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Fantasizing Disability: Representation of loss and limitation in Popular Television and Film

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Media Studies

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FANTASIZING DISABILITY: REPRESENTATION OF LOSS AND LIMITATION IN
POPULAR TELEVISION AND FILM

(Monograph)

by

Jeffrey Preston

Graduate Program in Media Studies

A thesis submitted in partial fulfillment
of the requirements for the degree of
Doctorate in Media Studies

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The University of Western Ontario
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Abstract

Most media texts currently being developed with disabled characters are crafted by individuals who are nondisabled and, as such, are based on what the nondisabled *think* it would be like to be disabled—a perception that is informed by the fantasy of disability. The fantasy of disability is a net of ideas, created by no single individual but perpetuated and circulated between subjects and which seeks to contain the danger of limitation, to subject it to a set of societal preconceived notions about what it means to be disabled and how a person is expected to act and react to the diagnoses of disablement. With the help of French psychoanalysts Jacques Lacan and Julia Kristeva, this project seeks to answer three key questions currently underserved by the existing field of media and disability studies: 1. What are the unconscious fantasies circulating in representations of disability? 2. What role do these fantasies play in defining the condition of disability? 3. What can these fantasies teach us about human vulnerability writ large? By looking at war films, such as *Coming Home* (1978) and *Born on the Fourth of July* (1989), and modern teen drama, such as *Degrassi: The Next Generation* (2001) and *Glee* (2009), this project postulates that depictions of disability in the media are representative of the nondisabled producers encountering their own potential disablement, with the real purpose of the fantasy of disability being to consolidate and strengthen the perception that disability is indeed foreign—there *is* a difference between the disabled and the nondisabled—a line that must be drawn to safe guard the nondisabled from the perceived threat of castration posed by disability and the risk of suffering a “narcissistic identity wound.” In this way, depictions of disability are formed by anxieties of ruptured identity and crushing emasculation while disabled characters are driven by fantasies of rebirth and reconstitution: dreams constructed to neutralize the anxieties of the nondisabled subject when encountering their own inherent vulnerability.

Keywords

Disability, Popular Culture, Psychoanalysis, Vulnerability, Castration.

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This work is dedicated to all of those with disabilities, past, present, and future, who survive and thrive under the oppression of ableism.

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Chapter 1

1 Introduction

From physical to political exclusion, disability in Canada means living a life on the margins. While inaccessibility is often pointed to as a primary problem and cause of exclusion for the disabled citizen, there are deeper questions involving emotional relations of vulnerability, health, and sexuality that form an integral part of individuals' identity. Like gender, "disability" is a discursive category sometimes assigned at birth and which exerts a powerful effect on an individual's identity and internal perceptions of self. One of the prevailing, widely shared fantasies is that disabled subjects are docile, dependent, and vulnerable individuals who must be cared for until cured. This dependence and innocence is perhaps most famously portrayed in the award-winning film *Rainman* (1988), in which a selfish man is forced to care for his autistic brother in order to gain access to his recently passed father's wealth and learns a valuable lesson about empathy and compassion in the process. While those with disabilities can and do act outside these fantasies generated by the "able" majority, there is still a strict code of rules and regulations, enforced by authority figures, that are fiercely inscribed upon us with the same tenacity of the organic disease lurking within our DNA: Muscular Dystrophy requires me to use a wheelchair, but it is those around me who cast me as a "disabled" subject. It is this way in which disability is constructed as a subjectivity – a forced identity position that follows a specific path, influenced heavily by inaccessibility, skewed perceptions, and vexed relationships with the medical industry, various levels of the government, peers, and even our parents.

In order to better understand this condition, it is important to understand how and from where these fantasies about disability emerge. The Western construction of disability is fraught with factual inaccuracies, but disability is generally seen as a manifestation of physical weakness and limitation, as well as a reliance on others. As such, the disabled are a people constantly confronted with reproach, pity, and paternalism. As an individual with a disability, my life is full of people explaining how brave or strong I am to be away from the homestead and how tough it must be living with

a disability. How could such fantasies of disability be so widely held while having so little basis in reality?

