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DOKTORA TEZİ

Tez Danışmanı

Prof. Dr. Nazan TUTAŞ

Tez Jürisi Üyeleri

Adı ve Soyadı	İmzası
1. Prof. Dr. Hande SEBER	……
2. Prof. Dr. Ufuk Ege UYGUR	……
3. Prof. Dr. Dilek İNAN	……
4. Doç. Dr. Zeynep Zeren ATAYURT-FENGE	……
5. Prof. Dr. Nazan TUTAŞ (Danışman)	……

Tez Savunması Tarihi

4 Mayıs 2021

T.C.
ANKARA ÜNİVERSİTESİ
Sosyal Bilimler Enstitüsü Müdürlüğü'ne,

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INTRODUCTION

On 14th July 2018, 'Trafalgar Square Catwalk for Body Positivity', organized by Khrystyana Kazakova, a top model in America, took place with the participation of disabled individuals[1] (those whose bodily experiences are culturally stigmatized such as fat, transgender, etc. joined as well). Khrystyana Kazakova arranged the first Real Catwalk in Times Square in New York in 2017 but it was not a success since it did not go as planned. As she points out, the main concern behind the event is both to glorify the diversity of human physiology and to satirize the fashion and media industries that impose a perfect body image on people. Khrystyana Kazakova herself took part in the event and talked to the cameras: "I feel like a lot of people don't feel represented at all in the media and fashion" (Mazziotta "Body Positivity" n.p.). In order to challenge negative stereotyping and objectification, the disabled individuals walk in their bathing suits with the intent of presenting the visual aesthetics of their bodies. Being silenced for long years, they announce that this is their day, affirming that they are beautiful and they are real human beings and they are empowered (Mazziotta "Body Positivity" n.p.). In this regard, the most fervent affirmation comes from the woman in the wheelchair: "We are damaging people's eyes thinking that this [able-bodiness] is normal and that [disability] is not normal. This is normal. Right here. This is normal. Me. A real woman, real body. This is what it looks like" (Mazziotta "Body Positivity" n.p.).

The pop-up catwalk, which receives the worldwide attention, reintroduces some contentious issues concerning the representations of disabled individuals. The point that the show brings to the fore, in the first place, is how the representation of disabled individuals is problematized in the mainstream culture. The negative representations or lack of their presence

[1] In this thesis, I will use the terms disabled, disabled individuals, or people in order to reflect the view that disability is not just a biological limitation yet is caused by the ableist social and cultural paradigms which form the disability experience and disability self and identity. I will also prefer inverted commas when using the terms 'deficiency', 'lacking', 'bodily oddities', 'inadequacy', etc., since these terms convey and reinforce the view that situates disabled individuals into a social layer of difference, thus, leading to marginalization and discrimination.

in the media and fashion reveal to what extent disabled people are excluded and marginalized in the society on the one hand and solidify their ostracization and discrimination on the other. What lurks behind the insufficient, inaccurate, and deprecating representations is the fact that the aesthetic values of the society deem their 'marked bodies' a spectacle of 'ugliness' and 'difference' and thus, an 'object of otherness'. As the wheelchair-user's remarks indicate, their position revives the settled dichotomy of normalcy/difference and ability/disability and the conflict arises out of the discrepancy between the self-identities based upon the materiality of the body and the social identity constructed by the attainment of the ideal body shape imposed by the society. All these complexities and intricacies regarding the representations of disabled individuals pose the crucial questions for this dissertation to explore: How are disabled characters constructed and represented in contemporary British drama? To what extent are physically or mentally impaired characters excluded, stigmatized, and othered when their body image does not keep the line with the pre-conceived social, political, and cultural patterns? Which critically related issues can be raised by means of social situations of disability the texts offer? To what extent does the cultural construction of disability contribute to disability identity, disability culture, and the interaction between the abled and the disabled? How does the representation of disabled characters challenge, transform or reinforce the perception of disability which is, in exact terms, defined within the boundaries of social and cultural axes?

Though, as Kazakova highlights, representation negates the visual imagery ascribed to various forms of disability, there has still been an increasing visibility of the disabled body in the fashion and media. In the same line, disability has historically been the focal point of representation in literature and popular culture[2] and Western dramatic tradition. Quite contrary

[2] In literary works in the European and American literary domain and popular culture and media, disability has been hyper-represented. For more examples and an analysis of disability representation in literary and film studies, see David Mitchell and Sharon L. Snyder's *Narrative Prosthesis: Disability and the Dependencies of Discourse* (2000), and *The Body and Physical Difference: Discourses of Disability* (1997), Ato Quayson's *Disability and the Crisis of Representation: Aesthetic Nervousness* (2007), Rosemarie Garland Thomson's *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (1997), Alice Hall's *Literature and Disability*

to what is commonly believed as to the insufficiency or absence of disabled characters, a deep evaluation of Western theatre overtly manifests that starting from *Oedipus the King* of Sophocles and Shakespeare's *Richard III* to present, British theatre is ridden with the plays that somehow deal with physically or mentally impaired characters. Sophocles's lame and blinded Oedipus in *Oedipus the King*, the limping hero Philoctetes in his tragedy *Philoctetes* and the mad hero in his *Ajax*, Medea's madness in Euripides's *Medea*, the deformed Dionysus in his *Bacchae*, Shakespeare's hunchbacked king in *Richard III*, the leprous king in *Julius Caesar*, Ophelia's madness in *Hamlet*, the deformed slave Caliban in *The Tempest*, the dumb Katherine in Brecht's *Mother Courage and Her Children*, the blind and wheelchair user Hamm and Clov who has mobility difficulty in Samuel Beckett's *Endgame*, Pozzo's blindness in *Waiting for Godot*, the blind characters in Samuel Beckett's *Embers, Play and Rough for Theatre I*, the psychologically and emotionally disturbed Alan in Peter Schaffer's *Equus*, the blinded Ian in Sarah Kane's *Blasted* and the mentally ill character in her *4.48 Psychosis* are merely some examples to exemplify the disability characterization in the canonical dramatic works.

The identification of the wide-ranging account of disabled characters brings to mind the much-debated question of why the playwrights on a large-scale turn to disability in their plays. One plausible answer for the inevitability of the subject of disability within a narrative structure, among many others, is observed by David Mitchell and Sharon Snyder that there has been "the cultural fascination with a spectacle of difference" ("Representation" 210). The voyeuristic gaze over physical differences creates fascination and avoidance and it is this duality of emotion that representations in fiction, film, painting, photography, poetry, and plays mostly dwell upon. "Physical and cognitive differences mark lives as inscrutable and mysterious" and accordingly,

(2016), Clare Barker and Stuart Murray's *The Cambridge Companion to Literature and Disability* (2018), Nicole Markotic's *Disability in Film and Literature* (2016), Martin Norden's *The Cinema of Isolation: A History of Physical Disability in the Movies* (1994), Katie Ellis and Gerard Goggin's *Disability&The Media* (2015), Niall Richardson's *Transgressive Bodies: Representations in Film and Popular Culture* (2010).

these differences incite fascination and curiosity to know "the secret labyrinths of difference" while giving way to avoidance or refusal as well (Mitchell and Snyder *The Body and Physical Difference* 15). Whatever emotions are at stake in the experience of disability in fictional representations, it is clear that the considerable interest in bodily peculiarities arises from their inherent potentiality to evoke questions in relation to their features and history. As Thomas Couser puts it, "the marked case - the scar, the limp, the missing limb, or the obvious prosthesis - calls for a story" (400). In a similar vein, Rosemarie Garland Thomson, writing about the display of the freaks, holds the same view: "the exceptional body seems to compel explanation, inspire representation, and incite regulation" (*Freakery* 1). When viewed from this angle, it is important to state that dramatic works are concerned with certain physical images that prompt explanation through narration and performance since theatre has been "a practice in which societies negotiate around what the body is and means" (Shepherd 1). Negotiation around what the disabled body is and means in dramatic space involves thinking and comment concerning the dramatization of its fundamental particularities, that is, its limitations, capacities, and the ways of its experiences. In this respect, it is worth stating that dramatic representations of disability prioritize to a great extent characters' corporeal characteristics within varied discursive discourses and dramatic structures. In this way, these representations place the disabled body within the platform through which the body is gazed, measured, and evaluated in accordance with the cultural understandings of the body of the readers/audience. While disability representation generally highlights one single facet of disability, namely, its limitations-, disability goes beyond its steadfast site to provide the reference point out of which various renditions and interpretations arise. To put it differently, disability serves as a "crutch" upon which dramatic narratives are grounded on the basis of its "representational power, disruptive potentiality and an analytical insight" (Mitchell and Snyder "Narrative Prosthesis and The Materiality of Metaphor" 206).

The trace of disability representation in Greek drama demonstrates that the disabled body can be taken as "a signifier of sacred or ritual processes" (Quayson 46) as can be seen in Sophocles's plays *Oedipus the King* and *Philoctetes*. Oedipus (lame and later blinded) and Philoctetes (limping) commit transgression that leads to social ruin. Oedipus's sin is to kill his father to become a husband to his birth mother and Philoctetes inadvertently kills the sacrificial snake. Their crimes, which mark them as social threats, lead both to their disablement (blindness in Oedipus's case and lameness on the part of Philoctetes) and their ostracization. The disability narration in Shakespeare's *Richard III* focuses on the aspect of disability as a status of social deviance attended by moral deprivation (Quayson 42). Richard's deformity is highlighted at the beginning of the play:

> Cheated of feature by dissembling Nature,
>
> Deform'd, unfinished, sent before my time
>
> Into this breathing world scarce half made up-
>
> And that so lamely and unfashionable
>
> That dog barks at me, as I halt by them. (1.1. 703)

As he himself asserts, Richard's disability 'handicaps' him from "sportive tricks" to gain a woman's heart and get the throne, and thus, he is "determined to prove a villain" (703). Richard soliloquizes, throughout the play, to justify that his malicious actions are triggered by the presence of his physical deformities. The drive behind his brutality stems from the state of exclusion and discrimination because of his 'misshapen' body. The linking of his physical feature with his vicious personality becomes an explicative medium that illuminates his vengeful identity, which to an utmost degree taints his social identity. In this respect, his visible defect becomes a potent referent for both his social stigmatization and his moral contamination

which bring about his downfall at the end of the play, a situation that literally resonates "the Fall" (Mitchell and Snyder *Narrative Prosthesis* 104).

In the representation of other socially marginalized positions caused by gender and race, disability functions as the pivot to underline the devaluation of marginalized individuals. In Shakespeare's *Tempest*, Caliban's disability and colonial otherness are the main causes of his slavery under Prospero's unruly oppression. In the play, Caliban's deformity is intersected with his status as colonial other and the double-sidedness of Caliban's identity - disability and colonial identity - demonstrates that his disfigurement is as much important as his race in the dichotomy between the oppressed and oppressor. While disability representation operates to highlight the racial difference, it also embraces gender-related victimization. In Shakespeare's *Hamlet*, within the revengeful world of the play, Ophelia does not articulate her anguish triggered by her lover's rejection and her father's death and thus, is driven into madness to commit suicide. In the play, the disabled female character's suffering entirely merges with her loss of articulation in a society governed by patriarchal norms. Thus, the status of women which is marked 'different' because of their gender and disability unveils the self-immolation of the disabled female character.

What these sites of disability representation unveil suggests that despite its various functions, disability is centralized as the only one aspect of the personality of the character. Thus, disability is oversimplified, not shown as the ordinary capacity, yet serves as an identifiable feature to create a dramatic effect, emotional response, or symbolism. This kind of portrayal, with few exceptional cases, intersperses its markings into the fabric of theatrical works. The interpretation of the disabled body within the boundaries of narrative threads fundamentally reveals the stereotypical renderings which polarize individuals according to their body shapes. The dominant discourse surrounding disability in Western dramatic tradition palpably illuminates how disability is embedded in the Western mindset as a manifestation of

'human fallibility', 'moral instability', and 'deficiency'. This kind of misrepresentation, far from depicting the diverse facets and complexities of living with impairment, renders the disabled 'incomplete', 'atypical', 'out of ordinary' and socially excluded, and thus celebrates the idealization of abled-bodies. As Katie O'Reilly states, "[t]he vast majority of disabled characters in the Western canon are tropes, and not only that, they reify notions of "normalcy" rather than broadening the lens and embracing all the possibilities of human variety" ("The Necessity of Diverse Voices" n.p.). What is pertinent to relegate disabled characters into stereotypical figures is the fact that a great number of the plays were rarely produced by the disabled playwrights from the politicized or embodied outlook. As David Mitchell and Sharon Snyder state, other than in autobiographies or life narratives[3], disability has been rarely handled to reflect its true essence as an experience or a condition, but rather physical and cognitive variations have been explored as a literary device that informs moral and spiritual depravity and social ills at large as the examples above have shown (*The Body and Physical Difference* 12).

Disability, as dramatic texts delineate, is not a merely one-sided designation that corresponds to 'limitation' and 'incapacity', instead, is a multifaceted concept that includes many cognitive and physical illnesses and impairments, chronic and acute illness, temporary and permanent injuries, and bodily distortions such as facial disfigurement, prosthetic limbs, artificial joints and missing or extra limbs. Disability also has mutant nature since cognitive and physical impairments can change over time and in accordance with the social, medical, and technological developments (Thomson *Extraordinary Bodies* 13). The ways disabled individuals experience their disability and their identity vary greatly from culture to culture and

[3] Disability life narratives or autobiographies are powerful literary works where disabled individuals show their disabled subjectivity that evolves out of the intricate and complex process of living with a disabled embodiment within a social and cultural environment. Life narratives give readers an insight into the inner and psychological world of the disabled and thus, a chance to re-evaluate and reconsider disability as an experience or a condition rather than seeing it as a stigmatic feature. Self-representation of disabled individuals in life narratives poses a challenge to objectifying, pathologizing, and marginalizing representation of disability in popular culture and literature (Couser 399-401, Mitchell and Snyder *The Body and Physical Difference* 9-12).

even from person to person. Disability experience can be painful, comfortable, familiar, isolating, disturbing, challenging, disquieting, or ordinary (Thomson *Extraordinary Bodies* 14). It is all the multi-layered and malleable nature of disability that disability representations trivialize, overlook, or distort by making generalizations about the multifaceted process of disability and embodied life. Disabled characters are situated within the dramatic structure based upon a fictionalized world bereft of intricate, subtle, and abstruse aspects of real life in which real people experience disability and construct their identity. Accordingly, some certain characteristics and behaviours are attributed to disabled characters by disregarding the traits that will explain the complexity and various points of living an embodied life and the complex process of identity formation. Therefore, disability is portrayed as a visual attribute that denotes multiplied meanings with its negative attributions rather than showing the diversity of disability and disability experience (Thomson *Extraordinary Bodies* 10-11).

While the dramatic representation of disability posits disability as debilitating to the fulfilling self-affirmation of the disabled, it is tempting to suggest that "positioning, interpreting, and conferring meaning upon bodies" are central to the designation of the disabled body as a negative characteristic (Thomson *Extraordinary Bodies* 10). In other words, the inaccurate, false, or demeaning representations significantly bespeak about the deeply-seated and "long cultural and linguistic practice of assigning meaning to the impaired body" (O'Reilly "A Playwright" 31). It is undeniable that there has been a strong correlation between social and cultural construction of disability and negative portrayals on the grounds that as Thomson emphasizes, disability is not "bodily insufficiency, but instead arises from the interaction of physical differences with an environment" (*Extraordinary Bodies* 23). If the disability is the outcome of the participation of disabled individuals into the wider context of the social and cultural life, the negative stereotyping surrounding the disabled body can be directly related to the fact that it is situated out of society's aesthetics values and ingrained social and cultural

assumptions around the standardization of the body. As Paul Darke asserts, central to the very nature of the representation of disability and impairment is normality (103). It is the notion of normality that forms the basis of dramatic narratives which foreground disability as 'alterity' with its nonconformity to the effective operations of normalcy and normalization. The cultural construction of the body within certain boundaries of normalcy and ableism controls and regularizes how bodies look and efficiently function in a given society. Disabled bodies which challenge the assumed structures and norms in a given culture are deemed an embodiment of 'difference'. Any bodily difference, whether it is physical, mental, or psychological, remains unacceptable and undesirable because as Stiker puts it, it is regarded as an obstacle for society to set up the models of healthiness, strength, intelligence, cleverness, and efficiency (10). That is to say, disability resists any cultural and medical regulation and correction and thus, is rendered a physical trait that deprives individuals of autonomy, independence, self-determination, self-affirmation, and self-esteem. On that note, disabled characters are by and large dramatized as the ones who suffer from a lack of autonomy, self-respect, and self-will mostly caused by their dis/integration into society.

The position of disabled individuals within social and dramatic space reflects the disintegrated relation between their social identities and self-identities. Identity is concerned with "the social formation of the person, the cultural interpretation of the body" and thus, is the central point between the social and individual with its "mediating between the personal, private world of everyday life and the collective space of multiple cultural forms and social relations" (Scott-Hill "Impairment, difference" 87). In an encounter between their personal world and social world, disabled individuals have difficulty in finding a correlation between their actual self-identity and social identity because of their body visage that resists the normative demands of society. The disabled construct their identity in multiplied ways within the cultural and social structures; for instance, they may deny the presence of impairment, accept it as a part of their

life, reconstruct the notion of normalcy to foster positive self-image, or internalize the stereotypical self-identity imposed by the society. At the encounter with others in social life, disabled people are generally evaluated or judged by their physical 'deficiencies' but not by their personality and other individual capacities. Such a social interaction negatively affects their social recognition, communicative participation, social skills, and their sense of social alliance and thus, extensively spoils their social identity. This leads to the stigma which situates disabled individuals within the social layer of 'difference' that hinders their integration into social life.

Stigma, firstly used by Erving Goffman, is an ideologically and socially constructed theory that emphasizes the undesired bodily characteristics of disabled individuals to exercise discriminative and exclusionary attitudes:

> [A]n individual who might have been received easily in ordinary social intercourses possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated. ("Selections from stigma" 132)

Yet, Goffman's notion of stigma has been criticized since it only involves the individualistic approach to stigmatization; Jo Phelan and Bruce Link and Richard Parker and Peter Aggleton reframe stigma by stating that stigma takes place at the interplay of culture and difference, and the condition for the emergence of stigma is power. Within the cultural arena, stigmatic attitudes take many forms and stigma can affect every area of the lives of disabled inidividuals including health care, employment, and family life. Disabled people are less likely to be employed and more likely to live in poverty. They are exposed to derogatory and

pejorative comments from the nondisabled and become the target of humor and ridicule. In daily discourse, nondisabled individuals use stigma terms such as cripple, blind, crazy, and moron, unintentionally or intentionally. To an outstanding degree, the societal and cultural stigma reaches that disabled individuals are vulnerable to discrimination and hate crime. Stigmatic attitudes function at the expense of disabled individuals since they can cause shame, abasement, suffering, emotional pain, psychological distraught, identity disorder, isolation, and alienation. Disability representation in dramatic works creates a dramatic space where these kinds of disability stigmatization are adjusted and refashioned in an aestheticized manner. For instance, Linda McLean's *Any Given Day* in which the female character with mental illness is attacked violently best exemplifies to what extent disability hatred becomes widespread in society.

Depictions of disabled individuals within a frame of reference to lifelike situations highlight the idea that disability hate is reinforced through representation. Given that "representation governs our experience of the world", false representations have a great influence upon the way nondisabled individuals perceive and treat disabled individuals (Webb 4). Inaccurate portrayals of disability in drama can adversely affect the social position of disabled individuals when they arouse prejudice towards the disabled with the power of language, narration, and dramatic structure. In other words, representations in dramatic narratives which relegate disabled individuals to the margins reinforce the widely held misperceptions of disability and concordantly, albeit unintentionally, legitimize negative attitudes that give rise to marginalization and hate crime.

Around all these complexities and intricacies concerning disability and representation, this thesis aims to explore how physical and cognitive disabilities are represented in contemporary British drama. Although a significant number of scholarly studies have been conducted to explain how difference plays an important role in the identity constructions such

as gender, race, and sexuality[4] in theatre studies, there has been scant consideration given to how corporeal difference operates in the construction of disability and disability identity. The insufficiency of scholarly research in this area encouraged me to discuss and rethink the interactions of the disabled body, drama, and social relations and how the disabled body works within this tangled triangular paradigm. An analysis of this interrelation demonstrates that the disabled body is produced and interpreted within the frame of social, political, cultural, and medical discourses, particularly at the sites of representations. On that note, this thesis argues that the disability representations in contemporary British drama, if few are excluded, posit the disabled body as a phenomenon laden with social and cultural meanings.

In developing this argument, this thesis will explain that disability does not show a personal tragedy and an inferior condition, instead, is an interpretation of physical configurations within the boundaries of social and cultural formulations. Within an environment where bodily contours acquire cultural meanings, a problem emerges when disabled individuals integrate into society. Within social and representational space, disabled individuals are treated stereotypically when they interact with others in an environment surrounded by culturally generated discourses around the body shape. The interaction between the nondisabled and the disabled is a complex process since disabled individuals are placed within a social space where they have to deal with material 'inferiority' imposed by society and the culturally regulated gaze of the nondisabled. Out of the intricate relationship evolve the feelings of fear, disgust, contempt, surprise, and fascination that attend disabled individuals and it is nearly impossible to pinpoint the exact reason for these feelings since they are inexpressible

[4] Issues related to gender, racial and sexual identity have been extensively discussed and analyzed in British Theatre. For more information, see some works such as Samuele Grassi's *Looking Through Gender: Post-1980 British and Irish Drama* (2011), Michelene Wandor's *Post-war British Drama: Looking Back in Gender* (2003), Andrew Wyllie's *Sex on Stage: Gender and Sexuality in Post-war British Drama* (2009), Elaine Aston's *Feminist Views on the English Stage: Women Playwrights 1990-2000* (2003), James Fisher's *"We Will Be Citizens": New Essays on Gay and Lesbian Theatre* (2014), Anne Fuchs and Geoffrey V. Davis's *Staging New Britain: Aspects of Black and South Asian British Theatre Practice* (2006).

in the social interactions. The tension created by the encounter and complex feelings towards disabled individuals is reframed and reformed in the aestheticized dramatic world within different dramatic genres. In this regard, the analyses of the plays of Brian Friel, Martin McDonagh, Joe Penhall, Linda McLean, and Nina Raine explore the interactions and intercourses between nondisabled and disabled characters in different social settings such as family, community, and institutions. In this way, how disabled characters take the position within the social sphere is explained. To further the matter, the cases where the disabled body is used as a symbol or metaphor in the texts are specifically underlined to critique the idea that disability, rather than a personal experience, is perceived to be a degrading feature that alludes to social and moral ills and problems. An example is that deafness in Nina Raine's *Tribes* is employed as a metaphor to unmask the lack of communication that pervades contemporary society. Furthermore, how the generic conventions and narrative styles affect the disability representation is explored to reveal that placement of disabled characters within certain genres will, to a certain degree, influence their perception of their impairment and their community as well. In Martin McDonagh's *The Cripple of Inishmaan* (1996), for instance, the derogatory attitudes towards the crippled Billy create humour that serves as a device both for his relationship with the community and for the formation of his disintegrated identity within the conventions of black comedy, which will be in greater detail discussed later.

To specifically explore and evaluate disability representations in contemporary British drama, this thesis will focalize on how cultural and social encodings work on disabled bodies. This thesis argues that at the core of the disability representation lies the reading of the disabled body as an entity designated and identified within the economic, social, and political circumstances. In developing this argument, physical and cognitive disabilities will be evaluated on the same ground with particular attention to their peculiar characteristics. Though there have been some differences in corporeal features of physical and mental impairments and

the positions they hold in society have varied over the historical periods, the social construction of mental and physical disabilities as stigmatic traits is the common point. On that line, the first chapter of this study explores historical, cultural, social contexts and theoretical perspectives that explain stigmatic discourses around physically and mentally disabled individuals. This chapter offers the theoretical information essential in understanding the merging of the closely interrelated paradigms, that is, disability and social relations, undergirding disability representations in drama. In this respect, in the first chapter, it is argued that the conceptualization of disabled bodies has been shaped through social and cultural discourses throughout Western history. To improve the idea, how the disabled body is socially and culturally constructed over the historical periods in the Western world will, in a concise manner, be explained. At some points, the representations of disabled bodies in specific historical times will be mentioned. To further what has been said, this study traces the perspective which defines disability as the product of the interplay of body, impairment, and social and cultural structures. At this point, literary examples and research will be utilized to exemplify the intersectionality of bodily features, culture, and social norms to identify, designate, recognize and treat bodily characteristics. In this respect, the cultural perspective differs from the tenets of the social model, developed in Britain in the 1980s, which dismisses the role of impairment in the formation of disability yet foregrounds the material, social and environmental barriers. In an attempt to explain the stigma associated with disability, the dichotomy between ableism and disableism that underpins stigmatic factors will be explained. The concept of stigma which was developed by Erving Goffman focuses on the problematic encounter between the disabled and the nondisabled. Yet, the notion of stigma reformulated by Jo Phelan and Bruce Link and Richard Parker and Peter Aggleton underlines the intersectionality of difference, culture, and power in the emergence of stigma, which will be the focus in this thesis. Furthermore, this chapter argues that cultural and social values surrounding the body determine the identity

formation of the disabled; disabled individuals may accept their impairment, deny it or redefine what disability means and they may attain positive or negative self-identity.

This thesis sets out to examine the following plays in contemporary British drama: Brian Friel's *Molly Sweeney* (1994), Martin McDonagh's *The Cripple of Inishmaan* (1996), Joe Penhall's *Blue/Orange* (2000), Linda McLean's *Any Given Day* (2010), Nina Raine's *Tribes* (2010). This thesis offers, in an objective way, a detailed analysis of the selected plays which deal with the characters that have different physical and mental disabilities such as blindness, lameness, deafness, schizophrenia and mental illness, and learning difficulty. The selected plays also provide a rich wellspring for a more thorough and multidimensional exploration of the disability representation in contemporary British drama. The plays under examination raise crucial questions regarding disability and its relations with social and cultural issues such as family/community life, social communication, institutional practices, medical field, artistic creativity, linguistic practices, violence, politics, gender, and racism. Thus, the multifaceted nature and divergent dimensions of disability embodiment in different social and cultural settings are explored. Furthermore, by evaluating disability with reference to other markers of difference such as race and gender, it explores the ways in which disability and other 'disabling' bodily configurations intermingle and mutually constitute each other.

The second chapter of this thesis elaborates on various constructions of physical disability in Brian Friel's *Molly Sweeney* (1994), Martin McDonagh's *The Cripple of Inishmaan* (1996), Nina Raine's *Tribes* (2010). This chapter argues that embodied experience of disability in the plays under discussion is shaped not only by the physical impairments of the characters but also by social factors that hinder them from having a satisfying and fully integrated life in society. This chapter also highlights that the abled/disabled dichotomy which forms the basis of the plays prompts an analysis of the disabled body as a literary device to explore social, political, and cultural implications. The plays that have characters with different disabilities;

including blindness, lameness, and deafness respectively, are analyzed chronologically. The plays are assessed individually yet they have been collected to present a deeper understanding of how physical disability is portrayed by the nondisabled playwrights and an assessment of how disability is the ground through which they debate over crucial political and social points.

Brian Friel's *Molly Sweeney* (1994), consisting of solo monologues, delves into the inner world of a blind woman fraught with distress and discomfort triggered by the psychological pressure of coping with physical impairment. In the play, disability is treated as a matter of health at the personal level with its concomitantly psychological scars on the handicapped. The physical impairment of the protagonist plays an important factor in the formation of a disabled identity that deeply influences her understanding of the outer world and her social interactions. Although physical disability is multilayered with its political and epistemological inferences in the text, the analysis focuses upon how physical difference together with gender difference is effective in defining the position of the disabled character within the normative structures that regard physical differences as undesirable and unappealing. Blending feminist studies with disability studies will provide critical insights into how the systems of disability and gender coexist and affect each other and the cultural formulations underlying the ways gender and disability are treated and accommodated.

Much has been said as to how Martin McDonagh engages with Irishness and national identity in *The Cripple of Inishmaan* (1996). It has been generally emphasized that the play facilitates a critical reading of the disabled body as a literary device to reveal the political conundrum of Ireland in the power politics of its struggle with England for hegemony. However, the analysis of the play argues that the power of stigmatized discourse along with humour surrounding bodily disfigurement effectively 'disables' the life of a crippled young man. The black comedy directed at the disabled body positions the protagonist into a social layer of difference where he faces up to stigmatization and marginalization and thus,

undermines his masculine identity. Furthermore, the presence of the disabled body enables the playwright to create a dramatic space where the notion of Irishness and the ideals of the Irish body are questioned through the linguistic practices undergirding the 'incapacity' and 'limitation' of the disabled body of the character.

Nina Raine's *Tribes* (2010) problematizes the concept of deafness and explores to what extent a deaf person can find a place in the hearing world. Setting 'the disabled' bodies against 'the abled' bodies in a dysfunctional family, a microcosm of the society, *Tribes* engages with the seclusion of the disabled character. *Tribes* portrays that the established cultural norms concerning deafness lead to the denial of disability which culminates in the disabled individual's withdrawal from the deaf community, and rejection of his deaf identity. The protagonist utterly embraces the ocular-centred views of his family, accordingly, uses lip-reading and hearing aids to communicate instead of sign language. The family's insistence on normalization adversely affects the disabled individual's perception and experience of his deafness, and the formation of his deaf identity. Additionally, the language which reinforces the views of normalization functions to highlight the settled views in relation to hierarchy, value, and normalcy. In this respect, language is not used as a tool to convey thoughts, ideas, feelings, and emotions yet as a weapon to confront, argument and criticize and language does not strengthen the familial bonds but rather causes isolation, loneliness, and disconnection. Highlighting miscommunication in the family, the play questions what hearing means. In this respect, deafness in the play is employed as a far-fetching metaphor to underline an ever-deepening disconnection facing contemporary society.

The third chapter of this thesis explores the representations of mental impairment in Joe Penhall's *Blue/Orange* (2000) and Linda McLean's *Any Given Day* (2010). This chapter stresses that characters with mental impairments are subjected to various kinds of exclusionary and stigmatic attitudes that relegate them to the margins in the society where the distribution of

status and power are determined by the hierarchy of bodies. It also highlights that mental disability is pathologized and marginalized in a community where mental troubles are perceived to be a threat to the integrity of the society. In the same manner, in this chapter, the plays are analyzed chronologically and in their own merits in an attempt to provide a broader view of how the nondisabled playwrights handle mental disability and to unmask disability prejudice widespread in the society.

Joe Penhall's *Blue/Orange* (2000) is concerned with the disturbance of a schizophrenic man trapped in a mental ward. The play where the boundary between what is real and unreal is blurred develops a distinctive perspective on the subtleties and nuances of mental disability with an emphasis on the troubled experiences of the mentally ill character. The conflicting views and attitudes of the doctors as to the state policy of releasing mentally ills for financial benefits into the hands of the family and the community trigger the discussion about the diagnosis and the treatment of mental illness. The play portrays a battleground where the power struggle is revealed through the linguistic confrontation between the white doctors and the black patient and the linguistic antagonism uncloaks the impropriety of the mental health profession. The evaluation of the symptoms of mental illness within the cultural conceptions of race and disability generate psychiatric imperialism which positions the mentally disabled character at the margins. In this respect, the play re-articulates the fundamental dichotomy of white versus black and the oppressed versus the oppressor to emphasize the multi-layered aspects of disability and the relation between the power of racial ideology and society's stereotypical attitude towards mental disability.

While Joe Penhall's *Blue/Orange* deals with the health system which releases the mentally disabled character from the institution into the community, Linda McLean's *Any Given Day* (2010) is concerned with the dysfunctionality of community care. A couple with mental illness and learning difficulty are dehospitalized to be cared for in the community,

represented by their relative, and the female character is exposed to sexual abuse and physical torture in the neighborhood they live in. The play revives the accentuated relation of mental disability with violence through its depiction of the mentally ill couple as victims of violence. McLean's construction of the disabled body gives nuanced implications of social and cultural formulations that both place the disabled body outside norms and render it vulnerable to discrimination and marginalization. In this respect, the play reflects a striking portrayal of disability embodiment by questioning the functionality of community care, social and individual responsibility, and disability violence.

The concluding part explains how disability representation provides an insight into the social and cultural structures that operate to define the experience of disability embodiment and construct disability identity. The concluding chapter stresses that cultural and social meanings ascribed to disability underpin disability representation in drama. This part underlines that all the plays under analysis facilitate a dramatic space to unveil stigmatization and othering of disabled characters whose body shapes challenge the norms. While these plays present various aestheticized versions of the disability experience in their different settings and different dramatic styles, they foreground the difficulty of living an embodied life under the cultural forces that structure stigmatization. The divergent narrative frameworks where disabled bodies attain aesthetic revelation and visibility raise serious questions concerning the cultural formulations of disability and disability experience.

CHAPTER I

"DIFFERENCE OF THE 'DIFFERENT'": DISABLING BARRIERS TO INTEGRATION OF THE DISABLED INTO CONTEMPORARY WESTERN SOCIETY

In the introductory part of his seminal book *A History of Disability*, Henri-Jacques Stiker writes: "The love of difference or the passion for similarity? The former - especially if it becomes socially contagious (through education, cultural action, political action) - leads to *human* life. The latter leads, in full-blown or latent form, to exploitation, repression, sacrifice, rejection. Yes or no, can we live together in fundamental mutual recognition or must we exclude one another?" (11). Stiker's concise remarks foreground that it is not somatic difference but society's understanding of and attitude against bodily characteristics that determine the position of disabled individuals in society, that is, their exclusion or inclusion. As Stiker points out, the conventional attitudes towards disability cemented through cultural activities, political actions, education, and social interactions constitute, to a great extent, a barrier to the integration of disabled individuals into society. To live with disability or to have an impairment is to experience the ways through which the position and identity of disabled individuals are determined by the cultural meanings attributed to the disabled body. This visibly demonstrates that disability is not reduced into a biological feature that stigmatizes individuals but a cultural phenomenon defined within the boundaries of society, body, and self. In other words, how disabled individuals experience their disability and disability identity is inextricably bound up with the cultural configurations of the norms surrounding the disabled body and its features. The cultural renderings of disability largely constitute social interaction, social environment, and the organization of the institutions that shape the experience of disability and the formation of disability identity. Against this background, this part aims to explain how the disabled body is constructed through cultural conceptions and social environment and explore how the

perception of disability within cultural and social structures is effective in the construction of identity.

Concerning how disabled individuals are represented in Western Culture, the disability scholars Colin Barnes and Geoff Mercer assert that "[h]istorically, the characterization of disabled people in mainstream culture has stressed their significant "abnormalities"" ("Disability Culture" 517). Disabled individuals are regarded as a source of amusement and entertainment or evoke fear or fascination in nondisabled people. As Robert Garland states, in Greek and Roman culture:

> Though this is probably an exaggeration, it would almost seem as if no fashionable household was complete without a generous sprinkling of dwarfs, mutes, cretins, eunuchs and hunchbacks, whose principal duty appears to have been to undergo degrading and painful humiliation in order to provide amusement at dinner parties and on other festive occasions. (46)

In Roman culture, fascination with the spectacle created a social space where "human deformity became a marvel of the natural world, and disabled people collectors' items" (Quarmby 24). Though freak shows were not known, anatomical differences were on display in museums or led to the emergence of collections. In this regard, Pompey the Great was the first to open a museum in the first century BC. The museum included images such as the statue of Alkippe, who gave birth to an elephant, and the statue of Eutychis of Tralles, who was known for giving birth nearly thirty times (Garland 54). The fascination with 'bodily oddities' continued throughout the Middle Ages. In many royal courts, individuals with short height and those with learning and intellectual impairments were kept as court jesters or fools to provide amusement. In this era, it was a common practice to display people with mental impairments at

village fairs on market days, festivals, and holidays and infants born with bodily 'defects' were displayed by their parents in the countryside to gain profit (Gerber 43). Until the end of the seventeenth and eighteenth centuries, the inmates of the madhouses were chained and kept in small spaces so that the wealthy people paid a visit for entertainment (Rush 314). In 1676, the display of the inmates in Bedlam turned into "a freak show and pickup joint" in which many people visited the patients on holidays (Arnold 4).

In the nineteenth century, the displays changed into freak shows which were a "formally organized exhibition of people with alleged physical, mental, or behavioral difference at circuses, fairs, carnivals, and other amusement venues" (Bogdan 23). The freak shows created a space where individuals with physical and mental impairment were exploited, humiliated, and degraded although they enjoyed public recognition and earned considerable financial profits (25). By the end of 1888, the freak shows were prohibited by the London County Council partially because it was thought to be exploitation and partially because the 'extraordinary' figures were kept out of public view (Quarmby 52). Though the freak shows lost their public acceptance to a large degree in the early twentieth century, the negative stereotyping and treatment of disability persisted and were confirmed by other cultural forms like literary and media devices.

Recently, disability scholars and activists have stated that disabled individuals generally have no visibility in media or they are portrayed in negative manners which adversely affect the perception of their lives and the social and cultural issues that inform their positions in society (Zhang and Haller 321). For instance, by detecting only three disabled characters out of two hundred and forty operas, Alison Harnett states that British soap operas demonstrate a lack of portrayals of disabled individuals (24-5). Disability scholar Colin Barnes identifies, in a detailed manner, the stereotyping ways that are recurrently ascribed to disabled people in the media representations and states that disabled people are characterized as pitiable and pathetic,

the object of violence, sinister and evil, the object of ridicule and humor, burden on their parents and society, sexually abnormal, living a dependent and unfulfilling life, incapable of integrating fully into social life, normal and super-cripple who accomplish unachievable deeds (Barnes *Disabling Imagery* n.p.). These kinds of depictions are not realistic and do not reflect the actual experiences of the disabled and the true nature of disability and thus, strengthen demeaning attitudes towards disability and disabled people (Zhang and Haller 323).

In contemporary Western society, the social stigma attached to disabled individuals is not only limited to stereotyping in cultural representations; yet, disabled individuals are also exposed to discrimination in many areas of their lives including education, medical care, and economic participation. Disabled people are more likely to be excluded from their jobs because of "their assumed lack of productive worth" and the belief that they are "unable to conform to 'work discipline'" (Fevre et. al. 289) and less likely to get well-paid jobs and receive training (290). For example, in April-June 2020, the unemployment rate for disabled people is 6.5%, compared with 3.5 % for people who are not disabled (Powell 3). Unemployment or lower-wage has caused poverty among disabled individuals. Poverty is the "single most disabling social circumstance for people with disabilities" because disabled people can hardly afford the things, personal and health care, medicines, and technological devices that are necessary for them to live outside the institutions or training, education, transportation, or clothing in order to fully participate into society (Wendell 41). It has been estimated that over 60% of disabled people experience economic deprivation in the US and Britain (Eide et.al. 56). According to the 2018 report by Papworth Trust's Disability Facts and Figures, in Britain, nearly 59% of families which contained a disabled person lived in economic destitution in 2014-5 (9). One further indication of the severity of disability discrimination is hate crime which includes violence, bullying, intimidation, sexual assault, and unlawful killing. A report on hate crime in England and Wales by Official Statistics shows that in 2017-8, there were 7, 226 disability hate

crimes with a % 30 increase compared to the previous years (14). One striking example of hate crime is Katharine Quarmby's report that in the Forest of Dean in Britain, Kevin Davies, a young man with epilepsy, was imprisoned and tortured for weeks by his friends and found dead in the summer of 2006 (6).

Discrimination and marginalization of disabled individuals are not peculiar to contemporary ages; yet rather, within social and cultural structures in different historical periods, having disability or impairment has been associated with negative or stigmatic attributes. The cultural foundations of disability over historical periods are significant to fully comprehend the dimension and complexity of discriminatory and exclusionary practices that disabled individuals encounter in contemporary ages. In Ancient Greek, disabled people were considered unfortunate and thought to be undeserving to live (Quarmby 19). The infant born with deformity was considered by the Greeks as "a punishment inflicted upon its parents by the gods" and they were ejected from social space (Garland 13). The disposal of the infants born deformed reveals that antique society did not tolerate 'the different': "Their strangeness, referencing a divine warning, and a fear of deviance within the species and of more or less imminent misfortune led to the well-known "exposure" beyond the social space" (Ravaud and Stiker 492). In this respect, it is important to state that the myth of Oedipus best illustrates the ancient practice of exposing the deformed infant.

The view that disability is correlated with unfitness and displacement is vehemently strengthened by the esteemed philosophers who dominated the moral understanding of the Greeks. In Sparta, Plutarch advised that disabled children should be discarded: "Whenever a child was born, it was taken to a council of elders for examination. If the baby was in any way defective, the elders dropped it into a chasm. Such a child, in the opinion of the Spartans, should not be permitted to live" (qtd. in Quarmby 20). In his *Politics*, Aristotle asserts: "As to the question of whether to rear offspring or expose them, there should be a law against rearing

deformed ones" (222). In a similar vein, Plato, in *The Rebuplic*, maintains that "the children of the inferior Guardians, and any defective offspring of the others, will be quietly and secretly disposed of" (182). Apart from the disposal of the deformed child, Plato advocates good breeding to banish defection: "We must …. mate the best of our men with the best of our women as often as possible, and the inferior men with the inferior women as seldom as possible, and bring up only the offspring of the best" (181), an idea that inspires the practices of eugenics in the twentieth century.

In medieval Europe, disabled individuals were rejected and persecuted because disability was largely associated with sorcery and evil. As Colin Barnes states in his book *Disabled People in Britain and Discrimination*, "[d]eformed and disabled children were seen as 'changelings' or the Devil's substitutes for human children, the outcome of their parents' involvement with the black arts or sorcery" (12). In this respect, it is worth noting that the two Western religions, Judaism and Christianity, cemented the negative and stigmatizing views concerning disability and disabled people. In Jewish culture, disability was perceived as "ungodly and the consequence of wrongdoing" (Quarmby 30-1). Early Christianity combined dual perspectives by seeing disability as curable and as a portent of sin. In other words, while charity was an obligation to support disabled people, they were regarded to be "carriers of God's wrath for an unnamed sin in the past" (31). It is known that Jesus healed disabled people although they were perceived to be wrongdoers and unredeemed (31).

An important development that took place in the medieval period is that a clear-cut distinction between 'idiots' and 'lunatics' was made and the first hospital for 'lunatics', known as Bethlem, was founded in Bishopsgate in 1247 by Simon FitzMary. Although the institution served in accordance with religious orders at FitzMary's will, over the next centuries, it lost its religious appeal and was associated with scandals and abuse in the public mind. The ills who were kept there were chained for long hours, starved, and bereft of fresh air, exercise, and water

(Quarmby 32). Bethlem, as Catharine Arnold states, became "a byword for thieving, degeneracy and institutionalised corruption" (2). In its long history, Bethlem moved many times from Bishopsgate to Moorfields in 1676 and to Southwark in 1815, to the Monks Orchard Estate in 1930. In 1948, it was united with the Maudsley Hospital to form a psychiatric hospital (Quarmby 42). During its long history, Bethlem, as Bethlem's archivist Colin Gale states, fulfilled the bilateral function; while it provided the opportunity for the poor who could not afford treatment, it struggled against its notoriety caused by corruption and depravement that prevailed in the institution over the centuries (Quarmby 43).

