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**The Cinematic Construction of
Physical Disability
as Identified Through the Application of
the Social Model of Disability
to Six Indicative Films Made since 1970:**

A Day In The Death Of Joe Egg (1970), *The Raging Moon* (1970), *The Elephant Man* (1980), *Whose Life Is It Anyway?* (1981), *Duet For One* (1987) and *My Left Foot* (1989).

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The final result, I take full responsibility for, and in no way should it be inferred that any of the opinions stated herein belong to any of the individuals or organisations above whom I have acknowledged for their support. Any errors are mine, and mine alone.

Declaration

I declare that this thesis is, in total, an original piece of work of which none has appeared in print before. I have published different material derivative of this thesis in various publications (for more details see the bibliography), but it is work that is journalistic in form. The only academic article I have written that comes out of my work on this thesis is my article '*The Elephant Man: An Analysis From A Disabled Perspective*', published in *Disability and Society* (Vol. 9, No. 3, 1994). It is an article from which I have quoted but which is completely different from the thesis. The papers, presentations, and journalistic pieces that I have presented have all been on images of disability on film commissioned on the basis of my carrying out this research.

In this thesis I have used many words that have for disabled people a suspect nature or lineage without elaboration of their ambiguity, though their context and use in the thesis will imply that I am aware and deeply suspicious of such ambiguity in their use. In order not to waste too much time in repeating suspicions, or explanations for finding them ambiguous, I do not continually put them in distancing 'quotation' marks; for example, words and labels such as 'normal' or 'abnormal', 'Otherness', 'natural' and 'unnatural' and 'spastic' or 'cripple', 'positive' or 'negative', 'good' or 'bad', *et cetera*.

Summary

In writing this thesis I have tried to get beneath the clichés of disability imagery to reveal the social constructions, through cinematic processes, of images of physical impairment as disability. The thesis must be seen in the context of other writers who have done similar work on other marginalised groups within our society that are regularly portrayed on the cinema screen: gays, blacks, women and, to a lesser extent, the working-class. The *construction* of school of writers, using representation theory, who have over the last two decades revealed that which had previously been taken for granted - the ideological and cultural influences on and of imagery that have an impact upon the lived lives of those represented - have been my guiding influence. The *Social Model* of disability theory has been used as my primary methodological framework and analytical approach.

In the introduction I provide an outline of Disability Theory – i.e., the *Medical Model* and the *Social Model* of disability - and define the theoretical framework within which the thesis has been written to make the thesis comprehensible in the wider context of the social construction of 'disability'. In the literature review of disability imagery writing (Chapter One), I include writing that is journalistic rather than academic to redress the general scarcity of writing on disabling images.

In this thesis, the cinematic techniques that construct impairment as disability, i.e., pathologise impairment as Other(ness), are identified. I explore three specific areas of cinema and culture in Chapters Two, Three and Four of the thesis: the use, or non-use, of stereotypes; the representation of the family in relation to disability, and finally, the use of the abnormal body to pathologise impairment.

Introduction

'Nature, Mr Allnut, is what we are put in this world to rise above.'

Rose Sayer (Katharine Hepburn) in *The African Queen* (John Huston, GB, 1951)

'I feel that life is divided up into the horrible and the miserable; those are the two categories, you know: the horrible would be like - um - I don't know, terminal cases, blind people, cripples. I don't know how they get through life, it's amazing to me. The miserable is everybody else. So when you go through life you should be grateful that you're miserable; you're very lucky to be miserable.'

Alvy Singer (Woody Allen) in *Annie Hall* (Woody Allen, US, 1977)

In this introduction it is essential that I clarify certain things: the meaning of 'disability' as I have used the term in the thesis; what films are at the core of the study, and why I have chosen those films in particular. Most importantly, though, is that I outline the methodological approach to be used and the way it is to be applied. I start by giving a brief introduction into what constitutes 'disability'.

What is Disability?

In any discussion of disability, let alone disability imagery, terminology and definitions are key factors in determining how it is seen and then 'interpreted'. Most Western states employ a definition advanced by the *World Health Organisation (WHO)*, in order to carry out their social policy (Barnes, 1992). It has three distinctions: impairment, disability and handicap, encapsulated by Barnes (1992) as follows:

'[i]mpairment' refer[s] to a defective limb, organ or mechanism of the body, 'disability' as the resulting lack of function, and 'handicap' denotes the limitations on daily life which ensue from disability. (p.6)

Consequently, from this definition a 'handicapped' person has an 'impairment' which

produces the 'disability' and, as such, is 'handicapped' by that 'disability' and 'impairment'; the whole definition rests upon the body of the individual who has the impairment. Thus, disability, according to this definition, is based on a pathological and individualised model commonly known as the *Medical Model*. The *Medical Model* has a philosophy and interpretation that has their foundation in the Enlightenment (Davis, 1995), the rise of the medical profession (Foucault, 1977[a]), and industrial capitalism - workers had to be classified as those who could work, who could not and who would not (Oliver, 1990). Also, around the time of the Industrial Revolution, organised charity and philanthropy started to employ the *Medical Model* of impairment as the main definition of disability (Stone, 1984); the medical definition helped to define those who should receive charity, or state aid, and those who should not. People with impairments started to be named 'disabled people'; i.e., their up-until-then irrelevant impairments were made significant in the social construction of abnormality and normality (*cf.* Foucault, 1977[a]; Oliver, 1990; Oliver, 1996; Davis, 1995).

Disability is, thus, in the *Medical Model*, a 'personal tragedy' rather than anything to do with society or its social processes. It is pathological. Many disabled people, and the organisations that they have founded, are highly critical of such a definition as it de-socialises a condition that they perceived as being socially constructed. For the disability movement (*cf.* Campbell and Oliver, 1996) people with physical impairments are disabled not by their physical impairments (pathological realities) but by socially constructed barriers (their social disablement) placed upon and around them by society. It is a society that is built to exclude them physically from such entities as buses, buildings, education, employment and leisure facilities, thus bearing out a theory that is, in essence, the *Social Model* of disability (Oliver, 1990; and Oliver, 1991). The *Social Model* I am using has

been developed, defined and refined predominantly by Michael Oliver (1990; 1996; Oliver and Barnes, 1998). It is a materialistic model and one that adheres to basic Marxian concepts of ideology and hegemony (coming from a Gramscian development of Marxist philosophy). The definition of disability that organisations *of* (rather than *for*) disabled people's use takes into account the social exclusion of people with impairments by a world (socio-politically, economically and culturally) created and maintained by able-bodied norms rooted in a capitalist means of production, one which has various ideologies that are either in the superstructure and / or support the capitalist structures that exist in Western capitalist countries (Gleeson, 1999; Shakespeare, 1998). For Hevey (1992) disability is entirely a political issue:

[D]isability: the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical (or mental) impairments and thus excludes them from the mainstream of social activities. (Hevey, 1992. p.9)

The *Social Model*'s definition of disability is based on the fact of discrimination and the social exclusion of people with impairments, grounded in the assumption that the disabled are socially constructed as abject and not the natural results of a physical limitation or difference within any given individual. The *Social Model* challenges the **WHO** model by having 'disability' as being that which they label 'handicap'; the *Social Model* of disability amalgamates **WHO**'s definitions of 'disability' and 'impairment' whilst also making them irrelevant to issues of 'disability'. The *Social Model* definition is often broken down into three main categories of discrimination (*cf.* Barnes 1991). It offers categories emphasising three types of barriers that are used to exclude and discriminate against people with impairments: the attitudinal, the institutional and the environmental. Disabled critics are beginning to reveal the processes of disablement – from a *Social Model* perspective - in all aspects of society. This trend has been demonstrated, for example, by many writers in

relation to disability and the State (Oliver, all references; Stone, 1984), the law (Gooding, 1994; 1996) and the media (Barnes, 1992; Norden, 1994; Kimpton-Nye, 1994; Kimpton-Nye, 1997). Such writing is also now appearing in the fields of medicine (Armstrong, 1983; Bogdan, 1988; Turner, 1992), charities (Hevey, 1992), and housing and education (Barnes, 1991; Barton, 1989).

The Union of the Physically Impaired Against Segregation (UPIAS), in 1975, defined disability, using an early form of the *Social Model*, as:

the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. (Barnes, 1992. p.7)

The **UPIAS** definition emphasises the exclusions placed upon people with impairments in relation to normal activities, but such definitions call for equality with normal others, assuming that this is all that disabled people (as a socially constructed group) want. Significantly, its weakness for academics such as Oliver and Barnes (1998) is that the **UPIAS** definition assumes, at least in theory, a normal capability for all disabled people along with the notion that normal is an actual and comparable reality.

The above criticism is based upon the assumption that by aligning issues of disability with normality, one both degrades impairment as a lived experience and participates in the further segregation of those with extreme or multiple impairments that cannot be brought under any definition of normality, no matter how wide. Some disabled people (Barnes, 1990; Liggett, 1988) acknowledge the *Social Model* as a step forward from the *Medical Model* but fear its appropriation by those who wish to put the emphasis on something that the disabled (or anybody else) are not, i.e., normal people.

Goffman (1990; 1991), for example, falls into this category as he posits a theory that places the management of impairment on the disabled individual. Goffman argues that the

impaired individual must cope with his / her own spoilt identity as it is his / her own problem. Although Goffman acknowledges a degree of social construction in deviancy and abnormality, he nevertheless suggests that it is the individual 'deviant's' responsibility either to change or to ameliorate its effects. Perhaps the problem with Goffman's approach is that while it acknowledges a *Social Model* perspective, in the abstract, it is trapped into seeing society as having no role in the subsequent 'management' of impairment or abnormality; that is left to the individual. Goffman thereby validates an individualised definition of disability because, although the individual is subject to social construction and / or internalisation of what is placed by society at large upon that individual's identity, the responsibility for the amelioration of that 'crisis' is still primarily the task of the individual.

Other writers, primarily Liggett (1988), Abberley (1987) and, in relation to the Deaf community (a capital 'D' specifically denotes those who use sign language and identify themselves as part of a Deaf culture), Davis (1995), view disability through what they call an interpretative methodology based on Foucauldian ideas. This approach discusses disability genealogically, placing it in its historical perspective and trying to draw conclusions regarding who benefits from the creation of the disabled and what power relations exist as a consequence. Such writers conclude that capitalism is the principal beneficiary of an established *status quo* (Oliver and Barnes, 1998), however biased. Liggett argues that as capitalism has evolved within a shifting base of employment conditions and practices, the definition and scope of disability have shifted in order to deal with its own crises (of capitalism). This indicates, for Liggett, disability's arbitrariness and implicit link to social processes, rather than its being some scientific or immutable definition.

Equally, Stone, in *The Disabled State* (1984), identifies the medical profession as the gatekeepers to non-medical state and charity benefits, thereby making the medical

profession, intrinsically linked to capitalist modes of production, one of the key groups in the modern construction of disability. This view is based upon the assumption of the profession's ability to cure (normalise) the abnormal or care for (discipline) the impaired. Significantly, though, Stone argues that as the number of disabled people has increased, other professions have been brought in to interpret and construct disability in their own way: social workers; welfare professionals; charity workers; the 'disability industries' (Hevey, 1992) making prostheses and normalising aids; and professionals to train the 'disability industry' professionals. Concomitantly, as ever-increasing numbers of the disabled have needed to be managed, corresponding new class(es) of managers has been created to manage that increase. For a critique of the historical perspective utilised by Stone see Gleeson (1999).

Interestingly, the political Right are beginning to accept disabled people's demands for equality, arguing that they are 'normal people really', in order to subvert a benefit system which renders disabled people dependent. The benefit system forces many disabled people to stay on those benefits because if they obtained work or participated in other activities the benefits would be withdrawn. Thus, it is financially beneficial to be as impaired / disabled as possible in order to maintain a standard of living that would otherwise become impossible, especially in the face of attitudinal and environmental barriers and generalised discrimination and exclusion (Oliver and Barnes, 1998). Consequently, the post-war welfare system makes the disabled dependent by taking away benefits if they show any sign of independence (Berthoud *et al*, 1993; Drake, 1999). Significantly, the political Right have appropriated an element of political disability theory / politics in order merely to reduce benefits rather than to increase independence, claiming that benefits make the disabled dependent (Berthoud *et al*, 1993; and Russell, 1998). Disability political theory does not overtly criticise such actions if these exist within a framework that challenges other forms of the oppression or exclusion of the impaired at the same time. Either way, it must still be stated that impairment does cost more to live with, and disabled people will

often need more money to maintain the same standard of living as do others who have no impairment. The *Social Model* does not deny the pathological elements of living with impairments (Barnes, 1998) as some critics would suggest (Crow, 1996; and Morris, 1996). Consequently, from either a *Medical Model* (pathological) or *Social Model* (socio-cultural) perspective, disability is a social issue both financially (*Medical Model*) and politically (*Social Model*).

This brings us back to the *Social Model*'s articulation for a form of equality that accepts difference; for this nexus impairment is different, but not inferior, and it is only when this factor is accepted that equalising action will be given as of right and not as charity. Having aid, of any kind, given paternalistically, which is how the benefit system or current disability equality legislation is framed (Berthoud *et al*, 1993; Oliver and Barnes, 1998), merely reinforces the disabled as child-like, dependent and reliant on the 'goodwill' of others. Ultimately, such paternalistic social policies reinforce the construction of disability within the personal tragedy theory (Oliver, 1996). In a recent work on social policy the two leading theorists on the *Social Model* of disability, Michael Oliver and Colin Barnes (1998), have distilled the model down to its purest basics - the inclusion and / or exclusion of disabled people in all forms of social processes. This thesis, in using the *Social Model* and following in the theoretical footsteps of Oliver and Barnes (all their work), identifies how cinematic representations of the disabled show, reinforce, and validate the social exclusion or inclusion of the impaired and the disabled.

A key element in the use of the *Social Model* in this thesis is that its roots lie in the 'Construction Of' school of thought, just as does representation theory. Consequently, they are ideal partners when used in conjunction in this thesis. The *Social Model* uses and, to a large extent, identifies what constitutes the *Medical Model*. The *Social Model* defines the *Medical Model* - identifying the nature of its pathological exclusivity – as part of its own theoretical basis and methodology. The *Social Model* offers a perspective from which

it builds an inclusive model that is non-pathologically orientated. As such, this thesis, in utilising the *Social Model* and representation theory as exemplified by the *representation of school of writers*, is largely concerned with identifying *Medical Model* (pathologising) practices and ideologies to reveal the hegemony of *Medical Model* practices that dominate, in contrast to inclusive *Social Model* ones. Consequently, herein, I am applying the *Social Model* theory of disability as a methodological approach to identify *Medical Model* ideologies. By adopting two constructionist theories I am using the two most appropriate methodological approaches that complement each other with no inherent inconsistencies.

There has been a move to create a third way of disability theory and politics, a perspective premised upon the integration of impairment into the *Social Model* of Disability – a non-binary paradigm rather than the *Social / Medical Model* dichotomy. This is largely motivated by feminist writers such as Morris (1992; 1996) and Crow (1992; 1996) who suggest that the experience of impairment should be segmented into or subsumed under the *Social Model* of disability. This move is needed, they argue, because women's experiences have been ignored and because impairment is a vital part of their disabled identity that has hitherto been ignored. In addition, and as a result of the displacement of the experience of impairment, they argue that *Social Model* theory is a man's theory designed for the benefit of men. Combined with this, Morris and Crow (*ibid*) maintain that the *Social Model* implies that the problems of impairment will cease to exist once the social processes of disablement are challenged and eradicated. In response Barnes (1996) argues that impairment is at the heart of the *Medical Model's* appropriation of disabled people's identity because it focuses on impairments and, therefore, the *Social Model* is an alternative which is more balanced and less liable to corruption from the medical profession. In relation to the role and significance of women Barnes (*ibid*) is categorical in stating that disability theory and politics have fully included women to the extent that women have indeed been more influential than have men in this context.

Barnes argues that the role of medical sociologists in exploring (often negatively) impairment issues is well documented and that it has, indeed, offered valuable information and data about the psychological nature of impairment and its effect on the individual. On the issue of impairment Barnes makes two further clear points about the *Social Model*. Barnes (1996) argues that since impairment is an *individual* experience it cannot be a part of a *social* model, but that the *Social Model* recognises its importance for the individual; it also notes the *Medical Model*'s appropriation of individual impairments for the latter's own hegemony. Secondly, and more significantly, Barnes (1998) has recently written that the *Social Model*:

is not a denial of the importance of long-term illness or impairment(s), appropriate medical or psychological intervention or, indeed, discussions of these experiences. Nor is it an assertion that once the various barriers have been removed the problems associated with chronic illness or certain types of impairment will disappear – they will not. And, contrary to recent assertions of some disabled people and non-disabled writers (Crow 1996; Morris 1996), I have never met anyone or read anything that suggested otherwise. (p.101)

The third way of Morris or Crow will not be addressed in this thesis as it is neither sufficiently developed, nor does it yet have any foundation on a theoretical basis significant enough to withstand strong criticism of the type made by Barnes (1996; 1998). This thesis would not argue that Morris and Crow's perspective is neither invalid nor that it is of no use for film studies on disability imagery in the future. On the contrary, a third way that incorporates impairment and an awareness of the individual's experience of impairment would probably be most useful in audience research and in assessing why a variety of images of disability may be enjoyed by certain disabled people yet experienced as offensive by others. Equally, the audience's perspective is not explored here because this thesis is a purely textual analysis of the ideological intent and content of specific films. The analysis will thus not incorporate the third way of Morris and Crow, but the application of the *Social Model* of disability to a selection of films. The third way would be more applicable in other areas of investigation. Equally, this thesis is not about the

development or non-development of disability theory, but it is concerned with the application of the very specific *Social Model* of disability, as developed and articulated by Oliver (1990; 1996) and others, to the films in the thesis. It would not be helpful in this thesis to seek an alternative analysis not based on the highly developed and coherent *Social Model*.

Interestingly, disability politics seems to have followed a path similar to that of feminist politics, yet has omitted the initial stage of mass discussion and instead entered the academy directly. However, since it is my intention not to explore the comparative developments of other theories of social construction but rather to examine the application of the *Social Model* as a theory of the social construction / creation of impairment as disability to images of disability and impairment, Shakespeare (1993; 1994; 1998) is recommended as a comparative work. The following chapters are written within a framework of the *Social / Medical Model* dichotomy which is prevalent within academy disability politics, from a *Social Model* perspective that interprets disability as entirely socially created and constructed (constructed on film, in this case). The thesis is an exploration of the way disability (principally within the *Medical Model* as identified by the *Social Model*) works off, within, and into, popular culture's assessment of what disability is: i.e., a personal tragedy theory (Oliver, 1990; 1996) that makes the individual concerned both dependent and pathetic. This is a perspective rooted in the institutional assumptions of impairment as synonymous with disability and is therefore, as such, a perspective which deems the impaired as being naturally pathological and inferior to the normal.

Institutional definitions of disability create an ideology of disability as impairment, as, it will be argued, do cinematic representations of disabled people. In using the term 'ideology' I mean that which Corr (1996) defines, using Althusser, as:

that system of beliefs and assumptions - unconscious, unexamined, invisible - which represents 'the imaginary relationship of individuals to their real conditions of existence' (Althusser, *Ideology*, 1971, p.162); but it is also a system of practices

that informs every aspect of daily life. Though it originates in particular cultural conditions, it authorises its beliefs and practices as 'universal' and 'natural', for instance, presenting ideas of health, illness and 'disease' not as cultural constructs but as eternally and everywhere the same. (p.8)

The ideology of disability is perpetuated in popular culture by its representation of impairment as disability in literature (Quicke, 1985), on television (Cumberbatch and Negrine, 1992; Klobas, 1988), on film (Norden, 1994; Barnes, 1992), and on the radio (Karpf, 1988). Unsurprisingly, current Western culture obtains many of its ideas about the disabled from past representations and practices and from a variety of cultures. Disability throughout history has varied very little – it is usually negatively defined, and refined, and very occasionally it is neutrally represented. However, since the period of the Enlightenment (Stone, 1984; Barnes, 1992; Davis, 1995) it has invariably been represented as pathological (in the *Medical Model*) rather than anything connected with how society functions or is constructed (the *Social Model*). For a more detailed account of the influence of the Enlightenment on the impaired body see Davis (1995), Mirzoeff (1995) and, of course, Foucault (1977).

There have been exceptions; ancient Egypt treated people with impairments as equal with everyone else (Davis, 1995). Ancient Greece and Rome (Edwards, 1997), on the other hand, advocated their extermination (except in the case of war veterans), and Plato suggested that babies born with deformities should be left to die in the sun or drowned (Barnes, 1996; Barnes, 1998; Garland, 1995; Albrecht, 1976). The Old Testament of the Bible reinforced an ideology of negation for people with impairments, particularly the lists in Leviticus and Deuteronomy of what God finds abhorrent: lists aptly summarised by Douglas (1966, p.41) when she labels Leviticus' list 'The Abominations of Leviticus', it is a list that included dwarfs, the blind and the lame; indeed, descriptions that cover most ideas of what, or who, is impaired / disabled. 'Sin' and impairment are repeatedly shown as causally related in the Bible, so much so that Luther advocated infanticide; he felt that impaired infants should be beaten to death (to please God) as they were the devil's work

(cf. Barnes, 1996; Abrams, 1998). The recent controversy (1999) over the sacking of the England football team manager, Glenn Hoddle, is a clear indication of the currency of such ideas (even though, one suspects the case in question was exploited by non-disabled media professionals for other purposes).

Statistically, the highest number of people with impairments, and those most disabled, are the elderly, yet impairment is considered in the popular consciousness as predominantly affecting and afflicting the young (Oliver, 1991; Rojek *et al*, 1988), especially within a legislative and social work frame (Liachowitz, 1988; Vernon, 1993). Thus, the aged disabled are constructed differently, as being natural (or logical), with state policies in place to make the ageing and aged pay for their own disablement (i.e., pensions, etc. [Featherstone *et al*, 1991]). Young people with an impairment, on the other hand, are constructed as unnatural and thus suitable objects of charity, either state or voluntary (Hevey, 1992). The films discussed here, in this respect, represent the ideological mystification of disability in our society, as disability (as impairment) is indicated as being predominantly the preserve of the young and the middle-aged.

One cannot, and should not, write about impairment and its social construction without reference to the Nazis. Impairment, under the Nazis, was punished by death, with an estimated half-a-million (intellectually and / or physically) disabled people put to death because they had 'lives not worth living' or were classified as 'useless eaters' (cf. Gallagher, 1990). An outline and analysis of the facts of this treatment can be found in Poore's (1982) article 'Disability as Disobedience?' (cf. Proctor, 1988; Gallagher, 1990). Cinema in Nazi Germany was a key instrument of the negative propaganda against its enemies (Rentschler, 1996; Schulte-Sasse, 1996), including the disabled; its power of persuasion through technique and mystification has, as such, always been recognised in the negation of one group by or over another. The 1941 German, and Nazi-backed, film *Ich Klage An*, directed by Wolfgang Liebeneiner, is a good example. In *Ich Klage An* a young woman

contracts a condition similar to Multiple Sclerosis and subsequently begs, successfully, for pro-active euthanasia for the benefit of herself and the state.

Normality is itself a largely fascist concept: a controlling hegemony in the interests of an élite – in normality's case, a body elite – of which the real power is imaginary rather than real (constructed rather than natural). In Davis' (1995) view, normality is a concept that can be maintained (or even exist) only if the abnormal and deviant are first labelled and isolated so as to compare one group to another (Canguilhem, 1989) for a purpose other than mere classification. Consequently, it is impossible to isolate the concepts of normality and abnormality, either intellectually or physically, from any discussion of the treatment or construction of 'disability' because normality is as equally constructed and erroneous as are gender, race and abnormality (Davis, 1997; Thomsom, 1997; Shakespeare, 1998). As race and gender have their own sets of 'norms' through which they are mediated (*cf.* Perkins, 1979, Butler, 1993; Cripps, 1977; Garland Thomson, 1996) so does abnormality (disability). It is a perspective and philosophy – the re-interpretation of body 'norms' – at the heart of Foucault's work (1977; 1978) and culture of medicine sociologists such as Turner (1991, 1992; 1995) and Featherstone *et al* (1991). Just as there is a totally different meaning to the terms and implications of sex and gender, so there is to impairment and disability

One must also consider, in exploring disability, that bio-medicine is premised upon the idea(l) that there is a normal state to which an ill or impaired individual can be brought back (normalised and / or rehabilitated) or banished from (defined as sick or submitting to euthanasia). As such, there is at work in the ideology of disability an ideology of normality, a concept at the heart of this project. Such a premise (Higgins, 1985) may explain the non-malicious complicity with which the medical profession has colluded in the negation through objectification of those who do not fit that principle (Barnes and Mercer, 1995; Turner, 1991; Turner, 1992; Turner, 1995) of normality. Following this

logic, implicit in the *Social Model's* analysis and its identification of *Medical Model* processes (Barnes and Oliver, 1998), the abnormal are, if nothing else, a constant reminder of the fallacy of normality that undermines any profession's claim to be its faithful defender.

Disability is created in society out of the lives of the impaired, through its many discursive practices in ideology, as 'life not worthy of life', 'dependent and burdensome', predominantly 'suffered' by the young and understood as uniform yet to varying degrees. Society, through ideology, generalises impairment as disability, and to generalise is, as defined by the **American Heritage Dictionary**, 'to render indefinite or unspecific [...] to reduce to a general form, class or law' (cited in Modleski, 1991. p.52). The disability management policies of most Western States to normalise the abnormal through integration can be seen as having a three-fold purpose: firstly, to smooth out the contradictory evils inherent in capitalism - make it seem benevolent rather than malevolent; secondly, to be, as Douglas (1966) says of symbols,

used in ritual for the same ends as they are used in poetry and mythology, to enrich meaning or to call attention to other levels of existence. (p.40)

The third purpose is abstractly to define and create, through comparison, normality through the creation of the abnormal, the disabled; with impairment as disability being used in society to validate and classify as 'rich' a particular style of life (predominantly white bourgeois 'able-bodiedness'). Cinematic representation of disability does not just validate able-bodiedness due to the complex nature of all discourse, just as racist or homophobic images are not only about being or not being black or gay; they are often about the nature and structure of society as a whole.

This thesis will show how cinematic representations make visible these purposes and ideologies, inadvertently revealing the discourses that support them. If a society says *this* life is *good*, it requires *that* life which is *bad* to support such a philosophy. To make their

point Utopias typically requires Dystopia. Simply put, how does one know what the *good* life is unless there are signs of the *bad* life? Society needs to generalise the Other, the *bad* life, in order to use it for its own ideological and cultural purposes which are to emphasise the desirable norm. Disability, or rather impairment, to varying degrees, does this in the films explored at the core of this thesis.

In relation to Otherness in different academic disciplines I would, for example, recommend the following further reading: the sociological work on stereotypes by Oakes *et al* (1994); the work on 'freaks' by Garland Thompson (1996); the early feminist thoughts of Simone de Beauvoir (1976), and the psychoanalytical theory of writers such as Lacan (1977), Kristeva (1982) and Jordanova (1989).

In society, people with impairments are labelled disabled, i.e., people who have had their impairments made significant through the social process and institutional practices of creating disabled people out of people with impairments. Hence, Oliver (1990, p.82) creates the additional new term 'social creation' in addition to 'social construction' in relation to disability, arguing that disability is created in the institutions of society as much as the individual or collective ideologies which are shared in society. 'The disabled' are, then, within the *Social Model*, those people with an impairment who have the shared social reality and construction of being socially excluded, discriminated and labelled, on the basis of their physical being. As such, in using the *Social Model*, one cannot write or speak of 'people with disabilities' (what is really meant is 'people with impairments') but one can, and should, speak of 'disabled people'. From a methodology of the *Social Model* theory the term 'disabled people' indicates a perspective of disability as external to the people's bodies and that what 'disabled people' share is their social exclusion rather than their impairments.

The Methodological Framework of the Thesis

Disabling ideologies and the control over the hegemony of normality firmly place disability as pathological, rather than as the social construct that it constitutes for the *Social Model* theory of disability. Consequently, it is quite logical that popular culture's representations of disability offer little that is different. This thesis aims to identify the connection between the ideal world that entertainment offers in its representations of society and culture, on the one hand, and the ideology of disability that creates the impaired as pathologically disabled on the other. The *Social Model* of disability is rooted in proto-structuralist and materialist theories that de-construct the pathologising tendency of the ideology of the *Medical Model* of disability into a social constructionist analysis. This thesis, in using the methodological approach of the *construction of and representation of* materialist analysis, which is itself constructionist, brings together the two methods in order to demystify disabling imagery. It offers a de-construction, in a typically social constructionist methodology, to reveal how cinematic imagery and its micro-elements (e.g., *mise en scène*) work to reinforce an ideology of disability as impairment.

By saying that disability is socially constructed and in using the *Social Model*, this thesis is arguing that impairment in its social corollary of disability can be accounted for in terms of social relations and material processes (Shakespeare, 1998) rather than as a pathological reality, or in any essentialist terms. This is at the core of the *Social Model* conception of disability. The *Social Model* of disability is, equally, a methodological approach which theorises that disability can be accounted for in terms of its social relations and material processes (Gleeson, 1999; Johnstone, 1998) rather than as any essentialist reality. Each methodological approach is often – very much so in relation to the *Social Model* of disability as exemplified by Oliver and Barnes (1998) – rooted in identifying the ideological implications of that which is being deconstructed in material terms.

The *Social Model* of disability is a constructionist *versus* essentialist explanation of the disability experience within society and culture (Gleeson, 1999; Shakespeare, 1998) in much the same way as is the dominant representational paradigm, in a *representation of* methodology (Hamilton, 1997); each perspective is fundamentally socially constructionist. Equally, ideology in an Althusserian structuralist (proto-constructionist) model of ideology is a methodology applied to the identification of various ideologies. The thesis demonstrates the connection between the ideological and the micro-elements of cinematic technique through detailed textual analysis of the core films studied herein.

The *Social Model* of disability is not specifically a structuralist theory, given that it does not reduce the entire experience of disability to essential macro-social phenomena, as some have claimed (Gleeson, 1999). However, having said that, this thesis is not concerned with the complexities of the *Social Model per se* but its application in a coherent way to cinematic imagery using a constructionist methodology. As such, the imagery examined and the method of its examination are proto-structuralist, considered genealogically, in its identification of its ideological content and support of the essentialist philosophy of the *Medical Model* of disability. At this point it must be made clear that the *Social Model* of disability does not claim for itself that it is the sole repository of knowledge about impairment, only that it offers an insight into the nature of the socio-materialist factors affecting the social construction of impairment as disability.

For Gleeson (1999) the materialist *Social Model* of disability identifies disability as a social experience which:

‘arises from the specific ways in which society organises its fundamental activities (i.e., work, transport, leisure, education, domestic life). Attitudes, discourses and symbolic representations are, of course, critical to the construction of this experience, but are themselves materialised through the social practices which society undertakes [...]. [...]. Importantly, the *social*, rather than merely individual or even institutional, creation of disability means that structural dynamics, such as production and consumption relations and cultural outlooks, are implicated in its construction and reproduction. (p.25)

It is, as Gleeson has identified above, even ‘cultural outlooks’ which play a part in the ‘construction and reproduction’ of disability. This thesis identifies those cultural outlooks as exemplified in mainstream cinema and its concomitant ideological implications. As Shakespeare (1994) has shown, along with Gleeson (1999), *Social Model* theorists have neglected cultural representations of disability and the part these play in the social construction of disability. Consequently, it is logical that the methodological approach used herein should take the *construction of / representation of* school of cinematic demystification as its theoretical basis because this school is fundamentally similar to that of the *Social Model* of disability as revealed in the work of Oliver and Barnes (1998). This thesis is only the application of the *Social Model* of disability to cinematic imagery of disability. The *Social Model* of disability has moved beyond simple social constructionism to what Oliver (1990, p.80) calls social creationism; a concept which moves forward from identifying disability as simply an attitudinal problem within an ideology of individualism. Social creationism recognises the role of institutions in creating a construction of a broader cultural range of subjects through its discursive practices (i.e., disability, in this case). This thesis, in using the *Social Model* of disability, identifies the cinematic constructions of disability as impairment, and their role in the creation of impairment as disability.

Oliver (1990) writes that:

[t]he essential difference between a social constructionist and a social creationist view of disability centres on where the ‘problem’ is actually located. Both views have begun to move away from the core ideology of individualism. The social constructionist view sees the problem as being located within the minds of able-bodied people, whether individually (prejudice) or collectively, through the manifestation of hostile social attitudes and the enactment of social policies based upon a tragic view of disability. The social creationist view, however, sees the problem as located within the institutionalised practices of society. (p.82)

Each term is closely entwined with notions of ideology and individualism, meaning that

social creationists, as Oliver sees himself, see the ‘spread’ of *creative* influences as greater and more widespread. As such, the institutional practices of mainstream cinema are included as a whole (rather than individual ideological prejudice) within the social constructionist methodology that Oliver is labelling social creationist (a broader, more inclusive methodology within a social constructionist paradigm). The difference between the creationist and constructionist perspective, in relation to this thesis, is that the social creationist bent of the *Social Model* of disability is applied to institutional cultural practices as a social construction (e.g., mainstream cinema). As a social construction, it thus facilitates the *Social Model* application of disability as a notion of social construction / creation to mainstream cinema – the essential nature of this thesis. As Althusser (1984) has said, every theory must pass through a descriptive phase into a stage where a means to identify and recognise the facts of oppression are made; Chapters Two, Three and Four are intended to constitute such a passing.

Oliver, the father of *Social Model* of disability theory, in all of his work (1990; 1996; and, with Barnes, 1998) is explicitly concerned with notions of ideology and hegemony in the social creation of disability. Following on from Althusser’s view that society is constituted by levels or instances articulated by a specific determination such as politico-legal and ideological, Oliver sees disability constituted (created in its construction) by instances and levels of articulation. Oliver himself states that cultural images support the ‘ideology of individualism [...] heavily influenced by the medical profession’ (1990, p.62). By including the ideology of individualism this thesis identifies other factors that have played a part in supporting the role of the family, the body, stereotypes and archetypes through employing cultural images which seem to confirm them and make them appear natural. Implicit within these images is an ideology that is mainstream as much as it is disability specific (i.e., the family). This thesis identifies mainstream cinema’s use of various constructionist ideologies of mainstream society in creating perfect worlds for entertainment (familial, stereotypical / archetypal, and corporeal).

Oliver (1990) sees individualism as a key ideology in the construction and creation of disability in the *Medical Model* of disability as a personal tragedy. Thus, in the *Social Model* of disability, a fundamental role is to identify the ideology of individualism in practice – as is shown herein. Oliver’s view of ideology is similar to Althusser’s in that it is ‘a set of values or beliefs underpinning social practices, whether those social practices be the work process, medical intervention or the provision of welfare services’ (Oliver, 1990, p.43). Oliver goes one step further though to differentiate between what Gramsci calls ‘organic’ and ‘arbitrary’ ideologies and hegemony (*ibid*). Oliver renames the organic and arbitrary ideologies as core and peripheral. Individualism is an organic and core ideology whilst medicalisation and normality are arbitrary and peripheral to individualism. As such the thesis is about identifying the arbitrary ideologies implicit within the texts analysed below – normalisation, medicalisation, and relationships - and linking them to the organic ideologies of society such as individualism and the familial. In Chapter Two, the difference between a stereotype and archetype of disability is articulated to indicate their roles in various elements of ideology or, to be more precise, the hegemony of disability as impairment and its significance to society at all levels and instances. As Oliver writes (1990):

[t]he hegemony that defines disability in capitalist society is constituted by the organic ideology of individualism, the arbitrary ideologies of medicalisation underpinning medical intervention and personal tragedy theory underpinning much social policy. Incorporated also are ideologies related to concepts of normality, able-bodiedness and able-mindedness.
(p.44)

This thesis identifies the micro factors of cinema such as camera, lighting and editing, and other more specific elements of *mise en scène*, to identify in various ideologies the hegemony of normality - through individualism as exemplified by medicalisation at work - in the films studied in detail in the following chapters. I do not explore bio-medicine as a theoretical framework in itself; as has already been said of other theories, this thesis only

refers to it (and other linked theoretical aspects) in passing as part of my examination of medicalisation in reference to the disabling ideologies of the films examined.

Much of what is argued about the films studied in this thesis could equally be claimed about the plays, books and other media from which the films discussed in detail come. Indeed, much of what is claimed about these texts could be argued as applicable to most images of disability; that is why those chosen are indicative films. Even though I have chosen only a select few images to examine in detail, the results achieved are equally applicable to the same narratives in other media and other narratives of a similar theme in the same and other media. What I do show in the thesis, by looking at the core films chosen, is the cinematic specificities of mainstream classic narrative cinema style, technique and form that contribute to the construction, the creation, of disability as an individualised personal tragedy rather than as anything else (identified through the application of the *Social Model* of disability).

One final point to be made prior to addressing the films chosen for examination concerns the concepts of normalisation and ideology. Althusser (1984) has identified that various ideologies and ideological state apparatuses (familial, medical, *et cetera*) may appear to be disparate, but that beneath them all is the ideology of the dominant ruling culture and class. It is the ideology of individualism which is dominant in both mainstream cinema and the *Medical Model* of disability and I use this thesis to identify these and other ideologies which support a dominant cultural and class ideology of individualism: i.e., medicalisation, normality, familial, able-bodiedness and health. I also identify the role played by stereotypes and archetypes in such an ideological role. The seemingly contradictory ideological content about disability is revealed as being ideologically coherent, through examination of the two contradictory notions of euthanasia and normalisation identified in the various films examined. It must be remembered that normalisation is 'a theory of services not of disability' (Oliver and Barnes, 1998, p.52). Normalisation is a service

controlled by professionals which enabled them to retain a key role in their delivery, ensuring the adaptation of the medical profession in the era of deinstitutionalisation and the new community-based services provision and practices (*ibid*). The final chapter of the thesis, in looking at the body, deals extensively with normalisation.

The films examined offer a clear revelation of how films about disability represent and construct core and peripheral ideologies in relation to their discourse around disability. Equally, disability discourse (the construction of impairment as disability) is often utilised in support of other core and peripheral ideologies. These are ideologies such as family, health and notions of success and failure, as well as the obvious ones of individualism and medicalisation of the everyday, let alone disability, which affect the whole of society.

I do not set myself apart from ideology – unlike Althusser - as the only individual able to recognise it; far from it: we all live within ideologies that mediate our daily lives. Althusser (1984) argues that ideology is a necessary component of human society, and Comolli and Narboni (1999, p.755) further argue that ‘the tools and techniques of film-making are a part of ‘reality’ themselves, and furthermore ‘reality’ is nothing but an expression of the prevailing ideology’. There is no escaping the omnipresent nature of ideology, but that does not stop its being identified where it is identifiable – easily or inadvertently.

Equally, I acknowledge that I write from a position of situated knowledge, a particular standpoint that is intrinsically linked to my socio-cultural position in society as a disabled person in a disabling society. My situated position, which is a disabled standpoint, is not unlike that which, in relation to women feminist writers, Harding (1983, p.184) identifies and labels as the ‘the feminist standpoint’; a perspective that often utilised ‘feminist empiricism’ to great effect and for improved clarity. I do have a ‘disabled standpoint’ and do, indeed, use ‘disabled empiricism’ in this thesis; I only hope that is effective and clearly

additional to the fundamental constructionist methodology used here.

The Core Films of the Thesis

The films chosen have been selected on the basis that they are, in the main, an indicative selection representative of a wider number of films that explore and represent impairment / disability as part of their core diegetic structure. They have impairment as the main thematic thrust of their narratives which, in turn, makes them ideal as they offer a wealth of nuances and differences in representation. Other films which could have been selected for examination on the basis that disability / impairment is highly visible within them often have disability to heighten or validate a plot structure that is either generic or fundamentally weak. For example, the use of visual impairment in films such as, for example, *Blind Terror* (Richard Fleischer, GB, 1971), *Cat O'Nine Tails* (Dario Argento, Italy, 1971), *Jennifer 8* (Bruce Robinson, US, 1992) and *Blink* (Michael Apted, US, 1994) is not about the exploration of visual impairment itself. Rather, these films use visual impairment to create a motivational point, plot push or scenario in the 'woman in peril' / thriller genre form. The same is true of the use of various impairments in other genre and mainstream films as diverse as *The Spiral Staircase* (Robert Siodmak, US, 1945), *Crescendo* (Alan Gibson, GB, 1969), *Bad Day at Black Rock* (John Sturges, US, 1955), *Jobman* (D. Roodt, S. Africa, 1990), *Dolores Claiborne* (Taylor Hackford, US, 1995), *A Clockwork Orange* (Stanley Kubrick, GB, 1971) and *The Secret Garden* (Agnieszka Holland, US, 1993). As there are, quite literally, hundreds to choose from I recognise that, in the end, any selection is rather arbitrary. However, this is an arbitrary situation which makes those films chosen as indicative (or not) as any other selection or choices of films.

This is not to say that these films do not use the same ideological assumptions about disability to create their effect; they often have to for the characters to imply all that they do, given their superficiality as characters. A good example of this is a scene in *Carlito's Way* (Brian de Palma, US, 1993) in which the film's lead character, played by Al Pacino,

is betrayed by an old friend. The betrayal is motivated – as well as being a development of the narrative - by Carlito's friend now being in a wheelchair. It is a short scene in which one of Carlito's friends, until then presumed to be imprisoned, visits him in order to tape Carlito admitting to current illegal activity. In the scene this particular friend, who is now in a wheelchair, finally breaks down upon being caught by Carlito in his deception. He tells Carlito that he only agreed to carry out the deception because as a wheelchair user his life is now 'fucked', and his only way out of prison was to agree to be wired for deception purposes to implicate Carlito. No lengthy characterisation is given for the change from friend to foe other than the fact that the friend is now in a wheelchair and, as such, his life is, in his own term, 'fucked'. The wheelchair is the characterisation and total, complete explanation in itself. It is, as Jameson (1992) says, always already read; acculturation into what disability is deemed to be ensures that the logic of the narrative is clear without undue explanation.

The films chosen are from the *social issue school* of film-making. It is appropriate here to quote from Hill (1986) whose comments apply to my chosen selection of films when he writes that:

Although such a bare listing undoubtedly under-emphasises the variations in style and tone between films, what justifies their common grouping is their concern to raise topical social issues within a commercial cinematic form. They are, in effect, all examples of the [...] 'social problem' film and it is through them that many of the dominant ideological assumptions and attitudes of the period can be revealed. (p.67)

Obviously the social issue is in the singular rather than the plural for my selection, i.e., the ideological assumptions that I identify and discuss are around physical disability. The selection could have included many other films from a variety of formal styles, including a significant number of British-made films (co-)funded by Channel 4 or the BBC; films such as *Walter* - and its sequel *Walter and June* (Stephen Frears, GB, 1982/3), *Journey to Knock* (David Wheatley, GB, 1991), *Frankie Starlight* (Michael Lindsey-Hogg, US/GB, 1995), *Go Now* (Michael Winterbottom, GB, 1996) and *Sixth Happiness* (Waris Hussein,

GB, 1997). Equally, the selection could have included many other conventional mainstream films that have as a theme impairment. Films as diverse as: *The Dark Angel* (Sidney Franklin, US, 1935); *The Stratton Story* (Sam Wood, US, 1949); *On Dangerous Ground* (Nicholas Ray, US, 1951); *A Patch of Blue* (Guy Green, US, 1965); *Midnight Cowboy* (John Schlesinger, US, 1969); *Young Frankenstein* (Mel Brooks, US, 1974); *Cutters Way* (Ivan Passer, US, 1981); and *Passion Fish* (John Sayles, US, 1992). The resulting thesis would have been the same; the same ideological content would have been found within limited variation given the time-span in which the films have all been made.

The six films selected for close textual analysis in the thesis are: *A Day In The Death Of Joe Egg* (Peter Medak, GB, 1970); *The Raging Moon* (Bryan Forbes, GB, 1970); *The Elephant Man* (David Lynch, US/GB, 1980); *Whose Life Is It Anyway?* (John Badham, GB/US, 1981); *Duet For One* (Andrei Konchalovsky, GB, 1987); and *My Left Foot* (Jim Sheridan, GB, 1989). These six films have been selected because they have around the subject of disablement seemingly different perspectives that affect their construction. This means that although on the surface the ideology is quite different, fundamentally they all reduce disability to impairment and reinforce the *Medical Model* of disability; the following chapters show how this is achieved. For example, *The Raging Moon* is very much in favour of institutionalisation whilst *My Left Foot* is not; whilst *Duet For One* is not for euthanasia *per se* whereas *Whose Life Is It Anyway?* is. The films chosen do have different perspectives around disability in their narratives that cover the period in which they were made (and which are all still relevant today). The primary aim of the thesis is to identify the films' different ideologies as well as their apparent differences, and to take account of both of these aspects within the eras within which they were made. The thesis will show that the films chosen vary very little in ideological content, given their superficial differences in perspective, time of making and trans-national construction. The additional aims of the thesis are a) to identify the various disabling ideologies within the six films, b) to identify their differences in respect of a) and, finally, c) to place these

within the social and political context of the hegemony of the contemporary *Medical Model* through the application of the *Social Model* of disability.

If I were to be starting the thesis now I would include other films from non-English-speaking countries, films that have been interesting in a number of ways. However, most of them would leave the basic thesis of this work unchallenged. These films include *Poulet au Vinaigre* (Claude Chabrol, France, 1984), *Accion Mutante* (Alex de la Iglesia, Spain, 1995), *The Eighth Day* (Jaco Van Dormael, Belgium, 1996), *Live Flesh* (Pedro Almodóvar, Spain, 1997), *Hana Bi* (Takeshi Kitano, Japan, 1997) and many others.

The issues raised in the films selected are as relevant today as ever. Euthanasia is now a major social issue that is developing daily; institutionalisation is still a big issue for disabled people (Oliver and Barnes, 1998). Normalisation is still at the heart of many disability strategies and policies now coming on stream (Oliver and Barnes, 1998; Drake, 1999) from a range of Western states. Moreover, the films chosen reflect my own life experience as well as being products of the same Western culture that I inhabit. I will, therefore discuss them with occasional reference to any special insights, from a 'situated knowledge' position, that I can bring to them as a disabled person myself. Indeed, it is the differing reactions of people I know – disabled and non-disabled – who saw the films upon their initial release that led to my own subsequent desire to conduct this current research.

Each film offers the audience an apparently real interpretation of the lived experience of supposedly 'real' people (whether fictional or actual people), whilst at the same time trying to have a perspective and / or original viewpoint that comments upon reality. Each film tries stylistically to approximate reality in order 'to show things as they really are' (cited in Hill, 1986, p.57), as Raymond Williams once wrote (see also chapter four of Lovell, 1980). However, it is a matter merely of style and not a depiction of social realism. The films chosen are not alone in approximating a sense of verisimilitude of reality for their subject

matter. The simplest example of this is *The Elephant Man* which claims to be the 'true' story of a disabled individual. The film replicates the period (Victorian) and people involved in 'realistic' detail, simultaneously offering up many surrealist, or 'unrealistic' motifs and images to comment upon the reality that it is representing (i.e., it is shot in the 'unrealistic' shades of black and white).

Each film chosen has a key impaired person(s) as central, making them, as the protagonists, open to interpretation and, therefore, available to a greater degree of examination in relation to the representation of the disabled. These films are about 'the disabled' as constructed by society but they are not about the processes of that construction. Each film, and this is another reason why those chosen were indeed selected, was successful in either another form (as a play or a book), financially (box office taking), critically as films in the form of reviews (see below) and / or as winners of *Oscars* and / or *BAFTAs* (Walker, 1997). More often than not, the films chosen were successful in a combination of all four ways.

A Day In The Death Of Joe Egg was adapted for the screen from his own successful stage play of the 1960s by Peter Nichols. It revolves around a middle-aged married couple and their relationship with their spastic (cerebral palsy) daughter, whom they nickname 'Joe Egg', and the film shows how Joe affects their interaction with friends and relatives. Joe Egg is represented as a burden on the family and the film shows the couple's 'coping' with their daughter's cerebral palsy. In the narrative the husband (Alan Bates) lives in a fantasy world which eventually leads to him attempting to kill Joe Egg whilst his wife (Janet Suzman) is shown deluding herself that Joe Egg will eventually get better and one day be normal. The film concludes with the husband's leaving his family. The film, unlike the play, was not a financial success – its release was delayed nearly two years - but it did receive a fair degree of critical success (Clark, 1970; Editor, 1972; Ford, 1972; Pit, 1972;

Tarratt, 1972). Significantly, the play is revived fairly regularly and seen as a classic of its type.

The Raging Moon, written and directed by Bryan Forbes, from a successful novel by Peter Marshall based on his own experiences, is about a working-class man (played by Malcolm McDowell) who succumbs to a polio-like virus and moves into a Residential Home for 'the disabled'. In the Home he meets and falls in love with another resident (Nanette Newman) who subsequently dies. The film explores how McDowell's character comes to terms with his impairment and the relationship that develops between him and the other residents, Newman's character in particular. It was a box-office hit on both sides of the Atlantic (Forbes, 1992; Walker, 1997) and greatly admired by the critics (Castell, 1971; Rich, 1971).

The Elephant Man, directed by David Lynch, is the 'true' story of the Victorian freak show exhibit Joseph Merrick; it covers the time from which he was exhibited up until his subsequent 'rescue' by Dr Treves, a legendary Victorian doctor. Merrick progresses from being a carnival exhibit to a hospital resident, whilst always being the 'talk of the town'. The film concludes with Merrick's death. An enormous critical (*Screen International*, 1980, 263, p.2; Norman, 1992) and financial (*Screen International*, 1980: 262; 263; 269) success, *The Elephant Man* was also a key starting point for a virtual industry (Samuel, 1981; Darke, 1994[A]) in the life of Joseph Merrick (though he is called 'John' Merrick in the film) and David Lynch (Woods, 1997).

