabled performers and in doing so should have been ready for the forms that visibility takes. Bel and the moderator could not keep the disabled performers contained. The talkback brought to light a lot of the artifice and performed elements

of the production. It was clear that all of the lines had been memorized—something that the program had previously said would be impossible—because the interpreter had a very hard time with live interpreting. The actors were no longer abstract representations, but flesh and blood people who had something to say. The moderator's discomfort spoke volumes about how in abstract she appreciated the piece, but was unsure of what to do with the reality of the performance.

I left the play with a final image of the production. At the very end of the talkback, Gianni once again had the microphone and the curator was attempting to end the session as it had been dragging on. Lauren had been sitting patiently waiting for her turn to speak. Instead of getting a chance, Bel and moderator decided to end the discussion and Lauren began to cry. The talkback had been running long and slow, but in this space supposedly created to showcase these performers, it seemed unusual that they would not be allowed the chance to speak. These actors were permitted time in limited quantities. Almost all the promotional interviews were done with Bel and not the cast. Perhaps we have not moved all that far from the freak show. The able-bodied curator and director still controlled the performance venue. While the piece was “important”, the role of the performer remained nuanced. Disabled performances still have only a limited time and space where they are appropriate.

## CONCLUSION

In this manuscript, I approached theatrical representations of disability at both textual and performance levels through the lenses of various theories from the field of performance and disability studies. I analyzed scripts to understand how actors arrive at the embodiment of disabled characters. It became clear that almost all of these performances promote the medical model of disability; the pairing of the doctor and the disabled character espouses the belief that disabled individuals are “sick” or “broken” and thus must be “fixed.” Most plays do not focus on the individuals who have integrated disability into his or her sense of self, but rather on those people transitioning from disabled to able-bodied or vice versa. These narratives make it difficult, if not impossible, for a disabled actor to play the role; if the paraplegic character has to get up and walk at the end of the play, any actor who actually needs a wheelchair cannot be cast in the production. Even *Disabled Theatre*, a piece that is progressive in the way it places disabled performers in a social context, still used the category “disabled” to situate the cast for the audience. The long history of portrayals of disabled characters by able-bodied actors, playwrights and directors has marginalized their disabled counterparts.

The able-bodied perspective creates a vicious cycle when it comes to the embodiment of disability onstage and the kind of visibility granted to disabled artists. Disabled performers were first showcased for their phenomenal bodies in freak shows. These 19<sup>th</sup> century performances set a prejudiced precedent for how disabled bodies can perform. Individuals in freak shows did not enact characters, they merely displayed their unusual bodies. These performers of an earlier era continue to effect

contemporary counterparts; many spectators do not believe disabled performers can overlay semiotic meaning on their unruly bodies. There are those who believe it impossible for the disabled actor to apply artistic skill in the manipulation of his or her body. The prominent visibility of some disabilities can “disqualify” an actor from playing a given role, even if it is of a character who is also disabled.

The question of whether a disabled actor can manipulate his or her body in performance is central to *Dave veut jouer Richard III*. *Dave veut jouer Richard III*—in English “Dave wants to play Richard III”—is a play about a man with Cerebral Palsy auditioning to act the role of the famous king. The play weaves Shakespeare’s text with original material. The audience watches Dave act out scenes from *Richard III*, while simultaneously being told he could never play the part. The play actively engages with all the stereotypes and conventional beliefs about the disabled performer. Leanore Leiblein wrote in *The Canadian Theatre Review*, “*Dave veut jouer* is not easy to watch... His performance confronts the audience with the discomfort people tend to feel when presented with the efforts of movement and the efforts of speech of the disabled actor” (15). Rather than ignore what the audience may be feeling, the piece openly addresses the discomfort the audience might experience watching a disabled actor in the lead role. In doing so, *Dave veut jouer* exposes the spectators’ biases in regards to whom should be allowed to act in a given role.

Richard III and Dave face similar obstacles when it comes to public reception due to their unusual bodies. However, Dave is not able to manipulate his impairment and environment quite as successfully as Richard. The king’s narrative is mirrored in

Dave's interactions with other characters. For example, Dave and an able-bodied actor named Celine perform a scene between Richard and Lady Elizabeth. After they have completed the scene she takes a minute to talk with Jacques, Dave's acting coach. She says:

Celine: And... I don't know how the other actors will react with... in fact, you don't find that it's a little, I don't know how to say this... it is not very "correct" to use a disabled person for a role, I want to say that... to use his handicap to show differences or... oh shit! At the start your idea seems good, but there, I don't know, this makes me kind of uncomfortable (original French in Notes<sup>9</sup>). (Martin 16)

Celine and Leiblein draw attention to the common discomfort felt while watching a disabled actor perform. Celine ends up not offering Dave the role of Richard III because she is afraid that his body is too impaired—to her, Richard has to be able to use his impairment and not let it use him. Jacques disagrees with her: he attempts to argue that all bodies are limited in one way or another; competent actors learn to use tools to make the best of their abilities. In the end, Celine remains unconvinced.