Until the end of the fourteenth century, the British crown ordered the officials to differentiate "the deserving and undeserving poor" (Quarmby 32). Disabled people with severe impairments were given medical treatment in small hospitals where the sick, the elderly, and the bedridden poor gathered (32). As Colin Barnes states in his book *Disabled People in Britain and Discrimination*, disabled people who were abandoned by their families depended upon Christian charity and alms-giving for subsistence and this lasted until the sixteenth century (13). In the sixteenth century, the Church declined in wealth and power but the number of the disabled who needed almsgiving increased. This situation instilled fear of the beggars on the streets on the part of the magistrates. This led the Tudor monarchs to take precautions to provide economic supply for disabled people and accordingly, the Poor Law of 1601 officially marked that the state intervened to ameliorate the predicament of disabled people (13).

The medieval attitude which inextricably linked disability with sorcery and sin resurfaced in the early modern period in England. From the mid-fifteenth century to the seventeenth century, it was widely believed that disability was caused by demonic activities and especially those with mental illness were thought to be possessed by the devil and were exorcised (Mallett and Runswick-Cole 67-8). Scholars assert that many thousands of people were put to death as they were accused of being witches between the fifteenth and seventeenth

centuries (Quarmby 32-3). As Quarmby states, among those killed, “the infirm, the different, the older and those with mental health conditions were more likely to be targeted” (30). One reason why disabled individuals were sacrificed was that witch-hunting became widespread while England was struggling with economic stagnation because of the civil war which took place between Parliamentarians and Royalists from 1641 to 1651. In this period, society was full of fear and anxiety and people relieved themselves by making somebody the scapegoat. By accusing one who begged for money as a witch, a neighbor could not feel guilty for not helping her/him (Quarmby 33).

In the eighteenth century, mental illness was no longer associated with magic or witchcraft, and medicine in this century heavily rested on “the Hellenic tradition of a humoral physiology, pathology, and therapeutics” (Scull 7). In this era, in an attempt to restore mental illnesses, small private madhouses with different styles and qualities were built though these institutions meant confinement and segregation for the disabled. In the Victorian era, madness was treated as “something which could be authoritatively diagnosed, certified, and treated only by a group of legally recognized experts” (Scull 6). Eighteenth-century medicine increasingly resorted to the classical methods such as humoral physiology and therapeutics and left the treatment to the hands of the family members, the jailer, clergymen, and the workhouse master (Scull 7). However, in the nineteenth century, a new approach to madness emerged, with “the adaptation of treatment to the circumstances of the individual case to a degree which qualitatively distinguished it from more traditional medical therapeutics” (Scull 7-8), and treatment was undertaken by the experts. Instead of the private madhouses of the eighteenth century which were designed for confinement and imprisonment of the mentally infirm, the asylums were organized to heal and cure the ills, thus, the asylum was regarded as the important tool of treatment (Scull 9-10). As a result, there was a transformation in the discourse of

medicine; madhouses of the eighteenth century changed into asylums, the mad doctor into the psychiatrist, and the madman (madwoman) into the mental patient (Scull 6).

The new mental houses triggered optimism about what could be achieved as to the treatment of mentally ills, yet towards the end of the century, the optimistic attitude turned into pessimism since many patients proved incurable. While the asylums were expected to offer cure and security to the mental patients, they acceleratingly "degenerated into little more than custodial warehouses" and had notoriety of abuse and scandals (Scull 12). It was reported that there were physical mistreatments and cruel acts towards mentally disabled individuals in these institutions. Godfrey Higgins who paid a visit to York asylum around 1815 reports that treatment was so inhumane that it extended to murder and rape. Higgins furthers that many patients were kept chained, the place was so filthy and unhygienic and funds were embezzled (Quarmby 45).

While the views concerning mental illness dramatically changed throughout the eighteenth and nineteenth centuries, segregation of the disabled into the institutions such as hospitals and asylums gradually increased. The growing incarceration of disabled individuals was a direct result of the industrial revolution which referred to the shift from agriculture to urban capitalism during the late eighteenth century and the mid-nineteenth. The new economic and social conditions that industrialization brought aggravated the difficulties that disabled individuals faced. Many disabled people became dependent and in workhouses, they were treated badly. Towards the end of the nineteenth century, with the transition into the second phase of industrialization where heavy goods such as steel, iron, and the railways were used, segregation of disabled people profoundly increased since physical fitness became an important criterion for people to find work. Disabled people who did not find a place in the business world and gain respect through work were confided in the asylums and hospitals. The number of the disabled who were segregated rose highly and did not decline until the 1950s (Barnes *Disabled*

People in Britain 16). The position of disabled individuals in this period resonates with Charles Darwin's ideas of natural selection since the weakest were excluded from the world of work, by extension, the public sphere.

The evaluation of the human population under the light of Darwin's ideas of natural selection led to the development of Eugenics in the mid-nineteenth century in Britain, the movement that caused the Holocaust. The term 'eugenics' was coined by the British scientist Sir Francis Galton to refer to the idea that "a person's breeding could be classified by measuring his or her anatomical features and that from those measurements, conclusions could be drawn as to whether that person was of superior or inferior breeding" (Mallett and Runswick-Cole 82). The movement advocates "preventing or restricting recessive genes from reproduction by restricting the rights and opportunities of disabled people to 'breed'" (Quarmby 55). The eugenics theory was supported by Galton himself, Darwin, Winston Churchill during his early years of government, President Roosevelt, H. G. Wells, and George Bernard Shaw. The Eugenic thinking was considered right and proper since those who had impairments especially 'feeble-minded' individuals, were construed as "useless, burdens and threatening to the good of the majority, in order to justify their persecution and, ultimately, their death" (Mallett and Runswick-Cole 83). All the widely-held presumptions resulted in the marriage laws that restricted the rights of disabled individuals to breed, forced confinement, and more significantly, involuntary sterilization in the US and the UK. For instance, there is an estimation that between 1907 and 1928, 8,000-9,000 people were sterilized in the US (Quarmby 63). The most well-known example of the eugenics programme took place in Nazi Germany where 200,000 people, most of whom consisted of mentally and congenitally impaired, were exterminated in the hospitals and death camps (Ravaud and Stiker 502).

Eugenics programmes included the sterilization of children and the Adult T4 euthanasia programme. With the Law for the Prevention of Progeny with Hereditary Disease issued in

1933, people with incurable physical impairments, hereditary illnesses, epilepsy, schizophrenia, hereditary blindness, deafness, and learning disabilities were sterilized (Mallett and Runswick-Cole 83). In parallel to the idea that people with physical and mental impairments are considered 'inferior', children born from disabled families are accepted as 'useless' and thus a burden on the society. During the Second World War, sterilization transformed into murder, and children who showed any signs of physical impairment or intellectual incapacity were killed under the excuse of preventing the spread of disease. At this time, nearly 25,000 disabled children were killed across Germany, Austria, Poland, and other countries (Mallett and Runswick-Cole 83). T4 Adult programme developing in 1940 was a part of euthanasia practices. Six euthanasia centers were founded across Germany and Austria and at these centers, people with physical impairments were killed with carbon monoxide (Mallett and Runswick-Cole 84). Although the T4 programme was officially abolished in 1941, unofficial practices of killing continued (Quarmby 69).

After the Second World War, the return of the war-wounded played a key role in starting the campaigns of disability rights since there was a call for health care and cure. As Katharine Quarmby observes, the end of the war significantly changed the attitude of British society in two ways; it revealed the incorrectness and impropriety of the sterilization programmes and triggered public sympathy for disabled individuals, and thus disability became normal for many British people. The ending of the war marked the ending of the institutions for the disabled as well (70). The horrors of the Holocaust and the situations of mentally ills during the war started the social press to end confinement and segregation and to initiate community care for mental patients. In 1953, Churchill declared Royal Commission about mental illness which supported community care and closing down the institutions (Quarmby 75). Largely because the institutional scandals profoundly increased and the news of abuse, torture, and neglect widely circulated, the pressure to transform mounted, and thereby, leading to the closure of the

institutions. Between 1955 and 1975, there was a dramatic decrease in the number of mentally ills in the hospitals. This reached its peak in the 1980s and 1990s with nearly 20,000 patients to 33,000 with the closure of long-stay hospitals (Quarmby 90-91). Even though it was believed that the ending of their confinement ameliorated their situations, it proved otherwise since community care provisions were inadequate for the high number of the patients. The mentally disabled individuals who were deinstitutionalized without protection and guidance were subjected to hostility, cruelty, and even violence (Quarmby 94-5).

In the post-war period 1960s, the disability rights movement was launched by disability activists in North America, Scandinavia, and Western Europe. They intended to shift the attention away from the excessive preoccupation with individual's impairment to social and environmental barriers that 'disable' people who have impairments (Barnes and Mercer *Exploring Disability* 1). The main reason for the vitalization of the disability rights movement is "that disabled people were not sharing the wealth of the affluent society that was emerging in the 1960s" (Campbell and Oliver 52). Paul Hunt, an important advocate of the movement, made a distinction between his physical impairment and the social process, stating that the problem did not reside in his body but the social environment. Vic Finkelstein, a physically impaired South African doctor, took part in the campaigns, and objected to the incarceration of disabled individuals, stating that confinement was unfair as slavery (Quarmby 85). Paul Hunt and Vic Finkelstein founded the Union of the Physically Impaired Against Segregation (UPIAS) in the 1970s in an attempt to challenge social barriers and end confinement and discrimination against the disabled (85). In England, in the 1980s, Mike Oliver proposed the social model with his approach to disability as a product of societal attitudes and environmental barriers, which will be explored later extensively.

The social campaigns to remove social barriers and discrimination led to significant legislative reforms. In 1995, in an attempt to end discrimination towards disabled individuals,

the Disability Discrimination Act (DDA) was passed and this law was amended in 2005 to promote disability equality. By 2010, it was replaced by the Equality Act (Mallett and Runswick-Cole 69-70). Despite the legislation to promote equality between disabled and nondisabled people, more recently, there have been reports that the level of violence towards the disabled has dramatically increased. On Monday 15 October 2018, it was reported that "[d]isability hate crimes r[o]se by one-third in a year across England and Wales" (Giordano "Disability hate crimes" n.p). The police figures demonstrate that there was a 33 percent increase in disability hate crime in 2017-8, with a recorded total number of 5,342 hate crimes compared to 4,0005 events in the previous year (Giordano "Disability hate crimes" n.p.). This high rate visibly demonstrates that considerable progress has not been made in providing disability equality. Katharine Quarmby, who accentuates that violence, bullying, and intimidations towards the disabled mount, explains the reason for this increase:

> …I found that the motivation of the offenders was shaped by our common history and by the fears and prejudices that have fuelled violence against disabled people for over 2,000 years. Commonly held beliefs from the past - that disabled people are a freakish spectacle, fair game for amusement and mockery, that they deserve to be treated as slaves, that they are blameworthy scapegoats for society's ills, even that they should not exist at all and should be destroyed - live on and even thrive amongst some people today. (2)

As the historical trace of treatment of the disabled demonstrates, the common problem that disabled individuals have confronted over the culturally and socially changing phases of history is their disintegration into the social environment. As Katharine Quarmby points out, the reason behind elimination and exclusion of the disabled is the social, political, and cultural significations of their bodily configurations. Still today, the complete participation

of disabled individuals in society is an important issue in contemporary societies. This issue gains more significance because the number of the disabled is to no less a degree. According to 2011 World Report on Disability by the World Health Organization, "[m]ore than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning" (Chan and Zoellick xi). To the report by Papworth Trust's Disability Facts and Figures in 2018, 13.3 million disabled people live in the UK and this number is still on the rise (11). This high number of disability cases demonstrates that disability, directly or indirectly, can influence the lives of many disabled people and nondisabled individuals as a family member, friend, employee, workmate, or lover, etc. In this respect, it is noteworthy to argue that disability is experienced not only by the disabled but the nondisabled as well. As Ravaud and Stiker assert, "[t]he way in which a society situates and treats the disabled is not independent of the way in which it constructs social bonds or dissolves them" (490). In other words, disability gains meaning and is defined within the confines of relations between disabled and nondisabled individuals in the social environment. The treatment of disability that results from the interactions within the social milieu reveals how disability is conceived and treated at social and cultural levels. That is to say, "each society (and, in a broader sense, each culture) has its own fashion of integrating or excluding certain categories or certain subjects, that is, of creating social links or denying them" (490). In this respect, to what extent disabled people are excluded or included in society is directly related to the societal and cultural understanding of what is 'acceptable' or 'normal' in terms of bodily features. On that note, it is worth noting that any treatment of disability is determined and shaped by social and cultural interpretations of disability, that is, disability is rendered not just an individual matter but a social and cultural issue. Regarding disability as a social issue will illuminate the ways that society responds to disability and to what extent the disability issues are included in cultural representations, business sector, educational, institutional, and

environmental systems that are, to a large extent, formed by cultural and social understandings of disability.

Evaluating disability within the framework of social and cultural renderings greatly differs from the medical or individual model of disability. The individual or medical model defines disability as "a functional limitation that is biologically or physiologically determined" (Mallett and Runswick-Cole 4). The medicalization of disability "casts human variation as deviance from the norm, as pathological condition, as deficit, and, significantly, as an individual burden and personal tragedy" (Linton 11). Disability is seen as an individual impairment that can be normalized through cure, treatment, and rehabilitation. In this way, instead of defining disability in relation to cultural representations and social structures, disability is grounded in bodies that do not function 'normally'. International Classification of Impairments, Disabilities, and Handicaps (ICIDH) developed by The World Health Organization (WHO 1980) offers a similar definition of disability:

> impairment: "any loss or abnormality of psychological, physiological or anatomical structure or function." (27)
>
> disability: "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." (28)
>
> handicap: "a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual." (29)

This definition highlights that disability is used to refer to any 'deviations' from the norm that determines the accepted manners or the ways of performing any functions or

activities. Until the late nineteenth century, the medical or individual approach to disability remained unchangeable in Western societies. However, during the 1970s and 1980s, disabled activists came together to constitute a powerful social and political force to challenge the traditional view of disability that underpinned the oppression and exclusion of the disabled from society (Barnes and Mercer *Exploring Disability* 29). In the 1970s, the Union of the Physically Impaired Against Segregation (UPIAS), established by a group of people with physical and sensory impairments, published *Fundamental Principles of Disability*, in which a reinterpretation of disability is offered according to a social theory of disability (Mallett and Runswick-Cole 7). UPIAS drew a clear-cut distinction between impairment and disability:

> *impairment*: "lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body."
>
> *disability*: "the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities." (14)

This redefinition of disability turns upside down the conventional view of disability by placing the cause of disability in the social organization. This view forms the basis of the social model of disability propounded by Michael Oliver (Shakespeare "The Social Model of Disability" 197-8). In contrast to the medicalized and individual understanding of disability, the social model of disability shifts the discourse of disability from the stories of bodily impairments towards the social, economic, and environmental barriers that cause disability. Embracing a Marxist view, Oliver, in his book *The Politics of Disablement*, highlights that disability is produced through the interaction of material and social factors (25). The most striking point concerning the social theory of disability is that the main cause of disability is not

grounded within disabled individuals' bodies, rather within the modes of production and the environmental barriers including education, work, housing, transport, health services, and social environment. That is to say, disability has nothing to do with biological characteristics but is entirely caused by the organization of society that leads to exclusion of disabled individuals. The social model, with a deep interest in the social aspects of disability, goes beyond the limitations of biomedical studies that define the body as an entity and the bearer of illness, chronic disease, or any sort of impairments. The social model immensely displaces the individualized conceptualization of disability as a personal tragedy. It offers a further understanding of the disabled body by exposing the social and cultural relations and thus, responsibility shifts from the individuals to the society. In this way, the social model of disability becomes crucial to underline the necessity for structural changes for disabled individuals' full integration into society.

The social model is the political thought which initiates the challenge for disability rights by undermining the traditional understanding of disability (Shakespeare *Disability Rights and Wrongs* 29). Concerning the strengths of the social model of disability, Tom Shakespeare acknowledges that it has contributed significantly to disabled people's lives in social, political, and psychological areas. Politically, with its emphasis to dismantle social and environmental barriers, the social model of disability provides a discourse to raise consciousness in the disabled to organize in an attempt to uphold their rights for equality and the implementation of anti-discrimination legislation and practices ("The Social Model of Disability" 199). At the social level, the social model contributes to the liberation of disabled people since it demonstrates that the society, not the individual, is responsible for disability and society should eliminate segregated facilities for disabled individuals so that they can fully participate in society, experience an independent life, control their own lives and take an active role in the process of production ("The Social Model of Disability" 199). Within the psychological

context, it changes disabled people's perception of disability not as a personal tragedy and individual 'deficit' but as a social creation. In this way, it contributes to "improving the self-esteem of disabled people and building a positive sense of collective identity" and thus, disabled individuals may not feel self-pity and self-hatred because of their disabled body ("The Social Model of Disability" 199).

Yet, the social model of disability has generated plenty of controversies and debates concerning its efficiency, usefulness, feasibility, and limitations. One important criticism against the social model is that it "ignores or is unable to deal adequately with the realities of impairment" (Oliver 8). Sally French, Jenny Morris, and Liz Crow raise critical questions regarding its disregarding of the importance of impairment in the formation of the disability experience. Liz Crow suggests:

> As individuals, most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake of our own physical and emotional well-being, and, subsequently, for our capacity to work against Disability. (4)

Oliver counter-argues asserting that this criticism is grounded in "a conceptual misunderstanding, because the social model is not about the personal experience of impairment but the collective experience of disablement" (8). Yet, his claim seems not to undermine but to strengthen Crow's critical point since he draws a clear-cut distinction between impairment and disability in respect of experience. The opponents of the social model state that the distinction between disability and impairment has disconnected the body from disability discourse; the social model erases the link between disability and impairment (Hughes and Paterson 326;

Anastasiou and Kauffman 445). As Hughes and Paterson express, in the social model, the body is reduced into impairment or physical limitations, and thus, "the body as a social and historical construct, as a site of meaning and purposive human action is lost" (330) and impairment is merely used to define physical limitations. Yet, impairment is not grounded in the physical dysfunctionality but embedded in the cultural signification and social structure and hereby, becomes essential to the experiences of disabled people (335). That is to say, disabled people attain and sustain subjective experience through their interaction with their social environment. Disability is "experienced in, on and through the body" (335) and the impaired body is "an experiencing agent, itself a subject" (Hughes and Paterson 334). In this respect, the dichotomy between disability and impairment impedes the development of a sociology of impairment and thus, a social theory of disability. The same point is highlighted by Tom Shakespeare (*Disability Rights and Wrongs* 35) and Anastasiou and Kauffman (452) who assert that overemphasis on social structure eliminates the intersectionality of biological characteristics and social experience in the formation of disability itself. They underline that disability is a result of the blending of biological features and societal structures. The visibility and perception of impairment are determined by the expectations and arrangements of the society; for instance, dyslexia may not be considered a problem in a society where literacy is not required (Shakespeare *Disability Rights and Wrongs* 35).

Another criticism of the social model is that "subjective experiences of the 'pains' of both impairment and disability are ignored by the social model" (Oliver 8). Although Mike Oliver underlines that the social model is based on the experiences of disabled people, the place of personal experiences has been debated by some disability scholars. The social model of disability fails to recognize the experiences of pain which are intrinsic to the lives of many disabled people. Sally French, a disabled person, asserts that "I believe that some of the most profound problems experienced by people with certain impairments are difficult, if not

impossible, to solve by social manipulation" (17). Drawing upon her idea, it would not be wrong to argue that even if all the environmental problems were removed, having a disability or impairment would be disadvantageous because disabled people can face personal limitations and feel pain in their lives. As an individual with visual impairment, Sally French accepts that having a visual impairment causes some difficulties such as the inability to recognize people and non-verbal clues in her interactions with her neighbours and her students. She states that the removal of social barriers or any social change cannot eliminate or ameliorate the visual impairment (Shakespeare *Disability Rights and Wrongs* 39).

Concerning the dismissal of the subjective experiences of impairment from the domain of disability discourse, Tom Shakespeare, in his influential book *Disability Rights and Wrongs*, offers a different perspective. He highlights that excessive emphasis on social structure and social oppression for the formation of disability leads to the minimization of the role of medicine and medical treatment. Medical treatment is crucial for the disabled since it offers methods or solutions to prevent impairment or downplay the impact of impairment and relieve pain, and affliction, help the disabled to overcome some limitations to live independently and get emotional and psychological release. Shakespeare asserts that the social model does not see impairment as a problem, and furthers that "attempts to mitigate or cure medical problems may be regarded with intense suspicion. They will appear to be irrelevant or misguided responses to the true problem of disability, and distractions from the work of barrier removal and civil rights" (*Disability Rights and Wrongs* 31). Furthermore, the denial of impairment generates serious difficulties for the majority of disabled people at both social and medical levels. Since disabled people who have different impairments experience disability in various ways, their special needs are not taken into consideration and the necessary treatment is not provided. The social model becomes "a kind of litmus test" by which identification and treatment of impairment are assessed (*Disability Rights and Wrongs* 32). In this respect, impairment-specific organizations

are regarded as “inappropriate, misguided or even oppressive” if they are considered to be at variance with the tenets of the social model and thus, the organizations do not show any improvements to handle the specific phases of experiencing disability (*Disability Rights and Wrongs* 32).

Another challenge to the social model of disability is that it ignores the intersection of disability experience with other marginalized experiences such as aging, sexuality, gender, and racism. Mike Oliver states that the social model of disability has not adequately incorporated other divisions of race, sexuality, gender, and aging but it does not mean that it is impossible to merge these issues with disability studies (8-9). The feminist disability scholar Jenny Morris is critical of the dismissal of disabled women and older women’s individual experiences from mainstream feminist thought. Stating that “[d]isability and old age are aspects of identity with which gender is very much entwined”, she claims that “feminism’s challenge must remain incomplete while it excludes two such important aspects of human experience [aging and disability] and modes of social and economic oppression” (“Personal and Political” 160-1). In the same way, Oliver Stuart specifies that the disability movement fails to incorporate the experiences of the ethnic groups (181). Mark Priestley also argues that construing disability merely as social experience may clash with racism and feminism since the individual experiences of black disabled people and disabled women are ignored (165). In this respect, Mark Priestley (167), Ayesha Vernon (396) and Jill Humphrey (82) suggest that the disability movement needs to embrace the diverse experiences of disabled people such as racism, sexuality, aging, and gender and thereby creating a common ground for unity with other oppressed groups to radically change the society.

One further criticism of the social model is that removing social barriers will not put an end to marginalization of disabled people since cultural values will place disabled individuals into the position of ‘other’ (Oliver 9). Oliver does not deny the importance of cultural

representation in the otherness of disabled individuals, yet he asserts that to reduce disability politics into the politics of representation is "misguided and inappropriate" since "life-threatening material deprivation" that many disabled people still experience should take centre stage (9). The material-based accounts of the social model have been highly criticized. Tom Shakespeare expresses that since the social model takes "a materialist approach" with a focus on social structures, it overlooks impairment and individual experience of impairment ("Cultural Representation" 283). He furthers that "[i]f Social Model analysis seeks to ignore, rather than explore, the individual experience of impairment (be it blindness, short stature or whatever), then it is unsurprising that it should also gloss over the cultural representation of impairment, because to do otherwise would be potentially to undermine the argument" ("Cultural Representation" 283-4). In the same vein, Claire Tregaskis has stated that "purely economics-based materialist accounts devalue the role of culture and prejudice in explaining the creation of exclusion" (461). Disability scholars have argued that the socially dominant culture plays an important role in constructing the perception of disability and impairment and leads to oppression of disabled people (Riddell and Watson 1). The emergent status and perceptions of disabled people in media and art forms such as literature, film, and theatre reflect what it means to be a disabled person in society and shape and reinforce the public treatment of disabled people (Hafferty and Foster 185). Colin Barnes, in his extensive analysis of portrayals of disabled people in media, literature, film, stresses the same view:

> Disabling stereotypes which medicalise, patronise, criminalise and dehumanise disabled people abound in books, films, on television, and in the press. They form the bed-rock on which the attitudes towards, assumptions about and expectations of disabled people are based. They are fundamental to the discrimination and exploitation which disabled people encounter daily, and contribute significantly to their systematic

> exclusion from mainstream community life. (*Disabling Imagery and the Media* n.p.)

Considering the literature reviewed, it is noteworthy to state that as the social theory proposes, disability is not a linear process, but rather is a multi-dimensional phenomenon constructed by the interactions between body, society, culture, and self. It is undeniable that social and environmental barriers play an important role in the formation of disability; yet, relegating a multifaceted and complex process of impairment and disability into societal arrangements is to ignore or downplay the multi-layered nature of impairment and disability. The construction of disability is wide-ranging and complex since it takes place within the existing social and cultural paradigms. This part, therefore, argues that the relation between physical or mental impairments and the cultural structures that determine the meanings of the disabled body is significant in the conceptualization and rethinking of disability. In developing this argument, the aim is not to reduce disability and impairment into an entity, a concept, or a corporeal essence yet to regard the disabled body as a lived body with its experiences of embodiment shaped within the cultural renderings and social constructions of the body. Furthermore, this part highlights that the cultural renditions of other differences such as age, race, and gender will define and influence disability and disability experience and contribute to the stigmatization of disabled people.

The disability scholar Lennard Davis, in his book *Enforcing Normalcy*, asserts that "the body is not only - or even primarily - a physical object. It is in fact a way of organizing through the realm of the senses the variations and modalities of physical existence as they are embodied into being through a larger social/political matrix" (14). Lennard Davis's assertion makes it clear that the disabled body and social and physical environment are mutually interacting and, the position of the body is determined and maintained not only by its presence but also the social and political organizations that shape the divergent phases of embodiment. Drawing upon

his assertion, it is noteworthy to state that to think about the disabled body reveals what society is and its cultural and social requirements and intentions are and to think about society unveils what disability is. Disability is a place to consider how the cultural narratives of the body determine the meanings of disabled people. On that line, it is important to argue that the disabled body is not merely a discrete entity and disability exists within the cultural textures whereby the intrinsic features of the disabled body are distinguished and interpreted to shape the nature of its experiences and its relations and position as well.

The boundaries of cultural values within which the body is recognized and positioned are of paramount importance to the formation of disability. Culture, as a concept, is broad and complicated. The extensive definition of culture identifies the symbolic features of social structure such as values, norms, customs, and beliefs as well as material goods. The values of a particular group, the norms they embrace and the material goods they create constitute culture. Culture denotes a "signifying system" with its signs, tools, symbols, and beliefs, and through this system, "a social order is communicated, reproduced, experienced and explored" (Williams 13). Anne Waldschmidt, who explores disability and impairment through the lens of culture, offers a concrete and wide-ranging definition of culture which denotes

> the totality of 'things' created and employed by a particular people or a society, be they material or immaterial: objects and instruments, institutions and organisations, ideas and knowledge, symbols and values, meanings and interpretations, narratives and histories, traditions, rituals and customs, social behaviour, attitudes and identities. (24)

Evaluating disability within the broader definition of culture prompts the idea that disability is not a phenomenon that can be defined merely through discursive formations and

treatment of physical properties. Yet, disability is rather the product of social positions, relations, and the process of individualization which arises out of the dynamic relations between symbolic knowledge systems and social attitudes, institutional functioning and the modes of behaviour. In this sense, it is worth noting that disability is not grounded in the impaired body yet an interplay of bodily attributions and cultural and social forces in a given society. Disability is "ascribed to the evidence of physical or embodied expression" and an embodied phenomenon of cultural differentiation (Waldschmidt 25). Culture is "an activity that reflects attempts by human beings to impose certain frameworks upon the ways in which we relate to each other, to establish boundaries between what is right and wrong, acceptable and unacceptable, proper and improper, normal and abnormal" (Swain et. al. 20). Society imposes certain frames, borders, and margins that contain the power to approve conformity, yet to regulate nonconformity and disclaim incompatibility. The society's intentionality to exclude or include certain human variations is mediated through the interaction between the lives of disabled and nondisabled people and the cultural interpretative axes of able-bodiedness and disability. In this respect, it is important to argue that the cultural valuations of the body which draw the borders of being 'whole' or 'lacking', 'normal', or 'different' are crucial in identifying, differentiating, treating, and valuing impairment. Within the certain cultural frameworks of bodily features, physical and mental impairments are singled out and rendered socially significant as attributes nonconforming to the corporeal standard and those who have impairments are stereotyped, invalidated, and subjected to various exclusionary practices.

The cultural construction of the disabled body is contingent upon the normative expectations and the demands of the society in terms of health, strength, beauty, capacity, and behaviour. The cultural designations attributed to the body permeate the whole social structures in a particular society and the meaning of the impaired body emerges in social interactions, medical process, institutional practices, and administrative procedures as well. As Shuttleworth

concisely puts it, the medley of cultural beliefs, social expectations, and economic sanctions of the particular society plays a major role to identify and distinguish some 'bodily or behavioural anomaly' as disability (361). For instance, where physical beauty is glorified, being blind or crippled is devalued; in a setting where educational success is demanded, mentally impaired individuals are deemed unsuccessful; in a state where the administrative classification of disability through the laws and political philosophy regards disabled individuals as a burden on the economic level, they are left deprived of pension, housing, medical equipment, or hospital caring; in a social environment where disability is associated with 'incapacity', 'weakness' and 'vulnerability', the risks of sexual abuse and physical attacks constitute the habitus of disabled individuals.

One striking example to unveil how the valuation of disability/ability relates to the cultural formation of bodily characteristics is the study of deafness on Martha's Vineyard, a small island in Massachusetts. On this island, the citizens, deaf and hearing, use sign language to communicate and deaf persons engage in farming, fishing, and marry and have children, that is, thoroughly integrate into society. The hearing in this island use sign language to interact with the deaf and even the other hearing in everyday life. In this way, deafness of the Vineyard people does not situate them within the cultural formations of binary traits of 'difference' and 'sameness' and the functioning of integration and exclusion and thus, an identity as impaired is not attributed to the deaf of the Vineyard. While deaf individuals integrate into the life of the community, the hearing completely incorporate into the "communicational intricacies of sign" (McDermott and Varenne 328). The situation of the Vineyard deaf highlights the fact that what causes disability is not the individual impairment yet the cultural valuations against which physical impairment is identified, treated, and validated.

One literary portrayal of the dichotomous nature of normality and abnormality is H.G. Wells's well-known short story *The Country of the Blind* which foregrounds how the

boundaries of normality and alterity are constituted and how the systems of exclusion and inclusion operate in a given culture. The story revolves around a sighted man named Nunez who miraculously falls off the peak of the mountain into an isolated valley inhabited exclusively by congenitally blind persons. Embracing the ocular centred view that having sight is an essential feature to become a member of the society, Nunez assumes that "in the Country of the Blind, the One-Eyed Man is King" (129). However, as the story unfolds, it becomes clear that Nunez has difficulty adjusting to the social environment with its institutions, and buildings organized in accordance with the deeply-ingrained norms and values of the culture of the blind. Concordantly, Nunez is treated as a source of fascination firstly yet then a threat to the integrity and viability of the ways of life that blind persons internalize and sustain. The blind islanders force Nunez to undergo an operation to take his eyes out of his head, a normalizing strategy that enables Nunez to fully participate in society. *The Country of the Blind* reverses the hegemony of the ocular-centric discourse which attaches significance and value to being sighted and thereby creating a cognitive estrangement in both the main character and the reader. In this way, the story highlights that the concept of normality is the cultural fabrication of biological attributions that shapes both the individual perception of disability and ability and influences the process of experiencing embodiment of disability and ability. Furthermore, the story underlines that the state of being able-bodied and having corporeal perfection has an unsteady and elusive nature.

The founding notions of normality and difference are defined by Aristotle in the fourth book of *Generation of Animals* where he redefines the Platonic concept of antinomies: "[A]nyone who does not take after his parents is really in a way a monstrosity, since in these cases Nature has in a way strayed from the generic type. The first beginning of this deviation is when a female is formed instead of a male" (401). In this definition, Aristotle determines a certain generic type at the centre and any departure from it causes monstrosity. The female body

is placed at the margin while the male body represents an idealized body according to the generic type. Important to Aristotle's definition is that the reason of otherness is the definitive norm, the generic type against which bodily features are measured, recognized, and distinguished. A hierarchical system is established through which certain bodies are prioritized in accordance with the certain definitions of the body while 'deficiency' and 'incompleteness' are attached to some bodies. In this way, Aristotle "initiates the discursive practice of marking what is deemed aberrant while concealing what is privileged behind an assertion of normalcy" (Thomson *Extraordinary Bodies* 20).

Polarization of bodies within the boundaries of cultural conceptions of normality does not pertain only to disability, yet this system forms the basis of marginalization of other differences such as race and gender. Just like the idea of blackness which pervades Western culture and spoils the identities of black people, disability is a prevalent ideology that shapes the individual identity and social identity of disabled individuals. As Thomson puts it, disability, like femaleness, is not "a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune", but rather is a culturally fabricated interpretation of the body ("Integrating Disability" 259). The disability/ability system generates division between the nondisabled and the disabled, in a similar way to what the dichotomy of femaleness versus maleness and whiteness versus blackness does. Although the comparison of bodies is ideological yet cannot be attained by the biological characteristics of the body, it mushrooms into the fabrics of culture. Like gender, disability affects all aspects of culture including "its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment" ("Integrating Disability" 259). In this respect, in a society where the cultural appraisals of the body determine the hierarchization of the body in terms of power, status, and position, gender and racial differences interact with physical and mental impairments, and accordingly, placing disabled individuals at a disadvantageous position.

The assigned social status caused by bodily attributions within the social process is closely related to what has been termed - 'stigma'. The concept of stigma is firstly used by Erving Goffman who posits, in his seminal study *Stigma: Notes on the Management of Spoiled Identity*, a theory of stigmatization that explains 'the otherness' by placing bodies within the confines of social interactions. The term stigma was firstly used by the Greeks "to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier", that is, to mark slaves, criminals, or traitors (Goffman 1). Later, in Christian times, the term was used to refer to the wounds of the saint (1). As Goffman states, society "establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories" (2). In other words, stigmatization "creates a shared, socially maintained and determined conception of a normal individual" which is "sculpted by a social group attempting to define its own character and boundaries" (Thomson *Extraordinary Bodies* 31). Social interaction between 'normals and stigmatized' is "one of the primal scenes in sociology" where "the causes and effects of stigma must be directly confronted by both sides" (Goffman 13). Any human trait which challenges the social bodily constraints is stigmatized and this process legitimizes the status quo of those with various physical attributes and imposes meanings on their experiences in the social interactions. The 'undesired' bodily characteristics are attributed with negative meanings and those with stigmatic features are regarded as "not quite human" and in social interaction, "specific stigma terms such as cripple, bastard and moron" are used to define them (Goffman 5). Goffman identifies three kinds of stigma: firstly, "abominations of the body" such as various physical deformities are saturated with negative values (4). Secondly, there are individual behaviours such as dishonesty, addiction, alcoholism, homosexuality, unemployment, imprisonment, suicidal attempts, mental disorder, etc. Lastly, there is the stigma of race, nation, and religion (4).

Erving Goffman's theory of stigma has been criticized since it is limited and narrow to include the diversity and complexity of disability-related stigma and the multi-layered forms of stigma experiences in different cultures and different times. Goffman's theory develops an individualistic approach to stigma with an emphasis on interpersonal relations. Though Goffman focalizes the importance of relations in the formation of stigma, the attributes that are linked to undesirable characteristics are generally taken to be the condition of stigma and stigmatization. That is, "[t]he stigma or mark is seen as something *in the person* rather than a designation or tag that others affix to the person" (Link and Phelan 366). Phelan and Link offer a more refined and elaborated conceptualization of stigma by stating that stigma is a "co-occurrence of its components-labeling, stereotyping, separation, status loss, and discrimination" and further that the occasion for the emergence of stigmatization is power (363). Central to Phelan and Link's view of stigma is the cultural environment and the implementation of power since stigma is utterly dependent upon social, economic, and political power (375). In the same vein, Richard Parker and Peter Aggleton, in their study on HIV and AIDS-related stigma, maintain that stigma and stigmatization perform "at the point of intersection between *culture*, *power* and *difference*" (17). Their reframing of stigma moves beyond the understanding of stigma as the process which is imposed by one individual upon another and underlines the broader relations of social, cultural, and political factors that structure stigma. Stigmatization is based upon the identification and categorization of differences among groups of people and the placement of such differences into the systems of power in any social setting (17). Cultural meanings recognize the differences and thus, strengthening social division among the groups and power works to legitimize the ranking, status, and hierarchy in the social structure (18). In this way, stigma becomes central to the constitution of social order (17). In this respect, it is noteworthy to argue that stigma directed at the disabled body arises out of the negative valuation of disability in the cultural spheres and emerges when the dominant groups (the abled)

legitimize their dominant status within the established cultural structures of hierarchy and inequality. Furthermore, Graham Scambler argues that Goffman's theory of stigma ignores the fact that stigma and stigmatization are enhanced by other differences such as age, gender, race, and class within the social structures (444). The interconnectedness of disability with other marginalized positions such as age, race, gender, and class exacerbates the degree of discrimination. This thesis explores the various forms and dimensions of discrimination levelled at disabled individuals ranging from contempt, patronizing behaviour, denial, derogatory attitudes to hostility and violence at its utmost level. It also examines how ethnicity and gender will affect stigmatization in *Molly Sweeney* by Brian Friel and *Blue/Orange* by Joe Penhall.

The cultural construction of disability influences how disabled individuals perceive their impairments and construct their self and identity. Self is "an unformed, unfixed concept" constituted as a social notion and a universal sense (Watson 510). The universal aspect of self is related to the fact that human beings are aware of their body and their individuality (510). Human beings are aware of their own lives and through reflexivity, they become aware of "a consciously constructed self" (510). The universal self is a precondition for the existence of the social self, that is, the social self is embedded in the universal self, the biological self (510). Self is the result of the process where the individual self-objectifies, that, sees himself/herself as others see him/ her (510-511). That is to say, self enables individuals to reflect upon who they are and with whom they are identified, and what they decide to do (Murugami "Disability and identity" n.p.). Self is constructed through discourse, it is produced in specific historical and institutional territories, it is the result of the historical construction based on biography and the product of the culture (Watson 511). In that sense, disability self-identity is crucial to unveil the intricate relationships between culture, society, and biology. It is important to argue that disability identity does not arise out of not only biological determinants, yet rather of socially,

culturally, historically, and politically constructed processes. Within the broader social, political, and cultural implications and complex social interactions, disabled individuals construct their identity by developing multiplied attitudes towards their impairment.

Nick Watson maintains that identity is the result of the process of socialization which requires establishing "a sense of unity" between the disabled and the nondisabled (516). In that sense, it is important to state that identity is the mediating link between the private and everyday life of the individual and the collective space of divergent cultural forms and social relations, that is, it is the mediator between the individual and the social (Scott-Hill "Impairment, difference" 87). Identity is constructed through the social relations of the body and its characteristics; that is, the attainment of an acceptable self-identity is closely related to having an acceptable body image that functions properly and appeals visually to others. Within the web of intricate social relations, disability identity is formed through the negative cultural readings of the disabled body. In this way, disabled individuals are stigmatized and suffer a lack of self-esteem, self-confidence, self-efficacy, self-actualization, and positive self-identification (Murugami "Disability and identity" n.p.). The construction of self-identity through negative ascriptions can widely affect the personal development of disabled individuals in the areas of job, career, education, and community life. Disabled individuals have to cope with the limitations, emotional and psychological breakdown; they may be overwhelmed with feelings of inadequacy and underachievement, fear of failure, self-blame, self-shame, and if they fail to overcome these obstacles, they can self-exclude and self-segregate.

Nick Watson's study on disability and identity has shown that despite the daily experience of oppressive practices, many disabled participants do not incorporate impairment within their identity since they do not see themselves as disabled (514). As Watson's study demonstrates, the participants state that any difference between the disabled and the nondisabled stems from prejudice and discrimination (514). Those who do not identify

themselves with the impairment regard their impairment as a part of their life, and thereby, the pivotal point for the existence of their self and identity does not centre around their impairment but their bodily functions and actions. This kind of self-formation is premised on the separation of the body from the self, that is, identity is "disembodied" (515). In contrast to what is attached to their biological characteristics through cultural narratives, disabled individuals create a narrative around their biology that enables the distinction between the bodily image and self-identity. In this way, they reject the cultural perceptions of disability and the narratives around the 'incapacities' of their bodies and thus, they challenge the disablist stereotypes (Watson 515).

Watson's study has also demonstrated that the self-identity of disabled individuals is formulated not by sidelining the impairment but rather through the reconstruction of what is normality (519). The disabled individual does not passively adopt the socially prescribed notion of self-identity and does not reject his/her impairment or the cultural valuations that are accredited to having an impairment (520). Yet, the disabled individual embraces his/her impairment and redefines what is normal and accordingly, questions the established views of normalcy and the identity imposed upon him/her by society. In this context, the formation of self-identity is a conscious action that allows the reinterpretation of bodily characteristics in accordance with the disabled individual's conceptualization of normality.

Nick Watson maintains that those who have an impairment or chronic condition experience a loss of self and undergo the process during which they "negotiate their lives in such a way as to be as ordinary as possible and so retain some contacts with desired life-worlds" (512-3). To fully become accepted in social life, those who have impairment follow some regulations that render their bodies 'normal' and 'acceptable'. The desire to control the body to look appealing and socially acceptable has turned the body into an object of manipulation and regulation under social and cultural forces. As Mary Douglas points out, the human body is "always treated as an image of society" where "bodily control is an expression of social control"

(*Natural Symbols* 78). The ability/disability system embedded in social and cultural structure fosters social pressure to shape, regulate and normalize bodily 'differences'. One way to eliminate differences is to develop regulatory social control over the body by establishing 'normalizing strategies' through medical and technological developments. Ravaud and Stiker define normalization as a process of "defining the mean, comparing deviations from this mean, and trying to diminish such deviations to bring individuals closer to the mean" (494). For instance, for a disabled individual to participate in the business world, she/he must have vocational competence that is equivalent to that of the nondisabled or meet the 'normal' standards in the given culture. If they fail, they are excluded from the business world (494). Bodies which challenge the cultural standards of the body are subjected to normalizing surgical procedures, medical practices, and rehabilitation. All these strategies are confirmed by cultural representations and cultural understanding surrounding the materiality of the body. The procedures of rehabilitation, cure, or treatment that recover minds and bodies aim to diminish the gap between nondisabled and disabled individuals: "To be, to do "like others," is the objective of such rehabilitation" (494). For instance, in the 1930s, body braces were developed to heal scoliosis, regulate the body to comply with the norms of the ability system by imposing a standardized female image (Thomson "Integrating Disability" 262). Prosthetics have been developed to regularize the 'irregularities' of the body to generate 'socially acceptable bodies'.

The strong insistence on normalization can become dangerous since it leads to the denial of one's right to become as s/he is and the rejection of irremediable impairments or illnesses. For instance, so that a deaf child is considered 'normal' in society, depriving a deaf child of the opportunity to embrace deaf community and deaf culture and learn sign language is an unacceptable exercise of denial (Ravaud and Stiker 496). One form of denial of disability is social abandonment through which children born deformed, those with severe impairments or injuries, and the dependent elderly persons are abandoned and deprived of care. The most severe

level of elimination is to put disabled individuals to death or eliminate them through deprivation of care or medical and technological advancements. In this respect, it is important to state that obliteration of impairment and disability is prioritized rather than one's life. For instance, with new developments in genetics and screening, it is possible to detect any impairment or genetic defects before pregnancy and pregnancy is ended when a 'deficiency' or an 'anomaly' is discerned in the fetus (Ravaud and Stiker 502). Euthanasia and assisted suicide are the ways of eliminating disabled persons. In some societies where disabled individuals are not considered to be worth living, some medical practices are developed and applied to put an end to disabled people's lives in legal ways. The debates over the ethical sides and the freedom of individual choice are continuing, yet the more important point is that social pressure makes disabled individuals accept to end their lives. Even though nondisabled people are persuaded not to commit suicide, death is regarded as natural for the disabled.