Whose Life Is It Anyway? is the only film of the six chosen set in America. It is written by the English playwright Brian Clark and based upon his own successful (and repeatedly revived) play set in Britain (Berg, 1981; Milne, 1982). The film, as did the play, revolves around Ken Harrison, a sculptor, who is involved in a car accident and, because of his

quadriplegia, subsequently sues the hospital in an attempt to bring about his own death. The hospital administration contests this, but eventually loses. A success both critically (*ibid.*) and financially (*Screen International*, 1982: 334; 335; 336; 338), the play, which is the basis of the film, is also seen as a modern classic and regularly revived in provincial theatres.

Duet For One is another film version of a long-running and successful British play, but one that did not achieve any success either critically (Jagr, 1986) or financially (*Screen International*, 1987: 590, p.21; 591, p.25; 594, p.37). A critical and box-office problem suffered by *Duet For One* was that it was released in the UK two weeks after *Children of a Lesser God* (Randa Haines, US, 1986) and was unfavourably compared to it. As the praise and box office takings rose for the glossier and more effectively marketed *Children of a Lesser God*, which had also won a number of Oscars prior to opening in the UK, *Duet For One* sank without trace (*Screen International*, 1987, 590). The difference in success between the two films was undoubtedly linked to the way disability is represented. *Children of a Lesser God* is, in essence, very similar to *My Left Foot* in that it proactively advocates normalisation and integration of capable disabled people; the very opposite of *Duet For One*. The narrative of *Duet For One* explores how a famous violinist named Stephanie (played by Julie Andrews) comes to terms with the onset of multiple sclerosis. The narrative deals with Stephanie's subsequent relationship problems with a variety of people, both those who are long-standing in her life (husband, agent, maid, etc.) and those who appear as the narrative develops (a lover, psychiatrist etc.). Eventually, the film closes with the violinist's achievement of a degree of contentment, in the acceptance of her condition, awaiting death.

My Left Foot, directed by Jim Sheridan, and based upon the autobiography of the successful Irish writer Christy Brown who had cerebral palsy, is the story of Brown's life: starting in poverty and ending up with success and love. The narrative is presented as a

series of flashbacks which trace Brown's life up to the point where he meets his wife at a literary reception. A huge success on both sides of the Atlantic financially (*Screen International*, 1989, 719) and critically (Adams, 1989; Brown, 1989), it also started a revival of interest in the work of Christy Brown (Lavery, 1993).

As will be shown in later chapters, the films chosen are not as 'realistic' as they seem, or claim to be (Lavery, 1993; Howell and Ford, 1980), in representing either the experience of impairment and disablement or the actual biographical 'facts' they claim to depict. No reality, or film, is as simple as the 'facts' it depicts and below I shall explore the complex issues in these filmic representations of disability from a *Social Model* paradigm, to reveal the complexities and ideological paradigms that are hidden within them, thus, identifying the ideological assumptions they exhibit when explored from a *Social Model* perspective. Reception theory is not at all applied, since this thesis merely seeks to analyse the films as if interpreted from the *Social / Medical Model* perspectives. They are all films which place impairment as the cause of disability (the *Medical Model* of disability) but which are in fact key cultural texts in the construction of the apparent civilised bounds and forms of normality. I shall argue that these, and the many other films like these, are part of the way our culture defines what it is to be normal and how normality is valued. Normality only exists, in its varied contexts, initially, by its construction in opposition to abnormality. Thus, the abnormal are central to both perpetuating the illusion that normality does indeed exist, as well as validating it as supreme (cf. Canguilhem, 1989, on the body; Foucault, 1978, on sexuality; and Davis, 1995, on the Deaf).

The films will be discussed in the light of what I have written above, revealing the norm that is highlighted (be that in stereotypes or archetypes, the family and the body) and the subsequent disablement that is taking place. Firstly, though, I start with a review of the literature on the subject of disability imagery.

Chapter One: A Literature Review

'I am not an animal, I am a human being. '

John Merrick (John Hurt) in *The Elephant Man*

This chapter is split into two parts. The first deals with general representation theories of disability and the second with more specific issues of the stereotypical representation of disability. I refer to the same writers in both sections due to the scarcity of available literature on disability and impairment imagery.

The Representation of Disability (which is actually of impairment)!

There is more literature on images of disability in literature, both the popular and the literary canon, than on film with Dickens (in general) and Edith Wharton (especially her novel *Ethan Frome*, 1987, also filmed under the same title [John Madden, US/GB, 1993]) singled out for repeated criticism. It is interesting to note how film adaptations of Dickens' work are largely ignored in the literature that exists on disability imagery in films. As an example one need only look at films with 'Tiny Tim' in them, films such as *A Christmas Carol* (E.L. Marin, US, 1938) and *Scrooge* (B.D. Hurst, GB, 1951; Ronald Neame, GB, 1970 – a musical version). There is also the modernised American version, with the 'Tiny Tim' character being black and mute, a film called *Scrooged* (Richard Donner, US, 1988). Even *The Muppets* get in on the act with their own Muppet 'Tiny Tim' in *The Muppet Christmas Carol* (Brian Henson, US, 1993). All these titles are adaptations from only one Dickens ghost story but there are many other Dickens-derived films using disability. I shall be discussing those critics who deal with cinematic representations of disability; although these writers often combine the two (justifiably) in order to show the cultural depth and influences that combine to create an abject image of disabled people. It is interesting to note that most critics, especially from America, use the term 'disability' when

they actually mean and are referring to impairment – if looked at from a *Social Model* perspective. The social construction of impairment as Other is rarely intentionally explored in any depth in disability studies (e.g., Gartner and Joe, 1987) apart from the work on ‘freaks’ by Fiedler (1978), Bogdan (1988) and Garland Thompson (1996). In the UK Tom Shakespeare starts to explore the issue in an article in the disability studies journal *Disability, Handicap and Society* entitled ‘Cultural Representations of Disabled People: [...]’ (1994).

Much of what I am about to review is short, intentionally superficial, and taxonomical – listings with very little critical comment. There are now a number of World Wide Web sites, some originating in the UK, with fairly good lists of films about impairment on them. (A recommended listing site can be found at <http://www.caravan.freemove.co.uk>.) One of the reasons for such scarcity is that impairment is seen, almost exclusively, to be as true in reality as its metaphorical meaning in literature and cinema: tragic, sad and unbearable – rooted in the personal tragedy theory of disability (Oliver, 1996). Many writers of fiction, and academic-based literary or cultural studies, who address disability often use it as the key to unlock the psyches of normal people; thereby reifying disability as a quantifiable, justifiable, objective horror to be feared. Leslie Fiedler's book *Freaks* (1978) is a good example of such a tendency. Bogdan (1988) states of Fiedler's work that his mythological and psychoanalytical approach posits that:

human beings have a deep, psychic fear of people with specific abnormalities. Dwarfs, for example, confront us with our phobia that we will never grow up. Yet although Fiedler's study of 'human curiosities' shifts the focus from 'them' to 'us', it also reifies 'freak' by taking 'it' as a constant and inevitable outpouring of basic human nature. (p.7)

In other words, Fiedler accepts the *Medical Model* of disability as truth; for him the normal are justifiably afraid of the abnormal (and will always be so) because abnormality exists naturally – somewhat metaphysically - to mystify human comprehension. For Fiedler, disability, abnormality and impairment are a natural state, and all the same thing in

essence, that is, pathologically abhorrent; Fiedler argues that culture merely reflects this abhorrence in the arts. Fiedler seems to be unaware – even dismissive – of the idea that abnormality is in anyway a constructed state that various people socio-culturally inhabit (voluntarily in many cases of 'freaks'). Bogdan, on the other hand, shows the process of social construction of the freak in the freak show when he tells the story, in *Freak Show* (1988), of a showman who meets a tall man. The showman tells him that he thinks that the man is tall, then makes him an offer he cannot refuse: How would you like to be a giant? Such a simple tale shows the extent to which being a giant is less redolent of abnormality than it is of showmanship and publicity: i.e., a construction. Although neither has much to say on disability as seen in the modern world of cinema, Bogdan's book is a useful tool in understanding that the 'Elephant Man' was as much a creation in the freak show as he is in David Lynch's film *The Elephant Man*. Although Fiedler mentions the cinema (i.e., the 'dwarf' in *Day of the Locust* [John Schlesinger, US, 1975]) it is only to reinforce the idea of abnormality as a natural worry to a normal psyche; a view that continues to mystify abnormality as pathologically deviant and threatening.

Gartner and Joe, in *Images of the Disabled, Disabling Images* (1987), compile a collection of essays that come much closer to questioning the construction of disability in life and culture than any other book written prior to Barnes (1992) or Norden's (1994) studies of disability imagery. Barnes and Norden are examined in detail later and in the following chapter. Only one chapter of the twelve in Gartner and Joe deals with cinema specifically, but it is placed within a context of the construction of disability in many discourses, discourses that interact to make disability appear to be 'common sense'. By common sense they mean the *Medical Model* of disability that places it as deviant, pathological and suffered by the individual concerned, with society's only responsibility being to care for, or cure, it. Gartner and Joe's book demonstrates that disability is as constructed in legislation as it is in literature and classroom technology. The chapter on impairment and cinema is Paul Longmore's '*Screening Stereotypes: Images of Disabled People*'.

Longmore looks at all forms of impairment on film and television: impairments of speech, vision, intellect and physique. Longmore's first significant point is that there 'are hundreds of characters with all sorts of disabilities' represented. They range from 'monsters' and 'crippled criminals' to cartoon characters like Elmer Fudd and Mr Magoo (p.65). The reason we forget that images of the disabled are everywhere, for Longmore, is that entertainment is an escape and, as such, the bits that do not help us escape we erase from our memory. Longmore astutely states that such representations:

tell us that the problem is not as painful or as overwhelming as we fear, that it is manageable, or that it is not really our problem at all, but someone else's. (p.66)

Longmore is beginning to explore a key element of impairment representations when he argues that they are a functionalist exercise in social interaction (they enable people to interact with one another more effectively). Longmore fails to continue in this rich vein. Instead, he gives us mere examples of disability imagery he considers negative: negative because, for Longmore, they make disability pathological and the determining characteristic of the character as a natural characteristic of disablement (i.e., obsessive behaviour in characters such as Ahab, Richard III and both the Doctors No and Strangelove). Longmore gives us the first labelled stereotype of a disabled character: that disability is a consequence of his / her own evil, which, in turn, makes him / her bitter and vengeful. I do not disagree with this –there might be an element of truth within the latter part of such a representation. The issue, from a *Social Model* perspective, is to comprehend the ideological basis of such a representation as axiomatic yet without dismissing the potential validity of such a representation (or behaviour) if it be from the point of view of a character who has an impairment. However, as Longmore states, such villainous and embittered characters do re-validate the generally accepted idea that disability and impairment are inherently linked to evil and that such behaviour is a pathological characteristic of having an impairment.

Longmore is expert at demonstrating, with a list of examples, how impairment is shown as being both less than human and indicative of a hatred of all that is human (Longmore relates this to Goffman's (1990) assertion that such a labelling is part of stigmatisation). Longmore (following on from Fiedler) sees disability portrayals as a threat to normal psychology; he states that:

[W]hatever the specific nature of disability, it unleashes violent propensities that *normally* would be kept in check by internal mechanisms of self-control. (p.68)

Although Longmore continues to explain that the result of this for the disabled individual is social isolation, he fails to accept that the propensities are indeed the case in some situations and this is, as such, a valid representation. By the rejection of a certain kind of behaviour he himself turns into a socio-political negative similar behaviour by disabled people themselves, in turn validating their expulsion from society by advocating its expulsion from the cinema screen. In examining why disabled characters are often dead by the end of the movie, giving *The Elephant Man* as an example, Longmore states that this implies that it is 'better to be dead than disabled' (p.70). Again, I do not dispute such an interpretation in theory, but he is not accepting that this can be the lived reality of some disabled people. This is especially so when combined with Longmore's assertion (p.70) that a film is negative because it states that 'disability [impairment] means a total physical dependency that deprives the individual of autonomy and self-determination'. The appearance of dependency is not in itself negative, it is the negation of it that is negative. What undermines many of the representations of impairment that Longmore is concerned about, from a *Social Model* perspective, is perhaps the films' lack of a critique of the process of disempowerment of the impaired characters in them rather than the actual state of physical dependency.

Longmore isolates two other stereotypes of disability portrayal: individuals adjusting to their disability (or to be more specific, their impairment) and the asexual or hypersexual disabled character. Within the stereotype of the disabled individual 'adjusting' Longmore

sees the 'bitter' individual coming to terms with the impairment (and disablement, by extension). However, this is only after the normal lead has shown them the way (e.g., *The Men* [Fred Zimmermann, US, 1950] - Marlon Brando in a wheelchair for his first film - being cited as a good example). Equally, newly impaired characters are often compensated with some extra talent or special gift. A good example of the extra / special gift scenario is the visually / hearing impaired having exceptional hearing / vision (i.e., *The Story of Alexander Graham Bell*, Irving Cummings, US, 1939, and *Blind Fury*, Phillip Noyce, US, 1989, respectively) or both - as in *The Story of Esther Costello* (David Miller, GB/US, 1957). These are common cinematic themes indeed; Longmore's example of the blind being better able to *see* into the heart of man is a wonderfully vague example that could be applied to many 'blind' films. 'Blind' films such as *The Enchanted Cottage* (John Cromwell, US, 1945), *A Man on the Beach* (Joseph Losey, GB, 1956), *No Trees in the Street* (J. Lee-Thompson, GB, 1958) and *Cactus* (Paul Cox, Australia, 1986) to name only a selection. The visually impaired also being innately musical is another good example of the crassness of many images of visual impairment (Darke, 1997), as in *Blink*, *Jennifer 8*, *Frankenstein* (James Whale, US, 1931) and *Night Song* (John Cromwell, US, 1947). Each stereotype Longmore lists could, and often does, overlap with another; the 'brave' or 'tragic' impaired individual is often shown within, or alongside, their criminal, monster or adjusting (and occasionally sexual) stereotype. For example, the 'Elephant Man', Merrick, is made more courageous and then tragic by his adjustment to his deformity. Longmore is right to assert that:

these stories put the responsibility for any problems squarely and almost exclusively on the disabled individual. If they are socially isolated, it is not because the disability inevitably has cut them off from the community or because society has rejected them. Refusing to accept themselves with their handicaps, they have chosen isolation. (p.71)

The above quote ascribes to cinema an ideology of impairment firmly placed within a *Medical Model* of disability, but this is hardly a surprise when the *Medical Model* of disability has an almost complete hegemonic dominance within most Western cultures

(Oliver, 1991). It is a dominance supported by almost all other forms of cultural and social discourse; be it in social policy (Oliver and Barnes, 1998; Drake, 1999), charity (Hevey, 1992) or legislation (Barnes, 1991). It is naïve to expect anything different, yet it is unfair to be overtly critical of those individuals with impairments who choose isolation. For many disabled people isolation is better than humiliation, the usual result of many attempts by the abnormal to try and enter the sphere of normality (Morris, 1996; Murphy, 1991).

The sexual aspects of impairment are, for Longmore, often portrayed contradictorily. Some characters will be impotent at the slightest hint of disability whilst others will have an insatiable need for sexual satisfaction (often depending upon with which other stereotype of impairment it is overlapping). Longmore relates sexual impotence to the desire of the audience to see disability as not worth living with and my later chapter on disability and the family shows in detail how this is textually achieved. Longmore cites both the play and film of *Whose Life Is It Anyway?* as, for him, the best example of the stereotype of the disabled person as sexually inadequate. For Longmore it is a wholly negative portrayal of a disabled person with sexual dysfunction as it portrays the individual as 'only half a man' (p.73). Whilst not deviating from the principal point of Longmore's argument, the *Social Model* of disablement would necessitate that the situation / scenario be placed in its context of a social discourse (cinema itself, for example) of what constitutes masculinity and therefore a man. In such a context the character is right to assume that he is only half a man in his own culture, as he is seen by others both culturally and in reality as, once disabled, sexually liminal. The film's limitations are revealed in its support of such a supposition rather than if it had been either critical of such an attitude or, at least, aware of it as a form of social construction. A strand of argument that Longmore (and others) fail to pursue, the discourse of what man *is*, is the very discourse that is used to marginalise the impaired and instigate their self doubt (what Gilman [1988] calls 'self-hate'). Such representations are not bad or negative in themselves; rather, there is nothing essentially 'wrong' (socially or culturally) in being impotent or physically dependent.

Perhaps the error of positive disability writers and their discourse is to argue that these negative portrayals should not be presented (a view towards which Longmore leans). Longmore's philosophy – and the films of which he is rightly critical – serve only to marginalise those who are impotent (or the like) still further in the hope that those who are not impotent (or physically dependent, for example) are treated more fairly. Longmore's philosophical position reinforces the idea of normality and impairment as disability. Longmore seems to want it both ways. He is critical of films that represent the disabled as sexually dysfunctional as well as those that represent the severely impaired individual as having no trouble attracting the opposite sex; he cites as an example the double amputee in *The Best Years of Our Lives* (William Wyler, US, 1946). Prior to these examples he states that 'even when a disability does not limit sexual functioning, it may impair the person emotionally' (p.73). Unfortunately, although this is a statement about the negative way some films attribute emotional problems to the sexually functional disabled the sentence is stranded in isolation. It validates such a statement as a 'truth' in itself: the opposite of what Longmore is actually trying to say, but which in many instances is the lived reality of disabled people. Longmore is very close to Fiedler's tendency to concentrate on how they, the normal audience, see us, the disabled, whilst having a view of us that, although based on a *Social Model* of disability, excludes the social reality of having an impairment in a society dominated by the *Medical Model*. Longmore (as with Fiedler) succumbs to classifying having an impairment as being a victim, something he himself is trying to condemn. Longmore continues to write that the upper-body limb amputee character in *The Best Years of Our Lives* is accepted by his wife with no problems and that:

[T]hese depictions fly in the face of the real-life experiences of many handicapped men and women who find that even the most minor impairments result in romantic rejection. (p.73)

Unfortunately, Longmore, in stating the above, is forcing himself into an analytical corner by arguing that disability with and without standard sexual functioning does impair the

person emotionally but that any portrayal that shows this factor is inherently negative to all disabled people. Longmore is concentrating on the representation as negative at the expense of social discourse and, as such, he is failing to acknowledge that disability often does lead to an emotional impairment due to the often prohibitive and contradictory socio-cultural discourses experienced by an impaired individual (Barnes, 1991). This, though, is not due to impairment itself but the social construction or view of it and its alternatives, i.e., normality. Longmore continues that:

these features also reiterate, with the active complicity of the disabled participants themselves, the view that disability is a problem of individual emotional coping and physical overcoming, rather than an issue of social discrimination against a stigmatised minority. (p.75)

Longmore is correct to sum up filmic representations of disability in the above manner. What is unfortunate is the criticism of individual disabled performers' acting and working in films, given the limited opportunities disabled actors have for performing in the film - media - industry (Pointon, 1997). It is unsurprising that they choose to act in a way which is required by the film (i.e., their employment conditions) in order to get experience and seek to change an industry from within (Shaban, 1997; Fernandez, 1997); the alternative is probably obscurity and unemployment. In brief, to show impairment in any other way would be to devalue disability as it is lived by the vast majority of disabled people in this or most other societies. In Western societies disability is about individual's coping and overcoming impairments and this must be recognised in any broader cultural analysis. Failure to do so would fall into the same trap that the *Medical Model* encapsulates: insular dogmatism so abstract that it loses its relevance to the lived experience of those with impairments. I would agree that social discrimination and exclusion is the flowering of a *Medical Model* philosophy of disability construction, but its impact is rooted within the individual's coping and physically overcoming those socially constructed barriers of disablement as defined in the *Social Model* of disablement. An awareness of the dominance of the *Medical Model* in current social processes, its hegemony over the everyday lives of disabled people (Oliver and Barnes, 1998), at least explains why so many

disabled people 'enjoy' negative images of their group. Longmore seems to hold the underlying philosophy that the impaired are normal really; an interpretation that is reinforced by his closing section on what a good or positive representation of impairment is.

For Longmore the most important representational 'breakthrough' came in commercials (for *Levi Jeans*, *Macdonalds* and *Kodak*) in the United States. In these, for Longmore, disabled people:

are not portrayed as helpless and dependent, but rather as attractive, active, and *with it*, involved and competitive, experiencing 'normal' relationships [...] and smart about what they buy [...] these commercials offer perhaps the most positive media images of people with disabilities to date. (p.78)

It is difficult to see how such representations can be classified as positive, even by Longmore, as they are even less concerned with 'social discrimination' than the films of which Longmore is critical. For Longmore the 'breakthrough' is in having disabled people as normal consumers; a fact which flies even further in the face of reality as disabled people are usually among the poorest people of Western societies (Berthoud *et al*, 1993; Russell, 1998), increasingly so if you are both black and disabled (Stuart, 1993; Russell, 1998). Like most 'situated position' writing about what is 'positive', the problem of positive / negative as a battle between the real and the ideal and as either positive / negative is almost never resolved; its basic conclusions invariably tend towards being reductionist. In my view, such positive images as identified by Longmore increase the marginalisation of those who have impairments. Such images marginalise further those who are not willing to be normalised or are not capable of being normalised - the unattractive impairments, the severely speech impaired and the severely disabled who are totally physically dependent - and cannot, or want not to, push themselves around in their wheelchairs playing basketball in *Nike* trainers. To consider such pseudo-normal representations as positive pushes further back the opportunities for equality than supposedly negative portrayals such as *The Best Years of Our Lives* or *The Elephant*

Man; at least these films show 'ugly' impairments being confronted by an able-bodied and image-obsessed society. 'Ugly' impairment imagery in films such as *The Best Years of Our Lives* or *The Elephant Man* does leave a lot to be desired, but at least they make visible – and attractive, to some extent – impairments that are invariably socially constructed as abject and unattractive. It is interesting to note that Longmore sees disabled people as positive in the above-mentioned commercials because they are being physically competitive; one of the most pertinent arenas (sport) of disabling social processes in which the inability to be physically superior is defined. Whilst Longmore sees positivity in, for me, the most negative area of representation, I would argue that such representations serve to re-invigorate the supremacy of physical perfection; a supremacy that must be laid to rest, as a question of moral superiority, if the disabled are to be seen or treated as equal.

Longmore's essay is excellent at showing how impairment has been used to show contradictory impressions of disability, impressions that are not particularly positive as they are based within, and upon, the *Medical Model* of disability. Perhaps Longmore's error is that he tends to value normality too much, to the extent that he sees positivity only in those representations which show the impaired as normal-like people. As the old disability protest badge said: '[T]he problem with normal people is that they don't exist'.

Jenny Morris, in her book *Pride Against Prejudice* (1992), is another disabled writer who writes from a *Social Model* of disability perspective and she also has one chapter on disability imagery with, significantly, her main reference point being Longmore's chapter in the book edited by Gartner and Joe. Morris erroneously makes the point that there are very few representations of women with disabilities; there are a considerable number of women with hearing or visual impairments in various films. There are films such as *Johnny Belinda* (Jean Negulesco, US, 1948) and *Magnificent Obsession* (Douglas Sirk, US, 1954), to name only two that both star Jane Wyman. There are also a considerable number of films with female wheelchair users like Morris herself, for example: *Kiss of*

Death (Henry Hathaway, US, 1947); *The Man with the Golden Arm* (Otto Preminger, US, 1956); *The Wheelchair* (Marco Ferreri, Spain, 1959); *Whatever Happened to Baby Jane?* (Robert Aldrich, US, 1962); *Notorious Landlady* (Richard Quine, GB, 1962); *Eye of the Cat* (David Lowell Rich, US, 1969); *The Raging Moon*; *Annie's Coming Out* (Gil Brearley, Australia, 1984); *Poulet au Vinaigre*; *Duet for One*; *Passion Fish*; *Crush* (Alison Maclean, Australia, 1992); *Persons Unknown* (George Hickenlooper, US, 1996); and *Dance to My Song* (Rolf de Heer, Australia, 1998).

Of disability representations Morris states that:

[T]he crucial thing about [...] cultural representations of disability is that they say nothing about the lives of disabled people but everything about the attitudes of non-disabled people towards the disability. (p.93)

Although cultural representations say an enormous amount about how society views disability it is somewhat reductionist to blame individual non-disabled people for their attitudes. The non-disabled are as equally constructed as are the disabled (Canguilhem, 1989) and, as such, are discouraged - even prevented - from thinking 'correctly' about disability by a dominant social (society) discourse rooted in the *Medical Model* – that is the reason for the creation of a *Social Model* in the first place. To perceive it differently would be to embrace the simplistic idea that non-disabled people are obstructive merely out of ignorance. Equally, it is not the case that such portrayals of impairment say nothing about the 'real' lives of the disabled. The most negative portrayal possible validates the impaired individual's own feelings of insecurity, confirming that it *is* society that discriminates against people with impairments in its structures, relationships and processes (Barnes, 1990) and representations. This is true even in any of the similarly titled film versions of *The Hunchback of Notre Dame* (Wallace Worsley, US, 1923; William Dieterle, US, 1939; Jean Delannoy, France/Italy, 1956; and Gary Trousdale and Kirk Wise, US, 1996 – a Disney animation film). Cultural representations do tell us a lot about disability as it is lived; they must do in order to posit themselves in any form or verisimilitude of realism (as

most cultural representations of disability do). Even if cultural representations show only a *Medical Model* view of disability, one must take into account that it is the model that dominates the everyday lives of most disabled people (Turner, 1995; Rojek *et al*, 1988; Armstrong, 1983; Armstrong, 1990). As such, they reflect such a nexus's hegemony back to the majority of impaired individuals who live under its power, gaze and influence.

Morris concentrates, to start with, on *My Left Foot*, complaining that it never appreciates Christy Brown's art or fiction but merely wonders at his 'overcoming all odds' (p.95). Cinematically speaking, this is slightly unfair as to expect a bio-pic (biographical films) genre film to do something different is a rarity indeed; most bio-pics concentrate on personal tragedy and triumph rather than the actual work of the subject (Custen, 1992). Equally, Morris is selective in her comments on the film as quite a few of Christy's paintings are shown. The film is an 'overcoming all odds' drama about impairment that does negativise by its sentimentalisation – the privileging of emotion over reason (Burgett, 1998; Ellis, 1996; Villa, 1998; Zwinger, 1991) - of Brown's achievements (which are indeed considerable considering the time and the place of them - post-World War II Dublin). Morris's next point about *My Left Foot* reveals her tendency to see as positive impairment portrayal when it is shown as normal-like (see Longmore's comments above), a rather surprising contradiction in a book sub-titled *Celebrate the Difference*. She writes:

[A]t a formal dinner in a restaurant, Christy abuses the woman who has just told him that she loves someone else, shouting and pulling the tablecloth off the table. In other words, he behaves in an oppressive, aggressive and intimidating manner, not an unusual thing for a non-disabled man to do but film critics seemed to think it was amazing for a disabled man to behave in this way. Somehow, it is supposed to be 'progressive' that a disabled man was portrayed as behaving in a thoroughly obnoxious way. The makers of this film are not actually portraying the lives of disabled individuals; rather the disability is a vehicle for exploring the pain of dependency and vulnerability for men. (p.95)

What Morris seems to be suggesting is that obnoxious disabled characters should not be shown since they give a bad impression of disabled people. If solely obnoxious characters were shown such an assumption could be true, but, as they are rarely shown in that

manner, it cannot be claimed that it generalises disabled people as obnoxious. To some extent, the scene should be identified as positive by Morris as it shows a normalising degree of Christy's impairment in its attributing stereotypical male norms to him. As Morris states, it is typical male behaviour – though, even here, she is ignoring female bad behaviour both socially and cinematically. If we combine the above comments with Morris's earlier comments that the films in question show nothing of the lives lived with an impairment, we can see that she is setting a particular agenda for how disabled people should be portrayed and how they should behave: an agenda that is a sanitising generalisation and mystification of the disability experience, even more so than that of the film-makers of which she is critical. Personally, the only piece of *My Left Foot* that I felt really captured my experience of disability was the 'obnoxious' scene, a scene that I had 'lived' in my late adolescence. For Morris to describe the scene as the woman telling Brown that she loves someone else is also a slight misreading of the film. Morris implies that there was a particular relationship between the two characters to start with, when there was not; it could be argued that what the scene does show is the emotional immaturity that many disabled people experience when they are isolated and prevented from participating in usual adolescent emotional experience. Consequently, I would argue that *My Left Foot* does show, in this incident, a great deal about disability as it is lived. The point is that it is often lived through isolation and ignorance; especially so in post-war Dublin. Within the framework of the *Social Model* what is wrong, and films such as *My Left Foot* fail to clarify this point, is that such ignorance and isolation is social constructed and that such constructions legitimate disabling barriers and social exclusion.

Alternatively, Morris sees *Coming Home* (Hal Ashby, US, 1978) as a positive representation of disability because, fundamentally, the main impaired character (played by Jon Voight) is not impotent (a misreading, since he is impotent; and that is the intended positive point of the film). Again, we have the assertion that positive images are those that are as close to being normal as possible. Morris's major criticism of *My Left Foot* (and

Born on the Fourth of July [Oliver Stone, US, 1989]) is that it:

depends on the stereotype that to be in a wheelchair is to be impotent, unable to be a complete (hetero)sexual being, and therefore not a complete man. (p.96)

The question of impotence as a stereotypical characteristic of disability (lower limb paralysis especially) is an interesting one, but Morris has completely misread *My Left Foot* as, despite other negative characteristics, Christy Brown is not characterised as impotent. *Born On The Fourth of July*, to its credit, examines the shock to an individual - grounded in machismo militarism - who becomes the cultural antithesis of all that he was: potent became impotent. As such, it did confront a real experience lived by many men who become, or became, disabled in such a manner. I agree that impotence is a generalised theme for the wheelchair user, but there is a reckless tendency to assert potency at the expense of those who are impotent due to their medical condition or physical impairment. By stressing that all images of impotence are bad and 'stereotypical' one is merely relegating into the abyss of ignorance and stereotyping (or archotyping) those further who indeed are so. What Morris is advocating is that disabled people be represented only as normal human beings; and by 'normal' she means that they fulfil standard criteria as laid down in constructed social processes for independence and employability. Such a perspective will result in selective, and attractive, disabilities being included in both cinema and society but such a philosophy (one to which Morris adheres, such as when she states that the advertisements admired by Longmore are 'a joy to watch' [p.113]), is problematic from a *Social Model* perspective. The perspective is problematic as it creates a hierarchy within disability and necessitates further exclusions for many severely impaired people.

Morris is excellent at describing the way in which various films, which emphasise disability as an individual problem, fail to offer the viewer all the alternatives that could give the disabled character a better understanding of his situation. 'His' situation is a key thread of Morris's criticism. Disabled women are for Morris almost excluded as cinematic

characters except when as deaf or blind people. Yet she fails to give a detailed reason for this except to blame male domination of the movie industry and its own concern with its fear of impotency and dependency. Such a view is somewhat reductionist since it ignores the reality that (financially and often educationally at least) women are constructed in discourse as naturally 'disabled' by their being women; as Aristotle wrote: 'the female is as it were a deformed male' (cited in Davis, 1995, p.126). Freud was equally malecentric in his analysis of male / female identities. The notion of 'woman as disabled' adds to the complexity of the issue and indicates the way in which a range of social constructions of various categories of people (by race, gender and sexuality, for example) do not work in isolation but that they affect and effect one another. Significantly, though, Morris does point out that no alternatives are given to explain how various impairments and the subsequent disablement can be overcome and / or made less stressful with the use of aids and finance, for example, on the eradication of destructible barriers.

Morris's book is overly concerned with how disabled women get a raw deal in the politics of disability – an emphasis that is not quite true and furthermore belittles those women who have led the movement. A strong riposte to such a view, with examples, is given in Barnes (1996; 1998). Equally, Morris is often contradictory in her treatments of similar situations where there is a male and not a female in the given situation. If one looks at her view of *Duet For One*, for example, this becomes obvious. She writes:

[T]he (film) is very powerful, not least because it reflects not just the loss which is sometimes an integral part of having a condition such as multiple sclerosis, but also how the nature of that loss is determined by what went before rather than the condition itself. (p.105)

It is difficult to see how *Born on the Fourth of July* and *Whose Life Is It Anyway?* (and, in a different way, *My Left Foot*) fail to do exactly the same. The whole thrust of those movies, and their concern with sexual functioning, is that it is for most people different to have been normal and then become abnormal, especially if the individual has not 'changed' as a person. Thus, I would agree that to examine the past could be a pertinent and valid

exercise in looking at acquired impairment, but just as much for a male as a female writer or for disabled characters. Morris misses the point in *Duet For One*'s narrative conclusion that the protagonist's (a)moral past is the implied reason given for her present condition, a representation that is an even more suspect use of patriarchy than Morris identifies in the film; but when a male character uses his past to justify his present psychological state, in *Whose Life Is It Anyway?*, Morris condemns this:

'[I]t is surprising', he remarks of her behaviour when in his room, 'how relaxed a woman can become when she is not in the presence of a man'. To Ken (a newly disabled quadriplegic), paralysis has robbed him of what his masculinity meant to him, and he is thereby robbed of what he defines as his humanity. (p.106)

It is justifiable to say that Ken is mistaken; impairment has not robbed him of his masculinity (if you re-define masculinity as not solely residing in heterosexual penile power), except in his own eyes and those of society in their constructed socialisation of what is masculinity and a 'real' man. The film leaves us in no doubt that his past value as a human being was strongly rooted in the power (both symbolical and literally) of his penis, a power he no longer has. Significantly, the statements that he makes do, for many similarly impaired males (whether impotent or not), have a strong element of truth. The film's failure, from a *Social Model* methodology analysis, is that it does not question of what masculinity consists; it only reinforces one view of it by equating the loss of penis power with death. The film's failure is in not stating that Ken is seen differently by women (*et al*) because he is now impotent (a realistic portrayal). That disability (rather than impairment) robs the individual of his / her sexuality in this society is a fair statement; what is at stake is that it happens through construction and not as a result of some natural course of action. It is not the impairment that is significant, but the social construction of impotency as emasculation. Morris' philosophy, the idea of a positive representation being that which shows disabled people as normal, robs the individual of the right to see that in this society it is not normal; nor is it experienced - or constructed - as positive to have an impairment. To take it a step further, I would argue that the least positive disabled images are those that show disability as 'a secondary characteristic' (p.112) - the very images that

Morris thinks of as extremely positive - because, above all else, disability is not a secondary characteristic for many who are impaired / disabled, as the *Social Model* and this thesis using that model clearly demonstrate. The positive images, so admired by Morris and Longmore, marginalise those with severe impairments even further because the latter are unable to imitate any semblance of normality or benefit from the attempt to normalise them.

Morris, as is Longmore, is good at listing the types of disabled people that exist in cinematic representation, such as when she states that:

the most common representation of disability in television and on the cinema screen is a wheelchair user because the wheelchair offers the most obvious and easiest way of presenting a recognisable disability. (p.98)

Morris is right, statistically speaking - for detailed statistical data on disability imagery on television, and films shown on television, see Cumberbatch and Negrine's 1992 study on the subject, a study which is discussed below. As such it can be said that the common perception of the disabled is related to it: to be impaired is to be in a wheelchair. On reflection, that wheelchairs are the most common images of disability in cinema is not wholly surprising considering that it is an image-based medium that requires speed of recognition in order to establish rapid identification; 'broad bush strokes' as Dyer calls it (1993[a]). Stereotypes, however simplistic, ensure through their symbols faster understanding of the director's (writer's / film's) intentions. It could also be said that the wheelchair user is the most often noticed, irrespective of numbers, because they are what constitute 'disability' in the eyes of the viewer and culture at large. The wheelchair and its user are the symbol of disability (even when parking). Personally, I notice more wheelchairs because I use one (as does Morris). In society at large, epileptics have always been a little harder to spot as they are members of that massive army of people with invisible impairments. As such, in films, it is quicker to include a shot of a wheelchair than attempt to portray epilepsy, *et cetera*.

Another of Morris's main source books is Lauri E. Klobas' *Disability Drama in Television and Film* (1988). The weakness of Klobas' text is that it has undertaken the massive task of indexing American references to disability on television (in particular) and on film. It is split into sections (e.g., one on 'blindness', another on 'small-stature'), and gives brief production details, synopsis and a comment on whether it is a positive or negative portrayal of disability. Although it is extensive, it is an American orientated text, it does make major omissions of examples from British cinema: films that range from *Mandy* (Alexander Mackendrick, GB, 1952) to more recent films such as *Woman of Straw* (Basil Dearden, GB, 1964) and *Baxter* (Lionel Jeffries, GB, 1972).

Klobas' text is an excellent introduction that is, above all else, taxonomical. Its introduction and conclusion, though very brief, list all the formulae and stereotypes that appear to her to be symptomatic of disability representation. They do not vary significantly from those of Longmore and Morris, but are, none the less, important as a guideline of what to expect when viewing an impaired character on the screen. Klobas states that:

[A]ny critic worth her / his salt will argue that for the most part, film and television stories are repetitive regardless of subject matter. That may be true, but those pieces play to an audience that can evaluate what is being seen from personal experience. On the other hand, the general audience is uninformed about persons with disabilities and has little cautionary discretion for guidance. People with disabilities are broadly defined onscreen as falling within one or two character types: They are defeated, angry people who require help, or they are 'never-say-die' types who accept disability as a 'physical challenge' and go out to conquer the world. (p.1)

I agree, to some extent, with Klobas' two types of stereotype (as my later chapter on the validity of calling all images of disability stereotypical demonstrates), yet the same could be said of blacks, gays, women and even men. It is an analysis that is useful as a starting point but needs developing if one is to appreciate fully the specificities, causes and attributes, of representations of impairment and disability. Klobas does not really extend

her analysis, understandably, in any greater depth; instead, she simply lists all the examples she herself and her colleagues can collate – of which there are hundreds.

A key reason for the survival of simplistic stereotypes is that the audience is informed (not uninformed, as Klobas states) by personal experience. Personal experience is as socially determined, or mediated, as is film; equally, disabled people have to live their lives, and base their everyday philosophies, upon the medicalised models that influence cinematic representation. When Klobas rhetorically asks: '[D]oes it ever end?' (p.437), the answer is, without a doubt, 'No'. No, because the disabled inhabit a 'state' that is placed upon them. Taken to its full extent, if a character or individual in life does not fit one of the two stereotypes Klobas states, he / she is not 'disabled'.

Klobas sees positive representation of impairment (although she also calls it disability), just as do Morris and Longmore, in the advertisements that show disabled people 'as part of life' (p.438); stating that: '[F]or once, episodic television and movies should take a cue from the commercials'. Klobas also writes that the love scene in *Coming Home* is 'a beautiful and honest love scene' and that it was 'the first decent and honest piece to come along since *The Men*, twenty eight years before' (p.136) and, as such, it is not difficult to identify Klobas' polemical perspective. For Klobas, positive representation is primarily that which shows disabled people as normal, sexually satisfying and attractive characters. Yet, as I have already pointed out, this bears little relationship to disability as lived by most people and it relegates those unable to fulfil that role (either physically or due to social constraint) even further down the scale of acceptability.

One can already see that the disabled movement is setting an agenda of what are acceptable 'good cripple' and unacceptable 'bad cripple' representations. There is, however, a misreading of the central character's ability in *Coming Home* to be sexually penetrative since he is not so. An interpretation of the sex scene in *Coming Home* which, from a

Social Model perspective, is more positive. It is progressive because it shows disability and impotency to be mutually conducive in offering sexual fulfilment and gratification; imagery which is thus antithetical to the conventional. Interestingly, the only film I have seen to date that actively shows oral sex as positive - apart from *Coming Home* - is a horror movie directed by George Romero, made in 1988, called *Monkey Shines* (George Romero, US, 1988). Nevertheless, even this potentially positive representation is negated through the central character's receiving a miracle cure at the end of the film; thereby ensuring that the superiority of normality is eventually reinforced over difference. More recently the Spanish film *Live Flesh* had a similarly constructed positive view of oral sex but even in this film it was negated in favour of a conventional bourgeois able-bodied familial conclusion.

Cumberbatch and Negrine's study for the Broadcasting Research Unit, *Images of Disability on Television* (1992), is perhaps the best view of disability imagery that I have so far found. This is mainly because it places disability within a context of social meaning and it works with the idea that images are, by their nature, limited in a formula industry. Although it is a study of television, most of the representations discussed are from films that have been shown on television. Relating back to Longmore's point that there are hundreds of portrayals of disability on film, Cumberbatch and Negrine state that:

[T]he type of programme most likely to include people with disabilities (in a study of six weeks television) was feature films, of which 41 per cent portrayed characters with disabilities. (p.51)

However, factual programmes came a very close second with repeated portrayals of impairment in a charity or medical context where they were either 'plucky' or 'brave'. As disability is so often portrayed 'factually' as medicalised or dependent, it can be no surprise that fiction creates its portrayals in a similar vein. The success of Cumberbatch and Negrine's book is in its statistical appraisal of impairment characteristics, even though it fails to connect statistical data to the social constructionist nature of disability.

The false public perception of impairment is that it affects and afflicts the young (Oliver, 1991), and media representations seem to be where the misconception is either coming from or being reinforced. Cumberbatch and Negrine, based on the population census a calculation of the percentage of the disabled for various age groups. They then compared their findings with 'television population' statistics that they compiled, an exercise that makes quite astounding reading. The actual number of people under the age of fifty who are disabled in the 'real' world is 16.5%, whilst the number in 'television's world' is over sixty per cent. Thus, in the television world, which includes a high proportion of cinema films, not only are younger people much more likely to be disabled in some way but infant disability seems almost compulsory. Cumberbatch and Negrine offer convincing statistical evidence that severe impairments are the most often shown, and that the occurrence is over-represented in comparison to the real population. They state:

[L]ocomotor, behaviour and disfigurement problems are relatively overrepresented in the television population, whereas communication and continence problems are relatively underrepresented. We may explain the prevalence (of one above the other because) they are easiest to represent, they are immediately apparent [...] in a single camera shot. Incontinence may be underrepresented because of lavatorial taboos. (p.25)

Cumberbatch and Negrine are beginning to see that two factors are vital in an understanding of representations of disability in film and on television: firstly, simplicity (and therefore the severity of an impairment) of image is vital; and secondly, that the social process is just as important in determining what image is shown. They continue:

[A] further set of reasons for the choice of disabilities featured on television can be suggested by reference to the ubiquity of the wheelchair as an index of disability, and the readiness with which it is called to mind in relation to disability. People working in (the media) are both a part of our culture, and are themselves aware of it. Thus when they want to include a disabled role, they are likely to think of locomotor handicaps necessitating a wheelchair, and that this is an icon of disability that the public will recognise. (pp.25-6)

Cumberbatch and Negrine accept that film-makers are as constrained by public conceptions as by their own imaginations, which, in turn, are equally socially mediated and

constructed.

Cumberbatch and Negrine reveal the importance of seeing the 'disabled role' as an important benchmark for all the other roles in the film. They use as an example *The Good, The Bad and The Ugly* (Sergio Leone, Italy, 1966), citing the scene in the film where Lee Van Cleef's character is engaged in conversation by a character who is a double leg amputee called 'Half Soldier'. Cumberbatch and Negrine not only suggest that amputees are seen as half human but that 'the incapacity of "Half Soldier" contrasts with the physical excellence of the character played by Lee Van Cleef' (p.44). Consequently, we can see that, for these authors, impairment has more than its own specific limitations and / or metaphor in play in the narrative. They give an unidentified example of when the police are chasing a criminal and a wheelchair is blocking the road, causing the police to lose the criminal. They argue that such an incident shows more than just the ability of disabled people to block the road: 'it is almost as if disabled people are interfering with the proper running of society' (p.50). Cumberbatch and Negrine are the first writers I have come across who say more than just 'stop it, it's not true' in relation to what they still see as negative representations of the disabled probably because they themselves are not disabled. Interestingly, the disabled critics (Longmore and Morris, for example) talk of the disabled as a homogeneous group much more than do the non-disabled writers. Cumberbatch and Negrine state that impairment is a multiplicity of conditions that, at the very least, mean different things to different people.

One of the primary methods cinema uses to perpetuate disability (or any) stereotypes, and / or archetypes, is by leaving certain factors absent. Cumberbatch and Negrine state that:

[I]t is instructive to examine what films tend not to emphasise. We very rarely see the topic of disability introduced as a social issue. The customary highly individualistic struggle masks the possibility that disability results not only from an individual's limitations but also from an environment which is designed with only able-bodied people in mind. There are strong suggestions in many films that disability is about courage and achievement rather than suggesting that it is an issue

for which society as a whole should take responsibility. (p.54)

It is, for Cumberbatch and Negrine, important to look as much at what is absent as what is present; as such, it is a methodology which enables one to see how impairment is constructed as the Other. Other writers fleetingly mention disability as the Other, but only as a reference to disability as a narrow stereotype that panders to public misconceptions. They do not de-construct the mechanisms by which it is constructed; nor do they relate it to a direct multiplicity of discourses that both affect and effect it.

Cumberbatch and Negrine define three broad categories of disability stereotype in cinema: the criminal, the subhuman and the powerless or pathetic character. I see no reason to challenge these categories as broad taxonomies; the main difference between this, the other works looked at and my research, which follows, is revealed in Cumberbatch and Negrine's conclusion on films and disability:

[I]t is difficult to avoid the impression that there is usually an ulterior motive for the inclusion of disabled characters in films and dramas. Perhaps the most obvious is the use of suffering and disadvantage, followed by bravery and willpower, to stir tender emotions in the audience; though the mechanisms whereby this occurs remains elusive. Other motives are the use of disabled characters [...] to enhance an atmosphere of deprivation, mystery, violence and menace. (p.61)

The aim of my research is to reveal the mechanisms used to create such atmospheres and place them within a context of alternatives. This thesis would argue that Cumberbatch and Negrine under-estimate the power of stereotypes (and archetypes) whilst at the same time acknowledging that they recognise their own text's theoretical insularity. They claim:

[N]ot to condone the actions of [the media but it] is first and foremost a medium of entertainment rather than a medium of 'social engineering'. (p.102)

Whilst agreeing, to some extent, I would argue that cinema does enable people to construct their own sources of identity and interpret various social processes. Conversely, I do not think that positive images of disability *per se* would create a more socially equal society; positive representations of disability are not viable as disability is a negative social

construct. The negativity of disability is inherent within it and promoted by disability's existence as a category (Canguilhem, 1989).

Steve Dwoskin (1991) postulates the idea that disability suffers a media apartheid because stigma is always attached to disability and it is, by logical corollary, negative. Dwoskin fails to see that disability can be nothing else but negative because it exists as a devaluing grouping or label, and is, consequently, created as a socially stigmatised existence that needs to be separated at worst, or simply identified at best, from the rest of normal society. 'Disability' *per se*, in its existence - construction as a reality - ensures that it is interpreted negatively by any group who sees, constructs, labels and interprets impairment as the cause of disablement. Logically, 'interpreters' have no alternative if they wish to maintain the illusion that normality and abnormality are pathological realities as opposed to social constructs: i.e., that disability exists *a priori*.

The only writer to see that positive images of Otherness cannot exist in a society that constructs an Other - our society - is Sander L. Gilman, who in *Disease and Representation* (1988) states that:

[A]ll images, artistic or scientific, whether they enter naively or self-consciously into our awareness, are abstractions from diverse phenomena. (p.12)

As disability is constructed within society by a multiplicity of discourses, as a negative experience, as a pathological reality that speaks for itself, then it is irrational to expect a vital, normalising, part of social discourse (cinema) to break free from its own shackles, and from those of a wider society. David Hevey, in *The Creatures Time Forgot* (1992), shows how charity photography and advertising degrade and make dependent those disabled people they attempt to help (by using black and white photography, in contrast to colour, alongside dehumanising text). Yet, where he advances the idea that alternatives are possible if charities do not exist (i.e., capitalism does not exist), he defeats his own argument. If charities do not exist, disability cannot exist due to the fact that is charities -

following Hevey's own argument - who solely create it: creating it out of their use and abuse of people with impairments, thereby constructing disability as impairment as they carry out their disabling activities of objectifying and (often) institutionalising the impaired. Consequently, it must be stated that positive images of disability cannot exist in a society where disability is constructed or exists, be that by charities or any other disabling discourse. Impairment will always exist, but disability need not; it is disability not the impairment which disables the impaired (Oliver, 1990; Oliver, 1991; Barnes, 1991) from the *Social Model* perspective.

The value of all of the texts that I have looked at is that they provide, in total, an index of the way the disabled are stereotypically represented. What they fail to do is to show that a recognition of the significant differences in those stereotypes is vital in order to understanding how disability is used to construct and protect a fragile idea(l) of what is normal. The impaired, as an image, are a fairly stable creation (in their many forms they are what normality is not) of what the Other are. Later, I shall show the mechanics through which normality is asserted as positive and how the idea of the disabled stereotype is far too simplistic. For Cumberbatch and Negrine disability can be categorised fairly generally in the following ways (though they use the term 'disability' when they actually mean impairment – even from their perspective):

- disability as an emblem of evil;
- disability as 'monstrous';
- disability as a loss of one's humanity;
- disability as dependent and lacking in self-determination;
- disability as maladjusted;
- disability as sexual menace, deviancy, danger and impotence;
- disability as the object of fun or pity;
- disability as the object of charity;
- disability as having 'Other' (abnormal) talents;

- disability as being in need of extra effort or adaptation.

Simply Stereotypes?

Much of the writing on impairment imagery seems to be little other than semantics; a dense jungle of words whose variance is negligible. The difference(s) between a stereotype, archetype, type, prototype and sub-type, or even a myth, seems to depend upon the perspective of the writer or the academic discipline that he, or she, is representing; the inclusion of 'disability theory' only serves to muddy the waters further. The most problematic area of definition is between stereotype and archetype. For the sake of clarification I shall start by giving my definitions of the two key problematic areas. A stereotype is a social construction (image, representation or whatever) which denies the truth of that which it represents by replacing it with an alternative which the stereotyper presumes to be true but which is, in reality, socially constructed. A stereotype does not inherently reveal that it is a social construct but passes itself off as a truth. An archetype, on the other hand, works in a similar manner but it is a creative interpretation that is presumed (and designed) to be a universal truth without question by those who construct, consume and appraise it; it has the appeal of a timeless truth which the stereotype does not. Significantly, an archetype may become a stereotype when the subjects of that archetype stand up and challenge the archetype; as was the case with women in feminism (Perkins, 1979), blacks in challenging racism (Cripps, 1977) and gays in Queer Studies (Dyer, 1993[a]). Within stereotypes and archetypes there is no acknowledgement that they are social constructs, but - and this is the key - archetypes are seen as true whereas stereotypes are seen as false by many who consume and appraise them (Oakes *et al*, 1994). The difference is academic, quite literally, but significant when trying to challenge images (i.e., of the impaired) which are omnipresent and assumed to be universally true.