To understand the construction of disability, we must first consider the distinction between impairment versus disability. These two terms are not synonymous. First proposed in the 1972 founding statement of the *Union of the Physically Impaired Against Segregation*, Simi Linton explains in *My Body Politic* (2007) that to be impaired is to have a limitation. For example, individuals who require reading glasses have an obvious impairment, although they are not typically classified as “disabled.” Disability, rather, is a perception of a subject’s body and being that is imposed, in part, through medical diagnosis, and in part, by cultural codes and practices (Linton 3). In a similar gesture to the medical assigning of biological sex—which then becomes conflated with gender—doctors determine an individual to be disabled when a physical or mental deficiency is identified, a deficiency marked by the reliance on adaptation or accommodation. What is particularly important about this moment is that the individual is ultimately being described and represented as incomplete, indeed, as lacking the necessary qualities or attributes to be deemed “normal.” This medically determined deviance from the “abled” body is then further culturally inscribed with connotations of weakness and reliance on others. At the same time, physical inaccessibility bars many impaired subjects from full participation in social life, leaving us outsiders looking in on a world where we are not accepted.

Let me take a moment to explicate the language that will be deployed throughout this project. Definitions have played an important part in the evolution of Disability Studies because at the core of the segregation of the disabled is the language used to encapsulate the population. Most scholars and activists working in the field of Disability Studies rely upon the binary of “disabled” and “nondisabled” to explore the separation between those who live with disability and therefore understand it in a way the nondisabled do not. I find this separation problematic because there are many individuals in our community who would self identify as being nondisabled (i.e. not having a medically diagnosed impairment), but still have an insider perspective on life with a disability. A prime example of this is my mother, who does not have a medically

diagnosed disability herself but fully understands the realities of disability as experienced through raising her disabled son. For the purposes of this study, it is important to distinguish between those who experience disability, whether they have a diagnosis or not, from those who are actively or passively ignorant to the world of disability. It is for this reason I am going to move away from the disabled/nondisabled binary for this project and suggest the usage of a term Rosemarie Garland-Thomson (1987) has coined to mark those who do not consider themselves disabled and have limited or no experience with disability itself, a position she names, the “normate.”

For Garland-Thomson, the normate provides language with which to discuss people who put themselves outside the realm of disablement, striving for what would otherwise be known as “normal.” Garland-Thomson playfully explores what is considered to be bodily normality in American society, ascribing normalcy to “young, married, white, urban, northern, heterosexual, Protestant father of college education, fully employed, of good complexion, weight and height, and a recent record in sports” (Garland-Thomson 1997, 8). Normalcy then is defined along lines of optimum bodily configurations with preference to physical ability and appearance along a rigid heteronormative formation within which there is no room for bodily abnormality. But more than just defining people by looks, we must acknowledge the power relation between subjects. As Garland-Thomson goes on to explain in *Extraordinary Bodies*:

The term *normate* usefully designates the social figure through which people can represent themselves as definitive human beings. Normate, then, is the constructed identity of those who, by way of the bodily configurations and cultural capital they assume, can step into a position of authority and wield the power it grants them. (Garland-Thomson 1997, 8)

Here Garland-Thomson rightfully explores the ways in which normates not only separate themselves from disability but also assume a position of authority over the disabled subject. With this linguistic shift, Garland-Thompson hopes to get away from the “simple dichotomies” of able-bodied versus disabled bodies and “examine the subtle interrelations among social identities that are anchored to physical differences” (8). In the same way, this project seeks to examine the fantasies of the normate as they

encounter disability. It is for this reason that I have chosen to use the term “normate” as opposed to the more common “nondisabled.”

In defining the “normate” it is then important to consider the definition of “disability” and its various cultural incarnations. The cultural connotations of disability are often referred to in the literature as the social construction of disability (Davis 1997, Oliver 1997, Wendell 1996, Charlton 2006, Shakespeare 2006). These ideas are rooted in and circulate from four primary sites: religion, medicine, legislation, and the mass media. The foundational core of these negative connotations is rooted in religious discourse. As Julia Kristeva (2010) explains, disability has often been represented as a manifestation of sin, and in particular, as a punishment against sinful people in morality tales. Deborah Creamer confirms this origin in her text *Disability and Christian Theology*, stating: “In Deuteronomy 32:39 the Lord says, “I kill and I make alive; I wound and I heal,” showing that while disease and injury may be a consequence of sin, they are clearly also within the realm of God’s control. Disease, as a manifestation of God’s wrath against sin, can be seen on both an individual level and a national level” (Creamer 2010, 42). Here disability is represented as an affliction, a burden to bear for past transgressions, and a mark of difference directly tied to transgression of God’s law. Disability is a curse cast upon the unholy and a reminder of the evils lurking in the shadows. Creamer examines the Hebrew Bible, specifically Leviticus, in which the disabled are viewed as “unclean” and must be segregated from the mainstream population. For example, this belief blocked people with disabilities from entering the priesthood: “One had to be without defect in order to approach God’s place of residence” (43).