In line with what has been stated so far, the following chapters discuss disability embodiment within multiplied forms of its constructions based on social and cultural paradigms. The focus dwells on the process of how society's respond to the presence of impairment shapes disabled individuals' experience of disability in divergent ways. The following chapters explore how disabled individuals experience divergent types of culturally exclusive practices and the conventional understandings of the body influence the ways in which disabled individuals construct their identities. In this respect, the theory of stigma, types of formation of self, the notion of normalization, and the interpretation of disability within the boundaries of cultural, social, and political forces provide the theoretical framework to explore the discrimination of disability embodiment.

CHAPTER II

SOCIAL, POLITICAL AND PSYCHOLOGICAL ASPECTS OF PHYSICAL DISABILITY

2.1. 'It was the dread of exile, the desolation of homesickness': Female Disability Embodiment and Social Isolation in *Molly Sweeney*

In an influential essay concerning performativity, body, and gender in Brian Friel's drama, Anna McMullan gives a concise articulation of how gender and body are handled in Friel's fictional world: "Friel's drama frequently features unruly bodies which flout the corporeal regime of their particular community, social environment and historical moment" (142). The clash between bodies and social structures in his plays mostly stems from the impositions of Irish society which is "stifled by reified patriarchal authority and an economic, class and gender system reinforced and reproduced through the performative injunctions of "respectability" and status" (McMullan 143). Concordantly, it is important to state that the characters in Friel's drama whose bodies lie outside the social and gender conditioning of their community are marginalized and stigmatized. That the characters are discriminated because of their physiological characteristics could well apply to the case of Friel's eponymous character Molly Sweeney. In *Molly Sweeney*, Friel constructs a female character whose state of social exclusion stems from her physical disability (her blindness) and gender which resist the restrictive social norms of Irish society. Friel delineates Molly as the one who is victimized due to her 'blind' submission to the authority of her father, her husband, and her surgeon who create the illusionary truth to correct or obliterate Molly's physical 'deficiency' for their self-interest. In Friel's play, the fictionalized account of the disability experience of a female character that ends up in her ostracization forms the discourse to her embodied experience defined by the patriarchal interference. That way, the play focalizes how gender and physical 'differences' merge to ascribe social meanings to her physiological characteristics. This part, therefore, aims

to explore how the disabled female body is constructed in Brian Friel's *Molly Sweeney* (1994). Rather than seeing blindness as an individual 'deficit' or 'lack', this part concentrates on the ways in which blindness is constructed in the play as a state of the body that challenges the normative structure of society. While doing this, this part will examine the certain aspects of disability embodiment with particular references to the social, cultural, and individual standpoints. While *Molly Sweeney* is concerned with the construction of the disabled body within the boundaries of the cultural notion of normalcy, this study also highlights that the play offers a feminist reading since the narratives and illusions created by the male characters shape Molly's experience of disability that culminates in her collapse into cognitive troubles. On that line, this part demonstrates how male-dominated discourse influences the process through which her disability identity is formed.

Molly Sweeney was first staged at the Gate Theatre in Dublin on 9 August 1994 and directed by Brian Friel. *Molly Sweeney* narrates the story of a woman in her forties who has been blind since she was ten months old. Although Molly has a fully satisfying life, she is forced by her husband and the ophthalmologist Mr. Rice to undergo an operation to restore her sight. While her husband acts out of his desire to improve what he sees as 'difference' and 'deficient', Mr. Rice is motivated with his strong wish to restore his shaken reputation and recapture the memory of his happy past days. Though the operation is successful, its results are devastating on the part of Molly. Unable to make correspondence between the tactile engrams she has already had and the visual engrams she has stored following the surgical operation, Molly eventually arrives at a state of blindsight. From a medical perspective, Molly can see but from a psychological perspective, she cannot make sense of what she sees. The arduous process of testing that she has undergone to comprehend what the sighted world brings to her utterly exhausts her, and thus, leading to her psychological and emotional breakdown. Unable to return to her old blind world and embrace her new world of vision, Molly reverts to blindness and is

sent to the mental house where her mother was once treated. While Molly's self-identity and social identity are fragmented due to her social isolation, it is at the phase of blindness that Molly experiences a moment of epiphany and gets the depth of insight into her life and a heightened vision of reality.

Blindness has been a recurrent theme to be explored in multiplied perspectives in literary tradition[5]. To mention some specific examples, J. M. Synge's *The Well of the Saints* (1905) which establishes a precedent for Friel's play juxtaposes two phases of blindness - sightlessness and restoration of sight - with a focus on the excursion of blind beggars Mary and Martin Doul into the sighted world. Where Synge treats blindness as an attribute of 'difference' to be eradicated since it is believed that blindness causes evil in the community, Friel distinctively maintains a multilayered approach that equates blindness with the notion of sameness underlying the social view concerning the standardization of the body. After Mary and Martin Doul, who gain their sight with the power of holy water, encounter perversity and nefariousness that pervade their community, they insistently refuse to distort their old blind world by re-entering into the land of vision, and thus, are discarded from the community. In the same way, Molly Sweeney who cannot find any harmony between her former blind world and the sighted world rejects both worlds and accordingly, is drawn into her marginal position. In Samuel Beckett's *Endgame* (1957), Hamm, who is blind in a wheelchair, and Clov, who is partially blind and cannot sit, mutually depend on each other. Their interdependency can be explained with what Kirsty Johnston calls "abject dependence" where the characters cannot "realize themselves as independent agents without first recognizing their dependent and contingent

[5] The canonical literary work that deals with blindness is *Oedipus Rex* and some correlations between this play and *Molly Sweeney* can be pinpointed from the epistemological point of view underlining that blindness is considered a way to discern the truth. In *Oedipus Rex*, Sophocles portrays his character's self-blinding as a punishment for his unintentional sins of incest and patricide that lead to social calamity. While blindness is associated with social transgression and evil, an epistemological approach to the play reveals that blindness is regarded as a way for the discernment of the truth. As in the case of Molly who comes to realize her life after her relapse into blindness, Oedipus, who has been utterly 'blind' to the reality of his life and his true self, awakens from his lethargic situation to fully realize the truth and he self-blinds with the revelation of the secrecy of his past.

relations with others" (114). While Clov needs Hamm for "sustenance", he acts as "Hamm's prosthesis" since he moves Hamm around the stage and also as a "prosthesis of vision" since the outside world opens itself to Hamm through his observations (Quayson 67). Their co-dependence can be seen as a means of "survival" (Johnston 112) yet, if the play is evaluated through the lens of disability, it is clear that the dependence of a blind man with his wheelchair on a helpmate is considered "tragically emasculating" within the boundaries of able-bodied normalcy that views dependent relations as a sign of enfeeblement (123). Unlike Beckett's weak character, Friel constructs Molly as an independent and self-fulfilling character who comes into contact with others and establishes ties with the physical world. In Harold Pinter's play *The Room* (1960), Rose Hudd, a sixty-year-old-woman, inhabits a relatively safe room far off from the coldness and unfamiliarity of the outside world. Throughout the play, she is excessively preoccupied with the fears of the unknown and feels menaced by "a world that conspires against the individual's need for stability and assured personal identity" (Batty 13). Her seemingly secure world is destroyed when it is invaded by the mysterious blind Negro, and Rose suddenly goes blind: "Can't see. I can't see. I can't see (Pinter 110). Her blindness signifies "the defeat of her limited human faculties by the vast unknown universe" and symbolises "her irrevocable submission to male power" (Sakellaridou 28). In Pinter's play, blindness becomes a medium through which he explores feelings of insecurity, precariousness and vulnerability of human existence and female submission. In a similar vein, Molly's blind identity is distorted when her blind world to which she is safely accommodated is destroyed by the male domination. Through the blind female character, Friel explores how female submission to the male-oriented discourse destroys her safe and secure world, and her relationship with the outer world.

While Friel's construction of blindness in *Molly Sweeney* addresses the different perspectives in other literary works that have blind characters, his treatment of blindness transcends their implications of disability representations. What makes Friel's play distinctive

is that blindness is treated as a matter of health. The fact that Friel underwent an operation for a cataract in 1993 stimulates his interest in the topic and constitutes a powerful source for him to explore blindness in the medical prospect. After Friel was diagnosed with incipient cataract, he read some sources concerning blindness and its treatments by Valvo and Strampelli, Berkeley, Locke, Von Senden, and Sacks. Friel utilized, though sometimes implicitly, the information he gathered from these important sources. Of all these sources, the most relevant to Friel's play is Oliver Sacks's 'To See and Not See' which was published in *the New Yorker* on 10 May 1993. Sacks's history case tells the story of Virgil, a fifty-year-old-man, who has an operation to gain back his vision that he lost in his early childhood and experiences psychological decline because he deteriorates into blindness. Sacks's story constitutes the backbone of Friel's play in that some aspects of medical research and practice into the restoration of blindness make their way into the play though they are not detailed. The terms such as visual engrams, gnosis, blindsight, withdrawal, and "a renaissance of personality" are examples of medical discourse that Friel replicates from Sacks's text (Sacks "To See and Not See" n.p.). The processes such as operation, its treatment, and psychological trauma are duplicated in Friel's play.

Though Friel takes different standpoints and a certain kind of language from other writers, he reinterprets and reconstructs them within his idiosyncratic discourse for dramatic purposes. At first glance, it seems that Friel in *Molly Sweeney* replicates Virgil's story, however, he creates a dramatic space where the individual story of Molly's blindness is richly textured and full of delicately nuanced details of social, political, and philosophical endeavours. That is to say, as Christopher Murray highlights, he is "increasing rather than originating" the pure story (93). As Csilla Bertha points out, in the fictionalized world of the play, Friel "masterfully connects the most private and secret places of individual life with the plight of the whole culture" (156). Drawing upon this view, it is important to state that within the narrative structure

of the play, Molly's disability embodiment defined and controlled by the male-dominated society functions as a literary device to foreground the political and social issues that concern Friel and his Irish background. In other words, around Molly's disability, Friel interweaves the multiplicity of viewpoints such as psychological, epistemological, colonial, political, and feminist. Disability in the play is functionalized to present the metaphorical representations of the political conundrum between England and Ireland, Friel's hybrid identity with his oscillation between the two opposing forces – the Nationalists and the Republicans, and the relation between truth and seeing at the epistemological level.

The disability characterization in the play has been interpreted within the postcolonial[6], political[7] and epistemological[8] contexts. Yet, narrowing down the critical perspective to gender

[6] The play's overemphasis on the plight Molly endures overshadows its colonial context. Furthermore, that *Molly Sweeney* foregrounds the centrality of the relationship between seeing and understanding, to a certain degree, obscures its colonial implications as well. Dan Sullivan asserts that Friel's *Molly Sweeney* is considered to be "his least political play" (qtd. in Moloney 287). *Molly Sweeney* is not overtly concerned with the political struggle between Ireland and England. However, considering the fact that in postcolonial discourse, "female bodies symbolise the conquered land" and lands and female bodies have been considered as "interchangeable terrain on which colonial power could be deployed", it is important to state that Molly's disabled body exploited by the male figures is specifically used to refer to Ireland's colonization and its post-colonial state (Loomba 152). Karen Moloney asserts that Molly's blindness is used to refer to three phases of Ireland's post-colonial state: the blind Molly represents Gaelic Ireland, the partially sighted Molly stands for the colonized country and the mentally deteriorated Molly stands as a metaphor for the postcolonial state (285). Since this study will specifically focus on the play's feminist appeal, postcolonial aspects will not be mentioned. For an extensive postcolonial reading of the play, see Karen Moloney's essay "Molly Astray: Revisioning Ireland in Brian Friel's *Molly Sweeney*".

[7] Molly's disability is a referent point for the duality of Friel's political stance. McGrath, in his book *Brian Friel's (Post)Colonial Drama*, evaluates Molly's blindness as a metaphor for Friel's hybrid identity. Molly's dilemma of being torn between blindness and vision is a direct reference to Friel's oscillation between two antagonistic political powers - Northern Ireland and the Republic of Ireland (278). Molly's life which is invaded by the conflicting narratives resonates with Friel's difficult position caused by the two opposing sides. Nationalists supported the nationalist causes whereas Unionists expressed their complete loyalty to Britain. Each community had its narratives about its mission, aims, and futures which utterly clashed with each other (278-9). As a member of the Northern nationalist community who crossed the border towards the Republic of Ireland, Friel is part of "the postcolonial environment of the Republic and the still colonized situation of the Northern nationalist community" (McGrath 16).

[8] As Hannah Arendt points out, "from the outset in formal philosophy, thinking has been thought of in terms of *seeing*" and vision is given primacy over other senses (110). In the play, Friel reverses this idea by using blindness metaphorically to foreground the situation where the sighted characters remain 'blind' to the reality of the circumstances in their life. For instance, Franks's blindness stems from "his undisciplined enthusiasms for oddball, usually hopeless, causes" (McGrath 267). Prompted by his attraction to the 'different', he does not think that any alteration to Molly's tactile engrams will ruin her. Mr. Rice's blindness is triggered by his intoxication with achievement. He certainly knows that the operation will harm Molly, yet he cannot resist the opportunity to regain his reputation.

issues, this part intends to explore how femininity and disability are structured in the play as 'undesired' physical attributes and the ways in which the cultural perception of disability combined with femininity leads Molly into a state of oppression. In this evaluation of the disabled body within the feminist discourse, feminist disability theory is utilized to offer further insight into how the disabled body is conceptualized within the social and cultural paradigms that frame disability and female identity.

Regarding the correlation between disability and femaleness, Rosemarie Garland Thomson who works on disability and feminist theories points out that there have been similarities between the social meanings ascribed to the disabled body and those assigned to the female body. As Thomson asserts, certain bodily configurations are conventionally interpreted, and accordingly, female disabled individuals take the marginalized position:

> Both the female and the disabled body are cast as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a norm that is assumed to possess natural physical superiority. (*Extraordinary Bodies* 19)

What intersects disability theory with feminism is their mutual recognition of the body as "a cultural text that is interpreted, inscribed with meaning -indeed *made*- within social relations" (Thomson *Extraordinary Bodies* 22). In this respect, feminist disability theories propound that the body is an embodiment of the significations both conditioned and perpetuated by social norms; and the meanings of bodily existence are attained in accordance with lived experience. In a culturally restricted corporeal space, the body is shaped not only through the norms that sanction and proscribe how one experiences his/her body and embodiment and but also through the cultural conventions that structure the way through which the body is perceived and construed. In this regard, it is important to state that in a patriarchal culture, disability and

femininity are inextricably intermingled (Thomson *Extraordinary Bodies* 27) and women and the disabled are considered as 'helpless', 'vulnerable', 'dependent', 'weak', and 'incapable'. Women and the disabled are "always ready for the aggrandizement of benevolent rescuers, whether strong males, distinguished doctors, abolitionists, or Jerry Lewis hosting his Telethons" (Thomson "Integrating Disability" 261). Drawing upon these views, in the course of the analysis, I will explain how Molly experiences her disability and gender identity within the cultural conventions of patriarchal society. Furthermore, this part will provide an extensive examination of how the female disabled body is treated as an object to be manipulated and exploited by males, and how the patriarchal mindset aggravates the disabled female character's relation with her environment and alienates her from her own body and self. I will consider social, cultural, and individual prospects that frame the embodiment of gender and disability and explain how disability and female embodiment are inextricably interwoven with each other in the play. I will also specify how the construction of the disabled body in relation to femininity in the text reinforces and also critiques systems of patriarchy and social notions that reify normalcy.

Crucial to the interpretation of Molly's disability experience in the feminist context is the process in which under the male domination, she has an operation to experience a life of isolation and is left in a psychological limbo with no discernment of the sighted world to move in and no sense of the old blind world to belong. That Molly's blind world is distorted in a male-centred world is revealed with the fusion of language and memory, that is, the narrative is interlaced with drama in the play. That is to say, the play is an articulation of what the characters are storing in their memory about Molly's disability experience. Though this point raises questions concerning the unreliability of the narrative voice, their remembrances of the events do not leave the audience with uncertainty since they do not contradict each other but complement the story (except the last scene which will be explained later). Memory is, in Friel's

many other plays, "dramatized as a mixture of fact and fiction, formed by emotional and psychological needs to create or recreate the self" (Bertha 161). In *Molly Sweeney*, memory becomes the medium where the facts of Molly's life and the illusions created by the male characters for their self-gratification are inextricably merged to create or recreate her self not to maintain but only to destabilize and decentre her blind self and identity. In other words, through memory, Molly's past story is re-written in every performance not to generate and verify her blind identity but to distort it.

In presenting the individual aspects of a family story which is closely intertwined with the gender and body politics of his community, Friel's experimentation with the different theatrical form is very crucial. As Anthony Roche asserts, Friel, in his plays, seeks "a theatrical form adequate to the Irish condition, a form uniquely suited to represent the themes that concern him" (3). In *Molly Sweeney*, Friel subverts the conventions of realistic drama to embrace solo performance style which enables him to trace Molly's unfruitful attempt to step beyond the borders of the blind world. Molly's story is told from the different perspectives of three characters, Molly, her husband Frank, and her surgery Mr. Rice. The characters who simultaneously appear on the stage do not interact with one another but merely recite the story through their complex yet interlaced monologues. Their solo performances in their isolated worlds are very functional to reveal the lack of communication among the characters and their reactions to their different desires and fantasies that 'blind' them to the reality of their circumstances. In this respect, the monologue style becomes a device for the audience to delve into the characters' inner thoughts and feelings about Molly's blindness and operation and also their hidden intentions to get benefit from Molly's blindness.

The play starts with Molly's opening monologue where she recalls how her father's tuition affects the way she experiences her embodied life. Growing in a family where her father, a judge, constantly quarrels with her mother who is frequently in and out of the mental

institution, Molly's disability experience is shaped by her father's interference. In her early monologue, Molly gives a detailed account of the kind of education which her father indoctrinates into her. When her father teaches her how to specify her location in the garden and familiarize the beauties of the external environment, he encourages her to use her other senses. When she guesses that they are near the stream, he corrects her: "Stream? Do you hear a stream? I don't. Try again" (455). When she says that they are underneath the lime tree, he interferes again: "I smell no lime tree. Sorry. Try again" (456). In the end, she rightly guesses that they are beside the sundial. Mr. Sweeney, with an intention to make Molly familiar with her environment, describes the visual features of the garden. He relates the natural beauty of the petunias as such:

> at the bottom of the pedestal there is a circle of petunias. There are about twenty of them all huddled together in one bed. They are –what? – seven inches tall. Some of them are blue-and-white, and some of them are pink, and a few have big, red, cheeky faces. Touch them. (456)

Although Molly learns to appreciate the visual features of the garden by touching and smelling, what she gets from sensory senses is formulated and transferred by her father's definition. His naming and counting of flowers extend to the description of trees, shrubs, and herbs and her father equates the beauty of nemophila with Molly's comeliness, thus, information about invisible beauty is embodied: "Nemophila are sometimes called Baby Blue Eyes. I know you can't see them but they have beautiful blue eyes. Just like you. You're my nemophila" (456). Then, Mr. Sweeney puts Molly under the test to assess what she has learned:

> 'Now, Molly. Tell me what you saw.'
>
> 'Petunias.'
>
> 'How many petunias did you see?'

‘Twenty.’

‘Colour?’

‘Blue-and-white and pink and red.’

‘Good. And what shape is their bed?’

‘It’s a circle.’

‘Splendid. Passed with flying colours. You *are* a clever lady.’

(456)

As this test indicates, Molly’s education predicates on her mere memorizing and repetition of the visual manifestations of the garden, and Molly is praised by her father for her successful replication. This “excellent testimony” satisfies her father since he is certainly sure that Molly witnesses much of beauties of the garden “I promise you, my darling, you aren’t missing a lot; not a lot at all. Trust me” (457), and her father gains her complete trust: “Of course I trusted him; completely” (457). It is her trust in male truth that will destroy Molly’s blind world as will be explained in the course of the analysis. Molly replicates the beauties of the garden through verbal memory merely to satisfy her father: “And to have got it right for him and to hear the delight in his voice gave me such pleasure” (456).

The nature of Molly’s education imposed upon her by her father visibly manifests that it is “a misguided indoctrination into the formal domain of aesthetic appreciation” (Feeney 142). That is to say, the education provided by Molly’s father results from her arduous memorization and repetition of the visual aesthetics of her sighted father. What Molly is subjected to during her education is her “sterile and servile compliance with and appropriation of an aesthetics which does not involve her aesthetic, emotive, or creative being” (Feeney 143). Molly’s mimicry of the aesthetic appreciation of her father shows that she submits to male manipulation

and also suggests that the intuitive senses of the unsighted are considered insignificant and inadequate by the sighted. On that line, it is important to state that in the restricted borders of the garden, her "intuitive sensibilities are circumscribed or imprisoned within the principles and dimensions of an alien aesthetics" that overlook her senses of disability aesthetics (Feeney 142). Since she does not learn how to manage her sensory resources in her own way in the education system which does not acknowledge her as an emotional, psychological and creative being, she entirely becomes unaccustomed to the potentiality of her aesthetics and her senses. In other words, she is taught to disclaim her blindness to simulate the aesthetic appraisal of the sighted in the society governed by male authority (Feeney 146).

Deprived of the opportunity to attend a blind school and procure her own senses of intuition during her childhood, Molly engages in various activities to get pleasure and achieve self-realization as a middle-aged woman. As opposed to what is commonly considered to be the general portrayals of individuals with visual impairment, Friel delineates Molly as a competent, self-supporting, self-reliant, and independent individual. Her visual impairment does not prevent her from developing a positive self-image and self-identity. Molly has a fulfilling life with a feeling of great satisfaction in her work as a massage therapist, in cycling, in swimming, in dancing, in music, in her social relations with her friends, and her marriage to Frank. She is an independent and self-sufficient woman who shows "no self-pity, no hint of resignation" concerning her disability (458). Molly is contentedly accommodated to her blind world and never considers it as "a deprived world" though it has some disadvantages (466). Molly describes her experience of her leisure activities in a confident manner, an indication that she gets a full sense of satisfaction from her blind world. Recalling her memories in the swimming pool, Molly states:

> I really did believe I got more pleasure, more delight, from swimming than sighted people can ever get. Just offering yourself to the experience

> – every pore open and eager for that world of pure sensation, of sensation alone – sensation that could not have been enhanced by sight – experience that existed only by touch and feel; and moving swiftly and rhythmically through that enfolding world; and the sense of such assurance, such liberation, such concordance with it... (466)

Seemingly, Molly's experience of swimming creates a kind of pure sensation she solely attains by feeling and touching the external substance. Though she is a visually disabled person, she effectually uses her other senses to perceive the external world, which constitutes the essence of her enjoyment and self-satisfaction. The rapid and rhythmical movements of her body in the water are clear manifestations of both her self-assurance and her sense of balance, that is, physical disability does not deprive Molly of an ability to connect and concord with the outer world. That physical dexterity opens up a site of liberation for Molly, so that she can form a perfect harmony with the external world, thus, as Ojrzynska emphasizes, the act of swimming becomes the symbol of her "union with nature" (254). So full and intense is Molly's pleasure that she says if the sighted "knew how full, how total my pleasure was, I used to tell myself that they must, they really must envy me" (466). Her statement shows the double-sidedness of her experience. On the one side, Molly experiences more intense sensual pleasure from physical activities than the sighted people since their sight diminishes their pleasure, on the other side, the sighted will never comprehend her pleasure since her experience seems outlandish and recondite to the sighted who undervalue the abilities of the unsighted. Molly securely and delightedly inhabits her blind world with no trace of feelings of complaint and insufficiency. Molly's congruity with the external world is marred by the intervention of her husband Frank and her surgeon Mr. Rice who desire to eliminate her physical disability which is perceived as the physical attribute that needs to be corrected.

Frank is, as Mr. Rice defines, “an ebullient fellow; full of energy and enquiry and the indiscriminate enthusiasms of the self-taught” (458). His life is full of many interesting attempts; he works for a charitable organization in Nigeria, sells batteries for windmills to produce electricity, and spends three winters in Norway to protect whales and keeps goats on an island off the Mayo. Frank has the disposition to take on many tasks to improve what he sees as different and deficient with enormous enthusiasm but little foresight and prudence. Frank’s love for Molly is tempted by his fascination with her blindness because Frank can’t “resist the different, the strange” (480). As Molly’s close friend Rita puts it, Molly is the last chain of his causes: “All part of the same pattern, sweetie: bees - whales - Iranian goats - Molly Sweeney” (480). After meeting Molly, Frank spends his whole week searching books, encyclopedias, magazines, articles, and everything concerning blindness, eye diseases, and vision. Mr. Autodidact, to use Mr. Rice’s word, acquires his knowledge from Aristotle to Iranian goats from texts by means of his meticulous search, yet the process of practicing knowledge yields to an unexpected result. For instance, despite his extensive research regarding the Iranian goats he keeps on a small farm on an island off the Mayo, he encounters difficulties in milking these goats since their metabolism and nature do not accord with Irish time and these goats live in “a kind of perpetual jet-lag” (461). Frank discovers that their entrenched qualities remain unaltered and stable and the Greek word engram which means “something that is etched, inscribed, on something” (462) explains the immutability and inalterability of their nature. Frank knows that tactile engrams are ingrained in Molly’s brain and learns from the articles of William Molyneux, John Locke, and George Berkeley that Molly has to learn to see if her sight is restored. However, when Molly’s blindness becomes his next project, he cannot stop himself to embark on correcting what is ‘lacking’ and ‘deficient’. Having no insight into the fact that as in the case of Iranian goats, adjustments to the nature of her blind world will destroy Molly, Frank insists on the operation: “if there is a chance, any chance, that she might be able to see,

we must take it, mustn't we? How can we not take it? She has nothing to lose, has she? What has she to lose? Nothing! Nothing!" (459).

Similarly, what tempts Mr. Rice to perform the operation is to satisfy his self-interest. Mr. Rice is one of the most famous ophthalmologists in the country who works in the best hospitals in Germany, Japan, and America. After his beautiful wife, Maria goes off with one of his colleagues, Roger Bloomstein, he has a psychological breakdown and withdraws from medicine and friendships. After some time, he turns up in Ballybeg and gets a job in the hospital. The moment he sees Molly, a phantom desire of performing the twenty-first restoration stimulates his impulse. He decides to operate on her eyes in that he sees her case as "the chance of a lifetime, the one-in-a-thousand opportunity that can rescue a career - no, no, transform a career - dare I say it, restore a reputation" (460). Though he knows Molly has "everything to lose" (481), he rationalizes his reasons: "And isn't the self-taught husband right? (*angrily*) What has she to lose for Christ's sake? Nothing! Nothing at all!" (470). The moment he has a feeling of mastery and restoration while performing so adroitly and efficiently constitutes the core of his memories of Ballybeg: "the terrible darkness lifted ... the shaft of light glanced off me again" (490).

What takes Molly out of her blind world is Frank and Mr. Rice's self-gratification. At one moment, Molly expresses that she wants to make a brief journey into the land of the sighted but just to visit it, not to stay there: "To gorge on all those luminous sights and wonderful spectacles until I knew every detail intimately and utterly – every ocean, every leaf, every field, every star, every tiny flower. And then, oh yes then to return home to my own world with all that rare understanding within me forever" (483). Yet, immediately her thought yields to the second one and she calls her hope "[j]ust a stupid fantasy" (483). Though Molly feels self-sufficient and gratified to become an inhabitant of the unsighted world, it is Frank and Mr. Rice who wish to compensate for what they consider the emptiness in her life by the restoration of

sight. Their desire evokes Mr. Sweeney's wish to regulate what he perceives as 'lacking' with the power of words. At the heart of their attitudes towards Molly's physical disability lies the primacy of vision and glorification of normalcy, which define the cultural experience of blindness:

> Far from being a sheer individual and thus personal experience, blindness is a social one. It is an experience that "comes to us" — to blind and sighted people alike — always-already framed by and wrapped in the "one size fits all" conceptual and material cloak of culture. In this sense, there is no direct experience of blindness since, to experience it, is to experience a multitude of cultural representations of what it culturally means to be blind and to be sighted. (Michalko "What's Cool about Blindness?" n.p.)

As Michalko states, if experiencing blindness is structured within the cultural conventions and the materialization of the values of the sighted world and the blind world, a conflict arises when the values of these two worlds contrast with each other. *Molly Sweeney* can be read as "a conflict between two different worlds, each with its own distinct vocabulary and syntax, its own principles of organization, selection, and orientation, its own biases, reference points, and master narratives" (McGrath 254). Expanding upon this view, it is worth noting that what Molly suffers is that she does not find any place to assert her blind identity in a sighted world that has its own standards of organizing, controlling, and disciplining the human body through its hegemonic discourses. The incongruity between the contrasting worlds can be directly associated with the feminist experience where the position of unsighted women is determined by the narratives of sighted males. What brings Molly's tragic end is her submission to the male 'truth' in a society where the male-biased discourse dictates social regulations about health care. Frank and Mr. Rice neither value nor discern Molly's blind world in which she

experiences integrity with her sources since they regard her blindness as a sign of 'otherness'. As Bertha points out, "[i]n the process of assimilating her "otherness," her husband Frank and the ophthalmologist Dr. Rice manage to "other" her to herself, to rob her of "the dignity of particularity" (162). Molly's deprivation of her congruity with the external world and her pleasure in her blind world stems from male domination, which is more clearly accentuated in the dance scene at the climactic point of the play.

At the night before the operation, a group of friends and neighbours gather to engage in such activities as dancing, singing, chatting, and drinking. With no mention of how her operation will go during the party, Molly suddenly feels desolate and forlorn. Her pent-up apprehension of being alienated from her known world comes to the surface:

> Why am I going for this operation? None of this is my choosing. Then why is this happening to me? I am being used. Of course I trust Frank. Of course I trust Mr. Rice. But how can they know what they are taking away from me? How do they know what they are offering me? They don't. They can't. And have I anything to gain? Anything? Anything? (473)

In the play, Molly's concealed fear of losing something reappears just before the bandages are removed following the operation. At this moment, Molly wants to take a last walk in her own world. As understood from her monologue highlighting her inner thoughts, through her intuitive knowledge, Molly discerns the male-identified practices which impose their solution upon her. She realizes that her impending discard from her safe world is "the dread of exile, of being sent away…the desolation of homesickness" (473), a situation that foreshadows her exile from her blind world that leads to her final deterioration and breakdown. However, as it is clearly shown in her monologue where her self-conscious utterances of rebellion are interrupted

by her words of trust in males, Molly cannot completely get rid of the male perspective to produce her own truth or discourse to reveal her hidden anger and fear for the unpredictable future. The outburst of concealed powerful emotions does not come with the verbal statement but the free and self-assured body movements in the wild dance which have insurrectionary edges against the social construction of femininity. By performing a wild and frenzied dance dexterously, Molly rebels against "the normalizing attitude of masculine authority" (Ojrzynska 253). Her ability to control her movements and her body without any hesitation, any timidity, and any faltering shows that though visually impaired, she has the coordination to move in spaces and does not need any improvement. Her physical activity, though it is narrated but not performed on the stage, becomes a tool for the recognition of the potentiality of her disabled body that "our so-called normal usually only reluctantly gives to the blind" (Russell 214). The freedom she attains by the sudden eruption of fierce emotions and the manifestations of physical movements lasts only for a short time. As soon as her dance ends with Frank's desire, Molly attains her submissive attitude since she is overwhelmed by what others think about her performance: "But it must have been terrifying to watch because, when I stopped, the room was hushed" (473-4). Eventually, she conforms to male manipulation by accepting to undergo surgery, which is subsequently followed by a gradual process of psychological deterioration together with the confinement of her body.

Molly who gains her sight after a long time of blindness goes through several stages, from euphoria to gnosis, to blindsight and lastly to psychological destruction. Initially, Molly experiences excitement and euphoria as a wonderful world of shapes, movements, and colour fascinates her: "a world of wonder and surprise and delight. Oh, yes; wonderful, surprising, delightful. And joy – such joy – small unexpected joys that came in profusion and passed so quickly that there was never enough time to savour them" (492). While Molly finds the sighted world exhilarating and surprising, this world presents itself to her as foreign, and appalling:

“But it was a very foreign world, too. And disquieting; even alarming. Every shape an apparition, a spectre that appeared suddenly from nowhere and challenged you. And all that movement – nothing ever still - everything in motion all the time; and every movement unexpected, somehow threatening” (492). Where Molly experiences psychological stress due to her blurred vision, she starts to think about her father and her mother. Although Molly does not have an intimate relationship with her mother in her childhood, now she is able to empathize with her: “what it must have been like for her living in that huge, echoing house” (492).

In the beginning, Molly enthusiastically observes the objects of her new world in order to build up a reservoir of visual engrams to connect them with the help of the patient and kind Frank who teaches her how to name things in the same manner Mr. Sweeney did once. At this point, Molly has gone through a difficult stage of tests by Mr. Rice, Jean O’Connor psychotherapist and George O’Connor behavioural psychologist, and Frank as well and this process wears her out. The onerous task of arranging and organizing things at this period seems formidable for her. At the end of these tests and treatments, George and his wife write a documentary book of Molly’s history case that traces every phase of her blindness from her childhood to sight restoration. This situation shows that the life stories and clinical experiments of disabled individuals are used for the sake of academic achievement. At this stage, Molly experiences disappointment since the knowledge she learns by her father’s intervention utterly contradicts the visual impressions she gets in the post-operative period. One striking moment is that when Molly buys flowers for the wedding anniversary of Tony and Betty, she discovers that nemophila, that is, Baby Blue Eyes are not pretty at all as her father described and accordingly, realizes that what she learns from her father is misleading and unreal. The enormous discrepancy between what Molly sees and what is defined to her confirms that in a male-centred world, her perception of what is real or unreal is guided by male ‘truth’. Molly’s trust in what is real or what is imagined and her irrevocable faith in her father start to shatter:

> Just that trying to discriminate, to distinguish between what might be real and what might be imagined, being guided by what Father used to call 'excellent testimony'- that didn't seem to matter all that much, seemed to matter less and less. And for some reason the less it mattered, the more I thought I could see. (500-1)

After her first excitement and delight at having vision fade away, a difficult process begins for Molly since the blind world becomes unavailable to her and a sighted world opens itself to her. As Mr. Rice emphasizes, it is up to Molly's desire and effort to compose the sighted world and form a 'meaningful' composite of visual impressions. That is to say, "[o]ne must die as a sighted person to be born again as a blind person" (Sacks "To See and Not See" n.p.). This is a very difficult transformation for Molly who has to leave aside her tactile engrams to sense the world with visual sensations and her blind identity as well. As Diderot suggests, the blind "construct a complete and self-sufficient world, have a complete "blind identity" and no sense of disability or inadequacy" (Sacks "To See and Not See" n.p.). To be the sighted person, Molly has to go beyond the world she embraces and also renounce her blind identity as the epigraph of the play indicates: "learning to see is not like learning another language; it's, as Diderot puts it, like learning language for the first time" (Sacks "To See and Not See" n.p.). Diderot highlights the difficulty of coming to terms with the new world that has been undiscovered before.

At a later phase, Molly develops the symptoms of a condition called gnosis, which is indicated in the post-surgical treatment. Subsequent to the operation, when her bandages are removed what Molly sees is nothing but an incomprehensible clutter of shapes and colours: "Nothing. Nothing at all. Then out of the void a blur; a haze; a body of mist; a confusion of light, colour, movement. It had no meaning" (483). Only when Mr. Rice says he holds his hands before Molly's eyes does she see "a reddish blob in front of my face; rotating; liquefying;

pulsating" (484). At this moment, Mr. Rice whose alcoholic breath reminds Molly of her father, tests Molly by using the same methodology Mr. Sweeney used. Mr. Rice praises Molly as Mr. Sweeney did, a situation which indicates that he holds the same power over Molly by teaching her to identify the things by sight:

> 'Can you see my hand, Molly?'
>
> 'I think so... I'm not sure...'
>
> 'Now I'm moving my hand slowly.'
>
> 'Yes... Yes...'
>
> 'Do you see my hand moving?'
>
> 'Yes...'
>
> 'What way is it moving?'
>
> 'Yes... I do see it...up and down...up and down...Yes! I see it! I do! Yes! Moving up and down! Yes-yes-yes!' (484)

What Molly suffers from at this phase is that she sees but she cannot comprehend the external stimuli that her nerves transmit to her brain. Her behaviour was not "that of a sighted man, but it was not that of a blind man, either. It was, rather, the behaviour of one *mentally* blind, or agnosic - able to see but not to decipher what [s]he was seeing" (Sacks "To See and Not See" n.p.). At one point, she got "spells of dizziness when everything seemed in a thick fog, all external reality became just a haze" (495). In the play, this stage of blurriness takes place when Molly sits in front of the mirror and arranges her hair in different ways but cannot see herself in the mirror; all she sees is only "a blur" (495). Molly's dilemma is that she cannot make any sense of what she sees and she cannot return to her old blind world which is

unobtainable for her and she cannot embrace her new world. Living in a limboland brings some behavioural problems with it. At one point, Molly insistently wants to dive off eighty-foot cliff into the Atlantic on a rainy December night.

As the stage of gnosis progresses, Molly develops a condition called blindsight whose symptom is that the newly sighted say they cannot see anything but act as if they saw. During this stage, Molly receives visual signals but none of these reach her consciousness. Though Molly claims that she sees nothing, she behaves as if she saw, for instance, she can "reach for her purse, avoid a chair that was in her way, lift a book and hand it to you" (498). At this stage, if the newly sighted does not show "a renaissance of personality", a withdrawal comes out (497). Molly cannot experience a renaissance of personality, and eventually she begins to withdraw. She loses her job and her friends, and cannot socialize but sits "alone in her bedroom with her eyes shut, maybe listening to the radio, maybe just sitting there in silence" (497). In the end, her integrity with the external world she previously established through her body is utterly broken and her identity as a blind person or a partially sighted person is distorted. Her former presence as self-contained and independent person changes into the opposite one as dependent and incomplete. Molly's situation is reminiscent of the plight of the badgers which go berserk when moved by Frank and his friend Billy Hughes from their natural habitat. As Mr. Rice informs us, "She had moved away from us all. She wasn't in her old blind world - she was exiled from that. And the sighted world, which she had never found hospitable, wasn't available to her anymore. My sense was that she was trying to compose another life that was neither sighted nor unsighted, somewhere she hoped was beyond disappointment; somewhere, she hoped, without expectation" (501).

After Molly withdraws and Frank and Mr. Rice fail in their project, they walk away without any feelings of guilt. Frank leaves for Ethiopia to reform its economy, a job far more interesting than listening to Molly's account of how terrible her experience was. As he says in

his letter to Molly, he spends a great time: "Never in his life has he felt so committed, so passionate, so fulfilled" (508). One indication that Frank does not feel any compunction for what befalls Molly can be that he sells her story to a journalist from Dublin paper, who is interested in her story of moving from partial sight to total darkness. The news says: "*Miracle Cure False Dawn. Molly sulks in darkness. Husband drowns sorrow in pub*" (499). Frank lets Molly down by selling her story: "And now I was as bad as all the others: I had let her down, too" (499), a statement which suggests that Frank recognizes his role in Molly's destruction. While this situation raises questions concerning the dichotomy of privacy versus public, it also shows that disability is publicized through manipulative media devices for the sake of profit regardless of how it negatively affects the emotional and psychological states of disabled individuals.

Mr. Rice goes to New York for the funeral of Roger Bloomstein where he meets Hans who asks about Molly's situation. When Mr. Rice explains she is totally blind and psychologically disturbed, Hans comments upon the strong insistence of the visually impaired individuals to undergo an operation. His interpretation suggests that the part doctors play is ignored and blame is put on the blind for bad consequences. After returning from the funeral, Mr. Rice resigns from his job at the Ballybeg Hospital and visits Molly on his last night but Molly is asleep (Molly's account shows that she is not asleep but pretends. And Mr. Rice apologizes and says he is sorry). Looking at her in her bed, he remembers how a phantom desire glows within him and admits that he fails her. He eases his conscience by saying that "at least, at least for a short time she did see men 'walking as if like trees'" and "she understood more than any of us what she did see" (506).

At the end of the play, Molly lives in her borderline country where the lines between reality and illusion blur: "I think I see nothing at all now. But I'm not absolutely sure of that. Anyhow my borderline country is where I live now. I'm at home there. Well... at ease there"

(509). Where Molly cannot figure out what is real or illusion, she experiences a kind of epiphany to realize that her father, her husband and her surgeon betray her. Before Molly has her sight restored, she identifies herself with her father she firmly trusts. Yet, as her psychological breakdown proceeds, she thinks more about her mother and now she is in the same mental hospital where her mother was treated. She imagines her mother and her father visiting her; she takes a short visit to the garden with her father and identifies the names, the trees and the shrubs. When she asks her father why he did not send her to a school for the blind, he says that her mother needs her whenever she gets out of the hospital. Yet, Molly realizes that her father told a lie and he did not send her because he was stingy with money. Molly's mother insists that Molly should be sent to a school for the blind yet her husband resists her idea: "She should be at a blind school! You know she should! But you know the real reason you won't send her? Not because you haven't the money. Because you want to punish me" (500). No definite reason concerning why Mr. Sweeney wants to punish his wife is given in the play. One plausible explanation may be that his wife gave birth to a disabled child. Yet, it is visibly evident that Molly's mother was the only person who acted out of concern for her daughter and challenged her husband by arguing and never called him anything "but Daddy and the word always seemed to have a mocking edge" (457). Yet, the difficult life under the authority of her alcoholic husband causes her mental distress. Molly, who is sharing the same fate with her mother, awakens to understand how male influence ruins her life. In this respect, "Molly's final posture could certainly be read as a refusal to live in the world the colonizers [Irish males] have created, a choice to devise an alternative existence" (Moloney 293-4). As Mr. Rice says, she will create another life neither sighted nor unsighted but beyond the illusions created by males that bring disappointment. Whether she will achieve to create such a world remains unanswered in the play. Yet, her final words give the audience some clues. Though Molly has attained a new kind of knowledge, as it can be traced in her final words, she cannot express it without

mentioning her husband's term: "It certainly doesn't worry me any more that what I think I see may be fantasy or indeed what I take to be imagined may very well be real- *what's Frank's term? – external reality*. Real-imagined-fact- fiction- fantasy- reality- there it seems to be. And it seems to be alright. And why should I question any of it any more?" (my emphasis, 509). Though she utters these words in a mental hospital, her inability to express her own truth may imply the fact that it will not be easy for her to constitute a new world unless the influence of the patriarchy and the deeply seated notion of normalcy cease to exist.

In *Molly Sweeney*, Friel emphasizes that Molly Sweeney is forced by male figures to regain her sight in a sighted society and eventually, loses any sense of the integrity between reality and illusion, her disabled body is confined and her blind identity is completely distorted. In the play where physical disability is, in a nuanced manner, integrated with mental deterioration, Friel albeit unintentionally reproduces the figure of the mad woman and thus, reinforces the patriarchal system. Yet, by using the figure of the disabled mad woman, he critiques the patriarchal oppression and the social norms surrounding the body in Ireland. Molly's disabled body has its capacity to revive the controversies and anxieties of Irish culture, thus, it metamorphoses from the private body into the social body. In this sense, her body becomes a site upon which social restrictions as well as repression are inscribed. While Friel problematizes the perception of the female disabled body in Irish culture, his construction of a disabled female character prompts rethinking and reconsideration of gender and disability in the ways that provide insights into the oppression and injustices imposed on disabled females. Thus, the play raises a criticism against the socio-political structures that pave the way for the oppression of women whose gendered disability is constructed by the socially reductive views of bodily configurations.