In general terms I would argue that images, and the reality, of disability are seen and

created more archetypally than stereotypically (the accepted view) because disability and abnormality are *seen* as axiomatic; as self-evidently abhorrent or as a timeless and natural part of Otherness. The next chapter focuses on this more specifically when *A Day In The Death Of Joe Egg* is used in an analysis of the issue in depth.

Perhaps the reason most disability imagery criticism argues that disability is portrayed stereotypically is partly because it is premised upon a broad definition of what a stereotype is; thus, little escapes its seemingly limitless parameters. As when Barnes, in *Disabling Imagery & The Media* (1992) writes that:

[D]isability stereotypes that medicalise, patronise, criminalise and dehumanise disabled people abound in books, films, on television and in the press. (p.38)

Barnes' view that images of impairment in the media are somewhat repetitive and seem to be particularly enduring in that they medicalise, patronise, criminalise and dehumanise those portrayed as disabled is sufficient for him to label them stereotypical. I would argue that this factor alone does not make them stereotypes. 'Part Two' of Barnes' monograph is sub-titled 'Commonly Recurring Media Stereotypes' and this sub-title itself seems to encompass the definition of stereotypes that Barnes uses. For Barnes, the very fact of recurrence seems to make an image stereotypical, but that they are enduring and pervasive, and 'commonly recurring', would indicate that they are more than merely stereotypical. That Barnes then lists what he considers to be a fairly exhaustive taxonomy of stereotypes, including eleven sub-types, further indicates, as stated above, that the definition being used is a fairly broad one.

Barnes' eleven stereotypes of disability imagery are:

- the disabled person as pitiable and pathetic (which would include *The Raging Moon* and *The Elephant Man*);
- as an object of violence;
- as sinister and evil;

- as atmosphere or curio;
- as 'super cripple' (which would include *My Left Foot*);
- as an object of ridicule;
- the disabled person as their own worst and only enemy (which would include *Duet For One*);
- as burden (which would include *A Day In The Death Of Joe Egg*);
- as sexually abnormal (which would include *Whose Life is It Anyway?*);
- as incapable of participating fully in community life;
- and 'the disabled person as normal'.

When Barnes states in the first line of 'Part Two: Commonly Recurring Media Stereotypes' that: 'the link between impairment and all that is socially unacceptable was first established in classical Greek Theatre' (*ibid*, p.15), it becomes fairly clear that even he sees the images as slightly more than stereotypes. However, he fails to take his observation to its logical conclusion and label them as cultural archetypes, or even myths, about disability and the impaired.

It could be argued that archetypes are simply unrecognised stereotypes. To be more precise, an archetype becomes a stereotype when those that are represented stand up and say they have had enough of being portrayed mythically and / or archetypally. After all, the identification of representations as stereotypical, by definition, implies an awareness of their social construction by those who label them as such. Archetypes and myths, on the other hand, lead one to infer a degree of truth about their subject. It is that inference of 'truthfulness' that perhaps makes some representations of disabled people archetypal rather than stereotypical, especially in their reception and initial construction by film-makers. As most of the writers discussed seem to be more polemical – and writing politically - than academic it should not be doubted that their use of the word 'stereotype' is functional rather than analytical. In other words, what they are really saying is that they disagree with

the way disabled people have been portrayed so far, as it fails to reflect their perception of the realities (or political dimensions) of physical or mental impairment and disability as these authors personally and politically perceive it.

Disability and impairment imagery has yet to be fully understood, and as a movement disabled people are, at present, much more concerned with getting their point across than with the nuances of theory or philosophy. Such a perspective will, undoubtedly, be more beneficial in the short term, although its long-term drawbacks have yet to be fully understood. It is perhaps the polemical perspective which explains why most writers on disability imagery are often reluctant to go into too much detail, i.e., in providing definitions, or the scope, of terms like stereotypes. Thus, popular conceptions of complex matters (stereotypes) are often left to stand by themselves as entities that are either axiomatic or superfluous to requirements. Even so, it is significant that filmic images of disability are always dismissed as being merely stereotypical. Even Cumberbatch and Negrine's statistical work, which does not have a particularly polemical directive, falls into the same trap as Barnes by using the similarly simplistic idea that repetition alone makes a stereotype (see lists on page 60-61 and 62-63). Equally, such lists are so encompassing that little else is left that one could be represented as being.

Cumberbatch and Negrine's philosophy in categorising all images of disability as stereotypical is revealed when they quote from a study of images of disability in newspaper advertising (Scott-Parker's, *They Aren't in the Brief*, 1989, p.16): '[S]tereotyped images define people by their disability [...] people with differences (should be) seen first and foremost as people'. The main thrust of Cumberbatch and Negrine's work (as is Scott-Parker's) is that the images are stereotyped because they are wrong both factually and morally. In other words, they are not as they - or other interviewed disabled people - would want them to be; what Macherey (1978) has labelled the 'normative fallacy' (which I return to below). It is a perspective which brings us back to the point that the emphasis of

these works is polemical and not essentially academic in analysis.

This is not to say that they are wrong, or that they should have been more analytical in their perspective; rather, that they are executing a very specific polemical analysis in an easily understood popular shorthand. As is the case in, for example, the work carried out on: 'cripples in literature' by Leonard Kriegal (1987); on images of the deaf in cinema by John Schuchman (1988); on *Disability in Modern Children's Fiction* (1985) by John Quicke; and the recent history of physical disability in American cinema by Martin F. Norden (1994). All of those just listed have a similar result to the works of Barnes, Cumberbatch and Negrine, and Scott-Parker: they tend towards being polemical and taxonomical rather than analytical. Kriegal lists four stereotypes of disabled people (impaired characters) in literature: the 'demonic cripple'; 'the charity cripple'; 'the realistic cripple'; and 'the survivor cripple'. Schuchman, on the other hand, lists eight deaf stereotypes: the dummy; the fake deaf person; the deaf person as an object of humour; the unhappy deaf person; the expert deaf lip-reader; the dummy label; the perfect speaker; and, finally, the curable deaf person. Here we can see that many of the stereotypes attributed to disabled people in general are sub-divided for a sub-category of specific impairment disabled people, i.e., the Deaf and / or the deaf.

Rarely does a work on disability imagery escape from being a list of repetitions and, as such, a list of supposed stereotypes. Quicke borders upon a much more critical analysis of disability imagery, yet even he resorts to creating a taxonomy of types, types which include the 'romantic' (where the potential of a disabled character is dramatically revealed to be in excess of their real capabilities) and the positive stereotype (the pseudo-normal abnormal). However, Quicke does give us a clue to his definition of a stereotype, when he writes that:

[I]n general, the problem with stereotypes is that even when they are 'favourable' (e.g., as when the child is portrayed as a 'virtuous victim') they are still counter-productive [...] a stereotype is a trap because it restricts the characterisation to one dominant social identity. (p.156)

For Quicke, a stereotype is that which 'restricts characterisation' or fails to present the disabled character, within any given narrative, as having multiple opportunities. Considering that most cinematic narratives – especially *classic Hollywood narratives* (Bordwell and Thompson, 1993) - close off opportunities for all their characters (closure is one of the key pleasures offered by fictional narrative that life does not) I would argue that disabled people are often highly developed characters, more so than any other conventional character in a narrative, whether filmic or novelistic. The problem for Quicke, and most of the other disability imagery critics reviewed here, is that if the characterisation of a disabled character is not to the disabled critics' liking it is dismissed as stereotypical, when in fact, at least by Quicke's own definition, this is not the case.

As some writers have shown (Dyer, 1993; Perkins, 1979; Oakes *et al*, 1994) stereotypes can be, and often are, complex in character, containing subliminal information and adopting the manner in which one stereotype reinforces another stereotype. Quicke demonstrates an awareness of this complexity and mutual support, as does Norden, when they both mention the way in which disabled characters often reinforce stereotypical views about women and their normative roles as carers and 'earth mothers' towards the abnormal. Quicke (p.158) writes that: 'if the mother is always portrayed as the key figure in caring for the disabled child to the exclusion of a father, then this can only reinforce the conventional view of a woman's role'. Such a perspective could easily be applied to *My Left Foot* (see the chapter, below, on the family). Norden, on the other hand, writes that 'the stereotype of physically disabled people is conspicuously related to the gender issue' (1994, p.315). Norden continues to explain that in his view all images of disability in mainstream films are the enactment of the Oedipus scenario; something which a *Social Model* methodology cannot accept, as not all people perceive, or treat, the impaired in a universally uniform manner. Psychoanalytic theory is antithetical to a *Social Model* methodology and, as such, the *Social Model* perspective interprets psychoanalysis as a normalising 'eugenics of the mind' (Davis, 1995, p.39). Davis calls psychoanalytic theory a 'eugenics of the mind' due

to its roots in the medicalising hegemony that is the legacy of the Enlightenment. For the *Social Model*, disability is a social construct, not an innate psychological state of being; for the *Social Model* even the very personal aspects of impairment are mediated through the culture in which they are experienced.

The degree to which people with mental health problems have adopted the *Social Model* (in opposition to a psychiatric model) is testament to the degree to which the *Social Model* and its supporters reject any link with psychoanalysis. See, for example, the work of mental health user groups **Survivors Speak Out** and **Survivors Poetry** (Beresford and Croft, 1993). This is not to say that psychoanalysis would not bear positive fruit in its interpretation of disability, only that it would be out of place within a *Social Model* analysis such as that adopted for the purpose of this thesis. Equally, impairment / disability imagery and psychoanalysis constitute a topic for a thesis in themselves.

One final issue is the question of the 'Kernel of Truth' debate which seems central to much stereotype discourse (Perkins, 1979; Oakes *et al*, 1994; Leyens *et al*, 1994). The problem with relying upon such criteria is highlighted by this quote from Quicke (1985, p.157): '[E]ven the stereotype of the disabled person always being "brave" is objectionable, because for many disabled persons it is a distortion of reality'. Alternatively, it could be argued, such a 'stereotype' actually acknowledges that for many disabled persons it is not a distortion of reality; thereby making the 'Kernel of Truth' debate far too empirically dependent (see Neale, 1993; and Oakes *et al*, 1994) to be of much constructive use. I would argue that to go through life in a disabling society that more often than not inflicts unnecessary pain, hatred, mistrust, contempt, stress, strain and intolerable barriers on the impaired, does require courage.

It is perhaps the individual experience of impairment that is the key to understanding why, and how, many disabled people enjoy 'negative' and 'recurring' stereotypes of disability.

The 'Kernel of Truth' debate seems in reality to be fairly, though not totally, irrelevant when one considers the stereotype of disability. This is perhaps at the core of how Dyer (1993, p.72) can write that stereotypes can offer: 'an image of Otherness in which it is still possible to find oneself'. Although traditional cinematic narratives individualise what are social problems - or socially constructed inequalities - such situations are experienced in everyday life on an individual basis; after all, we exist as individuals even if it be within a society.

Oakes *et al* (1994) devote their entire study of stereotypes to developing the idea that stereotypes are highly complex and actually reflect the true realities of inter-group relations within society. They write that 'stereotypes represent group-level realities' (*ibid*, p.193); not objective realities but the realities of inter-class / group conflicts, interests and identities, which, by extension, means that the apparently objective realities that are so often held up as invalidations of stereotypes are not applicable in an analysis of stereotypes. Thus, the 'Kernel of Truth' debate about stereotypes should not be about an individual's lived reality, or essential truth, but about a higher level of socio-political reality; only then can we acquire a better understanding of the question of ideological function and discursive practices of stereotypes and archetypes.

Chapter Two: Archetypal or Stereotypical

'I am not a human being, I am an animal.'

The Penguin (Danny DeVito) in *Batman Returns* (Tim Burton, US, 1992)

In this chapter I shall explore and reveal how different films about disability portray disabled people either archetypally or stereotypically. The chapter starts with a close textual analysis of *A Day In The Death Of Joe Egg* in arguing that it represents disability archetypally rather than stereotypically. It then moves on to demonstrate how impairment is represented stereotypically in the other core films of the thesis, demonstrating the nuances of each form of representation as it proceeds.

The Archetypal

A Day In The Death Of Joe Egg, from a disability perspective, is a film which advocates the segregation and the creation of a formal euthanasia programme for people with severe or congenital disabilities. It legitimates its exploration of disability with a supposedly intellectual debate under a facade of balance. For example, when one character argues for mass euthanasia and another states categorically that she means 'the gas chamber', the first replies: 'that makes it sound horrid'. The implication is that from her perspective the gas chamber for disabled people *is not* horrid as a form of progressive and necessary social policy (a perspective that the film supports). Surprisingly though, the disabled character is not portrayed stereotypically but prototypically and mythically: a representation that has no doubt of its own universally applicable truth and validity.

Dyer, in an essay in *The Matter of Images* (1993[a], p.13), makes it clear that stereotypes are historically and culturally determined and that they define social types. To be more specific, they define the limits of social reality, order and control and the parameters of

normality for *us* (the normal), in comparison to *them* (the abnormal). Dyer argues that if such 'types' are seen as universal and eternal then they are archetypes. Equally, archetypes are the matter of myths, and it is my contention that the Joe Egg character in *A Day In The Death Of Joe Egg* is an archetypal character: archetypal because she is shown as an ahistorical truth that represents a social group seen as a universal and constant truth beyond rational explanation. It is still a creation but it is constructed in intent and meaning as an archetypal truth outside of any culturally specific influences. Archetypes are no more nor less 'true' or 'false' than stereotypes. The point is that they are utilising a different set of narrative forms and / or cultural beliefs.

This is not to say that Joe Egg is a universal and eternal truth that represents her 'type' truthfully; the opposite in fact: Joe Egg exists as a stereotype *doe*, a socially mediated construction. The difference is in the manner of representation. The narrative is not about defining the character Joe Egg within the film since she is so self-evidently abhorrent that this requires no elaboration. The point is to discuss - or more precisely, argue - its own agenda: what *we* should do about *them*. Joe Egg - the character - is quite literally speechless. She *has* to be, because to have given Joe Egg a voice would have put into doubt the whole point of the drama; it would have meant that she herself would have had a voice to be listened to. Giving Joe Egg a voice would have made her a stereotype rather than an archetypal or mythical character. The process of stereotyping by giving the disabled character a voice can be seen at work in *Whose Life is It Anyway?* (a film examined in detail later in the thesis).



A personal anecdote demonstrates my point. I went to a revival of the play of *A Day In The Death Of Joe Egg* and attended a pre-performance discussion with the author (who also wrote the film's screenplay) at *The Everyman Theatre* in Cheltenham in 1994. It was a small group and I made it obvious to both the chair and the author that I wished to ask a question. Sadly, they were not going to let me speak because my very presence - as a

participating disabled member of society - nullified the philosophy and point of the play. I did not persist despite the constant references to the better 'facilities for people like that' (people with cerebral palsy) nowadays. The irony of the situation was that I was not going to challenge the ideology of the play in the least; I just wanted to know whether the author felt the film to be a more perfect version of the play.

In the first scene in which the audience is shown Joe Egg, the spectator is left in no doubt that she is a symbol of all congenitally disabled people used as a prototype to enact the archetypal function of her role in the myth of the inferiority of Otherness. The camera is focused upon a door handle that is pushed towards the camera, which goes off-screen left, and it reveals the arrival, in medium close-up, of the emerging figure of Joe Egg. Joe is slouched on her detachable wheelchair shelf, as if asleep, with a pillow under her head to demonstrate that this is no temporary aberration but the constant reality of her existence. To emphasise the point, Joe Egg's eyes are open; thus she is not represented as a sentient being but merely an anoetic body.

A conversation takes place between the mother (Sheila) and the father (Bri), with each answering their own questions to Joe Egg, clarifying the point that she does not, and cannot, indulge in conversation, intelligent or not. Bri says to Joe Egg, off screen, with the camera solely on Joe Egg: '[H]ome again: safe and sound'. This is an opening gambit on the welfare of the disabled - safest at home - but the irony soon becomes apparent as Bri takes it upon himself in the narrative to kill Joe Egg for the benefit of all concerned. It is this infanticidal quest that makes *A Day In The Death Of Joe Egg* aspire to truly mythic status. Bri, we are shown, is a good man who wishes to bring love and joy and peace into the world: he is a secondary school teacher. Thus, he has chosen the path of a vocation and not the sordid route of commerce (as his friend Freddie, in comparison, makes clear later on in the film). Equally, the constant sexual fantasies that Bri indulges in about Sheila, through inter-cut shots of a naked Sheila draped in white silk or lace, also leave us in no

doubt that this is a man of passion who still deeply loves his wife after ten years of marriage.

Soon after this initial meeting Joe Egg is left alone with Bri. Bri then sits in a rocking chair, by the side of her, and begins to rock backwards and forwards. This is a medium close-up shot of Bri that pans left and right as he goes to and fro. Upon each rock forward, pan to the left, Joe Egg is seen laying face down on her pillow on her wheelchair shelf in an equal medium close-up. As Bri rocks he talks:

[W]hat's that? You sat by the driver. There's a clever girl. Saw the Christmas tree eh? And the shops lit up. What was that? Saw Jesus. Where was he, eh? You poor softy. (Joe Egg makes a moan like a baby, or animal, that is unconscious.) I see.

In the background of this shot, at the very end, we see Sheila come in from the kitchen door. We cut to a medium shot of Sheila, which pans to watch Sheila walk to Joe Egg, lean over her and kiss her on the head. At which point she remarks: 'I'm lonely she says'. To which Bri retorts, as if it is Joe Egg who is speaking: 'Mad but lonely'.

The *mise en scène* of having Joe Egg come in and out of the rocking shot clearly displaces Joe out of the harmony that the scene had hitherto implied. The combination of jarring visuals with the fact that as Bri talks he does not even look at Joe leads one to conclude that breaking point for Bri has been reached. As Bri's tone is one of monotonous routine (the implication is he that has obviously had this one-sided conversation thousands of times already and is getting tired of it) the point is subtly reinforced. A breaking point has been reached for Bri, the scene indicates, due to the strain that Joe and her abnormality are putting upon the family. The strain on the eye of the visuals, which are particularly jarring if you consider that they are close-ups with fairly rapid pans from left to right and back again, are particularly effective in reinforcing the point. Equally, the nature of the dialogue ensures that the 'reality' of living under such a stressful situation is seen as intolerable.

As the story takes place on Christmas Eve there can be little doubt that the story is symbolic of the stagnant morality and alienation of modern life. Joe Egg's grandmother, later in the film, even talks about the 'bad taste' of bringing religion into Christmas. A statement which, by extension and intention, metonymically comments on the condition of Joe as caused by modernity and a lack of Christian spirit (i.e., Joe's not being allowed to die a natural, 'good taste', death). Again, this would seem rather tenuous if it were not for the fact that Freddie's wife discusses these matters rather explicitly later in the movie with an intensity that gives her value system a high degree of kudos that the film both validates and supports.

A sense of modern alienation is highlighted both within Joe Egg's character (modernity saved and saves her whereas 'naturally' she would have died) and by all the other characters' reactions and relationships to her (Freddie and his wife are, for example, the epitome of superficiality). Consequently, Joe Egg's character is a symbol of the modern society that has created both Joe Egg as she is and the social inability to deal with the problem of Joe Eggs in general. Though Joe Egg's existence may have been created by modern technological advances, the 'nature' of her condition is not; her condition (impairment cum disability) is thus shown and seen archetypally.

One way in which myth works is through the creation of prototypes of significant characters of its subject, a prototype being the ideal version and representative of a group (which because it is *seen* as universal and eternal, makes it archetypal rather than stereotypical). As is shown below, in a speech by Freddie's wife Pam, the film does at one point offer a parallel between a list, a whole catalogue, of congenital and acquired impairments, and Joe Egg's condition, thereby making Joe Egg the prototype of the mythically archetypal character of Otherness. If we look at the name given to the Joe Egg character we can see that perhaps subtlety is not Peter Nichols' strong point. We are told that 'Joe Egg', Joe's nickname, is the name Joe Egg's grandmother gives to people who sit

around and do nothing. While significant in itself, taken in conjunction with the gender of the name 'Joe Egg' we can see that it is supposed to cover all abnormal people: Joe with an 'e' is the male version of the name, whilst Jo, without an 'e' is the female version. Joe, in the story is female; thus 'Joe Egg' ensures that both female and male 'Jo(e) Eggs' are included. Joe Egg's real name is Josephine - a name synonymous with sexuality since the time of Napoleon – thus the direct contravention of such a sexual myth guarantees that this Josephine is pitied even more.

Joe Egg is not purely a 'type' because she is much more than a cipher: she carries a significant degree of cultural capital within her body. As Barthes (1983, p.117) has written about myths, 'the meaning is *already* complete, it postulates a kind of knowledge, a past, a memory, a comparative order of facts, ideas, decisions'; and that: 'we reach here the very principle of myth: it transforms history into nature' (*ibid*, p.129). Thus the 'common recurrences' that Barnes, and the other disability imagery critics, have written about have been the genealogical discourses drawn upon by *A Day In The Death Of Joe Egg* to create Joe Egg as an archetypal character in the mythic narrative that the film is emulating. Barthes acknowledges the historical construction of the archetype and mythic character whilst seeing that they are much more than stereotypical because of their ability to transcend the apparent influences of contemporary life. Their age and apparent 'naturalness' is seen as 'common-sense' and ensures that they as constructions escape the confines of the much more susceptible stereotype. As Barthes (1983) also writes:

[M]ythical speech is made of a material which has *already* been worked on so as to make it suitable for communication: it is because all the materials of myth (whether pictorial or written) presuppose a signifying consciousness, that one can reason about them while discounting their substance. (Barthes' emphasis - p.110)

If examined in the light of *A Day In The Death Of Joe Egg*'s drama, this would explain how so much can be interpreted from the presence of Joe Egg in the narrative despite the fact that she does, and says, virtually nothing. Socio-cultural meaning is explicit within her archetypal symbolism and her represented essence; as Barthes (in general) has pointed

out, this has been achieved by discounting its subject's (her) substance. The disabled body does not essentially reveal the character within it. Mythically, the disabled cinematic body has become a self-revealing meta-language; a meta-language easily understood by the audience and consumers and users of such a language, making the abject view of disability axiomatic. As such, it is a language that requires no translation or elaboration. It is a language developed in films as diverse in subject, genre, period and form as *Freaks* (Tod Browning, US, 1932), *Gigot* (Gene Kelly, US, 1962), *Kings Row* (Sam Wood, US, 1942), *Life Begins at Eight-Thirty* (Irving Pichel, US, 1942), *Mandy*, *On Dangerous Ground*, *Sorry, Wrong Number* (Anatole Litvak, US, 1948) and *The Story of Esther Costello*, a language further developed and refined in subsequent films such as *Carlito's Way*, *Crush*, *Brimstone and Treacle* (Richard Loncraine, GB, 1982), *Gattaca* (Andrew Niccol, US, 1997), *Gummo* (Harmony Korine, US, 1997), *Hana Bi*, *The Switch* (Bobby Roth, US, 1993), *Touch* (Paul Schrader, US, 1997) and many more.

Joe Egg's character is archetypal in construction because of her supposedly universal and eternally constructed nature, and truth, of impairment as disability; thus she is a character in a supposedly mythic tale; none the less socially constructed, but mythic all the same. Joe Egg does not label herself, nor is she signified by the others around her. It has already been done for her in the last two thousand years (Hevey, 2000). Barrett (1989, p.20) has written: 'archetypes [...] refer to the chief or principal types, which are not necessarily the original ones', and there is no sense in which Joe Egg's character is an original (that Hitler's treatment of people like her in the past is mentioned later in the film ensure that she cannot be seen as the 'original'), but the portrayal of Joe Egg is given as prototypical for her (arche)type: the congenitally abnormal.

When Hitler's treatment of the disabled is mentioned, both as a point of view and as specific to another era, Joe Egg is further restricted to being an archetypal character; especially if we consider Barrett's point (1989, p.13) that: 'the universal aspect of [an

archetype's] character [is believed to] transcends any particular [...] society', the word *believed* being the key in the above quote. The whole point of the film, and play, is not to debate the relative worth of the disabled but to challenge any, or all, society's treatment of them. Thus, the argument from Pam, Freddie's wife, to put them in gas chambers places Joe Egg and the other key characters in the sphere of being archetypal players in a mythic tale. As Rushing (1995) has written:

the cultural expression of a myth responds to historical and political contingencies and may appropriate archetypal imagery, consciously or unconsciously, for rhetorical means - that is, to further the ends of a particular person or group of people or to advise a general course of action. (p.96)

The 'particular person' in this instance is the author. It is significant to note here that Peter Nichols himself had a daughter with severe cerebral palsy and is quoted as saying that: '[W]e put our child in a home, which of course is what the parents in the play should have done' (Editor, 1972, p.358). The political mythologising nature of *A Day In The Death Of Joe Egg* is encapsulated by Rushing (1995) when she writes that:

[I]t is when myths are unconsciously lived that they lean to regressive wish fulfilment or take on a sinister cast. (p.96)

The personal passion with which *A Day In The Death Of Joe Egg* is written makes the film a politically motivated piece of rhetoric that passes itself off as reality (until those it depicts as 'useless eaters' challenge it). Martin and Ostwalt (1995) make another point about mythic tales in contemporary cinema that is equally applicable to this film, when they write that:

Myths narrate an encounter with the mysterious unknown, with terrifying or awe-inspiring or enchanting Otherness. They do so by describing a sacred place and time, by portraying the quest of a hero, and by probing universal problems of human existence and belief. Mythic films do the same. (p.69)

They continue to write that mythic heroes usually go on a quest and that they strive:

towards a greater insight and freedom or to better the conditions of others. In many versions, the quest takes the hero from a state 'of psychological dependency' to a condition 'of psychological self responsibility'. (p.70)

Joe Egg's father, Bri, fulfils Martin and Ostwalt's criteria for a mythic tale hero. When combined with the fact that the time of the scenario is the 'sacred' time of Christmas and the 'sacred' place is within the family home *A Day In The Death Of Joe Egg's* narrative can easily be read as mythic in intent. Also, the film is explicitly about Bri's struggle to free himself from an alienating dependency upon his wife and child. In one of the opening scenes of the film, when Bri first arrives home from school, he attempts to indulge in some form of sexual foreplay with his wife Sheila. It is a long shot of the two of them on a couch: Bri puts his hand up Sheila's blouse, to start with, and then, after she has pushed him off, he immediately returns to put his hand up her skirt. At which point Sheila pushes him off again and they indulge in a little aggressive banter which goes as follows:

Sheila: What's the point in starting now. Joe's home in a minute.

Bri: Well?

Sheila: Well! She's got to be fed, bathed, exercised. You know that.
She can't wait can she.

Apart from the obvious implication that having a disabled child makes a parental relationship somewhat frigid, we have the father, Bri, appearing 'psychologically dependent' by his infantile behaviour. When Sheila pushes him off and tells him that they must stop, as Joe is due home, Bri sits up and moves to the furthest point away from Sheila on the sofa. Bri then adopts the attitude that is the standard pose of an aggrieved adolescent who can't get his own way. That the foreplay - fumbling on a sofa - is as equally indicative of awkward infantile or adolescent behaviour serves to reinforce the idea that Bri has become emotionally weak and as equally dependent upon Sheila as Joe Egg is physically. That his name - which one presumes is Brian - has been halved, leads us to conclude that he is an emasculated male (half-man); emasculated by his acceptance of what is, in the logic of the film, a deformed version of the family. When we hear that Bri and Sheila cannot have any more children, the idea that Bri is the victim of emasculation is left in no doubt. Thus the film becomes a mythic journey, Bri's journey, as Martin and

Ostwalt have demonstrated in their definition, towards greater insight, freedom and psychological independence for himself and his wife. Consequently, Bri tries to kill Joe Egg by leaving her out on a cold night and when that fails he leaves – quite literally, as it is a journey on a train - to start a new life. Not that this is shown as a selfish quest: the closing scene of Bri on the train to London, lying on a train seat in the foetal position, is ambiguous enough to suggest that he is not being selfish but 'cruel to be kind'. Bri's actions will force Sheila to face her psychological dependence upon what is, symbolically, a dead child, as much as they will make Bri face his own situation. Bri, in true mythic style, is being unselfish rather than selfish.

Joe Egg's physical being, which does little except lift an arm every now and again whilst having an epileptic fit (and sneezing once) makes the representation of such an individual appear as one of the living dead; worse even, the suffering living dead. When a joke about putting the cat down is taking place as Joe Egg is having a fit, the irony is adeptly used to equate Joe's condition with that of a suffering animal. The joke takes place during a shot that is very staged and theatrical, a tableau of a death scene. All the characters of the film are in the shot with Joe forefronted, lying on a bed, with the rest of the cast leaning over her in positions that indicate their importance to the plot. The joke maker, the grandmother, is furthest from Joe, making her dialogue and Joe's presence the key signifiers of the shot. Creating a *mise en scène* that easily nullifies Freddie's subsequent piece of dialogue that the idea of putting something (one) down applies to the cat (an animal) and not Joe (a human being). The point is that Joe is an animal as she is not, in the view of the film, capable of thought or pleasure or movement.

Sheila is also an archetypal character (see Rushing, 1994, for a greater elaboration on the feminine archetype) in that her archetypally constructed 'mother instinct' is absolute; this is no Eve to be tempted by sexual promiscuity or immediate pleasure (as in her past). Sheila's dedication is total and she will, as she says - in extreme close-up to emphasise the

strength of her conviction - look after Joe until one of them dies. Such a characterisation is seen as a transformation from her previous lifestyle: Bri and Sheila have a love scene, one that is Bri's recollection in flashback, informing us that prior to Sheila's marrying Bri she was extremely sexually active. Thus, the transformation of Sheila acts not only, in the first instance, as an ideal role model but also as a morality tale of the dangers of 'promiscuity' and sexual activity during pregnancy: one's children will bear the sin of their parent(s).

The point about trying to demonstrate that not only Joe, but also Sheila and Bri, are portrayed as archetypal characters in a mythic drama is to clarify the fact that the manner in which other characters are represented can affect the way in which the central character is seen. Thus, I am not arguing for Joe Egg to be seen as a mythic symbol in isolation, but as a member of an ensemble that plays together to create a highly charged moral, and seemingly universally applicable, tale which the film's makers articulate as being true and valid. Although the film's makers may think of the film in that light, it is as socially constructed, and culturally mediated, as any other drama or representation. It is a theorisation of this film that makes the term 'regressive wish fulfilment' equally as applicable to this drama as it is does to any *Carry On* (Gerald Thomas/Ralph Thomas, GB, 1959-1992, generic) film. The only difference, apart from content, is the stage-like *mise en scène* that is used throughout to give the drama intensity and a claustrophobic atmosphere that gives it an illusion of verisimilitude.

We are told about Sheila's pre-marital sexual activity through a recollection of Bri's as he is getting Joe Egg ready for bed. Bri looks straight at the camera - at the audience - after saying 'I tell you' to Joe, and repeats: 'I tell you'; thereby leaving the viewers of the film in no doubt that the film is aimed at them. Thus, the film makes it clear that this is an educative drama specifically aimed at us, the audience. As these recollections are about the previous promiscuity of his wife - the idea that God has punished them for making blasphemous comments - as well as the dangers of smoking and sexual activity during

pregnancy, the intended meaning of the film is clear to the audience. The film creates a narrative structure clearly implying that the question of Joe Egg's state of being is a question of personal, religious and moral philosophy applicable to us all.

I shall now conclude this first section of the chapter by examining in detail the two main monologues by the mothers in the film: Sheila, and Pam, Freddie's wife (Sheila and Bri's best and oldest friends). It is an examination that reveals the narratives as mythic and archetypal rather than merely stereotypical. Sheila's major monologue, which demonstrates her 'motherly instincts', actually follows on from Bri's own reminiscences that have just been discussed. The closing scene of Bri's recollections occurs when Bri and Sheila have gone to church to see what the vicar thinks. He offers the usual platitudes about the abnormal not pleasing God, but he also offers a potential cure through baptism. He tells them of another child who was similar to Joe Egg but who can now 'tap-dance'. To ridicule all the characters in his recollection, cum fantasy and flashback, Bri plays them all himself: i.e., parodying a vicar by having him sing and dance Shirley Temple tunes. At the end of the scene with the vicar, Sheila looks at the camera and starts to talk and, after a few lines of dialogue, there is a cut to a close-up of Sheila looking into a mirror, still straight at camera, revealing to us her innermost feelings. Bri and Sheila's fantasies / recollections and realities thus merge, repeatedly, into and out of one another such that they emphasise the disorientation of their lives caused by the arrival of abnormality. Sheila puts it thus:

[T]he vicar was a good man. But Bri wouldn't let me do [the baptism]. I join in these [fantasy re-enactments of the past] to please him. He hasn't any faith that [Joe's] going to improve, whereas I have you see. I am always hopeful. (Cut, here, to Sheila looking in mirror at camera.) Always on the lookout for some improvement. One day when she was - what? - about 12 months old (at which point the camera moves in ever so slightly to concentrate on Sheila's eyes filling with tears), I suppose she was lying on the floor kicking her legs; I was doing the flat. I'd made a little tower of bricks - plastic bricks - on a rug near her head. I got on with my dusting and when I looked again I saw she'd knocked it down. I put the four bricks up again and this time watched her. First her eyes, usually moving in all directions, must have glanced in passing at this bright tower. Then the arm that side began to show real signs of intention (a pause as Sheila wipes tear from eye)

and her fist started clenching and spreading with the effort. The other arm - held here like that (Sheila touched her shoulder with her hand) - didn't move. At all. You see the importance - she was using for the first time one arm instead of both. She'd seen something, touched it and found that when she touched it whatever-it-was was changed. Fell down. Now her bent arm started twitching towards the bricks. Must have taken - I should think - ten minutes' - strenuous labour - to reach them with her fingers [...] then her hand jerked in a spasm and she pulled down the tower. (Sheila pauses, upset, etc.) I can't tell you what that was like. But you can imagine, can't you? Several times the hand very nearly touched and got jerked away by spasm [...] and she'd try again. That was the best of it - she had a will, she had a mind of her own. (She continues to explain that Joe Egg became ill and she no longer tried to knock the tower down.) But look what it meant: she was a vegetable.

At this point the image changes to one of Joe Egg running out of a primary school class and then skipping and singing with her class mates, 'normally'. Sheila's monologue continues on the soundtrack:

Bri's mother's always saying 'wouldn't it be lovely if she was always running about', which makes him hoot with laughter. But I suppose women can't help hoping.

At this point the noise of the school playground becomes audible, and the scene changes to a close-up of a beautiful ten-year-old Josephine skipping and singing: 'Mrs D, Mrs I, Mrs FFI, Mrs C, Mrs U, Mrs LTY' (repeated twice). We then cut back to Sheila at the mirror with Freddie walking in through a door behind her; it turns out she is at her amateur dramatics rehearsal; she has just had an emotional breakdown and been composing herself.

In the first part of the monologue Sheila (Janet Suzman) beautifully captures every emotion, attitude and nuance of a mother's dilemma in having a 'monstrous' child. Sheila's tears appear at appropriate times; every glance down, and back, at the camera is done with consummate skill and confidence in the representation of the total commitment and emotion of a mother's love for a child. The camera's unrelenting stare on her ensures that the audience can escape none of the trauma that she is going through. That she ends the whole piece with the phrase that women – the archetypal mother in this case - just 'cannot help hoping' guarantees that we see Sheila as a desperate woman who is trapped into doing all that is required of her to the extreme. She must stay with Joe Egg until one of them dies

because that is what motherhood, as defined by herself and her (our) culture, dictates. The film is not about challenging the worth of impaired people, but about their treatment; given that they are seen as a constant burden, in this case the film is about adjusting to the dictates that archetypes of disability require in relation to motherhood, not in relation to abnormality.

The immediate juxtaposition of Sheila's trauma with the visualisation of her mother-in-law's words that it would be 'lovely if [Joe] was always running about', reinforces the idea of Joe Egg as tragic and a 'useless eater'. The juxtaposition also serves to reinforce the film's overall point that mothers should not have to be *so* heroic when burdened with such children. Sheila, in investing ten years of hope after the incident of Joe's knocking over some toy bricks - that may well not have happened or been merely accidental – portrays that which is tantamount, for this film's makers, to an immoral waste of individual and social time and effort. When one considers that Sheila herself (inevitably) accepts that Joe Egg is a 'vegetable', it is difficult to read the narrative in any other way.

Sheila's monologue defines, primarily for Pam's later monologue, the parameters that constitute a worthwhile person, such as when she states that 'she had a will, a mind of her own'. Thus, as long as that was the case, hope, dedication and perseverance are acceptable. Following this logic, then, those who can be normalised can be valued to some extent: a theme of impairment-oriented films that continues to this day in films such as *The People vs. Larry Flint* (Milos Forman, US, 1996), *The Horse Whisperer* (Robert Redford, US, 1998), *The Might* (Peter Chelsom, US, 1998) and *There's Something About Mary* (P. & B. Farrelly, US, 1998).

Once a parent accepts, as Sheila herself does, one's child is a 'vegetable', such parental responsibility and dedication is not required. For Nichols, mercy must take its place; that Nichols is confident enough to generalise and provide us with a list of conditions suitable

to be classified as 'vegetables' (see below) makes one recall Rushing's point about 'wish fulfilment' and a 'sinister cast'.

The visualisation of the mother-in-law's (Joe's grandmother) wish that it would be 'lovely' if Joe could have been normal acts in two ways. Firstly, the film's narrative signifies Joe as even more tragic than had been considered before - the very process of comparing an impaired Joe to a normal one makes no other interpretation possible. Secondly, the audience is reassured, in their desire for entertainment, that the child actor playing Joe Egg is not really as Joe Egg is supposed to be: that would be far too depressing and in many ways, bad taste in 'entertainment', however educational in intent (Darke, 1995). In impairment-centred films the opposite is true of what Comolli (1978, p.44) argues about there being 'one body too much' in films about 'real' people. In impairment-centred films, once an audience begins to accept the actor as the 'real' character, *via* the suspension of disbelief, the drama becomes too depressing. An actor must always be seen to be acting both to provide entertainment and win Oscars (Husband, 1999); after all, portraying disability is one of the rare opportunities to showcase both your own acting skills and the profession as a whole (Darke, 1995).

By having the child actor actually do normal childhood things (skip, hop, jump, sing, and run) the spectator is reassured that the film is to be seen as a mythic exploration of a tricky subject in an entertainment format. It is significant that a similar theatrical device and direction takes place in the play: the little girl playing Joe Egg, just prior to the interval and in order to dispel some of the too depressing fears that the child might actually be like that, appears as a normal girl. In the play the child playing Joe Egg comes on skipping to tell the audience that the second half is not as depressing because Freddie and Pam enter, thus, she will not be so central and is not really disabled. Ironically, given the obsession of advertisements with the ideal (body, lifestyle and pleasure), the television station (*Channel 4*) on which I saw the film also had an advertisement break there. Interestingly, the stills

collection from the film at the *British Film Institute*, London, also includes a multiplicity of stills, from a fairground scene in which Joe is normal, that do not appear in the released version of the film since they were cut from the final cut of the film.

The length of Sheila's monologue is also unusual (well over three minutes) in that it gives the scene a monotonous intensity not very common on film; it is made to seem to be, while technically it is not, a single long take. That the film comes virtually untouched from the play makes it very static in *mise en scène*, and indicates the director's desire and decision to keep the limiting nature of the play intact in order to intensify the film's drama.

A final point should now be made about how the helping professions' use of various terms plays an equal part in constructing Joe Egg as an archetypal character within the film. When Joe returns from her day-care centre, early on in the film, Sheila and Bri read a letter from its management that explains why Joe has run out of an anti-convulsant drug; they write that there had been a party due to the birthday celebrations of 'one of our kind'. The film is making it specific, and explicit, that Joe is one of *a* kind and that all who are labelled as she is bear a striking resemblance to one another. What makes this interesting is that in the play (Nichols, 1967, p.18) the same piece of dialogue takes place but the person whose birthday it was is actually named: 'Colin's'. As a consequence the film further negates any attempt to humanise Joe Egg by objectifying others of her ilk, even outside the narrative confines to which we are privy, through keeping *them* anonymous.

Giving another impaired character a name could potentially make Joe a human being and, as the whole point of the film is to portray her as archetypal in a mythic tale trying to justify killing her, humanising her (or them) would have been counter-productive. Also, the film in attempting to simplify its point has had to erase nuances that made the play appear slightly contradictory. The film is surely Nichols' perfected version of his own play. The view of the disabled as 'useless eaters' is strengthened in the film to a much

higher degree than in the play. That the doctor - though played by Bates as Bri in comic fashion - subsequently calls Joe a 'vegetable' serves only to simplify an already simplified tale.

Pam's monologue, although superficially extreme, is at the crux of the film's philosophy and, I shall argue, it is validated both as she delivers it and by the subsequent unravelling of the narrative. It takes place with only Pam, Freddie and Bri in the room; Sheila is upstairs checking on Joe after Bri has said how he wished he had killed her when he had tried in the past. The scene goes as follows:

Pam: I can't stand anything N.P.A.

Bri: What?

Pam: Non-physically attractive. I know it's awful but it's one of my things; we're none of us perfect. But, old women in bathing costumes, and skin disease and weirdies (something she has called Joe Egg earlier). But I can't help feeling a little on Bri's side (Bri having earlier expressed a desire to kill Joe Egg). Can you?

Bri: Oh!

Pam: I don't mean the way [Bri] means: everyone doing away with their unwanted mums and things. No. I think it should be done by the state.

Freddie: Hitler was the state.

Pam: I know you won't hear of it, but then he loves a lame dog. You know every year he buys so many tickets for the spastics' raffle he wins the TV set; and every year he gives it to the old folks home. He used to try taking me along on his visits at one time. To the blind, the deaf, the dumb, the halt and the lame, and spina bifida and multiple sclerosis.

Freddie: Not for long.

Pam: One place we went there were these poor freaks with - oh, you know - enormous heads (at which point Pam opens her palms about two feet apart) and so on. And you just feel 'Oh, put them out of their misery'.

Freddie: Darling, this is not the time or the place to talk like this.

Pam: They wouldn't have survived in nature. It's only modern medicine, so modern medicine should be allowed to do away with them. A committee of doctors, do-gooders, naturally, to make sure there's no funny business. And then [...] (Freddie interrupts).

Freddie: The gas-chambers.

Pam: That makes it sound so horrid, but if one of our kids was dying and they had a cure that we knew had been discovered in the Nazi laboratories would you refuse to let them use it?

Freddie: That's hardly an excuse for killing six million people.

Pam: I love my own immediate family and that's the lot. I can't manage anymore.

Freddie: Then it's time you tried.

At which point Freddie forcibly leads Pam up to see (not to 'meet', that would be to humanise) Joe Egg for the first time.

Pam, as we can see, is the complete opposite of Sheila on the surface. Pam just wants to kill all 'types' of Joe Eggs and put them out of their misery, even though her concluding remark makes it clear that she loves her own children just as much as Sheila does Joe. The difference is in the ability to show - what this film's makers consider to be - compassion and mercy. Pam accepts she would do what is considered socially unacceptable for her children (benefit from Nazi research), whilst at the same time accepting that enough is enough when it comes to suffering.

Somewhat disturbingly (from a *Social Model* perspective), the monologues from Pam and Sheila discussed here, out of the play of *A Day In The Death Of Joe Egg*, have become standard 'O' and 'A' level drama teaching tools and practicals. Pam's monologue proposes the 'gas chamber' as a positive alternative to simply placing a burden on the parents and, as

scenes earlier in the film clearly demonstrate, respite care and institutionalisation are seen as equally evil: they merely shift the responsibility from one group to another. The narrative of the film is that the problem of the disabled should be solved, not passed on. When Pam is in full swing the camera follows her from one side of the room to another as she moves from being next to Bri and then next to Freddie, and back again. Also, for almost all of her dialogue (written above), Pam is standing whilst the other two in the room sit, a factor which gives her authority both apparent and real.

All this would be irrelevant if it were contradicted by the narrative as a whole, but Pam is only verbalising what Bri has already said (the film's hero) and what he tried to bring about when he attempts to kill Joe Egg. The attempted murder of Joe Egg fails as an ambulance crew revive Joe Egg. It is the ambulance crew's resuscitation of Joe Egg that necessitates Bri's leaving in the end to become 'psychologically self-responsible'. Even when Pam goes up to see Joe Egg, and she comments upon the beauty of the impaired child, she makes the tragedy of impairment seem to be greater. Pam's entry disrupts Bri's attempt to murder Joe Egg - whom the only consistently anti-euthanasia character, Freddie, immediately decides to protect by lying to the police - and thus appears to validate Pam's position above all others. Pam's position is ultimately validated at this point because her system has 'safeguards', unlike Bri's, his is susceptible to the moment of passion (justifiable homicide).

Pam is consequently portrayed as being more significant and morally correct than Sheila. Sheila's monologue shows that she is trapped by her circumstances and is forced to believe in hope. Joe Egg is her daughter and that is what she is supposed to do; she is too close to the situation to mention or discuss it dispassionately. Pam, on the other hand, is dispassionate, perhaps a little too much so, but none the less she appears as an objective observer who at least knows what it is like to be a mother: she does have three children of her own who are described as 'perfect'. When Pam states that she cares for her 'immediate

family' she also makes explicit the point that it is the family that matters and not one individual in it at the expense of any of the others. Again, the fact that Bri leaves at the end of the film makes it clear that Sheila has (mistakenly) placed the interests of Joe as an individual above those of the whole family: i.e., Bri and, significantly, Sheila herself.

What is particularly revealing about the drama as mythic tale, and what makes it less of a stereotypical representation of the disabled character, is that the film's author's seems to be oblivious to the fact that disabled people act as modern-day guinea pigs for a contemporary medical establishment (Turner, 1992). If, as Pam argues, disabled people were allowed to die, then the vital treatments to maintain the illusion of normality for the ordinary citizen would fall behind. Just as Pam argues that she would happily use the results of Hitler's genocidal policies, she ignores the advances of modern medicine achieved during the routine treatment of disabled people in her own culture (Morris, 1996; Trombley, 1988). Many advances in neuro-surgery, orthopaedics and urology have all been perfected on the disabled. Pam is thus happy to benefit from Hitler's regime but is unaware of medical advances in her own culture achieved through similar actions (Cohen, 1983; Goldberg, 1987). This constitutes a significant point, given that a lack of knowledge is symptomatic of a mythic tale, and a mythic tale is about a higher morality and not dogmatic self-interest within the confines of its own culture.

The exaggeration, and generalisation, of the impaired conditions listed by Pam would, superficially, make the film appear stereotypical in its view of those conditions. Impairments are seen as totally interchangeable and the impaired are seen as having an essentially 'life unworthy of living'. The nature of impairment for Nichols *et al* is seen as irredeemably pointless; no credit is given for questions of degree, severity or other factors such as class and education.

Sheila and Bri, and Joe Egg, all combine to create a mythic drama of, what the film's

makers believe to be universal significance and eternal relevance, it is such a perspective which makes *A Day In The Death Of Joe Egg* a representation of the impaired Joe Egg archetypal. This is in spite of the fact that it is a representation none the less socially constructed as a stereotypical representation of the disabled in films such as *Whose Life Is It Anyway?* and *The Raging Moon*. Thus, I would argue, Joe's character transcends being a stereotype because of the manner of the narration (mythic) and the specificity of her representation - and not because it is more or less truthful.

The Stereotypical Representation

There are two specific ways in which the stereotypical differ from the archetypal: the first is the process of self-labelling, or self-definition, in the interests of defining the parameters of that specific society's limits on self-identity and in giving it a legitimacy that it would not otherwise possess. Secondly, stereotypes assist in the creation of an in-group and an out-group that is defined within the text itself (not by a morality extrinsic to the film's own sense of reality) in order to create the basis of inter-group relations. *Whose Life Is It Anyway?* and *The Raging Moon* demonstrate the process of both practices particularly well. Stereotyping, unlike the use of archetypes, provides legitimacy and identity maintenance where ambiguity exists. The 'commonly recurring' images that appear on our film and television screens indicate that little ambiguity exists in the public consensus. In the case of archetypes, there is no sense in which there is any ambiguity or crisis of legitimacy: the in-group is obviously *us*, with the out-group *them*. The in-group and out-group theory also explains the idea(l)s behind the positive stereotype: i.e., when one of *them* is a bit like *us* and *vice versa*; a hypothesis that could partly explain the popularity of a film such as *My Left Foot*.

If one looks at the self-labelling aspect of stereotypes it is immediately obvious that this is not an issue in *A Day In The Death Of Joe Egg*. In Joe Egg's case the labelling is done for

her by others who do not consider it an issue; the issue in her case is her existence and not its relative worth. *Whose Life Is It Anyway?* reverses the issue. All the other characters in the film seem, initially, to want to validate Ken Harrison (Richard Dreyfuss) as having a worthwhile life (yet not 'equal'). Thus, he must himself dispel that potentially valid notion to restore the supremacy of normal identity. Ken does this through self-labelling. Similarly, the film does it in the overall narrative by creating a normal past for Ken (and for us to have a visual comparison) to compare with his abnormal present. From the initial onset of abnormality, two identities are created and paralleled: the normal and the abnormal, portrayed stereotypically.