Later, Judeo-Christian religions would modify this belief to prescribe an inherent link between helping the “unfortunate” and spiritual salvation, as with the story of Jesus and the lepers, a shift that occurs in the Gospels that “show[s] numerous examples of Jesus touching the diseased and the outcast. He is described as talking to blind Bartimaeus, healing the woman with the flow of blood, and touching the leper who asks him for healing” (Creamer 2010, 44). The belief here is that by caring for the diseased and disabled one will be closer to God and these conditions could be seen as a gift to the

normate rather than a curse. The question and value of charity is perhaps most famously seen in Matthew 25, as Kristeva explains:

From the start of these works of charity, the Byzantine martyr Zotikos shocked the ancient world by caring for ‘crippled’ lepers: he no longer left the infirm to divinity by ‘exposing’ them, but welcoming them as a gift from God with the power to ‘sanctify’ us. St. Augustine integrates the anomaly into the normal, and with him the infirm become lovable, helpful. (2010, 35)

The cultural capital of Jesus the Healer extends deep within Western society, with similar honours bestowed upon good Samaritans, like Mother Teresa, or humanitarian activists like Princess Diana. The duality of disability as curse or gift, punishment or potential, is one of the most pervasive and influential models for the construction of disability.

The medical world would later modernize this circuit of ideas by moving from the language of sin to the language of “medical ethics.” At the core of medical practice is the Hippocratic Oath, which mandates that health professionals will always work in the best interest of their patients. The problem is that to the medical establishment, “best interest” drives research to find a cure, which, in turn, implies the disabled are subjects in disrepair. In the world of medicine objectives, there is little difference between a spinal cord injury and the common cold – both are problems that require treatment. The work of finding a cure is largely financed through the selling of a cure, particularly through mass sponsorship calls, like the annual Jerry Lewis Telethon, which Beth Haller (2010) shows in her book, *Representing Disability in an Ableist World*, relies heavily on presenting heartbreaking stories of children limited by their medical diagnosis to generate the funds to bankroll medical research. It is in this drive to find a cure that impairment, and ultimately disability, is marked by the largely pitying perceptions that many hold today. In the doctor’s obsession to normalize through “cure,” they inadvertently validate society’s fantasy that life with a disability is a condition that should be overcome. This message is made all the more powerful by the authority doctors are given in our society, where their years of rigorous schooling are seen to indicate an advanced understanding of life and the ways of the world.

The drive for cure and the power bestowed upon doctors goes deeper than pure altruism; ultimately, this is about capital. With reference to Eisenhower's (1961) warnings of the military-industrial complex, some disability scholars have begun to research a similar medical-industrial complex, work which focuses on the ever expansion of profit within the medical industry in the same ways that the military continues to invade all markets of the economy (Barnes, Mercer, and Shakespeare 2010, 57). In the world of disability, the doctors at the head of the medical establishment act as the arbiters of disablement, deciding who *is* and *isn't* disabled (Prince 2009, 75-76). This is an important distinction because those who have had an accident, and therefore cannot join the labour-force, are seen as burdening the system while those who acquired their injury through genetics are regarded as "bad luck" cases. This lack of fault then distinguishes the disabled from the shame of "welfare" to people who are receiving "disability support" (Barnes, Mercer & Shakespeare 2010, 40).

The medical doctor is not just used for the diagnosis of disability, but perhaps more importantly, for the overcoming of limitation. The research industry, spawning an entire charity sector whose sole purpose is to financially support the researchers' work, dominates the medical industry, devoted not just to finding cures for disabilities, but also into practices and procedures to return as much functionality to people as possible. Ultimately, the goal of a doctor is to return his or her patients to "health," which is to say, to allow them to get back to work. Crucially, the value of "normalcy" is exclusively tied to the importance of the subject's ability to labour. For this reason, much of the legislation around disability is primarily focused on mandating access to allow more people with disabilities to work as well as structuring programs and rules to dictate what happens to those who *cannot* work and what quality of life will be provided for these individuals. In many ways, these government programs merely validate the misperceptions around disability by trapping individuals in a life of perpetual poverty, so that life with a disability *becomes* one of struggle and strife.