2.2. "Monstrous Laughter Turns into Pain": Disability Humour and Psychological Pain in *The Cripple of Inishmaan*

In the previous chapter, the representation of disability focalizes physical embodiment as a health condition. While Friel's portrayal of gendered disability highlights how gender and bodily differences mutually affect each other, the embodiment of gender and disability also serves as a literary device to unveil the different phases of Ireland's colonization. Martin McDonagh's *The Cripple of Inishmaan* engages with disability embodiment not as a health issue yet rather as a somatic feature at which humour is directed to marginalize and displace the disabled character and to undermine his masculine and disability identity. Unlike Friel's politicization of the disabled female body, McDonagh employs the male disabled body to deconstruct the notions of Irishness and Irish identity. This part will examine the negative consequences of having a 'lacking' body in Irish society where bodily characteristics become the source of laughter and ridicule. While the analysis mainly focuses on how language operates on the disabled body, I will dwell on how the male disabled body is employed to problematize the notion of Irishness and the Irish ideals of the body.

The Cripple of Inishmaan was first staged in the Cottlesloe auditorium of The Royal National Theatre in 1996. It was also premiered in the United States in 1998. Set in the early 1930s on the Aran Island of Inishmaan, *The Cripple of Inishmaan* revolves around a disabled seventeen-year-old character, Billy Claven, who was adopted by his protective aunts, Kate and Eileen. Billy spends his time reading books and staring at cows to escape from the humorous cruelty of his townspeople. Billy is infatuated with Helen, a pugnacious and fierce girl, who teases and attacks her brother Bartley and experiences her sexuality freely, yet he knows that Helen is unattainable for him. Furthermore, he is overwhelmed by the unsolved mystery of the past since the fundamental reason behind the death of his family remains unknown to Billy. Even Johnnypateenmike, the gossipmonger who delivers the big news for profit, remains silent

on this subject. Johnny's gleefully cruelty, Bobby's bad temper, Helen's frivolousness and acts of violence, Kate and Eileen's excessive anxiety make Billy's life unendurable. His life suddenly changes when the American director Robert Flaherty comes to Inishmore to make a film known as *Man of Aran* which seeks to expose the desolate life on the Aran Islands. In an attempt to escape from his poverty-stricken life and the ridicule and teases he has endured, Billy forces Bobby to take him to Inishmore on his boat by telling him a big lie about his health with a forged letter indicating that he suffers from tuberculosis. Bobby accepts to row him to Inishmore since his wife died of the same illness. Kate and Eileen are nervous and anxious since Billy has left them without giving and sending any information and later, they learn that Billy went to America to undergo a screen test to act a part in the film. Though Billy is chosen for the screen test, he fails in the rehearsal test on account of the fact that he does not act well. On his return, he explains that he turns down Hollywood for the reason that he wants to be near the people he loves and the people who love him so much. Aware of Billy's lie about his health, Bobby beats him with the pipe in return for his deception. In the final scene, Billy, bruised and bandaged, exposes his love for Helen that he has kept hidden for a long time and when Helen rejects his offer, he ties sacks tightly to one of his hands to commit suicide. Yet, Helen reappears suddenly and accepts it, kissing Billy. Everything seems to turn out to be good for Billy, yet the hope of happiness for Billy comes to nothing since he coughs blood, a situation which shows that he has tuberculosis.

Martin McDonagh's success with his iconoclastic plays in *The Leenane Triology* has generated various critical responses. In an effort to place McDonagh's plays in the dramatic canon and illuminate his dramatic understanding, critics have come up with different views and ideas regarding the theatrical features of his works. In the introductory part of his seminal book *The Theatre and Films of Martin McDonagh*, Patrick Lonergan states that for many critics, McDonagh is a postmodern writer with his skilfully use of "a pastiche of styles to undermine

the differences between high and low art" (xiv). Comparing McDonagh with Quentin Tarantino on the basis of his employment of pastiche, Lonergan states that McDonagh did to 1990s theatre what Tarantino did for 1990s film by taking the familiar forms (Irish melodrama) to reframe and revitalize them in his works (xiv). To this Patrick Lonergan adds, treating McDonagh as "an indifferent *pasticheur*" would be to ignore or dismiss the other important features of his texts; storytelling is a significant feature that distinguishes his works (xiv). Since his plays are set in the islands of Ireland (except *The Pillowman* set in an unspecified totalitarian town and *Beheading in the Spokane* set in America) and Irish characters dominate in his plays, there has been an attempt to accommodate McDonagh's plays within the Irish tradition. His plays are mostly compared with those of John Millington Synge, Lady Augusta Gregory, Samuel Beckett and Tom Murphy (Jordan 8). In this regard, Christopher Morash, who evaluates *the Leenane Triology*, states that the plays can be regarded as "copies that have forgotten their originals" (269). Eamonn Jordan points out that the links between McDonagh's work and that of David Mamet, Sam Shepard, Joe Orton and Harold Pinter can be pinpointed (7). In an interview with Donald Clarke, McDonagh himself confirms that he is heavily influenced by Mamet and Pinter's plays, and in order to avoid imitation, he sets his plays in Ireland: "I think writing the Irish plays was the first time I felt properly free... Until then, they were like imitations of Pinter or Mamet. There is still something of those writers in the plays, but the Irish plays freed me up and I felt I wasn't imitating them so much anymore" (qtd. in Jordan 8).

While some theatre scholars tend to explain the success of McDonagh's works in terms of the dramatic features, Karen Vandevelde asserts that McDonagh has gained reputation with his drama structured on "members of a rural community who are victims of loneliness, depression and economic progress" (292). Clare Wallace, who does not completely dismiss Vandevelde's critical stance, disputes with her view, stating that McDonagh's achievement can be related to the depictions of miserable situations of his characters; yet, this assertion can be

insufficient to completely grasp his dramatic style. Clare Wallace points out that apart from other qualities, it is "raucously grim humour and tension driven plots" of his plays that underline McDonagh's dramatic achievement (3-4). Evaluating McDonagh's stagecraft, Joan FitzPatrick Dean states that although McDonagh's works share some similarities with those of other playwrights, what makes McDonagh's plays distinctive from his many Irish and British precursors is "an unremittingly comic, anti-*avant-garde* dramaturgy" (27). In this respect, Dominic Dromgoole points out that McDonagh's drama is blended with Irish tradition, and comedy is his greatest tool to draw a distinction:

> Using his great narrative skill, and a strong imaginative grasp of theatrical plasticity, he has come up with a unique voice. It's a pastiche soup, a blend of Irish greats, with a pinch of sick punk humour thrown in. Its greatest achievement is that it is entertaining. It asks the audience to live on the edge of wits, and at the ends of its nerves. Thrills, spills and laughs, served up giddily on the surface of a violent, cruel, chthonic world. (199-200)

I share the same views with Wallace, Dean and Dromgoole that comedy is an essential character for most of McDonagh's plays including *The Beauty Queen of Leenane* and *the Cripple of Inishmaan*. Although comedy has a significant role in McDonagh's work, it would be soundless to claim that comedy is the only basis of his plays since the tragic moments are almost invariably laced with comic overtones. On that line, Maria Kurdi asserts that McDonagh, who embraces the Irish dramatic tradition, generally blends "tragedy with comedy, tears with laughter, a sense of disaster with the triumph of survival" (96). The dichotomization of genres, events, and feelings in his plays creates ambivalence in the emotional response of audience as an audience after the Galway premiere of *The Beauty Queen of Leenane* expresses: "I have a funny feeling that I shouldn't be laughing so hard" (O'Hagan "The Wild West" n.p.). The

emotional instability caused by the interplay of tragedy and comedy could be detected in *the Cripple of Inishmaan* where the comedy surrounding the features of the disabled body leads to the main character's emotional suffering. In the case of *the Beauty Queen of Leenane*, Vandevelde reports that the audience is torn between the desire for laughter and the feeling that there is no reason to laugh at the seriousness of the events (298). The same audience reaction could be true for *the Cripple of Inishmaan* where serious events are humorously treated in a way that creates an emotional double bind between laughter and seriousness.

In regard to black humour in *the Cripple of Inishmaan*, Beth Meszaros defines black humour as a "genre that discovers humor in pain, suffering, and even terror" ("Enlightened by Our Afflictions" n.p.). Black comedy "appropriates, as its own special province, subjects that are usually off-limits, subjects that it often dismantles with casual cruelty, flippancy, sometimes even brutality. The result is unexpectedly hilarious" ("Enlightened by Our Afflictions" n.p.). Drawing upon her views, it is important to state that in *the Cripple of Inishmaan*, McDonagh's "mastery of black humour emerges through the brutality of his rural misfit characters" towards the protagonist whose body configuration dismantles the norms of the idealized physical forms in Ireland (Wallace 6). His employment of black humour reveals the suffering and pain of the protagonist and the uneasiness of the readers/audience. The laughter created by black comedy does not offer "the restorative laughter of comedy", that is, it "neither "transcends" nor cures"" (Meszaros "Enlightened by Our Afflictions" n.p.). In this regard, it is significant to argue that comedy or laughter in *the Cripple of Inishmaan* does not have a reformative or curative function, yet rather evokes emotional suffering and trauma. What Rebecca Wilson emphasizes concerning how comedy operates in *the Beauty Queen of Leenane* is particularly true for *the Cripple of Inishmaan*: "the comedy here [*the Beauty Queen of Leenane*] does not at all offer comic relief, but rather intensifies the pain; it is the lightning flash that illuminates and etches the tragic moment" (28). However, comedy is not the only tool to create pain in the play and

humour is to a large extent "balanced with dark undercurrents and destructive ambivalence" to take the pain to the greatest degree (Wallace 6). In other words, comedy coupled with the uncertainty and blurriness of the truth about Billy's parents' death heightens the desperation of the disabled character in the play. On that line, this part will explore how comedy balanced with ambivalence will create emotional discomfort that leads to the marginalization, isolation, and displacement of the protagonist and thus, destabilizes his disability identity.

Concerning the incompatible relations between disability and comedy, there has been a consensus that in a world where disability is largely associated with misery, pain, pity, and tragedy rather than laughter and comedy, the comedy-disability dyad seems "odd and disturbing bedfellows" (Bingham and Green 6). Although humour is closely related to entertainment, jocundity, facetiousness, and oddity, humour surrounding disability invites us to establish a relationship between the comic language around the body and its 'limitations' and the social and cultural layer in which humour emerges. In that sense, it would not be groundless to say that disability jokes, as a ubiquitous part of daily life experience, create a social space that enables integration and social cohesion, thus situate the experience of living an embodied life within the social context. In this respect, it can be further stated that disability jokes unveil "an entire set of unknown and unexpected layers of the disability experience" which act in the complex patterns of interaction between the nondisabled and the disabled (Bingham and Green 7). The amusement and merriment accompanying humour are largely gained at disabled people's expense since they are exposed to derogatory and pejorative jokes that humiliate, embarrass, and belittle them (Bingham and Green 4). Accordingly, disability humour can negatively affect the lives of disabled individuals; it can cement the exclusion of the disabled, reinforce 'difference', enhance resistance, and strengthen or weaken power and status. The humiliating treatment of bodily features can trigger or increase the psychological pressure on disabled individuals and thereby, reinforcing stigmatizing discourses to push disabled people

to the marginalized social position. This function of humour is exactly captured in *The Cripple of Inishmaan* where the comedy levelled at Billy's disabled body operates to stigmatize his bodily features and weaken his status as a man, thus, creating psychological barriers to prevent him from experiencing his disability identity.

In *the Cripple of Inishmaan*, it is Billy's body and the comedy surrounding the certain features of the disabled body which are central to the structure of the play. Although the other characters are not treated as elaborately as the central figure of the play, they are only given enough space to maintain their relationship with Billy just to reveal their attitude toward his bodily characteristics. As the scenes change from the shop to the church hall, Billy encounters the other characters (except the scene where Billy is seen alone in a Hollywood hotel room), and is exposed to their stigmatizing attitudes caused by the language surrounding his 'unaesthetic' body. In the play, Billy's interaction with the family members and townspeople unveils that what seems to be merely a facetious comment and joke reveals serious mistreatment of Billy's physical attributes at the deeper level.

McDonagh constructs the embodiment of disability that is restricted and disempowered by a humorous discourse in which 'lacking' becomes a signifier of corporeal attributes. Billy's exposure to the repressive language that empowers his position as 'other' starts in his close circle. In the first scene of the play, Kate and Eileen are seen in the shop, worrying excessively about Billy's returning home late, since they donot know where he spends his time. The shop which is run by Kate and Eileen, Billy's foster-aunts, is not well-stocked since it includes mostly peas and flour for sale. This suggests that the family lives in a state of poverty. In this respect, the shop is evidently "an interpersonal, transactionary and commercial place, but it is also connected to the off-stage, private family space" (Jordan 49). However, considering that the shop is also a place where comments and jokes about Billy's 'deformity' are revealed, it is worth noting that this special commercial space turns into the social space where the cultural

perception of disability is reproduced. While their deep anxiousness creates comedy – especially with Kate's repeated sentences, it unveils that Billy is the central figure of the lives of both sisters. It becomes clear that Kate and Eileen's over-protectiveness particularly arises from Billy's illness and his physical disability. In this respect, Kate and Eileen want to assure themselves that Billy is safe and at ease. As they see it, Billy is not attached to anyone in the town except his aunts, a situation that gives both sisters a sense of importance. Although their attitudes reveal sentimentality and compassion, they callously address humorous remarks concerning the 'ugliness' of Billy's disabled body, stating that he will never find a girlfriend:

> **EILEEN** Poor Billy'll never be getting kissed. Unless it was be a blind girl.
>
> **KATE** A blind girl or a backward girl.
>
> **EILEEN** Or Jim Finnegan's daughter.
>
> **KATE** She'd kiss anything.
>
> **EILEEN** She's kiss a bald donkey.
>
> **KATE** She'd would kiss a bald donkey. And she'd still probably draw line at Billy. Poor Billy. (8)

The view that unless the girl is blind or backward, any girl including Jim Finnegan's daughter will not kiss Billy underlines the fact that Billy is considered 'unattractive' because of his disability, a point which will be explored in detail later. Later, when Kate states that "Billy does have a sweet face if you ignore the rest of him", humour is levelled at his facial disfigurement by Eileen: "Not being cruel to Billy but you'd see nicer eyes on a goat" (8). Although Eileen and Kate have their own oddities (Kate speaks to stones and Eileen has an obsession with sweets when she is under stress), they show insensitivity towards Billy's habits

of staring at cows and reading books, the only activities he does to escape from the community's disrespect towards his bodily characteristics: "all Billy has is he goes around staring at cows" and "reading books" (8). They are sure that Billy will never marry someone and they will be stuck with him at the same house until they die (8). Their comments and jokes regarding Billy's body and habits seem to be degrading, yet their attitude has also a sentimental aspect and value. As Jordan points out, their motherly affection and candid actions, rather than their words, come to the forefront to surpass their humiliating attitude towards Billy's disabled body and to "trump all their failings, inadequacies, transferences and displacements" (49).

While Eileen and Kate sentimentally and pejoratively approach Billy's disability, Helen associates it with "a lack of phallus and lowly masculine status" (Jordan 50). Helen tells that Jim Finnegan's daughter keeps a chart showing the penis sizes of the men she has had sexual intercourse with in the town and Billy proudly says that his name is not on the list. Helen explains the reason for Billy's absence that Jim Finnegan's daughter is not sure if Billy has had one or not since he is "mangled" and "fecked" (28). Helen states that the only penises she saw are that of the priests: "They keep showing them to me" (28). To justify that she is pretty and attractive, Helen gives an account of Father Barrat's groping her arse in the choir which results in her pegging eggs at him. Bartley says that his arse was never groped by any priest and that being pretty does not mean anything since it is related to "being on your own and small" (22). Bartley discloses that Billy is never the target of sexual harassment because the priests have to draw the line. Although Helen and Bartley's humorous comments are awkward and disturbing, they ostensibly reveal that Billy is regarded 'sexually unattractive', and 'sexually impotent' because of his 'unfit' body. In this respect, Billy's desexualization is closely related to his experience of disability and asexual identity which is shaped by the culturally generated views of normality and sexuality. Eunjung Kim, in her essay "Asexuality in disability narratives", defines desexualization as "a process that separates sexuality from disabled bodies, making it

irrelevant to and incompatible with them because disabled people are supposedly undesirable in society and because disability is believed to lead to sexual incapacity" (482-3). She states further that the discourse of asexuality deems disabled individuals as "undesirable; disqualified for marriage or any sexual partnership and reproduction" (482). Expanding upon her views, it is worth noting that Billy is desexualized within the Irish culture which equates disability with asexuality and thus, is relegated to a powerless and marginal position since he is considered by his aunts and others unattractive and undesirable for any girl, disqualified for marriage and incapable of having sexual affair.

The way Billy's disability is associated with the lack of sexual potency hinders him from behaving in typical masculine ways that express physical moves and verbal offer to initiate an emotional intimacy with Helen until the end of the play. What Helen says of his asexuality is internalized by Billy as evidenced in his reply to Bobby's question if Billy likes to kiss Helen: "Ah I can't see Helen ever wanting to kiss a boy like me, anyways" (35). This situation clearly demonstrates that Billy experiences a sense of loss of masculinity because of the assumption that he does not adequately embrace the hegemonic masculine standards defined within the context of sexual capacity. At the core of this assumption lies the cultural notion of normalcy that determines the spheres of maleness that is "inextricably bound with a celebration of physical strength, of perfect bodies" (Morris *Pride against Prejudice* 93). As Margaret Rose Torrell states concerning the relationship between disability, sexuality, and masculinity, the disabled male body which challenges the preconceived notions of masculinity is regarded as "pathetic, weak, exiled, asexual, destined to live alone or off the charity of others" (217). That McDonagh positions Billy as 'asexual' and 'unattractive' reveals the cultural codifications that attach the labeling of impotency and passivity to the disabled male body which resists the cultural expectations of sexuality and maleness.

The humiliating stereotypes of disability that have been perpetuated throughout the play emphasize Billy's physical 'weakness' and 'frailty' and thus, offer a challenge to his perception of maleness. In the scene where Helen punches Bartley's ribs, Bartley states that Billy is a kind person since he does not punch anybody. Helen mocks Billy by stating that Billy does not punch, because "he's too fecking feeble to. It'd feel like a punch from a wet goose" (25). The laugh about his immobility is furthered when Billy asks Bobby how much he trusts Johnny who spills the beans every time: "I'd trust him as much as I'd trust you to carry a pint for me without spilling it" (41). One more example of the severity of disability humour is that Helen turns Billy's dating proposal down by despising and mocking him because of physical disability: "Sure what would I want to go out walking with a cripple-boy for? It isn't out walking you'd be anyways, it would be out shuffling, because you can't walk. I'd have to be waiting for ya every five yards" (108). While the attitude and remarks toward Billy's body create laughter, they reveal the fact that the conventional conceptions of the body which equate disability with 'feebleness' and 'frailness' undermine his masculine status and disability identity, and thus, leading to marginalization and stigmatization.

The nasty words such as "Poor Billy" (6, 51), "Cripple Billy" (5, 68), "a fecking fool" (104), "bad-leg-boy" (14), and "a funny looking cripple boy" (107) frequently used in a humorous context or a degrading manner inscribe Billy's disabled body with negative designations. The linguistic conventions that constitute the meanings attributed to certain types of human variation are to a large extent structured by the culture's ableist assumptions which prioritize the idealization of the body. Thus, the ability-based language can create a social layer that evokes a feeling of undesirability and discomfort in the disabled with his/her body shape, thus, generating psychological pressure. In this regard, it is important to state that the linguistic parameters are significant for what they provide for the exploration of Billy's emotional and psychological distress caused mainly by stigmatic discourse. Billy's psychological discomfort

is evident from his reaction to Johnny who calls him a cripple: "And don't call me Cripple Billy, you" (13). As a further illustration of Billy's psychological distress, he asks Bobby not to call him "Cripple Billy", stating that he wants to be called just Billy: "Would you do me a favour, BabbyBobby? Would you not call me Cripple Billy any more long?" (42).

The cultural insensitivity towards Billy's disability takes another dimension to provide an exposition of how the biased construction of disability is embraced and perpetuated in artistic spheres. Bartley and Helen, who cling to the assumed view that the disabled lack the ability to participate in artistic activities, make fun of Billy's intention to be in the film *Man of Aran*. *Man of Aran* was shot by Robert Flaherty to unveil how life was on the barren Aran Islands. Informed by Johnny about the filming in Inishmore, Billy desires to take the role of the cripple in the film and takes a voyage with Bobby to Inishmore. Helen's response to his desire is to laugh in an offensive way: "I shouldn't laugh at you, Billy … but I will" (29). The feeling that Billy is 'physically handicapped' to have visibility in the film makes him sorrowful since Billy, as stage directions indicate, looks at him in the mirror over a moment and sadly shuffles back to the table after Helen leaves (29). Informed by Helen regarding Billy's aspirations, Bartley pokes fun at his idea of taking a role in the film and takes it as a great joke: "They may even bring you to Hollywood after. They may make a star out of ya" (30). Bartley also belittles Billy by calling him as "[a] little cripple star" (30).

In *the Cripple of Inishmaan,* Billy becomes the target of comedy and laughter created by the jokes about his disability and insulting attitudes that lead to his psychological pain. At first glance, it seems that the black comedy directed at Billy renders him a pitiable and laughable character, and accordingly, reinforces stigmatic attitudes. Yet, black comedy fulfils other purposes: "The modality of black comedy allows Henley as it allows McDonagh in *the Cripple,* to attend to disablement in a fashion that is intellectually honest and aesthetically engaging" (Meszaros "Enlightened by Our Afflictions" n.p.). In McDonagh's stylized text, the disabled

body which has been generally considered ‘unaesthetic’ is visually aestheticized through the humorous language that attracts the inspecting gaze of the audience/readers to the depiction of bodily configurations. Furthermore, McDonagh is genuine in portraying his protagonist as a character who orients himself to his circumstances. In opposition to “the pitiful, stereotypic embittered, two-dimensional disabled characters”, Billy is “a well-developed, complex individual who possess wile, wit, imagination, and self-determination, refusing limitations that others place upon him” (Connor “He Swaggers” n.p.). The fact that Billy lies about his illness to deceive Bobby, and leaves his aunts behind without giving information and he is beaten by Bobby in return for his deception demonstrates that he struggles to adapt to the world around him. McDonagh’s delineation of Billy as an unpitiable and unlaughable character is a clear indication that his use of comedy does not function to strengthen the stigma around the disabled body but rather to reveal the ways through which the Irish society construes bodily characteristics. Mary Douglas poignantly argues that “all jokes are expressive of the social situations in which they occur” (“The Social Control of Cognition” 366). Expanding upon her view, it is noteworthy to state that the comedy in the play unveils the social structure where emotionally immature characters “attack and torture each other in words as well as deeds” and “show no control of and respect for the body” (Kurdi 113). On that plane, it can be stated that comedy is employed to offer a critique of Irish society which is excessively preoccupied with the idealized standards of the body that individuals find difficult to attain, embrace, or maintain. In this respect, concerning the relationship between disability and black comedy, Beth Meszaros points out that the uncomfortable laughter that accompanies such humour is “a response to a world in which all human beings are, at best, temporarily able-bodied” (“Enlightened by Our Afflictions” n.p.).

As stated earlier, the black comedy is intersected with uncertainty about the cause of Billy’s parents’ death to further heighten Billy’s emotional distress, thus leading to his trauma

in the play. Throughout the play, Billy feels a myriad of overwhelming emotions as to how his family died in the sea and cannot free himself from his increasing sense of despair. Billy is not sure about whether his family preferred death because of his disability or their attempt to lead a better life in America resulted in their drowning. At the very beginning of the play, Billy faces hostile accusations by Helen that his mam and dad purposely drowned themselves in order to escape from him since Billy was born with congenital disability. When Billy maintains that his family drowned while going to America to settle, Helen firmly objects: "No, trying to get away from you they were, be distance or be death, it made no differ to them" (23). Though Billy steadfastly disaffirms what Helen says of his family's detestation for him, Helen further asserts in an insulting manner: "They loved you? Would *you* love you if you weren't you? You barely love you and you *are* you" (25).

The psychological motive that lies behind Billy's sense of loss, and displacement is the ongoing ambivalence over his family and their tragic death. In order to find the truth about his family, Billy inquires of Johnny and the doctor, whenever he gets a chance. What the doctor says about Billy's mam and dad utterly contradicts what Billy comes to believe about them. While Billy believes that his family was nice people, the doctor does have nothing to say except that his mother was "awful ugly" and his father also was "an oul drunken tough, would rarely take a break from his fighting" (96). Billy fantasizes that his drunken dad punched his mother while she was pregnant and for this reason, he turned out to be disabled, yet the doctor asserts that it was a disease that caused his disability and warns Billy not to "go romanticising it" (96). Johnny, who is "never a man for secrets", knows that Billy's family drown themselves because of his disability[9]. Yet, Johnny does not speak any word on this subject and even lies to Billy

[9] The fact that Billy's family drown themselves on purpose provides a social context in that a child born 'deformed' or 'lacking' arises a strong feeling of shame and guilt created by the tremendous influence of cultural mainstream views of the body that valorize physical attractiveness and beauty. Billy's family's suicide demonstrates that they internalize the normative regulations of embodiment produced by the Irish culture which imposes the assumption that their place and identity are defined by attaining an 'ideal' body and having children with healthy body and

that his family loved him and drowned themselves to provide insurance money for medical treatments (83). Though the truth is kept hidden from Billy even at the end of the play, the readers learn that his family tied Billy to the sacks of stone yet Johnny saved his life[10].

Psychologically disturbed by both the humorous treatment and the indeterminacy and fictionalization of his equivocal past life, Billy displays his tenacity and perseverance to move beyond his confines to take part in the film *Man of Aran*. To achieve his aim, Billy persuades Bobby to take him on his boat, yet Bobby refuses it for the reason that a disabled on the boat brings disaster and destruction, and states that he will take Billy to his boat if his feet straighten out. Bobby claims that Poteen Larry takes a cripple boy on his boat and it sinks. Yet, given the fact that Poteen Larry was a drunken man, it would be reasonable to state that his death was caused by his drunkenness but not by the boy's disability. Bobby's insulting attitude visibly demonstrates the extent of prejudice against the disabled body that is rendered scapegoat[11] when it resists the culturally settled notions of the body. With no other choices, Billy cajoles Bobby to row him to Inishmore with a letter from the doctor showing that Billy contracted tuberculosis, a misleading story to persuade Bobby whose wife died of TB as well. Billy even volunteers to take a voyage to be in the film which he will never venture under any circumstances since he is afraid of the sea where his family died. Considering the tragic experience of losing his family in the past, it is significant to state that sea, for Billy signifies "a tomb of sorts, a place of loss, and a location of departure without the promise of return" and a place that encapsulates

mind. In this respect, it can be stated that they do not find a place in the culturally generated order that prioritizes physical beauty and thus, become the victims of this order.

[10] The fact that the child with a disability is eradicated because it leads to disgrace and shame is the revitalization of the ancient thought as it is illustrated in the case of the mythological figure, Hephaestus, the God of fire and blacksmiths, who is expelled from heaven by his mother Hera. Hera, in *the Hymn to Apollo*, expresses: "my son Hephaestus, whom I bear, was weakly among all the blessed gods and shrivelled of foot, a shame and a disgrace to me in heaven, whom I myself took in my hands and cast out so that he fell in the great sea" (qtd. in Quarmby 21).

[11] The view that disability is connected with scapegoating dates back to the Greek times when the selected disabled individuals were expelled from the city or even sacrificed in order to appease the wrath of God that was thought to bring calamity or disaster to the Greek city (Quarmby 18). Bobby's articulation that Billy's disability will cause destruction demonstrates that this old view resurfaces and becomes influential in the understanding of disability in the contemporary world.

"unpresentable traumas of the past" ("Ireland" O'Brien 179). Billy's great effort to get out of his town insinuates "a desire to move on, a wish to embrace the outside world" (Jordan 54) and to "fill the void and feelings of displacement left by his parents' absence" ("Ireland" O'Brien 178). It is also an attempt to escape the tediousness of town life and to liberate his disabled body from the social structure that marginalizes him. Billy discloses the underlying reason behind his escapism while he is justifying the necessity of his deceiving Bobby:

> I had to get away from this place, Babbybobby, be any means, just like me mammy and daddy had to get away from this place. (*Pause*.) Going drowning meself I'd often think of when I was here, just to … just to end the laughing at me, and the sniping at me, and the life of nothing but shuffling to the doctor's and shuffling back from the doctor's and pawing over the same oul books and finding any other way to piss another day away. Another day of sniggering, or the patting me on the head like a broken-brained fool. The village orphan. The village cripple, and nothing more. (92)

The psychological plight of living with a disabled body and illness is externalized in the seventh scene where Billy is seen sitting alone on a chair wheezing and shivering. Billy stays in a squalid Hollywood hotel room and suffers from tuberculosis without taking any support from his family and medical help: "A home barren… to end up alone and dying in a one-dollar rooming-house without a mother to wipe the cold sweat off me, nor a father to curse God o'er the death of me, nor a colleen fair to weep tears o'er the still body of me" (74). Billy's situation is further sentimentalized where he inquires if stigmatization towards the disabled exists in heaven which he hears is more beautiful than Ireland: "I do wonder would they let cripple boys into heaven at all. Sure, wouldn't we only go uglifying the place?" (75). While this statement foregrounds the power of stigmatizing discourse over Billy, it reveals that he internalizes the

stigma imposed upon him by the social forces that generate the cultural dichotomy of ability/disability, ugliness/beauty, capacity/incapacity. As the scene comes to an end, Billy's wheezing gets worse and worse, and he appears to die in pain; this particularly telling scene that captures the audience/readers emotionally testifies to the psychological and emotional consequences of experiencing an embodied life.

Some readers/audience may think that Billy dies in the hotel room, yet his sudden reappearance at the screening of the film *Man of Aran* in the church hall makes it clear that the tragic moment of his death is not an actual performance but rather a rehearsal for the screen test. Through Billy's return, a different layer of stigma is uncovered. His pursuit for liberation and invigoration proves unavailing as his experience of Hollywood results in another form of restriction, and discrimination when he faces the existing facts of the film industry. Though Billy claims that he returns since he understands that Hollywood is not the place for him, he has to turn back to Ireland since Hollywood rejects him and instead hires the blonde lad from Fort Lauderdale who is not disabled: "the Yank said 'Ah, better to get a normal fella who can act crippled then a crippled fella who can't fecking act at all'" (92). Though Billy accepts that he does not act well enough, the exclusionary attitude he faces may be arguably read as a critique of the invisibility or less visibility of disabled characters in American cinema. The common idea expressed by Billy that a cripple cannot act as well as a non-crippled actor raises the key debate surrounding the rife prejudice against disabled actors and their exclusion in the media or on stage[12]. Disabled characters have less visibility and even if they take the roles, they are less likely to engage in romantic relationships and mostly become the objects of ridicule and humour. One of the plausible responses to the representation of the disabled through

[12] Ironically enough, even though Martin McDonagh positions a disabled character as the main figure in his text, in most productions of the play, instead of disabled actors, able-bodied actors take the part of Billy. Even in the first production of the play, the role of Billy was acted by the able-bodied Ruaidhri Conroy. In the 2013 West End production of the play which was transferred to America in 2014, the famous actor Daniel Radcliffe played the role of Billy and the play was nominated for six Tony Awards. These situations utterly contradict what McDonagh aims to criticize in the text and contribute to 'disabling' the position of disabled actors/actresses as well.

humour is highlighted by Tom Shakespeare that disabled individuals have been regarded as "the key comic stereotypes of western culture" ("Joking a Part" 48). Shakespeare further explains: "[W]ithin performances on stage or film, there is a particular relish of the disabled figure of fun, a shared enjoyment of the peculiar pleasure of laughing at the abnormal" ("Joking a Part" 48).

While the intertextual employment of the film *Man of Aran* exposes the discrimination against disabled actors, it also enables readers to question the validity of representation and stabilization of national identity defined within Irish stereotypes. Though Billy is rejected by Hollywood, it seems that he is unwilling to take part in Hollywood. When asked by Bartley why he turns down Hollywood to return home, Billy explains Hollywood is not virtually a place that suits his ideals and wishes as they made him read the script he calls "a rake of shit", a word which creates laughter: "An Irishman I am, begora! With a heart and a spirit on me not crushed be a hundred years of oppression. I'll be getting me shillelagh out next, wait'll you see.' And had me singing the fecking 'Croppy Boy' then" (88). Billy's destabilization of what is presented in the script creates a contradiction between the actuality and the fictional narrative and thus, leads to the reconfiguration of the complexities and nuances of representation and authenticity[13]. More significantly, the intertextuality in the play enables McDonagh to create a

[13] McDonagh's depiction of life clashes with the inauthenticity that *Man of Aran* achieves with the portrayal of Aran Island as an untainted and unspoiled one. The inauthentic representation of the island by Flaherty in the film is challenged by the characters of the play since they do not identify themselves with the images of *Man of Aran* which show how the heroic characters cope with the harsh natural conditions in order to survive. There are some pivotal moments in the film to underlie the hardships and difficulties of living in nature such as repairing boats, building farmland, hunting basking sharks for oil to use in the lamp, and gathering seaweed. One crucial point that the characters of the play reject is to hunt basking sharks on the grounds that the islanders, Karen O'Brien points out, were not hunting them "in the 1930s when Flaherty filmed the documentary but nearly one hundred years earlier" ("Ireland" 174). Helen also claims that the shark was not a real one but a fake one performed by "a tall fella in a grey donkey jacket" (Lanters 19). In terms of gender, Karen O'Brien states that the characters of the play "do not relate to the assiduousness of the film's maternal figure, who tirelessly hauls heavy loads of water-soaked seaweed up the cliffs in order to cultivate a small patch of crops" ("Ireland" 175). The female characters in the play do not reflect such an image of femaleness as mothers are portrayed not having tenacity but vulnerability. For instance, Johnny feeds his mother with alcohol, and Billy's foster-aunt Kate speaks to stone when she is anxious and Eileen eats sweets when she is depressed. Helen, with her frivolousness and aggressiveness, defies the culturally fabricated conventions of femininity and she pegs eggs at the screen, stating that they should shoot a film about her entitled 'The Lass of Aran' instead of "some oul shite about thick fellas fecking fishing" (McDonagh

textual space to unveil the ways in which the Irish ideals of national identity and the fixed boundaries of Irishness are shattered. As the rehearsal scene demonstrates, though Billy's body is 'lacking' and serious illness afflicts him, he defines himself in his heartbroken monologue as an Irishman "[w]ith a decent heart on him, and a decent head on him, and a decent spirit not broken by a century's hunger and a lifetime's oppression!" (74). In the later scene, he ridicules the lines he reads as phony and inaccurate, a situation that shows that the notion of Irish identity is distorted. Relating to the national identity, Lanters argues that "identity, too, including national identity, is a set of conventions, and hence a commodity that can be traded and exploited" through culture, politics, and language (14-5). Billy's destabilization of the fixed notion of Irish spirit shows that identity is unstable and easily subverted since it is constructed within the linguistic contexts. The representation of process where the national identity is constructed through linguistic performances is elucidated with the recurrent mirthful joke in *the Cripple of Inishmaan* that "Ireland mustn't be such a bad place, so, if the Yanks want to come here to do their filming" (21), "Ireland mustn't be such a bad place if French fellas want to live in Ireland" (21), "Ireland mustn't be such a bad place if German fellas want to come to Ireland" (52), "Ireland mustn't be such a bad place so if sharks want to come to Ireland" (78) and "Ireland mustn't be such a bad place, so, if cripple fellas turn down Hollywood to come to Ireland" (88). This joke leads to double-edged comments since it suggests that the country is great so it attracts the tourists or the visitors come to the country therefore it is great.

The linguistic expression of the protagonist concerning the dichotomy of the Irish soul and his 'lacking' body dismantles the national identity defined in terms of independence within the frames of the political discourse since the "historical and cultural constructs cannot be detached from the linguistic contour that frames them" (Lanters 15). While Billy asserts himself

72). In this respect, it can be argued that "the characters' gazes upon their supposed selves at the screening of *Man of Aran,* contrarily, become gapes upon the constructed "Other"" (O'Brien "Ireland*"* 176).

as an Irishman whose spirit is unbowed, a sense of lacking virtually dominates as he is left homeless and companionless. The sense of lacking partly comes out of his "inability to express his love for a woman", and partly "a silence brought into being by a history of oppression, dispossession and emigration" and "the inability to find or make a home in a place other than Ireland" and more significantly, his disability "limiting or diminishing his sense of being" (Jordan 54-5). In this regard, it is worth noting that the political inability of Ireland to gain a complete national identity is intertwined with the physical disability that 'limits' Billy's sense of being, and accordingly, Billy's crippled body is employed as a metaphor for the crippledness of Ireland to attain its full independence before and after colonization. It is important to state that what is crucial to McDonagh's handling the political scenes of the 1930s Ireland is his employment of the male body in lieu of the female body that comes to symbolize passivity and submission under oppression in the political discourse. The figure of colonizer has been generally associated with males, yet Helen's acting more powerfully and bravely in her role of the colonizer undermines the traditional figure which is discernible in the play England versus Ireland parodied by Helen and Bartley. Helen herself takes the role of England as opposed to Bartley who represents the vulnerable and static Ireland and Bartley closes his eyes while Helen breaks eggs over his head[14] three times in an attempt to give a lesson concerning Irish history. Bartley's rendition of Ireland, in the words of Jordan, is "a reversal of the usual alignment of the passive feminine with an oppressed Ireland and the aggressive masculine with the dominance of the coloniser" (51). By using Billy's 'deformed' body as a literary device for

[14] In *the Cripple of Inishmaan,* McDonagh delineates Helen as a figure who, with her violent behaviour and combative nature, stands in opposition to the stereotypical coding of femininity that is equated with submissiveness, dependency, and powerlessness. Helen kisses the two male members of the film crew in order to take part in the film, and Bobby and possibly has sexual intimacy with the egg-man and constantly assaults men and pegs eggs whenever something faulty bothers her and kills a goose and a cat with an axe. Through the enactment of her sexuality in the public sphere, Helen violates the set of norms established for women by "the nationalist construction of Irishness, which seeks to contain and hide female sexuality within the private realm of marriage and family" (Lanters 18-9). In this respect, Helen's pegging eggs in the play can be read as the destabilization of stereotypical femininity determined within the conventional Irish society. Eggs symbolize fertility and Helen's pegging eggs at men and the film characters indicates "a symbolic feminist protest against the conservative ideology of gender exploitation" (Kurdi 112).

political implications, McDonagh subverts the familiar concepts of the female body. On that line, it is significant to note that the reversal of the discursive meaning attributed to the female corporeality plays a key role in understanding the ways in which Billy's disability is treated, accommodated and ascribed in McDonagh's multi-layered text.

Apart from the linguistic performances, the main character's disabled body is functional to subvert the notions of the national identity and the ideal Irish body. In portraying his protagonist with his disabled body, McDonagh maintains a clear-cut distinction between his protagonist and the heroic men of the film *Man of Aran*. Against the backdrop of McDonagh's protagonist with his 'deformed' body that is associated with 'feebleness' and 'incapacity', the film foregrounds Man of Aran and the other hunters who stand against the ongoing slaughter of nature with their powerful and healthy bodies. That is to say, while the documentary depicts Man of Aran as "a hero, overcoming landscape", as O'Brien states, McDonagh presents Billy as "the anti-hero of an impotent landscape" ("A Symbiotic Relationship" 190). In this regard, it is important to argue that McDonagh brings the unrepresentable to the stage and hence, distorts the certain margins of Irishness defined within the stereotypical Irish ideals of the body. In this way, McDonagh's play undermines the notion of the national identity by virtue of language practices together with the disabled body by offering "an absurd, degenerated picture as a version of 'what the Irish are like'" (Pilny 228).

After returning from his journey of self-discovery, Billy, as O'Brien puts it, gains a new vision of identity by abandoning "nostalgic and fantastical ideals" and his desire for difference and otherness fades away ("Ireland" 179). He states that "I know now it isn't Hollywood that's the place for me. It's here on Inishmaan, with the people who love me, and the people I love back" (88). While he is away, Billy also adopts a new perspective of his disability that "there are plenty round here just as crippled as me, only it isn't on the outside it shows" (92), a statement that questions the prevailing notions of physical disability as a sign of moral or

physical defect and disease. Billy who returns to Inishmaan just for Helen divulges his love for her and asks her out to take a walk: “I know well I’m not great shakes to look at, but I was wondering if maybe you might want to go out walking with me some evening. Y’know, in a week or two or something?” (108). Helen, who is solely interested in what Billy looks like but not the beauty of his heart, turns down his dating proposal. Being rejected, Billy, with his bloodshot eyes and tear-stained cheeks, ties the sacks around his hands to kill himself in the same manner his mum and dad did years before. Yet, to Billy’s surprise, she changes her mind and accepts to walk with him, kissing Billy briefly, a situation that leads to his untying the sack. Though the ending of the play points to Billy’s happiness, it lasts for few moments since he coughs up and looks at his hand covered with blood, a situation indicating that he has tuberculosis.

Not only Billy but the other characters change too. Helen gets softener and buys a telescope for Bartley as a birthday present; Finnegan’s daughter, known as a slut, joins the nunnery and Johnny turns out to be the person who saves Billy and pays the money for his treatment, a situation which changes the views of the readers over his callousness and cruelty. One thing that seems to be entrenched is the humiliating attitude towards disabled individuals as it can be traced in Bartley’s response to Billy who warns him not to laugh at disabled individuals:

> **BILLY** You shouldn’t laugh at other people’s misfortunes, Bartley.
>
> **BARTLEY** (*confused*): Why?
>
> **BILLY** I don’t know why. Just that you shouldn’t is all.
>
> **BARTLEY** But it’s awful funny. (89)

From the dialogue, it is understood that embracing the negative self-image imposed upon him by the community and internalizing the stereotypical views around the disabled body, Billy regards his disability as a 'misfortune'. This demonstrates that while the cultural perception of the body determines the identity of disabled individuals, the ascribed social identity shapes the disabled individuals' perception of their body. Bartley's comment regarding the impropriety of laughter towards the disabled indicates that the entrenched stigmatic attitude is not easily and utterly removed and eradicated.

In *the Cripple of Inishmaan*, McDonagh foregrounds Billy's psychological and emotional breakdown caused by the stigmatic discourse surrounding his 'disabled' body and the uncertainty or distortion and the fictionalization of the past story of his family. With an emphasis on language performances with their negative designations attributed to the disabled body, McDonagh underlines that language supplements and reveals the cultural and social understandings of the body underpinning the construction and the perception of disability. In this way, McDonagh's representation of the disabled body demonstrates the restrictive sense of experiencing embodiment through the interconnectivity of culture and language. The linguistic context in relation to the features of the disabled male body attains more significance by serving as a literary device to reconsider and rethink the notions of Irishness and Irish identity which are defined within certain boundaries of the linguistic context.