As Dyer (1977, p.29) has stated, stereotypes are one of the 'mechanisms of boundary maintenance'. Ken's latter existence within the bounds of abnormality is paralleled with his previous self to create the boundaries of acceptable abnormality. Equally, as Linville *et al* (1986, p.198) have said: 'stereotyping is a matter of degrees'; unlike archetypes, which allow very little deviance from their intended meaning, stereotypes are polymorphous even within the same context or text. For example, Ken Harrison's own self-devaluation ensures that normality is not blamed for the differentiation (or boundary construction) with legitimacy achieved by having the abnormal themselves testify to the 'reality' of their abnormality and difference.

In one of the lower-key scenes of the film self-definition and devaluation are laid out very clearly by Ken. In consultation with a therapist who wishes him to view his rehabilitation as the opening to a new life, Ken gives the following retort to the therapist's suggestion that he use a computer to write, rather than dwell on his own inability to sculpt any more. He states:

[D]o you think you change your art like a major in college? I am a sculptor, my whole being, my imagination speaks, spoke, to me through my fingers. I was a sculptor and that was what my life was all about. Now, you people seem to think about survival no matter what. If I'd wanted to write a goddamned novel I would have done it, if I'd wanted to dictate poetry I'd have done that.

Ironically, Ken is talking about identity maintenance, his past and present one, but here it serves to devalue his present one and not discuss identity *per se* (a key element of stereotyping for both the stereotyped and the stereotyping). Ken is shown in a medium, low angle, shot, in which he is slightly slouched forward with his upper-body held up by a wheelchair strap. Ken is in a manual wheelchair to reinforce the central idea that his identity is now dependent upon others. The ability to create something of one's own choice is also paralleled to the ability to create one's self; now Ken is seemingly unable to do that, he has decided that his life is no longer of value. The low angle of the shot gives Ken the status dictated by his own choice of a future: suicide as a member of the Other.

Ken fulfils two functions: he labels himself as not worthy of life and he creates the boundaries that constitute 'worthy living'. As Dyer (1993, p.16) has written, one of the stereotype's functions is to 'maintain sharp boundary definitions, to define where the pale ends and thus who is clearly within and who is clearly beyond it'. Consequently, in Ken's case, the limits of 'survival no matter what' are defined by those who inhabit the outer-edges of the boundary, with the legitimacy of his view confirmed by its being his own reality. As Dyer has also written, and are exemplified by Ken's testament to his own worth(lessness), stereotypes legitimate the use of a specific entity by defining the position for it that becomes abuse. Whereas Dyer was talking about alcoholism, *Whose Life Is It Anyway?* is about modern medical practice. *A Day In The Death Of Joe Egg* is not defining boundaries, or limits, but stating its own views as axiomatic, thereby portraying impairment and disability archetypally - not, as Ken Harrison is, stereotypically.

Ken validates the social process of medical rationalisation and the marginalisation of the physically impaired from the mainstream of society. This occurs primarily because the film's entire narrative is Ken's ultimately successful legal fight to have the right to commit assisted suicide. Stereotypes are ideological in intent and, as Perkins (1979), Dyer (1993[a]) and Oakes *et al* (1994) have implied, realistic in that they represent the realities

of inter-group conflict and identity maintenance. When Perkins (1979, p.155) writes that: 'stereotypes present interpretations of groups which conceal the "real" cause of the groups' attributes and confirm the legitimacy of the groups' oppressed position', she encapsulates their essence as ideological functions. If we apply her analysis to the representation of Ken Harrison's acquired quadriplegia, we can see that Ken is himself confirming the position of an able-bodied society when he confirms that his is indeed a 'life unworthy of living'. The *Social Model* of disability would postulate that the true cause of Ken's disability is socially constructed and extrinsic to his own body, even though Ken's self-devaluation interprets it as being pathological.

The film's wider ideological position - medical rationalisation and the discrediting of its interpretation of abnormality as valid in its own right - is revealed when the film is analysed from a *Social Model* perspective to demystify the stereotype. The *Social Model* interpretation confirms Byars' (1991, p.73) perspective (which echoes and acknowledge Perkins' [1979] work) that 'stereotypes function to reinforce ideological hierarchies by naturalising'; naturalising, in this case, the idea that impairment is pathologically inferior to the idea(l)s of normality. The financing of medical treatment is used in *Whose Life Is It Anyway?* as a false argument that Ken's preservation is not the appropriate priority for finite resources - the starving of Africa would be better recipients, in the stated view of a black orderly - but such an argument is mistakenly pitted against an emotive issue which, if Ken were allowed to die, would not fundamentally change anyway (such funding would not be re-directed to solving Third World poverty and debt). Ken's self-devaluation is thus made logical as a hierarchical imperative for the survival of mankind and, although ridiculous in the extreme, it is perfectly acceptable in the narrative and to a disablist culture.

Prior to Ken's session with the therapist, there is a flashback to Ken while he is sketching his girlfriend dance, and it is immediately followed by his telling his girlfriend to go and

find a 'real' man now that he is disabled. It is a cinematically constructed chronology that ensures that we see without undue ambiguity Ken's dismissal of rehabilitation. The sequencing of the narrative, which repeatedly juxtaposes the good normality to the bad abnormality, insists that we see and share Ken's perspective of his impairment as not only valid but truthful. Such a call to 'truth' is a key element of the stereotype even though this ignores significant information and the interests that are served by such a stereotypical representation of impairment. The same is true of archetypes but the difference, I am arguing, is in the degree of apparent construction in its creation and its subsequent potential reception.

A socio-political problem or situation is often culturally identified through stereotypes: taking on a form in which it can be efficaciously comprehended and ideologically mystified by society. This leads to the development of stereotypes as an ideological attempt to overcome any given socio-political problem – usually for the benefit of the stereotypers, the normal in this case, rather than the stereotyped. On this basis, stereotypes can be classified as culturally specific. Thus, *A Day In The Death Of Joe Egg* (which argues its philosophy as a point of belief even though it comments upon modernity) is very different to *Whose Life Is It Anyway?* (a film which is dependent upon modernity for its interpretation even if it also draws on a 'widespread-belief system' [Fraser and Gaskell, 1990]). The self-labelling that takes place in one, and not the other, also seems to support the hypothesis that the process of self-labelling is a key element of a stereotypical representation and not an archetypal one. A good comparison can be seen in *A Day In The Death Of Joe Egg*, when the label is already there, compared to *Whose Life Is It Anyway?*, where self-labelling is carried out by the characters within and throughout the text and its drama.

The Raging Moon is equally adept at using self-devaluation as a legitimating process of various ideological agendas and self-labelling as an aspect of its stereotypical portrayal of

disability. For example, early on in the film, when Bruce (Malcolm McDowell) is in hospital having collapsed after his brother's wedding, he articulates his own philosophy and that of the film with an absolute and honest conviction. Lying in a hospital bed, unable to maintain his balance, Bruce tells his brother: 'you don't say "ill" to people like me'. He then goes on to tell him that he has got a place in 'a Home for the disabled' (people whom the brother had earlier called 'cripples').

Differentiation is both immediate and final in this instance: Bruce is no longer normal and, as such, must seek isolation in order to fulfil his own devalued sense of self. The ideological hierarchy to be legitimated in *The Raging Moon* is the segregation of the physically impaired, articulated as the best solution for the impaired / disabled. Bruce chooses it himself and then learns to accept it, which means that his self-denigration is both complete and correct in the context of the narrative. As with *Whose Life Is It Anyway?*, *The Raging Moon* is replete with examples of this process: i.e., it is a narrative that inadvertently reveals self-labelling to be part of its impaired characters' stereotypical representation.

In a further similarity to *Whose Life Is It Anyway?*, *The Raging Moon* creates a past normality which is compared with a subsequently impaired life. Some critics and academics have termed this a similar process to ethnocentrism. However, self-labelling and devaluation are slightly different in that the individual, or group, that is negatively stereotyped are one and the same and, more often than not, it is they themselves who make the negative comparison. By having 'them' label 'them' the legitimacy of the argument is in no doubt. Cripps (1977) aptly writes that:

[M]ost stereotypes emerge from popular culture that depends upon imaginative use of familiar formulas for its audience appeal. Deriving as they do from the familiar, they tend to assert a conservative point of view that speaks of a changeless status quo in which [the stereotyped] take up a well-known position. (p.15)

He later continues:

[T]hus in a society of many groups, stereotypes affirm the values of the dominant group. If these stereotypes become popular, then they easily assure, soothe, and support, thus growing into political spokesmen of the *status quo*. [...] Even at its most effective, the stereotype may merely reinforce attitudes rather than convert its audiences to new ones. [...] Thus, in a society of many groups, stereotypes affirm the values of the dominant group. (p.18)

Cripps encapsulates the idea of the stereotype acting ideologically in concert with the *status quo*; the *status quo* of normality in this case is antithetical to the interests of the abnormal. The stereotypes of abnormality and impairment always confirm the values of normality against abnormality: i.e., the values of the dominant social group. The specificity of stereotypes is that they 'speak of a changeless *status quo*' that is not a changeless *status quo* at all; they speak of it as if it were. It is the nature of the representation of the *status quo* that defines whether or not an image is stereotypical or archetypal. In *Whose Life Is It Anyway?* the *status quo* is apparently under threat (due to medical and technological advancements), whereas in *A Day In The Death Of Joe Egg* the *status quo* is not under threat, only its behaviour is in question; thus they are (along with all my other points) stereotypical and archetypal, respectively. Both stereotypes and archetypes call upon apparently universal norms and values, which is why so many of each endure. The crux is to what degree they are unintentionally revealed and socially agreed upon, and how they are intended to be received (real or not).

The closing scene of *The Raging Moon* demonstrates the point. In the final scene Bruce, having been told of the death of his beloved Jill, is being taken back to the Home in the Home's minibus when he admits that he has 'pissed' himself. The carer tells him that it does not matter, but he insists: '[I]t does matter. Everything matters, if I don't believe that I've had it'. Objectively, this is a fallacy; 'piss' is just 'piss' and as such it does not matter, but subjectively - in the context of a normalising hegemony that sees 'piss' as much more significant - it does matter. Consequently, Bruce validates such a normalising hegemony as a truth that he (and the abnormal and normal alike) must live his life by, thereby making the disability stereotype act as the boundary marker for what is acceptable and not

acceptable as normal in *this* society. The degree to which the issue of boundary marking is significant in any given image (either intentionally or unintentionally revealed) is equally significant in defining the image as either stereotypical or archetypal. The stereotypical is more of an impairment-centred film (defining normality itself) than is the archetypal (which is about defining the behaviour of normal people and not about life as lived by the disabled).

The aspect of stereotypes discussed so far in *The Raging Moon* and *Whose Life Is It Anyway?* are elements that define the parameters of what is acceptable and not acceptable; i.e., setting the boundaries of, and for, 'civilised' existence. The point about in-group and out-group aspects of stereotyping is that they define the more specific constituents of group identity in the present, creating for each other their own sense of self-esteem; an identity for both *them* and *us*, whichever group one belongs to.

Hamilton and Troler (1986, p.131) have written of the in-group / out-group situation that '*they* are all alike, whereas *we* are quite diverse'. Of course, the converse is also true, especially in the case of disability. But, following on from Hamilton and Troler, the in-group (normal people, in this case) perceive themselves as having shared ideas within a broad range of variation, whereas the out-group are seen by the in-group as being virtually homogenous, with no degree of variation. This fits my earlier definition of the archetype in *A Day In The Death Of Joe Egg*. Here, however, its main applicability is to the more culturally specific question of stereotypes because, as Linville *et al* (1986) have written:

The more experience a perceiver has with the members of a given social group, the more differentiated the perceiver's representation of the group will tend to be. [...] People will tend to have more highly differentiated representations of members of 'in-groups' than 'out-groups'. (p.182)

In the films under discussion the disabled are the Other, the out-group, and the normal are the in-group; thus a minimum function of the disabled stereotype is to construct an in- and an out-group in order to enable inter-group relations to appear legitimate rather than

unequal and socially constructed. I would go further than Linville *et al* (1986) and argue that people have the capacity to override the knowledge that regular contact with out-group members can provide and to challenge any given stereotype one may have of (O)thers, in order to make it fit (or not) their own stereotypical and archetypal perception of that out-group or its members.

Significantly, a stereotype in its construction does not only define inter-group relations; it also defines intra-group relations. Ethnocentrism plays a very similar role when it places the out-group member in an in-group position and then negatively equates the two; the out-group member is invariably left lacking certain intrinsic aspects of the in-group member that makes the out-group member tragic and / or Other. The key point to be addressed now is how specific characters in *The Raging Moon*, *Whose Life Is It Anyway?* and *My Left Foot* are constructed as out-group members in order to create group boundaries and simultaneously ensure that those individuals stay within that out-group.

In films about impairment / disability the process of in-group / out-group differentiation, *via* stereotyping, is used more subtly to dictate the definition of what good Otherness is. Stereotypes are not utilised to marginalise further the out-group, but to control the boundaries of acceptable behaviour that they (and those of the in-group) should inhabit. In *Whose Life Is It Anyway?*, for example, Ken Harrison is given as the good Other in that his actions (suicide) are seen as not only for the benefit of himself but of the community in general. The camera does a pan and tracks over the I.C.U. unit to represent other people with quadriplegia as lifeless. Significantly, Ken is alert and imaginative; Ken is listening intently to a piece of classical music on headphones and enjoying it. In this sequence the film's makers are cinematically articulating a perspective that sees Ken as the good Other whilst the (generalised) other people in the ward are the bad Other. This is because Ken still wishes to benefit the community, by committing suicide, whilst the rest of the people in the ward exist merely as a burden to society. Ken is still articulate and able to obtain

pleasure from a source, thereby making Ken's suicidal tendencies seem altruistic rather than selfish (Armstrong, citing Durkheim, 1990) and appear socially responsible.

Ken is thus different from other members of the homogenous out-group of Otherness, not in order for the film specifically to marginalise that group further (which it does by extension), but to educate its members on how *they* should behave, and to educate the in-group on what *we* should do to solve the problem of disability / impairment. Ken represents what *we* should do if ever *we* find ourselves in that situation: legalise euthanasia, and / or commit suicide. In this way a positive Otherness is constructed alongside a negative one; a positive or negative stereotype depending upon the paradigm applied: it is negative from the *Social Model* and positive from the *Medical Model*. Ideal Otherness is, then, ethnocentrically and hierarchically, on a scale of in- and out-group representation, paralleled to normality (in-groupness) to boost the self-esteem and values of the in-group norms. Thus, the stereotype of disability in these films is as much about intra-group relations as inter-group relations; just as Ken's actions are deemed good, so in-group behaviour is modified by creating an etiquette in dealing with Otherness. Stereotypes, it could be argued, enable the stereotyper and the stereotyped to create a clearly defined set of rules by which interaction and inter-group relations can, and cannot, take place in the present. *A Day In The Death Of Joe Egg* does not attempt this. It argues from beginning to end that interaction (integration) is just not an option: abnormality is essentially abhorrent, as it is an abject essentialist state of being. *A Day In The Death Of Joe Egg* is not about ameliorating or changing or adjusting a current boundary, but about eradicating existing ones.

The scene in *The Raging Moon* where Bruce and Jill take a trip out of the institution, with a married couple as their carers, to get an engagement ring, acts in a similar fashion. The two disabled people act as a parody of a heterosexual romance, therefore showing that it need not just be an individual who is stereotyped. The parodying of a heterosexual

romance is here the enactment of an ethnocentric stereotype; they are constructed as pathetic by their inability to measure up to a comparative normal heterosexual romance. The two carers are included to portray a normal, sexually active couple. The point about in- and out-group differentiation is that such an aspect of the representation of abnormality and Otherness both defines good and bad Otherness as well as justifying the validation of one group at the expense of another. Jill and Bruce are shown as different to the general mass of the disabled in their Home: no one else is having a relationship or ever leaves the premises. As such, they are used in the narrative as in the similar process of ethnocentrism, to demean themselves using the in- and out-group paradigm. Jill and Bruce define their own suitable behaviour. They subsequently raise the self-esteem of the in-group with its normality validated through Bruce and Jill's mimicking of it, whilst they themselves are seen as the optimum version of Otherness.

As Dyer (1993) has written:

The role of the stereotype is to make visible the invisible, so that there is no danger of it creeping up on us unawares; and to make fast, firm and separate what is in reality fluid and much closer to the norm than the dominant values system cares to admit. (p.16)

The impaired, the disabled, are often presumed to be culturally invisible - this is one of the mystifying processes of images of Otherness - but images of the disabled (Otherness) abound (Davis, 1995). Only as Otherness are they presented and mystified as being a hidden minority. The disabled as Other are indeed a recurrent image in cinema (Norden, 1994), a realisation that enables us to see Bhabha's point (Bhabha, 1994); he echoes Dyer's quote, above, about groups as Other being as true of disability imagery as they are of the black Other of which Bhabha writes. Bhabha argues that society must constantly re-interpret the Other in order to make solid that which is elusive and prone to slip through the net of cultural purification.

The point must also be made that stereotypers prefer to remain superior to the stereotyped,

a process achieved by letting the Other incriminate themselves into Otherness; as Jaspars and Hewstone (1990, p.127) have written: 'in-group favouritism [is] actually far stronger than for out-group derogation'. Such a process increases the legitimacy of the stereotyper - to let *them* stereotype themselves is always more efficacious.

A scene from *My Left Foot* aptly encapsulates my point about the in- and out-group aspect of stereotyping. In *My Left Foot* Christy Brown is encouraged to go to a physiotherapy class with a group of similarly physically impaired people. The scene starts with a long shot, from a very low angle, of the clinic physiotherapy room. The camera then tracks into a medium close-up of Brown and in the background of the shot, once we have reached Brown, we can see other, younger, people with cerebral palsy: 'cripples', as Brown calls them. We then cut to a point-of-view shot from Brown's perspective: a floor level shot, in close-up, of a small boy with an equally severe form of cerebral palsy. The boy has a glazed intellectually 'retarded' look that epitomises every negative culturally popular view of what a spastic is. The shot then changes to one that shows all the atrophied spastic legs and arms of those around Brown on the floor and Brown is horrified and wants to immediately go home. He does, never to return to the clinic. Brown is thus shown as different but special because he then gets his therapy at home and away from all the 'bad spastics'.

The *mise en scène* detailed above shows Brown seeing other people with cerebral palsy as an homogenous group of cripples with him as different from them (which is supported by his doctor's and family's perspective and actions). As such, it makes him a positive representation for the culture outside the film: the able-bodied audience. The film clearly places Brown within the stereotyped world of the Other and the out-group, yet he is not like them in totality. The film's makers ideological intent, by their version of Brown, invalidates the invalid; it bolsters society's weak self-esteem by representing the only 'good cripple' as one who does his / her best to be like the normal. Consequently, Brown acts to

facilitate an act of social valorisation of normality. The ambiguity of stereotypes is not that they define explicitly what constitutes the non-stereotyped, but that they define what is stereotypically the Other. Stereotypes define what is not acceptable or agreeable explicitly, and only implicitly that which lies within specific cultural confines (usually laid out within specific texts).

Although Christy Brown's story has certain elements of the stereotypical, as I have argued above, his story (and most 'inspirational cripple' stories) is on the whole much more mythic than stereotypical, with principal characters both stereotypically and archetypally represented. Brown is also represented as an archetype in that he represents the mythic tale of man's struggle against himself and his environment. If we return to Martin and Ostwalt's point about a mythic hero being one who goes on a journey of self-discovery from psychological dependency to self-reliance, we can see that Brown, the 'heroic cripple', is a mythic hero with typically archetypal characteristics: i.e., embodying aspects of the 'human condition'. Consequently, archetypal characters can, and often do, act stereotypically concomitantly. Films such as *The Stratton Story*, *The Miracle Worker* (Arthur Penn, US, 1962), *A Patch of Blue*, *The Waterdance* (N. Jimenez and S. Michael, US, 1992), *Forrest Gump* (Robert Zemeckis, US, 1994) and many others represent the impaired in a similarly dual way that is both archetypal and stereotypical.

In many disability / impairment-centred films the stereotypical ending is either cure or death - the ideological endorsement of medicalisation - and a cure is achieved in these films (*My Left Foot* and *The Raging Moon* for Bruce's character) even though no one is medically cured. The cure is the cure of rehabilitation or normalisation. Death is equally seen as a cure of some sorts, in the other films in question, as it is shown as the ultimate cure of Otherness. Cure, as in the restoration of the impaired self to a conventionally normal self, is prevalent in a high number of disability films, especially around specific impairments such as visual and hearing impairments, but also paralysis. Such diverse

films as these are indicative: *Afraid of the Dark* (Mark Peploe, GB, 1991); *Paula* (Rudolph Mate, US, 1952); *Elmer Gantry* (Richard Brooks, US, 1960); *Brimstone and Treacle*; *The Lawnmower Man* (Brett Leonard, US, 1993); *The Piano* (Jane Campion, Australia, 1993); *Almost an Angel* (John Cornell, US, 1990); and *Leap of Faith* (Richard Pearce, US, 1992). The cure is often - in the films listed and through normalisation in *My Left Foot* - a matter of personal will-power and motivation. Thus, these films are inadvertently articulating the ideology of 'the positive stereotype' and 'the negative stereotype' as being linked to individualism. Gilman (1985) writes that:

The bad Other becomes the negative stereotype; the good Other becomes the positive stereotype. The former is that which we fear to become; the latter, that which we fear we cannot achieve. (p.20)

That which *we* fear we cannot achieve, as demonstrated in these films, is the courage and fortitude needed to be a 'Supercrip'. If *we* were faced with a disabling condition, what *we* fear to become is the bad Other of the generalised cripple: dependent and pathetic or one of the living dead. Brown, in *My Left Foot*, is the good Other as he not only represents the mythic ideal of courage in the face of what is considered a tragedy, but also because he validates normality by striving for it at the expense of validating his own impaired body.

The good Other is a representation that many disability imagery writers have considered to be a positive image in general of disability (see above), but what they are acquiescing to is the 'normative fallacy' (Macherey, 1978). Equally, the notion that negative images are devoid of anything positive is a weak argument. It fails to explain why so many of the stereotyped enjoy – or gain something out of - those bad images of their group. The point about stereotypes and archetypes as reflecting true inter-group relations might help us to appreciate why that is the case; the pleasure could be that as they, the disabled, are discriminated against and feared, the negative image, at least inadvertently, acknowledges and reveals that. Although the images and the ideological bent of the impairment / disability films examined here (and most others) blame the stereotyped, they do at least

allow those depicted to acknowledge a significant part of their reality. Such images of disability – in being part of the actual socio-cultural process of disablement - inadvertently acknowledge for the disabled the reality that they inhabit the world of the Other for, perhaps, the purpose of reinforcing the sense of self-esteem of the 'normals'.

The main problem in advocating the positive image - which in the impaired body's case is one of potential normality - is best summed up by Bhabha (1984) when he writes that:

[T]he demand that one image should circulate rather than another is made on the basis that the stereotype is distorted in relation to a given norm or model. It results in a mode of prescription criticism which Macherey has conveniently termed the 'normative fallacy', because it privileges an ideal 'dream-image' in relation to which the text is judged. The only knowledge such a procedure can give us is one of negative difference because the only demand it can make is that the text should be other than it itself. (p.105)

Apart from its being redundant to argue for something to be other than it is, the normative fallacy, as Bhabha has said, argues for a dream that is either not possible or not wanted by many of those stereotyped. Thus, the problem of arguing, in isolation, for the positive image, falls into the trap of accepting the fallacy that there is an ideal manner in which to live and be represented: i.e., as normal. By accepting that the ideal exists, that normality exists, one then becomes implicated in the very process that has been for centuries marginalising and negating the Other: the ultimate disablement of the abnormal. It is not surprising that many disabled people like the idea of the 'positive' *per se* as they, to paraphrase Mary Douglas (1966), perhaps seek to remain on the 'clean' side of the pollution boundary.

The 'normative fallacy' confirms that impairment / disability centred films, as in the films discussed herein and as a type, act to define the predominant moral and cultural attitudes to Otherness, which, in this case, is the existence of impairment and abnormality. The key is to de-construct the stereotype, the archetype and the mythical symbolism that the disabled are used to represent, to reveal the limits imposed upon what is good or bad. This is not to

argue that we should be allowed to be cohabitant with the 'normals' in their illusion, but to discredit that illusion so that the parameters and boundaries are dismantled such that each individual is enabled to be whatever one wishes to be. Consequently, a sphere of freedom would be created for both *them* and *us* - *you* and *me* - to be whatever we are or wish to be in the future.

Chapter Three: Family and Disability

'I was their number one son and they treated me like number two; but it's human nature to fear the unusual. Perhaps when I held my Tiffany baby rattle with a shiny flipper instead of five chubby digits they freaked, but I forgive them.'

The Penguin (Danny DeVito) in *Batman Returns*

This chapter discusses how the family, and idea(l)s of the family, are represented in films, in order to suggest how they effect the representation of disability, demonstrating how issues and ideals of the family have a direct and specific effect upon such representations. The central film under discussion will be *My Left Foot* and this is followed by briefer studies of the other key films used in the thesis to show any similarities, or none, whilst extrapolating whether or not familial ideological discourse constructs impairment as being specifically valid or invalid.

My Left Foot is examined at length to explore the relationship of the disabled character Christy Brown to his Mother and Father in order to identify familial ideology and its role in the construction of disability. In examining the family this chapter identifies, above all else, the normalising effect of the family upon the impaired individual and how this effect is subsequently utilised therein to create the normalised good cripple. Conversely, it is also identified as negating the impaired individual due to his / her inability to match the normalising hegemony of the family as either a unit or a procreative base.

The ideological conventions identified are little more than the conventions of mainstream commercial film form and style; the originality of the chapter is in demonstrating their application to disability within familial ideology and the identification of how each ideological structure (familial and disability) works to support the other. For example, in identifying that *abnormality* is negated in comparison to *normality*, then *normality* is likely

to be reinforced as positive and thus superior. In the core films of this thesis such a dual scenario occurs in relation to disability and the family; this chapter shows how. Throughout the chapter, as in other chapters, identified non-core films further demonstrate the point that the processes identified in this thesis are not restricted to the selection of core films studied here in relation to disability. Equally, the identified processes are often the same ideological conventions as those of non-disability films.

My Left Foot is the most appropriate film to study here as it is specifically about a family, and the film's premise is rooted within an acceptance of *the family* as an ideal and as a natural way of life. Consequently, *My Left Foot* is a clear affirmation of traditional family ideology, given that it fails to address any other social relevance, agency or factor in the creation (or perpetuation) of familial ideology within it. The film fulfils for family ideology exactly that which Nichols (1981, p.290) ascribes to it: 'ideology seeks to hide [...] ideology seeks to [make representations] appear other than what they are'. *My Left Foot* is a selective view of the Brown family's history, a view that hides the social consequences and ideology of the film's and the family's social place and time whilst appearing to portray a realistic account of what it is / was 'actually' like. The film utilises the ideology of the family as a way of entertaining us by saying that no matter how bad it is out in the 'real' world, especially and ideally, we still have our families.

The other elements of family life, what it is to be a brother or a sister, for example, are all just as 'ideally' (and ideologically) constructed as the Mother in *My Left Foot* and in culture. The siblings of Christy Brown are as idealised by *My Left Foot* as is the Mother; they are constructions saturated in the idea(l)s of what it is to be a *good* brother or sister as much as by Brown's own lived reality. *My Left Foot*, being about Christy Brown, who had twenty-one siblings of whom 12 survived, cannot help but advance a view on Brown's existence as a sibling, but it is a perspective that turns out to be nostalgic at the very least. The uncritical form and style of *My Left Foot*, which abdicates creative responsibility by

its claim to being a bio-pic, ensures that it unreservedly shares all the illusions of family ideology that it can. Equally, such an uncritical form ensures that the story of Christy Brown remains sentimental because of its adherence to the ideology of the ideal family. The Browns, especially the Mother, are offered to us as an ideal family through their dedication to the family *via* self-sacrifice. The only negative character within the family is the Father, a character who is not capable of representing the ideal Father as he is unable to discipline himself to the required ideal level of self sacrifice. Significantly, the Mother is not given a name; she is either Mother or Mrs Brown, even in the credits: her role is the role of the archetypal mother, in the kitchen and wearing a kitchen apron, dressed in the uniform of domesticity.

The brothers and sisters, who vary in both number and character throughout the film, all portray an almost saintly degree of self sacrifice as well, whereas disharmony (except in relation to the Father) is never an issue. Just as the family is romanticised so is poverty; that the Mother had twenty-two children, of whom nine died in infancy, is never addressed - except in that Mrs Brown is (or seems to be) pregnant in almost every scene of the film. That some of the deaths of her children must have been related to their poverty / social conditions is never raised; consequently, grief is non-existent in the film. The family is thus given as the key requirement in the transcendence of poverty through love and, it could be argued, 'love' is considered as natural only when within the family. The family here transcends everything and, consequently, all love that is outside the 'traditional' family - homosexual or purely sexual - is constructed by extension and through its absence within family ideology as unnatural. The common-sense view of the family as ensuring the existence and perpetuation of such an ideology is, as such, reinforced. In *My Left Foot*, the Mother gives her 'love' and self unconditionally to all members of the family and at all times.

Kaplan (1992) talks of the early modern Mother as being primarily concerned with the

production of children; Mrs Brown is represented as little other than a being whose existence is purely for procreation and familial support. Because Mrs Brown is as central to the film as Christy Brown is, one could almost see the film as being addressed to, and for, women. Mrs Brown is a maternal role model embedded in melodrama; an idea of melodrama as described by Kaplan, quoting Brunsdon (Kaplan, 1992), when she states that melodrama is that which addresses the female audience with issues pertaining to women's presumed familial responsibilities. In the case specific to *My Left Foot* the issues are pregnancy and the 'domestic' upheavals caused by a deformed child. Significantly, if we also use the roots of the Greek meaning of melodrama - music plus drama in a two-dimensional characterisation - *My Left Foot* would again clearly be generic of this form. This may be a simplistic definition of melodrama, but, and this is my point, the film is a simplistic representation of the life of poor working-class Irish people who have numerous children, one of whom has severe cerebral palsy. The use of music in the drama has the effect of wringing every last drop of emotional feeling from the spectator, with the violins, symptomatic of extreme feeling, reducing every instance of emotional or physical intensity to a pathetic 'isn't it brave / sad' moment of pure sentimentalism.

My Left Foot is more a melodrama (although even this is superficial) than any of the other films explored in the thesis precisely because it has at its core a significant woman alongside the disabled character of Christy Brown. Whilst the other films have central female characters they are there either for the ideology of feminisation or disability to work more effectively (Ken in *Whose Life*; Bruce in *Raging Moon*; Joseph Merrick in *Elephant Man*) or to indicate how impairment desexualises (Stephanie in *Duet for One*; Jill in *Raging Moon*; Joe Egg). *My Left Foot* is a melodrama within a conventional mainstream social issue drama rather than one in the more complex – and well documented – social realist mode (cf. Hill, 1986). As such its use of melodrama is rather more conventional than complex in entertainment, rather than being campaigning and informative or rather than polemical or dogma driven.

If, traditionally, the Mother represents the gentle side of the family, then the Father is its discipline and violence (Segal, 1983; Atwood, 1997). The Browns fit such a paradigm comfortably. The Father first appears in a flashback (flashbacks constituting most of the film) surrounding Christy Brown's birth. When Brown's Father, Paddy, is walking to the maternity ward we are left in no doubt of his physical presence even though we do not see his face. Paddy's entrance is tracked by a high angle close-up of his feet - in heavy working men's boots - the camera tracking back as he walks towards the camera and maternity ward. The diegetic sound is nowhere near fidelity; it grossly exaggerates the sound of his boots (and baby crying) so that they seem to echo around the hospital. The concentration on his walking style and its awesome noise leaves us in no doubt that this is 'the man' of the family: the Father. Upon being told of his son's abnormality, Paddy goes straight to the pub, ordering a short and a pint, and head-butts a fellow customer for implying that he will not have any more children. The film thereby gives us further proof of his status as masculinity personified in Fatherhood and marriage: i.e., the proud family man. Both the nurse who tells him of his son's deformity and the man who is head-butted, are much smaller and weaker in comparison to Paddy, so these scenes serve to emphasise that his power and authority are based upon his physical rather than his mental strengths. As a result, the Father is signified as the epitome of the masculine early on. The ideology of patriarchy, and the position of the Father, is an ideal (to advocates of the bourgeois family unit, that is) that places the Father as either a good Father or a bad one; if his power is invisible but effective (usually categorised as earning 'respect') he is a good Father. If his power is visible and aggressive, not under his control, he is a bad Father. Mr Brown is a bad Father due to his inability to control his aggression and drinking, which result in his becoming violent and unreliable (a common, stereotypical representation of Irish masculinity [Caughie and Rocket, 1996; Rocket, 1996]). Masculinity in itself is not criticised, only its excesses.

The dining table - again, both in culture (Segal, 1983) and this film - is a central motif of the whole family and its attitude. A significant number of scenes, and shots, in *My Left Foot* revolve around the dining table, because the family dining table is the traditional gathering place where the 'true' meaning of family life reaches its zenith. Thus in *My Left Foot* the central ideology of the family is acted out in the *mise en scène*; in the first scene at the dining table, and there are at least seven more dining table scenes, we are shown the hierarchy of power within the household. Initially, one son is not coming down for breakfast quickly enough but a few threatening words, and implied violence, from his Father brings him down instantly; meanwhile, Brown is sitting under the stairs, separate from the table (where he remains until he is able to prove that he can think). Once all the other children are eating at the table we get a point-of-view shot from Brown under the stairs: a medium shot from a low angle looking up (as Brown is on the floor) and in deep focus. To the forefront are the other children sitting at the table eating whilst in the background is Paddy. Paddy is standing central in the frame, towering over his family, his authority visible and overtly implied. Interestingly, Paddy leaves the shot - to go to work one presumes - and we are left with exactly the same shot except the Mother has been revealed to be directly behind Paddy. Consequently, we can read this as signifying that the Mother is behind the Father, to act as support and buffer between the Father and the children. It is a literal visualisation of the saying that behind every successful man is a good woman.

The mere presence of the Father as the symbolic, and actual, controller of behaviour is further signified by another medium shot in the film. In a scene later than the one discussed above, the Father is shown to be the all-seeing eye over his children and wife as they do their home, or house, work at the dining table. One shot during this scene is a point-of-view shot from the Father, sitting in his comfortable chair reading his paper, from which we (and he) can see all that happens in the living room and kitchen - including Brown under the stairs. Paddy, the family Father, is thus seen as much as a presence as a

subject. Paddy never helps with the housework (clearly the Mother's domain) but maintains order, behaviour and silence when required. Paddy's physical attitude is sufficient and his natural role is implied by a lack of criticism either from the film or from within the Brown family. The only criticisms of Paddy as a Father are when he crosses the line of implied violence to impending or real violence. The Father's discipline, 'respect', is clearly seen as necessary and ideal, with the bad Father manifesting in Paddy when he appears to be out of control and excessive. Mr Brown's character is so two-dimensional, closed, that he, his representation, acts as little other than a simple example of either a good or bad Father.

When Brown first starts to write (an 'A' and then 'Mother' in chalk on the floor) one of his brothers - aged about ten - comes down the stairs, stopping half way, and says to the gathered, hushed, family: '[W]hat's up?'. In a series of shot / reverse shots - with the Father presented from a high angle in medium close-up and the son in low angle medium close-ups - the Father angrily tells the child to: '[B]e quiet!'. To which the child replies: '[A]ll I said was "what's up?"', and sits down. The child's assertion that he asked a simple question, combined with the effect of the Father's stature in reply (the height of the camera angle down in his portion of the shot / reverse shot clearly reduces his stature), leaves us in no doubt that his reaction has been an excessive reaction. My interpretation is a view further emphasised by the Mother's reaction of giving Paddy money to go down to the pub. He remonstrates with his wife at this point, demanding that: '[A]ll I need to be is obeyed in my own house!', which further demeans him. Paddy's anger and unnecessary aggression act as signs of what is, for the film's makers familial ideology, the bad Father, made apparent when the status of the Father is abused by its unnecessary exercise. Paddy is partly redeemed, as a Father, to the family by his immediate admiration of Brown's writing 'Mother' on the floor: with tears in his eyes he carries Brown off to the pub, signifying that he 'loves' them all really – and that he will now treat Christy as he would any other son of drinking age.

In a later shot the Father's violence is again implied as excessive when he is shown as volatile under duress. The Father is now unemployed. Brown makes a joke that undermines the Father's position. Brown's joke makes the Father react angrily, at which point he rushes across the room to hit Brown, who is sitting on the settee. We then have a *plan américain* shot of Brown on the settee with the Father's right hand in a clenched fist on the very left of the frame. The fist is not in focus as its presence is enough, it is within the family frame; its hazy appearance is sufficient to re-assert the power of the Father. No one laughs at the Father there or again within the film.

One of the key roles a Father must play in the traditional family, to be a *good* Father, is the role of breadwinner; as Segal (1983) states:

the traditional family model of the married heterosexual couple with children - based on a sexual division of labour where the husband as breadwinner provides economic support for his dependent wife and children, while the wife cares for both husband and children - remains central to family ideology. (p.13)

My Left Foot seems to support Segal's view, in the representation of the Father of Christy Brown, as not only true but also ideal. A good example of this is when the whole family is plunged into the depths of poverty - eating 'porridge for breakfast, dinner and tea' - through an irresponsible (in his wife's view) outburst of violence by the Father at his place of employment. The Father's outburst of violence is seen as irresponsible in itself, making the Father appear to be selfish and, therefore, a bad father. When the Father tells his wife (whilst the family is at the dining table, of course) that he has been laid off, her enquiry as to 'Why?' is met by the Father's retort of: '[D]on't you question me in front of the children'. During this scene the Mother and Father are in a medium shot with the Mother in the light to the left rear of the scene, with the Father sitting at the table. The top lighting lights the Mother very clearly - positioning her positively - whilst the Father's eyes are shaded by his trilby hat. Consequently, the Father's (re)actions are seen as resulting from his dark (violent and irresponsible) bad side. The Father further tells the family that he was laid off

because: '[A] brick hit the foreman, accidentally on purpose, in the head'; indicating quite clearly his irresponsible nature. The other male members of the family (now young adults) laugh at this, whilst the daughter (given a strong identity as a pillar of the family by her dedication and love for both Brown and her Mother) frowns and appears unamused. The daughter's disapproval, highlighted by a close-up of her face with full frontal lighting, acts as a signification of 'feminine' awareness at the consequences of the loss of money and an awareness of the results of the Father's irresponsible behaviour: i.e., porridge, frequently. The Mother's question: '[W]hat about Christy's wheelchair?', reinforces the male as unthinking towards his family; making it the 'duty' of the wife / mother to think ahead and the Father's to provide the money for her to do so.

The long-term welfare and preservation of the family as the duty of Mother is strongly reinforced by her regularly saving money to buy Brown a wheelchair. Immediately after it has been established that the family is poor - by porridge eating and the stealing of coal – Mrs Brown's money saved for a wheelchair is discovered by the Father. The film's audience is aware that the Mother has been saving for it, from an earlier scene, but the Father is not aware until this point. The money box, with the cash in it, is hidden in the fireplace and when it falls into a raging fire the Father proceeds to recover and open it, discovering that there is £28.8s.3d in it and is told that it is for Brown's wheelchair. He says to the Mother: '[W]e've been sitting here in the freezing cold eating porridge for breakfast, dinner and tea and you have £28.8s.3d up the fucking chimney'. The Mother does not reply, and there is a cut to another scene, but what is significant about the scene is its *mise en scène*. The Father and Mother are both shown in medium close-ups, the Father sitting down in his chair and the Mother standing up facing him. In a series of shot / reverse shots, done in a conventional dialogue style, their relative family attitudes are revealed, one as good or ideal and the [O]ther as bad or anti-familial. The Mother's image is clearly lit, with her being looked up to (from the Father's point of view in the shot / reverse shot sequence), and she is framed firstly by, a door frame, and secondly, by two of

her children who are clearly focused in the background. The two of her children framing her, both young male adults, place her actions firmly in the interests of the family; that the children are clearly focused by the deep-focus shot draws your attention to their presence and meaning in the context of the scene. It must also be remembered at this point that the reason for their poverty is a result of the irresponsible actions of the Father. The power of the Mother as central to the family in the above image is reinforced by the *mise en scène* of the Father's shot. In the series of shot / reverse shots under examination the Father is shot from a high angle, the Mother's point of view as she is standing making him look small and demeaned. More significantly, the Father is framed by nothing, the depth of his shot is black and bleak, thereby making him appear isolated. Consequently, we are led to see the Father as isolated from the family by his non-comprehension of self-sacrifice in the name of the family by all of its constituent members.

The Father is not specifically criticised for his lack of forethought, as forethought is assumed by the film to be the responsibility of the Mother (if for no other reason than that she takes it). In *My Left Foot* the Father is merely supposed not to impede the Mother in the execution of her duty. As long as the Father remains a breadwinner his actions are seen as insensitive but natural due to his character: i.e., he is physical rather than emotional - signified when upon building an extension for Brown (poverty inexplicably becomes an irrelevance at this point) the Mother tells Brown that: '[T]hat's the nearest he'll ever come to saying he loves you'. The Father is shown as practical (earlier he also builds Brown a mobile cart / chair) but emotionally impaired. Significantly, the only affection we see him give his wife is a caress of the cheek in the street. Thus, parents are denoted as non-emotional breeding stock in *My Left Foot*. The Mother seems to be pregnant all the time, and the Father's head butting of a fellow pub customer for impugning his fertility at the beginning of the film seems to emphasise the rightness of the Father's role as providing his wife with the fulfilment of her natural being: motherhood. The universality of sexual reproduction is thus assumed to justify the logic and 'naturalness' of the family and its

procreative role (Close, 1985), meaning that Mrs Brown's options are zero and she lives as she 'should'.

The Browns seem to be the epitome of Harris's view, quoted by Close (1985), when he states that:

the bourgeois family is child centred [and that] with proletarianization, the family becomes the only creative sphere left to parents [...] the children signify not the continuation of their parents' identity (as is the case of the bourgeois family) but their parents' capacity for production. (p.41)

The family is, by extension, reinforced both socially and in *My Left Foot* as the only place to have, rear and love children: a viewpoint reinforced by the manner in which a daughter becomes pregnant and has to get married 'on Friday' (it is a 'shotgun' wedding).

The daughter's pregnancy is initially given as her only escape from the repressive violence of the Father against her (in an 'I'm pregnant' scene) though subsequently it is of great happiness to her. The happiness is demonstrated later in the film by her Mother's looking at photographs, of the daughter happy and smiling with her children; she is now a proud Mother herself. Pregnancy is a woman's only option in this film and as it is validated as the only suitable option it is seen as natural. By having no alternatives to procreation, motherhood and the family - and the idea that the only way out of one family is to create your own / another - are seen uncritically as the only true roles for women within the film. The eradication of options for women in *My Left Foot* provides us with this logic in order to see the film as supportive of the ideology of the family. The ideological process is revealed by the principle that the ideology of the family function is to: 'obscure the nature of how we live [and] legitimate [the] single dominant form of "family"' (Segal, 1983, p.11). Having no options for the daughter (and her subsequent happiness within the one role she can have - motherhood) obscures the fact that there are options outside, and within, the family - need all daughters who become wives become mothers by natural progression? Consequently, the film legitimates the 'single dominant form of "family"' by

its acquiescence to its logic within the narrative.

The Father is constructed as a functional being in *My Left Foot*; he is the breadwinner and 'father' and little else, such as when, for example, the Mother is concerned for Brown's (and the pregnant daughter's) emotional well-being. Paddy is concerned that Brown can talk more clearly (normally) or that his daughter's pregnancy will reflect badly upon him; even when Brown gets an exhibition of his paintings his Father would rather be in the pub - however understandable that may be due to his lack of sophistication and position. Consequently, as Barrett and McIntosh (1982, p.78) state: '[I]t is the over-valuation of family life which devalues [...] other lives', the film's devaluation of Brown (as tragic) is in that he cannot have children (the spectator is led to presume) like those in the (his own) ideal family. Thus 'the family' not only values itself but devalues others unable, or unwilling, to replicate its own idea(s).

The construction of the (ideal) Mother in relation to disability in the film will now be addressed. The role and duties of the Mother, a mother, are established very early on in *My Left Foot*. In the first flashback of Brown's life, from the literary reception, we quickly cut from his birth to his being ten years old - Brown and his Mother are not actually in the birth scene - a scene in which his Mother is giving the family breakfast. Once all the family leave (for school or work) Mrs Brown feeds Brown; in a medium close-up shot, from a low angle, the Mother sits on a stool and feeds Brown, who is sitting on the floor with our view being from the side. Consequently, Mrs Brown's authority is established synchronically and asynchronically as she towers over Brown. Mrs Brown is heavily pregnant and as she opens a locket around her neck and shows it to Christy Brown she states: '[T]hat's my Ma, that's my Da. I was their baby. I'll get this house organised before I go [to have the next baby]'. During this speech to Brown the shot cuts into a close-up of his Mother from a low angle, giving her words, and their ideological bent, a naturalness of logical progression: i.e., it is what my parents did, therefore I must do it. Here, then, the

ideology of motherhood is given an aura of naturalness that has distorted its historical relationship to society - making it seem logical and progressive - whilst mystifying its historically oppressive reality. When she goes into hospital - immediately, as she injures herself carrying Brown upstairs after having fed him - a neighbour comments about her kitchen that: 'there is enough [food] to feed an army. You'll never go hungry'. This is a statement that further emphasises the Mother's duty to 'provide' for her clan even if she is about to give birth. This scene confirms and reinforces the ideology of housework and cooking as being the Mother's exclusive domain, especially as so many scenes in *My Left Foot*, especially those around the dining table, involve the Mother preparing, serving, or cooking food or washing up having eaten it. That she is seen laying the table, ironing and fetching, whilst her husband reads the paper and her children play, acts as further validation of the Mother's duties as self-evident.

Rojek *et al* aptly state that: 'the fact that women bear and nurture children creates an imbalance in family structures which underpins all other oppression'. He continues, quoting Engels, that: 'the modern individual family is founded on the concealed slavery of the wife' (Rojek *et al*, 1988, p.78). Mrs Brown, by talking of her parents, confirms the 'slavery of the wife' as historically based but, as such, that it is difficult to challenge due to its traditional base. The film's makers, by uncritically representing the Mother as placing herself in a historically logical position, support the view that it is her role and duty which, in turn, makes the film itself part of the cultural ideology that supports the fallacies of the familial as ideal. In romanticising Mrs Brown and the problems of poverty, infant mortality and physical hardship that she endures, all are revealed in their absence to be an irrelevance in the 'naturally happy' role of motherhood.

There is never any question of others helping (or even offering to help) the Mother, not even, surprisingly, the daughters, but Mrs Brown is not unhappy with this situation since she sees caring and providing as her role. This is a factor signified when she becomes

positively jealous when someone else usurps her role: she watches Dr Cole give Brown a drink (usually the Mother's role in the film) at the gallery exhibition of his work. There is a reaction shot in this scene of Mrs Brown that clearly leads us to read her distress or dissatisfaction at the loss of her role as the 'mother'. The reaction shot is a medium close-up of the Mother sitting down against a white wall, turning her head away and down whilst biting her lip. She has clearly lost her uniqueness as the only one to nurture Brown.

The principal enigma of the film, that needs closure for a classically satisfactory ending, is whether Christy Brown's future can be assured (for us), knowing that the Mother will eventually die. It is a problem that the film opens and closes in the first few minutes of its running time: the rest of the film merely explains it. On arriving at a benefit for 'the cripples' at the beginning of the film the Mother hands Brown over to 'nurse Mary' (a shot in which the Mother steps aside from behind Brown's wheelchair to let the nurse take over). Nurse Mary is clearly to be Brown's 'Mother' from now on: her name is an indication in itself and, equally significant, her strong physical build is a virtual replica of the Mother's. Pertinently, Mary states at one point that Brown should not think that she is his Mother, proceeding to then feed Christy a drink exactly as his Mother does: she holds a glass of whiskey to Christy's mouth as he drinks it from a straw. Narrative closure, the happy ending, is achieved in *My Left Foot* through Brown getting the nurse to 'go out' with him; it is followed by a screen credit that tells us that they subsequently marry. As one of the functions of a dominant ideology is to make things appear happier than they are, Mary's becoming the / a Mother astutely fulfils such an ideological role smoothly and coherently. The nuances and alienating elements (including sexual) of Christy and Mary's relationship are completely erased and or naturalised through a combination of Mother references and the absence of sexual ones.

In *My Left Foot* the role of the Mother is clearly defined in, and around, domesticity. Whereas the Father's occupation as a bricklayer is mentioned and rarely seen, the Mother's

role is clearly and repeatedly shown. The way in which the film plays to the ideology of the family and patriarchy is in giving the work of the mother (Bernardes, 1985) as her role (i.e., it is not work that requires pay, or work that creates alienation from the self). The Father's work is never seen (except in building Brown an extension - when it is an act of 'love' rather than work) yet we know it to make him unhappy; the Mother, on the other hand, is shown working in her role for the family and happy with it. The film thus makes familial life for the Mother happy, and her work part of her role and, as such, natural to it (Kaplan, 1992), despite the fact that it is oppressive and very hard work indeed, even in the reality of the film. Consequently, the supportive work of the wife / mother to capitalism (the *status quo*) is mystified: the father would be unable (or less able) to give his all to his employer if he had to do the work the mother has to do as well as his own but this element is ignored. A mother's work is mystified and naturalised in ideology to obscure its function (Kaplan, 1992) in relation to the father and capitalism (Close, 1985). *My Left Foot* does not explicitly show this, but it is possible to de-construct the film to reveal how it acts as part of the current discourse that invokes and supports family ideology; primarily through having the Mother fulfil a 'role' while the Father 'works'.