Apart from this important critique of the medical-industrial complex, one of the most powerful interventions in disability studies emerging in recent years comes from psychoanalysis. While disability has long fallen under the purview of psychology,

especially in the realms of mental illness, the recent work of Julia Kristeva (2010) shifts this discourse from a focus on diagnosis and cure to define disability as a set of complex and powerful fantasies that circulate between the disabled and nondisabled populations. Her signature claim is that the encounter with disability opens a “narcissistic identity wound,” manifesting “a threat of *physical or psychical death*, fear of collapse, and, beyond that, the anxiety of seeing the very borders of the *human species* explode. And so *the disabled person is inevitably exposed to a discrimination that cannot be shared*” (Kristeva 2010, 29 original emphasis). Kristeva is positing here that for the normate, the disabled body signals a fundamental vulnerability of human existence and are subsequently challenged to encounter their own fundamental limitations. This encounter generates a constellation of feelings that harkens back to infancy and our radical dependency on our caregivers. And as we will see in the media texts under scrutiny in this dissertation, this threat of loss is often structured as castration anxiety: a direct threat on life and, by extension, a loss of power to *create* life. In an attempt to dispel these primal fears and anxieties, the unwanted emotions and fantasies are then expelled from the self and projected onto the disabled subject. In this dissertation, I contend that it is in this confrontation—this complex moment of intersubjectivity—that the most powerful anxieties and fantasies of disability are founded. In this way, representations of disability in the media do not speak to the lived experience of disability, but to this complex interrogation and subsequent repression of anxieties around the body, subjectivity and vulnerability.

Of course, nondisabled subjects *do* face limitations, including a common condition of vulnerability that is so terrifying it has been largely repressed. But an unconscious message animates from the particular intersubjective engagement with the disabled Other: “what would it be like if *I* were disabled?” As Freud alludes to in *Civilization and its Discontents*, people want nothing more than to minimize suffering and maximize happiness, something that is seemingly impossible if we acknowledge our fundamental vulnerability and dependence on others (Freud 1994, 10). In this way, the disabled body comes to function as a doppelganger of the nondisabled’s repressed vulnerability and, as such, can elicit feelings of uncanniness and discomfort. In my view, it is from this complex web of fantasies and anxieties about the disabled body that the

normate subject develops and solidifies an idea of the disabled as naïve, pitiful, and dependent subjects—not unlike the fantasy of the vulnerability of the infant from the vantage point of the adult—a perception then projected upon anyone with a functional impairment, casting him or her *to be* “disabled.”

The reality of living with a disability is then one of being consistently forced to confront and fit within the normate’s hegemonic fantasies of what it means to be disabled. In reality, disability’s greatest impact is not only physical ability, but rather on the development of self and identity. While the medical industry believes the greatest impact disability has on an individual is the physical impairment, to become disabled is to allow the impairment to seep into the formation of one’s psychical identity. Because an individual is disabled, their identity will be constructed in two fundamentally different ways than the normate: through actual and imagined differences. On one hand, an individual will develop differently as they physically do not have the same level of access to public space, equipment, or education. In this way, the disabled subject is a subject of capital. On the other hand, an individual begins to mold and conform their personality and identity around the perceptions and influence of others—the more we hear how hard our lives are, the harder our lives seem to become. In these ways, the external pressure to fulfill the expectations of what it is like to be disabled in fact begins to validate the subjection of disability. In many ways, the disabled *are* physical manifestations of our shared psychical fantasies of weakness, limitation, naivety and reliance.

1.1 Research Questions

This project engages three key questions currently underserved by the existing field of media and disability studies: 1. What are the unconscious fantasies circulating in representations of disability? 2. What role do these fantasies play in defining the condition of disability? 3. What can these fantasies teach us about human vulnerability writ large? Of these questions, only the first has been given any attention academically, with scholars working to categorize the archetypes most often used to make stories of disability comprehensible to the nondisabled majority (Gartner and Joe 1987, Cumberbatch 1992, Garland-Thomson 1997, Pointon & Davis 1997, Longmore 2003, Haller 2010, Titchkosky 2011). However, much of the current research provides only

surface-level description of how disabled characters are depicted in the media and whether these are deemed to be *good* or *bad*, a project largely informed by the politics of representation that characterized the field of Cultural Studies in the 1990s. Of this categorization, there are two dominant positions. The most common methodology is to determine any text that adequately represents the “true” experience of disability as being good while everything else is considered bad. Perhaps more problematic is the strategy to delineate good from bad as to whether the representation is damaging to the disabled population as a whole, with bad texts being ones that present a negative perspective on life with a disability. This approach is flawed, not least, because the decision of good versus bad will always be a matter of judgment and will vary from person to person. The result is a series of arguments around whether the representation of disability on a television show such as *Glee* is good or bad, rather than an unbiased analysis of what the text is attempting to depict and what possible repercussions this could have in the broader understanding of *how* the disabled truly live or *why* we construct disability the ways we do. The aim of my project is to move beyond the “politics of representation” approach to see how, in concert, these ideas can expose what I have dubbed the fantasy of disability.