2.3. "Hearing from the Depth of 'Silence'": Enforcing Normalcy and Hearing Impairment in Nina Raine's *Tribes*

In Martin McDonagh's *The Cripple of Inishmaan*, the representation of disability is centralized on an embodied engagement with language which engenders a humorous treatment of the body and a discourse around the body to foreground political strife and dismantle the settled notion of Irish identity and the ideal image of Irish body. Nina Raine's *Tribes* offers a fresh insight into the intricate relationship between disability and language by employing deafness as a literary device to problematize the miscommunication that pervades and distorts the family unit and by extension, society. *Tribes*, in a nuanced manner, questions the value and functionality of language with an emphasis on the embodied experiences of the deaf protagonist who is led to isolation and social alienation in a disconnected family troubled by the lack of communication, understanding, and empathy. The issue of language is intertwined with the socially enforced notion of normalcy which constitutes an obstacle for the deaf individual to develop a sense of belonging and a sense of identity. This part, therefore, aims to explore the negative effects of the lack of communication and empathy on the emotional and psychological integrity of the family members, particularly, the deaf individual. It also explains how the construction of disability within the boundaries of the socially imposed normalcy causes the denial of disability and thus, stabilizes the stereotypical embodiment of disability that leads to the non-formation of deaf identity.

The contemporary British playwright Nina Raine's awarded play *Tribes* was premiered at the Royal Court Theatre in 2010. *Tribes* depicts the social strata where the deaf protagonist, Billy, caught up between two tribes – namely his family and his lover Sylvia, a member of the deaf community– experiences personal and social hardships due to the stereotypical views of his hearing impairment in the family. In the play, the intransigent and self-opinionated family members do not develop a sense of empathy towards Billy and there are noisy talking and

shouting, but no communication, love, compassion, or mutual understanding. In the disordered atmosphere of the family life where language becomes just a tool for the expression of rage and oppression, Billy endures isolation and loneliness. Falling in love with Sylvia, a young woman on the brink of deafness, who teaches Billy sign language, Billy becomes familiar with the deaf community and sign language and he is recruited as a lip-reader for the Crown Prosecution Service. As a result of his relationship with Sylvia, Billy attains a greater sense of awareness concerning the inherent features of his deafness. Through his newly-gained vision of his disability, Billy challenges his family and he does not speak to them until they learn sign language. Billy's hopes for success and love are shattered when Sylvia, troubled between hearing and deafness, takes a break in her relationship because Billy does not utterly grasp what she is experiencing and the creeds of the deaf community do no longer alleviate her agitation to come to terms with her loss of hearing. Billy is investigated on the account that the story he invents when he cannot see the faces of the accused leads to their false conviction. The final scene of the play shows that Billy, having difficulties in his connection with the outer world, is welcomed by his family, especially, his tender brother Daniel, who resorts to sign language to express his compassion and love for Billy.

With its domestic setting together with a small cast of characters, *Tribes* is a family drama that engages with the traumatic experiences of the individual who is pushed to the margins in a family disrupted by the inability of expression and the disapproval of any nonconformity. At face value, it seems that the focal point of the play is the family problems coupled with individual psychological breakdowns, yet, Raine's reframing of the family issues in relation to deafness takes on a social dimension. The prioritization of deafness in the dramatic structure provides a textual space where Raine adroitly merges the private aspects of individual life with the social complications. Important to the interpretation of disability within a social context is the process where the deaf protagonist's world is beset with the states of tension

caused by communication problems and strict adherence to the normative constructions of the body. What distinctively characterizes *Tribes* is the conflict largely triggered by the lack of communication and empathy among the family members who use language not as a means of conveying their ideas and emotions but as a weapon to oppose the dissenting opinions and criticize each other severely. The family paradox is made more poignant by offering a disability-based interpretation of the dynamics of language. In the play, the physical manifestation of deafness is crucial for what it exposes about the failure of communication and the inability to convey emotions and feelings. Billy experiences loneliness and alienation since the lack of communication and empathy numbs the family members to his emotional and psychological world. For the interconnectivity of linguistic parameters with a disability experience, Raine, in her richly textured play, juxtaposes verbal expression against sign language, the deep impressions of wordless songs, and physical expressions of love. The intellectual and witty yet abrasive conversation within the family proves inadequate to transmit ideas and emotions as opposed to sign language and the non-verbal expression of love which function as the most effective communication instruments in the play.

The central conflict that revolves around Billy's deafness is the inability of Billy's family to accept his deafness and the nature of his disability and dispel the socially ingrained notions of status, value, and hierarchy. The way Billy experiences the nature of his deafness from his birth is predominantly shaped by his family members who teach him oral speech but not sign language and prevent him from joining the deaf community to claim his deaf identity. Their attitude towards Billy's experience of deafness reinforces the negative stigma and thereby, strengthens the culturally imposed norms that render 'nonconforming bodies' invisible. Apart from Billy's familial case, Sylvia is excluded from the hierarchical deaf community on account of her partial hearing loss. Confined within the stifling borders of a family or a community, characters go through severe trauma or are rejected, yet each of them

struggles to belong to a loving community or family. Highlighting the discriminatory and exclusionary tendencies, Raine examines what connects individuals to a family or community and by extension, to society. *Tribes* offers, among many other possibilities, the view that acceptance in the family and the community occurs when an individual shares resemblance with the characteristics of their community or family at the physical or psychological levels. At the core of the social structure is a family or a tribe which operates in accordance with the generally held norms and values in order to acculturate individuals to become a part of the society. Society is the widest circle that encapsulates the multiplied tribes or clans that are the practitioners of social norms for the continuity of society and to become a member of the tribe requires conformity and affinity to the expectations of these structures. This idea underlines the gist of *Tribes* as Nina Raine states in an interview for the Royal Court Theatre:

> I first had the idea of writing *Tribes* when I watched a documentary about a deaf couple. The woman was pregnant. They wanted their baby to be deaf. I was struck by the thought that this was actually what many people feel, deaf or otherwise. Parents take great pleasure in witnessing the qualities they have managed to pass on to their children. Not only a set of genes. A set of values, beliefs. Even a particular language. The family is a tribe: an infighting tribe but intensely loyal. Once I started looking around, tribes were everywhere. I went to New York and was fascinated by the orthodox Jews in Williamsburg, who all wear a sort of uniform. They were like an enormous extended family. And just like some religions can seem completely mad to non-believers, so the rituals and hierarchies of a family can seem nonsensical to an outsider…Finally, I thought about my own family. Full of its own eccentricities, rules, in-jokes and punishments. What if someone in my

> (hearing, garrulous) family had been born deaf? All these things went into the play, which took a very long time to write. ("Why I Wrote Tribes" n.p.)

The fact that sameness or alikeness at the physical level is a requirement for the individual to fully integrate into the family and society leads to the evaluation of deafness within the social and cultural backgrounds. The social construction of deafness is entirely at odds with the Deaf cultural discourse and their claim for self-definition. As Carol Padden notes, the deaf community, which consists of the individuals who are deaf at birth or later in their life, views deafness as "not only a sensory condition, but also a way of life characterized by membership in a signing community, participation in educational programs for the deaf… and a network of social organizations, clubs, and affiliations where sign language is used" (57). The perception of deafness as disability focuses on deaf individuals' "audiological position, which is measured in relation to the hearing majority" (Obasi 458). This construction of deafness invalidates the interpretation by Deaf people which equates deafness with a characteristic along with sign language, culture, and collective identity that they attain as a result of their deafness. The social construction of deafness causes the hearing family and society to deny deafness and dismiss sign language and the deaf culture and exclude deaf individuals from society. It also leads to its correction with surgery or prosthetics such as hearing aids or sound-enhancing amplifier or at its maximum level, fetal abortion through genetic counseling.

The social construction of deafness further complicates the position of deaf individuals considering the fact that it determines the methods of language acquisition for them. As Thomas Horejes states, while the regularization and implementation of language education shape the experience of deafness, this education for the deaf becomes the source of social control and social inequality (11). This is visibly evident in the "paradigm wars" between the two linguistic pedagogies known as oralism and manualism which dominate the means of communication

(11). Manualists embrace the employment of sign language, fingerspelling, and written English while the oralists advocate the use of lip-reading and speech. As Thomas Horejes points out, they both are "official languages with its own linguistic rules, classifiers, and syntax as well as carrying the same potential of acquisition of a language" (11). Though they share the same ground linguistically, they differ methodologically, "standing on opposite sides of an ideological fault line" (Baynton 35). The fundamental aim of Oralists is to eliminate sign language, fingerspelling, and written English and instead, they tend to popularize and spread the use of lip-reading and speech in the educational system (Baynton 34). Oralists believe that the use of sign language restrains the learning of oral communication skills and hence, deaf indivuduals do not fully integrate into the social life since they are encouraged to communicate with each other but not the ones who speak English. Hearing parents who want their deaf children to live like hearing people adopt its interdiction (Baynton 34). Although their discursive mode of regulation seems to be reasonable, the fundamental purpose is to eradicate 'difference'. Harlan Lane, in his book *A History of the Deaf*, states that "[o]n face of it, people are quite afraid of human diversity and look to their social institutions to limit or eradicate it… [This] fear of diversity leads majorities to oppress minorities" (xiii). The familiar form of discrimination that deaf individuals face is "[t]he attempt to force assimilation, to claim biological insufficiency when assimilation fails, to indoctrinate minority children in majority values through schools" (xiii).

Oralists advocate that the deaf community which is "one of a host of insular and alien-appearing communities" is detrimental to the lives of the deaf (Baynton 41). The deaf community is condemned since it, like any other ethnic communities, "narrowed the minds and outlooks of its members" and also placed a limit on the deaf's full participation into life world (42). The oralists intend to rescue deaf individuals from their position of isolation and restore them into the mainstream life, for this reason, they believe that the deaf should not create a

social group. Although it is not exactly known to what extent the deaf embrace the discourses created by the oralists and manualists, it is apparent that these two conflicting ideologies dominate the way deafness is perceived and shaped and thus, structure the complex history of deafness.

The controversies around the placement of language and the functionality of the deaf community make their way into the textual fabrics of the play. In line with what has been stated so far, this part, therefore, presents an extensive analysis of how the cultural notions of hearing operate to determine the construction and treatment of physical impairment -deafness-. It highlights that *Tribes* dramatizes how disabled bodies are disenfranchized, stigmatized, marginalized, and othered on the grounds that they are 'socially misfit'. It explores the dire impacts of family-based problems mainly beset by miscommunication on the psychological aspects of experiencing an embodied life. This part also examines to what extent verbal expression is effective in a complex web of human interaction by questioning what hearing really means.

Nina Raine's *Tribes* engages with deafness through her construction of the deaf character whose experiences reveal the difficulties of living an embodied life in a loving albeit incompatible family that drastically estranges him. Billy's marginality is signaled by emotional and psychological abuse caused by the callousness of the family members whose world is ridden with miscommunication, values, and hierarchies. The setting of the play, the dinner table, a typical meeting place for a family is crucial to uncloak the dynamics of familial drawbacks growing out of the conflicting views, critical attitudes, and misunderstanding. The confrontational nature of conversations dominates every aspect of their life ranging from their personal life, their love affairs to the pear juice they consume. Namely, the family members are intensely intellectual but "a bunch of dueling narcissists, this lot, with words as their weapons of choice" (Brantley "World of Silence" n.p.). The head of this argumentative family is

Christopher, an abusive and bull-headed academic, who severely demeans and lacerates the others with his erudition and authority. An academic turned writer, Christopher writes the books which Daniel, his son, defines as "[t]he argumentative sort" yet he insistently disaffirms this label by describing them as "critical" (40).

At the very beginning of the play, Christopher directs his criticism towards Ruth's lover for being too old, a drunk and a womanizer. Even his physical appearance is the target of his expostulation: "He's a potato-nosed cunt. I just can't believe you're going to fall for that… *bagel*" (5). Christopher's critical attitude demonstrates that he is preoccupied with the notion of the idealized body which he projects onto Billy, his deaf son. Christopher also derides Ruth's lover's book in which he develops a postmodern approach to language by quoting the lines:

> '…Narrative is phallic.' 'Thetic, or mirror stage of development is Lacanian, where the semiotic self becomes coherent and acquires language'… '- Without language our thought will die.' (6-7)

Christopher thinks that his book is worthless since it abounds in nonsense ideas concerning the essence of language. Christopher's prejudice is so profound that even though he is from the north of England, he rejects Hayley, Daniel's girlfriend on the account of her being a northerner. He criticizes her since she was "a northern twat, she had all the charisma of a *bus* shelter, she was as thick as two *tits*" (20). He states further: "Daniel, as regards Hayley, you're well off out of it. Even if it does mean you have to live here again. After spending time with her, your IQ *visibly* halved" (20). Even his cousin Zach and his devout wife Rebecca are under criticism; Zach is belittled and ridiculed on the basis of his religious belief and Rebecca is humiliated on the ground that she is a "religious bird" (45) and "a *supremely- unattractive-* lady" (46). Christopher explains: "Why you would want to stick your cock into that *cement*

mixer" (46). All of his biased criticism of differences such as race and body provides a basis which parallels the prejudice that frames the inherent attributes of the main character's deafness.

Tempted by sheer self-centeredness, Christopher is unsympathetic to the emotional and psychological states of his wife and his children, that is, under any circumstances, he never respects the views of others and comes to a mutual understanding with them. Beth writes "a marriage-breakdown detective novel" which seeks to express all about what empathy really is, an endeavor to express intimately her thirst for the liberating atmosphere and the ideas that she keeps to herself under Cristopher's verbal abuse (39). Beth is scorned by Christopher's inconsiderate approach to her writing style. As the play unfolds, it is clear that Beth is rendered disempowered to obliterate his stigmatic attitude towards her children. An opera singer, Ruth both endures her wearing family life and struggles to overcome her loneliness and feelings of inferiority triggered by her brothers' success. Ruth's infatuation with an old lover is the source of derision and there has constantly been the war of words between Ruth and Daniel who thinks she exaggerates her position as an opera singer. In the same manner, Daniel suffers from both his unrequited love and the stifling family life that offers psychological hindrance to impede him and Ruth from achieving their dreams. Christopher humiliates Ruth and Daniel for their shortcomings and inadequacy and calls them "the parasites" since they, unable to find a job to maintain life, start living with their family (8). Under the burden of stigma, Daniel is afflicted with some hallucinatory voices which frequently haunt him and starts to use drugs to overcome them.

Daniel, desirous to be an academic, writes a thesis about how "[l]anguage doesn't determine meaning" (12). To Christopher, language is the only means of expressing emotions: "*Bollocks*, we don't know what feelings *are* until we put them into words! ... *That's* the whole point of art. Putting feelings into words so that we know how to feel them" (16). Christopher's views concerning emotional expressivity through language directly contradict the way he

conveys his feelings and ideas. Though Christopher believes that he takes a critical approach to relay his sentiment of love via abusive language, the only thing that family members attain from their conversation is depression, and psychological trauma. In other words, language becomes the weapon of anger and humiliation yet not of love and empathy as Daniel concisely puts: "Well, abusive love's all that's on offer here" (30). In a state of anger, Beth asks, "Christ. Why can't you move a *step* without an argument starting in this house?" and Christopher gives an answer, "Because we love each other!" (19). As Ernest Nolan states, the endurance and stability of his love for his family is maintained by his open, abusive and hurtful language that he directs against them (83).

The emotional and psychological exhaustion affecting family members involves the youngest child, Billy, who has just returned home after college. Billy, who is deaf from birth, cannot fully get involved in the conversations of the family members. Though the family members seem to pay attention to Billy, immersed in bickering and dispute, all that family members can do is merely to ask him how he feels and whether there is a problem with his hearing aids. Throughout the first scene, Billy asks "What are you talking about?" (8), "What are you all *talking* about?" (9), and "What happened?" (10). Yet the family members avoid informing Billy regarding what has been going on or they remain indifferent to his question by responding solely with "[n]othing" (10). At the end of the first scene, Billy sits alone on the stage with the lights only on him and though the family members leave the table, their quarrelling voices are still heard off the stage, a highly compelling scene that demonstrates to what extent Billy is suffering from loneliness and isolation.

Raine's satirical contextualization of familial drawbacks and their influence on the identity of individuals is made more obvious through the perception of Billy's disability in relation to the established views of the body to which the family members unduly attach. When Billy meets Sylvia, his family members confront their ideas framed in accordance with the

social prejudices against the 'deformed' body. Through the conflict caused by the encounter between Sylvia and Billy's family, the different facets of being deaf in the world of hearing are exposed, expanding into the central issues related to deafness such as the limitations and expressivity of sign and spoken language, the discriminatory attitudes of hearing and non-hearing people, the hierarchies that divide people in the world of the hearing and the non-hearing and the emotional abuse inflicted on children by the prejudiced families.

Billy grows up in a hearing family where he engages in communication by using hearing aids and lip-reading, a situation which substantially shapes his perception of his own disability and his life with hearing loss. The fact that Sylvia is "Billy's Virgil, guiding him into the expansiveness of sign language, as well as the comfort and politics of deaf community" is severely opposed by Daniel and Christopher (Morris "Nina Raine's Play *Tribes*" n.p.). Daniel fears that Billy will be forced to learn sign language just because of his deafness and will be stigmatized through his participation in the deaf community. Christopher goes further to disclaim Billy's disability: "Billy's not deaf - …He is not, he's been brought up in a hearing family, he's been protected from all that shit! I'm talking about the hardliners, capital-D deaf, not racists but *Audists*-" (36)[15]. Beth insistently stresses that Billy's engagement with sign language is a little sacrifice for his lover; yet, Christopher harshly disaffirms it since he holds the belief that learning sign language is equal to accepting disability and constituting an identity by making the defect "part of your personality" (36) and thereby, what forms your identity becomes "*ideological*" (35). In terms of the identity formation, Christopher establishes a link between deafness and being a Northerner: "Making deafness the centre of your identity is the beginning of the end. Like being a *northerner*" (36). With an emphasis on the intertwined

[15] James Woodward, in his study "Implications for Sociolinguistics Research among the Deaf" published in 1972, firstly employed the upper or lower case letter D/d to clarify the status of the deaf. The word "deaf" with a lower case d is used to refer to the deaf people who do not sign and regard their deafness as having an impairment or disability while "Deaf" with an uppercase D refers to those who identify themselves as culturally deaf since they use sign language, become members of the deaf community and share attitudes and beliefs about their deafness (Napier 141).

differences such as race and disability, his statement visibly demonstrates that race or any bodily configurations surpass the other characteristics of the person to structure his/her identity, influencing the way the person is treated in the society.

Christopher is also against the deaf community which he regards as a "sect" and "cult" where deaf individuals depend on their deaf identity to build "the feeling of persecution" in an attempt to establish a bond in the community and exclude others (35-6). He states: "The deaf! The fucking Muslims of the handicapped world. You feel like saying, take your hearing aids and shove them up your arse. The feeling of persecution is necessary because it *bonds*-" (36). Motivated by misguided views around the deaf identity and the deaf community, as Christopher states, they did not "bring Billy up as handicapped", instead they raised him in a way that is no different from the hearing person (51). In doing so, the possessive family 'disable' Billy by not allowing him to learn sign language and join the deaf community to explore the subtleties of the deaf world. On that note, what Robert Spirko emphasizes concerning the deafness of the female character in Mark Medoff's *Children of a Lesser God* could be true for Billy's condition since just like Sarah, Billy is totally "subject to a specific audist "paternalism" that infantilizes the deaf and takes from them power over their own lives" (19). Harlan Lane, in his seminal book entitled *The Mask of Benevolence*, evaluates the relationship between hearing and deaf people within the framework of the colonizer-colonized duality and emphasizes that deaf people are colonized through hearing paternalism. Lane states:

> Like the paternalism of the colonizers, hearing paternalism begins with defective perception, because it superimposes its image of the familiar world of hearing people on the unfamiliar world of deaf people. Hearing paternalism likewise sees its task as "civilizing" its charges: restoring deaf people to society. And hearing paternalism fails to understand the structure and values of deaf society. The hearing people who control

> the affairs of deaf children and adults commonly do not know deaf people and do not want to. Since they cannot see deaf people as they really are, they make up imaginary deaf people of their own, in accord with their own experiences and needs. (37)

When looking at the plights that Billy has to endure, it is noteworthy to argue that the dynamics of hearing paternalism work to 'colonize' him since he is rendered powerless by imposing the language and culture of the hearing which are determined within the discourse of normalcy.

The encounter between Sylvia and Christopher at the dinner reveals a distinctive feature of the deaf community, that is, it is "hierarchical" (42) as Sylvia states:

> I'm not deaf from birth so that makes me less good than someone who is. But I come from a very deaf family so that makes me more kosher. Billy's at the top of the pile because he's deaf from birth - like a cradle Catholic is better than a convert - but when he didn't know any sign, that took him down a few notches again. (42)

Though the deaf community embodies the hierarchy, Sylvia finds it better to join it than facing any offensive attitudes prevalent in the community:

> **SYLVIA** It isn't that much fun being around hearing people any more, either. No offence.
>
> **DANIEL** Why not?
>
> **SYLVIA** Oh…the way they very politely let you know just how inconvenient it is. People yelling in your ear however much you explain, so you literally have to *grab* their face and stick it in front of

you. And… they don't realize how obvious it is on their faces when they don't like you. (42-3)

Christopher, who completely rejects sign language, probes Sylvia concerning sign language to find out whether it is Broken English and asks which one is better, sign or speech. Sylvia, who is good at using sign language but not at lip-reading, states that sign language has its own grammatical rules, and translates every sentence in order to prove its rhetorical power and eloquence. Though Christopher hears the expressiveness of sign language, he does not feel satisfied and inquires as to the limitations of sign language: "We don't want to hear what sign *can* do. We want to hear what it can't" (53). When Daniel poses a question concerning what to do if she makes a hypothesis or conveys sarcasm, Sylvia accepts that "[y]ou can't say 'would' in sign. Or 'if'" (55). Believing in the importance of words in relaying emotions, Christopher finds sign language inadequate and intrepidly states that deaf people are tactless and coarse:

CHRISTOPHER And I would say that if your language is a bit black and white then it makes *you* a bit black and white. Because how can you feel a feeling unless you have the word for it?

SYLVIA Deaf people can be more honest.

CHRISTOPHER More honest? Or more tactless?

SYLVIA (*raising her voice*). Are you asking me whether signing makes you a coarser person because signing is a coarse language? Whether deaf people are emotionally deaf as well, lack empathy? (55)

Sylvia, angered at the family's offensive attitude towards her deaf family, states that emotions cannot merely be verbalized since sign language is effective in conveying emotions as she shows the evidence of different emotions such as jealousy, anger, insecurity, and sadness.

The heated debate is followed at the end of the fourth scene by Sylvia playing Debussy's 'Claire de Lune' on the piano that mesmerizes the family. At this moment, Billy stays apart, looking "*out and away*" (57).

The fact that Billy has gained awareness as to the nature of his deafness with his strong connection to the deaf community and his success as a lip-reader for the Crown Prosecution Service sparks conflict between him and his family. Out of the process where Billy builds self-esteem and self-assurance comes his confrontation with his family concerning why they disregard his disability and neglect him in the family conversations. Through Sylvia who translates what Billy has signed, Billy refuses to use the spoken language unless his parents learn sign language:

> **SYLVIA** The bland level of conversation. 'How's work?' 'How are you?' You never explain your arguments. You're all laughing about something and I have to say 'What?' 'What?' 'What?' 'Oh nothing. It was about a book.' I'm tired of saying 'what what what' all the time. (74)

When Christopher responds that Billy is fed up with his deafness, Billy asserts that he is tired of feeling deaf in his family circle: "…I've had to fit in with you. I've waited. I've waited and waited. I keep thinking, 'I'll wait and you'll come to me' but you never do. You can't be bothered" (75). Billy furthers: "Am I not important to you?... Then why can't you be bothered?" (77). While Beth apologizes to Billy for not learning sign language even though she promises to do, Ruth acutely states that "none of us can be bothered with *any* of us! That's this family. We're all egotists" (77). Christopher, who never bothers to learn sign language even though he is willing to learn Chinese, states that nobody in the house receives special treatment and tries to justify the family: "Look, the reason we didn't learn sign wasn't because we couldn't

be bothered, it was out of principle. Out of principle, we didn't want to make you a part of a minority world" (78). Billy defies his family by saying "I'm not hearing so stop pretending I am" (79) and leaves his family since he does not feel like he is a part of the family; - a tribe with its own internal rules excludes him:

> **SYLVIA** If anywhere's a closed bloody ghetto it's this bloody house. Conventionally… unconventional… Kimonos. You think we're not part of any community, that's because we're our own… totally bonkers…hermetically sealed… community. 'No hawkers, no traders, and no one who doesn't know who (*Hesitantly, as she watches the name be finger-spelled*.) Dv… o… rak is.' And no one's allowed to leave. I'm fed up with it. (79)

Taking a stand against the minority world of his family, Billy rejects the individual expectations of his family and the social standards that govern their conceptualization of bodily configuration. Embracing the view that disability is grounded in the body but not in the way disability is construed and treated, Billy's family, especially Christopher, impose on Billy the socially enforced notions of the body which advocate that deaf individuals have to use the hearing aids and the spoken language instead of sign language to fully participate in society. The family's methods to eradicate Billy's disability create disadvantages on the part of Billy. Billy's hearing device impedes him from having healthy communication, evidenced in the scenes where Billy's hearings aids buzz because Daniel turns on the radio to dispel haunting voices and Billy cannot understand what he has heard because of the battery that has run out. Billy, whose view of deafness is shaped by his parents' approach to disability, perceives their attitude as normal and even harbors hatred for the deaf. Billy's reflection is not weird since, as Yael Bat-Chava hypothesizes, the deaf children who grow up in a hearing family where the spoken language is the means of communication tend to adopt the view of deafness as disability

and acquire “a culturally hearing identity” (421). Daniel’s statement makes his condition clear: “You hated that other deaf boy at school. You went to one deaf do and you hated it. You said you had nothing in common” (80). Daniel states further: “You said that no one listened to anyone else. You said that they didn’t seem to realise conversations is about taking turns” (80). Yet, as Billy becomes aware of the deaf community and sign language, he comes to understand that his family’s resistance to learning sign language is the underlying reason behind the lack of communication and their perception of his deafness shaped in line with the social norms of the ideal body leads to his psychological and emotional alienation. In this respect, Billy’s tearing out his hearing aids can be read as a reaction to the socially fabricated notion of normalcy that overlooks the fact that sign language used by the deaf is an influential vehicle for communication and expression and deaf people are a linguistic minority that share a cultural identity.

Billy is not the only character who leads an unsatisfying life because of the expectations of the family; Daniel is also heavily affected. Daniel whose situation worsens with Billy’s withdrawal is mentally deteriorated and it is clear that the reason behind his psychological handicap is the incongruity between his evolving personality and his family’s settled assumptions of value and hierarchy as the voices he has heard indicate: “You’re f-f-f-ucking useless” (90). Andy Kempe points out that “there is the suggestion of schizophrenia here [in Daniel’s case] while, metaphorically, his condition could be interpreted as a manifestation of the destructive tension that arises when one’s own sense of personality seems at odds with the expectations of those closest to one” (36).

While Billy distances himself from his family, Sylvia’s experience of hearing disorder leads to a growing feeling of becoming ‘different’ and a painful sense of alienation from the deaf community. Though Sylvia is a member of the deaf community and knows sign language, internalizing the individual view of disability, she views deafness as disability:

DANIEL They'd say being deaf isn't a handicap, it's being in a linguistic minority.

SYLVIA (*to* DANIEL) No, being deaf is a handicap.

DANIEL *and* SYLVIA *stare at each other.*

If you're going from hearing to deaf. Like I am. Life is worse deaf.

If you're deaf from birth, I think it might be different. (52)

Her statement sharply contradicts the discourse of cultural deafness that "distances itself from both phonocentric society and from any suggestion that they are people with impairments or disabled people" ("Deafness/Disability" Scott-Hill 89). Sylvia, who is troubled by her decreasing capacity to hear, seems to face her disability with ease and dignity, yet, she undergoes psychological trauma seeing that she cannot reconcile with the nature of her growing deafness:

SYLVIA *starts to simultaneously sign and speak.*

I just keep thinking, 'Am I different? Am I different? Am I different? Am I turning into somebody different?' I'm becoming a miserable person. I feel like I'm losing my personality…can't even be ironic any more… I love being ironic… I feel stupid… when I lose something in the house I have to put my hearing aids in to *look* for it…

I have these dreams… when I'm talking on the phone again. And I can hear perfectly. It's all so clear…

I don't know who I am any more… I'm going deaf. (88)

Sylvia, who is complaining about the mediocrity and hierarchy that encompass the deaf community, experiences self-alienation in that the established deaf community is bereft of empathy:

> **SYLVIA** There's no empathy. 'You're going deaf - so what? We're all deaf.' You're not allowed to be depressed about it. 'You're depressed? I'll tell you a joke.' You've got to act like you've won a competition. (*She simultaneously signs and speaks*.) 'Oh, congratulations! You're *deaf*!' (85)

Though the play seems to take a negative turn for the characters with their exposition to the exclusionary attitude of the family or the community, the ending of the play proffers a promising picture. In other words, the plot "holds surprises on the way to a satisfying ending in a truly transporting play - that's psychologically minded but not overly intellectual" (Ostrow "Tribes" Review" n.p.). Billy is under investigation for giving false evidence in the trials by guessing and inventing some parts to write his own story though he cannot see the faces of the convicts. It is quite apparent that Billy tries to understand what his family says and how they feel throughout the play, evidenced by his emotional empathy for Daniel since he reads from his face his anguish caused by his failed relationship with Hayley. Sylvia desires to take a break in their love affair on the account that unable to cope with her increasing loss of hearing, she is drawn into isolation and loneliness. Aware of the fact that Daniel kissed her in an attempt to prevent her from taking Billy from him, Sylvia persuades Billy to speak to Daniel. When Billy returns home, he is surrounded by Daniel, Sylvia and the rest of the family. Daniel, afflicted with stuttering because of the imagined voices he cannot expel, resorts to the improvised signs to show his love for Billy. Following Billy, Daniel "*makes the sign back, crossing his arms in front of his chest*" (97) and his message is explicitly transmitted despite the non-existence of words or sounds. Daniel's employment of sign language at the end of the play serves a useful

purpose to deconstruct the idea that emotions are only transferred through words. Through this scene, the play glorifies the strength of love that unites and reinforces family bonds.

Nina Raine's *Tribes* explores the politics of deafness and to what extent a deaf person can find a place in the hearing world with an emphasis on the restrictions caused by the cultural normative discourse of the body that brings Billy the hardships in his relationships with his family and his girlfriend, Sylvia. The disabled body in Raine's play becomes a contested site of oppression where the conflicting views of deafness beget psychological trauma. With a specific focus on the dysfunctional family, *Tribes* digs deeper into the emotional and psychological world of the deaf character to unveil how the stigmatic attitudes have a tremendous impact on his domestic and social life. Raine's *Tribes*, in merging negative and positive stances towards deafness, also provides an insight into controversial issues such as the existence of the deaf community and deaf culture, the perception of deafness and the construction of deaf identity.

CHAPTER III

SOCIAL AND POLITICAL OUTLOOK TOWARDS MENTAL DISABILITY

3.1. "Schizophrenia is the worst pariah": Mental Illness and Racism in Joe Penhall's *Blue/Orange*

Joe Penhall's *Blue/Orange* explores the confrontational nature of language as a source of power and control in a way that markedly differs from Nina Raine's *Tribes*. While *Tribes* mainly focuses on the individual problems caused by the lack of communication and family's strict adherence to the culturally fabricated idea of normalcy, Penhall's text largely dwells on broader social issues such as institutional racism, and the quackery of the health system through the argumentative dimension of communication between the white doctors and the black patient. The linguistic confrontation that underlies the relationship between the two white doctors and the black patient can provide a critical exploration of the discourse which situates the disabled black individual in an inferior position in a culture governed by the hierarchy of the body and race. This part, therefore, offers a detailed examination of how *Blue/Orange* satirically engages with the normative construction of disability embodiment and highlights how the socially constructed notions of disability and blackness mutually reinforce each other to determine the position of disabled black individuals within the vortex of power struggle.

Blue/Orange revolves around a twenty-four-year-old black man, who is legally subjected to twenty-eight days of confinement in the hospital for observation and treatment because of an incident in the market he has worked for a while. When the play starts, it becomes clear that Christopher is jocund since his incarceration in the hospital will end the other day. Bruce, a junior doctor who wants to be a consultant, thinks that Christopher is schizophrenic and wants to keep him in the hospital longer than the appointed time for further observation and a more accurate diagnosis. Apart from that, Bruce believes that Christopher is not ready to be

discharged into community care seeing that he has no family, relatives, and friends to support and care for him. In order to precisely detect the severity of his mental state, Bruce seeks counsel from Robert, a senior doctor in his fifties. In opposition to what Bruce identifies concerning the nature of Christopher's mental condition, Robert diagnoses Christopher as healthy enough to be released. In fact, he makes his decision on the basis of the inadequate resources, shortage of beds, and Christopher's ethnicity. The disagreement between Bruce and Robert which dominates mostly the first and third acts of the play, heightens the conflict between them since they do not intend to back down from their ideas. When Christopher claims that his father is Idi Amin, and the orange on the table is blue, Robert hypothesizes that his mental illness can be related to his ethnic background on the ground that his delusions can become a product of his past life. Robert sees Christopher as a case study for his uncompleted book in which he examines black psychosis in relation to cultural specificity. During his supervision, Robert finds evidence for Christopher's claim about his father and Bruce's attitude towards Christopher which may signify the intentional racial discrimination. Bruce is charged with his racial attitude and misdiagnosis by Christopher who is heavily influenced by Robert's thoughts and language. The discussion between Bruce and Robert about the operation of the health system and Christopher's mental state escalates into a furious struggle which culminates in Robert's use of his rank to discharge Christopher from the hospital and arrange a one-on-one consultation with him. At the end of the play, Bruce threatens Robert to bring charges against him for his misappropriation of the health system in pursuit of his own interests and professional achievement.

Joe Penhall's first full-length play *Some Voices*, which was premiered at the Theatre Upstairs, marks in Aleks Sierz's words "a momentous era in the Court's history" along with the plays by Nick Grosso, Judy Upton, and Sarah Kane (210). Sierz's positioning of Joe Penhall within the range of in-yer-face drama of the 1990s in his seminal book *In-Yer-Face Theatre*

somehow leads to the fact that Penhall is considered to be a part of this movement. In-yer-face theatre, which proliferated in the 1990s in Britain, is a kind of drama that employs filthy language accompanied with sex, nudity, profanities, violent scenes, and taboo subjects. In-yer-face theatre intends to shock the audience and force them to go beyond and question what is stabilized as normal, human, good, moral, real, acceptable, right or just (Sierz 5). In other words, it is a kind of drama that "takes the audience by the scruff of the neck and shakes it until it gets the message" (Sierz 4). In-yer-face dramatists Sarah Kane (*Blasted),* Mark Ravenhill (*Shopping and Fucking*), Anthony Neilson (*Normal* and *Penetrator*), Philip Ridley (*Mercury Fur),* and Jez Butterworth (*Mojo*) also startle the audience by raising unsettling questions concerning contemporary issues by using excessive violence coupled with filthy language. Although Joe Penhall came to be known in the 1990s, it would be groundless to position him among in-yer-face playwrights on the grounds that his theatrical stance profoundly differs from that of his contemporaries who handle physical violence, sexuality, drugs, and consumerism in their works. Joe Penhall, except for his first two plays, as Rachel Clements comments, does not utilize physical violence (xv). As Boles observes, his plays also do not employ "graphic sexual acts" (21). Even if Penhall resorts to violence, violent scenes are softened since he does not intend to create shock effects through the violent actions of the characters. In his plays, the effects of sexuality, language and violence are lessened to underline political and social points and implications, that is to say, "Penhall's meaning was never overwhelmed by the shock factor of the material" (Boles 21). Rather, as Sierz states in his book *Rewriting the Nation*, his plays to a large extent take meditative overtones on mental illness which somehow influences many people's lives, though it remains an unpopular and unspeakable subject (103). In an interview with Hildegard Klein, Joe Penhall affirms: "It seems to be my job to write about the individuals that most people don't even know exist, like Christopher in *Blue/Orange*, who thinks his dad is

Idi Amin. There are lots of people like that, with delusions and problems, but people are unaware of them" (84).

Mental illness[16] has been a recurrent theme of contemporary playwriting and becomes a driving catalyst for other in-yer-face playwrights such as Sarah Kane and Anthony Neilson. Sarah Kane's *4.48 Psychosis* (2000) is "a monological journey through a mentally disturbed life" through which the unnamed and genderless character meditates on suicidal attempts and depression, medical treatment, and childhood innocence (Kempe 30). Of paramount importance to the self-revelation of the character is the fragmented structure which serves as a kind of contemplation for both the suicidal character and the reader to dig deeper into the dark sides of the mentally ill character's psyche. Anthony Neilson's *The Wonderful World of Dissocia* (2004) delineates the traumatic experience of a mentally deranged female character who moves between the liminal spaces of reality and dream in order to escape into a relieving world from the tragic results of her troubled life and problematic relationships. The first act of the play brings together "comedy, fairy-tale and even vaudeville" in an attempt to unveil Lisa's fantastical world - the 'Dissocia'- where the fluctuating states of her mind and her inner world are revealed (Neilson x). In the second act of the play, there is a transition from her dreamy world to the real space where Lisa is kept in a mental house to be treated. In the play, the sequence of the actions is reversed to highlight the state of the mentally-ill female character. In this way, mental disability within the shifting narrative structure is utilized as a means of foregrounding the integral features of the experience of mental illness and highlighting the difficulties and hardships of living under care and treatment that disabled individuals are forced to undergo.

[16] Mental illness has been handled in plays such as Alan Bennett's *The Madness of George III* (1971), Peter Shaffer's *Equus* (1973), Tom Stoppard's *Every Good Boy Deserves Favour* (1977) and *Arcadia* (1993), David Edgar's *Mary Barnes* (1978), Caryl Churchill's *The Striker* (1994), Martin McDonagh's *The Pillowman* (2003), Conor McPherson's *Shining City* (2004), Ron Hutchinson's *Head/Case* (2005), David Watson's *Flight Path* (2007).

Sarah Kane and Anthony Neilson develop a congruity between form and content to conceptualize the complex dispositions and experience of mental conditions from the patient-oriented view. The readers/audience take a position to diagnose the mental condition of the characters. Contrastingly, Penhall's *Blue/Orange*, as Rachel Clements notes, is less about the experience of living with schizophrenia than about the observation, diagnosis, and treatment of the illness (xxxvi). While Joe Penhall's *Blue/Orange* deals with mental illness and the ineffectiveness of mental health care, it embraces the opposing medical views of the two white doctors to specifically draw on its diagnosis, the stages of treatment, and more significantly, the stigma surrounding mental illness. As William Boles points out, "Penhall's end of the 1990s play tapped into a decade-long growing concern about the National Health Service where finances and political necessity became far more important than patient health" (116). With a focus on the power struggle between the two doctors embedded in the battle of words that arises during the process of the patient's diagnosis, Penhall's *Blue/Orange* presents two contrasting aspects of mental health care which predominantly result from the political indoctrination of previous administrations, which will be discussed in detail. What makes Penhall's play distinctive from his contemporaries is that he not only situates debates around the medicalization of mental illness on the political plane, but also merges medical illness with racism in his play. Robert's interpretation of Christopher's illness in relation to the cultural determinants of race leads to complications in the course of the treatment and raises crucial questions concerning the institutional racism that encapsulates the health system in Britain. On that note, this part, therefore, aims to explore how institutional racism influences the treatment of mental illness within the substandard health system occasioned by the political constraints of the government. It also examines how language is functional to create power dynamics which adversely affect the position of both doctors and patients to a great level.

For Penhall's plays *Some Voices* and *Blue/Orange*, mental illness has been a subject of interest. Penhall's interest in mental illness is largely triggered by his personal experience of having a friend with schizophrenia while working at a centre in the USA for a brief time and his observations while he was working as a journalist in London in the early 1990s (Clements xvii). Penhall's great concern with mental problems and the medical profession establishes his reputation as "Mr. Schizophrenia" and "the laureate of lithium" (Boles 117). A deep analysis of his plays demonstrates that his treatment of mental illness focuses on exposing the dichotomy of "the individual versus the institution" or community, which constitutes the essence of his theatrical understanding (Klein 79). In *Some Voices*, Penhall foregrounds the failure of care in community through the character Ray, who causes troubles for his brother Pete, the person to take responsibility to look after him. While in *Some Voices*, Penhall does touch on mental illness from the perspective of a caretaker and his family, in *Love and Understanding*, he deals with the medical profession with a focus on the disintegration of love between the two young doctors caused by the hardships of professional life. *Blue/Orange* is set in the hospital - a space where Penhall brings the divergent perspectives of patients and doctors in order to explore the subtleties of mental illness and the policies of the National Health Service. His approach goes beyond the criticism of the health system when he intermingles mental disorder with institutional racism in an attempt to illuminate the complexities of social life and political debates in contemporary Britain.

It is not surprising that Penhall reconfigures mental illness with regard to racism in institutions given that *Blue/Orange* coincides with a time when the issue of racism lingers strongly in the public consciousness. Carol Woddis of *the Herald* makes a concise comment on Penhall's interest in racism: "In this era of heightened racial sensitivities, it is particularly brave of Penhall to confront head-on the subject of schizophrenia in the black community" (qtd. in Boles 116). In order to comprehend the cultural backdrop that feeds into Penhall's play and

shapes the mindset of the country in the late 1990s, it is crucial to trace the defining historical moments ranging from the 1950s to the end of 1990s that acceleratingly impact the day-to-day lives of many Britons. The years after the Second World War were the hallmarks of a new phase of the relationship between the Blacks and the Whites because there was mass immigration to Britain from the countries of its former empire, leading to the onset of the problem of black immigration. Britain adopted "an open migration regime" between 1942 to 1962, formalized by the 1948 British Nationality Act which "formally gave all subjects of the Crown in Britain and its empire the right to move to Britain" (Geddes and Scholten 25). The arrival of the *SS Empire Windrush* in 1948, carrying 492 Jamaican citizens who migrated to Britain for their economic prosperity posed a threat to white Britain, thus, creating a state of fear about their country. As a result of the influx of black colonialists from nearby countries through the 1960s and the 1970s, the British government set a strict policy to prohibit the future of black migration to Britain. Three Commonwealth Immigration Acts were passed in 1962, 1968, and 1971 to severely limit the freedom of black citizens to migrate to Britain (Boles 119-20). In 1968, the conservative MP Enoch Powell delivered his contentious and divisive 'Rivers of Blood' speech in which he vehemently criticized mass immigration and recommended the encouragement of repatriation with financial assistance. Powell estimated that by 2000 the immigrant population "must be in the region of five to seven million, approximately one-tenth of the whole population" and "towns and parts of towns across England will be occupied by sections of the immigrant and immigrant-descended population" ("Enoch Powell's River of Blood Speech" n.p.). Highlighting the impossibility of full integration into society for blacks, he advocated "the encouragement of re-emigration" ("Enoch Powell's River of Blood Speech" n.p.). Margaret Thatcher, during her government from the late 1970s till the end of the 1980s, "resuscitated some Powellite themes", marked by her clear explication of her racial attitude out of fear regarding the increasing number of immigrants (Geddes and Scholten 28). In 1978, Margaret

Thatcher, in an interview on TV, stated that "she could understand people's fears of being 'swamped' by what she called 'alien cultures'" (28). Margaret Thatcher's "harder line on immigration" is further expounded with the implementation of the British Nationality Act (1981) through which the British government was able to "implement tight controls and redefine national citizenship, stripped of post-colonial implications" (29). So adverse was the effect of the law on black immigrants that "millions of people found their citizenship status amended to deny them access to the country of which ostensibly they had been citizens" (29).