When the female Doctor first comes to help Brown we are given numerous reaction shots of the Mother looking on and being disturbed by the Doctor's relationship with Brown, especially as Brown falls in love with her. The Mother, Mrs Brown, is shown to be jealous but accepts that she has to give Brown over to medicalisation (the Doctor and nurse Mary) for his own benefit. She thereby makes the self-sacrificial nature of motherhood apparent, ensuring that Mrs Brown's sole purpose in life is shown as that of a central family cog existing for the whole family and not any specific individual within it. As has been stated above, the Mother saves to buy Brown a wheelchair, something that only she could have thought of and done, with the agreement of the family, except for the Father. Also (particularly in the scene of the Father's isolation against a black background and the Mother's framing by her family), the Mother's actions are clearly highlighted as necessary

and positive in the realm, and preservation, of the family and its members as a unit. It is interesting to note that *The Elephant Man* achieves a similar beatification of the disabled character's mother, achieved by having Merrick's mother inform us at the close of that film that 'nothing will die' and that Merrick will be looked after (if not become normal) in the after-life because she is already there, 'there' being - one is led to presume - heaven. Merrick's mother speaks as Merrick's spirit (a 'puff' of pure white steam!) enters the galaxy, signifying her eternal care for Merrick and placing her as Merrick's 'mother of love' for eternity. The ideal mother, so *The Elephant Man* would have us believe, looks after her children even after both their deaths.

In *My Left Foot* the Mother's looking after her children is seen as natural. Yet they also need a moral upbringing, in order to conform to social norms. Just as Mrs Merrick had taught her son to read and recite the Bible, for instance, Mrs Brown provides a moral upbringing for Brown by taking him to church in order to pray for souls on *All Souls Night* - you pray to transmute a lost soul from purgatory to heaven. Mrs Brown teaches Christy all about it. In this scene we see Mrs Brown as concerned for all souls, not just her own and the family's; as such, she is shown as a truly moral person. This interpretation had already been indicated when she had earlier brought the priest around to give Brown a talk and told Brown that God is watching him and that it is a sin to steal (i.e., coal). During the church scene Mrs Brown leans down to Brown in his wooden cart, in a medium close-up, and tells him that they should: 'say some prayers for all the poor souls in purgatory'. What is significant about this shot is the method of lighting. Mrs Brown is placed in front of a wall that has light reflected upon it to appear as a semicircle of light around her, similar to representations of saintly light - halos - in religious iconography and icons. That she is telling Brown of lost souls is no coincidence: she is clearly as concerned for her family's spiritual and moral well-being as for its physical state. The family's decency, signified by the saintly light around Mrs Brown, is made equally apparent in the brothers' and sisters' attitudes towards Brown. For example, his family integrate Brown as much as they can in

their lives, taking him along to their games (Brown is the goalkeeper and penalty taker in the scene of his brothers playing football) and liaisons with other people (predominantly girls). Even the Father integrates Brown, to some extent, by taking him to the pub. Brown's problem (and Merrick's in *The Elephant Man*) is not that he lives in an unfair social setting, but that 'outsiders' are not *nice* to them. The problem is, consequently, solved in *My Left Foot* not by changing the unfair social structure but by having various individuals (mainly one's family) being *nice* to the disabled. Christy's brothers' consideration for him, by including him in their lives, clearly manifests that the Mother has succeeded in bringing her children up decently. The perspective is reinforced by the fact that there are never any significant squabbles between siblings, and in the scene where Brown has been rejected by a girl he took a fancy to, his brothers are indignant on Brown's behalf.

A brawl which Brown initiates at his Father's wake would seem to contradict the view of the Brown family as decent, but the brawl is shown (rather bizarrely) as being part of what being a 'real' man is. Part of the Father's character, his masculinity, is his ability to drink and be violent; violence is justified if it is activated in defence of the family; thus making controlled male violence part of what a 'real' man is. The mother is not upset at the brawl because, it seems, boys will be boys; equally, drinking is accepted implicitly by its masculine character and its ability to release aggression in a 'safe' male setting outside the family. Such a reading conforms to the view that the Father (the man) is allowed his violence / drink as compensation for being the breadwinner and repository of physical power and discipline within the family (Segal, 1983; Bernardes, 1985; Atwood, 1997). Assertions of male aggression as natural produce a tension within the masculine (Hark, 1993) – a problematic tension when it becomes excessive and therefore abnormal - and *My Left Foot* tries to resolve this tension by giving examples of Mr Brown as both a good Father and a bad one. The ambiguity within the film, and its supporting ideology, lies in its not being crystal clear as to what it advocates and what it abhors, but the result is the

same as if it had been crystal clear – the mystification of the process of various ideologies at work.

This apparent contradiction of the Father's being both the good and the bad father figure does not mean that the film escapes effective ideological closure. On the contrary, it provides a more effective closure because the film offers two contrasting scenarios in which the logical results of each scenario (behaviour pattern) are played out to their good and bad results. By creating the two contrasting and seemingly contradictory patterns of the good Father and the bad Father, the film facilitates a more effective ideological closure by answering the question it poses of what constitutes a good or bad father. The issues raised by the film as a social issue drama with simplistic melodramatic overtones are provided with a degree of closure which reduce the film to a sentimentalised core that lacks any real critique of its subject.

One example of this gratuitous sentimentality is found in the scene in which Brown attempts suicide. It is prefaced with a point-of-view shot of his parents as symbolic of what he will not be (parents) and as such he (and the film) feels this renders him a nothing. This feeling he acknowledges himself when in his suicide note he states that: '[A]ll is nothing, therefore nothing must end'. Brown, just prior to writing his note, looks out of his upstairs bedroom window and sees his Mother calling his sister in for supper in a medium long shot from a high angle (a point-of-view shot from where Brown is). The Mother is standing in the street alone, when the Father cycles up to, and around, her. The Father then stops in front of his wife, and gently fondles his wife's face. Then there is a cut to a distraught Christy Brown, a low angle medium close-up; with tears in his eyes Brown then proceeds to attempt suicide. Christy Brown's view is that of authority and power (above), which as an artist / writer and intellectual (both to and within the family), it is a position he holds within the family, if interpreted conventionally. The shots are to be read conventionally at first, but then inverted to be read as emphasising how intellectualism -

Brown - is never equal to being a Mother and a Father. Significantly, Brown then decides he is nothing because, no matter how great a painter or writer or intellectual he becomes he will not be a father (with the validity of such a view narratively left unchallenged). Consequently, the film sees being a 'Mother' and a 'Father' (within a family) as the zenith of human existence. If Brown's decision to attempt suicide had been seen as wrong, or based upon unsound judgement, such a reading could not be made. The suicide attempt is not seen as wrong because the primary ideological – disabling - thrust of the film is that Brown is a second class citizen (as a cripple, and intellectual, who will not have a family) in the film and in general. The overall narrative thrust of *My Left Foot* reinforces rather than undermines my interpretation.

Brown is not the only character represented as pathetic due to the inability for whatever reason to have a family. Doctor Cole's proposed marriage is shown as liable to be unfulfilling as - like Stephanie in *Duet For One* - the doctor is very 'unwomanly' (not feminine in the conventional - cinematic - sense) and a career woman rather than 'Mother' figure. The doctor's appearance and general physical attitude combine to make her a very unnatural woman and, as such, in the logic of *My Left Foot*, unfulfilled. As the Doctor is an older, aggressive career woman with a short haircut (these two-dimensional characterisations are as simplistic as they sound) one is left to presume she will not have children; thus, it is the assumption that she will not have a family that characterises her as unfulfilled. It is implied that Brown cannot have a child rather than that he chooses not to, represented by the complete lack of physical contact between him and Mary except in the 'care' mode. For example, Brown and Mary do not kiss. That Brown will not have children is implied as being due to his continued dependence and infantilism and his eventually marrying his Mother (Mary the nurse being clearly paralleled to, and as, his Mother). The Doctor, it could be argued, is actually shown as even more 'pitiable' than Brown because her childlessness is a personal choice, one that goes against the ideology of motherhood, femininity and the family as inculcated in *My Left Foot* in its *mise en scène*

and narrative logic.

The ambiguous and contradictory aspects of motherhood and the family make it difficult to differentiate between the duty, the role and the place of a mother. Consequently, ideology and society tend to merge them all into one another (Rojek *et al*, 1988), and *My Left Foot* is no different – as demonstrated above in my discussion of Mrs Brown and Christy and their relationship to one another and Mr Brown. Merging the contradictions and ambiguities into one natural role-model is what (family) ideology does as it hides and smoothes over the cracks that appear and reveal oppression (Kaplan, 1999); equally, *My Left Foot* achieves this by reducing complex social relations to simplistic ideals. Thus, in the last scene in this chapter to be described from *My Left Foot*, this thesis will show how all the characters and duties in an ideal family are revealed and collectively shown as an ideal, good, role model. This is a factor which makes the film undeniably pro-family and ideologically complicit in, rather than critical of, its affirmation of such an ideology as natural and good, thus proper for the care and maintenance of disabled people, especially of those assumed to be congenitally abnormal (an assessment of cerebral palsy which is, more often than not, inaccurate).

After Brown's suicide attempt he is suffering from depression, refusing to get up from his bed, when his Mother comes in and sits on the foot of it. It is a deep-focus, medium close-up shot of the Mother, to the right of the frame, with Brown lying in bed with his back to us stretching to the left of the frame. It is a continuous shot that lasts for just over fifty seconds - very long in comparison to most *Classic Hollywood Narrative's* (Bordwell and Thompson, 1993) film shot lengths - and serves to emphasise the Mother's anguish. The Mother, looking off screen left and not at Brown to her right, tells Brown: '[Y]ou're getting more like your Father every day, all hard on the outside and putty on the inside. It's in here (clenching a fist to her heart) that battles are won, not in the pub pretending to be a big fellow in front of the lads. Right! If you're giving up, I haven't'. At which point, she stands

up. The next shot is of her outside, starting to build Brown an extension. In the fifty-second shot the Mother is seen as the heart of the family (holding her fist there to emphasise the point); her role is understood as being to ensure that the struggle of life goes on in the name of love and the family. For *My Left Foot* the Mother must encourage her children and ensure that they are loved, to the extent of standing behind them with words and deeds. After all, in the film's logic, it is the role and duty of the Mother to ensure that no one gives up, thus Mrs Brown is encouraging, self-sacrificing, and making sure that what needs to be done is in fact done. Under no circumstances would the Father have been able to take part in such an emotionally interactive scene: the Father is the practical one, the Mother is the emotional 'loving' one.

Once the Mother is outside and digging in the yard, Brown comes down and tells her to stop it; the Mother is very out of breath and clearly not capable of building an extension for Brown on her own. She states to Brown: '[Y]ou'll have me heart Christy Brown; sometimes I think you are my heart. Look if I could give you my legs I'd gladly take yours. What's wrong with you, Christy?' Brown, rightly castigated, replies: 'I'm sorry, Ma'. The Mother's speech is the most significant shot in the film, let alone the scene, when it shows us Mrs Brown as the ideal and saintly Mother. As she speaks of willingly sacrificing her legs we see her in a medium close-up, from a low angle - her authority and status re-affirmed. Even more important than the dialogue are the lighting and background. This is the only obvious use of back-lighting in the film which, combined with conventional front lighting, clearly defines her against the background with an aura of sparkle, but this is not all. The background to the shot is a pitch-black wall – unnaturally so, in comparison with immediately prior shots of her in the garden digging against a fairly well-lit greyish wall. The effect, when combined with all the other elements of *mise en scène* (including the nature of the dialogue), replicates traditional religious iconography even more clearly than the similar instance already described. The scene again indicates that this is surely a woman on the way to becoming a saint before our very eyes, saintly in

motherhood.

If the Mother had simply started the extension and failed, the extent of her effort would be wasted. However, the Father and his adult children subsequently arrive home and take over, completing the extension (it appears) in the same afternoon. Thus, the Mother has acted as the catalyst in bringing the family together in an act of love and co-operation for the agreed benefit of a needy member of it: Christy Brown. At the end of the scene Mrs Brown tells Brown that that is the closest Mr Brown will ever come to telling him (Brown) that he loves him, thus the Father is reinforced as the non-verbal and emotionally repressed patriarch who 'loves' his family really. The Father dies in the next scene; the narrative seems to act as a warning to all of us good / bad fathers and sons to make their peace before it is too late. It is not only the Father but also the brothers who build the extension, an act which verifies my reading that men (Fathers and brothers) are constructed as practical and, as such, capable of showing love only in acts of practicality and integration. In totality we are, unquestioningly, shown the epitome of simplistic familial ideology in *My Left Foot*.

The Mother's speech 'I'd gladly give you my legs' points again to the mother as being self-sacrificial in the name of the family, especially the children, with her saintly appearance making her not just a good Mother but an ideal one. A similar use of religious iconography occurs repeatedly in *The Elephant Man* in the character of Merrick's mother, who is dead; she is seen and idolised over and over again through the manner and style of the photographs that Merrick has of her. Concomitantly, in *My Left Foot*, the Father and brothers are represented as ideal by their subsequent actions in building the extension, especially when taking into consideration their inclusion of Brown in their lives outside the family.

The Mother and the family achieve their reward from Brown (and society) by their

presence at the 'benefit for the cripples' which surrounds the film (the flashbacks of Brown's story are from the nurse Mary reading his book, *My Left Foot* at the benefit). This is indicated by the fact that when Brown arrives at the benefit, to applause, everybody applauds and stands except his Mother; she remains seated (not applauding) as if the applause were for her also. Equally, when Brown is given a bouquet of flowers he presents them to his Mother, who is then persuaded to join him on stage. The film is thus as much about Mrs Brown as the ideal Mother (both generally and as the Mother of a cripple) as it is about Brown as the 'ideal cripple'. The Mother receives further reward from Brown when he gives her his fee from his first piece of writing, an amount of money that is more than his Father earned in a year: eight hundred pounds.

The context in which disability and parenthood intertwine is in the model of these parents as ideals; the film implies that a child with a disability requires ideal parents in order to fulfil his / her maximum capability. Social Services, or extra financial assistance, or even social change, are irrelevant in this film. Although the Mother must be prepared to include medical personnel and expertise, the traditional family is seen as what is best for all, especially cripples. Elizabeth Wilson, in *Women and the Welfare State* (1977), shows how the politics of welfarism are firmly rooted in sexist ideas which, in turn, provide a state framework to ensure - and positively encourage - that women remain in the home. For Wilson the selective availability and manipulation of income support and service provision (especially in relation to disability) combine to perpetuate female incarceration in the myth of motherhood and its social consequences (i.e., dependence on the male breadwinner). Mrs Brown is given only nominal help from the medical establishment - the Father states early on that his son will 'go in coffin' before becoming a burden on the state - so the family in *My Left Foot* establishes the familial home (or death) as the ideal place for the upbringing of a disabled child. By suggesting that the family be the main responsible agency for an impaired child the film ignores the social responsibility of society collectively to provide help and assistance as it does for all its able-bodied

members. Similarly, as the film also colludes with traditional family ideology, it ensures that it is the Mother who becomes the sole guardian and bearer of a 'burden', a burden from which capitalism and society, and consequently the film, abdicates all responsibility. As Voysey has stated: 'the family cannot just be seen as a biological unit because it is "reinforced" by institutions which are "indubitably" social ones' (cited in Close and Collins, 1985, p.41).

In *My Left Foot* the family is constructed within the ideology of the ideal traditional family (as examined above) and, more significantly, the film seems to embrace the ideology whole-heartedly as an ideal for all families to replicate in order to be rewarding, satisfying and biologically natural. It fails to be critical or aware of any familial situation that is influenced externally – such as by disablement (Oliver, 1990; Oliver, 1996; Oliver and Barnes, 1998) - instead choosing to see all problems as internal or individual family problems; problems that only the family, or individuals within them, can resolve through co-operation and effort. Conversely, bad family members are those who fail to put the family first; consider the family at all times. If they did so, it would ensure conformity and a rigid code of behaviour; a normality rooted in the ideals of bourgeois morality. If we take into account what Bernardes (1985, p.209) states when he argues that 'family ideology is the main stimuli to ensure "conformity"', then *My Left Foot* can be seen as advocating (and by extension, revealing) such a rigid code of behaviour (i.e., conformity to the norm). Equally, the film is advocating familial ideology without asking the simplest of questions of it. Thus, the abject poverty that was a large part of the Brown's family life is romanticised out of all proportion by being made irrelevant, as in the examples of the sudden building of the extension. The extent of the family, if portrayed realistically, could have been read as a plea for Malthusian control (large families breed poverty and congenital deformity). However, the simplistic and romanticised filmic representation of the Brown family manages to appeal to the audience as an example of a living paradigm of bourgeois family ideals for its time and acts as an example to us all, now. The film's

makers are naively arguing that in the face of unemployment and family breakdowns family 'love' will bring you through. *My Left Foot* is a film that so distorts the realities of the family (let alone a family with a disabled member) that it invalidates itself (as a bio-pic or 'realistic' representation of any kind) under a cloud of romanticised family tragedy and inspiration. Thus, total ideological mystification of familial ideology occurs at the expense of real understanding, comprehension or revelation in a drama that sentimentalises (Cherniavsky, 1995) rather than explores or reveals any significant truth about its subjects, let alone disability or impairment.

The reverse of the same ideological coin propagated by *My Left Foot* posits the argument that if the family were not there (or are not an ideal version) the impaired person's life would, simply put, not be worth living. *My Left Foot* is not in isolation in doing what it does; other films do the same, for example: *Afraid of the Dark*; *Almost an Angel*; *Antonia's Line* (Marleen Gorris, Holland, 1995); *Dance Me To My Song*; *The Eighth Day*; *Live Flesh*; *Mandy*; *Rain Man* (Barry Levinson, US, 1988); and many others throughout the history of cinema. This alternative perspective permeates *The Elephant Man* by having Merrick choose suicide as his best possible course due to his not having a 'real' mother but only a surrogate father, Dr Treves, in her place.

The films now to be discussed use the absence or dysfunction of the family as a *valid* reason to prefer death to life with impairments and without a family. For example, in *Whose Life Is It Anyway?* Ken Harrison's desire for suicide is diegetically supported by the absence of a family. Although almost all other characters have no direct family mentioned within the film, their presence is implied in other ways: for example, orderlies are never seen with their families yet they do go 'home', and two of them are having a romantic liaison - the precursor to 'home' and 'family'. Significantly, there are two scenes in the film that mention the family in relation to Ken Harrison.

The first reference is to Ken's inability to have a family, soon after he becomes a quadriplegic. Ken's girlfriend, Patty, visits him regularly, visits that are beginning emotionally to torture him once he realises that he will not be able to be what he was in the past: i.e., normal. Ken tells Patty: 'I know you love me, Patty, but if you don't want to torture me you'll go, now. Now'. The scene is a series of shot / reverse shots in medium close-up: Ken is *lying* in bed whilst Patty is, to reinforce their difference, *standing* against a window. The setting is significant in that the window is being lashed by rain as thunder and lightening rage outside; concurrently, violins increase in volume and intensity upon the sound track to make the intensity, and validation, of the scene explicit both by the *mise en scène* and the non-diegetic manipulations. There is a cut to a close-up of Ken lying on his side in bed, motionless, tears running down his cheeks (as he is a quadriplegic he can neither move nor wipe his tears away; a nurse does this for him prior to the end of the scene). Equally, the bed Ken is in has cot-sides - emphasising his now childlike dependence which is assumed to be asexual and his imprisonment, by their name and function - cot-sides which are up. Ken says to Patty: 'I just want you to find a new life. Find a man, get married and have babies'. At this point Patty leaves and, we are later told, tries to do just that. The whole scene manages, stylistically and philosophically, to invalidate Ken's life as a quadriplegic; epitomised by his own (in his own eyes) inability to be a man - get an erection and ejaculate - and have children. Thus, marriage is, as such, not an issue.

The above scene invalidates Ken's life by his not being able to have that which he desperately needs for his sense of self, a family of his own. The second reference to the family invalidates Ken's life by his not being a member of one. Ken's lawyer will take Ken on as a client only if a psychiatrist, nominated by the lawyer, determines that Ken is of sound mind, and it is during the visit of this psychiatrist that the second reference to the family is made. The psychiatrist asks Ken: 'What about your parents, are they living?' The psychiatrist is shot in close-up and fairly well lit. Ken replies: 'No. No, I have no living

relatives. Which isn't really bad considering birthdays and Christmas, you know, presents. After all, how many hats can you wear?' In contrast to the lighting of and the focus on the psychiatrist, Ken is in medium shot sitting up in the bed, cot-sides up; the lighting (supposedly from the sunshine outside) is much lower key, with the shadow of the slats of Venetian blinds crossing Ken's whole body and immediate space. Such a *mise en scène*, especially the slat shadows, place Ken further into a dark, imprisoned world. It thereby validates his desire for real death as a positive choice / option over the apparent 'living death' that he is inhabiting in this room and scene. Interestingly, Ken's comment is given as sufficient in itself to justify this interpretation even without the added nuances of *mise en scène*. What he actually states is even more damning than it first appears; that Ken offers the example of 'hats' seems quite bizarre except that he must mean it as a metaphor (as it is often accepted) for social roles (Goffman, 1991). The implication is that Ken will now only have one hat, whereas normal people have a multiplicity of them. The hats, in turn, signify the essence of life in that the hats could also be taken as roles he will never fulfil. The film soon demonstrates, also, that Ken is so physically incapable that he could not go shopping and buy the 'presents' he mentions for his family – were there indeed anyone for whom to buy them. It could be argued that an extra nuance of Ken's negation as a disabled person is the implication that, although we see him being freely pushed in his wheelchair around the hospital, the same would not be possible outside it.

The psychiatrist, after a couple of other apparently pointless questions, leaves. Significantly, Ken is also seen by the hospital psychiatrist, who is ordered to find him 'clinically depressed and commit him', yet it is Ken's lawyer's psychiatrist who appears at the court hearing. The hearing is held in the hospital – to emphasise further Ken's dependence on medical assistance - to decide whether to let Ken choose to die. Significantly, it is this psychiatrist's only other appearance in the film and he states that Ken is rational and able to make up his own mind; a 'diagnosis' seemingly based on the single statement from Ken that he has no family. The social issue of providing

Independent Living facilities for disabled people is avoided (and to some extent crushed) by individualising Ken's problems whilst providing almost no alternatives for, or to, him. *Whose Life Is It Anyway?* places disability as an individual or family problem in order to excuse society - the state - from providing assistance to the individual in any form whatsoever. For this film, if disabled people have families their life might be worth living only within them, and if they have no family, it is society's responsibility to provide them with the freedom to kill themselves and not provide alternative independent support. Consequently, if a disabled person wants to live independently whilst they have a family, they are prevented from doing so by the scant provision that is available from the welfare sector of society (Barnes, 1990). This is due to welfare provision's being predominantly directed - *via* social policy - to those who remain in the family unit (*cf.* Wilson, 1977; Barrett, 1980). Thus, the family (i.e., usually wife / mother and also husband) act as cheap care whilst appearing as right and natural. At the same time capitalism, and society, ensure that (usually) women stay at home, thus saving the state from having to take a greater degree of social responsibility or, for example, extend Independent Living schemes (for further elaboration on these points see Stone, 1984, and Oliver and Barnes, 1998).

Duet For One follows a similar line of representation to that of *Whose Life Is It Anyway?* Stephanie sees death as a positive alternative to a miserable life (with MS) predominantly because she has no 'real' family. She has no children and has concentrated upon her career; she is, as such, seen as an un-feminine woman and / or incapable of being a Mother. Various scenes throughout the film lead us to conclude that her marriage, to David, was one of mutual career self-help. David helped her performance whilst she placed him on the world stage *via* the conducting of her concerts; love has had little to do with it, as she is shown to know that he has affairs. More significantly, when David embarks on an affair with his secretary, Penny, he tells Stephanie that he has: 'never felt like this before'; clearly signifying 'love' rather than self-interest. We are left in no doubt about the whole relationship because just prior to David's affirmation of love for his secretary he and

Stephanie have just had a heated argument in which they state how each has used the other as regards their respective careers. The way in which Stephanie is invalidated is in the development of David's relationship with Penny: Penny gives up everything to help David compose (which is what he really wanted to do, not conduct) and immediately becomes pregnant. Somewhat unsurprisingly, Penny and David almost immediately become a family once David leaves Stephanie to marry Penny – Penny then becomes pregnant.

In one of the first scenes of *Duet For One* Stephanie visits a psychiatrist, Dr Feldman, in which she tells him that she and David have not had children: '[W]e never had time'. The narrative reality and attitude are consequently seen as part of Stephanie's selfish attitude towards her career and life in general. The inferiority of such an attitude is signified by the representation of her first meeting with Dr Feldman. The scene is shot in a conventional shot / reverse shot *mise en scène* with the Doctor shot from a low angle and Stephanie a high angle, combined with positive lighting and background for the Doctor and *vice versa* for Stephanie. Soon after she has told the Doctor that she has no children, she tells him of how she lost her first violin in the Blitz. The bomb that destroyed her violin also killed her mother, Stephanie continues: 'I cried more about the violin than I did about her, can you believe that?' Before and after this statement Stephanie and the Doctor are shot in medium close-up (shot / reverse shots) but, as Stephanie tells us about how she loved her violin more than her mother, we move to a close-up of Stephanie. A change in the camera shots is set up to emphasise Stephanie's emotional hardness to intensify visually the moment and the nature of her comments. It is this hardness, familylessness, which the film seems to give us as the problem Stephanie has to solve for herself; she does this by letting David leave her for his secretary, thus consequently becoming a 'real' family man. Being a man is to be a Father for all the films discussed here; not being a father (or mother), by implication, renders an individual less than human and, as such, abnormal.

Although issues of the familial aspect are dealt with more directly in *Duet For One*, they

are more subtly invoked than in the other films studied here. In our first glimpse of Stephanie's 'home' immediately after she has seen the psychiatrist, in an extreme long shot, we are shown Stephanie's house and home as a large, almost gothic, foreboding place; dark in its private grounds, wealth and opulence. On moving into the house we cut to a wall that is covered with photographs and in a fairly long montage sequence we are given extreme close-ups of the photographs. Whereas conventionally in a 'home' filled with an aura of a family we would expect family photographs - graduations, birthdays etc. – in this montage sequence we are shown career highlights: Stephanie with the Queen; Stravinsky; Charlton Heston (an American icon of right-wing family morality); Edward VIII and Mrs Simpson; and in concert. Whilst the camera is on the photographs a particularly moving Bach violin sonata is playing (soon revealed as Stephanie and her protégé practising). The whole feel of the montage places Stephanie (and David) in a realm of wandering musicians, rootless and obsessive in their careers, not a family but a business partnership. The film's emphasis is initially on success and power outside the context of family. The film later goes on to show how the family - parenthood and female domesticity – is validated as the only possible form of female happiness through David's consequent success (as a composer) and happiness at becoming a father and 'real' husband; all of which is paralleled with Stephanie's subsequent misery as a familyless 'invalid', a woman who has not fulfilled society's role for her.

At the very end of the film there is a birthday party for Stephanie, a party to which Stephanie sends all the others (her psychiatrist, David and the pregnant Penny) whilst she watches it from outside. Stephanie is seen looking from outside - in a cold, bleak, autumnal landscape - whilst the others are all happily having fun, enjoying life in a warm and cosy *living* room. The party is a virtual parallel to Stephanie's birthday party the year before, shown at the beginning of the film. The party has the same guests except for the addition of the psychiatrist. The first party shows Stephanie's friends as her surrogate family, one filled with tension and deceptions - as when almost all refuse to acknowledge

Stephanie's illness, for example. As a surrogate family and not a 'real' family they are shown to be inadequate with long-term non-participation and death seen as preferable, a situation similarly depicted in *The Elephant Man* in Merrick's relationship to Treves. At the first party there is between the protégé Constantine and Penny a conversation around the ability to have an orgasm from playing a double bass. It is a conversation that leads to tension and anxiety (and an element of distastefulness): emotions not traditionally seen as elements of a happy family party. At the second (final) party David and Penny are soon to be parents and Constantine is married. Stephanie's agent (a grandmother-type figure) is there, as she was at the first. The contrast between the parties is striking; yet all that is different is that it now consists of two 'real' families in the shape of David and Penny, and Constantine and his wife. The second party is more like what would be considered (or hoped of) a family party: there is dancing and singing amongst them all and even the maid joins in the dancing and singing, in contrast to the first party the year before. Significantly, Stephanie, at this point, wanders off to sit under a tree far away, alone; her inability to have, or become part of, a family apparently justifies her separation and isolation. The psychiatrist fails to notice Stephanie's absence (even he is having fun). It is apparent that Stephanie has convinced him that her choice to distance herself from her friends and surrogate family is a rational one. Stephanie's (negative) view of herself (and her life) is allowed to be seen as right. Her decisions and awareness of MS are seen as correct both medically and morally, as is her decision as a disabled person to choose death. The representation of life within the family as happy and leading to success or, outside one, as miserable and closed is reinforced categorically and quite unambiguously.

However, family life in this film contains an element usually seen as disruptive in society, and that is male infidelity. Another interesting instance of family life, this time working-class, is also included in *Duet For One* with the introduction of 'the totter' - a 'rag and bone' man - Harry; a man clearly signified as working-class by his thick-set build and physical as well as his mental attitude, dialect, language, and profession. Here, as John

Hill (1986) states (of social problem films) class is sketched in so as to be irrelevant, giving male infidelity as part of the human condition rather than social pressure or construction. *Duet For One* does the same as a piece of mainstream entertainment. After all, both Harry and David (men in general, the film would have us believe) are adulterers, and they are clearly of different classes. Stephanie soon embarks on an affair with Harry and during one bedroom scene asks him to stay for supper, to which he replies: 'can't, wife and kid waiting'. In a close-up of Stephanie expressing sexual pleasure at what Harry is doing (off screen) to her, Stephanie replies: '[A] real family man'. The irony of this is to reveal Harry's hypocrisy and the opposite of what a 'real' family man is. The subsequent scene of Harry and Stephanie, at a Working Men's Club - where Harry has bought Stephanie to meet his wife - Harry is on stage singing whilst his wife tells Stephanie that he is a wonderful husband and family man. Harry's wife tells Stephanie that Harry has 'always been good to me, he never even raises his voice. I always tell him that he should have gone in for one of the medical professions'. She continues to state that Harry has been good to their daughter (who has a 'hole in the heart'). Stephanie at this point realises that Harry's wife knows about their affair from her expression, Harry is indeed revealed as a good family man, with the blame for Harry's apparent hypocrisy being placed on Stephanie and not Harry. The wife is visibly upset - quivering lip and tear filled eyes - and when Stephanie asks her if she minds her liaison with Harry, the wife replies: '[O]h No, I'm not that sort', Stephanie feels so guilty about intruding upon this family that she then gives Harry a £250,000 violin - a very high cost indeed to pay for their 'sins'.

The meeting with Harry's wife undermines the irony of Stephanie's earlier assertion that he is a 'real family man' since the meeting reveals that Harry truly is a 'real family man'; he is someone who protects and provides for his wife the best he can by providing her with a child (however damaged – *à la My Left Foot*). The ultimate signifier as to Harry's family commitment is apparent in the song that he is singing during the meeting between his wife and Stephanie: *The Green, Green Grass of Home*. It is Stephanie's sexuality that threatens

Harry's family, not his infidelity. Responsibility for sexual morality in *Duet for One* is displaced from the male predator (Harry) and placed onto the aberrant sexual Other of Stephanie (the impaired). Stephanie's sexuality can be classified as excessive and aberrant as it is leading nowhere and to nothing further in her relationship with Harry, whilst also transgressing class boundaries. Consequently, the disabled Stephanie's sexual excess is seen as much of a threat to other families as disability is. Significantly then, it is *disabled* female sexual excess, not that of the *normal* male, that is deemed Other.

The Raging Moon uses the family in its narrative in a similar manner as does *Duet For One*: life without a family is reinforced as a life not worth living and with class used in such a manner that class becomes irrelevant. *The Raging Moon* is, on one level, incoherent in what it thinks of the family: on one level it seems to be pointing out how insufficient it is, whilst on another it seems to invalidate all forms of existence outside the family. Bruce is clearly from a working-class family whilst Jill is clearly middle-class. That Bruce's family live in a block of flats and that the Father watches the television - football - whilst the Mother prepares pie and chips for the family is a clear indication of their class. Jill's parents, on the other hand, have an enormous garden - they had intended to have a swimming pool built - and her Father is a medical doctor. Each set of parents' clothes, manner of dress, speech and attitude all combine to make the class difference clear, yet each set of parents / families is unable to cope with their son or daughter's impairments. Bruce's parents are unable even to communicate with him. They resort to sending their other son to tell Bruce that they cannot have him home because the parental home is inaccessible, impractical and that the parents' ages prevent them from physically caring for him. This situation could have led to some serious questioning of available housing and care assistance in an Independent Living situation, yet the film's logic is justified by Jill's parents' equal inability to have her home either. Her parents' (and others / own) attitudes make it unbearable for her. Money and class have no bearing on impairment and disability in these two films, yet money and class are the biggest disability

that most people with impairments face in their everyday lives (Berthoud *et al*, 1993; Barnes, 1991).

Jill's parents' home is accessible - by the implication that, when she is at home, she can reach the bedroom and garden without apparent difficulties - yet she prefers to be in the Home as: 'they leave you alone [and] let you be what you are'. Our first sight of Jill at home, being pushed around their garden by her Father, is initially shot as if she is imprisoned behind high walls: a *mise en scène* which reinforces her feelings of imprisonment and that her home and family have become intolerable for her.

Consequently, Jill calls off her engagement to Jeffrey, an *ordinary* man - because he is 'frightened' of her impairment and all that it entails - and goes back to the Home. The last shot we see of Jill with her Mother is when the Mother walks in on Jill and her now ex-fiancé, thinks they were kissing, and tells Jill that she 'looks so pretty'. The shot is a zoom-in from the three of them in a medium long shot to a close-up of just the Mother's and Jill's faces. The Mother has a forced smile whilst tears stream down Jill's. The image slowly fades to a shot of a pond - a reference to Alice, in *Wonderland*, drowning in her own tears (Carroll, 1995) - and then Jill back at the Home. The *mise en scène* of the shot reinforces the deterioration of Jill's relationship with her parents; especially Jill's position as her Mother's daughter, a position traditionally perceived as a strong basis for a familial relationship. The zoom-in, by excluding the fiancé to concentrate on Jill's face (exhibiting a look of inevitable despair) and her Mother's (forced happiness as it is a daughter whom she knows to be unmarriageable, and dependent), pushes the point beyond misinterpretation. The fade provides a suitable metaphor for Jill's relationship with her parents: Jill leaves home and never returns. The only other time we see Jill's parents is after she has died. The representation implies that once Jill is not going to marry Jeffrey she is never going to marry a normal person, and as such, will be dependent upon her parents or a Home for the rest of her life (a reality which comes to pass).

Significantly, Bruce never sees his family again once he has moved into the Home, a fact which reinforces my interpretation of Jill and her family as inadvertently representing disablist ideology (that disability cannot be coped with within a modern family because of what it is pathologically). Equally, *The Raging Moon* reinforces other pertinent issues such as access, relationships, class and social processes as irrelevant. Although this is seemingly a contradiction in comparison with the ideological thrust of other disability films that identify the mother figure as perfectly capable of absorbing disability into the family (i.e., *My Left Foot*, as explained earlier), this is in fact not the case. The ideal mother, or perfect mother, is clearly (even within *My Left Foot*) atavistic; after all *My Left Foot* is clearly a period piece. Combined with this, inconsistencies do abound in representations of disability, and Otherness overall, a fact which highlights the confusion of solutions to disability in culture in general. Confusion and inconsistency in interpretation are indicative of a culture searching for coherence in the face of an ever-changing world in which what constitutes disability (Otherness), and who are the disabled (Other), as changing as are its politics. The nature of what disablement is has radically changed over the past thirty years (Oliver and Barnes, 1998; Drake, 1999), the period in which the films in this study were made, and still it is in transition (as addressed in the introduction and literature review, Chapter One). It is equally significant to note that *The Raging Moon* does not seem too keen on working-class family culture *per se*: at Bruce's brother's wedding members of the working-class (*Bruce's family and friends*) are shown to be lustful, negative, alcoholic, ill-mannered and ill-educated. The writer / director's future role as writer / director of Conservative Party Political Broadcasts and friend of Margaret Thatcher (Forbes, 1992) although originally from an East Ham working-class family is in itself revealing. Significantly, given the film's negative portrayal of working-class life and attitudes, the wedding party is the place where Bruce acquires his polio-like impairments. The same attitude to the working-class is characteristic of *The Elephant Man*, where Treves's family ideology - considerate, caring and liberal - is clearly

advocated above all working-class attempts at integration: Mrs Treves, for example, has Merrick to tea whilst the masses - quite literally the great unwashed in this film - exploit him at every opportunity. The negativity with which the working-class is represented in both films clearly points to a one-sided view of which class is better equipped to deal with the deformed. For example, although the attempt by Jill's family to integrate her fails, it is seen as preferable, by far, to the seediness of Bruce's working-class family. The implied immorality of Bruce's brother getting his wife pregnant just to obtain a council house is so unsubtle that it is more of a polemical judgement than it is narratively relevant. Again, a social comment on how difficult it is for working-class couples (let alone disabled people) to obtain housing is turned into an attack on the working-class for its perceived attitudes and actions. Similarly, earlier on in *The Raging Moon*, when Bruce was normal and had told Harold that sex was 'not much without love', sex for a council house takes on a whole new meaning of negativity. Bruce's condemnation of functional sex (in criticising his brother's impending fatherhood) is significant because he himself had lived - when normal - specifically with gratuitous sex as his goal in life. Such a view brings us full circle back to good sex as being specifically for the creation of 'loving families', à la *My Left Foot*, *Duet For One*, *Whose Life Is It Anyway?*, 'Joe Egg' and *The Elephant Man*.

The inability to have sex and thus have children - a family - as apparent in all the films so far discussed is particularly so in *The Raging Moon*. In the final scene to be discussed in depth in this chapter, Jill and Bruce intend to get married and are being philosophical about it because Jill is, at this point, sitting up in bed ill (she dies the next day). Bruce is talking to Jill in her (sick) room in the Home when a sequence of scenes occur whilst the dialogue is, asynchronically, from their conversation in Jill's room, shot and synched as an image dialogue overlap. Bruce states: '[I]t's terrible to think really, isn't it. It's terrible to think that you [Jill and Bruce] can never have children. I never really thought about it before. It hurts really to think about it. Do you like children?' Jill answers: 'never wanted to really have children until this happened [her engagement to Bruce] and then it suddenly seemed

terribly important'. Bruce concludes:

[T]hey say people like us can't have children. You know I've been reading it up in these medical books and it's possible, I'm sure it is. I suppose you were a good child were you? I was a little bugger, I remember they used to take me to Blackpool, I used to lift up the skirts of old ladies on the prom. I enjoyed that.

The words alone are proof enough that their intended marriage cannot be deemed or considered a 'real' family because of a lack of children. When the words are combined with the fact that Jill dies the next day and that Bruce is already seen to be a dreamer, we are left with no alternative but to see that Bruce's hopes of being able to have a child are as deluded as they are pathetic. The reference by Bruce to his childhood (and by implication, Jill's) also implies that both their families were relatively happy families prior to the intrusion of impairment, thereby reinforcing the film's message of impairment as their (and all) families' nemesis.

The concurrent images, dialogue, and violin music on the sound-track, act as further indicators that Bruce and Jill are deluded and pathetic in their romance, it being a mere parody of a 'real' family. When Bruce states how 'terrible' it is not to be able to have children we see Bruce looking out of a high, upstairs room, window. There is a cut to a point-of-view shot from where he is, a view of numerous children happily playing in the gardens beneath him. They are distant (in an extreme long shot) and, as such, out of reach for Bruce; his position places him in lonely isolation from what 'real' family life is: the ability to have children. The children playing in the grounds of the Home is quite inexplicable as no one seems to have visitors (who could bring children) and children are never before or after seen at the Home. A virtual replica of this scene, in *mise en scène* and its visual message, is in Bette Davis' 1939 movie ***Dark Victory*** (Edmund Golding, US, 1939). In the final scene of ***Dark Victory*** Davis realises she is about to die and not have children, while in the distance (equally bizarrely) are a group of children playing; a *mise en scène* constructed to make the image of childlessness sadder for that very fact. The next scene, of ***The Raging Moon***, still voiced over by Jill and Bruce's conversation, is of Bruce

in bed. Bruce takes two photographs off his bedside cabinet and puts them under the covers with him and, as one of the photographs is of Jill as a child, it implies that she will have to be his child as much as his wife. This interpretation is reinforced by the fact that the marriage will be a sexless (penetrativeless) one - as Bruce himself tells us earlier in the narrative in his quote from Deuteronomy when he tells us that: "[H]e whose testicles are crushed or whose male member is cut off shall not enter the assembly of the Lord". That's me ladies and gentleman [...]. The musical accompaniment heightens the emotive content as the strings tug away at our hearts in a plethora of pitifully pathetic scenes which combine to invalidate all that Jill and Bruce have together - an unavoidable conclusion considering that she then dies.

Consequently, we can see that *The Raging Moon* uses Jill and Bruce to criticise their families for not being ideal whilst advocating their parents' heterosexual model for life. As Bruce and Jill's only apparent hope of happiness was to live as a husband and wife (as their parents do), and that this is ridiculed as impossible (Jill dies) or delusory, this thesis's reading is fully justified. Bruce and Jill's failure to be a couple is pertinent to the film's inability to decide coherently what it is attempting to portray, unless it is read as reinforcing normal marriage / family ideology by the film's mimicry of it. Thus, the film's closure, i.e., Jill's death, acts to validate normal family life above all others by closing off the possibility of an alternative way of life. The finale acts to reinforce the standard ideological view of the family because it is not capable of offering (let alone condoning) any alternatives. In this film, to be happy one must be heterosexually married, sexually active and capable of producing children (preferably not disabled one's either). Having the conclusion that it effects, *The Raging Moon* erases any potential ambiguity that it might have implied; the death of Jill is the end of any possible or potential threat to normal and traditional family ideology.

The male care assistant / wheelchair fixer in *The Raging Moon*, on being asked if his ideal

Home for 'cripples' will let people sleep together, clearly states that people of opposite sexes will be able to. There is no need to stipulate 'opposite sex' in the conversation except to point out that that will be all that is allowed. The idea of two cripples sleeping together obviously seemed risqué enough; homosexual cripples (in their absence) are totally beyond the pale (Dyer, 1993, p.16). Equally, homosexual cripples are redundant if one is specifically reinforcing traditional family ideology through a comparison with heterosexual norms. One of the few examples of a gay disabled character, made in the same year as *The Raging Moon*, was in the purely exploitative and sensationalist film *Tell Me That You Love Me, Junie Moon* (Otto Preminger, US, 1970), where homosexuality was just another element of the underside of American society. The delusory idea of a 'crippled family' works, in *The Raging Moon*, as a reinforcement of the able-bodied norm by its failure, and it is constructed as a failure due to its not being a normal family. The success of the film for a normal audience is its reinforcement of normality by the failure of cripples who are trying to be normal. The inclusion of homosexuality would both undermine and cloud, and raise a degree of ambiguity in, the issue and ideology being confronted and advocated: normality.

In conclusion, I would argue that the films discussed use disability to validate traditional family ideology by having their central characters' tears, sadness and tragedy initiated and determined by either their inability to be a normal member of a family or by their inability to create their own normal family. Death is seen as preferable for the disabled characters because of their inability to have, or be in, a family in *My Left Foot*, *The Elephant Man*, *Duet For One* and *Whose Life Is It Anyway?* The same narrative construction is true of impairment in films, not looked at in this thesis, such as *The Big Lebowski* (Joel Cohen, US, 1998), *Bitter Moon* (Roman Polanski, GB, 1992), *Breaking the Waves* (Lars Von Tiers, Denmark, 1996), *The Eighth Day*, *Sling Blade* (Billy Bob Thornton, US, 1996) and many others. The bizarre twist to *The Raging Moon* is to have death as a result of attempting to create a family - be it a family only of husband and wife. Such a narrative

sequence is a far more questionable from a *Social Model* perspective in its ideology in comparison to the other films discussed because it implies that people with impairments are doomed before they have even attempted anything usually attributed to normal individuals. Alongside these points, Mothers are seen as the ideal carers (as in *The Elephant Man* and *My Left Foot*) with Fathers represented as somewhat ineffectual. Equally, institutional care or death is seen as preferable when the parents - or siblings - are either non-existent or unable to cope with the disabled person (as in *The Raging Moon*, *The Elephant Man*, *Duet For One* and, especially, *Whose Life Is It Anyway?*). By concentrating on the traditional family model, however ideologically determined, the films studied reinforce the same ideology by the failure or non-inclusion of any other family (non-family) models. The disabled are used to prop up normality, as well as the normality and hegemony of the familial unit, at the expense of their own validity or identity; disability is thus created out of impairment whilst at the same time making it seem natural and pathological. Such representations are relatively typical and scenarios of a similar type about impairment exist in films such as *Broken Silence* (Caroline Link, Germany, 1996), *The Heart is a Lonely Hunter* (Robert Ellis Miller, US, 1968), *Hearts of Fire* (Jeff Bleckner, US, 1992), *The Horse Whisperer*, *The Switch*, *The Walking Stick* (Eric Trill, GB, 1970) and many, many others.

Chapter Four: The Impaired Body of Disability

'Deformed bodies depress me.'

Nicholas Van Ryan (Vincent Price) in *Dragonwyck* (Joseph L. Mankiewicz, US, 1946)

This chapter will build upon the issues raised in the previous chapters, in order to examine the ways in which disability is specifically constructed on film as pathological. It will be discussed below, how representations of impairment place the problems of disability as being caused by impairment rather than their being socially orientated or constructed. The key strands of my discussion of the body will revolve around medicalisation (*cf.* Bryan Turner, 1992; 1995); the body as a metaphor for society (*cf.* Mary Douglas, 1966; 1970); the carnivalesque or grotesque (*cf.* Bakhtin, 1984); and normalisation (*cf.* Foucault, 1977; 1978). As has already been stated in earlier chapters, the *Medical Model* of disability has almost total hegemony over the modern Western definition of disability. Thus, it places all problems of disability within the individual's own body and his / her impairments. For the *Medical Model* (of disease as well as deformity) the body is a machine, one with a physiological norm to which the body either does or does not conform. When a body does not fit the physiological norm all subsequent problems are seen as arising from its corporeal deviance and not from how it is perceived or placed socially, making a chapter on the body essential in any thesis of impairment and disability in whatever form or medium.

In concentrating on how filmic representations of disability accept the hegemony of the *Medical Model* I have applied the theories of Foucault, Bakhtin and Douglas in order to understand why the *Medical Model* is so persuasive, and pervasive, in the representation of disability. When Gilman (1988, p.255) writes: 'it is in the world of representations that we banish our fear of [the Other ...] proof that *we* are still whole' (Gilman's emphasis), it is

possible to see why some representations remain negative even after social or political change; although some social change has occurred - legal rights, economic advancement *et al* - the archetypal and stereotypical persist even though many have been forcefully challenged – be they of minorities of one kind or another, or the disabled. Douglas, Bakhtin and Foucault enable us to deconstruct the symbols of the Other (the impaired, in this case) more effectively. Also, issues of masculinity and femininity as manifest in the body will be discussed in relation to how 'norms' are used to define both what they themselves are and how deviation from them is used to reinforce the 'norm' and devalue the abnormal. The main emphasis of this chapter will be on the film *Whose Life Is it Anyway?*, and, as such, the theories of the carnivalesque body are not utilised until the latter part of the chapter, when this thesis will explore the concept of the body in the other core films of this study.

Whose Life Is It Anyway? is about Ken Harrison, a man who has been involved in a car accident and sustains irreversible quadriplegia necessitating, in the logic of the film, lifelong hospitalisation. In the hospital, every possible act of objectification and surveillance - medicalisation (Armstrong, 1983) - is enacted upon Ken to keep him alive. It seemed ideal for this thesis: a prime example of how we are dehumanised and pathologised due to medicalisation. Yet, this interpretation did not seem completely accurate, and I realised why: the film is a critique of medicalisation; it even advocates de-medicalisation. The problem is that the means used to criticise modern, technologically-advanced medicalisation consists of people with impairments. Consequently, they, the disabled, are dehumanised and pathologised as a burden, out of a desire to demean the technology that keeps *them* alive. The basis of the film's argument is that the problem with modern medicine is that it unnaturally keeps certain people alive and, as such, those people have to be portrayed as less than human or the Other in order to demean medicalisation. The way the film ascribes certain characteristics to the body of Ken Harrison, which are culturally unacceptable or filmically constructed, makes him - and his

type - inhuman and the Other. Thus, medicalisation is seen as bad because it keeps the negative, sub-human disabled alive. The film *Whose Life Is It Anyway?* is far more subtle than one like *A Day In The Death Of Joe Egg* in its construction as a political piece of film-making.

The way in which *Whose Life Is It Anyway?* de-humanises Ken is by having him articulate his inhumanness himself (see earlier chapter) in a particularly human way; so much so that Ken was described, in a review of a revival of the play, as having: 'a personality which he lets shine to the full' (Sweeney, 1993, p.24). Ken shows his humanness through his ability to be a thoughtful, rational and intelligent person. Ken's inhumanness must therefore be made apparent in his body, which is achieved by having Ken appear as dependent, impotent and 'feminine' (impaired). The film achieves this most conventionally by having before-the-accident and after-the-accident components in the chronological narrative and in flashbacks.

Ken is told of his 'Catch 22' situation - his intellectual humanness whilst at the same time being bodily the Other - by Sandy, the hospital psychiatrist, who tells him that his plea for death: 'is weakened by his obvious intelligence'. The way the film avoids the 'Catch 22' situation is by having the negative pathology of the body as more severe than the positive capacity of his intelligence. Consequently, Ken is multi-impaired, quadriplegic with renal, muscle, bowel and almost complete body failure in order for his body's negativity to be greater than his intellectual positivity. The failure of the (Ken's) body is thus shown as dominant over the success or power of the (his) intellect. Ken and Sandy's 'Catch 22' conversation continues:

Ken: I don't think doctors realise that their patients can and want to understand what's wrong with them, and they're capable of making decisions about their own bodies.

Sandy: Then what they need is information.

- Ken: Well, a doctor doles out that information like a Kosher butcher doles out pork sausages.
- Sandy: That's true, but wouldn't you agree that patients need good medical advice to make good decisions?
- Ken: Absolutely. I would be grateful for any information so that I could make the proper decision. It would, however, be *my* decision.