The fantasy of disability is a net of ideas, created by no single individual but perpetuated and circulated between subjects and which seeks to contain the danger of limitation, to subject it to a set of societal preconceived notions about what it means to be disabled and how a person is expected to act and react to the diagnosis of disablement. The fantasy of disability provides those without disability an imaginary sense of what a life of disablement must be like, while at the same time exerting tremendous pressure on disabled individuals to conform their identity and behaviour to fit within the margins of these societally perpetuated archetypes. Under the fantasy of disability, there are those of adequate (or normal) levels of ability, who are in the majority, and a small minority of those whose bodies and minds are hindered by injury or disease and suffer immensely under the weight of these limitations.

In this project, I aim to explore where the creation and enforcement of fantasies of disability intersect, specifically when dealing with physical disability. Stories about disability often posit that those with disabilities are either heroes or villains: we live to

either heroically rise above our limitations or succumb to them to become evil. Many in the field of disability studies have struggled to explain this blatant simplification, but one needs only to look to who is *producing* stories about disability to discern the reason: most media texts currently being developed with disabled characters are crafted by individuals who are nondisabled and, as such, create stories and characters based on what they *think* it would be like to be disabled—a perception that is informed by the fantasy of disability. The result is that stories are constructed in such a way to provide the normate with a voyeuristic insight into a life depicted as too foreign to understand and characters are boiled down to simple tropes of success and failure to ensure the content is still relevant to the nondisabled viewer. I believe that with the help of French psychoanalyst Julia Kristeva, we will see that the real purpose of the fantasy of disability is to consolidate and strengthen the perception that disability *is* indeed foreign—there *is* a difference between the disabled and the nondisabled—a line that must be drawn to safe guard the nondisabled from the terror of facing their own potential or currently existing vulnerabilities, a “narcissistic identity wound,” calling to the surface a deeper repressed anxiety—the terror of our own fundamental vulnerability.

Based on this assertion by Kristeva, this project posits that representations of disability in the mainstream media are a product of this confrontation, in which normate producers are forced to confront their own vulnerability when producing disabled characters and are driven to construct stories wholly focused on the anxiety of loss and the promise of cure. These stories are in response to the threat of disablement which is intimately tied to repressed fears of castration. These representations, then, do not just paint disability as being a life of struggle and sadness, but go on to show how the normate subject is a perpetually anxious subject, doomed to fear not just the disabled subject but the very reality of disability lurking within.

1.2 Chapter Summary

Chapter one serves as a brief overview of some relevant literature engaging with the question of disability, subjectivity and representation. To begin, I will look to a cluster of texts that form the backbone of Disability Studies, particularly in relation to the field of media. Following this exploration is a review of relevant psychoanalytic texts that

I believe are necessary to help understand the confrontation of disability in the media, namely the work of Sigmund Freud, Jacques Lacan, and Julia Kristeva. Combined with the work of Disability Studies scholars, these three thinkers help inform the theoretical lens through which I will analyze popular representations of disability to uncover and explore the fantasy of disability.

To do this work I will analyze two clusters of important media texts that influence and inform our interrogation of disability. The first cluster of texts are massively popular war films, focused on the Vietnam War era, that deploy disability as a means of exploring the castration of America and, more specifically, the American man. These texts are important because they will lay the foundation for understanding modern media representations of disability, specifically the second cluster of texts studied here: televised teen drama. Much like war film, teen dramas have begun deploying disability as a means to speak about anxieties around puberty and bodily change while relying on many of the tropes first developed in the aforementioned war texts.

The second chapter of this project acts as a case study that seeks to understand the historical connection between disability and fantasies of sexual impotence that were articulated in films about America's involvement in the Vietnam War. Building off the work of Stephan Safran (2001), I will look at three classic Vietnam War texts involving soldiers who are physically disabled: *Coming Home* (1978), *The Deer Hunter* (1978) and *Born on the 4th of July* (1989). Although the main characters are still considered romantic targets by their female counter-parts, these texts present soldiers whose minds and bodies have been broken by the war and are incapable of traditional sexual intercourse. Relying on the idea of castration anxiety discussed above, these texts deploy the sexual and physical impotence of the disabled veteran as a metaphor for the resulting emasculation of America from the defeat in the Vietnam War. Regardless of intention, these texts intertwine ideas of national shame, transgression of the parental/societal power figure and the inevitable loss of sexual potency, a fantasy that I will argue has become an integral part of all stories told about disability, which the normate intrinsically links to a loss of power and control, manifested as castration in male characters with physical disabilities.