When disabled actors are rejected for roles that are offered to able-bodied actors, the common excuse is that able-bodied performers were more "apt" to play the character. Perhaps the able-bodied actor had the opportunity to study at a conservatory or to perform in multiple Shakespeare productions, resulting in greater acting experience. But the able-bodied actor does not have an embodied knowledge of disabled living. While the physicality of a disabled character is important, portrayals that only focus on this aspect lack a depth of experience. The barring of

disabled actors from playing roles, both disabled and non-disabled, in favor of their able-bodied counterparts continues the culture of exclusion currently in place in theatre.

Creating access to the theatrical experience is not limited to adding in wheelchair accessible ramps and offering enhanced hearing devices to the audience. There are many other ways in which theatre is inaccessible for disabled persons; able-bodied and disabled actors do not compete on a level playing field. If drama schools do not prepare a representative body of disabled students, the next pool of professional actors will be shaped accordingly. In auditions, able-bodied actors do not have to worry whether or not their macular degeneration will make it impossible to cold read a script. In professional productions, able-bodied actors do not have to worry if the speakers will create feedback with their hearing aids. The question of who is “best” for a part—whether the character is disabled or not—further complicates theatrical spectatorship. Exposure to disabled actors can make the able-bodied audiences uncomfortable, but new narratives will only be conceivable if spectators engage with new bodies. Additionally, many of the current narratives of disabled characters are alienating to disabled individuals. Audiences have become too accustomed to productions where the paraplegic is able to walk at the end or Richard III only limps when it is convenient, which portray a very specific vision of disability. It is only through pushing the level of discomfort in production that the disabled bodies may become “normalized”

Finally: who determines how a disabled body should look onstage? I spoke about the embodiment of disability with Stephanie Barton-Farcas, producer for the

first inclusive theatre company in New York City, Nicu's Spoon. The company's productions thrive on subverting its audiences' expectations about disability. Spectators often think they can trust their eyes when it comes to picking out who is disabled or not, even if this assumption is not always true. Nicu's Spoon often casts disabled individuals in roles for which the character's impairment is different from his or her own. For example, if the actor has alopecia, instead he or she will play a character in a wheelchair. This friction between actor and character causes the audience to engage cognitively, which Barton-Farcas considered to be an important and effective shift in spectatorship. She says that this artistic choice produces a kind of "heightened realism" that provokes audiences to think about the disability and move past their initial response or assumptions (Barton-Farcas). Such mental processes bring to light the fact that disability embodiment does not always look like the way it has been conventionally portrayed.

At the beginning of the *Dave veut jouer*, Dave pesters Jacques about whether the acting coach could convincingly play a disabled character for an audience of disabled spectators. The challenge is unusual; Jacques is confident that he could perform the role for an able-bodied audience, but maybe not for those who are truly disabled. Jacques' answer echoes scholar Carrie Sandahl's critiques of the casting of an able-bodied actor in the lead of *Pyretown*. She states that,

Most of the time, [the able-bodied actor's] embodiment of paraplegia rang true; he moved as a wheelchair-using person with paraplegia would. What gave him away as a non-disabled person to me were his legs and torso. Although he adopted the posture and mannerisms of a

paraplegic, his legs and torso seemed clearly not impaired:  
 symmetrically muscular and ‘normal-looking’. (238)

Although a lesser-trained eye may not have been able to identify these differences, Sandahl’s personal experience and exposure to disability meant that she was not fooled. Throughout *Dave veut jouer Richard III* Dave and Jacques discuss how to manipulate the body while acting. Both men know that there are some roles that they would never be cast in, but Dave’s list is far longer than Jacques. Jacques does not have to worry about constantly proving himself to an audience of disabled individuals, whereas Dave has to continually affirm his acting skills to able-bodied spectators. In theatre, an actor’s limitations may in part reflect the viewer’s expectation. The perception that the disabled body consists solely of limitation hinders the exploration of new possibilities.

For one, the disabled performer can make use of stereotypes to defy the system. In *Disability and Contemporary Performance*, Petra Kupper discusses the subversive nature of disabled performance. Artists can effectively disrupt assumptions by recognizing the meanings conferred onto the disabled actor. Highlighting the disabled body can destabilize its implicit social meaning: “by drawing attention to the mechanism of meaning-making, the performance can manage to disrupt the ‘natural’ connotations of the disabled body” (Kuppers 61). This position is similar to Barton-Farcas’: by purposefully cross casting disabilities Nicu’s *Spoon* highlights that their spectators’ imaginations of the disabled body are rather limited.