This conversation reveals some of the problems the film addresses and how it sets out to resolve them. Ken is arguing for the control of his own body, a re-appropriation of his body after its appropriation by medicine, so that he can take the decision to die. In doing so Ken criticises modern medicalisation. Ken's actions condemn medicalisation's de-humanisation of the patient and himself for its objectification of Ken achieved through its exclusion of him from the decision-making process that most nearly concerns him. Thus, the emphasis lies on the '*my* decision' part of his speech, but the reason for his wanting control is to end his own life (and, by logical corollary, control over his body). In this simple way Ken is stating that if he cannot have control of his body, nor should anyone else. The ideal(s) of the Independent Living Movement - with disabled people living and controlling their own lives (Oliver and Barnes, 1998) - is denied when the implication of the *mise en scène* is that of having medicalisation as essential in keeping Ken alive. It implies that one without the (O)ther is not an option and, as if to support this, Ken is having his daily dialysis treatment during the entire conversation. Concomitantly, Sandy and Ken's conversation is not presented in a conventional shot / reverse shot sequence of dialogue between two characters. Instead, the *mise en scène* is created by having Ken shot straight-on in close-up and Sandy in a medium shot straight-on. Tubes (flowing with blood from the dialysis machine) frame Sandy as he stares at the machine. Sandy avoids Ken's gaze by looking at the dialysis machine. Consequently, Ken has, in the logic of the film, become the machine that is keeping him alive and, as such, Sandy's looking at the dialysis machine is both logical for the film's meaning and for Ken's own view of his life as it now is. The film's criticism of medicalisation is strengthened by Ken's own

acknowledgement that medicalisation is essential for his survival but that in keeping him alive it dehumanises him; this realisation is identified and reinforced when Ken himself states earlier in the film that he cannot survive outside the hospital - a debatable point in itself yet one that is offered by the film as being the truth.

Significantly, despite Ken's astute criticisms of the medical profession for their grip on medical knowledge, he wants for himself this same knowledge in order to execute his own destruction. In Ken's view, and that of the film, his knowledge of his condition is restricted by the doctors. He feels that he is being exploited by the medical profession for their own purposes - for the medical team's discussions of Ken's condition rarely include him. Such purposes are summed up by Bologh (1981, p.194) as: 'professionals use[ing] the patients' illness for their own ends - research, teaching, income, learning, while depriving the patient of medical knowledge and control over their own bodies, even causing illness'. The perspective is seemingly confirmed when in one scene, consisting of Dr Emmerson's doing his rounds with student doctors, he demonstrates his power, position and status. The film addresses a public desire of the time (and the present) to question the intrusiveness and coldness of a profession that has become rich on the privileges it has made for itself through the objectification of the patient. Fox (1977, p.21) sees a movement - significant in itself - towards the achievement of the goals of demedicalisation manifest in the success of many 'right to die' cases of the mid-seventies; the period in which the play and film originate and upon which philosophy the film is not only based but also supports.

Sandy, during his conversation with Ken, is portrayed as Ken's intellectual inferior: in the dialogue he feeds Ken the correct lines for the appropriate condemnations of the medical profession, then agrees with him when these are explained to him. Prior to sitting down and conversing with Ken-as-the-dialysis-machine, Sandy wanders around the room exhibiting a 'neatness compulsion', as Ken speculates on the cause of the compulsion to him; a 'compulsion' involving picking up linen napkins, folding them and placing them

across the room in neat piles. One could read this particular nuance as the psychiatrist being shown to be as 'mad' as his patient (after all, he is sent to commit Ken). All the staff in this film are obsessed with preserving all life to a degree which is compulsive rather than caring; 'care' has been replaced by a compulsion to keep bodies neat, tidy and alive, in hygienic Intensive Care Units (ICUs). Sandy's 'neatness compulsion' also acts more directly as its ironic comment on Ken's bodily state. Sandy's actions emphasise his physicality and movement; he is using his hands because he *can*. Ken cannot use his hands, so no matter how intellectually superior Ken may be to Sandy (or others), they are superior beings because they are able to control their hands, legs, kidneys and bowels, and have an intellect. If Mead's view (cited in Turner, 1992, p.29) that 'hands are vital in the development of the social being' is acceptable, then we can detect one of the methods the film uses to degrade Ken: it removes his conventional social / bodily idiom such that Ken becomes less of a human being. The whole question of what constitutes a human being is thus defined in *Whose Life Is It Anyway?* as a person's having the facility to combine intellectual ability with bodily control. One without the other, in this case mind without body, is shown as a life not worthy of living.

In an earlier scene, Ken ironically describes himself as a vegetable, a statement that has further clear implications: the film's criticism of how medicine keeps alive those who would otherwise naturally die applies to those with learning difficulties as well as himself. Karpf states (1988, p.75) that 'modern medicine seems to be the full flowering of Cartesian reductionism' and that the presentation of disability and medicine 'relieves public anxiety about its potential'. In this light we can see that *Whose Life Is It Anyway?* addresses a public concern about medicalisation in that it seems to have become impersonal, where the individual is no longer the concern of medicine but only its object of corporeal subjection.

The argument in the film against medicalisation is intentionally revealed in a scene prior to Ken's dialogue with Sandy, the psychiatrist. Dr Emmerson calls into his office the

psychiatrist and the young, attractive, female Dr Scott; he explains to Sandy that he wants Ken committed. He bases this on Ken's desire to have the right to die as the doctors have: 'just about [got] a viable human being'. At this point the psychiatrist immediately agrees to carry out committal proceedings (without having met Ken - further reinforcing the domination, and power, of doctor over patient as excessive medicalisation), then leaves. The scene takes place in Dr Emmerson's office, an office lined with live television monitors of the ICU's patients. As Dr Scott starts her speech she strides to the monitors and points at them. She argues:

[D]oes he look crazy to you? Look at him lying there. I mean, Christ, he's got no privacy at all, he's got no sense of dignity. I tell you, if that happened to me I don't know if I'd have the courage to live either. Would you like to live like that?

Significantly, it is a generalised argument: she is speaking not merely about Ken but about all ICU patients. The validity of Dr Scott's perspective is clearly established in this scene and by her prior and subsequent character development. For example, in this scene, Dr Scott, a stereotypical WASP, walks into the light as she speaks her lines and is touched by the natural light coming through the office windows. Her adversary (which is what Dr Emmerson becomes), on the other hand, played by John Cassavetes, both is in the shade and, significantly, has a much darker ethnic appearance. Since Emmerson has just ordered a psychiatrist to commit a man established in the film as highly rational and perhaps, even, illuminated by intellect, the lighting and *mise en scène* contrast - literally and metaphorically - with the light in which we see Emmerson. Emmerson is also smoking. It clouds close-ups of him in his share of the shot / reverse shots of his argument with Dr Scott, and in this way further degrades him through the negative medical connotation of smoking; an unavoidable association emphasised by the film's setting. Similarly, Emmerson is the only person in the film who smokes tobacco - so Emmerson allows himself and is allowed by society to self-destruct, yet he is the one to decide whether to 'allow' Ken a similar right.

The monitor screens in Emmerson's office, and the whole institution itself, appear as a visual representation of what Foucault called the 'clinical gaze' (*cf.* Armstrong, 1983), a gaze that is on the individual at all times and in all places. Dr Scott herself states that privacy and dignity are non-existent. Armstrong (1983, p.8), adopting Foucault, writes of the modern hospital (in England) that: 'it is a medical Panopticon writ large'. Emmerson's hospital signifies the epitome of such a hospital. The tragedy of the film is that it uses disability as the perspective through which to examine medicalisation; the film practises in its discourse an extreme form of normalisation by demeaning the successes of medical advances. Thus, the film, and culture in general, is unable to divorce the technological benefits of medicine from the excessive potential for dehumanising that it exhibits. The film's normalisation is a highly prescriptive one in that it sets up a rationale for preserving a life only if the life has a certain degree of both bodily and intellectual control over itself. The philosophy of the film seems to follow that which Foucault (cited in Rabinow, 1991, p.150) credits to the normalising state: 'if man is made in God's image then one needs to protect that image of God in man's body'.

The name 'Emmerson' is an ironic, and comparable, comment on human alienation in modern society since it conjures up the philosophy of the nineteenth-century transcendentalist poet Ralph Waldo Emerson and all the natural / nature ideas that he professed. Ralph Waldo Emerson is a well-known disparager of the impaired in his works on the ideal American self, whilst at the same time being highly critical of conservatives afraid to react in defence of the ideal American self (*cf.* Garland Thomson, 1997, p.41-44). The film plays with Emerson's philosophy throughout the film and could be the subject of a thesis in itself. In *Whose Life Is It Anyway?* Emmerson, a compulsive technocrat, is a comparable subject which reduces his stature and questions his whole philosophy: i.e., total medicalisation. Dr Scott, on the other hand, symbolised through her embodiment, represents the value of the natural and nature and the ideal (re: Emerson rather than Emmerson).

At the start of the film Dr Scott is equally against Ken's having the right to die, through her involvement with Ken - she herself calls it 'love' at one point - she is persuaded also from his perspective that his life is indeed not worth living (*cf.* her earlier speech). Dr Scott is a woman stereotypically classified as having 'child-bearing hips' that make the body of Dr Scott noticeable as more 'earthy' (larger) and 'emotional' and 'feminine'. The point is emphasised when Ken compliments her on her 'beautiful' breasts twice within the film and by contrast with the other central female characters, who are more akin to an arbitrary modern male aesthetic of what constitutes female beauty for its own sake (thin and virtually asexual).

Thus, Dr Scott's argument with Emmerson is additionally given as overtly physical in a way that is more emotional than rational (i.e., archetypally 'motherly'). Such a division of rationality and emotionality are clearly relevant to the questions of what is defined as masculine and feminine, aspects to be discussed later. However, Scott, by her conversion, also represents an open-mindedness, the obverse of which is represented by the dogmatic Emmerson. That she listens to, counsels and eventually 'loves' Ken validates her above all other characters, a validation that further confirms Ken's view of his impaired embodiment as abject. She can think, change her mind, and act upon her insights, whereas Ken is trapped in his inability to act.

Viewed logically, it is somewhat bizarre that all the characters who 'befriend' and 'love' Ken are those who eventually support his wish to die: Dr Scott; a petite white female student nurse named Joey; his white male lawyer; and a black Caribbean hospital porter called John. Although Ken states that to respect someone is to respect their choice, to respect such a choice to die could be considered to be a bad reflection of the kind of friend to have. As they all talk, when Ken is not present, about how wrong it is to keep him alive, it clearly demonstrates the correctness of his choice. John is indicative of the emphasis of

the film when, whilst trying to get her to go out with him, he asks Joey:

[h]ow much does it cost to keep him alive; thousands of dollars a week?

Joey: That's not the point.

John: Well the point is that in Africa people die of the measles, ya know; little babies even. Only cost a few pennies to keep 'em alive. No, there's got to be something crazy somewhere, man!

Joey: Well that's wrong too.

Here, then, the cost of medical treatment, as opposed to the ethics of it, seems to be of equal significance in whether they should keep Ken alive. The power of John and Joey's viewpoint is reinforced by the choice of camera angle. They are shot from a very low angle to emphasise the intimacy of their conversation, giving the scene a greater visual authority; a cinematic boost to their opinion necessitated by their lowly status within the hospital hierarchy. The perspective is reinforced by the fact that John and Joey are very friendly to Ken; they 'kidnap' Ken from the ward to take him to the basement to hear John's reggae punk band. Consequently, as Ken's friends advocate his death on purely economic grounds, it gives their argument a validity (and an airing) that places it as a central theme of the film's criticisms against medicalisation and, by implication, marks impairment as expensive and unproductive. Ken's body is seen as totally unproductive with his inability to use his hands clearly symbolic of such a viewpoint. As Joey, in the above conversation, starts by saying: '[T]hat's not the point', and ends: 'that's wrong too', it is quite a *volteface*. By agreeing that the treatment of African children is wrong 'too' she agrees that keeping Ken alive is wrong, thus undermining her initial reluctance to support Ken in his suicidal wishes. Equally, Joey's support for Ken soon becomes positive support for his wishes to die. The 'nature' of Ken's impairment does necessitate a high degree of personal assistance, a fact that places it in the realm of what Turner (1992, p.177) calls: 'chronic degenerative illness'. Through having such a physically dependent central character, the film indicates

the financial problems incurred by revealing how modern medicine has moved from curing infectious diseases to containing and curing chronic degenerative illness. Significantly, Joey wishes Ken 'good luck' when he goes to court (a makeshift court in the hospital library) to plead for the right to die.

An ill body, and similarly Other bodies, are consequently seen in *Whose Life Is It Anyway?* both as symbolic of and the cause of social ills (somatic ills, or problems such as excessive tax burdens, health care costs or even recessions). Ken's body is indicative of the excesses of medicalisation and its alienating consequences. It is also a symbol of the 'sick' society that pursues such medicalisation at all costs, both metaphorically and literally. One scene in particular sums up the above points and firmly places them in the embodiment of Ken, and Others, as representative both of social malfunction and of a false sense of social responsibility. In the scene Ken falls out of bed; interestingly, it is an incident which he calls an accident when it is clearly nursing negligence. Joey brings Ken a can of coffee, and he playfully refuses to drink it. On turning his head to look at Joey he knocks the drink which she is holding to his face. It spills down him. Joey sets about changing the bed on her own (negligently, as it should be two). In the process of Joey's changing the bed, Ken falls to one side, hangs out of bed, and is rescued by four other staff. Dr Emmerson is at the time with Dr Scott doing a ward round with some students.

As Joey changes his bed, Ken asks: '[H]ow does a quadriplegic cross the road?', rhetorically answering: '[H]e was stapled to a chicken'. Ken's dependence is encapsulated both by his own joke and by the state of his body: unable to drink or to clean itself up, with Joey lifting and tugging him in a way that is not within the realm of most people's experience. Ken's complete physical dependence on others, once he has quadriplegia, characterises Ken's embodiment throughout the entire movie. All the scenes of Ken have him undergoing some kind of essential life-saving treatment - dialysis - or requiring the actions of others to compensate for his own total lack of physical movement (i.e., wiping

away his tears) in order to construct his dependency through *mise en scène*. The only scene in which he is having neither of the above is when Dr Emmerson is giving him an injection of valium that he does not wish to have. This scene has added resonance, emphasising - and constructing - as it does Ken's powerlessness, through a carefully constructed *mise en scène*, over what others do to his body whether or not he needs or wishes them to perform a medical function.

The film consists predominantly of long takes, some lasting up to nearly two minutes, and the scene under discussion starts with a fairly static long take of Joey giving Ken his coffee. The simple visualisation that Ken has to have special canned coffee makes specific the high cost of keeping him alive; it is not just technology but special people and nourishment that are required. His needs are time-consuming, too. However, at the beginning of the scene in which Ken falls, there is an increase in the pace in the choice of camera positions, angles and music; cuts become increasingly rapid. Between Ken's starting to fall, falling and being put back in bed into his former position, there are twenty-seven shots which together last under seventy seconds. They consist of straight-on medium shots of Joey, who is panicking, long shots of male and female nurses coming to rescue Joey / Ken and shots of Ken's body slipping down to the floor, from the bed, from under the bed and from the opposite side of the bed to Ken. Most importantly, though, we have point-of-view shots from where Ken is; shots which involve the camera panning left, tilting ninety degrees, rapidly, and shots canted from the floor as Ken's head rests upon it. The disorientation suggested by the movement of the camera, its pace and rapidity, all combine to emphasise the helplessness and terror that a lack of body control - in Ken and the disabled - is constructed as entailing in circumstances where control would be advantageous. In other situations, Ken is simply helpless. Ken becomes a spectacle for the camera initially and then for the medical gaze: Emmerson, his students, and Dr Scott walk in upon Ken hanging from his bed.

Embarrassment is the emotion that Ken first seems to feel upon falling out of bed, but it turns to outrage when Emmerson walks in with the student doctors. Ken orders them all out and Emmerson, realising how Ken feels, leads them out. Ricks' (1974, p.1) assessment of Keats' art and its use of embarrassment is applicable here to how Ken feels, and what the art of the film is achieving, when he states that embarrassment is connected with feelings of: 'defencelessness [... and that A]rt uses embarrassment to help [the spectator / reader] deal with it, not by abolishing or ignoring it, but by recognising, refining and putting it to good human use'. Ken's embarrassment is rooted in his defencelessness. The art of the film uses the audience's defencelessness against developing quadriplegia (an impairment) to make the audience feel as uncomfortable in observing Ken's defencelessness as Ken is in experiencing it. The embarrassment, which is the embarrassment of witnessing the deformed, or non-controllable body, is achieved by having it individualised in Ken; closure is achieved by Ken's deciding for himself that it is all right for this embarrassment to be removed (by his suicide). Consequently, through such a resolution, an audience's embarrassment and discomfort are relieved and the ideal world (of entertainment and normality) is restored. The embarrassment in the scene is not only the audience's point of view but also the audience's required emotional response, because embarrassment is both personal and social in this, and all, contexts. It is a reaction to a social situation, whoever is involved.

Once Ken is revealed to be deeply embarrassed Dr Emmerson takes the student doctors away. The student doctors had stood motionless, gazing at Ken when they come in to the room. Significantly, our view of this part of the scene is a point-of-view shot from Ken on the floor - low angle canted, slightly moving all the time - with Ken seeing only their shoes and legs the closer the crowd of student doctors come to Ken. His humiliation (and embarrassment) at the feet of the crowd of student doctors (Ken's positioning as both constant spectacle and in constant humiliation) is left in no doubt by our being given his perspective in a point-of-view shot. This key scene sets out the film's view very clearly:

Ken's life is a life that is not worth living due to its dependence, humiliation and inability to protect itself. No other single scene in the film more explicitly combines its philosophy and imagery to greater effect – it is a wonderful piece of film-making. Equally, in having Ken's body require four people to lift him into bed, with two more nurses present, and two doctors to check him medically after the event, his financial cost in manpower is shown and, by implication, condemned.

Mary Douglas (1970, p.160) tells us that: 'the body is a symbol of society', and that: '[W]e cannot possibly interpret rituals concerning excreta, breast milk, saliva and the rest unless we are prepared to see in the body a symbol of society, and to see powers and dangers credited to social structures reproduced in small on the human body' (Douglas, 1966, p.115). Although Douglas is talking of the typical - normal - body, the anxiety about the disabled body can be understood only if we see *the disabled body as part of a range of available bodies* that may act as potential cultural symbols in general. Ken's body has been normal and now it is not; its value as a symbol is both metaphorical and as a potentially lived reality. If we take Douglas's views on the body and apply them to this film, Ken's body is a body / society paralysed by rationality and intellect, a society whose head thinks but whose body has become a danger to itself, ready to topple at any moment. Ken needs such a multiplicity of technology and bureaucratic hierarchies to survive that, if we take Douglas's point again, it is impossible now to enjoy death or dignity as a natural part of living. After all, it is death that is the root desire of Ken. In contrast, Emerson, in an earlier scene with his student doctors, cites death as 'the enemy'. Death is, more radically, for Foucault (1977) the last resistance to power. This gives rise to a crux in interpretation: with the film as seen through a *Social Model* analysis, death is given as the release from abnormality, and not as Foucault meant it: a last stand against the tyranny of normality over us all.

Turner (1992, p.55) summarises Douglas's views when he states: '[F]or Douglas, the body

is a metaphor of society as a whole with the consequence that disease in the body is, for example, merely a symbolic reflection of disorders in society. The stability of the body is, equally, a metaphor for social organisation and social relationships'. Consequently, Ken acts both as an example of the impaired life and as a metaphor for society. The film's narrative and overall philosophy uses his body to initiate anxiety about both his own body and that of society. Ken's body acts as a symbol of the failure of society because it uses the body language of anxiety about the social state to criticise medicalisation. If we relate Ken's dependence and inability to protect himself from potential danger to his lack of freedom of choice (the 'right to die') then Ken is also a metaphor: for a society paralysed by its construction of people so dependent while nevertheless keeping them alive that they become 'useless eaters' draining society. Ken represents not only society but also a particular product of that society; he can be read in both ways. The need of eight to ten people to put Ken back into bed and check him is surely meant to indicate such an interpretation.

Once Ken is back in bed, Dr Emmerson tells Ken that he will be a quadriplegic for life and that it is hoped he will be transferred in the near future to another ward or hospital for continuing rehabilitation. Ken retorts to this statement: '[Y]ou mean you just grow the vegetables here, the vegetable store is somewhere else'. Again, Ken's humanity is contrasted with his own words but, more importantly, whilst this conversation is continuing, a new 'vegetable' is brought in to an ICU cubicle along from Ken's (it is in view as all the ICU cubicles are Panopticon-like glass constructions). The medical production line of 'vegetables', the wholly dependent and very expensive, are shown being created and damned in the same process of medicalisation as Ken has undergone. The lighting of the characters in this dialogue shot / reverse shot part of the sequence is of interest. Emmerson - in medium shot from the side - is again lit in a cinematically sinister manner with the left side of his face in near darkness which, when combined with his ethnic (Italian-American) features, gives him an appearance of being obsessed. In itself

alarming, this is in sharp contrast to Ken, who is well lit in close-up (for extra intensity and feeling it is shot straight on), with no shadow on his face. Thus, Ken's words are more pure and possibly vulnerable through their purity (signified by the lighting) than Emerson's. The latter's appearance is shown to be a prediction of evil. This reading is confirmed later at the hearing when Ken classifies Emerson's wishes as committing him to 'a life sentence'.

The professional counselling is given to Ken by a woman whose manner seems (and then Ken confirms this for us) patronising: 'we'll teach you to read on a machine'; further proof of the delusions, as the film sees it, of any idea(l)s of Independent Living. The counsellor's insistence that she can 'teach' Ken to do what he calls 'the three R's', by which he means basic functions, further emphasises the *child-like nature of his - the impaired -* body. There is no comprehension of the quadriplegic body as the product of a patronising, de-personalising discourse. The film's makers are seemingly unaware of this perspective because the film is, as I have shown, acting as part of the (cultural) discourse that is describing quadriplegia as dependent, inhuman and child-like. As such, it demonstrates its lack of awareness of the fact that, as Foucault stated, the body is a product of discourse. The ideologies of the film, a normalising individualism and disabling medicalism, are revealed by the absence of disability-specific issues; the film carries its own ideological theme forward with no regard for alternatives, despite its supposed liberal philosophy of *choice*. The film's makers cannot be assumed to have read Foucault - they may have - but the film does propose itself as a challenge to disempowering situations of (medical) hegemony. In fact, it challenges only the right to be (medically or socially) different, despite the film's makers message that they understand all the issues. The view held by this thesis is that they do not and, as such, they merely reinforce continued (mis)understandings about the issues upon which the film purports to comment.

As Ken has his bed changed for him and he is then washed and dressed (adequately for his

environment), the film places him bodily as the equal of an infant. It is important to note here that social relationships are mediated by our bodies and that Ken's is constructed in the film as the root of his social exclusion. It is only if we see what Goffman (Burns, 1992, pp.38;85) calls our 'body idioms' - movement, gestures - and 'body gloss' – the desire to enact those 'idioms' - as natural rather than constructed that the loss of one's standard 'idiom' or 'gloss' becomes problematic. A loss is indeed a loss; however, it becomes the reason for living - or dying in Ken's case - only if the loss is seen as the loss of one's natural state. *Whose Life Is It Anyway?* inadvertently demonstrates the acceptance of such norms as natural through the film's attempt to have Ken rationally decide to commit suicide because of his inability now to have the 'idioms' and 'gloss' that were part of his existence before the accident. There is nothing essentially negative about being dependent or needing help in changing, for example; it is only if one constructs the body as the 'showcase of the self' which is in turn a 'showcase of a successful life' (Seymour, 1989, p.13) that it is seen – constructed and interpreted - as negative. In contrast, a temporarily sick or incapacitated adult expectantly receives care and consideration, as will be discussed below.

Usually, body idioms do define the difference between what is considered masculine and feminine. Taking a cue from Creed (1993, p.131), who states that 'the abject body is identified with the feminine, which is socially denigrated, and the symbolic body with the masculine, which is socially valorised', it will be demonstrated how Ken's body is denigrated by being placed in the idioms of the feminine. The negation of Ken's masculinity is effectively and intentionally, even by its own logic, achieved by having valorised it as overtly masculine prior to the accident that led to his quadriplegia.

At the beginning of the film Ken is welding, adding the final touches to a giant metal abstract sculpture that he has been commissioned to make, about fifty feet up in the air and hanging from a mobile crane. This is a very masculine image indeed; instantly, we are

assured that we have an energetic, strong and physical man with a grand, and very public, artistic vision - no weedy little sculptures for this guy. The sculpture in question is approximately a hundred feet high and appears to be a minimalist iron representation of a sailing ship. Upon clambering down, Ken's virile sexuality is immediately shown when his girlfriend Pat (a dancer) instantly embraces, kisses and is carried by him. As such, Ken is a man's man, a bourgeois artist whose physicality is manifest in his art. His art can be classified as bourgeois due to its non-representational, and therefore 'difficult', quality; 'difficult' being what Bourdieu (cited by Vincendeau, 1992, p.35) tells us is: 'a condition for great (bourgeois) art, as opposed to popular art which delivers its goods straightforwardly'. To push the emphasis on Ken's masculinity beyond doubt he even drives a sports car.

The accident occurs immediately following the above opening display. The audience next sees Ken having his bed changed, his body rubbed (to prevent pressure sores) and being washed and fed in the Intensive Care Unit. We further see Ken being fed and this seems to signify the child-like quality of what he has become; more so than his feminisation. Infantilising is very closely allied to feminising - i.e., the *Lolita* (Stanley Kubrick, GB, 1962) syndrome that places each within the (O)ther - feminisation occurs in the way that the camera uses tight close-ups of Ken's body when it is being rubbed, fragmenting him in a way that children are rarely represented. Ken becomes an object similarly to when Mulvey (1975, p.19) describes the objectification of the female, as Ken is submitted to a 'to-be-looked-at-ness'. The process can be seen as part of a criticism of medicalisation, as indeed is intended in this film. The difference lies in the constant 'to-be-looked-at-ness' which aligns Ken with the feminine, in contrast with his having previously been so masculine. Ken has moved from a situation where his creations were looked at and into a situation where he himself is the object that is looked at. Equally, the to-be-looked-at-ness process is part of the construction that makes Ken an abject creature (or 'vegetable') through medicalisation as much as feminisation. Feminine to-be-looked-at-ness is

considered to be pleasurable, as is impairment to-be-looked-at-ness; in the latter case, it is pleasurable because the normal body's anxiety about its own condition is relieved and passed on to an[O]ther. It is interesting to note that the term for the condition one step worse, medically, than Ken's is termed PVS: Persistent *Vegetative* State. The turn of phrase shows where the medical 'truth' has taken its cue from popular culture, with each clearly mediating the other.

Part of Ken's masculinity in normality was his bodily control; his ability to keep his balance whilst hanging from a crane; his fearlessness; his strength and poise - without our being shown its (O)ther bodily functions. The above are factors which combine to encapsulate his masculine attributes. They are of equal importance in Ken's (and society's) perception of masculinity. Later, in the hospital when Ken falls out of bed (a scene discussed earlier) the symptoms of his fear are most often associated culturally, with the aspect of the weaker: the feminine. Control of the body can easily be paralleled with social control and the control of nature. The disquiet about Ken's lack of control is best explained by Scott (1970, p.273) when he states that: 'cripples make us feel uneasy; they threaten our sense of mastery over nature'. Although Ken represents almost total control over nature – the severity of his accident was such that he should be dead - his presence as a lack of bodily control threatens the spectator's desire for individual mastery, making the close of death preferable, in order to restore order. Joey's reaction to Ken is basically the same as Ken's. Subsequently, we are left in no doubt that Ken is on a par with her, a weak woman, as it is Joey's lack of physical strength (that which Ken had but now lacks) which caused Ken to fall in the first place.

Such an interpretation relates back to my earlier comments about not being able to protect one's self, a state usually ascribed to the female – culturally and cinematically (Brosnan, 1991; and Burchill, 1986) that is. To emphasise this, the film shows a symbolic rape of Ken by Dr Emmerson, immediately following his fall from his bed. Emmerson decides to

increase Ken's dosage of Valium, a decision Ken rejects and thus refuses to take orally. Emmerson then arrives with a double-dosage injection of Valium that Ken asks him not to give intravenously: 'do not stick that fucking needle in my arm. God damn you, I specifically refuse you permission to do that'. Ignoring his plea, Emmerson plunges (quite literally) the needle in to the unflinching Ken. Ken himself raises the idea of rape by saying 'fucking' in his language (in the original play the symbolic homosexual rape is made more explicit by having Dr Emmerson turn Ken over and inject the Valium into his buttocks). Significantly, during this scene, the shot is a medium shot from a high angle that tracks back to an even higher angle, as if to imply the victim being abandoned in the place of his assault, which is visually similar to many rape-type *mises en scènes*. Ken, as Emmerson leaves the room (apparently walking under the camera to the left), shouts at Emmerson: '[I]s that all I am to you, wait a minute, is that all I am to you, a lump of clay?' Ken's feminisation is complete: he is fetishised; he endures a constant voyeuristic gaze; he is at the mercy of male power; and his pleas for respect are ignored. The completeness of Ken's feminisation is later confirmed: Ken, having told Dr Emmerson that to him he is only a lump of clay, is later shown to sculpt his girlfriend Pat out of clay as she dances for him (a flashback).

Another way that Ken is made abject, and feminine, is by his showing of emotion. If we consider Tasker's view (1993, p.237) that 'a familiar cinematic definition of masculinity constructs restraint, a control over the emotions, as providing a protective performance' for men, one can see Ken being feminised and made monstrous (Baldick, 1995; Brooks, 1995) throughout the film's narrative. Ken is feminised through the breakdown of a protective performance, a breakdown which is conversely constructed as feminine (and as such the Other and abject for men). Consequently, medicalisation is criticised by the equation of having Ken as monstrous (because he is a feminised man) whilst equally being a metaphor for society at large, in this case medicalised society; for *Whose Life Is It Anyway?* society at large has become monstrous because it creates monstrous beings. This is signified by

the fact that Ken loses his calm and 'in control' manner from his masculine beginning - his normal period - and becomes emotional - in his abnormal period. The best example of this is when Ken is crying after having told his girlfriend Pat to leave him and to go and get married and have children with someone else. He has himself indicated that he is impotent. Ken is further emasculated by the feminising implications of the construction of his condition and, if taken together and in light of his own view that he has 'a piece of knotted string between his legs', it leaves us in no doubt about the socio-sexually emasculated state of Ken's body.

John is one of the characters who comes in to Ken's cubicle to wipe his tears away, saying as he does it: '[I]f a man cannot use his hands he's got to be a real dumb son-of-a-bitch to cry. I mean, it's just another way of getting your gown wet'. John instantly places the issue of being 'a man' into the discussion and parallels it with Ken's inability to move his hands. As John talks of crying as 'another way' of wetting a gown, the lack of bodily function control is paralleled to crying (feminine / infantile). Consequently, Ken's crying and uncontrolled excretions also act to place his body parallel to that of a baby's; however, one grows out of a baby's body, not into one. As babies grow up, they also learn, they are socialised, to control their emotions.

Having control of one's emotions is, as Tasker states, part of the process of restraint that signifies masculinity, but it is the idea of it as a 'protective performance' which makes Ken, *via* his body, monstrous and an abomination of and against society in the logic of the film. Masculinity as a performance implies that it is above nature, whilst identifying it as a performance reveals that it is in fact unnatural. If we combine this perspective with Creed's (1993) view that the masculine male body is the 'symbolic' and with Kristeva's view (1982, p.102) that: '[T]he body must bear no trace of its debt to nature: it must be clean and proper in order to be fully symbolic'; furthermore, that the body that does betray its debt to 'nature' is perceived to be the female body, then we can see Ken's body as being

shown as feminine. The female body is seen to betray its debt to nature through menstruation and its function's ability to determine behavioural patterns; just as Ken's body does. Ken is unable to control his bodily functions (after kidney failure it has its blood purged regularly), and they are actions and bodily necessities shown both to affect and to determine his emotional state. Consequently, Ken's dialysis is both mentioned and shown in great detail, as in the interview with Sandy the hospital psychiatrist, and paralleled with menstruation for the viewer explicitly to infer Ken's feminisation.

As it is only women who cry in the film, apart from Ken, crying is part of the method by which he betrays his new 'femininity'. Ken gets emotionally angry - tossing and banging his head against his pillow - thereby confirming his character as 'emotional' and, as such, feminine. In the description of his poise prior to his accident it was commented that Ken had an energetic and strong body, one showing assurance in his movements and posture; his head is held high and he has a darkish beard covering a strong chin. Significantly, once the accident occurs, his posture is given an attitude that reflects the change in the nature of his personality and ideals: it emanates hopelessness and it is portrayed in a manner that is not logically, medically speaking, related to his quadriplegia. Once the accident has happened Ken's chin is always resting on his chest and even the beard has paled, apparently in order to signify the waning of his masculine health. Yet Ken can hold his chin up (he is shown having physiotherapy to strengthen his chin / neck) in a way that would drastically change the way the spectator perceives his posture and, by extension, his character. His character is inextricably linked with his posture to reinforce the ideology of the film that his condition is hopeless.

The whole question of posture relates to Goffman's points about body idioms. Murphy (1991), an anthropologist who himself developed quadriplegia, states about quadriplegia that:

[T]he quadriplegic body can no longer speak a 'silent language' in the expression of

emotions or concepts too elusive for ordinary speech - for delicate feedback loops between thought and movement have been broken. Proximity, gesture and body set have been muted, the body's ability to articulate thought has been stilted. (p.101)

In Murphy's comments we can see how the body, if muted, can place an obstacle upon social relationships, but also that we should not take the muted version to be the full expression of the individual. If we understand muted bodies as mutations only comprehensible as outsiders to interactive social relations then an acceptance of bodily difference will become increasingly difficult. Another method the film employs to advocate the muted body as the equivalent of the dead body is by having others speak Ken's body language for him. A good example of this is in the scene where Ken is being fed a chicken leg by Joey: she lets him take a bite, puts the bone down and then she licks her fingers. Ken makes an envious comment. Such an apparently natural reaction of licking one's fingers is used against Ken in order to mute his body still further. The same point occurs when John wipes away Ken's tears and when Ken has to ask another nurse to get his lawyer's card out of his bedside cabinet and telephone him. The repeated use of having others carry out bodily reactions and simple tasks either for, or in contrast to, Ken places him further into the realms of 'the dependent useless eater'; with the 'useless eater', or useless of body, being equated with the dead body. Any understanding of dialysis would also lead the spectator to realise that even his bodily functions are being carried out for him, only this time by a machine.

Perhaps part of the problem for society of the quadriplegic body can be related to Featherstone's (1991) argument that consumer culture needs a plastic body that will be stimulated into buying decay-delaying consumables. Ken is unable to consume freely and repeatedly in the manner that consumerism requires. Ken does consume, but it is of high cost, low demand, technology; thus, he consumes in a way that is considered to drain capital from a more rapid product consumerism. Equally, Turner (1992, p.11) states that old and sick bodies are: 'a brake on growth [due to their being a] burden of dependency [...] a form of hyper-Malthusianism'. Even so, Ken still has a function in consumerism, as

does the film itself, if we take Featherstone's (Featherstone *et al*, 1991, p.186) point that consumer culture 'needs to stimulate the fear of decay and incapacity which accompanies old age and death by jolting individuals out of complacency and persuade them to consume body maintenance strategies'. Ken, and the film, facilitate this process by signifying all that is horrific about not controlling one's own body functions and not having specific control over one's own body idioms. It is a perspective that extends even to fashion and body garments in *Whose Life Is It Anyway?*, where, for example, Ken is almost at all times seen in his hospital gown - in his wheelchair he has a particularly tasteless dressing-gown on over it - which ensures that he is never represented as anything other than a sick person. Equally, the 'sick person' implies loss of bodily control, dignity, privacy and freedom, but also implies decay and mess due to its chaos of faecal and urinary excreta (i.e., bodily decay). That the quadriplegic body is unable to fulfil its part of the paradigm of the 'sick role' also accounts for the desire to see it as useless and worthy of termination (as defined by Parsons (cited in Murphy, 1991, p.19). The failure to play the 'sick role', where the individual promises to make the effort to recover in return for the temporary abdication of responsibility to work, is clearly a part of the overall negation of impairment as a validated state and seen to be so in *Whose Life Is It Anyway?*

As clothes are increasingly seen to signify the worth of the individuals within them (Kaiser, 1985), the degree of success and worth manifest in their apparent cost or individuality, then Ken's apparel singles him out (and all who are sick) as both a social and a physical failure (Hoffman, 1979). Goffman (1990) argues that normalisation is the act of the individual to cover up his abnormality and appear normal (Burns, 1992, p.99), an aspect of the 'sick role' which Ken is unable to carry out. Ken's inability to cover himself (his abnormality) acts as an incitement to the spectator to see Ken as abnormal and as not fulfilling his part of the social contract 'sick role' (*cf.* Parsons, 1961). Bourdieu (cited in Featherstone, 1991, p.68) sums up, by his terminology, Ken's social status if his apparel and bodily state are considered as his 'cultural capital'. It is a 'capital' that is culturally

worthless with a potential debt to society rather than a profit: socially, financially or interactively. The value, 'cultural capital', that this film, and society / culture in general, are to Ken (the disabled) not his potential, or capable value / capital, but his discursively determined worth as manifest - and reinforced - in *Whose Life Is It Anyway?* Consequently, Ken, and all those with quadriplegia, are culturally devalued. This film merely reinforces such a devaluation through its ideological affiliation and adherence to the tenets of the *Medical Model* of disability, identifiable here through the application of the *Social Model*.

All the characters in the film are seen in clothes which vary and signify the social multiplicity of individuals (Kaiser, 1985). For example, the main doctors are seen in their professional outfits (white coats) and leisure / daily wear. When Dr Scott has an evening out with Ken's lawyer, and then visits Ken in the hospital in her elegant dress, the scene serves to show that she has an external (private) life, as well as a professional (public) life, in direct comparison to Ken; it is, thus, a created comparison which acts further to demean Ken in his impaired state. If we take Gilman's (1988, p.26) view that 'human identity lies in the individuality of the body', and that 'the outer-man is a graphic reproduction of the inner-man' (*ibid*, p.128), then we can interpret Ken's body as symptomatic of his limited character and performance capabilities. As such, Ken's character and performance is in the singular once his body has become quadriplegic. Ken's body has become his sole character whilst all the other characters signify that to be a social being one has a multiplicity of uniforms / hats for a multiplicity of bodily or social performances. Representationally, here and in many other impairment-orientated films, the individual with quadriplegia becomes his body and, as Gilman states, 'the cultural image can become the self definition' (*ibid*, p.10). The limitation of this film is that it does not question how the 'image becomes the self definition' through social discourse and its processes, yet merely reinforces it as the logical and natural, essentialist definition generic to quadriplegia. Significantly, the two other main characters of the film, John and Joey, also

have an external life - they begin courting - whilst at the same time the film is showing us Ken's inability to have either a private or a satisfactory public life. Another method by which Ken is made a hideous liminal man, half-alive, half-dead, half-man, half-animal, is in the way in which the characters other than Ken are all seen as mobile or physical. One example is the scene when Ken sees Joey and John's private life in full physical union, when they 'kidnap' him and take him to the basement to see John's reggae band, a scene during which John and Joey dance in a particularly sexual manner. Significantly, John's physicality is apparent from the first time that we see him; it is axiomatically given in a traditionally racist cinematic manner (Cripps, 1993). John is black, therefore: he is musical; he dances; and he desires white women with an aggressive sexuality (in fact, his courting of Joey - a new, innocent, petite, white nurse - borders on harassment). Consequently, when Ken is taken to see the band, it is a dope-smoking, jiving, black band, where the male members dance with the female singers *groin to groin*. To make the point beyond doubt, in a negative comparison, Joey grabs Ken's hands and does as much of a dance as is possible with him, *hand to hand*.

Movement is the subtlest way in which the film disables and objectifies Ken as a body and as an individual, particularly since it is movement of other people. The *mise en scène* of movement to degrade Ken lies both in the characters' direction and in the movement of the camera, in the lighting and in the editing. The *mise en scène* is striking in that a large number of scenes impact a style of movement that gives a flow that permeates the entire film. It starts to decrease only when Ken gets closer to winning his battle to die (the ultimate in non-movement). Two segments of the film epitomise this point: firstly, one with a scene in the operating theatre that dissolves to Ken's girlfriend, Pat, waiting for the result of the operation immediately after the accident and, secondly, in a scene involving a view of Ken's sculpture (and then a dissolve to the ICU). These two segments are closely linked although there is a brief connecting scene between the two to demonstrate the passing of six months.

The first segment's initial scene starts with a high angle close-up of the x-ray negatives of Ken's broken spine, from which the camera pans and tracks back left gradually to become a higher angle medium shot of Dr Emmerson talking to another surgeon about the impending operation they are about to carry out on Ken. Immediately they have finished talking, they walk off screen left with the camera levelling into a tracking shot forward, combined with a zoom-in, to the right of the operating theatre which is all the time visible behind Dr Emmerson and his fellow doctor. Thus, we have moved from a close-up of x-rays in the foreground to a medium shot of Ken lying on the operating table in the background. This scene, which is continuous and lasts over thirty seconds, then dissolves slowly (it is a four-second dissolve) in to a panning left shot of a nurse's legs walking left, with the camera finally stopping on Pat sitting in a chair in medium shot.

The previous shot had started as a minor left pan immediately as it dissolved into a left pan to Pat. Once the camera is on Pat she starts to take her thigh length boots off, necessitating overt physical movement. Pat then squirms in the seat: legs are lifted up and out and, finally, sitting on her feet by placing them up under her to the left and then the right. This sequence is a continuous take of twenty seconds. The camera movement, in lesser hands, could have seemed very jarring, yet here flows majestically. It would conventionally have been an ideal rapid cut sequence but its intention is specific in providing an alternative to Ken's predicament. It is worth noting that the film's director, John Badham, was to become well known for his highly successful rapid cut 'action adventurer' movies *War Games* (US, 1983), *Short Circuit* (US, 1988) and the highly physical dance film *Saturday Night Fever* (US, 1977). The long take gives the best opportunity for the camera to move whilst at the same time giving the actors ample space to show how they can move, or 'act' with their whole bodies, especially when they are around Ken but also when they are not. It is the excess of movement of both characters and camera that places Ken's immobility, his impaired body, at the forefront of the spectators' consciousness, whether or not Ken is

in the shot or sequence.

The second segment of shots to be discussed reinforce the same points. It starts with a twenty-second extreme long shot, continuous take, at sunset, of Ken's grand abstract sculpture. It consists of a rapid tracking shot right, from a low angle, with camera panning left, of the sculpture, to imply that the sculpture is itself moving - sailing freely - around the city. The low angle of the camera makes the sculpture look as tall and as wide as the tallest office block of the city. Concomitant to the visuals the sculpture's majesty, strength, beauty and size are emphasised by the orchestral violins that non-diegetically accompanies them. This scene then dissolves to a slow right panning shot of the ICU's control centre's heart monitors, only now it has changed to being a high angle shot and six months are supposed to have passed. The musical accompaniment continues as the camera tracks back panning slightly left as the video monitors of the ICU's patients are lined up next to the heart monitor; this is a high technology, high cost control centre, we are being informed. The camera continues tracking back, only now it levels off to take in the nurses who are picking up notes and bed sheets to take into Ken's room. The camera then pans right, tracks forward and follows the nurses into Ken's cubicle of the ICU unit. Once in the cubicle we are at the bottom of Ken's bed watching two female nurses change, rub and electrically lower the head and shoulders part of the bed. As the nurses entered the room they took headphones off Ken's head, at which point the music becomes diegetic and, as such, has fidelity, before being switched off. Once the bed-changing and rubbing has begun, the camera goes to the opposite side of the bed to the two nurses rubbing Ken's naked back. We see Ken prostrate across the screen in a medium shot, with the nurses vertical. This one-take sequence takes one hundred and five seconds, making it a considerable take indeed.

The success of the camera's movement is astounding, in that it gives every character and item around Ken a movement that would otherwise seem either irrelevant or minor. That

the camera follows the nurses from one room, the control centre, right in to Ken's cubicle is a good example of this. As Ken's sculpture (as a 'real' sequence or as his memory of the sculpture) is given such a free-flowing, ethereal, quality - it is shot at sunset - the *mise en scène* serves to imply that Ken was then in control. Control is indicative of the masculine rather than the feminine and, as such, Ken as masculine is indicated only when he was normal (we see him climbing his sculpture early on in the film prior to the accident to make the point clear). That the scene prior to Ken having his headphones removed (bringing the ship-like-sculpture scene to a close) is subsequently shown to be an 'imagined' scene further reinforces the idea that Ken had a 'beautiful' past, but also that he has no future.

Ken has his bed changed, the nurses roll him from side to side to get the sheets under him, and then he has to have his body massaged in order to prevent bedsores from occurring. Ken, a body with quadriplegia, is thus seen as someone who has produced his last great piece of art; the sunset of his life has arrived just as it has for his last work of art. The state of his body tells us that Ken's masculinity and strength have both literally and metaphorically vanished; Ken is now dependent and his muscles have withered. As Joey rubs his calf and buttock muscles he fantasises that he has: 'dreamed of situations like this'. To which the senior nurse says: '[B]eing injured'. Ken replies: '[N]o, massaged by two beautiful women'. Thus Ken's de-sexualisation is stated and his lack of muscle, bodily and penile, his lack of power (masculinity), are emphasised.

Failure of muscle is a sign of fatigue (signified in a later scene when upon seeing the counsellor Ken becomes breathless and in need of life-saving oxygen), as Rabinbach (1982) argues when he states that:

fatigue and exhaustion represent the body's resistance to the attempt to push it beyond its natural limits. They are modes of stubborn defiance against intense regulations imposed by the machine and the internalised timework discipline of industrial society. Fatigue is the last revolt of the organic against the inorganic. (p.58)

It could be argued that if we interpret Ken's body as symbolising the fight against the technology that is keeping him alive, then its 'desire' to die a natural death has been prevented by the machines that now control, purge and feed it. It is argued that the film does follow this logic of anti-medicalism to show Ken's body as a metaphor for a body completely controlled and alienated by technology. Rabinbach (*ibid*, p.46) states: 'fatigue undermines the optimistic productive potential of the age'; which relates back to my earlier points about Ken (the disabled) being seen as a burden upon capital (*cf.* Featherstone, 1991) or a capital with no potential. For example, Ken's body, upon his seeing his counsellor, is easily fatigued (a factor that the play emphasises in a more explicit manner and in more scenes than does the film) and as such is constructed as being more dependent upon total surveillance and expensive technology and labour as a consequence. The lack of muscle that Ken has when we see his calf and arm musculature is apparent by the soft and delicate nature that they have, a musculature that is culturally considered to be both feminine and weak (i.e., easily fatigued and exhausted). Ken's femininity, or Otherness, and immobility are thus made clear and damned *via* references depicting his glorious past and grand monument. The sculpture of an abstract iron sailing ship, with the sculpted sailing ship being an example of atavistic masculinity, refers quite explicitly to a time when men sculpted not only art but whole continents for themselves.

Rabinbach writes of the factory machine imposing its regulations on the individual body. The same can be said for the medical technology that is laid before the camera as the film explores the ICU. Ken's body is not only regulated by it but is at its mercy. The film tries to use medical technology to criticise the way technology (and modern life) has taken choice away from the individual. The film's disablist stance is inadvertently revealed when, by the posing of Ken's death as a technological alternative, the film implies by its pathologising Ken's predicament that the only *good* life is the film's interpretation of what normality is. The emphasis on the impaired Ken negates the criticism of medical technology by losing its focus and displacing the emphasis onto the impaired body. Also,

art, for this film, is seen as the only true meaningful artefact of the modern world, technology being a retrograde step into seeing man solely as a machine at the mercy of other machines.

Upon seeing the counsellor, who fatigues him, Ken tells her - in reply to her suggestion that when he learns to use a computer he could write poetry or literature - that one cannot change art forms as one does your 'major in college'. He continues: 'trying isn't important. The work is important, the work, not the credit and not the reward and it is the work [sculpting] that I will never do again'. From this scene we can see that change for change's sake is to Ken unacceptable; once one's true and natural talents have been dislodged nothing is worth anything. For Ken, only his art remains; art which has worth and is timeless. Ken sees his art as the mind's expression made manifest through his hands - he states: 'my whole being, my imagination, speaks [...] spoke [...] through my fingers' - a perspective which serves to alienate him even more from his own body; the social definition is becoming his self-definition both for himself and the film. Consequently, we can interpret the philosophy of the film as being a break from Cartesian mind / body dualism to a unification of the two, a unification which, if broken, can be repaired only by death. The unification of mind and body is that which Rabinbach, and Featherstone (1991), note as having taken place in the modern industrial society out of the necessity to have the individual as both a producing and consumerist 'energumen' (Rabinbach, 1982, p.57).

The immobile body is expertly revealed in *Whose Life Is It Anyway?* as additionally abject in a very short scene in which Ken's lawyer, Carter Hill, tries to talk to an uncooperative Dr Emmerson. Emmerson, trying to dissuade Hill from continuing to represent Ken's case, is walking very rapidly along a hospital corridor. The two then turn a corner. The scene is shot from behind the two professionals as they quite literally hop-skip-and-jump up five steps and immediately turn another corner. Next to the five steps, to

the left of them and the screen, is a hospital porter slowly pushing another patient in a wheelchair up a ramp. The design and existence, socially and filmically, of the steps / ramp juxtaposition enables an instant parallel to be drawn between them. The virtual non-movement of the wheelchair-user up the ramp in the short period that Emmerson and Hill take to climb (jump) the stairs can have been included for no other reason than for it to be comparative. The comparison is used to clarify the difference - as the film sees it - in ability and efficiency between the two types of mobility: the normal and the abnormal. There is little need to have such movement in the whole sequence except to give the camera another opportunity to move as rapidly as the normal characters, with the whole Emmerson and Hill conversation in this segment filmed on the move, *cinéma vérité* style, for both camera and actors.