The next two chapters of this project seek to investigate the manifestation of this phenomenon in a modern popular culture, building off the representation of disability in war film to understand how disability is portrayed in the teen dramas *Degrassi: The Next Generation* and *Glee*. There is no place better to think about the use of disability as metaphor for vulnerability than teen dramas, as the experience of puberty is inextricably tied up with the concept of bodies and identities in flux. In the Canadian drama *Degrassi: The Next Generation*, Jimmy Brooks is a recurring main character who becomes a paraplegic in the 4th season. After being shot in the spine and incurring permanent paralysis, Jimmy's story arc shifts radically to focus almost exclusively on finding a means to repair the spinal cord damage and learn to walk again. At the same time, Jimmy struggles to maintain romantic relationships because he is unable to perform sexually. *Glee* provides a similar dramatic arc, in which main character Artie Abrams' story is focused on finding a cure, a desire to walk again, and the struggle of maintaining sexual relationships. In both Chapter 2 and 3, I aim to dissect the construction of the disabled subject in critically acclaimed television programs watched by a mass audience through the lens of the fantasy of disability, with the objective being to discern how rather than speaking to the lived experience of disability, these texts are really about nondisabled castration anxiety and vulnerability. Further, I look at how these skewed representations can have an impact on the creation of the disabled subject, enforcing standard identities and personalities that the disabled are expected to conform and perform.

In the concluding chapter, I will discuss how teen-centric programming is the perfect place for stories about disability because most adolescents *do* feel disabled by puberty, a time when our bodies, and ultimately our whole identity, is in flux. These stories about living differently but being okay can be powerful and formative for youth but the problem, of course, is that these stories heighten the anxieties of bodies/identities in flux rather than embracing and facing them. To solve this crisis, we must blow things up in the way Kristeva calls for: to use disability as an opportunity to interrogate our own feelings of vulnerability and inadequacy as factors that bind us together and inspire us to gather into families, neighbourhoods, communities, countries, societies. Rather than dismissing or denigrating limitation, we should celebrate the commonality of our limitation and acknowledge that to be disabled is to be human.

Chapter 2

2 Literature Review

The core literature supporting my dissertation can be divided into five distinct although sometimes overlapping sections, each building upon the next in the hopes of charting a course through disciplines that rarely intersect in critical or significant ways. To start, we must look at several early texts that fought to show disability as a worthy field of study, texts that will lay the foundation for all subsequent research in the field. The second cluster of books looks at the political economy of medicine, a line of research that occurred simultaneous to the early disability texts. This body of work went a long way to inform the British perspective on Disability Studies. It is these two clusters of texts that provide the foundation for the third group of texts, the core work that forms the backbone of modern Disability Studies. This more recent body of work introduces and evolves the social model of disability developed in Britain while also delineating the separation between British and North American work being done in the field. After charting a path through the rise of Disability Studies, the fourth section of texts begins to specialize in the field of media representations of disability, with a collection of books that show the pitfalls and promise of combining critical media analysis with the field of Disability Studies. This grouping of texts also begins to look outside the world of Disability Studies to open a new area of study using Michel Foucault's concept of bio-power and what some have begun calling the "government of disability." The fifth and final grouping of texts come from the field of psychoanalysis, specifically the work of Freud and Lacan, which, when put in dialogue with Disability Studies, forms the theoretical lens through which this project will interrogate representations of disability in popular culture.

2.1 Disability Studies: An Overview

The first cluster of books is what I consider to be "early Disability Studies." Largely coming out of sociological study, it makes sense that the field of Disability Studies owes much of its early success to the work of Erving Goffman, specifically his

text, *Stigma: Notes on the Management of Spoiled Identity* (1968). Not only does Goffman deal directly with the marginalized position of the disabled in society, but he provides future researchers the language and framework to discuss the process of segmenting populations along value lines that are more than just class distinction: in many ways, the wheelchair is core to the stigma of physically disabled individuals as it represents a visible and material sign of their difference from the norm. Goffman is also important as he explores how stigmatized individuals alter and correct their behavior to fit within the norms and expectations constructed within the stereotypical perception of that particular group, a practice he calls “passing” (Goffman 74).