As a result of the racist political strategies and practices, racial attacks and violent assaults surfaced, ranging from Teddy Boys in the 1950s[17] to the unprovoked attacks of white groups on blacks in the 1980s[18] and the 1990s. Among these events, the most provocative one which is closely related to the context of *Blue/Orange* is the murder of Stephen Lawrence, an 18-year-old black man, in an attack by five white young people at the bus stop in 1993. As the police neglected their duties, the attackers got away with the murder. Six years after this tragic event, Sir William Macpherson was asked to conduct an inquiry into the murder of Stephen

[17] The riots in Nottingham and West London in 1958, the most notable example of the violent racism, took place during the 1950s (Bowling 30). There were several cases of extreme violence inflicted by the Teddy Boys on black community during the summer of 1958. One of them was that just before the violence broke out in Nottingham, it was reported that "at least a dozen black men were beaten up and robbed by Teddy Boys" (30). Another case was that on 23 August of 1958, "gangs of Teddy Boys - probably influenced by the national radio and newspaper coverage of the Nottingham 'riots' - went 'nigger hunting with iron bars, table legs and knives, leaving' at least five blacks unconscious on the pavement" (31). Their violent actions were regarded as a disrespect for law and order and caused growing anxiety among the British society concerning the morality of youth (32).

[18] 1981 was the year when many riots took place in Brixton between 10 and 12 April, and in Southall, Manchester, Liverpool, the West Midlands and many other regions of Britain. Seventy-nine police officers and forty-five citizens were injured in the Brixton riot largely caused by the degenerating relationship between black generations and policemen (Bowling 60). The underlying reasons behind these riots were the economic downturn which adversely influenced young people, racial prejudice, police misbehaviour, and mistreatment of ethnic minorities (60). As a result of these disturbances, the British police, respected and trusted by all the folks, came under scrutiny. According to the Scarman Inquiry which was regulated two days after the serious strife between the police and the black community, the police were found guilty of "oppressive styles of policing" ethnic minorities, particularly because of the police operation known as Swamp 81 (McGhee 19). Operation Swamp depended on "'hard policing' and an unwillingness to solicit or consult local opininon" included the methods such as patrolling, and stop and search policy (19). It was reported that stop and search activities caused many innocent people to be arrested and this situation irritated and frustrated black folks, leading to disturbances in Brixton on 10 and 12 April (20). According to Scarman, the roots of disturbances did not lie in the racist attitude or prejudice of the Metropolitan police but the problem was caused by black community negatively influenced by "racial disadvantage" (22). Thereby, Scarman shifts the inquiry away from the discriminatory practices of institutions to social troubles occasioned by the cycles of racial disadvantage such as instability of family life, high rates of illegitimacy, low rates of education, economic deprivation (22-3).

Lawrence, the former investigation, and the failed trial. In the report released in 1999, Macpherson stated that there was an explicit implementation of 'institutional racism' by the Metropolitan police (6.34). Macpherson defines institutional racism in his report as such:

> The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people. (6.34)

Macpherson's report testifies to the existence of racist incidents in institutions and hence, leading to the self-investigation of every institution across Britain to pinpoint the circumstances of racial prejudice or abuse. What comes out of these investigations is that theatre is imbued with institutional prejudice against minority ethnic groups. The Eclipse Conference, which was held at the Nottingham Playhouse on 12 and 13 June 2001, aims to discuss and develop strategies to oppose racism in theatre and explore alternative forms of understanding and enhancing knowledge concerning African Caribbean and Asian theatre (Brown et. al. 4). The report presents some existing data in order to show to what extent racism prevails in the theatre. According to the Arts Council of England Annual Statistics 1999-2000, "[o]ut of 2,009 staff employed in English theatre only 80 (%4) are African Caribbean and Asian" (Brown et. al. 8). An Arts Council of England Survey of 19 arts organizations found that "out of 2,009 staff, 177 (%6) were either African Caribbean, Asian or Chinese, with 100 of those staff working in the area of catering or Front of House. One was employed at senior management level" (Brown et. al. 8). Following the report's release, *The Observer* acknowledges that "it is worth noting there is not a single non-white artistic director in any theatre in the UK. What we have is an industry

that is institutionally racist to its very core, yet congratulates itself on being super-liberal" (qtd. in Boles 118).

Penhall's preoccupation with the issue of institutional racism in his play *Blue/Orange* is considerably significant since it appears on the stage at a time when twentieth-century British theatre hardly deals with the representation of racial discrimination. Although racism became the hot topic for the plays of black playwrights such as Mustapha Matura and Michael Abbensetts in the 1970s, Caryl Phillips and Winsome Pinnock in the 1980s and Tanika Gupta and Roy Williams in the 1990s, the number of the plays perpetually decreased over the 1990s (Boles 117). It was only in 2003 that the British black play came with Kwame Kwei Armah's *Elmina's Kitchen* where racism is intermingled with drugs, crime, gang violence, and parenthood. In such a theatrical climate, Penhall's play was premiered in the Cottesloe auditorium of the National Theatre in 2000, and challenged the audience to raise serious questions concerning the racism prevalent in British society. By immersing his audience in the play's abstruse display of the racial rhetoric that has been so firmly entrenched in British society and institutions, Penhall structures his play in an idiosyncratic style around the institutional structures with a detailed exploration of the dialogues among the three characters in a simple setting.

Penhall's *Blue/Orange* is set in a single setting as the stage description demonstrates: "*A consultation room. A transparent water cooler. A round table with a large glass bowl containing three oranges*" (5). The plain setting functions at some levels in the play. Rather than the physicality of the setting or space in the play, the story becomes the focal point. The linear plot structure in which action is maintained more by language than the physical movements unveils the intricate relationships between the three characters. In this respect, it is worth noting that the simplicity of the setting enables the audience to focus on what is going on between the three characters as well as the arguments and situations provided by the

confrontational language, dialogues, and medical terminology. The setting enables the playwright to create a textual space where he genuinely explores social problems through personal issues. In the play, interpersonal conflicts between the two white doctors and a black patient are closely related to the internal troubles of the society, thereby, the private world of the characters is presented to externalize and transpose the social and political spheres of British society.

The individual aspect of social matters is provided by the confrontational nature of language that presents a battle among the characters over words, their meanings and interpretations to attain and maintain power. Penhall crafts a language that is imbued with medical terminology, cultural allusions and the discourse of antipsychiatry in order to demonstrate the functionality and manipulative nature of language in structuring power dynamics in institutions. Within the power relations, the triangulation of characters causes a struggle that operates on the exchange of opposing and dissenting views of the two doctors on the medical case of a black patient. The conflicting interpretations of the patient's mental state by the two doctors give rise to uncertainty and complexity as to the severity and graveness of Christopher's illness as well as the accuracy of the doctors' decision and the functionality of the health system. As the conflict between Bruce and Robert intensifies at the end of the play, the positions of the characters are entirely tangled through the language which moves forward uncertainty, obscurity, and stalemate. On that note, the meaning is inferred through the audience's interpretation of the unremitting and shifting arguments of Robert and Bruce and the attitude of the patient who becomes "a ping-pong ball for the back-and-forth of their disagreement" (Clements xxxi). In this way, the play, through its language, leads the audience to question institutional discrimination, the accuracy and practicality of the policies and the utilitarian approach held by the institutions and moral arguments about the doctors' attitudes.

When the play starts, it is clear that Christopher is full of joy since his twenty-eight days' incarceration in the hospital will end though Bruce, the white junior doctor, does not feel that way. When Christopher states that he will get his freedom in a day, Bruce responds hesitatingly, "Well…aha ha… OK" (5), a statement that does not approve of Christopher's hopes about his future position as a free man. Bruce's statement also foreshadows his continuous attitude towards Christopher's release which sets the actions in motion over the course of the play. Early in the play, Christopher asks for many drink items such as coffee and alcohol, and his requests are refused by Bruce since they are not good for his health; coke gets Christopher "overexcited" (7) and alcohol devastates his mental state with the subsequent dreams. What Christopher can only drink is water, and the first rule Christopher learns when he comes to the hospital is "No Coffee no Coke" (7). The brief dialogue between Bruce and Christopher ostentatiously demonstrates that the doctor retains a position of power and control over Christopher's behaviour by means of the stimulating language which is packed with dictations and warnings. So strict is Bruce's monitoring of Christopher's behaviour that it leaves no room for him to behave the way he wants. When Robert, the senior, comes for observation with a cup of coffee in his hand, and Bruce prevents Christopher from drinking coffee, his agitation heightens: "It's my nerves. I'm getting out tomorrow. You can't tell me what to do when I get out - when I'm out there - which is in (*checks his watch*) exactly twenty-four hours. I'm not under your… it's none of your business then, man" (17). As soon as Robert offers Christopher coffee to lessen his distress, Bruce makes a move to grab the cup and drain it and throw it into the waste paper bin. Bruce's restriction on Christopher's activity is further strengthened by Bruce's questioning attitude when Christopher states that he is already packed to leave: "Who said you could pack?" (18). Christopher responds "No one, man, I just did. I just (no, you stay there), I put my pyjamas in a bag and my toothbrush in on top" (18). This situation shows that the patient has no control over his individual actions in the mental hospital.

The fact that Christopher is experiencing the limitations of movement is further intensified by the linguistic practices that determine the ways words attain meanings and how they are interpreted. When Christopher claims that it is typical of white doctors to resort to medical treatment rather than anything else, Bruce states that it is insensible to think that anybody comes to the hospital just for drugs instead of enjoying outside and having fun. Bruce convinces Christopher that he is in the medical facility to "get better" since his health condition deteriorates (11). In this way, Bruce, holding the linguistic power at his hands, negates what Christopher believes concerning the function of hospital care and redefines the meaning of hospitalization for Christopher. Bruce's sense of treatment and care and his desire to heal his patients continuously echo to trigger the conflict between himself and Robert over the course of the play. In addition, there arises the dilemma of who has the authority to use the words and elucidate what words signify. Once Christopher questions why he is in the hospital and defines other patients as "NUTS", Bruce responds:

CHRISTOPHER It's a *nut*house, man.

BRUCE I grant you - indeed - there are a fair proportion-

CHRISTOPHER *A fair proportion?* You're kidding me.

BRUCE Of quite, quite -

CHRISTOPHER They are NUTS!

BRUCE … crazy people here… yes-

CHRISTOPHER Crazies, man! Radio Rental.

BRUCE People with - well - we don't actually use the term 'crazy'…

CHRISTOPHER You just said it.

BRUCE I know I just said it but - I shouldn't have - I was - humouring - I was, you know - it's a no-no. (11-2)

The exchange between Christopher and Bruce demonstrates that language is censored and some terms are rendered inappropriate. Bruce explains that some words which people used to denote certain features of things acquire new significations over time and terms that used to be inoffensive are considered offensive and impertinent. One of these terms which are deemed inaccurate is 'crazy' for that reason, Bruce and Christopher are not allowed to use this term. The same rule works for the word 'schizophrenia' which denotes a negative meaning now. People used 'schizophrenic' to say "'Such-and-such is schizophrenic'" (12) because of the duality of its connotations which are conventionally associated with "a divided agenda, a dual identity, the analogy of a split personality" (12). However, currently, schizophrenia does not refer to the split identity; it is an unhelpful term, in Bruce's words, a "'misnomer'" (13). Bruce, who is careful with the words, uses Borderline Personality Disorder to explain to Christopher what his illness exactly means: "You were diagnosed with 'Borderline Personality Disorder'... Key word - *borderline*. Because, clinically speaking, you're on the *border* between neurotic and psychotic" (13). The control of what words exactly mean is so significant because if people comprehend the meaning of the word wrong, they get the person wrong and they are misled by stupid ideas. It seems that all the information shared by Bruce is beyond Christopher's knowledge and Bruce has the power to control language and meaning within the borders of the hospital.

Language becomes a crucial tool to steer the relationships of the characters since it determines who is the controller or controlled, thus, creating intricate situations for the characters. Throughout the whole play, Christopher is not allowed to use language and control meaning, yet when it comes to the issue of race, he gets the upper hand to speak about his ethnicity by using racial labelling. Angered at Bruce's reaction against his packing, Christopher

calls himself “uppity nigga” (19) and claims that he is the son of Idi Amin. Though Bruce is aware of the fact that using racial epithets is offensive and insulting as in the case of the word ‘crazy’, he adopts the same language to make Christopher see how other people view his behaviour and what they will think about him when he gets out: “They’ll think you’re a, a, an ‘uppity nigga’, that’s what they’ll think. Kissing your teeth. It’s not you. It’s silly. It’s crazy. You’re not a, a, a, some type of ‘*Yardie*’” (20). Though Bruce warns Christopher to be himself in order to avoid people’s staring, Christopher strongly rejects what Bruce speaks of himself, calling him “a cheeky fucking monkey” (20). Christopher exerts his power on Bruce when he brings charges against Bruce for using racial epithet, a situation that puts his professional career in a precarious position. This situation visibly demonstrates that language creates the slippery ground where power changes hands whenever each of the characters attains linguistic domination.

As the play unfolds, language shifts from racial discourse to the complicated and contentious medical language of the two doctors, Robert and Bruce. The conflict that arises out of the opposing diagnosis by the two doctors of Christopher’s mental condition turns out to be a power struggle over the course of the play. Robert, who is the Head of Department and an expert to be consulted, manipulatively employs language to attain and sustain his power and has the final say concerning the certain diagnosis of Christopher. Though Bruce insistently wants to resection Christopher to observe and properly examine the symptoms of his mental illness, Robert thinks that within a month, Christopher’s condition has improved and he is good enough to be released into the care of the community. Robert is informed by Bruce that Christopher had a peripatetic childhood and has no family and friends to support him, yet, all these reasons by no means influence Robert’s decision because he thinks that Christopher’s loneliness is not a sound justification. In order to justify his diagnosis to persuade Robert to believe otherwise, Bruce states that Christopher is unstable, yet Robert considers this situation

as normal since he believes that "Some People Are Just Like That" (26). Reluctant to confirm Bruce's decision, Robert states that Christopher has not given harm to himself and the public and unless he is dangerous, they cannot confine him in the hospital. Bruce's strong resistance against Robert's diagnosis is hindered by Robert who has linguistic power: "I'd be loath to resection the boy on the basis of a difference of opinion. It's semantics. And right now, Doctor, my semantics are better than yours so I win" (28). Robert, who has the authoritative voice together with linguistic superiority, even alleges that Bruce makes Christopher nervous. Robert states that professionals who decide if this person is 'normal' or not, human or not misapprehend what is normal or human and Christopher is more human than the doctors who are actually sick (32). Robert emphasizes that it is very normal for Christopher to be angry, paranoid, depressed, and unstable since all these cases are the only suitable ways to respond to the human condition. Robert quotes R.D. Laing: "'Sanity is a conditioned response to environmental… stimulae" (33). Yet his strategy to convince Bruce to believe otherwise does not work again on the grounds that Bruce finds the discourse of anti-psychiatry unfruitful and out of mode. Even if Robert, with his calculating behaviour and manipulative language, raises divergent excuses to let Christopher out, Bruce is consistent not to yield to his manipulation and domination, which heightens the struggle for position and power in the last act.

The reason behind Robert's wish to dehospitalize Christopher is that Robert embraces the policies proposed by the National Health Services that entail a set of rules about the release of the mentally ill into the community. In response to Bruce's claim that if they eject Christopher, he will experience a breakdown and the worst symptoms of schizophrenia will recur to seize him "undiagnosed, unchecked, unsupervised and unmedicated" (34), Robert states that they cannot detain Christopher because of the policy of the National Health System. The old policy stresses that mentally ill individuals can be under care in the hospital; however, the current government system states that they should be released into the care of the

community and the family. Rather than the institutional medical treatment and care, home is the proper place in order to provide care for mental patients comfortingly and lovingly. Thus, the costly long-term treatment and care that the patient needs are undertaken by the family and this action frees the beds for the treatment of the cases, and thus provides a financial betterment by reducing costs. Robert states that "we don't have the beds" and the beds available are allocated for emergency admissions and newly diagnosed patients (23). While Bruce expresses that he cannot throw Christopher out on account of the beds, Robert stresses that it is not to throw him out but they must do what they are expected, with an emphasis on the necessity of care in community: "You are giving this man his *freedom*. You are releasing this man into the bosom of the community. You are giving him back his life. He's going back to his people" (25). Rather than questioning and challenging strategies that worsen the functioning of hospitals due to budgetary constraints and lack of beds and space, Robert claims that Christopher is healthy to be discharged, and thus, contributes considerably to the continuation of the status quo with his linguistic game. The idealistic young doctor insistently refuses to follow the path of the National Health Service and Robert warns Bruce not to insist on prolonging the duration of treatment. Since Bruce's decision is at variance with the established government policy, their careers are at risk: "There'd be scandal. They'd have my arse out of here faster than his and you'd be next. That's right. I'll never make Professor. You'll never make your Specialist Registrar Training" (23-4). Robert's statement creates a double-edged comment: while it reveals individual greediness for achievement which leads to the violation of what is moral, good, and ethical, it can arguably be read as a critique of the widespread perversion within the health system that serves the interests of individuals in charge rather than the needs of patients.

The policy of community care which forms the backdrop of Penhall's *Blue/Orange* results from the previous governmental principles. Penhall worked on the play in the mid-1990s, yet he could complete the play in three weeks at the end of 1999 after he directed a

rehearsed reading of David Mamet's play *Speed-the-Plow* (1988). Mamet's *Speed-the-Plow* delineates an endless and heated argument between a producer, the head of the studio, and a secretary to raise criticism on the film industry. Mamet's play establishes a structure for Penhall's play with its three-act and three-character formulation. Though New Labour was already in government when the play was premiered in 2000, the play can be directly placed in the political context of Thatcher's government. In the 2000s, Britain was under the influence of Thatcherism with its long-standing political values regarding the economy such as "the privatisation of services, the deregulation of markets and the making-of-life-easy for big business" (Sierz *Rewriting the Nation* 101). The policies of privatization, the free-market economy generated a drastic change in the values of competition and individualism. The adoption of Thatcher's tenets by the subsequent government caused "greater division between rich and poor, intense social fragmentation and the glorification of the individual self" (Sierz *Rewriting the Nation* 101). Thatcher evinced her infamous phrase 'there is no such thing as society' in an interview in *Woman's Own* magazine in 1987:

> …there are individual men and women and there are families. And no government can do anything except through people, and people must look to themselves first. It's our duty to look after ourselves and then to look after our neighbour. (qtd. in Evans 115)

Embracing this political doctrine, Margaret Thatcher's government cut public expense and reinforced the notion of individual enterprise, self-sufficiency and self-help. This political endeavour led to the closure of the mental houses and releasing the patients into community care, which bred serious social problems. The transition from hospitalization to community care is explored and satirized in Penhall's play in a nuanced manner.

As the play progresses, the conflict between the ideas of two doctors in terms of diagnosis and bureaucracy becomes overriding in determining Christopher's position, that is, his discharge or rehospitalization. Bruce who believes in the function of hospitals to cure patients confronts Robert who thinks otherwise. Embracing the policy of the National Health System, Robert reads Christopher's delusions in terms of cultural difference in order not to contradict the regulations of the government. Christopher is obviously delusionary; he sees the oranges in the bowl "[c]ompletely blue" (39). Christopher further states that he is the son of the former Ugandan President and defines his father as a family man with forty-three children and a hundred grandchildren who lives in exile in Saudi Arabia. He drives a Chevrolet, plays the accordion, and takes the delivery of East African oranges from the airport. Christopher also states that his mother is from Zaire and before he was born in 1974, his father dismissed his mum because she was a foreigner. Bruce evaluates Christopher's false experience as "[c]lassic hallucinatory behaviour" (45), yet Robert attempts at cultural interpretation and explanation rather than assessing the patient to pick out the symptoms of mental illness. Depending upon the findings of his unfinished PhD thesis, Robert claims that what Christopher hallucinates about his father is directly related to his cultural background. Christopher's mother told him about the Ugandan dictator she had a relationship with during her stay in Uganda. To put it another way, Robert believes that Christopher's illness is "a cultural thing" (47). Robert underlines that their analysis of the situation can be determined by the specific cultural bases. This is where Robert wants to get in his research to be promoted to professor and the theorization of cultural antecedents that cause psychosis in the blacks would be groundbreaking since it brings relief and cure for black psychosis which is only treated with palliative drugs. In an attempt to finish his study which analyzes the effects of cultural differences on the diagnosis of schizophrenia in black patients, Robert regards Christopher as "the potential missing piece" and "an object that needs to be wrestled away from Bruce" (Boles 127). Christopher as a patient

loses his importance in that the problem of diagnosis transforms into a battle between the two doctors in terms of social and political paradigms. Hence, Christopher's body is reduced into a site upon which the medical and cultural interpretations and restrictions are inscribed and power relations hold sway over his body to mark, reinterpret, and reconfigure it and thus, to incapacitate and neutralize it. The body in its entirety is rewritten and reformulated within the social, political, and cultural paradigms. In this respect, Foucault asserts in his seminal book *Discipline and Punish*:

> But the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs. (25)

Bruce resists Robert's diagnosis in that it is entirely based on the idea that Christopher does not differentiate realistic things from unrealistic ones because of his blackness. Robert, who reminds Bruce of his authority as his supervisor, threatens him with his career advancement:

> Do you know what most young doctors would do to have me as Supervisor? I mean, normal ones…the smart ones… what they'd do to know they have a future. To have a shot at becoming Consultant? They'd *lick my anus.* (51)

Robert's statement becomes a clear indication of how much he has hubris. In order to prove his diagnosis, Robert states "I am, they say, an 'expert'" and "I am Senior Consultant and I am here to be 'consulted'", which demonstrates he is arrogant and patronizing (49). As Bruce utterly rejects all the arguments, Robert underlines that Bruce thinks too much about his patient: "One can have too much Empathy – Understanding - an *overweening* Compassion. You try to be all things to all men: Doctor. Friend" (54). Robert remarks that Christopher is just twenty-

four hours away from his freedom and if he is diagnosed with paranoid schizophrenia, he will be confined in the hospital. What is worse, he will be subjected to stigmatization for the rest of his life since schizophrenia is an unspeakable subject that scares and depresses people so much that they even avoid understanding it. Robert explicates: "Schizophrenia is the worst pariah /One of the last great taboos/People don't understand it/They don't want to understand it" (52). Robert's statement enables readers to observe the repressive social codes that render 'non-conforming bodies' unacceptable and invisible since they challenge the generally accepted bodily norms.

Robert's assessment of Christopher's mental illness in relation to the cultural differences seems to be humanistic at face value, yet on a deeper level, reveals his racist bias. Robert's diagnosis makes it obvious that white and British doctors find Christopher's behaviour peculiar and his story unreal and insane though they are regarded as 'normal' in black culture. Robert's idea that cultural difference is the determiner of sanity or insanity implies that black culture with its divergent features is reduced into 'a thing' which causes mental illness, and thus, black culture is deemed crude, primitive, and inferior. Just like his culture, the multifaceted nature of Christopher's identity is ignored since he is defined by his skin colour and stereotyped. Robert overlooks the fact that Christopher is African but a Londoner who lives in Shepherd Bush and thereby, ignores his place in British culture. Highlighting Christopher's blackness, Robert also fails to notice that black culture is not "unitary and monolithic", that is, though they share the same skin colour, there is great diversity among the black minorities who migrated to Britain (Atkin 43). Christopher, who is Ugandan, shares the same city with Jamaican, yet there are cultural differences between him and them. In order to use his patient as a test subject in his research, Robert specifically focuses on the effect of African culture on Christopher but fails to consider the marked influence of the British cultural and social environment (Chun-Yi 88-9). For Robert, Christopher is "an African, an illness" (89). In this respect, it is important to argue

that Robert's preconceived notion concerning the cultural difference and misconception about Christopher's illness "share an affinity between the scientific objectification of the patient as illness and the objectification of people as colonial manpower" (Chun-Yi 89). In his study which explores the relationship between health, illness, disability, and race, Karl Atkin asserts that black culture is codified in accordance with white norms and out of this classification comes out "a black pathology" (42). Atkin states further that black people suffer double oppression since black health problems are considered to arise from cultural practice and thus, the source of the problem is placed in the black minorities (42). The concrete evidence of Christopher's schizophrenia is hardly detected by Robert since he thinks that Christopher's black culture is the reason for his health problem. This approach, as Atkin states, creates a double problem seeing that it perpetuates and reinforces "cultural stereotypes and myths" and undermines the importance of medical treatment in health problems (43). In this respect, Robert's tendency to evaluate Christopher's illness in terms of cultural incongruences demonstrates that the values and the behavioural standards of black culture are disregarded and disrespected and thus, black culture is trivialized and devalued. Through psychiatric imperialism facilitated by the medical men's racist proclivities and linguistic superiority, Christopher is regarded as "an outsider with different values and beliefs" and hence excluded and marginalized in the hospital (Boles 132). Robert's exclusionary attitude is illustrated in Act I when Robert enters the consulting room and disregards Christopher to directly speak to Bruce about the dinner at Bruce's house. This attitude can also be traced in Act II where Robert takes no notice of what Christopher says about his hallucinations and racist attitudes in society yet harangues about his desire to become a professor and his intimate feelings such as his loneliness and disappointment and his academic life.

The fact that medical professionals read Christopher's identity on the basis of his blackness closely mirrors his position in the social milieu outside of the hospital where his

existence attains meaning with his skin colour. One of his most formidable experiences in the society is that he gets stopped a lot in the White City. It is known that Christopher was sectioned because of the ethnocentricity of the police who accused him of 'acting funny' in a market (93). The racist attitude of the police force is evident when Christopher states that they walk all the way to Shepherd's Bush to arrest him. When Robert asks why they try to persecute him, he says that "they're *fascists*. It's obvious" (36). The stop and search policy causes Christopher to be paranoid and distrustful of the authorities, which is visibly demonstrated in his suspicious attitude towards Robert who says that he will release Christopher since his twenty-eight days of incarceration ends in Act I. On that note, it is worth noting that his sense of insecurity and mistrust towards physicians is occasioned by his persecution and struggle with the racist tendencies of the police service and society as well. Christopher's misgiving about the doctors' attitude is justifiable on the grounds that "African-Caribbean males were twelve times more likely to receive a schizophrenic diagnosis than white males" (Boles 121). *Blue/Orange*'s programme uses numerical data from the Mental Health Act which demonstrates that the number of the black patients confined nearly doubles that of the whites. The production programme reports that "%72 of black respondents had been forcibly restrained compared with %39 of white respondents" (qtd. In Boles 121). In this way, Penhall criticizes the attitude of doctors in the mental health system that equates race with insanity within the socially fabricated borders of racial orders. In an interview with Klein, Penhall acknowledges the responsibility of doctors in diagnosing black patients as mentally ill: "people from a culture a little different from the doctors' are often diagnosed as mentally ill, when in fact they are just a little different" (85).

Christopher's experience of social circumstances is definitely shaped by the perception of his race in accordance with the racial hierarchies that determine his position in the society. Christopher who is ill-educated sells oranges in a market and has no friends and relatives to look after him. He has no contact with his mother who is from Zaire but lives in Feltham. In

one-on-one session, Christopher expresses his status as a lower-class man by making a comparison between white men and black men in terms of economic privileges: "You know the average life expectancy of the modern black male? Sixty-four years old. That's how long we got. What age do we get the pension? *Sixty-five!* It's a fucking *rip-off*, man!" (65). His statement underlines that the social and economic conditions are different for the blacks just because of their race. Living in poor conditions without having no family and relatives, Christopher is ignored by society, which makes him vulnerable to schizophrenia. This is what Penhall aims to criticize in his play as he explains in an interview with Klein: "Christopher is vulnerable because he's black and also because he's poor, ill-educated and all alone. Society is rather hopeless at looking after the vulnerable. They are only too easy to ignore – that's what I'm saying in the play" (85).

The way Christopher's skin colour is invested with meanings and interpretations within the rigid margins of the body causes his social isolation and aggravates Christopher's visual and auditory hallucinations as well. Christopher suffers from loneliness and isolation as he explains to Robert that Christopher tries to make friends with people yet it is not easy (58). At one moment Christopher tells Robert that "[p]eople stare at me. Like they know… like they know about me. Like they know something about me that I don't know" (57). Christopher states further that he is scared of people since he is harassed by football hooligans who call him 'Jungle Boy' by throwing bananas at him and "[p]issing through the letter box, fires, firestarting on the front step" (64). Christopher also hears some noises outside his window at night, people talking about him and laughing yet he cannot detect exactly who they are. He sometimes hears machinery and "a strange droning noise", "a strange beeping noise" (58). Though his experiences are overlooked by Robert and read by Bruce as the evidence of his mental deterioration, his visual and auditory hallucinations reveal the realities of his existence as a black man in the society. Peter Kinderman and Richard Bentall's study concentrating on the

functions of the delusional beliefs reveals that "the most common delusional themes reported by psychiatric patients (persecution, grandiosity, or guilt) seem to reflect an intense preoccupation with the individual's position in the social universe" (280). This study suggests that paranoid beliefs come out of "social circumstances that they characterized as leading to feelings of victimization and powerlessness" (287). Expanding upon this view, it is noteworthy to argue that what all delusions uncover concerning Christopher's position is that the repressive discourse where race is constructed and construed as the signifier of 'physical abnormality' renders his disabled body 'different'. Christopher's position as an alien and an outsider in the racially biased society is evidenced by the presence of blue/orange which is employed as a metaphor to denote his social state and Christopher's position as 'the other' gives rise to his experience of victimization and powerlessness.

One way to deal with the racist attitude is suggested to Christopher by Bruce who warns him not to kiss teeth and stare at people since they are not the socially accepted forms of behaviour as noted earlier. Contrastingly, Robert advises Christopher to laugh off when someone treats him in a hostile manner or threatens him, yet Christopher finds it utterly futile and inexpressive:

> Laugh. Really. HA HA HA HA HA. HA HA HA HA HA. 'Laugh and the whole world laughs with you.' AND THEN THEY LOCK YOU UP! (66)

Christopher's statement demonstrates that the social patterns are at work to confine and punish the person, even when he/she makes light of the attitude and behaviour. On that note, it is important to state that the experience of racist attitude and behaviour influences Christopher so negatively that he wants to leave the city as soon as possible:

> I'm going far away where I can get some peace and quiet, no people, no cars, pollution… no neighbours squatting on my head, under the floor, through the walls, rowing all day and night. Nothing. No people at all, man, and nobody looking at me funny like they never seen a Brother before except on fucking *Sesame Street*! I'm going far away. (21)

Along with visual and auditory hallucinations, Christopher has delusions about his past life, stating that he is the son of Idi Amin. In order to assure what he says is true, Christopher provides Robert with evidence, a newspaper article about Idi Amin which is given to him by his mother. Christopher states that oranges remind him of his father who likes oranges and receives the delivery of oranges from the airport every day when he lives in Saudi Arabia. Robert is deeply convinced by the plausibility of Christopher's claim concerning his father's identity, yet he is later informed by Bruce that Christopher asserts that Muhammed Ali is his father after seeing him on breakfast television winning Sports Personality of the Century. Concerning the correlation between paranoid beliefs and the extent of self-esteem, Peter Kinderman and Richard Bentall remark that "paranoid beliefs arise partly as a consequence of excessive efforts to maintain a positive view of the self" (284). They further state that "paranoid interpretations of events are fuelled by fragile self-esteem, that the paranoid patient has some difficulty understanding how other people think…" (286). Drawing upon these findings, it is worth noting that the motive behind Christopher's insistence on attaining impossible identities is tightly related to his attempt to construct his self or existence meaningful and powerful since he develops a distorted perception of self under the influence of prejudice and discrimination directed at him because of his race. Idi Amin and Muhammed Ali are the epitome of power and status and Christopher's claim to be the son of Idi Amin and Muhammed Ali is "a cry to restore some semblance of recognition to his paltry existence" (Boles 129). Christopher's need to

recreate new identities can be arguably read as a defence mechanism through which he alters his powerless position to get out of the social environment that entraps him with economic depravity, oppression and discrimination. After telling Robert as to how he is persecuted by the football hooligans whom he regards as "*Zombies*" (63), he furthers that "[i]f my dad was here he'd kill them dead. He'd monster them. Believe" (64), a statement that reveals his desire to empower to get himself free from his repressive social life. Furthermore, his claim evokes a sense of power and self-assurance in the battle of power between himself and the doctors seeing that Christopher has the right to solely establish his status as a black man by rewriting and reinterpreting his past life and his identity.

Towards the end of the play, the dispute between the two doctors and the patient intensifies when race turns out to be a powerful weapon to produce a stalemate for the doctors. In Act III, deeply influenced by Robert's contention that Bruce's response to Christopher's illness is augmented by his perception of his colour and Bruce puts his own ideas in Christopher's mind about the necessity of his stay, Christopher brings charges against Bruce on the basis of his racist discourse. Bruce is accused by Christopher of using the pejorative epithet "'uppity nigga'" (81) and of being provocative, unorthodox and patronizing as clearly stated in the report presented to the authority of the hospital. Though Bruce argues that this term is "a quote" (86) and "a *nuance*" (87) which gets out of his familiarity with the patient, Robert insists that no matter what purpose it is used for, his language choice is unacceptable: "It's pejorative whichever way you say it and these days racial epithets just don't wash" (87). Bruce focuses on the word 'these days' and asks "Did they use to?" (87), which implies that the racial implications are used by Robert himself. When Robert raises criticism against Bruce not to follow his requests by rejecting to employ the patients as "guinea pigs", he exploits the double meaning of the word in order to draw out the racial undertones. Though guinea pig is a racist term which denotes the thing or the person used as a subject for experimentation, Robert

specifically focuses upon its racist innuendo to warn Bruce about his language use: "'Guinea pigs?' Honestly, Bruce. 'Monkeys, guinea pigs, voodoo…' You've an entire menagerie of piccaninny slurs to unleash" (89). Robert interprets Bruce's offensive words in relation to the racist context though Bruce never uses any of them with racist intentions. Robert himself recklessly uses the word 'piccaninny' which has implicitly a racist allusion. Robert's language visibly demonstrates that Robert has a racist proclivity against the black individuals as his often-quoted remark indicates: "Our colonial antecedents are latent and barely suppressed -" (77).

Realizing that Christopher has made a complaint due to Robert's manipulation, Bruce tries to disclaim that Christopher feels upset by the process of Bruce's diagnosis and takes what he said in relation to his race as derogatory and offensive. The two doctors maintain their previously held views concerning Christopher's situation, that is, keeping him for proper diagnosis and discharging him. Bruce pleads Christopher to stay yet Robert insists that Christopher is healthy to leave. Under the influence of these two opposing views, Christopher's dilemma rests in the choice between the denial of his illness to be released and his wish for a treatment to be mentally healthy. This situation is so difficult for Christopher to overcome that he does have a breakdown, stating:

> And now, I don't, I don't, I don' know what to think! I don't know what to think any more. When I do think, it's not my thoughts, it's not my voice when I talk. You tell me who I am. Who I am not. I don't know who I am any more! I don't know who I am. (102)

Though Bruce appears to be an idealistic psychiatrist with his views on the nature of schizophrenia and the function of the hospital, it turns out that what he gives precedence to is his career just like Robert who even uses his patients for his professional achievement. Fearing that Christopher's accusation can cause him to be fired from his job in the first years of his

training, Bruce reminds Christopher of the disastrous damage to his professional and private life. When Bruce implies that Christopher is at a loss since his release will get him into trouble, Christopher states that Bruce is "Evil" and "a Fascist" (108) who lies to him about his release, puts his thoughts in his mind and calls him "nigga" and furthers: "I'm gonna Lay Charges. Cos I ain't staying here, man. You'll never keep me locked up, white man. This is one nigga you don't get to keep, white man. Cos I'm gonna bark every time you come near" (108). As he is directed by Robert earlier, Christopher laughs at Bruce to confront him and Bruce is overwhelmed by his anger and shouts at Christopher:

> You won't be laughing when you get home. You won't be laughing when you start losing your marbles all over again and hearing voices and jabbering like a lunatic and shitting yourself because you think your fucking zombie neighbours are coming to eat your brains, you mad bastard! You *idiot*! (109)

Christopher's act of resistance lasts just for a few moments and then he takes his submissive and powerless position since his future is determined by the decision of the doctors. In a moment of anger and frustration, Bruce thoughtlessly uses derogatory words such as "fucking idiot, stupid fucker (108), mad bastard, *idiot*, stupid *fool*, *retarded*, *moron*" (109). Though Bruce warns Christopher not to take it personally, his violent verbal statement brings to light his fear of losing his job and also reveals the fact that Bruce discriminates against Christopher as culturally, morally, and mentally 'inferior'. After Christopher leaves the hospital and starts to see Robert as an outpatient, Bruce, who realizes that he has ruined his career, tries to make up with Robert by praising him as a mentor and offering him help with his research. Robert states that this situation is more than what Bruce calls differing views about diagnosis and further explains that Bruce talks too much and gets in his way to distort his plans. Robert shows his ego by saying that "sick people come to me. All creeds and colours… They go away again and

they no longer suffer. Because of me" (115). Robert's egocentric attitude is threatened by Bruce who wants to lodge a complaint against him by giving a statement when Bruce learns that he will not be employed again. The play ends with Bruce's charges against Robert for manipulating the health system for his personal benefit. In this respect, it is worth stating that the play ends with uncertainty in relation to the fate of Christopher in the community and the professional life of the two doctors.

Penhall's *Blue/Orange* raises a critical discourse as to how cultural bias and misconception concerning race engender psychiatric imperialism which reinscribes the reductive view of the human body. What makes the play distinct is that though the personal struggles among the two men of high status and a black man within the confines of the hospital are the focal point, the personal world is intermingled with the social world. In this way, racial discrimination that pervades across Britain is explored and criticized. It is noteworthy to state that the play is an attempt to uncover the ways the medical profession operates improperly and disorderly; however, this indictment is not generalized to the medical profession as Penhall states: "It is not a criticism of the psychiatric profession. Every profession – the dental, the acting, the legal probably more than any other - has its cowboys and charlatans" (Klein 85). The play can be taken as a comment on how the status plays a great role to manipulate the medical system: "Like Bernard Shaw's *The Doctor's Dilemma*, *Blue/Orange* is about the conspiracy of the professions against the laity, the educated establishment against those who have no status at all" (Klein 85). The play generally criticizes the state policy of releasing mentally ills for financial benefits, yet it does not leave any room for any interpretation of the inapplicability or the impossibility of care in the community. Unlike Joe Penhall's *Blue/Orange*, the next chapter highlights that Linda Mclean's *Any Given Day* explores the dire consequences of the institutional exclusion that renders the mentally ill individuals vulnerable to violence and

intimidation by raising some serious questions concerning care, dependency/independency and tolerance/inclusivity of the society.

3.2. "Love Leads to Human Life but Hate Kills": Disability and Violence in Linda McLean's *Any Given Day*

> We have all been programmed to respond to the human differences between us with fear and loathing and to handle that difference in one of three ways; ignore it, and if that is not possible, copy it if we think it is dominant, or destroy it if we think it is subordinate.
>
> Audre Lorde - Sister Outsider

Linda McLean's *Any Given Day* engages with a distinct feature of embodied experience by exemplifying of the failure caused by the inefficiency of community care. In this respect, it stands complementary to Joe Penhall's *Blue/Orange* which deals with the health system that sends individuals with mental illness away from the institutions into the hands of the community in an uncontrollable and unregulated way. McLean's intricately structured play explores what community care really means, with an emphasis on its dysfunction which deems disabled individuals vulnerable to violence and sexual abuse in the community. It also underlines the fact that familial neglect enhances their state of being exposed to the likelihood of being attacked or harmed, physically or psychologically. This part, therefore, examines the traumatic consequences of experiencing an embodied life around the issues of disability violence, social/individual responsibility and care concomitant with the intricate relationships between disabled individuals and family members, by extension, disabled individuals and society.

The intersectionality of disability and violence has relatively received little attention in academic and policy up to this point though these notions are directly related to the concepts of oppression, violence, and victimization that have attained their place and recurrently reappeared down the ages. Disability hostility has recently become an issue of interest to the researchers who have been studying in the field of hate crime and just became the focus of criminology in Britain in the 1990s. The British Government made legal regulations in order to combat the racist hostility which became a current issue with the racist murder of Stephen Lawrence in 1993. Since then, religion, sexual preferences, and disability have been added to legislative acts.

In 2001, the hate crime legislation expanded to cover the racially-motivated crimes and in 2003, the Criminal Justice Act included a statutory for the sexually-orientated and disability-motivated crimes (Mason-Bish 14). As Katharine Quarmby notes, though this act prompted penalty increase and sentence enhancement, these acts of violence were not regarded as separate actions (111). The word 'hate crime' was not used in legislations yet instead the word 'hostility' was employed (111). All these applications have demonstrated that while the criminal justice system is more engaged with racial and homophobic violence, it marginalizes and trivializes disabled individuals' experiences of targeted attack and this remains an unsolved problem. In Quarmby's words, disability hate crime is "an invisible crime" to some extent today (109). One of the plausible reasons for disregarding violence against the disabled is offered by the criminologists Neil Chakraboti and Jon Garland, who express that the disabled victims are not regarded as "sympathetic" and their reports and evidence are not believed:

> Its continuing marginalisation from mainstream hate debates may be down to the fact that those who suffer disablist harassment are not commonly seen as "ideal victims" deserving of sympathy and only when this is rectified will disablist hate crime occupy the central place within the hate debate that it deserves. (qtd. in Quarmby 112)

Their views reveal the double-sided facets of the problem of accurately reporting disability hate crime. On the one hand, the criminal system overlooks or trivializes disability-related violence or regards the victims as unreliable witnesses, or the police even do not have any idea of what a disability hate crime is or see it as a problem. On the other hand, disabled individuals avoid reporting what they experience since they are deemed unreliable or there is not enough witness, a situation which triggers their fear of being institutionalized or experiencing reiterating victimization or they do not even regard these actions as hate crimes since they become a part of their life. As Ken Macdonald states in an interview with Katharine

Quarmby, it is crucial to detect violence towards the disabled: "You have got to mark the behaviour, because if you don't it sends out the worst possible message, that that part of the case doesn't matter" (qtd. in Quarmby 129). The underestimation of violent acts conveys the acceptability of disability hostility which adversely affects the well-being of disabled individuals and the peace of society.

Though disability-motivated violence has recently been taken into consideration in the fields of academy and criminology as well, violence directed at disabled individuals has a long and complicated historical lineage. Ancient Greek philosophers propound that individuals with mental and physical 'defects' should be banished from society. The reason behind the closure of Ely (1996), Farleigh (early 1990s), and Normansfield (1997) hospitals as a consequence of the governmental embracement of the social care policy was nothing but "the outrage expressed over the severe and sustained abuse against disabled people" (Roulstone and Mason-Bish 2). The twentieth century saw the elimination of disabled individuals who were considered 'useless' by Nazi Germany. To give a more recent example, in 2010 in Britain, the government highlighted "the unacceptable cost of those receiving sickness-related benefits" (Garthwaite 369). The media portrayed disabled individuals as "scroungers", "lazy", "workshy" and "cheats" (371). The economic policy proponded by the government together with the inflammatory media narrative around the benefits caused an increase in hostility and abuse levelled at disabled individuals (Walker "Benefit cuts" n.p.).