Although Ken fleetingly mentions that all he wants is choice, his liberal demands are lost in the plethora of 'body fascist' (Shaban, 1997) images that the film puts forward for him to have the right to terminate his ability to have choice at all in the future: the 'right to die'. There is one further segment of *Whose Life Is It Anyway?* that should be addressed, and that consists of the sequences prior to Ken telling his girlfriend, Pat, to leave him so that she can get married and have children. It is a flashback sequence, in black and white, of Pat doing a *divertissement* as Ken draws in charcoal and sculpts in clay her delicate and graceful body doing a *pas de brisé*. The sequence starts with a medium close-up of Ken on his side in the hospital bed, his hands up to his chest and totally immobile (as if sculpted in clay) due to quadriplegia.

The end of the scene that starts with a one-hundred-and five-second-continuous take ends with Joey, under detailed instruction from Ken, laying Ken's hand on a pillow with his fingers and thumb specifically positioned. This attitude of the hand is later revealed as that of Michaelangelo's God's hand giving Adam life. Hands and fingers, or in this case Ken's lack of mobile hands, are signified in the film as (Ken states) the tools through which the

mind's imagination *speaks*. Thus the lack of hand (bodily) movement is another element in the film's devaluation of impaired people and the mystification of the cause of disablement. However much Ken is nevertheless able to articulate his intellect he is not, at least from his perspective, able to articulate his creativity.

From the view of Ken lying on his side in the hospital bed - with a storm rumbling outside the hospital - we cut to the first black-and-white flashback sequence of the film in which Pat is wearing a leotard doing her *battement* in front of a seated Ken who is rapidly sketching in charcoal Pat dancing. The sequence lasts just over a minute and on the soundtrack is suitably evocative orchestral music which accentuates every *pirouette*, *glissade*, *entrechat*, *ciseaux*, *écarté*, *bourrée* and *fouetté* Pat does; all that is considered elegant and graceful in body movement. As Dyer (1992, p.43) states about ballet: 'muscle, stamina and power' are all utilised in the 'service of the opposite feminine ideal'. Once her dancing is over she sits on Ken's lap and admires his sketches of her. There are repeated close-ups of Ken's hands sketching the dance action while she is dancing. As a couple Ken and Pat epitomise the combined talents of mind and body both as individuals and as an artistic couple trying to achieve artistic perfection in their chosen respective arts, arts which could hardly have been more dependent bodily on a functioning body. At the end of the sequence the music becomes discordant and, with a return to colour, we cut back to Ken as a bolt of thunder and lightning strikes outside his room; Ken is literally and metaphorically bought back to his newly-impaired self in a flash with a bang. The *mise en scène* of this entire section is meant to indicate that Ken's mind is being tortured by his past normality. The external thunder and lightning of the sequence signify Ken's internal turmoil, a past and present crashing about in the psyche of man who wishes he'd been left to die. Consequently, the *mise en scène* is effective, and well executed, in explicitly revealing the film's, and Ken's own, perspective of what it is like to have quadriplegia.

Within five seconds of the momentary return to the Metrocolor reality of Ken's

impairment the film cuts back to another black-and-white sequence. This time the sketch has become a sculpture of a figure and is being made by Ken as Pat dances in a darkened studio. The shots of both Ken sculpting and Pat dancing are superimposed upon the screen – the former to the left and the latter to the right - thereby demonstrating the intrinsically intertwined physicality of both their life and art. We see Ken with the wire frame of his clay sculpture layering clay upon it to create a sculpture of a somewhat anorexic body doing a *pirouette*: i.e., Pat. As the sculpture frame acquires more and more clay, Pat has fewer and fewer bodily coverings. The camera cuts to Pat as her chiffon clothing slides off her body until she is completely naked and lying on the floor, the camera closing in on her from above, as if it is caressing her buttocks, breasts and pubic body fragments as she does the *splits*. As she finishes the completed sculpture slowly replaces her image and the sculpture begins to turn as if it is doing an independent *pirouette* - which, in the logic of the film, means it is 'alive'. Ken's hands and fingers are seen creating his 'living' sculpture out of nothing as they were in previous dance sequence, which is surely the point of having both his massive iron sailing ship and the more delicate ballet sculpture *appear* to be moving independently. Dyer (*ibid*, p.41) writes of ballet that its: 'gesture[s] literally embod[y] grace, poise, elegance and transform[s them in to ...] a dream of living in harmony with one's body', a feeling that Pat's and Ken's artistic representations are explicitly meant to imply. Ken's masculinity forbids him to embody those qualities (and, conversely, qualify Pat to signify them due to her slim, lithe embodiment) yet his masculine skills allow him to represent them. Ken is allowed to admire and create from his imagination feminine beauty but not *be* it. Consequently, Ken's disembodied-embodiment from his imagination traps him inside his imagination with no hope of letting it speak. The silence renders the apparently mute body a prison and, as such, abject and unbearable.

Dyer (*ibid*, p.44) continues by stating how ballet exemplifies the potential of the body, shorn of social construction, as an ideal; however, it is an ideal that: 'does not

accommodate disabled bodies'. Dyer's point is debatable (see the multi-ability dance troupe *CANDOCO*, for example) but that ballet is identifiable in *Whose Life Is It Anyway?* as proving Dyer's point could not have been clearer; it is the apparent perfection of Pat's performance (and body), and Ken's representation of it, that makes sure the point is taken. If, as Dyer states, ballet (and dance in general, for that matter) is the pinnacle of the ideal and co-operative body then the disabled body is the converse: it is the embodiment of the abyss of impaired physicality. Furthermore, if, as Irene Castle (cited in Cohan and Hark, 1993, p.26) states: 'dancing is the language of the body', then Ken's body - the disabled body - is the enemy of that language through the fact that its mute character strips the body of such a language and, also, survives by fatiguing others. This supposed language of the body can only be understood, or brought into being, when it is rigorously structured and constructed by the imagination and intellect. As such, the language of dance in *Whose Life Is It Anyway?* is used - structured and constructed - to negate (O)ther languages of the body, just as oral language has used its hegemony to negate sign language (cf. Davis, 1995; Gregory and Hartley, 1991). The conclusion of this segment of the film, with Ken persuading Pat to leave him for a 'real' man, acts to ensure that the dancing Pat, and sculpting Ken's potential - capital and social - is seen as a glorious *past* with no future. Ken's past, present and future are wholly defined and valued by his past and present embodiment.

The strength of the film's intention can be comprehended only if Ken's body, at the same time as being represented as a reality, is a symbolic representation of the danger to society of medical technology (i.e., it is a metaphor). Ken's body is metaphorical of the danger posed by disorder to the ordered body or society (as in Douglas's work). The metaphor of Ken's body as society can be achieved only by using the idea of the symbolic body's language and anxieties. From a *Social Model* viewpoint, the film is a very negative and one-sided view of the causes and needs of the impaired; it fails utterly to consider Independent Living as an option. The factors that it could be cheaper or a process that will

enable Ken to have dignity, independence and the right of choice to live as he wishes and not die are not demonstrated. In *Whose Life Is It Anyway?* technological medical culture is damned for its success through its successes: the severely impaired. Thus, the impaired as symbols of its success have to be, and are, equally damned. As regards the perspective propagated by the film, this is undeniably achieved by a sophisticated piece of film-making which has great depth and skill behind it, at all levels of production.

If we continue on from the idea of dancing as representative of an attempt to demonstrate the ideal body, *Duet For One* is another film which uses dance to devalue disability by perceiving it as incapable. In this case dancing is used to devalue disability by having it as a 'party pooper', both metaphorically and literally, as discussed earlier in the 'family' chapter. The initial birthday party at Stephanie's rapidly deteriorates into aggressive squabbles, after the failed attempt to play Bach. It quickly brings the party to an end, with death becoming the key topic of discussion thus making it a wake rather than a celebration of birth and life. Once Stephanie's MS is openly acknowledged by her protégé - Constantine, a Nigel Kennedy parody - Stephanie's husband, David, attempts to encourage him to leave but it is only Stephanie's order: '[L]et him speak', which enables him to stay and, as a consequence, depress the party-goers. Constantine states: 'I love this woman [...] and I just saw a part of that die. I watched the end of it'. As a conclusion to a birthday party it is somewhat anticlimactic, but as Murphy (1991, p.132) tells us, the disabled are often seen as 'downers' because they lack clarity and they evade rigid classification. Similarly, Stephanie's condition is unpredictable, with inconsistent remissions and lapses. From what Constantine tells the party goers - 'a bit of that died' - we can conclude that the inability to have total control over one's body is inevitably equated with death or at the very least a lack of body control, as in *Whose Life Is It Anyway?*

The conclusion of *Duet For One*, the 'final' birthday party discussed above, reinforces the point. Stephanie had expressed her self through her violin playing and, having lost that

ability, feels she can no longer be expressive or, therefore, alive in a social world. Stephanie's ability to be expressive is based upon a disciplined control of bodily movement, combined with intellectual ability. When combined, these reinforce the idea that the uncontrolled (or uncontrollable) body is inferior and not worth living in and is, as such, preferably segregated. Stephanie is still expressive in her body and intellect, even though she cannot play the violin, otherwise we would not as spectators be able to see that she is depressed and angry. Stephanie could dance at the party but chooses not to – though all the other at the party do - as her body may fail in the middle of a dance, or it will serve to depress the others by its presence. As if to justify this perspective, Stephanie wanders off into the wintry landscape unnoticed. The choice to have only one manner of expressiveness as significant or worthwhile - violin playing in Stephanie's case - is the key to understanding the process through which disability is devalued in the films under discussion. The expressive manner chosen to be significant in these films is a normal, happy expressiveness, with all (O)thers (disabled or depressed expressiveness) devalued in comparison.

Stephanie's body is central to the film's idea of what MS and disability are, or what it means to live with it. The reality of having MS is irrelevant. The point being made in the film is that the incidents, immediate consequences and social consequences that the film chooses to show all devalue those with MS and impairments and construct them as rightful social outcasts. The individual is marginalised with no differentiation between the disease, the impairment and the individual. One of the key methods the film uses to construct MS as anti-social is by having MS as anti-social due to its bodily unpredictability and liability to create mess and / or embarrassment. Throughout the film Stephanie progresses from being able to walk (with and then without a walking stick) to being in a wheelchair. For example, on the occasion Stephanie demonstrates to her psychiatrist that she can walk she does so by getting out of the wheelchair and walking around the room carrying a cup of tea. The fine china is dropped and it smashes as she falls to the floor. It is one instance of

how embarrassment and mess are created in one impaired movement, whatever its nature.

If we consider Sontag's (1979, p.41) view that: 'fatal illness has always been viewed as a test of moral character', then Stephanie's character reveals stoicism of the highest order. She chooses, by walking away at the end, to abdicate all social relations, which confirms her as taking sole responsibility for the trauma and possible embarrassment that her condition can, or does, cause. Consequently, MS (the most predominantly feared disease of the body and the ultimate image of bodily deterioration [Hevey, 1992]) becomes an individual problem that cannot be alleviated by society in any way. Little else could realistically be expected from a film, a medium that individualises almost all socially constructed problems (Hill, 1986), but that does not mean it should not be criticised for doing so. This thesis would argue that in trying to discuss how disability is devalued it must constantly be pointed out that one of the predominant methods through which culture achieves such a devaluation is through the process of individualisation (i.e., it renders the problem pathological).

At Stephanie's earlier party David is her husband - quite happily, apparently - but by the second he is having a baby with his secretary. It is a dramatic change from which we can conclude that for this film, as with the other core film, the disabled body is not one capable (or should not be allowed to be capable) of having children, let alone relationships. The disabled, or diseased, body (impairment centred films make little or no differentiation) is by logical corollary constructed as asexual or de-sexualised as preferable to its sexualisation. For example (see earlier chapter for more detailed examination), Stephanie has an affair with a scrap metal merchant. The film offers this to demonstrate that she is very sexually active, but by having it classified as self mutilation by Stephanie herself, it becomes deviant; by extrapolation, sexual encounters with the disabled body are labelled as deviant. It is part of Stephanie's apparently strengthened moral character that she eventually ends the affair and chooses to withdraw into a life without sex.

We are left in no doubt about the deviancy of a sexual encounter with a disabled person by Stephanie's own words on the subject; in a bedroom scene with the scrap metal merchant - Harry - Stephanie taunts him by saying to him that: '[I]t turns you on, doesn't it, cripples? What's your favourite, paraplegics?'. Although Harry rejects the implication, he admits that if she had not been disabled they would not even have spoken to one another, let alone 'fucked'. To some extent the film even makes cross-class sexual encounters deviant by having Stephanie (Julie Andrews speaking with her best possible English accent) consider 'fucking' Harry (Liam Neeson is here at his Irish working-class best) because she is disabled and / or diseased. *Duet For One* cannot be claimed to show disability as asexual, since it contains a relatively long sex scene involving Stephanie (and Harry). This scene occurs just after Stephanie has already had sex with Harry. When he gets out of the shower, Stephanie taunts him about his preference for cripples. During the conversation Stephanie stretches her body as she lies upon the bed to reveal her breasts; she rolls off the bed as Harry lies on it, then she puts her head on his thigh. Harry joins her on the floor and they 'roll' together into a dark corner where they make love again. Consequently, Stephanie is very sexually drawn, and desired, in this and other, earlier, scenes, but the process through which she is de-sexualised is by, as I have said, having this sex or attraction made deviant through her own definition; that it is described as 'fucking' is a simple enough example that the relationship is abuse rather than love. It is the devaluation of sex with Stephanie (and valuation of sex between others) which leaves us in no doubt of the supposedly unnatural nature of sex with an impaired body.

Prior to David going to America with his secretary Stephanie tells her, Penny, that she has: 'lovely legs [...] and [...] sensual knees'. As Stephanie is telling Penny this, Penny stands up and lifts her skirt to display her 'lovely' knees and legs. In stark contrast, Stephanie sits in an electric wheelchair (it may be presumed, during a relapse) which she has a great deal of difficulty steering without hitting furniture. It is worth noting that during the first

meeting between Stephanie and her psychiatrist she tells him that she has no children because they (David and Stephanie) had no time yet later in the film, upon their return from America David and Penny are expecting a baby. The comparison of two vastly different aspects of the narrative implies that the morality of sex for this film is closely related to ideas of procreation and love. That Penny and David are in love, and that Stephanie and David were much more of a partnership, is left in little doubt by a number of scenes throughout the film, but perhaps the most relevant scene is between David and Penny when he tells her that he needs her. The maid brings David and Penny tea and Penny pours the tea and passes a cup to David as he tells Penny that he needs her, to which she retorts: '[Y]ou're a star. What am I? Your little secretary. Why, in two seconds you could find a better woman than me and you'd forget that I ever existed'. As Penny passes the tea to David there is an extreme close-up of this happening. Then, in a close-up, David gently utters: '[Y]ou don't understand me do you, I need you, Penny'. The word 'need' is spoken at length and with absolute sincerity. This is 'love', we are supposed to conclude, and not a relationship of mutual exploitation or abuse.

The close-up of the tea being exchanged further suggests the way in which David sees Penny as more of a woman than he does Stephanie. Stephanie is a great artist, as David is, but David does not want 'a better woman' (equal woman). He wants one who will look after him, i.e., make him tea and tell him he's a 'star'. In the David-and-Stephanie relationship Stephanie is the star, and that relationship has not worked. In the logic of this film, a relationship that is successful is one that has - in the long term - children and a submissive domesticated wife; thus Penny and David close the film expecting a child. Looked at diegetically, and in the *mise en scène*, no other reading is possible, and it affects the relevance of the body. The difference is apparent in the embodiment of the two characters of Penny and Stephanie, their somatic signifiers confirming it: Stephanie is 'fucked' while Penny is 'made love to'; and Stephanie's 'fuck' is considered 'self-mutilation' whilst Penny's 'love-making' leads to a baby (i.e., it is 'natural love'). The difference

between Penny and Stephanie is further manifest in their clothes and hairstyles: Penny wears very 'feminine' type skirts and has long flowing blond hair whilst Stephanie's is cropped and she wears 'butch' trousers (Dyer, 1990[A]). It is difficult to see Penny and Stephanie as little other than symbolising the maternal (feminine / natural) and masculine female respectively; Penny, for example, never swears; she is better at interior design and thus home-making than Stephanie; she is constructed in the film as more maternal than Stephanie, and is not homosexually desired as is Stephanie. If, as quoted earlier, masculinity is made abject through the adoption of stereotypically feminine characteristics, the opposite also applies. *Duet For One* masculinises the feminine and, by extension, makes disability abject in a reversal of the method used in *Whose Life Is It Anyway?*. Each film uses the standard ideal of what femininity or masculinity is and then parallels the disabled character to be (or become) the opposite of those characteristics their gender would normally signify.

The lesbian aspect of *Duet For One* is subtle and could almost be (dis)missed, but it is there; Stephanie and David have a Spanish maid who is in love with Stephanie. Three scenes imply the maid's desire; the first of which is when Stephanie goes into the kitchen from the first birthday party to cut some parsley, she fails, and has to sit down due to the physical strain. At this point the maid, leaning over her says that Stephanie need not be concerned about her failure to cut parsley as the maid will do it. The act of leaning over her, both faces in profile, in close proximity, would, if they had been male / female and not female / female, have been a standard *mise en scène* for a 'first kiss' scene. However, they do not kiss and Stephanie goes back to the party. The second occasion is after Harry has first appeared, to clear the house of junk, and then left. Stephanie is in her bathrobe talking to the maid, with the robe slightly open; the maid looks her up and down in exactly the same way that Harry had when he arrived to clear the house. To reinforce this aspect, the maid is looking while Stephanie is asking her why she has not seen her with any men in the five years she has worked for her, thereby implying the maid's lesbianism. The final

occasion is when Stephanie, in a panic one night, asks the maid if she could sleep with her because she is scared, telling the maid that she loves her, to which the maid replies, 'I love you, too'. The tone in which the maid tells Stephanie she loves her is the same tone in which David has told Penny that he needed (loved) her. The lesbian desire for Stephanie felt by the maid is just another element of the film's *mise en scène* in which Stephanie is de-feminised and made abject. If we consider that the maid is hired to do all the tasks that are generally considered women's work and that Stephanie is the master, then the characterisation of the lesbian aspect of the film clearly has Stephanie as the masculine element. Although it cannot be claimed that lesbians cannot be feminine, a masculine looking woman is a much more prevalent icon of lesbianism and, as such, both in the film and in society, constructed or perceived as unnatural, abnormal.

As in *Whose Life Is It Anyway?*, *Duet For One* sets up a parallel between the normal past and the abnormal present (and future) of its disabled character. The scene in which Stephanie is shown as having a glorious normal past is when Stephanie watches a video recording of one of her great performances at the Royal Albert Hall. At this point, predictably given the narrative up to this point, she decides to commit suicide to reinforce the gloriousness of the past (normality) over the tragedy of her present (impairment). The lighting of each period of her life is representative of their respective meanings; the video-recording is shot in blazing light, the whole arena visible with Stephanie at centre-stage basking in the glory of the performance and the audience's appreciation of her. When she is on stage, on the video recording, the camera is predominantly at a high angle in order to emphasise how she holds the attention of all. The room in which Stephanie now sits crying is lit only by the glow of the television. The film's view of Stephanie in the dark room watching herself is a low angle close-up (as if from inside the television itself); it adds to her expression of despair and weakness. The angles stress how once she was looked at, but how now she is unable to do more than look at her former self. The looking is also representative of envy, an envy to be great, which in Stephanie's case is envy for her

own glorious - normal - past.

The above scene's repeated zoom-ins and close-ups on Stephanie's hands when she is playing the violin leaves no room for the spectator to doubt the desperation concomitant with her physical deterioration. Significantly, each shot of Stephanie's fingers on the video-recording is immediately followed by a reaction shot of her staring down at her now incapable hands. Stephanie's distress increases at each glance down. Between the time when she has had to give up concert performing and before she watches the video of her glorious past, Stephanie has a dream in which she is giving a recital at the Royal Albert Hall. In the dream her hands fail her, at which point David comes up behind her with a wheelchair, forces her into it and straps her arms on to it with leather straps. Once Stephanie is strapped to the wheelchair she is wheeled off. Her protégé Constantine takes over her performance and ignores her protests at what is being done to her. Stephanie awakens in a cold sweat and panic as in the dream when she is wheeled off. It is part of making MS signify uncertainty and potential embarrassment (Hevey, 1992) however unreal the circumstances. Such a dream sequence (which we do not know until it is over to be a dream sequence) ensures that impairment is seen as a condition from which there is no return. The only escape is death (or an stoical acceptance of its inevitability) both morally and physically. In having Stephanie strapped forcibly and unwillingly into the wheelchair, the film ensures that the wheelchair is seen as a prison and a form of torture. Impairment as torture and as a bodily prison are exactly the same in this film as they are in all the other films discussed in detail. In reality the wheelchair, if one cannot walk, can be the greatest liberator of all; the limitations imposed by the struggle to walk are often far outweighed by the opportunities opened up by the use of a wheelchair.

The body that becomes disabled is easily (and routinely) devalued and degraded by the creation, intimation or presentation of a glorious past or alternative normality (a degree of success) seen in parallel with an abject present (a degree of failure). A similar narrative

process of negation for the impaired character is used, for example, in films such as *Beyond The Stars* (David Saperstein, US, 1988), *The Boy Who Could Fly* (Nick Castle, US, 1986), *Charley* (Ralph Nelson, US, 1968), *Citizen Kane* (Orson Wells, US, 1941), *Hilary and Jackie* (Anand Tucker, GB, 1998), *Kingpin* (P. and B. Farrelly, US, 1996), *Lady Chatterley* (Kem Russell, GB, 1993), *Lady Chatterley's Lover* (Just Jaeckin, GB, 1981), *Paulie* (John Roberts, US, 1998), *Reach for the Sky* (Lewis Gilbert, GB, 1956), and *Starship Troopers* (Paul Verhoeven, US, 1997). This sample list contains a small number of the complete list of films, but even here the range, date, diversity of style, genre and production base are vast. Interestingly, in *Duet For One* the psychiatrist goes as far as to plead for immortality for Stephanie's fingers; the psychiatrist rhetorically asks: '[W]hy not immortality? At least for the best of us; for the genius who takes us where we would never have gone alone; the artist with his revelations about the world; and your fingers and hands, the way they once moved'. As the psychiatrist speaks we are given an extreme close-up of the psychiatrist's hand touching Stephanie's fingers, brightly highlighted against a sun-filled window. Stephanie's fingers remain lifeless as the psychiatrist wishes he were God giving life; the scene is intended to be compared to Michaelangelo's painting of God giving Adam life (see above reference to sculpture of same in *Whose Life Is It Anyway?*). The inability of the psychiatrist to be God - to breathe life into Stephanie's now 'dead' hands and fingers - shows Stephanie as dead in the present in both body and mind. The character of the psychiatrist, as specifically acted by Max Von Sydow, serves further to validate his position, of talking to death itself (Stephanie), by the film's repeated allusions to Ingmar Bergman's *The Seventh Seal* (Sweden, 1957) which has Max Von Sydow play chess against death. Thus, the disabled body is again represented as a dead body; a body that traps the living mind and tortures it. Consequently, the casting, in combination with the allusions, adds potent emphasis to *Duet For One*.

The last point to be made in reference to *Duet For One* relates back to Rabinbach's comments on the fatigued body as symbolic of the undermining of the 'potential of the

age', and my own comments on the masculinisation of the feminine. It concerns the image of sweat and its appearance and significance on Stephanie. Sweat is conventionally seen as very un-feminine - it is harder to get a more culturally negative image of a woman than a woman lifting her arms to reveal a sodden armpit stain on her clothes - and very un-masculine: the weak sweat whilst the strong glisten (*cf.* Barthes). Stephanie's face is repeatedly covered in sweat pearls after the slightest amount of effort or strain. The failure to cut parsley brings Stephanie out in a sweat. Another example is when Stephanie is in an electric wheelchair and commenting upon Penny's 'sensual knees'. Following her discussion with Penny and David Stephanie leaves the room, hitting the furniture with the wheelchair; there is a straight-on close-up of Stephanie's face covered in sweat. That the fatigued body - represented as a sweating body - can undermine potential is clearly relevant to Stephanie's body, because as soon as David (*the overtly masculine Alan Bates*) leaves Stephanie he is a huge success in both musical and masculine terms. If we consider the nineteenth-century saying that 'horses sweat, men perspire and ladies glow' the point is clear, but more seriously, if we accept what Rabinbach also states (1982, p.72) when he writes that 'fatigue is a metaphor of decline, inertia, loss of will, or lack of energy', we can read Stephanie as having brought about her own decline. She has devoted herself to her own career and not to her husband's; in the logic of *Duet For One* only men are capable of sustaining a career without fatigue because it is their natural role. Women who attempt to break out of traditional family ideology or natural maternal instincts will suffer the consequences; in this film, they are fatigue, embarrassment and, finally, death. Equally, not having children is, in *Duet For One*, seen as part of destroying one's feminine 'potential'. The film sees the process as essential to fulfilling the potential of the past, present and future of men and women. Consequently, the film sees the disabled body as destroying not only its own potential but that of others and society in general.

Duet For One and *Whose Life Is It Anyway?* create a past normal life and present abnormal one; so does *The Raging Moon*. The difference between *The Raging Moon* and

the other two films is that the characters who become disabled become *nicer* people for it. Although Bruce and Jill are better people because they become disabled, their lives are still represented as tragic due to their bodily conditions; the diegesis of the film offers the audience the idea(l) that while it is positive that they have learnt humility, it would have been better if they had learnt it as normal people. The film seems to be saying that we do not need to be disabled to be better people, and that we should learn our lesson from these sad, pathetic, and doomed people. The sad, pathetic and doomed nature of these film's characters' state of being is represented, even captured, in their impaired embodiment.

The Raging Moon uses the same techniques and constructions to make its disabled characters abject as do the other films discussed above: the disabled are easily fatigued; totally dependent; socially isolated; asexual; infantilised and impaired. As with the other films the disabled must be seen within a comparison before they can be shown in such a way as to devalue them; in *The Raging Moon* this is provided by the caretaker and housekeeper of the institution that Bruce and Jill enter: Mr and Mrs Charles. A good example of how this is done is demonstrated by reviewing the scenes in which the Charleses arrange to take Jill and Bruce to the coast for the day. One evening in Jill's room all four are chatting and playing records. The scene is shot almost exclusively in a medium shot from a low angle so as to emphasise the position and bodily activities of each character. Jill is sitting on her bed with Mrs Charles sitting on the bottom of the bed with Mr Charles on a chair to her right (the screen's left) with Bruce is in his wheelchair on Jill's left (the screen's right). This is a scene that, superficially, appears quite ordinary, yet it sums up the alienation of the disabled body from what is alternatively given as the pro-active body of normality: i.e., Mr and Mrs Charles.

The scene sets up a clear binary opposition to which the eye is immediately drawn; Bruce and Jill are on one side of the screen with the Charleses on the other. As the men are on either side of the bed where the women are sitting, the film reinforces the two sides of the

paradigm as comparative and not as a mere simile. Bruce is half-way along one side of the bed in order to reach the record player. He is also directly beside it, which means that he cannot look at anyone except without severe strain. As Bruce is in the wheelchair next to the bed (which is on his right) with the record player on his left (off-screen right) he is distanced from Jill (whom he loves) and his body is highlighted when he is fully on screen. Jill, to Bruce's right, is sitting upright on the bed and is also completely highlighted. The light source for the scene is a bed lamp above Jill's head, a source that consequently spotlights Jill's impaired legs. As Mrs Charles is turned slightly facing Jill, her side but not her expression is visible. Mr Charles is also partly hidden, this time by the bed itself. The camera is at the foot of the bed, to Jill's left. The force of the *mise en scène* of the shot ensures that the full bodies of Jill and Bruce are shown, but not those of the Charleses. The reason for such a difference in each character's positioning is due to what each is doing with their respective bodies: Jill's and Bruce's are immobile, with the Charleses constantly in movement.

Jill's legs are flat on the bed, rigid and still. Bruce's are closed tightly together as they rest on the footplates of the wheelchair. Bruce and Jill's legs do not move, and are not moved in the entire scene and they use their arms in an often stilted manner that shows their difficulty of movement. For example, when Bruce puts a record on it is an effort because of the way he has to strain to look back at Jill and then twist his trunk to face the record player. Consequently, as each of them is dressed in typical institutional wear - a tasteless jumper for Bruce and a dress so prim that it covers her entire neck for Jill - the scene serves further to place them as virtually immobile and inanimate objects of pity. This is especially so when the garments are compared with those of the Charleses which are, of course, much more stylishly casual: Mr Charles is wearing a woollen jumper and jacket, whilst Mrs Charles has on more tasteful yet revealing blouse and skirt. In comparison, the Charleses physical movement is striking: Mrs Charles is sitting cross-legged, her feet pointing at the camera, tapping her foot to the beat of the record that is quietly playing.

Sitting cross-legged is in itself an activity that requires a great deal of bodily control and the rhythmic tapping of a tune with one's feet merely confirms the control (and its capability for spontaneous pleasure) that a normal body can possess. Mrs Charles's feet are closest to the camera; they thus vertically lead the eye to the rest of her. Any movement on the screen captures the viewer's attention, and it is impossible to ignore the tapping of Mrs Charles's foot - especially as Jill and Bruce's feet are so passively in view, in stark contrast. Mr Charles's leg position is equally important in this nexus of normal and abnormal bodily control. Mr Charles has his legs lifted up and resting, knees bent, to the side of Jill's bed, directly next to her and sitting on an ordinary chair. It is a chair and place which is where Bruce, in a conventional cinematic *mise en scène*, would logically have been placed, as her lover.

Bruce and Jill are physically passive and separated (despite their love) because of their bodily conditions; this has been constructed by the *mise en scène*, as it is not essentially due to their impairments. The scene is constructing the impaired's body's passivity along with their physical separation as the Charleses bodily activity - foot tapping and leg raising - ensures that Jill and Bruce are seen as passive by their active actions and bodily attitudes. If the same scene had shown Bruce in Mr Charles's position with that chair removed - or even better, Bruce out of his wheelchair and in a wheelless-chair - yet with the Charleses more closely positioned to Jill and Bruce, the impact of the scene would have been quite different. The difference would have lain not only in its *mise en scène* but also in its potential interpretation and meanings. The disabled legs of Bruce and Jill would not have had such a central position, nor would there have been the separation between Jill and Bruce; as it is, Jill and Bruce seem incapable of life off the bed or out of the wheelchair, respectively. Bruce is shown so as to instil in the spectator the view that those in wheelchairs cannot get out of, or live out of, the wheelchair; the wheelchair is thus constructed therein as the paraplegic's iron lung. The above point regarding how the scene could, or should, have been is made not to be prescriptive but merely to give a simple

demonstration of how little need be different to provide a whole new interpretation.

In the scene described above, the Charleses are discussing taking Jill to the coast with them, when Jill suggests that Bruce should come as well. Mr Charles says that that would be all right but that 'another bedpan will have to be packed'. Two points need to be made here about what the scene further represents about the impaired body in both dialogue and diegesis. Firstly, the whole thrust of Bruce's and Jill's being taken to the coast reinforces the point that they are bodily not capable of getting from A to B alone, if at all, without the assistance of professionals. As Bruce is pushed to bed by Mr Charles at the end of the scene the scene further serves to leave us in no doubt of his physical uselessness. This fact is further reinforced when considered in combination with the given reality that Jill and Bruce are shown as not capable of being together as a romantic couple without the assistance of the Charleses. It is also shown when Jill is pushed to Bruce's room so that he can kiss her and the Charleses take them both to the local town to buy a ring for their engagement: a collection of scenes which guarantee that Jill and Bruce are never seen as anything other than incapable. The second point more directly relates to a reference to the bodily functions of the disabled characters': i.e., the reference to the need to pack another 'bedpan'. The bedpan reference partly explains why they are given as incapable - they cannot reach a toilet so this facility must be brought to them by an attendant - but it also ensures that they are shown as typical (cultural) examples of the impaired / disabled: uncontrollably incontinent.

Significantly, the next scene takes place on a desolate beach in what seems a fairly wintry period of the year and, after the establishing extreme long shot of the beach, we cut to Mr and Mrs Charles playing with a beach ball; they are running and passing the ball as if playing rugby. Consequently, the Charleses are seen as having physical and emotional fun. Bruce and Jill are not in the shot of the Charleses playing ball, but there is then a cut to Bruce and Jill in which a sadder, more pathetic-looking couple could not have been

imagined. Bruce and Jill are stationed about three feet apart in their wheelchairs - which are rooted in shingle. The apparent immobility of Jill and Bruce is a factor which leaves us in no doubt that they did not get there on their own and that the Charleses must have dragged them there - the appropriateness of the word 'stationed' being self-evident. Again, Jill and Bruce are physically separated and shown as not capable of overcoming the physical distance between them. In comparison, the Charleses have standard winter clothing on - and it is unbuttoned - whilst Bruce and Jill are wrapped up as if they are in the Arctic. Jill has on the largest overcoat possible, with a scarf wound many times around her neck; she is wearing gloves and has a blanket around her legs. Bruce wears almost the same quantity and style of clothing as Jill, although he does take his gloves off to read a poem to Jill. The poem sums up the futility of their lives: '[N]ever again will a stone fascinate [...] seek a target [...] wind back the arm and throw, never again': Bruce, the poem tells us, will never again throw a stone. That Bruce is quite capable of picking up a stone and skimming it across the water right then and there is a point that escapes both him and the film. Jill, at the conclusion to the poem states to Bruce: 'I love you'; their tragic fate is sealed. Bruce and Jill's doom is both sealed and made manifest by the 'nature' of their bodies; it is partly their dependence and incapacity which shows this because they are physically unable to move, change or challenge these or any other circumstances, it seems.

In *The Raging Moon* and *Whose Life Is It Anyway?* posture is of equal significance in the negation of the disabled to many other bodily factors. From the very first appearance of Bruce in hospital he is unable to sit up straight without either falling to one side or slipping down into a crouched position. Latterly in the film, when Bruce is wheeling around in his wheelchair, he still slumps down into it as if he is a baby.

In all the films under discussion in this chapter no disabled characters make a meal for themselves yet other non-disabled people do. As such, impaired people are represented as individuals incapable of looking after themselves in even the most basic, and necessary,

way. All the meals that are eaten by disabled characters are prepared for them by other able-bodied characters, thus equating the disabled body with that of a child; children are conventionally the only group of people in society whom it is expected will have all their meals made for them.

The use of the wheelchair is more pronounced in *The Raging Moon* than in any other film under discussion and, as such, is the tool by which the most physically capable disabled bodies of the films are constructed as incapable. Jill and Bruce are the most physically capable of all the central disabled characters looked at, as established by the fact that all they cannot do is walk. Ken Harrison and Christy Brown are unable to use their arms or their legs, whilst Stephanie and John Merrick are disabled in unpredictable and more physically severe ways, respectively, with impairments that prevent them from doing (in the diegesis of their films) almost everything. The wheelchair encapsulates Jill's and Bruce's bodies in such a way as to make them seem bound to them. Through having such a union between character and aid Jill and Bruce are seen as weaker and more dependent than the characters in the other core films of the thesis. In one scene we see Bruce getting out of his bed, into his wheelchair, and delivering a letter under Jill's door. The manner in which Bruce gets out of bed and into his wheelchair makes the whole operation seem like exactly that, an operation. The time, energy, concentration and difficulty involved for Bruce in just getting out of bed is so extreme that all other minor physical activities (such as defecation) are offered, primarily by extension and in absence but also by example, as tasks that would seem insurmountable if a lone attempt were made to perform them.

Bruce's and Jill's bodies are clearly signified as weak by the degree of clothing that they wear (already discussed above) and by their inability to go very far or fast in their wheelchairs without difficulty. Both Jill and Bruce are frequently pushed in their wheelchairs, even though they can both propel themselves; the point being made is that they can move themselves a little, but they are obviously too weak to do too much at any

given time. Such an interpretation is unavoidable when we consider the repeated images, especially of Jill, of blankets around the impaired persons legs; a standard image of the sickly weak invalid. Consequently, the perception of the impaired body as a weak body is left in no doubt by the conclusion of the film: Jill dies of influenza. Upon seeing the doctor after Jill has died Bruce is told by the doctor that: 'people in [Jill's] condition catch these viruses and they can't resist them like [... *doctor stutters* ...] most people. She didn't suffer, it was all very quick'. The doctor was about to say normal but stuttering prevents himself from doing so. Such a speech puts a seal of medical acceptance of the idea of the disabled body as uniformly weak and sick. The weak and susceptible body, not capable of defending itself biologically or physically, brings us back full circle to the issues of the disabled body as easily fatigued and therefore ill (by extension, expensive to support due to its need for constant medical care and supervision). The weak body is, therefore, equally childlike due both to its inability to resist minor viruses or to support itself.

As with Stephanie in *Duet For One*, Jill is given an element of sexual appeal which, just as is Stephanie's, is seen as deviant: deviant, because immediately after having her only sexual encounter with Bruce, Jill dies. The sexual encounter is not one of penetrative intercourse (Bruce has told us earlier that he cannot get erections) but an oral act and, as such, it confirms the general conception of the disabled as impotent (*cf. Whose Life Is it Anyway?*) and dangerous / deviant when sexually active (*cf. Duet For One*). Sexual activity involving the disabled actually becomes fatal in *The Raging Moon*.

The opening credits of *The Raging Moon* are accompanied by shots of Bruce playing a Sunday league football match, followed by his then trying to fondle the breasts of a female spectator on the coach back home from the game. The conclusion of the story has Bruce returning from a fatal sexual encounter and wetting himself. The contrast between the two scenes aptly demonstrates how normality and abnormality of body are constructed as active and passive, in control and without it; with the disabled body constructed as being

appreciably closer to death - its own and that of others.

My Left Foot is a film that represents the disabled body in a way that is little different from the three films discussed earlier, except that Christy Brown is characterised as totally dependent on others for eating, drinking and washing (and, one presumes, defecating). Significantly, Brown is repeatedly shown wearing a jacket with saliva dribble all down the front in order that the audience never forget his lack of bodily control. I often point out that 'this film' has this 'cripple' doing this 'disgusting thing' when in fact the activity is not disgusting, unnatural, or unrealistic. This thesis does not aim to be prescriptive and say that such features of incapacity should not be shown; the point is that they are the only images shown and that they are exaggerated or falsified to categorise the individual through the functions of his / her body. Consequently, such images are perceived as the reality of disability when in fact they represent merely a specific construction of disability as impairment. One scene in particular from *My Left Foot* demonstrates my point precisely. It is the scene where, having stolen coal from the coal merchant, Brown and his brothers come home with coal piled up in a chariot that Mr Brown has built for Christy Brown. Brown's face is covered in black coal dust from the escapade and he is seen dribbling white saliva (contrasted with the darkness of the coal dust, giving the saliva a clarity that it otherwise would not have). As the coal-stealing scene is the only one in which he actively dribbles (the rest of the time its resulting mark is all that is visible on his clothes) his lack of basic, spittle and therefore bodily control is emphasised to further demean him.

An equally significant negation of Brown's existence immediately follows the coal theft scene. Brown and his Mother argue about the coal stealing incident, resulting in Brown's sitting in the corner of the main living room still covered in the coal dust. At this juncture not only does his older brother offer to wash him (a service the upset Mother would normally perform) but his Father is, significantly, seen playing with a younger brother in a

very physical manner. The younger brother is on the father's lap as he tickles him and pretends to fight with him. This is of interest in that it is created as an obvious point of comparison as Christy Brown is never seen being played with in this manner by anyone, let alone by his Father. One brother's offer to wash Brown and another brother's playing with his Father act as the equivalent signifiers of Bruce, Stephanie and Ken's past normality scenes. Simply, the scene puts forward the idea that normal brothers are able to play with their fathers and wash themselves. As Brown does not have a normal past his brothers are given as alternatives to a disabled past, present and future. The age (and look) of the child playing with his father is exactly that which is given for Brown when he lay under the stairs near the beginning of the film; Brown never comes near his Father, nor plays with him. The severity of Brown's impairment requires that he receive assistance to eat and drink - at least in his early life - a fact which, if my argument about excessive use of cultural negatives is appropriate, would entail that Brown be repeatedly shown being fed and given drinks. The film obliges, indeed repeatedly showing Christy being fed and given drinks; it is emphasised further when Brown is given his drink in a glass but drinks it through a straw. Again, this could be unexceptionable except that when the most positive influence on Brown's life and work - Dr Cole - offers him his drink (one presumes correctly, because she is a doctor) and, in doing so, she holds a napkin up to his chin as if he were a child, with the napkin acting as a bib. The very act of holding a napkin up to his chin reinforces dribbling as to be avoided rather than an action that is natural to Brown. Thus, Brown's natural bodily function is seen and constructed as wrong and, if possible, to be prevented. Ken Harrison in *Whose Life Is It Anyway?* is similarly fed with a napkin acting as a bib. Again, an individual unable to control his / her functions is constructed and assumed to be child-like.

If we accept Canguilhem's (1989, p.77) point that: 'strictly speaking a norm does not exist, it plays its role. [A role ...] which is to devalue existence by allowing its correction', then we can see how Brown's dribbling is devalued by not following the adult human 'norm' of

not dribbling. Although Canguilhem's point is that all existence is devalued - even those who can closely fit the norm - my point is that the norm is used specifically to devalue the disabled body alone. Canguilhem's suggestion that the norm devalues the norm is an important one in that the norm devalues itself by making an individual's body an object rather than a subjective, lived experience with the freedom to experiment. The devaluation of the normal body by the normal body is achieved through its generalisation (as in these films) and these processes of generalisation of the abnormal body most overtly demonstrate Canguilhem's view. This thesis would argue that the liberation of the disabled body from a negative generalisation (medicalisation and normalisation) will, above all else, free the body of normality from the tyranny of itself. If Brown were allowed to dribble freely, without stigma, then all others are free of the dread of embarrassment of either others or themselves, for example, to dribble.

It has already been commented above, in the chapter on the family, upon the idea(l)s of masculinity being shown to devalue the disabled within *My Left Foot*. However, it should be added that Brown is singled out as having a non-working (unemployable) body, a body that is not capable of any culturally assumed masculine work: Brown's body cannot lift items or tools; write freehand; nor construct any physical object of social utility - while his brothers and Father can achieve all of these tasks - and more. The same is true of Ken, who in *Whose Life Is It Anyway?* is unable to act usefully; it is also true of Bruce in *The Raging Moon*, who is capable only of being a telephonist (conventionally, women's work). Thus, by having disabled male characters who are incapable of masculine work - and this relates back to the points about Canguilhem - such images define what is masculine for the norm as well as the Other. For example, if Bruce is a telephonist and Bruce is the Other, then all men who are telephonists are by logical extension ideologically suspect as it is, conventionally, a 'feminine' job. The construction of the Other as either one category or another has the consequence of restricting the norm from any attempt at experiencing other styles of life through fear of being labelled or constructed as the Other. Thus, 'disability' is

a key tool in the maintenance and illusion of social order and control since social and bodily order are both intrinsic elements of what disability is and is not.

As has been stated above, just as all the other films have comparative normals against which the abnormal is measured, *My Left Foot* has Brown's own family performing that function. The social growth - love, marriage and children, especially - of the other members of the family, compared to Brown's perceived social failure, ensures that his life is shown as pathetic by contrast, despite the superior financial position that his literary success creates for him. As said in an earlier chapter, the striking similarity in body and dress of Brown's Mother and his wife-to-be leads the viewer to see Brown's marriage to nurse Mary as asexual because he is marrying his 'Mother' and a nurse. Thus, as in the earlier films discussed, the disabled body is again given as impotent and probably asexual.

The negation of the spastic body is most acutely achieved by Brown's own desire to eradicate as much of his spasticity as is possible and Dr Cole acts as Brown's *Svengali* in this process by normalising him both bodily and intellectually. For example, in a montage sequence to emphasise the lapse of time, Brown's head is being exercised by Dr Cole and she is carrying out breathing exercises on him (she gets him to blow in to a large water dispenser to see how much water is displaced by air). Although such 'therapy' could, technically, prolong his life, this is not how it is represented or to be interpreted; Brown is, as a result, to be seen as child-like and ineffectual. Another example is when Dr Cole gets Brown to read to her so that his pronunciation is more easily understood and rectified. It could be argued that Dr Cole's exercises - bodily and intellectual - on Brown reinforce his abnormality by the apparent need to train him to carry out what most people consider to be natural tasks (such as breathing and talking etc.).

Dr Cole is normalising Brown in order that he can more easily be integrated into society at large and it is his willing participation in this (the desire to be seen to be as normal as

possible) that makes Brown (and the film) appear to be a positive role model. My point is that the very act of normalisation (embraced by the idea of the 'good cripple', which he represents) increases the devaluation of disabled people who are unable, or unwilling, to be ashamed of or hateful towards their own bodies. 'Hateful' may seem an extreme word, but if we consider that Brown tries to commit suicide (leaving a note in which he calls himself 'nothing') then self-hate is an appropriate term. When Brown attempts suicide by trying to cut his wrist with a cut-throat razor the scene degenerates into farce because he lacks even enough bodily control to carry out his own suicide: he cuts his thumb, drops the razor and falls on the bed. Thus, Brown's body is not only dependent and incapable of defending itself: it is even incapable of carrying out its own plan of action; as has already been stated, self-determination is an attribute considered to be a central pillar of what constitutes masculinity and how it is 'normally' represented. *My Left Foot* has Brown, just as Ken or Bruce are, emasculated in his essentially represented embodiment.

Finally, the most obvious demonstration of Brown's dislike of his own body is his panic at being put into an ambulance with other people with cerebral palsy (CP), and his subsequent refusal to go again to the clinic with them. The justification for not challenging or forcing Brown to go again is the fact that the other people with CP are shown as more severe cases - incapable of any significant degree of normalisation - and, as such, not worthy of home visits by the *good* Dr Cole. For example, one shot at the clinic is of a young boy, shot from a low angle medium close-up so as to make him look sinister; his body stoops over the tray that is in front of him, motionlessly dribbling in silence. The effect is that the young boy is seen as having a learning difficulty in addition to CP and, as such, less valuable to society. Brown's refusal to be at the same place as the boy justifies wider society's refusal to help or encourage those in a similar position, making the 'good cripple' someone who wants to be like 'us' rather than one who is not so severely disabled as to make behaviour modification impossible.

Brown, as with the other impaired bodies so far discussed, acts not solely as a role model for disabled people but for normal people: those people who need validation that their striving for bodily perfection is right, proper and just, and worthwhile at every opportunity. *My Left Foot* deviates so little from the standard devaluation, and abjection, of the abnormal body that to demonstrate each example would be repetitive, very lengthy and boring. Christy Brown is a 'good cripple' precisely because he hates his own body and subsequently tries to normalise it to 'fit in' to rather than 'sit out' of the social game.

The Elephant Man differs very little from the other films discussed in its representation of the disabled body, with Merrick similarly made Other through the feminisation of his body where weakness is seen as feminine. Merrick is feminised through his being made pathetic by his bodily weakness (in addition to his mannerisms) in contrast to other masculine male characters within the film. Merrick is, as such, constructed as abject by his tragic and uncontrollable carcass; his body is represented as devalued and hated by himself; and he reinforces bodily norms through his own, eventually fatal, attempt to sleep normally.

The most subtle way in which Merrick is feminised is by his soft gentle and innocent voice, which is so genuinely enthusiastic and surprised at life's smaller pleasures (a trip to the theatre, the way photographs are arranged upon a mantelpiece, etc.). The close-up of Merrick's left hand - his good hand - delicately building a cardboard model clearly signifies it as delicate and soft (an aspect Treves actually commented on in his 'true life' account of Merrick, calling his normal arm 'lady-like' [cf. Howell and Ford, 1980]). The weakness of Merrick's body is represented by his inability to climb stairs, walk any distance or carry out any strenuous work (model-making is his limit) without a lack of breath or gross exhaustion. For example, when Merrick returns from France on the train and is chased into the public toilets, his exhaustion is so extreme that he collapses and has to be assisted in walking into the hospital once the police have rescued him; he is unable to rescue himself.

The process through which Merrick's body is made abject in *The Elephant Man* is by having him segregated from society at large by the justification that the sight of him causes 'women and nervous persons to fly in terror at the sight of him'. The film shows the first sight of Merrick through a typical horror genre tactic of delaying the horror figure's first appearance on screen until a suitably young and innocent woman can come across him; in this case it is a nurse who stereotypically panics, screams and runs away upon seeing him. Also, Merrick's appearance (the sight of his body) in public places repeatedly causes either a riot or disgust, thereby validating his segregation and institutionalisation as necessary, if only for the sake of public order.

The film's ideological support for normalisation, and therefore for the notion of normality, is apparent in the manner in which Merrick is saved from being a cause of disgust or riot, in comparison to his saviour, Frederick Treves. Treves is clearly represented as the epitome of Victorian bourgeois Christian paternalism and a good person. Significantly, the difference between the ideology and decency that Treves represents and the mob's indecency is also represented in their respective bodies. Treves (and the others, like Carr Gomm, of his class) are all well-groomed individuals in both appearance and body: their suits are immaculate; their beards are perfectly trimmed; and they are clean (i.e., they have washed). On the other hand, the working-class are, almost without exception, shown as dirty, promiscuous, pot-bellied and vicious. Writing of Michael Elphick's working-class character, who uses Merrick as his own personal freak within the hospital, Samuel (1981, p.317) states: 'Elphick seems to conflate within a single persona a whole number of contemporary [modern day] middle-class folk devils - street-corner bovver boys, soccer hooligans [and] flying pickets'. All the working-class women outside the hospital are street walkers and ruffians yet if they are in the hospital they are inevitably 'angels' - i.e., nurses; the closing titles go so far as to label them as merely the 'First Whore', 'Second Whore', 'First Fighting Woman' and 'Second Fighting Woman'. Having Treves's class represented

as equally morally clean reinforces the moral righteousness of their actions in saving Merrick from the working-class. Interestingly, there are no old people in the scenes of working-class life, whereas they predominate in the middle-class hospital society. The point being made by such an omission, one presumes, is that middle-class life is not only morally better but also physically superior; consequently John Gielgud plays Carr Gomm with an appropriate amount of physically aged self-preservation to demonstrate the point.