With Goffman’s argument that the disabled are, in fact, a stigmatized group not dissimilar from other marginalized groups, the long road of legitimizing research within the field had begun. One of the first significant texts to break through into mainstream academic thought is Frank Bowe’s *Handicapping America* (1978) which is an early attempt to chart all the ways that the disabled population is segregated from the mainstream population in the United States, tipping his hat to the potential power the media holds in framing our experience of disability in the process. This early American text is important because it clearly points to the fact that barriers, such as access to education, are key to the oppression of the disabled subject (Bowe 134). Alan Gartner (1987) would take this work deeper with an early exploration of representations of disability and beginning to prognosticate what these representations mean for the disabled subject. In many ways Gartner’s text, *Images of the Disabled, Disabling Images* (1987), should be understood as the beginning of research into media representations of disability rather than the final word. Bowe’s text would, however, provide fertile ground for the important work of Michael Oliver in *The Politics of Disablement* (1990), which turns a critical Marxist lens to disability in Britain, looking to apply historical materialism to the study of disability and barriers. Oliver’s text is particularly important, as it is one of the foundational works of the British social model of disability that would dominate the field of Disability Studies for much of the 1990s. It should also be noted that Oliver’s text is one of the first (or at least the most cited) text that actively names the disabled as an “oppressed” population in the Marxist use of the term (Oliver 1990, 69).

To fully appreciate Oliver's work, and the ground upon which it was built, we must back track to the second cluster of books, which focus on the political economy of medicine, spearheaded by Ivan Illich. In his text *Limits to Medicine: Medical Nemesis – The Expropriation of Health* (1977), Illich describes how doctors play the key role of “identifying” or “defining” the sick from the healthy and, in many ways, give birth to disease and sickness through naming what would otherwise be natural occurrences, what he calls iatrogenic disease. In this way, doctors have constructed ailments that obviously need to be cured (for a nominal fee, of course) as a means of protecting and expanding the medical industry (Illich 1976, 14). Although Illich's text would go on to make some relatively bold statements about health that have not stood the test of time with modern advancements in DNA coding and gene therapy, his quest to develop a political economy of medicine would inspire other researchers, like Vincente Navarro (1978) and Lesley Doyal (1979), who have completed in-depth research into the implications of capital on the medical industry and how the drive for profit can, and has, pushed the field into strange territories. This work is important because it describes how doctors determine who is sick and who is not and how their role in a capitalist system is to keep people as healthy as possible to ensure effectiveness as a cog in the productive process. It should not be a surprise to find that both Navarro's *Class Struggle, The State, and Medicine* (1978) and Doyal and Pennell's *The Political Economy of Health* (1979) found that capitalist pressures on the medical industry have not only restructured the field to incorporate a class hierarchy reflective of the broader societal class system, with doctors holding the most power and nurses the least, but also that the role of medicine has become deeply entrenched in maintaining a healthy work force and increasing the surplus labour pool while also identifying those deserving of state support because they physically could not labour as opposed to those who are simply “too lazy” to work. The question left unanswered, of course, is what happens to segments of the population who fall outside the productive process, or are perceived as having no productive value, such as the disabled?

In search of that answer, I turn to the third cluster of books, which focuses on the core texts that make up the contemporary field of Disability Studies. Perhaps the best overview of the field in its current manifestation is Barnes and Mercer's *Disability*

(2003), which takes a step-by-step approach of explicating the sociology of disability, particularly the evolution and complications of the social model of disability as opposed to the medical model of disability. The early model of disability, known as the medical model or the personal tragedy model of disability, focuses wholly on the individual and their situation. Here individuals are disabled by the disease that ravages their bodies and it is the responsibility of the medical profession to cure them through elimination of disease or a substantive reduction of symptoms (Barnes and Mercer 2003, 2). This model does not necessarily reflect the experiences of the disabled and it was through the work of sociologies like Oliver to push disability theorists to begin considering what *really* limits us in our day-to-day lives – not the medical diagnosis but the fact that the world was not built to accommodate the access needs of the disabled (Barnes and Mercer 2003, 11). This mode of thinking, first postulated by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976, is the core tenant of the social model of disability and it is through this prism that views of disability should be perceived. Under the social model of disability, the notion of “disability” and “impairment” become two different things, with an impairment being the existing medical condition (such as legs not physically strong enough to support one’s weight) while a disability is the “disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (Barnes and Mercer 2003, 11). It is within this tradition that works like John Swain’s *Disabling Barriers—Enabling Environments* (2004) began looking at the structural limitations that oppress the disabled and see adapted environments as being the key to emancipation. Tanya Titchkosky provides an interesting evolution of the British social model of disability, bringing it into a Canadian context while introducing feminist concepts of identity politics and autobiography, agreeing with the belief that the personal is political. Titchkosky is important because she also turns the idea of “passing” on its head, pointing to the reality that sometimes it is easier to “pass” as disabled and in this way, the disabled are not necessarily fully “oppressed” as there are some advantages and privileges to being marked as disabled (Titchkosky 2003, 69).