Although there has been the scarcity of official data and little media attention in relation to the nature and prevalence of violence against disabled people, there is a substantial amount of research to shed light on the complicated issues of disability hostility and violence. It has been suggested that adults with disabilities are at higher risk of violence than nondisabled adults and the prevalence and rate of violence are highest for adults with mental illnesses or learning difficulties (Hughes et. al. 1626; Sin et. al. v; Khalifeh et. al. 7-8). There is an evidence that

disabled women are more likely to be victimized by rape or sexual abuse than nondisabled women (Sin, et. al. 15; Hague et. al. 120). Disabled women are exposed to various types of domestic violence such as financial and physical abuse, sexual exploitation, verbal assault, emotional deprivation and neglect and lack of care by their partners, their family members or their paid carers (Thiara et. al. 762). When it comes to disabled children, they are "twice as likely to be abused as non-disabled children" and they more frequently experience physical and sexual harassment in comparison to nondisabled children (Quarmby 146-7). According to the survey conducted by the National Autistic Society in 2006, 40 percent of children diagnosed with autism were bullied at school (Quarmby 147). Furthermore, the research evidence suggests that children at high schools are subjected to abuse and violence (sexual assault and theft) more than other children who do not have any impairments (Petersilia 671-2).

The research concerning the types and nature of violence and disability hostility is rudimentary, however, there is at least evidence to specify the multiplicity, spatiality and impacts of disability-motivated violence. The accounts of the offences show that the rate of disability violence committed by the perpetrators who are known to the victims such as family members, neighbours, employees, paid-carers and friends is higher than that by the strangers (Sin 196-7). Many occurrences of violence take place in the private and the public settings such as streets, schools, workplaces, neighbourhood, institutions, hospitals, houses, and public transport (Sin. et. al. v-vi; Sin 197). Types of violence targeted at disabled individuals considerably vary, ranging from neglect, threatening behaviour, robbery, damage to property, verbal assault, physical harassment, and sexual abuse to hate crime and violence. These kinds of abusive treatment and hostility can influence disabled people physically, emotionally, and behaviourally. Assaults and the acts of violence cause personal injury to the victim (Iganski and Lagou 38), death of the victim (Sin et. al. vi), or an increase in the severity of disability, or the emergence of various impairments. A survey conducted with the victims of incidences of

violence has provided the evidence that they show diverse and intense emotional reactions such as anger, annoyance, anxiety, panic attacks, crying, depression, fear, difficulty sleeping, insecurity, shock, and vulnerability (Iganski and Lagou 41). Exposure to the discriminatory behaviour or the threatening forms of violence causes some behavioural changes and the victims can show the tendency to develop avoidance measures such as moving house, becoming more cautious, having distrust against people, and avoidance of walking in certain areas (Iganski and Lagou 43-4). Barbara Perry, in her study "Exploring the community impacts of hate crime", asserts that violence or threat of violence generates "voluntary segregation" and a process of "self-segregating" through which those who are exposed to the discriminatory forms of behaviour choose to remain in the relatively safe environment of their community or their home (53).

The reason why disabled people become the targets of violence and hostility has not been thoroughly explored partly because there has been insufficient reporting and partly because the link between risks and victimization is profoundly intricate. A study suggests that there are a great variety of motives that substantially heighten the potentiality of disability hostility and violence (Sin et. al. vi). The likelihood of one's exposure to violence and discrimination is not determined merely by his/her visible or invisible impairments but by his/her other identities such as gender, ethnicity, sexual orientation, and religion (Clement et.al. 220). There has been relatively little or no evidence concerning to what extent the intersectionality of identities affects the likelihood of becoming a victim of violence. However, it can be argued that the assumed identity signifiers and the geographical features (economic structure, geographical distribution) may somewhat play a role to engender risk factors at different levels and cause divergent experiences of victimization (Sin et. al. v). For instance, disabled women can become more subjected to violence in the societies where women take an inferior position because of the socially constructed hierarchies of the body. Or, black disabled

individuals can experience divergent types and levels of violence and intimidation and thus, are doubly oppressed in a society or community where the cultural renderings of the body dominate. The British Crime Survey (BCS) conducted in 2009/10 and 2010/11 estimates that there were about 120,000 incidents of gender-motivated hate crime a year, and the number of women was higher than men (Hall 61).

Concerning the motivations and perceptions of violence and hostility, the contentious issue raised by disability scholars is concerned with how vulnerability is correlated with disability and the ways vulnerability functions in disability discourse to speak for the position of disabled individuals. The discussion centres upon the question of whether vulnerability is an inherent part of being disabled or a condition occasioned by the relationships of the nondisabled and the disabled that create situations and events that leave disabled individuals unprotected and unguarded. It is acknowledged that disabled individuals may be vulnerable in particular contexts due to the severity of their impairments (Shakespeare *Disability Rights and Wrongs Revisited* 232). However, this situation cannot be extended to all disabled people and it would create cases where nondisabled people can hold disabled individuals responsible for any attacks or discrimination that nondisabled people can protect against (Roulstone and Sadique 31). The vulnerability of disabled individuals may awaken violence, feelings of hatred, and contempt (Quarmby 192). Yet, for whatever reasons it is inflicted, in order to get an accurate investigation of the nature and causes of violence, the inequality in power dynamics should not be overlooked. In this regard, it is significant to note that finding disabled individuals responsible for hate crime by defining them as vulnerable would be to disregard the crime as it might lead the perpetrators to get away with it. In a broader vein, overemphasis on individual weakness leads to disregard the cultural and social contexts which create vulnerability (Shakespeare *Disability Rights and Wrongs Revisited* 232). As Tom Shakespeare states, vulnerability generally comes out of "the interaction of individual and contextual factors - the characteristics

of the individual, and the context in which they find themselves" (*Disability Rights and Wrongs Revisited* 233). To give an example, those with mental illness or learning difficulties who are released into the community may experience some problems in the residential area they live in. They may suffer from social exclusion and loneliness and become vulnerable to "bored youth" who exercise intimidation and violence as a source of fun or thrill and for financial benefit (*Disability Rights and Wrongs Revisited* 233). In her search on the death of Raymond Atherton, a middle-aged man with learning difficulties and mental illness, who was beaten, robbed and killed by teenagers, Katharine Quarmby interviews Detective Inspector Christine Hemingway concerning the murderers and their motivation. Hemingway thinks that Atherton, who led a socially isolated life, was attacked by a gang of youths because of his vulnerability, and adds:

> They [killers] were rogues, feral youths, they didn't go to school, they didn't go home at night, they slept in, woke up at tea-time and moved around the town.' Their motivation? 'It was long-running, it seemed to be a sort of domination thing. And I think there's a whole generation of dysfunctional youths, they don't want to go to school, they don't want to be at home, and they have to find something to do, some purpose, and they need shelter. So it's quite easy to target vulnerable people, to drink in their houses, take drugs and take their money. (Quarmby 102)

To further what has been stated concerning the link between violence and vulnerability, the case of Fiona Pilkington and her daughter is important. This case unveils how vulnerability is perceived by the criminal justice system and social care sectors. Fiona Pilkington, thirty-eight-year-old woman killed herself and her eighteen-year-old daughter, Francesca Hardwick who had severe learning difficulty because of abuse and harassment they were exposed to by local teenagers for longer than a decade. Though Fiona reported thirty-two incidents as anti-social behaviour, the police constantly failed to identify their vulnerability and to mark the

attacks as hate crimes (Roulstone and Sadique 33). This situation clearly demonstrates that the paradigms of hostility, disability, and vulnerability mutually affect each other to profoundly change the position of disabled individuals. Fiona Pilkington's case also demonstrates that the criminal justice system and society are responsible for the access to justice and protection for those who are identified as vulnerable, and defenceless.

Closely related to the intertwining of violence and disability is the culturally-based interpretation of disability violence in reference to the politics of difference and this interpretation initiates a discussion over the presumed discrepancy between disabled and nondisabled people in terms of power, status, social position, and identity. Carole Sheffield gives a concise definition of hate crime:

> Hate crime is motivated by social and political factors and is bolstered by belief systems which (attempt to) legitimate such violence… It reveals that the personal is political; that such violence is *not* a series of isolated incidents but rather the consequence of a political culture which allocates rights, privileges and prestige according to biological or social characteristics. (438)

Sheffield's definition situates hate crime within the social and political contexts that precipitate the incidents of disability violence, and also underlines the significance of identity hierarchies that render some groups privileged and powerful in accordance with the assumed norms of physical or mental characteristics. However, Barbara Perry finds this definition inadequate since it does not touch upon the effects of violence on the victims, perpetrators, and communities. Perry, in her book *Understanding Hate Crimes*, offers a broader definition of hate crime that situates it within power dynamics to uncover the underlying causes of violence against the minority groups:

> Hate crime, then, involves acts of violence and intimidation, usually directed toward already stigmatized and marginalized groups. As such, it is a mechanism of power and oppression, intended to reaffirm the precarious hierarchies that characterize a given social order. It attempts to re-create simultaneously the threatened (real or imagined) hegemony of the perpetrator's group and the "appropriate" subordinate identity of the victim's group. It is a means of marking both the Self and the Other in such a way as to reestablish their "proper" relative positions, as given and reproduced by broader ideologies and patterns of social and political inequality. (10)

This exhaustive definition makes it clear that the acts of violence levelled at the marginalised groups reinforce the hierarchy between the dominant and subordinate classes. That is to say, like race, gender, ethnic and religious violence, disability violence functions as a mechanism of oppression that highlights the existing power relations between the nondisabled and the disabled. Concerning the correlation between violence and power relations, it is important to argue that the factors underlying the dichotomy of vulnerable/invulnerable, abled/disabled, men/women, white/black, and powerful/weak can be closely related to the cultural and social structures that create the hierarchical position of the body in a given society. Concerning racial violence, Barbara Perry states that ethnoviolence does not take place in a social or cultural void, yet it is "a socially situated, dynamic process, involving context and actors, structure, and agency" (*Understanding Hate Crimes* 1). In other words, violence emerges in the complex web of existing assumptions, behaviour, social organizations, and institutional arrangements which intersect to produce the racial and gendered hierarchies (*Understanding Hate Crimes* 1-2). Expanding upon this view, it is noteworthy to state that disability hostility and violence arise from the tangled networks of the social and cultural

contexts that place disabled bodies outside the established norms of the body to render them 'different', 'other' and 'powerless' in their interactions with other groups. The view that disability violence is motiveless and senseless disregards the part of culture that shapes social cohesion and determines the position of individuals in society. Marginalization and powerlessness experienced by disabled individuals because of institutional organizations and cultural codes prevent them from fully participating in the social life and thus, render them vulnerable to violence and hate crime at the utmost level. As Barbara Perry concisely puts it, as in the case of racial violence, disability violence can be arguably seen "as an instrument of intimidation and control exercised against those who seem to have stepped outside the boxes that society has carefully constructed for them" (*Understanding Hate Crimes* 2).

Viewed in this context, it is important to note that even though violence is committed against one person, it may be read as a reaction against the cultural group to which disabled individuals belong. Barbara Perry states that the violent acts are "less about any one victim than about the cultural group they [victims] represent. Hate crime is, in fact, an assault against all members of stigmatized and marginalized communities" (*Understanding Hate Crimes* 1). Barbara Perry, in her book chapter "Exploring the community impacts of hate crime", also states that hate crimes are ""message crimes" that emit a distinct warning to all men's of the victim's community: step out of line, cross invisible boundaries, and you too could be lying on the ground, beaten and bloodied" (48). In this respect, it is tempting to argue that violence directed at disabled people reveals the boundaries, limitations, hierarchies, and structures that characterize the given society and to what extent disabled individuals find a place in these rigid parameters of the society. Thus, disability hostility unveils how tolerant and inclusive the community is and to what extent the socially fabricated ideals of the body influence the social interactions among groups.

The intricacies and complexities with regard to disability violence provide the backdrop of McLean's *Any Given Day* where violence exercised on disabled individuals reveals the attitude and perspective towards disability in the society. Considering the literature about violence and disability that has been outlined above, this part, therefore, offers an extensive analysis of how violence and disability are structured to highlight that violence is used as a tool of marginalization by the society that insists on the bodily conformity. This part also explores the negative psychological effects of threats or violence on disabled characters who feel threatened, fearful, and distrustful against the community they live in. It examines to what extent the insufficiency of care and dependency influence the way disabled characters experience an embodied life.

McLean's *Any Given Day* depicts the daily lives of characters with learning difficulties and mental illness who live in a council-owned flat after being released from the long-term treatment and hospital confinement into the community. In the first scene of the play, Bill and Sadie are waiting for Bill's niece, Jackie's visit, and making some preparations to pass a pleasant time together. Yet, their routine life is disrupted with the intimidation and violence inflicted on Sadie by the stranger boy who previously attacked their house with a stone. In the second scene, Jackie and her boss Dave develop an intimacy and Jackie is torn between her desire to spend a night out and her responsibility for her uncle. Jackie's emotional trauma triggered by her inability to handle the difficulties of caring her ill son is revealed during her conversation with Dave. Jackie also leaves her job as a nurse since she cannot cope with the psychological burden of caring people who are ill and disabled. At the end of the play, Jackie decides to spend time with Dave and not to visit her mentally disabled uncle; she phones him to inform him yet nobody gives an answer.

McLean's *Any Given Day,* which was directed by Dominic Hill, was first performed at the Traverse on 29 May 2010. *Any Given Day,* which consists of the two separate parts, offers

no stage design, no stage directions for the physical movement of the actors. It has a dramatic style that provides a space for creativity for both actors and directors. The lines of the characters are short and succinct; the dialogues are repetitive, for instance, throughout Play One, Sadie has almost never raised a different topic other than repeating what Bill says. The use of language and dialogues reflect the mental process and emotional state of the characters. In Play Two, Dave and Jackie speak in short dialogues which demonstrate their emotional state. Dialogues are broken and there are breaks between the lines to demonstrate how the thoughts are connected or not.

Another important point regarding the use of language and dialogues in the play is that language functions to bring off-stage events and characters to the stage. Though the two parts are structured separately, the repetitions and dialogues in these parts create a textual space where the absent characters in each scene are given presence though they are not theatrically present on the stage or in the text. In other words, the invisible characters are brought to the stage and presented to the readers in the manners that the characters define and delineate them and their actions that are never seen on the stage. To give an example, Bill and Sadie report what they generally do with Jackie such as eating cold toast and cheese, drinking tea, talking about the same things such as plastic cups, Garibaldi biscuits, the freezer, and the picture of her grandmother and the dog and so on, though these actions are not performed on the stage. On that note, it is noteworthy to state that each scene in the play engenders its own soundscape where memory about absent characters and actions is retrieved through the overlapping stories and repetitive dialogues.

The play's structure is influenced by Bill Viola's *Nantes Triptych* which portrays three panels demonstrating a video footage of a birth, a body floating in the water and his mother in coma, dying respectively (McKean 100). Just like the triptych which brings together the different phases of human life, that is, birth, life, and death in a panel by means of the different

real-life incidents, the play proffers the characters' distinct experiences of the same day which are loosely connected to form a meaningful and unified form. In constructing the fragmented pieces to form the whole, McLean underlines the isolation of the characters with an emphasis on their individual stories and thus, unveils the relationship between the care-taker and the care-giver. Indeed, the links constructed by readers allow them to move beyond the individual narratives to probe serious issues such as responsibility, guilt, and loss (McKean 100).

As for its form, McLean reverses the structure of the play in the way that its ending is already clear to readers/audience while they are reading/watching Jackie's debate whether she delays her visit to her uncle. While this reversal serves her aim to make the readers think deeply about the individual and social responsibility, it dramatically alters the perception of the readers/ audience seeing that the boundaries between space and time are blurred. The act of violence exercised on Sadie and Jackie's dilemma take place simultaneously though the sequence of the scenes creates a sense that violent action has occurred before. Furthermore, what Jackie tells us concerning Bill and Sadie recalls the impressions of the earlier scene. This situation produces a simultaneous awareness in the audience of the presence previously experienced and their real present, that is, creates the presence of the absent present for the present itself. Hence, McLean employs her idiosyncratic style to enable the audience to change their perception of time and space and traditional understanding of linearity of the narrative and to become the witness of the story of the two present times in the reality of their own time.

Play One proffers a humorous yet sad portrayal of a couple who have experienced an isolated life. It is apparent that Bill and Sadie stayed in a home for mental patients for a long time, yet Bill and Sadie were released into community care represented by Bill's niece Jackie due to the closure of mental houses and other institutions in the early 1990s. Their dehospitalization provides a subtext whereby their segregation and social isolation are understood within the cultural imaginings of the disabled body that tend to stigmatize it. Bill

and Sadie, who are forced to live in the community, share a council-owned flat and have almost no contact with the outside world; they are even afraid to open the door and the phone and look at the outside from the window. Out of the time they spend with Jackie, who helps them to continue their life, they experience utter isolation and exclusion from their community. As it becomes clear later, the underlying reason behind their segregation is the threat and intimidation by the exclusive and intolerant community, which will be explored in detail over the course of the analysis of the play.

In Play One, the nature of the mental conditions of the characters and the lifestyle that their mental state brings to them are revealed to the readers through their dialogues and actions. From the repetitive and succinct dialogues that externalize their mental condition in the text, it is apparent that Bill and Sadie have difficulty managing and controlling their lives on their own. Learning disabilities affect their skills such as organization, abstract reasoning, time planning, controlling behaviour, long or short-term memory and attention and thus, hugely impacting their life, their relationships with their family and friends. For instance, Sadie forgets everything that Bill has warned her such as coming away from the window. Sadie is scared of things in the house as indicated in the scene where she cannot look into the freezer to check if there is bread or not. She confuses that it is not Jackie who likes beetroot but herself. She even does not estimate that she will become sad when Bill dies seeing that she has not undergone such an experience (McLean 31). Furthermore, the fact that Sadie thinks that stone bites her and Bill kicks stones to understand their inanimateness demonstrates that they do not have abstract reasoning. Bill and Sadie also have a problem with time planning as demonstrated in the scene where Sadie does not calculate the departure time of the bus and Bill predicts the time incorrectly, which results in her victimization. Bill has difficulty controlling things since he does not hold the mug and burns himself every time.

Play One is mainly dominated by Bill and Sadie's conversation which focalizes around Jackie's visit and their daily routines. Throughout the first part, they converse about Jackie, her likes such as ham, toast and cheese, thin bread and what they are going to do when she comes. Jackie is their only relative who visits and assists them by taking decisions to make their life easy such as buying mugs in order to prevent Bill from burning himself and a freezer to keep ice cream in it. Apart from their contact with Jackie, they depend on each other in their relationships; Bill generally decides what to do or not to do and Sadie tries to carry out the tasks Bill asks for. It becomes apparent that Sadie is completely reliant on Bill, who pays the rent, electricity, beetree and does all the stuff and she has anxiety as to whether his niece Jackie takes care of her after he dies. Considering their relationship, it is important to note that it is a traditional relationship where Bill is the captain and the man to guide and take care of Sadie.

The humiliating stereotypical discourse around the disabled body creates comedy in Play One. Bill makes fun of Sadie by calling her "daft" (5; 8; 22; 26), "thickie" (34), "[b]asil bloody Brush" (5), "dafty" (8;10), "dumbo" (33; 34), "[d]aft as a bloody brush" (5) and Sadie's fatness becomes the target of criticism by Bill and Ellen, a friend from the coffee shop. This discourse demonstrates that they internalize the notions of the body which privilege the standardization of the body that is slender, muscled and physically and mentally healthy. Bill calls her "[f]atty (15) by asking a question "You want me to be as fat as you?" (15). Bill accuses her of being "clumsy", "too fat" and "[t]hickie" when they drop the puzzle and highlights that she needs to go on a diet (34). Bill and Ellen are not the only ones who stigmatize Sadie's fatness; Sadie's mother denigrated her because of her fatness with some stereotypical expressions "Bad girl/Smelly girl/Smelly Sadie" by giving some dictations: "In your room/ No dinners/ No play/ No toilet/ No getting out/ No bath/ No dinners" (26). This reveals the troubled mother-daughter dyad and her past life which aggravate her mental state and her emotional situation. Sadie's past experience of humiliation of her fat body is brought to the fore by Bill's

attitude when he expresses that he will not call Jackie, a moment that forces Sadie to think that Bill does not like her. Bill assumes a humble demeanor to persuade her to think otherwise since he should be better than her as he is "the man" and the Captain (27).

The first part of *Any Given Day* utilizes the subjective experiences of the disabled characters in diverse forms where their body becomes a site of discrimination, oppression, and abuse. This part unveils the perceived vulnerability of the disabled characters aggravated by social exclusion from their society which culminates in their victimization by targeted attack and sexual abuse. Bill's warning for Sadie not to stay close to the window and his anxiety over her waving hands at Boy imply that they have fear of the unknown and the threat. This situation engenders an atmosphere of menace and fear which duplicates the pinteresque style. The implications keep the readers/audience in suspense by leading them to a state or a feeling of excited uncertainty as to what may happen. It becomes clear that they were attacked before since they opened the door in the dark, a situation which enhances their fear of darkness and attack, reflected by their repetitive expletives "No phone no door" (8). Their previous experience of attacks intensifies their sense of vulnerability and insecurity and thereby creating a constant fear of attack and abuse. It might also be argued that the previous attack has a profound influence on them which manifests itself in their unwillingness to leave their home and make any attempt to foster any relationship with people except those they trust.

Bill and Sadie's relatively small yet safe world within the confines of the house is disturbed by the threat coming from outside, that is, the boy who has been waiting outside to peep into their house. Bill, volunteer to make toast with cheese for Jackie, realizes that there is no bread for ham except an outsider and thinks that he has to buy bread since Jackie will never eat an outsider. Yet, Sadie persuades Bill to go outside after drinking the tea she has made. Meanwhile, the boy attacks the house with a stone: "*Lovely lovely hot tea-slurping heaven*. **CRRRRRRRRRAACK**/ *Tea in air*" (16-7). Sadie, too scared of the stone, screams and Bill

tries to quench her clamour seeing that the boy will hear and lies on the top of her to prevent her from hurting herself:

SADIE Oh no oh no oh no oh no oh no oh no oh no oh no oh no oh no oh no oh no oh no

BILL Shh shh shh shh shh

SADIE Oh no oh no oh oh oh oh oh oh oh oh oh oh

BILL Shoosh shoosh shoosh shoosh shoosh

SADIE Ooooooooooooooooooooooooooooooooooooooooooooooo

BILL Sadie.

Sadie.

Sadie.

SADIE AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

BILL He'll hear you.

He'll hear you.

SADIE AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

BILL Shutup.

SADIE Shutupshutupshutupshutupshutupshutupshutupshutupshutup

(17)

The act of throwing the stone is not specified in the text but is written in large bold print which produces "the visual disruption of the text on the page illustrating the impact, the

devastation of particular events to specific lives and the fragility of those lives" (McKean 96). What is more, Sadie's increasing reaction shown by the transformation from the small letter "oh no" and "ooo" to the capital letter "AAA" is accompanied by Bill's warning for her not to be heard in the text, a situation that unveils the extent of their fear in the face of the violent attack. This situation also demonstrates that their fear is escalated by their vulnerability and defencelessness. This fearful scene is subsequently followed by Sadie's misconception that the stone is an arrow or a spear and her excessive fear of the stone in case it might harm her though Bill puts it in the bin:

> **BILL** Stones don't bite.
>
> **SADIE** Do they not?
>
> **BILL** No.
>
> **SADIE** I don't know how you can be so sure.
>
> **BILL** I kick them all the time and they never kick back. (21)

Thinking that when Jackie sees the smash, she will become overanxious and the wind blows through it, Bill wants to tape it up with the pieces of the puzzle which are suitable for the weather, that is, grey for rainy day and blue for sunny day. While they are trying to find the pieces which are pertaining to the part of the sky, the doorbell buzzes "**BZZZZZZZZZZZZZZZZZZZZZZZZZZZ**" as clearly demonstrated in the text (32). Thinking that Jackie came and would think that they are not inside, Bill wants Sadie to put away the puzzle while he gets the door yet, in a rush, they get stuck in the door and the jigsaws fall. Bill, thinking that it was Jackie, wants to go after her and leaves home by warning Sadie not to open the door and phone. Since it will last half an hour, Bill helps Sadie to calculate the time based on the movement of the bus that goes down into town and back. After Bill leaves, unable

to plan the timing, Sadie acts out the bus scene to pinpoint the right time as demonstrated in the text. Though any stage direction is not given to the actress, this scene provides an inherent theatricality:

SADIE I'm getting on the bus now, Bill.

No queue.

Can you believe it?

Room at the front.

Sit sit quick.

There we are.

Look at the shoes.

No shoes today.

The bus is empty, Bill.

I've got my pick of seats today.

…

Ding.

Stopping.

Nobody at the stop.

Ding.

First stop.

Costcutters.

Buggy and fags.

Not today.

No traffic, Bill.

No shoes no bags.

Is it the lady driver, I don't know.

I'll not get up to see while it's moving, Bill, eh?

I'll wait till I'm getting off, that's what you say. (38)

A few moments later, when Bill calls Sadie to inform her that he forgets to take his key and will come back to get them, he persuades Sadie to press the red button to speak to him since she is scared of opening the door and the phone. Unable to know how long it will take Bill to get home, Sadie presses the button to answer the phone yet it is not Bill but Boy, knowing that Bill has left the house, intimidates her by calling her "Ya fucking fat-arsed spastic" (43):

BOY Fucking in on your own aren't you, Spazo.

Fucking coming to get you.

Fucking ugly cow.

Moo.

Moo.

Spastic fucking cow.

Moooooo.

Your fucking weirdo boyfriend's no' in.

I've just seen him.

That means you're by yourself.

And I'm coming to get you.

You get yourself ready. (44)

In face of the threats from Boy, Sadie becomes panic and anxious, which is demonstrated in the text:

SADIE

Nonononononononononononononononononononononononononononono

BOY Because I feel like a wank.

Gonny wank all over your fat fucking minge face, Mingebreath…

SADIE

Nonononononononononononononononononononononononononononono

BOY … and then when I'm done I'm gonny pee on you. Maybe take a shite and then wipe myself wi your hair.

SADIE

AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

AAAAAAAAAAAAAAAAAAAAAAAAAAAAA

BOY Get yourself ready.

Mooooo.

Panic. Phone up. Phone down. Panic. Chair in the way. Tumble. Oh shit. Oh shit. (44)

When the doorbell rings thinking that Bill has come to get his keys, Sadie opens the door; yet who is standing in front of the door is not Bill but BOY. BOY drags her by the hair into the living room and unzips his trousers and waves his penis above her face by calling her as "You are/One/Ugly/Minge" (45). Later, he pees on her face and lifts his foot and stamps her head. The main reason for the violence is not specified in the play; the unnamed male character may have resorted to violence, perhaps for fun or for thrill. However, the hateful rhetoric used by the male character prompts the consideration of violence within the scope of social norms. Considering the language Boy used while inflicting violence on Sadie, it is noteworthy to argue that behind the act of violence lies the prejudice and the stereotypical perception of the body, internalized by the individuals in a given culture, which tend to stigmatize the disabled body, hereby, render it vulnerable to the physical and psychological violence. The act of violence demonstrates that the society does not respect and tolerate any bodily nonconformity. In this respect, it is noteworthy to state that the incidences of violence directed at disabled individuals render them 'weak', 'powerless' and marginalized and violence functions to reinforce the existing power relations between disabled and nondisabled individuals. Though violence is levelled at one disabled individual, it emits the message that the society is not inclusive for any one who challenges the bodily norms of the society. In this respect, the fact that Boy is not given a specific name in the play can be arguably interpreted that he represents anyone who embraces the tightly-held notions of the body to cement bodily 'differences' through the linguistic performances and physical and psychological abuse.

In the second part of the play, the domestic space - Bill and Sadie's house - changes into a social space - a bar scene - whereby the issues of care and responsibility are brought to the fore through the dialogue between Dave and Jackie. At the beginning of the scene, when Jackie

learns from Dave that her son, Nicholas, left a message for her which reveals that "today is a good day" (50), she becomes so happy on the grounds that her son's illness has ameliorated and he has had a painless day. A mutual affection develops between Jackie and Dave, stirring up anxiety, sincerity, weariness, lust, and uncensored sex talk. Dave convinces Jackie to celebrate the good news by proposing to drive to the west coast, yet Jackie rejects his offer since she should visit her uncle whom she does not visit as much as she should. Due to Dave's insistence, Jackie is torn between her responsibility to her uncle and her motivation to have a good time with Dave. Considering the dialogue between Dave and Jackie, it is noteworthy to state that Jackie seems to be direct and resolute at first glance; yet, as their conservation progresses, she reveals that she has experienced emotional fragmentation as a result of the process where she reappraises her priorities in her life. Jackie's inner life is disturbed by utter helplessness when she cannot relieve her son's pain and deal with the psychological burden as a caregiver as well: "Real sadness is not being able to help your child when they're in pain" (67). Eventually, Jackie leaves Nicholas, who has been ill since he was born, leaving him unsupported and wounded and what is worse than that, she resorts to violence by slapping him before she leaves. She thinks that though she has been supporting her son with her love and compassion, the only thing her son remembers is her behaviour which is utterly inverse of her previous attitudes.

Jackie's behaviour and attitude towards her son utterly contradict the traditional conceptualization of motherhood which is commonly equated with selflessness, self-commitment, helpfulness, and responsibility. Nicholas's experience of the physical and emotional abuse is triggered by Jackie's inability to deal with the difficulties of motherhood that lead to her maternal distress. Maternal distress arises out of the situation where women are not able to cope with the challenges of motherhood and experience the feelings of anger, anxiety, and depression (Wyk and Leech 555). The feelings of anxiety and depression intensify with the presence and care of disabled children. A number of studies have demonstrated that

mothers of disabled children have experienced depression, anxiety, and distress more than those of nondisabled children (Veisson 94; Gordon et. all 588). The assessment of the emotional symptoms of mothers has shown that the level of distress and anxiety in mothers is tightly linked with the type of disability (Veisson 88). On that note, it is important to state that Jackie's inability to relieve Nicholas's unrelieved pain leads to her emotional disturbances as well as her dissatisfaction with her life and her job. Embracing the medicalized view of disability which situates the cause of disability in individual, Jackie entirely changes her perception and attitude towards her patients. Jackie feels empathy for patients under the prescribed role of nursing, and does her best to calm them down, figure out what the matter is with patients, and heal them. However, her enthusiasm dies away in due course and pursues a life devoid of the fulfilment of care:

> But I stopped caring
>
> I couldn't look after other people any more.
>
> Nothing left.
>
> In they'd troop
>
> Bleeding
>
> Broken
>
> Horrible terrible-looking states
>
> And I found myself thinking
>
> Well why don't you just die, ya bastards?
>
> You're not taking care of your life.

You’re pissing it up the wall and expecting

somebody

Me

Expecting me to patch you up.

I thought it would pass but then I found myself not

worrying if I hurt them while I was fixing

them.

Sure sing it’s time to go. (68-9)

Jackie’s psychological state demonstrates that caring is not the only work that is done physically yet requires emotions, thoughts, and feelings. Her unwillingness to continue her job shows that caring is not possible without developing the emotional bond between the care-giver and the care-receiver. Given her primary concerns in her past life, it is not surprising that Jackie neglects her uncle in her care. From the dialogue that expresses her intimate feelings, it is understood that she does not take pleasure from the activities she does with Bill and Sadie: “I’ll eat cold toast and cheese/ They make the same things every time/ I don’t even like toast and cheese/ I think I did when I was little/ I haven’t the heart to tell them” (71). Expectedly, Jackie accepts Dave’s offer, and the moment she calls Bill to inform him that she will not come on the account of the work which comes out of blue, nobody gives an answer. Thinking that they never pick up phone, she promises that she makes up for the time and their effort to make preparations for her, yet she does not know that it is too late. No resolution and comments regarding the dramatic situations of the characters, the ending of the play leaves the readers with some questions as to responsibility, guilt, and care.

Care has been a contentious issue and an infamous concept within the scope of disability studies. The concept of care has been rejected by many disability scholars since care highlights an understanding that disabled people are dependent and passive and they do not have an independent life (Kröger 399). In this respect, disability studies are incompatible with care research which views caring, dependence and vulnerability as a part of human life. However, as Teppo Kröger states, with independence, disability researchers do not "refer to self-sufficiency, to the capability of disabled people to do everything themselves, but to having choice and control over how the necessary help is provided" (405). Expanding upon this view, it is noteworthy to argue that having control and choice over the organization of care calls for the presence of social justice and rights. In that case, the common ground for both disability and care researchers is the principles of equality and the ethics of care. Though the notion of care has negative meanings for disability researchers, this concept can not be ignored since without proper attention to care and the ethics of care, it is not possible to understand what care means and how care is used and abused and how it is delivered and by whom it is provided. That is to say, without the concept of care, it is impossible to reveal and understand the nature and operation of the welfare state and the social attitudes towards disabled people.

Linda McLean's play critiques the efficiency of the informal and formal care with a focus on the discriminatory and inequitable practices of care service systems which constitute an impediment to the full participation of the disabled characters in the community. Being left without protection and care provided by the state, Bill and Sadie experience voluntary segregation and are exposed to mistreatment and violence. They do not express themselves freely, live as independent citizens, claim their rights to resources and security measures and have any choice to control their life. Their situation uncloaks the discriminatory and unequal attitude of the society towards people who have certain bodily characteristics and highlights that social justice is not functioning properly and human rights are violated. In this respect, the

play questions and criticizes the inefficiency of the public authorities to intervene when equal access to adequate care and support and the right to participation in society are denied and underlines the fact that the reconsideration and reorganization of equality and justice is requisite so that social justice is fulfilled.

Jackie's emotional state caused by the process of informal care reveals the nature of compulsory care where the carer has no choice but continues caring regardless of her/his preferences and priorities. Jackie, who firstly cares for her son and later her uncle without any help and support, is unable to cope with the emotional and psychological burden of caring and leaves her son by mistreating him which causes his emotional and psychological breakdown and neglects her uncle and Sadie which culminates in their exposure to attacks and verbal abuse. This situation demonstrates that the informal care provided by family members can be exploitative and disempowering for both disabled people and the persons who provide support. During the arduous process of caring, consideration of the situation of family members who participate in caring is essential. In order to eliminate the negative aspects of the informal care, it is necessary to recognize the needs of both disabled individuals and the care-givers and their mutual relationship and support both groups with the state policy. For instance, state authorities can provide financial support with which disabled individuals can organize their support (Kröger 408). Thus, disabled individuals can decide how and by whom they are supported.

The construction of the mentally disabled characters in McLean's delicately textured play revitalises the debatable issues of disability, violence, and care in community by drawing upon their relations to the society they live in and their familial relationship. At the social level, the socially constructed notions of the body generate alienation that splits disabled individuals away from the society, thus, rendering them vulnerable to oppression, violence, and sexual assault. An embodied experience of mentally disabled individuals provides a framework through which tensions are discernible in the dynamics of the social hierarchy based on the

stabilized binaries such as dependency/independency, inclusivity/exclusivity, tolerance/intolerance, care/neglect, self/other, and vulnerability/invulnerability. Said another way, violence exercised on Sadie's disabled body uncloaks the repressive norms of the body and to what extent society is exclusionary and intolerant, hereby, her body can be arguably read as a social text which conceals the hidden darkness of the society. At the individual level, violence levelled at the disabled characters raises serious questions as to the efficiency of community care, responsibility, and guilt. What is underlined through violence and abuse is the failure of community care provided by the family members, neighbours and the state.

CONCLUSION

With a particular focus that questions the dominance of the medical discourse which pathologizes disability and the strong tenets of the social model which views disability merely as social oppression, this thesis is an attempt to explore the interconnectivity of the bodily characteristics and the cultural and social values in the identification, appreciation, treatment, and representations of impairment. While it foregrounds the ways in which the cultural forces construct disability and determine the boundaries of disability representation, it underlines the role of the body in these constructions and representations. In this respect, by rejecting the widely accepted view of disability as 'inability to do' or 'a lack of normality', this thesis has revealed that disability is considered a significant part of life experience which takes place within the social contexts. That is to say, disability is not an obstacle and limitation yet "a way of being in the world - both an experience and a way of experiencing" (Titchkosky 30). Accordingly, it is argued that disability experience is constituted by the medley of social interactions, the knowledge systems of the body, cultural representations, and environmental organizations. Disability is formed by the cultural practices and social structures in multiplied ways, and all these cultural workings reveal one's relation to disability. Culture attaches meanings to impaired bodies which shape and govern the experience of the body and the formation of disability identity. Thus, any disability experience reveals the place and significance of impairment within the culture and underlines the social character of corporeal attributes and disability experience. As Tanya Titchkosky points out, "the body in all of its vicissitudes already comes to us through cultural maps and is, *always-already constituted from social and political discursive action*" (48). Concordantly, disability is not an individual matter but a socio-political issue since disability brings to the fore the cultural assumptions of the body and the meanings of persons in any given culture. When considered from this point of view,

any treatment and exclusion of disabled people bespeak the intricate relation between the body and the culture.

Furthermore, this thesis has unearthed that while treating disability as a social phenomenon unveils the cultural interpretations of the body and its features, the social meaning of identity and self is revealed through the cultural normative relations to the body and its experience. The normative prescriptions of acceptable states of the body influence the ways the disabled construct and assert their self and identity. Identity "does come to us through our bodies, and does so within a culture that holds various conceptions of both the body and the self" (Titchkosky 24). Positive or negative self-image or the state of denial of impairment or reconstruction of normalcy explains the impact of cultural assumptions and practices on the experience of impairment and thus, illuminates how the body operates to establish identity and identity determines the perception of the body. On that line, it is stated that the social presence of disability and disability experience are crucial for what they reveal and illuminate culture and its workings in the formation of disability identity and selfhood.

Additionally, this study discloses that the markers of other differences such as age, gender, race, and sexuality aggravate the experience of disability and complicate the construction of the disability identity. Though other forms of oppression have been overlooked in the experiences of disability, they are integral to the ideology of disability and interact with disability in diverse and intricate ways. Just like racism, gender, and sexuality, disability is a culturally constructed phenomenon which somehow acts upon the body to negate its characteristics. In relation to this point, Colin Barnes presents a critical perspective for understanding the dynamics of the merging of disability with race, gender, sexuality, and age: "Like racism, sexism, heterosexism and all other forms of social oppression it is a human creation. It is impossible, therefore, to confront one type of oppression without confronting them all and, of course, the cultural values that created and sustain them" ("Foreword" xii).

The theoretical debates concerning the cultural construction of disability have been explored in the detailed examination of the works of five British playwrights: Brian Friel's *Molly Sweeney*, Martin McDonagh's *The Cripple of Inishmaan*, Nina Raine's *Tribes,* Joe Penhall's *Blue/Orange* and Linda McLean's *Any Given Day*. These plays are concerned with various experiences of disability embodiment with a focus on the different physical and mental impairments, respectively, blindness, limpness, deafness, schizophrenia, and learning difficulty and mental illness. Though these playwrights handle various disabilities in the fictional world of different dramatic narratives, their treatment of disability are positioned on three significant angles: disability in dramatic structure, cultural and social signification of the disabled body and disability identity and the stigma surrounding the disabled body. The dramatic representation of disability draws attention to the characterization of the relationship between the disabled and the nondisabled within the narrative and dramatic space. What is more, the multiplicity of narrative of disability divulges various authorial intentions to address significant issues. The presence of disability highlights the particularities of the body with an emphasis on its visibility, aesthetic appearance, capacities and functions on physical and mental levels. It also demonstrates that the interplay of impairment and social and cultural paradigms is at work to determine the dimensions of disability experiences, identity formation and the nature of stigmatization in the social arena.

The detailed analyses of physical disability in Brian Friel's *Molly Sweeney*, Martin McDonagh's *The Cripple of Inishmaan* and Nina Raine's *Tribes* illustrate the rethinking of the ways of how disability is positioned within the cultural structures. The discussions of *Molly Sweeney* reveal the dual aspects of disability embodiment that operate both on social and medical planes. The presence and treatment of blindness in *Molly Sweeney* underscore the negative experiences of living with an embodiment in Irish society where physical disability together with femaleness is perceived as 'culturally different'. In the play, the female character

is discriminated and silenced since her physical disability is treated as a feature to be shaped by the ableist views, as an undesired property to be obliterated and as a sign of illness to be exploited by medical powers. The dysfunctionality of the health system is also stressed since it regards and treats disabled individuals as objects to be manipulated and exploited for its own purposes.

Unlike *Molly Sweeney* which is concerned with physical disability as a health problem, Martin McDonagh's *The Cripple of Inishmaan* handles physical disability as a bodily phenomenon targeted with humorous attitudes and derogatory linguistic practices which direct the surveillance gaze of the readers/audience to its corporeal attributes. Language functions to unveil what culture illuminates concerning disability and its perception. The disabled body in the play uncloaks the construction and perception of disability and masculinity in Irish culture where any deviation from the normative prescriptions of the body is exposed to stigmatic language. Thus, the stigmatic discourse surrounding certain features of the disabled body reveals the emotional and psychological aspects of having and experiencing disability. Furthermore, the linguistic practices surrounding the disabled body deconstruct the linguistic contexts which define the ideals of Irishness and Irish identity. Thus, the play prompts the reconsideration of the settled notions of Irishness and Irish identity. In the play, the 'inadequacies' and 'deficiencies' of the disabled body are utilized to subvert the established notions of the ideal Irish body which is equated with strength and sturdiness in the film *Man of Aran*. In this respect, it is shown that while disability bespeaks about the cultural formulations against which physical impairment is measured and defined, it also reveals the political and national matters.

The detailed analysis of Nina Raine's *Tribes* has pointed at the interrelation between language and disability. The language in Nina Raine's *Tribes* is used as a weapon of control and power to oppose the dissenting views, ideas, and emotions and thereby, leads to

miscommunication among the family members. That is, instead of strengthening solidarity among the family members, the confrontational nature of language fosters isolation and feelings of loneliness, especially for the physically disabled character who is overwhelmed by the disregard for his disability, ill-communication, and emotional deprivation. In this respect, it is highlighted that within the narrative structure, deafness is employed to question what hearing really means and to denote the lack of communication that pervades the society. Moreover, the protagonist's experience of disability further worsens under the dominant notion of normalcy to which the family members are strictly attached to hierarchize and value the bodily features. It is uncovered that under the notion of normalcy, the physical characteristics of the character are not recognized as disability and any possibility to foster and embrace disability identity is not offered. Thus, it is disclosed that embracing the established views of normalcy leads to the loss of sense of belonging on the part of the 'physically different' character.

The detailed examinations of Joe Penhall's *Blue/Orange* and Linda McLean's *Any Given Day* uncloak that impairment within the narrative structure is delineated to focalize the social meanings of mental impairment which are formed through the cultural readings of the disabled body. Thus, disability in these plays is employed to address the broader social problems such as racism and violence. Joe Penhall's *Blue/Orange* foregrounds the confrontational nature of language in that it deals with the broader social problems such as institutional racism, the power of psychiatry as a control mechanism, and the inadequacies of the health system. While linguistic confrontation mirrors the antagonism between the white doctors and the black patient at the individual level, it uncloaks the racist attitude widespread across Britain at the social level. It is emphasized that culturally constructed views and ideas concerning race engender psychiatric imperialism which positions the mentally disabled character at the margins and thus, turns him into an object to be manipulated, controlled, and suppressed. In the play, psychiatry is delineated as a source of power which employs some

disciplinary strategies such as limitation of freedom and movement, psychiatric questioning, surveillance, mistreatment, and confinement. Furthermore, in the play, medical imperialism is merged with the social discrimination which manifests itself in the form of attacks, verbal abuse, and psychological coercion. Thus, it is unveiled that race and disability mutually affect each other to disempower and marginalize the disabled individual within the medical and social realms. Additionally, the objectivity and plausibility of psychiatric treatment are questioned because of the contrasting attitudes of doctors about the diagnosis and medical care of mental illness. It is revealed that mental disability is manipulated by the doctors for their academic achievement. Thus, the inadequacies and quackery of the health system are revealed and criticized in the play.