In part, the incomprehensibility of the disabled body comes from the audience’s lack of exposure. As disabled performer Cheryl Marie Wade says about

telethons, “If it was one of a million images we wouldn’t be having this discussion. You know they [able-bodied persons] could have their little telethons as long as we [disabled persons] are on there doing all the other kinds of things we do, and all the other images of who we are” (“Vital Signs”, Snyder and Mitchell). Unfortunately, this is not the case; spectators are still more likely to find disabled individuals in ads for medical causes than empowered to speak about the true lived experience of disability. The task of challenging the status quo demands that those interested in the intersection between performance and disability studies support artists—able-bodied and disabled alike—that pursue alternative theatrical aesthetics. Disabled voices may be heard more often now, but they do not have the platform to speak loudly enough. As long as able-bodied individuals—artists, critics, and spectators alike—have the final say on what disability should look like onstage, contemporary theatre can only offer an incomplete picture of the disabled population’s lived experiences.

This realization brings me back to the opening considerations of the manuscript and to my discussion of how the lived experiences of the disabled are interpreted through the lens of narratives currently available in our cultural imagination. These stories performed onstage continue to affect the personal narratives disabled individuals create for themselves. If the theatre cannot reflect the lives of those who have integrated disability into their identity, if it does not tell the stories of those who neither die of an impairment nor miraculously recover from it, disabled spectators will continue to have difficulty cobbling together the narratives of their lives. While it is not the task of theatre to tell every story, nor to stage productions as a perfect mirror of real life, there are just too many people in the world

who are still unable to see themselves on the stage. Their experiences can only change if we broadened the audience's exposure to a range of diverse bodies and stories. Theatre is an art form where audiences are expected to suspend disbelief; this premise underscores the opportunity that theatrical spaces have to present narratives that subvert existing social expectations about the "Other".

### Notes

1. Another spectrum of disability, which I do not discuss in depth, is the areas of grey around how impaired one must be before he or she can be considered disabled. Although we categorize people as “deaf” or “not deaf,” the distinction is rarely that simple; there are those who have profound hearing loss but who do not sign, and might not consider themselves Deaf, or those with minimal hearing loss who have chosen American Sign Language as their communication method and immersed themselves in Deaf culture. Those who have claimed the disabled identity may have different levels of physiological impairment.
2. When I spoke with Holden his greatest regret was that “I didn’t have enough time to rehearse it...it was all in a rushed thing” (Holden). If given the chance, he would love to play Richard again.
3. Although most of Chuck Mee’s plays do not focus on disability as a topic, he describes the aesthetic as disabled: “I find, when I write, that I really don’t want to write well made scene, narratives that flow, structures that have a sense of wholeness and balance, plays fell intact. Intact people should write intact plays... that is not my experience of the world” (233).
4. Jerry Lewis is a comedian who became the chair of the Muscular Dystrophy Association. From 1966-2010 he was famous for hosting telethons, which often showcased disabled people as sick and needing to be cured. He raised a lot of money for MDA, but is a divisive person in the disability community because of the ways his telethons pedaled the medical model of disability.

5. The Elephant Man was a real man named Joseph Carey Merrick who lived from 1862-1890. Doctor Fredrick Treves is also a historical man who treated Merrick until he died. The play is a fictionalized account of their lives.
6. This is not an uncommon occurrence and also famously happened on the television show *Glee*. The character Arty is played by an able-bodied actor in a wheelchair. During a dream sequence Arty confesses that he has always longed to dance, and stands up from the chair as the wish is granted. Many people took issue with this episode, as it undermines the idea that disabled individuals can be happy and satisfied with their current state. Not all paraplegic people dream of being able to walk.
7. “Handicap” was the preferred word of the production, which is why I chose to include it in my text. There was no use of the term disability or impairment in the body of the performance.
8. When there were moments of true spontaneity, they were uncomfortable and jarring. In one of the evenings, Julia began to cry at the end of her dance. The interpreter spoke to her in Swiss-German without a translation for the audience. This became part of the performance, but it was clear that it was outside of the constructed world.
9. Original French: Celine: Et... puis, je sais pas comment les autres acteurs réagiraient avec... en fait, tu trouves pas que c’est un peu, je sais pas comment dire... que c’est pas très « correct » d’utiliser un infirme pour un rôle, je veux dire de... se servir de son handicap pour faire un spectacle différent ou... ah

merde! au début ton idée m'a semblé bonne, mais là, je sais pas, ça me dérange un peu.

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