One scene in particular sums up the whole thesis of the film. In the scene Bytes (Merrick's 'owner' until Treves saved him) manages to get into the hospital and starts to go up the stairs to the isolation ward where Merrick is living or, more appropriately, is being kept. Bytes encounters Treves on the stairway. Treves tells him that Merrick is not going back to being a freak and they start to argue. Bytes's very appearance, and bodily state, in comparison to Treves's appearance, and bodily condition, reveal the former to be inferior, distasteful and - what is the worst crime of all in this film - working-class. Bytes is scruffily dressed in an old jacket with a dirty, unbuttoned shirt beneath it. He also exhibits the first signs of what the film wants us to believe are the DTs (shaking his head with an unsteady gait) and when he speaks, he spits. Significantly, the conversation between the two men takes place on a stairwell and is shot from a side angle in medium close-up with both men on screen in profile. The shot is filmed in such a way that a comparison between the two characters is unavoidable. The *mise en scène* and choice of camera angles ensures that Bytes's spit is clearly visible as he talks - Treves's retreat from being so close to Bytes's face shows his horror at the spit and suggests that Bytes also reeks of alcohol or halitosis. Bytes's character is played wonderfully by Freddie Jones, an actor who seems to specialise in semi-alcoholic, and possibly perverted, degenerate low lifes. Jones even reprised this character type in a cameo part in Lynch's later film *Wild At Heart* (US, 1990).

Treves, on the other hand, is smartly dressed in a morning suit with appropriate neckwear; whereas Bytes is unshaven, Treves has a full beard that is as smartly tailored as his

morning suit. Treves speaks clearly and concisely with an air of confidence and he does not spit as he talks. Although Treves becomes slightly flustered (a hair slips out of place in order to show this) it is from inexperience rather than fear. The arrival of Carr Gomm in the scene (at a higher level of the stairwell, and shot from a lower level, so as to increase the impression of his status of authority) acts to reinforce both Treves's authority and confidence. With a few precise and articulate words Carr Gomm dismisses Bytes, condemning him in the process. The scene shows the difference in both body and character between good (Treves) and bad (Bytes), right and wrong, medicalisation and socialisation, and the 'good body' and the 'bad body'. Treves's body, style, manner and personality are given as the ideal in comparison to the degraded body of Bytes, thereby ensuring that Merrick's is also seen as degraded. Merrick's positive characteristic is that he wants the body of a Treves but is unable to achieve it through no fault of his own. The idea of fault is clearly meant to imply in the film that the working-class are unresponsive to help and this must, as such, be forced upon them. The comparative responses of Elphick's character and the educated actress Mrs Kendal to the 'caring' letter Carr Gomm has published in *The Times* are indicative of this point. Mrs Kendal (dressed in white and being particularly sensitive) desires to meet 'this gentleman' (Merrick) whilst Elphick, in sharp contrast, spots an opportunity to exploit both Merrick and his fellow class degenerates. If we compare the reactions of Elphick (who calls himself 'your very own Sunny Jim') and Kendal respectively to their subsequent meetings with Merrick, the point is even clearer. Elphick abuses and uses Merrick both physically and mentally whilst Mrs Kendal reads from Shakespeare's *Romeo and Juliet* with him and, concluding that he is 'no "Elephant Man" but Romeo' himself, she then kisses him. Mrs Kendal's role as a leading woman of 'fashion' acts further to reinforce the film's idea that this is how Merrick should be treated by all who wish to be considered worthy of the title of human being: a philosophy which is, in the logic of the film, the epitome of middle-class values housed in a well-kept body that is also intellectual and has a concomitant Christian liberal philosophy.

Having Merrick in a degraded body (to some extent, a working-class body gone haywire) with a middle-class sensibility is offered as 'the tragedy' of Merrick's life. Merrick is a tragic figure because he is unable to fulfil his intellectual potential or fully exhibit his obvious good grace and concern for others due to his being trapped inside a so-called hideous body. The medically technical talk that Treves gives to the *Pathological Society* early on in the film clearly categorises Merrick's body as 'hideous', 'lamentable' and 'degraded' because Treves uses those very words, combined with medical jargon, to describe Merrick's condition. Merrick's presentation before a society called the '*Pathological*' *Society* merely reinforces the medical principle that all deformities and their consequences are pathological. At the *Pathological Society* Merrick is shown to an audience of medical dignitaries from behind a mobile curtain screen, but the film's spectator is not shown Merrick except in silhouette against the screen. The talk to the *Pathological Society* takes place before the nurse (detailed above) and audience are shown Merrick, and as such, Merrick is objectified both visually and narratively through his description in medical terms and by the *Pathological Society's* horrified reactions to his appearance, prior to the film audience's even seeing him.

Merrick's objectification is intentionally revealed as part of the process of medicalisation by Treves's actions, yet the film ultimately validates it (rather than challenges it) as logical and right solely on the basis of Merrick's own body as being the cause of his own problems and social disorder. Consequently, it is the notion that Merrick is pathologically liable to cause social unrest that enables reference to be made to the thoughts of Bakhtin.

Russo (1988) writes of Bakhtin's theory of the carnivalesque body that:

[T]he political implications of [carnival] heterogeneity are obvious: it sets carnival apart from the merely oppositional and reactive; carnival and the carnivalesque suggest a redeployment or counterproduction of culture, knowledge, and pleasure. In its multivalent oppositional play, carnival refuses to surrender the critical and cultural tools of the dominant class, and in this sense, carnival can be seen above all

as a site of insurgency, and not merely withdrawal. (p.218)

Thus, for this film, society must take control of the 'freak' and place it in a controlled and supervised environment. The 'freak' in *The Elephant Man* is the body of excessive life as manifest in the body of Merrick, a body that cannot stop growing even though its growth will destroy it. The tumour is after all, just like cancer, an excess of life, where each cell multiplies unstoppably and irreversibly until it kills the body in which it lives. Although 'carnival' can be seen as a form of safety valve to the repression of the bourgeoisie (and therefore helpful to it) the large numbers of carnivals (and extreme nature of their 'carnavalesque' exhibits - i.e., the 'Elephant Man') meant that it became imperative, and inevitable, for the bourgeoisie to act (Bogdan, 1988). Treves acts on their behalf in taking Merrick into hospital for examination and then 'care'. Equally, when taken in consideration with the fact that Bytes' show is initially shut down, because Merrick 'is degrading to all who see (him)' - words spoken by Treves's true life great-grandson, the actor Frederick Treves, to reinforce their validity - the point is unmistakable. Treves's subsequent rescuing of Merrick from the clutches of those who put him in the arenas of degradation in the first place serves further to emphasise the point. Merrick is a threat to the bourgeois hegemony and authority of normality as signified by those who closed down Bytes's show in the first place because he represents all that they despise: bodily, and therefore social, chaos. The film is not intentionally showing this point to criticise it – as it does other elements of medical hegemony; it is revealed inadvertently rather than by design.

The reference to the normality of Merrick's genitals, in the lecture to the *Pathological Society*, is a clear reference to the ability of the abnormal to perpetuate themselves. Such an inherited threat is revealed as frightening for the bourgeoisie due to its leading to presumed sexual degeneracy and potential for eternally overpowering moral decency (the eugenicist's - and Frederick Treves was a eugenicist [Howell and Ford, 1980] - nightmare). Even if the point of the film is to challenge such a philosophy, as with *Whose Life Is It Anyway?*, the focus is lost in the sentimentalisation of Merrick as a figure of personal

tragedy. The apparent degeneracy of the working-class is shown in *The Elephant Man* (and in *Duet For One*) to reinforce the idea of the need to educate the working-class into the same bourgeois horror of abnormality. The scenes of the working-class, and their environments, are dirty, disgusting, loud, violent and exploitative in contrast to the bourgeois scenes of clean, quiet, sensibility and sensitivity. Such scenes thereby make all that is good bourgeois, and all that is bad working-class in the final logic of this film. The role of safeguarding society is placed in the hygienic bourgeois world and not the apparently unhygienic working-class one. The sexual threat of the abnormal body - both Merrick's and the degenerate masses' - is clearly indicated when Treves walks past a pickled foetus, which is similar in look to Merrick's body, at the freak show where Treves first tries to view Merrick. It could be argued that if we combine the references to Merrick's genitals and the pickled foetus with the shown promiscuous nature of the masses in the film, then clearly the film is proposing degeneracy as the cause of Merrick's disease. Although Merrick's Mother is overtly made out to be a depiction of a heroic mother figure, the father is never mentioned, and by his absence it could reasonably be concluded he was not a good sort.

If we consider the carnival or freak show as a celebration of life, as many 'freaks' did (*cf.* Bogdan, 1988), then we can begin to understand Bakhtin's analysis of how the carnivalesque body was transformed into the grotesque body by (post-)modernists: a process of transformation inadvertently being shown in *The Elephant Man*. The showing of such a process is inadvertent as the film succumbs to the ideology of bourgeois morality (modernist in itself) through its validation of all that is anti-carnivalesque, i.e., Treves's philosophy rather than that of Elphick, Bytes or the masses. Bakhtin writes that the carnivalesque body does not fear life or death because it is part of the same thing; life as part of death as death acts as a fertiliser for future life. Bakhtin (1984. p.49) states: 'the grotesque body expresses not the fear of death but the fear of life'. Merrick, and the carnival or freak show, threatens the repressed nature of bourgeois life (which is

consequently anti-life) and, as such, he is (they are) seen as a threat by the bourgeois (Treves and others like him). As Merrick is so representative of life (and its death) Treves has to control, objectify and disarm him by making him sick and pathetic rather than achieving what the freak show had as its aim: to celebrate him and (O)ther 'freaks' (all that is different and unique) as special and valuable. Treves achieves his disarming of Merrick as a manifestation of excessive life by having him categorised as a living symbol of death and abnormality rather than only different. The aim of Treves, and the film, is to instil into the degenerate (and to normalise the working-class to a middle-class ideal of physiology and morality) a fear of death and a fear of the behaviour they deem degenerate. Bakhtin continues to write that the Romantic imagination of modernism turns the grotesque body 'into the Gothic' (*ibid*). This tendency, if true, would perhaps explain the way the film sees itself as Romantic in its desire to explain why Merrick is disabled in metaphysical or *supernatural* terms; thus, the use of horror genre techniques mixed with pseudo-realism makes the film seem more original than it actually is.

The view that the disabled are seen as a threat is explicitly stated by Hark (1993, p.152) when she writes: '[T]he usurpers often display characteristics not marked as signifiers of masculinity in the codes of male film performance [... T]hey may for example be effete, overweight, short, foreign accented, or disabled'. Such a list describes, as has already been stated, all the characteristics of Merrick's body, though Merrick's accent is Other due to his deformities rather than to any specific national foreignness; Merrick's foreignness is to normality.

Finally, in *The Elephant Man*, the way in which Merrick wants to sleep, or wishes he could sleep, demonstrates my point precisely. Merrick dreads the night because he dreams and sees himself (making him scream); it is a function that, in isolation, justifies others' fear of him, but Merrick also hates the fact that he cannot 'sleep like normal people'. Merrick usually sleeps with his knees bent and his head and arms resting on them due to

the size of his heavy head: a head which if laid back would kill him by either breaking his neck or suffocating him. The pose is indicative of a melancholic attitude (cf. Gilman, 1988) amplified by its (Merrick's) further devaluation and abjection by having etchings all around Merrick's bedroom of children lying asleep, normally, in a bed, rather than as is Merrick, who is just on the bed. Such scenes act in two ways: firstly, they ensure that Merrick is never seen as acceptable; and secondly, they act narratively (and discursively) to ensure that Merrick tries to be normal. The closure of the film, by having Merrick die whilst trying to sleep normally - having said: '[I]t's finished' - enables us to read Merrick's decision to sleep normally as suicide; it is an act of suicide carried out in the realisation that he can never be normal and as an attempt to die with dignity in the guise of the attitude of normality. Normality of the body is not the singular tool through which Merrick is made different, the Other, but it is the instrument through which his life is made meaningless and ultimately lifeless for himself and others. For Merrick (as with Ken and Stephanie) death is preferable to a life trapped in an abnormal and abject body.

In conclusion, this thesis would argue that Merrick and all the disabled characters (along with the working-class in *The Elephant Man*) are seen as social and bodily usurpers unless they are prepared to try and be normal or as normal as possible. The 'good cripple' is represented as the cripple who does his / her utmost to overcome his / her abnormality of body, in contrast to the 'bad cripple' who is the cripple who is happy to be a cripple. This point is clear if we consider how any individual who attempts to get society to accommodate his / her body as equal is treated: she / he is classified and marginalised as bitter and cynical or as a person with a multitude of chips on their shoulder. It is a stereotype that Norden (1994) calls the 'bitter cripple', as in films such as *The Men*, *Born on the Fourth of July* and, from this selection, *The Raging Moon*. It is significant that in four of the six films discussed each has a central disabled character dying either as a result of their own disgust at not being normal or in the attempt to be so: Ken Harrison prefers death to disability in *Whose Life Is It Anyway?*; Stephanie prefers social death to

participation whilst stoically awaiting the release of real death in *Duet For One*; Jill dies as a result of a sexual encounter with another cripple in *The Raging Moon*; and Merrick commits suicide in *The Elephant Man* in his desire to 'sleep like a normal person'. Christy Brown and Bruce are the only long-term survivors of all the films discussed and they are determined to be as normal as possible. The situation is clearly indicated by Bruce at the conclusion of *The Raging Moon* when he states that 'everything matters', in other words, he (we) must accept normalisation if he is going to have any life at all. Equally, Brown achieves an element of normality by getting married to a normal woman (even if it is his 'Mother').

Many, if not most, disability / impairment-oriented films follow the same bodily logic as the films discussed in this chapter, including, but not detailed due to space, *A Day In The Death Of Joe Egg*, from the core films of the thesis. Many other films about impairment / disability represent the impaired in a similar vein, for example, to name but a few, films such as *La Buena Estrella* (Ricardo Franco, Spain, 1997), *Crash* (Charles Band, US, 1977), *Crash* (David Cronenberg, Canada, 1996), *Dark City* (Alex Proyas, US, 1997), *Eye of the Needle* (Richard Marquand, GB, 1981), *I Don't Want To Be Born* (Peter Sasdy, GB, 1971), *In The Company Of Men* (Neil LaBute, US, 1997), *Just The Way You Are* (Eduardo Molinario, US, 1984), *Mute Witness* (Anthony Waller, GB, 1995), *Salon Kitty* (Tinto Brass, France/Germany, 1978), *Santa Sangre* (A. Kodorowski, Italy, 1989), *Sick: The Life and Death of Bob Flanagan, Supermasochist* (K. Dick, US, 1997), *Sitcom* (Francois Ozon, France, 1997) and *A Zed and Two Noughts* (Peter Greenaway, GB, 1985). A list so diverse in so many ways, including impairment subject, demonstrates that the nature of disability representation is revealed as astoundingly static, given its regular and continued use by film-makers as subject matter.

The disabled and abnormal body is represented in these films as the model through which normality is created, validated, defined and reinforced as superior with the disabled body

disqualified and invalidated by its inability to be, as a consequence, normal. They are representations which are, overall, created in a form, style and content of disability representation that is, somewhat ironically, the norm for cinematically constructed disabled characters.

Conclusion

'I know these maimed guys. Their minds get twisted; they put on hair shirts and act like martyrs. All of them are do-gooders, freaks, troublemakers.'

Reno Smith (Robert Ryan) in **Bad Day at Black Rock**

'I do not need a wheelchair [...] wheelchairs are for amputees, for Civil War veterans, old people with one foot in the grave.'

Mr Lightbody (Matthew Broderick) in *The Road to Wellville* (Alan Parker, US, 1994)

After six years of feeling despair upon realising the extent of the negativity expressed about my own social grouping, I am loath to ask whether it will ever end. Am I paranoid? Does anybody else care? As one pootles along the highway of one's life one tends either to ignore or to dismiss the seemingly innocent constructions by which we all live our lives (Berger and Luckmann, 1991) and, until I had started this thesis, I was a fairly happy kind of guy: ignorance, in this case, really was bliss. Cinematically (Barnes, 1992; Norden, 1994) and socially (Oliver and Barnes, 1998) the hegemony of the *Medical Model* is well and truly still in command of disabled people's lives – including my own.

As has been shown, in Chapter Two, disability is represented more than merely stereotypically. This representation is a complex set of constructions which reveals as much, possibly more, about the stereotyper than it does about those being depicted (*cf.* Oakes *et al*, 1994). The literature review prior to Chapter Two, and the identification of most disability imagery by disabled and non-disabled writers as 'stereotypical', clearly indicates that the examination of disability imagery has a long way to go. It can, and will, provide many fresh insights into disability imagery, disability theory and film studies in general. Conversely, as this thesis has demonstrated, the examination of disability imagery using the *Social Model* of disability can be useful in the identification of a number of ideologies within mainstream cinema that are not often applied to disabled characters in

films or by film studies specialists. This on its own makes this thesis vital, relevant and applicable outside its specialist domain.

Chapter Three, the concentration on the role of the family and its role in the creation and reinforcement of the hegemony of the normal, demonstrates that disability is not the only ideology at work in any given film text about impairment / disability. Impairment can be, and often is, utilised in a polymorphous manner with various hegemonic and ideological implications that are supported by, as well as supportive of, numerous ideological specificities in any given text. Impairment imagery is often as much about supporting other core and peripheral social ideologies as it is about being a peripheral ideology in its own right. The dissection of the family as an ideology and concept, and its use within the core films studied in Chapter Three, illustrates this point.

The chapter on the body and impairment clarifies the degree to which the *Medical Model* of disability is still the dominant form of socio-cultural disability management and that it is still the dominant model in interpreting and dealing with impairment in mainstream cultural expression or so-called 'entertainment'. Equally, the role of normalisation is shown throughout the thesis as an implicit part of the cinematic negation of the disabled experience. Even though normalisation appears superficially to be a step forward, or minimally a change from the past in the management of disabled people and their lives, it is still part of a medicalising hegemony which tends to negate the equality of the disabled person both on film and in society at large. Chapter Four demonstrated the role and cinematic processes that the represented impaired body have played in the cinematic element of the culturally disabling process that has existed for disabled people over the past thirty years.

It has not been argued that impairment or disability is the sole currency in the economy of normality or other relevant ideologies, or even that disabling cinematic imagery is a

fundamental part of disability *per se*; that would be foolish, as it is not the case. Other ideologies such as gender, race and sexuality – amongst others – are just as relevant and legitimate subjects for academic papers about disability. Equally, I have included issues of class as these were relevant to the films examined. However, as Garland Thomson has written in the conclusion to her book on disability in literature and freakery (1997), but which is equally applicable to mine:

[b]y focusing on the intersections of the various systems that order and demarcate visible physical difference, I do not wish to suggest that identities are interchangeable – that gender and disability are synonymous constructs, or that disability is a form of ethnicity. Rather, I propose that gender, ethnicity, sexuality, and disability are related products of the same social processes and practices that shape bodies according to ideological structures. What I have tried to uncover here are some of the complexities of these processes as they simultaneously make and interpret disability. (pp.135 / 6)

I would simply add the category class to Garland Thompson's statement.

I have tried to demonstrate three objectives, in the thesis: firstly, that the stereotype of disability in disability imagery is much more complex and revealing (and, as such, rewarding in analysis) than has previously been presumed. Significantly, the predominant cinematic construction used to depict the disabled as Other is imagery of impairments rather than images of disablement – i.e., the processes of disablement. Secondly, it has been contended that the ideologies and hegemony of disability are multi-functional; they support other ideologies as much as other ideologies support them. Thirdly, and finally, I have tried to show that the body is the key in any examination of the ideologies of disability and the cultural construction of both the disabled as abject and impairment as disability.

Whilst carrying out my analysis I have applied the *Social Model* of disability, an ideal model for such work given its affinity to the method of analysis of film studies used. This

was done in order to reveal, whilst also trying to achieve all three of the above objectives (and the aims outlined in the Introduction), that cinema, its practices and its processes are an essential part of the continuing negation of disability as a social creation. I have tried to demonstrate that images of disability are part of the political displacement (through cultural processes) of disability onto impairment and the individual. In addition to the three main objectives I hope that I have offered a fresh perspective on the way in which disability can be viewed in films of any kind and that this is a critical analysis as revealing of the ideologies of mainstream cinema as it is of disability.

Sadly, the films examined are typical, indicative in fact, as most other films with impaired characters represent disability as impairment and, in the process, pathologise disability as a form of essentialist abjection. They also portray Otherness as abhorrent in the face of the universally presumed supremacy and righteousness of normalcy. The films discussed and analysed for this thesis are typical of their type; my analysis of these specific films can be applied to most disability / impairment narratives in Western culture to much the same result. Although there may be variations on a theme, the ideological and thematic thrusts appear fairly constant even in films made in non-English-speaking Western cultures. Films as seemingly diverse as *Mandy* (made by Alexander Mackendrick in England in 1952), *Born On The Fourth of July* (Oliver Stone, Hollywood, 1989) and *The Wheelchair* (Marco Ferreri, Spain, 1959) can be analysed in comparison to the core films of this study, and one another, and result in virtually the same conclusions' being drawn. Each film studied uses the tools of classical cinema to come to a classical ideological standpoint on physical impairment and 'disability': i.e., abnormality as abject with normality an apparently 'real' and supreme state of being. Indeed, most films about 'disability' elicit conventional and traditional claims to the superiority of familial, sexual, bodily, linguistic and stereotypical and archetypal forms, which is, for want of a better term, the illusion of *normality*.

The problem for most disabled writers, as covered in the literature review and stereotype chapters, is the failure to acknowledge the manner in which we (this author is include), as thriving disabled people, reinforce the structures that marginalise disabled people in general. Normalised disabled people can reinforce the structures that marginalise disabled people *per se* both in successfully existing in the community and by appearing as tokens in response to calls for positive images of disability to predominate in our culture and cinemas and on our television screens.

The term 'Disability Correctness', derived from the pejorative used 'politically correct', is beginning to be used against valid criticisms of impairment imagery from a *Social Model* perspective (Shakespeare, 1999). This is a consequence of the inherent weaknesses of a narrow negative / positive philosophy employed by some disabled critics. Nevertheless, and it must be recognised, the 'Disability Correctness' lobby – exemplified by the **1 in 8 Group** of media lobbyists led by Richard Reiser - has achieved a great deal in obtaining initial recognition for many of the arguments that highlight oppression and discrimination against disabled people in disability imagery. We must be wary that 'Disability Correctness' is not appropriated by the educated middle-classes for their own sanitising purposes as political correctness has been (*cf.* Shakespeare, 1999). Whilst the 'vocabulary' used plays an important part in forming attitudes, it is these attitudes, formed as I have argued, by wider social processes, which are problematic.

Attempts to cleanse or sanitise what may be considered dirty or distasteful or, for that matter, a personal distaste for any given representation of impairment, are not a basis for pseudo-disability theory criticism. In arguing for positive images, which many have considered *Mandy*, *My Left Foot*, *The Elephant Man* and *The Raging Moon* to be, we as disabled critics ignore the reality that aspiring middle-classness is the basis of those images. To be accepted one still has to be, fundamentally, 'nice', 'presentable' and 'articulate' as a disabled person. These films still embody an ideological bias which is

supported by the keepers of the hegemonic flame of normality. It should be asked why else so many of the disability / impairment themed films would parallel and blame abnormality (or its civilised treatment) on working-class manners and morals. This is indeed the case, as I have shown, in the textual analysis of the core films examined in this thesis (*cf. A Day In The Death Of Joe Egg, The Raging Moon, The Elephant Man, Duet for One and My Left Foot*).

This thesis is not about arguing all images of disability are inherently negative either because they only work within a *Medical Model* of disability or because they fail to acknowledge the *Social Model* of disability. Although such an argument is applied, in the main, to the core films of the thesis and it can further be applied to many, if not most, other films about impairment and or disability. Certain mainstream Hollywood entertainment films and European Art House films have contained unexpectedly progressive elements in relation to impairment and disability. If one examines *Mr Holland's Opus* (Stephen Herek, US, 1995), for example, its use of imagery as well as sound to create a montage of an era and to demonstrate the passing of time was imaginative and original. It also had a refreshingly progressive attitude towards Deaf culture as forming a valid and distinct cultural community.

There is a marked difference between a film like *Mr Holland's Opus* and a film such as *Four Weddings and Funeral* (Mike Newell, GB, 1994) and its normalisation and integrationist use of deafness rather than Deafness as a simple plot device, or the extreme heroicness of a blind woman in *Wait Until Dark* (Terence Young, US, 1967). Equally, some impairment-oriented films have been highly effective in dealing with the emotional side of marginalisation when this is due to a specific impairment: films such as *Junk Mail* (Pal Sletaune, Norway, 1997) and, my personal favourite, *The Heart is a Lonely Hunter* (Robert Ellis Miller, US, 1968) exemplify this in their treatment of deafness. Perhaps the most successful film I have seen, from the perspective of the *Social Model* of disability,

and one that actually explores disability as a social issue created out of the hegemony of the illusion of normality, is Lars Von Trier's brilliant *The Idiots* (Denmark, 1998) - a film about which this author would quite simply like to write a whole specific thesis. Its approach and techniques – form, style and narrative structure - combine to provide a stunningly perceptive and thought-provoking piece of film art exploring the social concepts of abnormality *and* normality.

Dyer (1990[a], p.263) has written, about gay and lesbian images, that the call to be positive depends upon: 'prior assumptions whether what is positive about [gayness] is the degree to which it is like straight life or the degree to which it differs from it'; similarly, I would argue, the prior assumptions with which disability writers have conspired are those of normality (the idea(l)s of the normal family, sexual activity, body and discourse as revealed herein). Thus, the call for positive – 'Disability Correctness' - imagery *per se* can be retrograde if it reinforces the very basis of our oppression by insisting upon imagery that is, in effect, an image of pseudo-normality. This can be reassuring for those of us willing or capable to pass, as such, as normal. However, it skirts the main issue in a similar way to a member of the mixed race community passing as white in the South Africa of apartheid.

One of the positive aspects of impairment centred films is that at least their *Medical Model* affiliations are identifiable (despite ideological mystification) and, as such, they enable disability theorists to work from an identifiable basis in order that the latter are able to criticise their content from the perspective of the *Social Model* of disability. Once the disabled themselves start to create images that adhere to 'Disability Correctness', they risk falling deeper into the abyss of human intolerance. A good example of this is in *The Waterdance*, written and directed by the disabled film-maker Neil Jiminez and based on his own experience of paralysis; *The Waterdance* is a sophisticated example of a 'Disability Correctness' film. Images of ourselves, images of the disabled, which are little

more that parodies of normality, validate normal society's every fear of the disabled - who exist in the margins and who are not educated or socialised in the conventions of society.

What we (disabled and able-bodied critics) must not do in such cases is to criticise individuals for adopting such a hypocrisy of normality since its rewards are immense and its punishment for failure to normalise are considerable (poverty, marginalisation and even death). We should all seek to support a collective effort that creates bonds rather than divisions. The failure of positive imagery to account for the various realities of our existence (e.g., *The Waterdance*) makes such imagery guilty of essentialism on a scale that is equal to that of the films discussed in detail in this thesis. The *Nike* advertisement mentioned in Chapter One, and the more recent inclusion of a black wheelchair-using dancer in a UK ITV *Nintendo Playstation* commercial are good examples, for the reasons already stated, of ultimately harmful images of disability identified as positive. Equally, all images can, and will be, construed as negative because they concern (or contain) disabled people. The very fact that 'disability' exists in its current social situation (as a social construct of the *Medical Model* from a *Social Model* interpretation) means that whatever is depicted will be seen as part of that supposedly essential nature of impairment.

Using another marginalised group as an example: if gayness is considered and constructed as 'bad' then, no matter how it is represented, to those who consider or construct it as 'bad', it will remain 'bad'. What is essential is to eradicate the sense of 'badness'. If that is achieved then statistical abnormality of sex acts between people of the same sex, will still exist but the construction of them as essentially 'bad' will not. The statistically aberrant should never be considered morally aberrant.

Disability criticism should seek to eradicate the negation of the impaired from the current cultural hegemony of the *Medical Model* of disability and, particular to this thesis, the cultural norm of disabling imagery. Consequently, one must strive to validate as positive

all that the term, or construction (rooted in the *Medical Model*) 'disability' implies and supports. Therefore, eradicating 'disability' *per se* whilst valuing people with impairments can be achieved; equally, we must validate the specificities of abnormality over and above the similarities that we, the disabled, may have to 'normality' or the so-called 'able-bodied and respectable' communities.

The initial way forward for disability imagery analysis is perhaps revealed by Dyer (1990[a], p.274) in his analysis and critique of 'affirmation' gay movies. Dyer argues that 'affirmative' gay movies indicate 'three, not altogether compatible, things: thereness, insisting on the fact of our existence; goodness, asserting our worth and that of our lifestyles; and realness, showing what we are in fact like'. He continues: 'thereness and goodness were at odds with the other positivity, realness - conflict, self-hate and oppression, to say nothing of the rag-bag of human iniquities that are a part of gay / lesbian reality (and conflict is not even necessarily a negative one)'. Dyer not only sees the value of presenting Otherness - gays in Dyer's case, but in this thesis the disabled - in a more three dimensional and challenging (to normality) manner, but he also identifies a creative form in which marginalised groups can appropriate and use the archetypes and stereotypes of Otherness that culture has perpetuated as truth.

The disability theorist, the disabled, as the object of so many popular films, can, through such films, initially validate the *Social Model* perspective that disability is a social construct. The disabled critic can identify that impairment is made negative in any appropriate narrative and by using those identified, oppressive images of ourselves can reflect back to the culture the myths that it has perpetuated about us. We can even use these myths in our own culture to subvert the conventions and traditions which society uses to legitimate the oppression of disabled people. This technique is used to great effect by key Disability Arts artists such as Ann Whitehurst, Snoozyland and the Centre Consultants.

The 'affirmation' manner of representation (despite the fact that disabled people have yet fully to create any satisfactory degree of affirmation, let alone go beyond it) gives us a key into a way in which 'successful' disabled people can include the forgotten disabled (those already dead, the segregated, those trapped in day centres or those unable to advocate on their own behalf) and, furthermore, in a way that simplistic idea(l)s of positive imagery fail to accomplish. Also - and this is another way in which the disabled and impaired can appropriate various images and subvert them - disabled theorists can argue that the images given as negative are not in fact negative but positive, because they show the impaired's disabled 'reality' and normal culture's rejection of it. Such negative images similarly show the disabled, (i.e., the reality of disablement) how society has constructed them.

We, all of us, can validate a wider acceptable central point only by making the outer edges more acceptable, by which I mean that disability theory analysis (of all kinds) must validate the severely disabled first (people with learning difficulties, people with severe mental health problems, etc.) if any degree of equality in difference is to be achieved for all disabled people. Society must value those people, disabled or not, who are in the margins of our society, in order to validate fully the mildly abnormal who tend to be the socially peripheral. Although it may appear that some disabled people are accepted as honorary normal people, they are not, and therein lies the mystifying essence of the social construction of disability.

My analysis of the core films has, it is hoped, gone some way towards revealing both the manner and the nature of the social construction of impairment as disability both within the films themselves and the culture in which they circulate; also, in the way in which the films, by implication, give credence and status to those idea(l)s of normality socio-culturally supported by the *Medical Model* and numerous other ideological hegemonies (be they corporeal, or familial, for example).

Is normality really fragile? Do normal people have such limited self-esteem? Does normality fear abnormality with such a vigour that it must eliminate it at every opportunity? All these are questions for future research.

Normality does not exist, but it is a complex social construction that we use to make sense of the everyday. As such, the *Social Model* theorists' aim is to show that 'disability' does not exist as a reality and that it is merely a complex social construction of impairment as abnormality. Thus, in applying the *Social Model*, I have shown in action the cinematic part of that process of construction in action in the films analysed in this thesis. In doing so, I have achieved the ultimate goals of this thesis.

Many areas of research for the future offer exciting opportunities for new insights into the analysis of disability imagery; for example, the question of how disabled people from ethnic minorities are represented is an area of considerable importance but is one that has hardly been addressed. Equally, I feel that considerable rewards may be gained from analysing the nuances of specific impairment representations such as epilepsy, visual and hearing impairments, and spinal injuries; regularly 'represented' impairments which, for example, vastly out-number the occasions on which congenital impairments are represented. Why? Significantly, I have yet to see a major representation of Spina Bifida and / or Hydrocephalous – other than as an abortion scenario in *Eastenders* (BBC 1, 1998, on-going plot line) - even though it is a well-known impairment and more prevalent than many other impairments that are regularly represented in entertainment. I would hope that future work would examine the specific issue of the representation of congenital impairments in an era when ante-natal and genetic screening (usually leading to a termination) is reducing considerably the number of people born with an impairment.

Finally, I would hope that much more theoretical work, both creatively and academically, is carried out by disabled people on, and in, all forms of media. The wider the range of

people creating images and writing about them the greater the scope for a recognition of the diversity within all communities, let alone within the disabled community; leading eventually, one would hope, to a fully inclusive cultural community that values people for their differences as much as their similarities.

Filmography

Core Films: detailed and listed chronologically

A Day In The Death Of Joe Egg Columbia / Domino (David Deutsch)

GB 1970 (Released 1972) 106mins Eastmancolour

writer Peter Nichols (from his own play) *director* Peter Medak

photography Ken Hodges *music* Edward Elgar

cast Alan Bates, Janet Suzman, Peter Bowles, Sheila Gish, Joan Hickson

The Raging Moon EMI

GB 1970 (US title: ***Long Ago Tomorrow***) 111mins Technicolor

writer Bryan Forbes (from a novel by Peter Marshall)

director Bryan Forbes

photography Tony Imi *music* Stanley Myers

cast Malcolm McDowell, Nanette Newman, Georgia Brown,
Michael Flanders

The Elephant Man EMI / Brooksfilm (Stuart Cornfield)

US 1980 124mins b&w Panavision

writers Christopher de Vore, Eric Bergren and

David Lynch (from various memoirs)

director David Lynch *photography* Freddie Francis

music John Morris (and Samuel Barber)

cast John Hurt, Anthony Hopkins, Freddie Jones,
John Gielgud, Michael Elphick

Whose Life Is It Anyway? MGM / Martin Schute and

Ray Cooney / Lawrence Bachmann

US 1981 118mins Metrocolor

writer Brian Clark (from his play) and Reginald Rose

director John Badham *photography* Mario Tosi

music Arthur Rubenstein

cast Richard Dreyfuss, John Cassavetes, Christine Lahti, Bob Balaban

Duet For One Cannon (Menahem Golan and Yoram Globus)

GB 1987 107mins Rank colour

writers Tom Kempinski (from his play), Jeremy Lipp

and Andrei Konchalovsky

director Andrei Konchalovsky *photography* Alex Thomson

music Bach (and various others)

cast Julie Andrews, Alan Bates, Max Von Sydow,

Rupert Everett, Liam Neeson

My Left Foot Palace / Fernadale Films / Granada TV

International / RTE (Noel Pearson)

GB 1989 103mins Technicolor

writers Shane Connaughton and Jim Sheridan

(from book by Christy Brown)

director Jim Sheridan *photography* Jack Conroy

music Elmer Bernstein

cast Daniel Day-Lewis, Ruth McCabe, Fiona Shaw, Ray McAnally, Brenda Fricker

Other Films Mentioned

<i>Accion Mutante</i>	Spain 1995	<i>Dir:</i> Alex de la Iglesia
<i>Afraid of the Dark</i>	GB 1992	<i>Dir:</i> Mark Peploe
<i>The African Queen</i>	GB 1951	<i>Dir:</i> John Huston
<i>Almost an Angel</i>	US 1990	<i>Dir:</i> John Cornell
<i>Annie Hall</i>	US 1977	<i>Dir:</i> Woody Allen
<i>Annie's Coming Out</i>	Australia 1984	<i>Dir:</i> Gil Brealey
<i>Antonia's Line</i>	Holland 1995	<i>Dir:</i> Marleen Gorris
<i>Bad Boy Bubby</i>	Australia 1993	<i>Dir:</i> Rolf de Heer
<i>Bad Day at Black Rock</i>	US 1955	<i>Dir:</i> John Sturges
<i>Batman Returns</i>	US 1992	<i>Dir:</i> Tim Burton
<i>Baxter</i>	GB 1972	<i>Dir:</i> Lionel Jeffries
<i>The Best Years of Our Lives</i>	US 1946	<i>Dir:</i> William Wyler
<i>Beyond the Stars</i>	US/Canada 1988	<i>Dir:</i> David Saperstein
<i>The Big Lebowski</i>	US 1998	<i>Dir:</i> Joel Cohen
<i>Bitter Moon</i>	GB 1992	<i>Dir:</i> Roman Polanski
<i>Blind Fury</i>	US 1989	<i>Dir:</i> Phillip Noyce
<i>Blind Terror</i>	GB 1971	<i>Dir:</i> Richard Fleischer
<i>Blink</i>	US 1994	<i>Dir:</i> Michael Apted
<i>Born on the Fourth of July</i>	US 1989	<i>Dir:</i> Oliver Stone
<i>The Boy Who Could Fly</i>	US 1986	<i>Dir:</i> Nick Castle
<i>Breaking the Waves</i>	Denmark 1996	<i>Dir:</i> Lars Von Trier
<i>Brimstone and Treacle</i>	GB 1982	<i>Dir:</i> Richard Loncraine
<i>Broken Silence</i>	Germany 1996	<i>Dir:</i> Caroline Link
<i>La Buena Estrella</i>	Spain 1997	<i>Dir:</i> Ricardo Franco
<i>Cactus</i>	Australia 1986	<i>Dir:</i> Paul Cox
<i>Carlito's Way</i>	US 1993	<i>Dir:</i> Brian de Palma
<i>Carry On ... (generic)</i>	GB 1958 >1992	<i>Dir:</i> G. Thomas / R. Thomas
<i>Cat O'Nine Tails</i>	Italy 1971	<i>Dir:</i> Dario Argento
<i>Charly</i>	US 1968	<i>Dir:</i> Ralph Nelson
<i>Children of a Lesser God</i>	US 1986	<i>Dir:</i> Randa Haines
<i>A Christmas Carol</i>	US 1938	<i>Dir:</i> E.L. Marin
<i>Citizen Kane</i>	US 1941	<i>Dir:</i> Orson Wells
<i>A Clockwork Orange</i>	GB 1971	<i>Dir:</i> Stanley Kubrick
<i>Coming Home</i>	US 1978	<i>Dir:</i> Hal Ashby
<i>Crash</i>	US 1977	<i>Dir:</i> Charles Band
<i>Crash</i>	Canada 1996	<i>Dir:</i> David Cronenberg
<i>Crescendo</i>	GB 1969	<i>Dir:</i> Alan Gibson
<i>Crush</i>	New Zealand 1992	<i>Dir:</i> Alison Maclean
<i>Cutter's Way</i>	US 1981	<i>Dir:</i> Ivan Passer
<i>Dance Me To My Song</i>	Australia 1998	<i>Dir:</i> Rolf de Heer
<i>The Dark Angel</i>	US 1935	<i>Dir:</i> Sidney Franklin
<i>Dark City</i>	US 1997	<i>Dir:</i> Alex Proyas
<i>Dark Victory</i>	US 1939	<i>Dir:</i> Edmund Goulding
<i>Day of the Locust</i>	US 1975	<i>Dir:</i> John Schlesinger
<i>Dolores Claiborne</i>	US 1995	<i>Dir:</i> Taylor Hackford
<i>Dragonwyck</i>	US 1946	<i>Dir:</i> Joseph L. Mankiewicz
<i>The Eighth Day</i>	Belgium/France 1996	<i>Dir:</i> Jaco Van Dormael

<i>Elmer Gantry</i>	US 1960	<i>Dir: Richard Brooks</i>
<i>The Enchanted Cottage</i>	US 1945	<i>Dir: John Cromwell</i>
<i>Ethan Frome</i>	US/GB 1993	<i>Dir: John Madden</i>
<i>Eye of the Cat</i>	US 1969	<i>Dir: David Lowell Rich</i>
<i>Eye of the Needle</i>	GB 1981	<i>Dir: Richard Marquand</i>
<i>Faster Pussycat Kill Kill!</i>	US 1966	<i>Dir: Russ Meyer</i>
<i>Forrest Gump</i>	US 1994	<i>Dir: Robert Zemeckis</i>
<i>Four Weddings and a Funeral</i>	GB 1994	<i>Dir: Mike Newell</i>
<i>Frankenstein</i>	US 1931	<i>Dir: James Whale</i>
<i>Frankie Starlight</i>	GB/US 1995	<i>Dir: Michael Lindsey-Hogg</i>
<i>Freaks</i>	US 1932	<i>Dir: Tod Browning</i>
<i>Gattaca</i>	US 1997	<i>Dir: Andrew Niccol</i>
<i>Gigot</i>	US 1962	<i>Dir: Gene Kelly</i>
<i>Go Now (aka Love Bites: Go Now)</i>	GB 1996	<i>Dir: Michael Winterbottom</i>
<i>The Good, The Bad and the Ugly</i>	Italy 1966	<i>Dir: Sergio Leone</i>
<i>Gummo</i>	US 1997	<i>Dir: Harmony Korine</i>
<i>Hana Bi</i>	Japan 1997	<i>Dir: Takeshi Kitano</i>
<i>The Heart is a Lonely Hunter</i>	US 1968	<i>Dir: Robert Ellis Miller</i>
<i>Hearts of Fire</i>	US 1992	<i>Dir: Jeff Bleckner</i>
<i>Hilary and Jackie</i>	GB 1998	<i>Dir: Anand Tucker</i>
<i>The Horse Whisperer</i>	US 1998	<i>Dir: Robert Redford</i>
<i>The Hunchback of Notre Dame</i>	US 1923 (silent)	<i>Dir: Wallace Worsley</i>
<i>The Hunchback of Notre Dame</i>	US 1939	<i>Dir: William Dieterle</i>
<i>The Hunchback of Notre Dame</i>	France/Italy 1956	<i>Dir: Jean Delannoy</i>
<i>The Hunchback of Notre Dame</i>	US 1996	<i>Dir: G. Trousdale and K. Wise</i>
<i>Ich Klage Na</i>	Germany 1941	<i>Dir: Wolfgang Liebeneiner</i>
<i>I Don't Want to be Born</i>	GB 1975	<i>Dir: Peter Sasdy</i>
<i>The Idiots</i>	Denmark 1998	<i>Dir: Lars Von Trier</i>
<i>In the Company of Men</i>	US 1997	<i>Dir: Neil LeBute</i>
<i>Jennifer 8</i>	US 1992	<i>Dir: Bruce Robinson</i>
<i>Jobman</i>	S. Africa 1990	<i>Dir: D. Roodt</i>
<i>Johnny Belinda</i>	US 1948	<i>Dir: Jean Negulesco</i>
<i>Journey To Knock</i>	GB 1991	<i>Dir: David Wheatley</i>
<i>Junk Mail</i>	Norway 1997	<i>Dir: Pal Sletaune</i>
<i>Just the Way You Are</i>	US 1984	<i>Dir: Eduardo Molinaro</i>
<i>Kingpin</i>	US 1996	<i>Dir: P. & B. Farrelly</i>
<i>Kings Row</i>	US 1942	<i>Dir: Sam Wood</i>
<i>Kiss of Death</i>	US 1947	<i>Dir: Henry Hathaway</i>
<i>Lady Chatterley</i>	GB 1993	<i>Dir: Ken Russell</i>
<i>Lady Chatterley's Lover</i>	GB 1981	<i>Dir: Just Jaeckin</i>
<i>The Lawnmower Man</i>	US 1992	<i>Dir: Brett Leonard</i>
<i>Leap of Faith</i>	US 1992	<i>Dir: Richard Pearce</i>
<i>Life Begins at Eight-Thirty</i>	US 1942	<i>Dir: Irving Pichel</i>
<i>Live Flesh</i>	Spain 1997	<i>Dir: Pedro Almodovar</i>
<i>Lolita</i>	GB 1962	<i>Dir: Stanley Kubrick</i>
<i>Magnificent Obsession</i>	US 1954	<i>Dir: Douglas Sirk</i>
<i>Mandy</i>	GB 1952	<i>Dir: Alexander Mackendrick</i>
<i>A Man on the Beach</i>	GB 1956	<i>Dir: Joseph Losey</i>
<i>The Man with the Golden Arm</i>	US 1956	<i>Dir: Otto Preminger</i>

<i>The Men</i>	US 1950	<i>Dir: Fred Zinnemann</i>
<i>Midnight Cowboy</i>	US 1969	<i>Dir: John Schlesinger</i>
<i>The Mighty</i>	US 1998	<i>Dir: Peter Chelsom</i>
<i>The Miracle Woman</i>	US 1931	<i>Dir: Frank Capra</i>
<i>The Miracle Worker</i>	US 1962	<i>Dir: Arthue Penn</i>
<i>Monkey Shines</i>	US 1988	<i>Dir: George Romero</i>
<i>Mr Holland's Opus</i>	US 1995	<i>Dir: Stephen Herek</i>
<i>The Muppet Christmas Carol</i>	US 1993	<i>Dir: Brian Hanson</i>
<i>Mute Witness</i>	GB 1995	<i>Dir: Anthony Waller</i>
<i>Night Song</i>	US 1947	<i>Dir: John Cromwell</i>
<i>Notorious Landlady</i>	GB 1962	<i>Dir: Richard Quine</i>
<i>No Trees in the Street</i>	GB 1958	<i>Dir: J. Lee Thompson</i>
<i>On Dangerous Ground</i>	US 1951	<i>Dir: Nicholas Ray</i>
<i>Passion Fish</i>	US 1992	<i>Dir: John Sayles</i>
<i>A Patch of Blue</i>	US 1965	<i>Dir: Guy Green</i>
<i>Paula</i>	US 1952	<i>Dir: Rudolph Mate</i>
<i>Paulie</i>	US 1998	<i>Dir: John Roberts</i>
<i>The People vs. Larry Flint</i>	US 1996	<i>Dir: Milos Forman</i>
<i>Persons Unknown</i>	US 1996	<i>Dir: George Hickenlooper</i>
<i>The Piano</i>	Australia 1993	<i>Dir: Jane Campion</i>
<i>Poulet au Vinaigre</i>	France 1984	<i>Dir: Claude Chabrol</i>
<i>Rain Man</i>	US 1988	<i>Dir: Barry Levinson</i>
<i>Reach for the Sky</i>	GB 1956	<i>Dir: Lewis Gilbert</i>
<i>The Road To Wellville</i>	US 1994	<i>Dir: Alan Parker</i>
<i>Salon Kitty</i>	France/Germany 1978	<i>Dir: Tinto Brass</i>
<i>Santa Sangre</i>	Italy 1989	<i>Dir: A. Jodorowski</i>
<i>Saturday Night Fever</i>	US 1977	<i>Dir: John Badham</i>
<i>Scrooge</i>	GB 1951	<i>Dir: B.D. Hurst</i>
<i>Scrooge</i>	GB 1970	<i>Dir: Ronald Neame</i>
<i>Scrooged</i>	US 1988	<i>Dir: Richard Donner</i>
<i>The Secret Garden</i>	US 1993	<i>Dir: Agnieszka Holland</i>
<i>The Seventh Seal</i>	Sweden 1957	<i>Dir: Ingmar Bergman</i>
<i>Short Circuit</i>	US 1988	<i>Dir: John Badham</i>
<i>Sick: The Life and Death of Bob Flanagan, Supermasochist</i>	US 1997	<i>Dir: K. Dick</i>
<i>Sitcom</i>	France 1997	<i>Dir: Francois Ozon</i>
<i>Sixth Happiness</i>	GB 1997	<i>Dir: Waris Hussein</i>
<i>Sling Blade</i>	US 1996	<i>Dir: Billy Bob Thornton</i>
<i>Sorry, Wrong Number</i>	US 1948	<i>Dir: Anatole Litvak</i>
<i>The Spiral Staircase</i>	US 1945	<i>Dir: Robert Siodmak</i>
<i>Starship Troopers</i>	US 1997	<i>Dir: Paul Verhoeven</i>
<i>The Story of Alexander Graham Bell</i>	US 1939	<i>Dir: Irving Cummings</i>
<i>The Story of Esther Costello</i>	GB 1957	<i>Dir: David Miller</i>
<i>The Stratton Story</i>	US 1949	<i>Dir: Sam Wood</i>
<i>The Switch</i>	US 1993	<i>Dir: Bobby Roth</i>
<i>Tell Me That You Love Me, Junie Moon</i>	US 1970	<i>Dir: Otto Preminger</i>
<i>There's Something About Mary</i>	US 1998	<i>Dir: P. & B. Farrelly</i>

<i>Touch</i>	US 1997	<i>Dir:</i> Paul Schrader
<i>Wait Until Dark</i>	US 1967	<i>Dir:</i> Terence Young
<i>The Walking Stick</i>	GB 1970	<i>Dir:</i> Eric Trill
<i>Walter</i>	GB 1982	<i>Dir:</i> Stephen Frears
<i>Walter and June</i>	GB 1983	<i>Dir:</i> Stephen Frears
<i>War Games</i>	US 1983	<i>Dir:</i> John Badham
<i>The Waterdance</i>	US 1992	<i>Dir:</i> N. Jimenez & S. Michael
<i>Whatever Happened To Baby Jane?</i>	US 1962	<i>Dir:</i> Robert Aldrich
<i>The Wheelchair</i>	Spain 1959	<i>Dir:</i> Marco Ferreri
<i>Wild at Heart</i>	US 1990	<i>Dir:</i> David Lynch
<i>Woman of Straw</i>	GB 1964	<i>Dir:</i> Basil Dearden
<i>Young Frankenstein</i>	US 1974	<i>Dir:</i> Mel Brookes
<i>A Zed and Two Noughts</i>	GB 1985	<i>Dir:</i> Peter Greenaway

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