The disability embodiment in Linda McLean's *Any Given Day* points to the individual and social aspects of having and experiencing mental disability. It is highlighted that adverse cultural judgements about mental impairment cause alienation and isolation of the disabled from society, thus, leading to self-segregation. At the social level, this process of segregation renders the disabled vulnerable to discrimination, verbal, physical, and sexual attacks as well. Harassment and violence and hateful rhetoric directed at the disabled character provide a backdrop for the assessment of the cultural response to bodily difference and reveal to what extent the society is tolerable, inclusive and philanthropist. At the individual level, the act of violence brings to the fore serious questions concerning care, responsibility, and guilt. It is revealed that deprived of familial and institutional care, the disabled characters have an increased sense of vulnerability and weakness in the face of the threat from society. Violence levelled at the disabled character unveils that the negligence and the lack of care by the family and community increase the risk of being attacked or harmed, physically and psychologically.

These plays that feature disability demonstrate that disability fulfils an important function in dramatic art and theatre plays an important role in addressing disability. Disability

has narrative power both structurally and thematically; disability is the central fulcrum of the story and the setting and time of the story and its characters changing with various levels. The dramatic structure built on class, gender, personal conflicts, and political strife, and so on feeds on the dichotomy of disability and normality, and the clash between disabled and nondisabled people. Moreover, within the narrative structure, disability also serves the intention of the playwrights to explore the political and social troubles that condition the given society. Deafness is employed to reveal the miscommunication and disconnection in British society in Nina Raine's *Tribes*. Blindness is metaphorically employed to address the social and political problems that concern Friel and Irish culture in *Molly Sweeney*.

The trajectory of varied representations of disability - both physical and cognitive - that partakes in all these plays provides readers with an insight into the subtle variations of disability and the complexity and arduousness of an embodied life. By showing the inherent particularities of impairment and the disabled body, these plays direct the gaze of the readers to the aesthetic appearance of the body. In this way, these plays attribute visibility to the disabled bodies which are made 'invisible'. Importantly, though the plays under discussion deal with the individual aspects of disability experience, the dramatic presentations of disability provide sound and fertile sources of social structures undergirding ideologies and attitudes relating to disabled people in Scottish, British and Irish culture. The representations strengthen the idea that the position of the disabled is constructed in accordance with the social and cultural paradigms in the given societies. The sites of representations in the plays have disclosed that what is attributed to the biological properties marks certain bodily traits and accordantly, deems them as 'socially different'. These representations reveal an extensive portrayal of disability-related stigma ranging from humorous attitude, gender-based and racial-based oppression to violence at the utmost level. The portrayal of stigmatic attitudes has also shown that stigma takes place when the dominant group, the abled, exercise power over the disabled in the given societies

where the idealization of the body which prescribes the attainment of health, beauty and strength is taken to be the determinant of value, position, hierarchy. In this repect, these representations intend to raise consciousness about disability and the position of the disabled.

This thesis has revealed that literature, especially theatre effectively functions in representing disability from the different angles. The playwrights position disability within the different dramatic styles, thus, unveil the various treatment of disability and life-like situations of having impairment. By using solo performance, Brian Friel shows the inner world of the blind female character and the other characters and their perspective of blindness. Within the narrative structure, the playwright unintentionally reproduces the figure of the madwoman. Though the play seems to reinforce the partriarchal discourse through the figure of the madwoman, it reveals the oppression of disabled females caused by the cultural fabrication and elaboration of gender and disability. Martin McDonagh employs black comedy to reveal the humorous attitude and discourse directed at the disabled. The comedy surrounding the certain features of the disabled body creates laughter, and engenders emotional duality between laughter and seriousness on the part of the audience. However, in the play, the disabled character is not rendered pitiable and laughable since McDonagh delineates Billy as the one who adopts to the world of the other characters. Nina Raine's family drama *Tribes* explores the difficulties of having hearing impairment with a focus on the conflicts and the struggle among the family members and thus, mirrors the social attitudes towards deaf people in British culture. After the consecutive scenes of familial conflicts, the events take a positive turn at the end of the play since the play highlights that inclusion is possible for the disabled when all differences are accepted, embraced, and respected. Joe Penhall's *Blue/Orange* is a comic piece which satirically addresses the plights of the black disabled individual. This character-driven drama with the minimalistic setting moves forward through the argumentative language of the characters which generates tension and laughter. However, the comedy element does not

overshadow Penhall's intention to question the functionality of the health system and the institutional racism that pervades the medical fields. Linda McLean reverses the parts of the play in order to foreground the importance of responsibility and love. The act of violence is nauseating and fearsome for the readers/audience; however, the play does not reinforce the violent acts though they are graphically narrated on the pages. By narrating violence in the play, the playwright intends to criticize the attitudes towards the disabled at social and individual levels and lead readers/audience to question social responsibility, care, and the meanings of disabled individuals in the society. Though the play focalizes the acts of violence in Scottish culture, the ideas that McLean handles with her bold and idiosyncratic style are universal.

Underlining the cultural aspects of disability and disability experience in theatre, this thesis prompts the rethinking of the contentious issues of health, normality, ability, and functioning and reconsiders how the cultural knowledge of the body is produced and practiced, in which ways normality and deviations are constructed, how the institutional practices of exclusion and inclusion are defined in everyday life and how identities are formed and shaped. Disability and the ways of experiencing disability create a space where the reconceptualization of culture is necessary since culture is dynamic and active in creating the meanings of impairment and disability. In this respect, disability functions as a tool to foreground culture and "disrupt it, and even to teach it new ways of creating meaning" (Titchkosky 19). Disability provides an opportunity to reconsider and restructure the boundaries between the functional and the unfunctional, the normal and the abnormal and the acceptable and the unacceptable. Additionally, assessing stigma as the product of cultural processes and power relations provides an opportunity to analyze the nature of stigma and the ways it is related to disability to discover its impacts on the experience, position, and treatment of the disabled. To unveil the layers of stigmatization and discrimination is to question the structures of inequality and equality in any society and the very social and cultural structures based on multiple forms of hierarchy, order,

and norms. In this way, recognizing the primacy of culture in conceptualization of disability and disability-related stigma would enrich the field of disability and cultural studies as well.

Furthermore, addressing the experiences of disabled characters enables us to look at the presence of disability in the text in the light of cultural disability studies which view disability as a social experience. Developing such a perspective transcends the reflection of disability as mere 'deficiency' and leads both the playwright and the reader to recognize and dignify the diversity of cultures, experiences, and complex embodiments. In this way, theater and disability studies mutually affect and enrich each other. The intersection of theatre and disability studies is a factor in determining the location of disability in theatre. The presence of disability in drama is generative since it helps us to understand and interpret drama, and thus, new perspectives to disability in the drama generate multiplied meanings and interpretations of disability. Furthermore, the evaluation of disability in drama may lead to the emergence of new types of drama, different dramatic styles, and different stage designs to highlight the complex aspects of various disabilities. As an invigorating art that brings current problems to the agenda, theater both brings to light the problems experienced by disabled individuals and the socially wrong attitudes towards the disabled. In this way, it not only provides a platform for disabled people to be heard and to emphasize their rights but also contributes to changing the cultural attitudes towards disabled people.

Developing the cultural approach to the relationship between disability, stigma and drama, this thesis has some limitations. Some significant issues this thesis has not handled in detail are the relationship between aging and disability and class and disability which is concisely addressed in the analysis of *Blue/Orange* and masculinity and disability which is very briefly touched in *The Cripple of Inishmaan,* politics and disability and euthanasia, assisting suicide and disability. These contentious topics can be explored for future research. Perhaps evaluating the above-mentioned dramatic texts in comparison with those written by the disabled

playwrights like Katie O'Reilly, Mark Medhoff, John Belluso, Adam Pottle and Susan Nussbaum might elicit further substantial and detailed discussions concerning the treatment of disability and their involvement in disability issues as the disabled playwrights. Furthermore, reading plays by the disabled playwrights might provide the first-hand experiences of impairment and stigmatization and offer new perspectives regarding the treatment and the perception of disability and how to tackle and overcome the stigma attached to disability. Thus, the evaluation of plays by disabled playwrights broadens the perspective concerning the nature of impairments and its effects to change or mollify the stereotypical perception of disability and the stigmatic attitudes towards disabled individuals.

Recently, there has been an increasing interest in disability studies globally and disability has been over-represented in literature, dramatic arts, and the media. Furthermore, in academia, some scholars of literature explore how representations of disability diversify and these representations influence the perception and treatment of disabled individuals in society from the different critical perspectives. The universities open up Disability Centres to support the investigation and the study of disability and organize conferences that bring together scholars, disability activists, researchers and writers and publish officially magazines which intend to further the research of disability and keep abreast of the issues related to disability. Even though disability has been an issue of interest and discussion on a global scale, there has been a scarcity of research and study concerning disability in the field of theatre studies. Therefore, this thesis aims to contribute to the wide range of disability studies on a global level, but also intends to foster further study and research on disability in the field of theatre studies. This dissertation deals with some canonical works which bring a new dimension to the representations of disability in theatre studies, and thus, it is a small contribution to the vast field of disability. There are many issues in relation to disability and disability-related stigma to be explored, interpreted and commented in dramatic works. While any investigation shows

the efficiency of literature, theatre and media to deal with multiplied matters related to human diversity, it also opens up a window to reconsider and re-evaluate the intricate relationships between disabled and nondisabled people.

BIBLIOGRAPHY

Anastasiou, Dimitris and James M. Kauffman. "The Social Model of Disability: Dichotomy between Impairment and Disability." *Journal of Medicine and Philosophy* 38. (2013): 441-459.

Arendt, Hannah. *The Life of the Mind*. USA: Harcourt, 1971.

Aristotle. *Generation of Animals*. Trans. A.L. Peck. USA: Harvard UP, 1944.

---. *Politics*. Trans. C. D. C. Reeve. USA: Hackett Publishing Company, 1998.

Arnold, Catharine. *Bedlam: London and Its Mad*. London: Simon&Schuster, 2008.

Atkin, Karl. "Health, Illness, Disability and Black Minorities: A Speculative Critique of Present Day Discourse." *Disability, Handicap & Society* 6.1. (1991): 37-47.

Barnes, Colin. *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation*. London: Hurst &Company, 1991.

---. "Disabling Imagery and the Media: An Exploration of the Principles for Media Representation of Disabled People." England: Ryburn Pub., 1992. https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Barnes-disabling-imagery.pdf

---. "Foreword." Jane Campbell and Mike Oliver. *Disability Politics: Understanding Our Past, Changing Our Future*. London and New York: Routledge, 1996.

Barnes, Colin and Geoff Mercer. "Disability Culture: Assimilation or Inclusion?" *The Handbook of Disability*. Eds. Gary L. Albrecht, Katherine Seelman and Michael Bury. USA: Sage, 2001. 515-534.

---. *Exploring Disability: A Sociological Introduction*. UK: Polity Press, 2010.

Batty, Mark-Taylor. *Harold Pinter*. UK: Northcote, 2001.

Bat-Chava, Yael. "Diversity of Deaf Identities." *American Annals of the Deaf* 145.5. (2000): 420-428.

Baynton, Douglas. ""A Silent Exile on This Earth": The Metaphorical Construction of Deafness in the Nineteenth Century." *The Disability Studies Reader*. Ed. Lennard J. Davis. New York and London: Routledge, 2006. 33-48.

Bertha, Csilla. "Brian Friel as postcolonial playwright." *The Cambridge Companion to Brian Friel*. Ed. Anthony Roche. UK: Cambridge, 2006. 154-165.

Bingham, Shawn Chandler and Sara E. Green. *Seriously Funny: Disability and the Paradoxical Power of Humor*. Boulder, CO: Lynne Rienner Pub., 2016.

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

Boles, C. William. *The Argumentative Theatre of Joe Penhall*. USA: Macfarland&Company, Inc., 2011.

Bowling, Benjamin. *Violent Racism: Victimization, Policing and Social Context*. UK: Oxford UP, 1999.

Brantley, Ben. "World of Silence and Not Listening." *The New York Times,* 4 March 2012.

https://www.nytimes.com/2012/03/05/theater/reviews/tribes-by-nina-raines-at-the-barrow-street-theater.html

Brown, Stuart, Isobel Hawson, Tony Graves and Mukesh Barot. *Eclipse Report: Developing Strategies to Combat Racism in Theatre*. England: Arts Council of England, East

Midlands Arts Council, Theatrical Management Association and Nottingham Playhouse, 2001.

Campbell, Jane and Mike Oliver. *Disability Politics: Understanding Our Past, Changing Our Future*. London and New York: Routledge, 1996.

Chan, Margaret and Robert B. Zoellick. "Preface." *World Report on Disability*. *WHO*, 2011. https://www.who.int/publications/i/item/9789241564182

Chun-Yi, Shih. "The Worst Pariah": Schizophrenia and racism in Joe Penhall's *Blue/Orange*." *Sun Yat-sen Journal of Humanities* 45. (2018): 77-95.

Clement, Sarah, Elaine Brohan and Liz Sayce et. al. "Disability hate crime and targeted violence and hostility: A mental health and discrimination perspective." *Journal of Mental Health* 20. 3. (2011): 219-225.

Clements, Rachel. "Commentary." *Blue/Orange.* Ed. Rachel Clements. London and New York: Bloomsbury Methuen Drama, 2013.

Connor, David J. "He Swaggers: Reflections on the Title Character in The Cripple of Inishmaan." *Disability Studies Quarterly* 29.1.(2009). Web. http://dsq-sds.org/article/view/176/176

Couser, G. Thomas. "Disability, Life Narrative, and Representation." *The Disability Studies Reader*. Ed. Lennard J. Davis. USA: Routledge, 2006. 399-401.

Crow, Liz. "Renewing the Social Model of Disability." *Coalition*, 1992. 1-7.

Darke, Paul Anthony. "The Changing Face of Representations of Disability in the Media." *Disabling Barriers - Enabling Environments*. Eds. John Swain, Sally French, Colin Barnes, and Carol Thomas. London: Sage, 2004. 100-105.

Davis, Lennard J. *Enforcing Normalcy: Disability, Deafness, and the Body*. London: New York: Verso, 1995.

Dean, Joan Fitzpatrick. "Martin McDonagh's Stagecraft." *Martin McDonagh: A Casebook*. Ed. Richard Rankin Russell. New York and London: Routledge, 2007.

Douglas, Mary. "The Social Control of Cognition: Some Factors in Joke Perception." *New Series* 3.3. (1968): 361-376. *JSTOR*. https://www.jstor.org/stable/2798875

---. *Natural Symbols: Explorations in Cosmology*. London and New York: Routledge, 2004.

Dromgoole, Dominic. *The Full Room: An A-Z of Contemporary Playwriting*. London: Methuen, 2002.

Eide, Arne H., Mitch E. Loeb and et. al. "Living Conditions Among People with Disabilities in Developing Countries." *Disability and Poverty: A Global Challenge*. Eds. Arne H. Eide and Benedicte Ingstad. UK: Policy Press, 2011. 55-70.

Evans, Eric J. *Thatcher and Thatcherism*. London and New York: Routledge, 2001.

"Facts and Figures 2018: Disability in the United Kingdom." *Papworth Trust*. 2018. https://www.papworthtrust.org.uk/about-us/publications/

Feeney, David. *Toward an Aesthetics of Blindness: An Interdisciplinary Response to Synge, Yeats, and Friel*. New York: Peter Lang Pub., 2007.

Fevre, Ralph, Amanda Robinson, Duncan Lewis and Trevor Jones. "The ill-treatment of employees with disabilities in British workplaces." *Work, employment and society* 27. 2. (2013): 288-307.

Foucault, Michel. *Discipline&Punish: The Birth of the Prison*. New York: Vintage Books, 1995.

French, Sally. “Disability, impairment or something in between.” *Disabling Barriers-Enabling Environments*. Eds John. Swain, Vic Finkelstein, Sally French and Mike Oliver. London: Sage, 1993. 17-25.

Friel, Brian. *Brian Friel: Plays Two*. London: Faber and Faber, 1999.

Garland, Robert. *The Eye of the Beholder: Deformity and Disability in the Graeco-Roman World*. New York: Cornell UP, 1995.

Garthwaite, Kayleigh. “‘The Language of shirkers and scroungers?’Talking about illness, disability and coalition welfare reform.” *Disability&Society* 26.3. (2011): 369-372.

Geddes, Andrew and Peter Scholten. *The Politics of Migration & Immigration in Europe*. London: Sage, 2016.

Gerber, A. David. “The “Careers” of People Exhibited in Freak Shows: The Problem of Volition and Valorization.” *Freakery: Cultural Spectacles of the Extraordinary Body*. Ed. Rosemarie Garland Thomson. New York and London: New York UP, 1996. 38-54.

Giordano, Chiara. “Disability hate crimes rise by one-third in a year across England and Wales.” *Independent*, 15 October 2018. https://www.ndependent.co.uk/news/uk/disability-hate-crime-rise-latest-figures-united-response-a8583751.html

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon& Schuster, 1963.

---. “Selections from Stigma.” *The Disability Studies Reader*. Ed. Lennard J. Davis. New York and London: Routledge, 2006. 131-140.

Gordon, M. Robert, A. Cate Miller, Richard J. Daniele and Leonard Diller. “Stress, Appraisal, and Coping in Mothers of Disabled and Nondisabled Children.” *Journal of Pediatric Psychology* 17. 5. (1992): 587-605.

Hafferty, Frederic W. and Susan Foster. “Decontextualizing disability in the crime mystery genre: the case of the invisible handicap.” *Disability& Society* 9. 2. (1994): 185-206.

Hague, Gill, Ravi Thiara&Audrey Mullender. “Disabled Women and Domestic Violence: Making the Links, A National UK Study.” *Psychiatry, Psychology and Law* 18.1. (2011*)*: 117-136.

Hall, Nathan. *Hate Crime*. London and New York: Routledge, 2013.

Harnett, Alison. “Escaping the ‘Evil Avenger’ and ‘the ‘Supercrip’: Images of Disability in Popular Television.” *Irish Communication Reviews* 8. (2008): 21-29.

Hate Crime, England, and Wales, 2017/8. Home Office, 16 October 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748598/hate-crime-1718-hosb2018.pdf.

Horejes, Thomas P. “Construction of Deafness: Exploring Normalcy and Deviance within Specific Social Representations.” *Journal of Human Development, Disability, and Social Change* 18.2. (2009): 7-22.

Hughes, Bill and Kevin Paterson. “The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment.” *Disability&Society* 12. 3. (1997): 325-340.

Hughes, Karen, Mark A. Bellis, Lisa Jones et. al. “Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies.” *Lancet* 379. (2012): 1621-29.

Humphrey, Jill C. “Researching Disability Politics, Or, Some Problems with the Social Model in Practice.” *Disability&Society* 15.1. (2000): 63-86.

Iganski, Paul and Spiridoula Laguo. “The Personal Injuries of ‘hate crime.’” *The Routledge International Handbook on Hate Crime*. Eds. Nathan Hall, Abbee Corb, Paul Giannasi and John G.D. Grieve. London and New York: Routledge, 2015. 34-46.

International Classification of Impairments, Disabilities, and Handicaps. Geneva: World Health Organization, 1980. https://apps.who.int/iris/bitstream/handle/10665/41003/9241541261_eng.pdf?sequenc

Johnston, Kirsty. *Disability Theatre and Modern Drama: Recasting Modernism*. UK and USA: Bloomsbury Methuen Drama, 2016.

Jordan, Eamonn. *From Leenane to L.A.: The Theatre and Cinema of Martin McDonagh*. Ireland: Irish Academic Press, 2014.

Kempe, Andy. *Drama, Disability and Education*. New York: Routledge, 2013.

Khalifeh, Hind, Louise M. Howard, David Osborn et. al. “Violence against People with Disability in England and Wales: Findings from a National Cross-Sectional Survey.” *Plos One* 8. 2. (2013): 1-9.

Kim, Eunjung. “Asexuality in disability narratives.” *Sexualities* 14. 4. (2011): 479-493. *SAGE*. https://journals.sagepub.com/doi/abs/10.1177/1363460711406463

Kinderman, Peter and Richard P. Bentall. “The Functions of Delusional Beliefs.” *Reconceiving Schizoprenia*. Eds. Man Cheung Chung, K.W.M (Bill) Fulford and George Graham. London: Oxford UP, 2007. 275-288.

Klein, Hildegard. “Joe Penhall.” *British Theatre of the 1990s: Interviews with Directors, Playwrights, Critics and Academics.* Eds. Mireia Aragay, Hildegard Klein, Enric Monforte and Pilar Zozaya. New York: Palgrave Macmillan, 2007. 77-90.

Kröger, Teppo. “Care Research and Disability Studies: Nothing in common?” *Critical Social Policy* 29.3. (2009): 398-420.

Kurdi, Maria. “Gender, Sexuality and Violence in the Work of Martin McDonagh.” *The Theatre of Martin McDonagh: A World of Savage Stories*. Eds. Lilian Chambers and Eamonn Jordan. Ireland: Carysfort, 2006. 96-115.

Lane, Harlan. *When the Mind Hears: A History of the Deaf*. New York: Vintage Books, 1984.

---. *The Mask of Benevolence: Disabling the deaf community*. New York: Knopf, 1992.

Lanters, José. “The identity politics of Martin McDonagh.” *Martin McDonagh: A Casebook*. Ed. Richard Rankin Russell. New York and London: Routledge, 2007.

Link, Bruce G. and Jo C. Phelan. “Conceptualizing Stigma.” *Annual Review of Sociology* 27. (2001): 363-85.

Linton, Simi. *Claiming Disability: Knowledge and Identity*. New York and London: New York UP, 1998.

Lonergan, Patrick. *The Theatre and Films of Martin McDonagh*. London: Methuen Drama, 2012.

Loomba, Ania. *Colonialism/Postcolonialism*. London and New York: Routledge, 1998.

Macpherson, William. *The Stephen Lawrence Inquiry*. London: Home Office, 1999.

Mallett, Rebecca and Katherine Runswick-Cole. *Approaching Disability: Critical Issues and Perspectives*. New York: Routledge, 2014.

Mason-Bish, Hannah. "Conceptual Issues in the Construction of Disability Hate Crime." *Disability, Hate Crime and Violence*. Eds. Alan Roulstone and Hannah Mason-Bish. London and New York: Routledge, 2013. 11-24.

Mazziotta, Julie. "People of All Shapes and Sizes Walk 'The Real Catwalk' in Bathing Suits for Body Positivity." *People,* 20 July 2018. https://people.com/health/body-positivity-the-real-catwalk-fashion-show/

McDermott, Ray and Hervé Varenne. "Culture as Disability." *Anthropology&Education Quarterly* 26.3. (1995): 324-348.

McDonagh, Martin. *The Cripple of Inishmaan*. New York: Vintage, 1997.

McGhee, Derek. *Intolerant Britain?: Hate, Citizenship and Difference*. London: Open UP, 2005.

McGrath, F. C. *Brian Friel's (Post)Colonial Drama: Language, Illusion, and Politics*. New York: Syracuse UP, 1999.

McKean, KS Morgan. ""the silent treatment": Absence as Presence in Linda McLean's Gendered Environments." *Contemporary Women's Writing* 10.1. (2016): 85-104.

McLean, Linda. *Any Given Day*. Edinburgh: Traverse Theatre Company, 2010.

McMullan, Anna. "Performativity, unruly bodies and gender in Brian Friel's drama." *The Cambridge Companion to Brian Friel*. Ed. Anthony Roche. UK: Cambridge UP, 2006. 142-153.

Meszaros, M. Beth. "Enlightened by Our Afflictions: Portrayals of Disability in the Comic Theatre of Beth Henley and Martin McDonagh." *Disability Studies Quarterly* 23. 3/4. (2003). http://dsq-sds.org/article/view/433/610

Michalko, Rod. “What’s Cool about Blindness?” *Disability Studies Quarterly* 30.3/4. (2010). https://dsq-sds.org/article/view/1296/1332

Mitchell, David T. and Sharon L. Snyder. “Introduction: Disability Studies and the Double Bind of Representation.” *The Body and Physical Difference: Discourses of Disability*. Eds. David. T. Mitchell and Sharon L. Synder. USA: Michigan, 1997. 1-31.

---. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. USA: Michigan, 2000.

---. “Narrative Prosthesis and the Materiality of Metaphor.” *The Disability Studies Reader*. Ed. by Lennard J. Davis. New York and London: Routledge, 2006. 205-216.

---. “Representation and Its Discontents: The Uneasy Home of Disability in Literature and Film.” *Handbook of Disability Studies*. Eds. Gary L. Albrecht, Katherine Seelman and Michael Bury. London: Sage, 2001. 195- 218.

Moloney, Karen M. “Molly Astray: Revisioning Ireland in Brian Friel’s *Molly Sweeney*.” *Twentieth Century Literature* 46.3. (2000): 285-310. *JSTOR* www.jstor.org/stable/4419

Morash, Christopher. *A History of Irish Theatre 1601-2000*. UK: Cambridge UP, 2002.

Morris, Jenny. *Pride against Prejudice: Transforming Attitudes to Disability*. London: The Women’s Press, 1991.

---. “Personal and Political: a feminist perspective on researching physical disability.” *Disability, Handicap & Society* 7.2. (1992): 157-166.

Morris, Steven Leigh. “Nina Raine’s Play *Tribes* Depicts a Family that Talks a lot but Doesn’t Listen.” *LA Weekly*, 14 March 2013. https://www.laweekly.com/nina-raines-play-tribes-depicts-a-family-that-talks-a-lot-but-doesnt-listen/

Murray, Christopher. “Brian Friel’s *Molly Sweeney* and its Sources: A Postmodern Case History.” *Etudes Irlandaises* 23.2. (1998): 81-98.

Murugami, Margaret Wangui. “Disability and Identity.” *Disability Studies Quarterly* 29. 4. (2009).

Napier, Jemina. “The D/deaf- H/hearing Debate.” *Sign Language Studies* 2.2. (2002): 141-149. *JSTOR*. https://www.jstor.org/stable/26204794

Neilson, Anthony. “Introduction.” *Plays 2: Edward Gant’s Amazing Feats of Loneliness!, The Lying Kind, The Wonderful World of Dissocia, Realism*. London: Methuen Drama, 2008.

Nolan, Ernest I. “Bicultural/Bilingual/Bimodal: Deaf Identity in Nina Raine’s *Tribes*.” *International Journal of Liberal Arts and Social Science* 2.4. (2014): 82-87.

Obasi, Chijioke. “Seeing the Deaf in “Deafness.”” *Journal of Deaf Studies and Deaf Education* 13. 4. (2008): 455-465.

O’Brien, Karen. “‘Ireland mustn’t be such a bad place so’: Mapping the “Real” Terrain of the Aran Islands.” *Journal of Dramatic Theory and Criticism* 20.2. (2006): 169-183.

---. “A symbiotic relationship: the works of Martin McDonagh and ecocriticism.” *The Theatre and Films of Martin McDonagh*. London: Methuen Drama, 2012. 179-192.

O’Hagan, Sean. “The Wild West.” *The Guardian*, 24 March 2001. https://www.theguardian.com/lifeandstyle/2001/mar/24/weekend.seanohagan

Oliver, Mike. “If I had a Hammer: The Social Model in Action.” *Disabling Barriers - Enabling Environments*. Eds. John Swain, Sally French, Colin Barnes and Carol Thomas. London&Thousand Oaks& New Delhi: Sage, 2004. 7-12.

Oliver, Michael. *The Politics of Disablement*. London: Macmillan, 1990.

Ojrzynska, Katarzyna. “One, Mad Hornpipe: Dance as a Tool of Subversion in Brian Friel’s *Molly Sweeney*.” *Text Matters* 1.1. (2011): 252-267.

O’Reilly, K. “A Playwright reflects on ‘alternative dramaturgies’.” *RIDE: The Journal of Applied Theatre and Performance* 14. 1. (2009): 31-35.

---. “The Necessity of Diverse Voices in Theatre Regarding Disability and Difference.” *Howl Round*. 2 July 2017. Web. 1 April 2019. https://howlround.com/necessity-diverse-voices-theatre-regarding-disability-and-difference

Ostrow, Joanne. “Tribes” Review: Nina Raine’s Moving Play Resonates in Denver.” *Denver Post, 2*0 October 2015. https://www.denverpost.com/2015/10/20/tribes-review-nina-raines-moving-play-resonates-in-denver/

Padden, Carol. “Deaf.” *Journal of Linguistic of Anthropology* 9. 1/2. (1999): 57-60.

Parker, Richard and Peter Aggleton. “HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action.” *Social Science&Medicine* 57. (2003): 13-24.

Penhall, Joe. *Blue/Orange*. London and New York: Bloomsbury Methuen Drama, 2000.

Perry, Barbara. *In the Name of Hate: Understanding Hate Crimes*. New York and London: Routledge, 2001.

---. “Exploring the community impacts of hate crime.” *The Routledge International Handbook on Hate Crime*. Eds. Nathan Hall, Abbee Corb, Paul Giannasi and John G.D. Grieve. London and New York: Routledge, 2015. 47-58.

Petersilia, Joan R. “Crime Victims with Developmental Disabilities: A Review Essay.” *Criminal Justice and Behaviour* 28. 6. (2001): 655-694.

Pilny, Ondrej. “Martin McDonagh: Parody? Satire? Complacency?” *Irish Studies Review* 12.2. (2004): 225-232.

Pinter, Harold. *Plays One*. London: Faber and Faber, 1991.

Plato. *The Republic*. Trans. Desmond Lee. England: Penguin, 1974.

Powell, Andrew. “Disabled People in Employment.” *House of Commons Library*, 13 August 2020. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

Powell, Enoch. “Enoch Powell’s River of Blood Speech.” *The Telegraph*, 6 November 2007. https://www.telegraph.co.uk/news/0/enoch-powells-rivers-blood-speech/

Priestley, Mark. “Commonality and Difference in the Movement: an ‘Association of Blind Asians’ in Leeds.” *Disability & Society* 10.2. (1995): 157-170.

Quarmby, Katharine. *Scapegoat: Why We Are Failing Disabled People*. London: Portobello, 2011.

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

Raine, Nina. “Why I Wrote Tribes.” *The Royal Court Theatre*, 22 Sep 2010. https://royalcourttheatre.com/nina-raine-why-i-wrote-tribes/

--- . *Tribes*. London: Nick Hern Books, 2010.

Ravaud, Jean-François and Henri-Jacques Stiker. “Inclusion/Exclusion: An Analysis of Historical and Cultural Meanings.” *Handbook of Disability Studies*. Eds. Gary L. Albrecht, Katherine Seelman and Michael Bury. London: Sage, 2001. 490-512.

Riddell, Sheila and Nick Watson. *Disability, Culture and Identity*. London and New York: Routledge, 2003.

Roche, Anthony. “Introduction.” *The Cambridge Companion to Brian Friel*. Ed. Anthony Roche. UK: Cambridge UP, 2006. 1-5.

Roulstone, Alan and Hannah Mason-Bish. “Introduction: Disability, Hate Crime and Violence.” *Disability, Hate Crime and Violence*. Eds. Alan Roulstone and Hannah Mason-Bish. London and New York: Routledge, 2013. 1-7.

Roulstone, Alan and Kim Sadique. “Vulnerable to Misinterpretation: Disabled People, ‘vulnerability’, Hate Crime and the Fight for Legal Recognition.” *Disability, Hate Crime and Violence*. Eds. Alan Roulstone and Hannah Mason-Bish. London and New York: Routledge, 2013. 25-39.

Rush, B. “Mental health service user involvement in England: Lessons from history.” *Journal of Psychiatric and Mental Health Nursing* 11. (2004): 313-318.

Russell, Richard Rankin. *Modernity, Community, and Place in Brian Friel’s Drama*. New York: Syracuse UP, 2013.

Sacks, Oliver. “To See and Not See.” *An Anthropologist on Mars: Seven Paradoxical Tales*. New York: Vintage, 1995. EBooks. Oliver Sacks - An Anthropologist On Mars_ Seven Paradoxical Tales-Vintage (1996).pdf.

Sakellaridou, Elizabeth. *Pinter’s Female Portraits: A Study of Female Characters in the Plays of Harold Pinter*. USA: Barnes& Noble Books, 1988.

Scambler, Graham. “Health-related stigma.” *Sociology of Health & Illnes* 31.3. (2009): 441-455.

Scott-Hill, Mairian. “Deafness/Disability - problematising notions of identity, culture and structure.” *Disability, Culture and Identity*. Eds. Sheila Riddell and Nick Watson. London and New York: Routledge, 2014. 88-104.

---. “Impairment, difference and ‘identity.’” *Disabling Barriers - Enabling Environments*. Eds. John Swain, Sally French, Colin Barnes, and Carol Thomas. London: Sage, 2004. 87-93.

Scull, Andrew. “The Social History of Psychiatry in the Victorian Era.” *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. Ed. Andrew Scull. USA: Pennysylvania UP, 1981.

Shakespeare, Tom. “Cultural Representation of Disabled People: Dustbins for Disavowal?” *Disability & Society* 9.3. (1994): 283-299.

---. “The Social Model of Disability.” *The Disability Studies Reader*. Ed. Lennard J. Davis. New York and London: Routledge, 2006. 197-204.

---. *Disability Rights and Wrongs*. London and New York: Routledge, 2006.

---. “Joking a Part.” *Body&Society* 5.4. (1999): 47-52. *SAGE*. https://doi.org/10.1177/1357034X99005004004

---. *Disability Rights and Wrongs Revisited*. London and New York: Routledge, 2014.

Shakespeare, William. “King Richard III.” *The Arden Shakespeare Complete Works*. Eds. Richard Proudfoot, Ann Thompson, and Davis Scott Kastan. New York and London: Bloomsbury, 2011.

Sheffield, Carole. “Hate Violence.” *Race, Class and Gender in the United States*. Ed. Paula Rotenberg. 3rd Ed. New York: St. Martin’s Press, 1995. 432-441.

Shepherd, Simon. *Theatre, Body and Pleasure*. London and New York: Routledge, 2006.

Shuttleworth, Russell Peter. "Disability/Difference." *Encyclopedia of Medical Anthroplogy*: *Health and Illness in the World's Culture*s. Eds. Carol R. Embers and Melvin Ember. New York: Kluwer/Plenum, 2004. 360-373.

Sierz, Aleks. *Rewriting the Nation: British Theatre Today*. London: Methuen Drama, 2011.

---. *In-Yer-Face Theatre: British Drama Today*. London: Faber&Faber, 2001.

Sin, Chih Hoong. "Hate crime against people with disabilities." *The Routledge International Handbook on Hate Crime*. Eds. Nathan Hall, Abbee Corb, Paul Giannasi and John G.D. Grieve. London and New York: Routledge, 2015. 193-206.

Sin, Chih Hoong, Annie Hedges, Chloe Cook et.al. "Disabled People's experiences of targeted violence and hostility." Manchester: Equality and Human Rights Commission, 2009.

Spirko, Robert C. ""Better Me Than You": *Children of a Lesser God*, Deaf Education, and Paternalism." *Peering Behind the Curtain: Disability, Illness, and the Extraordinary Body in Contemporary Theatre*. Eds. Thomas Fahy and Kimball King. New York and London: Routledge, 2002. 16-23.

Stiker, Henry-Jacques. *A History of Disability*. Trans. William Sayers. Ann Harbor: Michigan UP, 1999.

Stuart, O.W. "Race and Disability: just a double oppression?" *Disability, Handicap&Society* 7.2. (1992): 177-188.

Swain, John, Sally French, and Colin Cameron. *Controversial Issues in A Disabling Society*. UK: Open UP, 2003.

Thiara, Ravi K., Gill Hague&Audrey Mullender. “Losing out on both counts: disabled women and domestic violence.” *Disability&Society* 26.6. (2011): 757-771.

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

---. “Integrating Disability, Transforming Feminist Theory.” *The Disability Studies Reader*. Ed. Lennard J. Davis. New York and London: Routledge, 2006. 257-273.

---. “Introduction: From Wonder to Error - A Genealogy of Freak Discourse in Modernity.” *Freakery: Cultural Spectacles of the Extraordinary Body*. Ed. Rosemarie Garland Thomson. New York and London: New York UP, 1996. 1-19.

Titchkosky, Tanya. *Disability, Self, and Society*. Canada: Toronto, 2006.

Torrell, Margaret Rose. “Potentialities: Toward a Transformative Theory of Disabled Masculinities.” *Emerging Perspectives on Disability Studies*. Eds. Matthew Wappett and Katrina Arndt. New York: Palgrave Macmillan, 2013. 209-225.

Tregaskis, Claire. “Social Model Theory: The story so far.” *Disability&Society* 17.4. (2002): 457-470.

UPIAS. *Fundamental Principles of Disability*. London: Union of the Physically Impaired Against Segregation, 1976.

Vandevelde, Karen. “The Gothic Soap of Martin McDonagh.” *Theatre Stuff: Critical Essays on Contemporary Irish Theatre*. Ed. Eamonn Jordan. Ireland: Carysfort, 2000. 292-302.

Veisson, Marika. “Depression Systems and Emotional States in Parents of Disabled and Nondisabled Children.” *Social Behavior and Personality* 27. (1999): 87-97.

Vernon, Ayesha. “The Dialectics of Multiple Identities and the Disabled People’s Movement.” *Disability&Society* 14. 3. (1999): 385-398.

Waldschmidt, Anne. “Disability Goes Cultural: The Cultural Model of Disability as an Analytical Tool.” *Culture-Theory-Disability: Encounters between Disability Studies and Cultural Studies*. Eds. Anne Waldschmidt, Hanjo Berressem, Moritz Ingwersen. Germany: Verlag, 2017. 19-27.

Walker, Peter. “Benefit cuts are fuelling abuse of disabled people, say charities.” *The Guardian*, 5 Feb 2012. https://www.theguardian.com/society/2012/feb/05/benefit-cuts-fuelling-abuse-disabled-people

Wallace, Clare. “‘Pastiche Soup,” Bad Taste, Biting Irony and Martin McDonagh.” *Litteraria Pragensia* 15.29. (2005): 3-38.

Watson, Nick. “Well, I Know this is Going to Sound Very Strange to You, but I Don’t See Myself as a Disabled Person: Identity and Disability.” *Disability&Society* 17. 5. (2002): 509-527.

Webb, Jen. *Understanding Representation*. London: Sage, 2009.

Wells, H. G. *The Complete Short Stories of H. G. Wells*. London: Ernest Benn, 1979.

Wendell, Susan. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York and London: Routledge, 1996.

Williams, Raymond. *Culture*. Glasgow: Fontana, 1981.

Wilson, Rebecca. “Macabre Merriment in McDonagh’s Melodrama: *The Beauty Queen of Leenane*." *The Theatre of Martin McDonagh: A World of Savage Stories*. Eds. Lilian Chambers and Eamonn Jordan. Ireland: Carysfort, 2006. 27-41.

Wyk, N.C. Van and R. Leech. “Becoming the mother of a child with disabilities: a systematic literature review.” *Community, Work& Family* 19.5. (2016): 554-568.

Zhang, Lingling and Beth Haller. “Consuming Image: How Mass Media Impact the Identity of People with Disabilities.” *Communication Quarterly* 61. 3. (2013): 319-334.

ÖZET

Bu tez Brian Friel'ın *Molly Sweeney*, Martin McDonagh'ın *The Cripple of Inishmaan,* Nina Raine'in *Tribes*, Joe Penhall'un *Blue/Orange* ve Linda McLean'in Any *Given Day* oyunlarını inceleyerek, engelliliğin çağdaş İngiliz tiyatrosunda nasıl temsil edildiğini sunmaktadır. Bu çalışma, bu oyunlarda engelli bedenine atfedilen kültürel normları vurgulamaktadır. Engelliliği bireysel yetersizlik ve eksiklik olarak gören genel görüşlerin aksine, bu tez, engelliliğin bedensel özellikler ile kültürel yapıların karşılıklı etkileşiminden kaynaklandığını ve fiziksel ve zihinsel özürlerin kültürel algılanmasının engelliliğin tanımını, tedavisini ve değerlendirilmesini belirlediğini savunmaktadır. Böylelikle, engelli bedene ilişkin kültürel anlayışların engelli bireyleri görünmez ve sosyal açıdan farklı kıldığı, ve engelli bireylerin ayrımcılığa ve damgalanmaya maruz kaldıkları vurgulanmaktadır. Irk ve toplumsal cinsiyet algısının engelliliğin tanımlanmasını ve deneyimlenmesini etkilediği de belirtilmiştir. Bu amaçla, bu tez, toplumsal cinsiyet ve ırkçılığın engellilik üzerine etkisini göstermek için, *Molly Sweeney* oyununu toplumsal cinsiyet ve *Blue/Orange* oyununu ırkçılık bağlamında incelerken, *The Cripple of Inishmaan* oyununda engelliliği ötekileştiren dilsel kullanımları, *Tribes* oyununda normallik kavramı ve negatif etkilerini ve *Any Given Day* oyununda ise engelli bireylere yöneltilen şiddeti incelemektedir. Engelliliğin tiyatrodaki temsili engelli bedenin kültürel ve sosyal anlamlandırılmasını ortaya koyar ve engelliliğin kültürel izlemi, sıradan yaşamın hegemonik karakterinin sorgulanmasına yol açar ve böylece normallik / anormallik, yetenek / engellilik, sağlık / hastalık ve güzellik / çirkinliğin yeniden kavramsallaştırılmasına ve yeniden inşasına katkıda bulunur.

Anahtar kelimeler: Engellilik, Ötekileştirme, *Molly Sweeney, The Cripple of Inishmaan, Tribes, Blue/Orange, Any Given Day,* Brian Friel, Martin McDonagh, Nina Raine, Joe Penhall, Linda McLean.

ABSTRACT

This dissertation presents how the disabled body is represented in contemporary British drama by examining five plays, namely, Brian Friel's *Molly Sweeney*, Martin McDonagh's *The Cripple of Inishmaan*, Nina Raine's *Tribes*, Joe Penhall's *Blue/Orange* and Linda McLean's *Any Given Day*. It argues that the focus of representations reflects the cultural significations attached to disability. In contrast to the general views that equate disability with incapacity and deficiency, this thesis argues that disability arises from the interplay of the bodily characteristics and the cultural structures and the cultural constructions of physical and mental impairments determine the designation, treatment and valuation of disability. Thus, it is emphasized that the cultural understandings of the disabled body render disabled individuals invisible, and socially different and they are exposed to discrimination and stigmatization. It is also argued that the cultural understandings of other differences such as race and gender influence the ways disability is constructed and experienced. To this end, while this study examines *Molly Sweeney* in terms of gender and *Blue/Orange* in relation to racial discourse to accentuate how the culturally fabricated norms of gender and race operate on disability, it explores the linguistic practices that stereotype disability in *The Cripple of Inishmaan*, the notion of normalcy and its negative impacts on the disabled character in *Tribes* and violence directed at the disabled characters in *Any Given Day*. The representations of disabled bodies in drama bespeak the cultural and social significations of the disabled body and the trajectory of the cultural accounts of disability leads to question the hegemonic character of the ordinary life, and thus, contributes to the reconceptualization and reconstruction of normality/abnormality, ability/disability, health/illness and beauty/ugliness.

Key words: Disability, Stigma, *Molly Sweeney*, *The Cripple of Inishmaan*, *Tribes*, *Blue/Orange*, *Any Given Day*, Brian Friel, Martin McDonagh, Nina Raine, Joe Penhall, Linda McLean.