While the social model of disability still reigns supreme in the British school of Disability Studies, research done in North America (especially in the United States) has

broken away from and begun to critique the social model as not providing a fulsome exploration of the disabled experience. Expressed perhaps most eloquently by Susan Wendall in *The Rejected Body: Feminist Philosophical Reflections on Disability* (1996), the social model can be overly optimistic and simplistic about the disabled experience, ignoring a key reality that sometimes it is not great to be disabled, regardless of how many ramps and elevators may exist. Wendall, who suffers from chronic pain, makes an important contribution because she enlightens us to the ways in which disability is *not* like gender: it is not purely about construction and despite what advocates in the disability rights movement may say, desiring a “cure” is not necessarily just kowtowing to the ableist belief that “able-bodied is better” because, quite frankly, sometimes it is better not to be disabled, especially in situations where the impairment is painful or life threatening (Wendell 1996, 27). Building on this work, Tom Shakespeare adds to this critique of the social model in *Disability Rights and Wrongs* (2006). Shakespeare expands on Wendall’s work by explaining how the social model is really more of a tool to be used by disability rights activists, not a model for academic study. He goes on to provide a more nuanced approach to understanding the disabled experience by acknowledging the importance of difference and struggle *along* with the systemic oppression faced when encountering barriers. I would also argue that, although not stated explicitly, his work is also useful, along with Wendell, in mapping out the reality that disability is wildly diverse with the experiences and needs of a blind individual being radically different than a high-spinal cord injury quadriplegic.

The problem with all of these texts, however, is that none of them explain *why* we construct these frames around the disabled subject. What is missing, largely, in discussions of both disability and the media is a link between the historical materialism/oppression thread and the representation thread. For this we must turn to Foucault, whose work in *The Birth of the Clinic* (1975) explores the basis of medical authority over the disabled through what he called the “medical gaze” (Foucault 1975, xiii). Foucault describes how patients fall under medical authority through procedures of ordering and categorization which designate the disabled as “other.” This interplay becomes crucial for the disabled as Foucault builds his concept of bio-power and the connection between knowledge and power and how bodies (people and identities) come

under the purview of authority, as explored at the end of *History of Sexuality, Volume 1* (1990). To see his theories in action, Shelley Tremain's collection of essays entitled *Foucault and the Government of Disability* (2005) looks at how because the disabled live outside the norm, outside the productive system while also being given financial support, we must therefore be controlled both by the state and the medical establishment.

Ultimately, medical knowledge empowers them and enforces a discipline upon the disabled body to find within the structures developed within the medical establishment—like the desire for cure. This concept is then given a Canadian context by Michael J. Prince in *Absent Citizens: Disability Politics and Policy in Canada* (2009), a doctoral thesis that looks outside the medical establishment at the legal structures that both ensure the disabled's right to be alive in Canada while also inhibiting their ability to become fully engaged citizens.

2.2 Disability Studies: Media

Keenly focused on the construction of the disabled subject, Disability Studies thinkers have long looked to the mainstream media to interrogate the cultural production of disability with varying degrees of success. Early studies on disability in the media are typified by the work of academics like Alan Gartner and Tom Joe (1987). These early studies rarely attempted to understand what these stereotypes meant to the production of the disabled subject, but rather tracked the stereotypes most often deployed to frame characters with disability. These studies were generally critical of the negative representations of disability, focusing on the ways in which the disabled were marked as a pitiful bunch.

A noticeable shift in the depth and breadth of media analysis occurred during the 1990s, largely brought on by academics like Paul K Longmore. Inspired by the early research, this work more substantively attempted to engage critically with the cultural production of the disabled subject. Similar to the work on stereotype, modern analysis of disability in the media was often dominated by a focus on defining caricatured tropes but also injected the depth of discourse analysis to understand the subjective power of these media texts. A prime example of this nuance is Longmore's analysis of the charity model of disability seen in American telethon programming which deployed the disabled body

to generate funds for charities (Longmore 2013). Generally speaking, this work is focuses on the ways in which the disabled subject is left to choose between two dominant archetypes: the hero and the villain.

Connected with the charity model of disability, academics throughout the 1980s and 90s, such as Jenny Morris, began to move away from the early negativity to explore how mainstream representation of disability were becoming more optimistic, striving to present the disabled as objects of inspiration. Here stories focused less on the detriment of disability and more on the hope of overcoming limitation. Morris notes the fascination on what she calls the “overcomer model,” but disagrees that these new representations are a sign of progress. Rather, Morris explains how these representations merely present a new form of oppression, with tremendous pressure being placed on the disabled to overcome their limitations or risk being marked as failures (Morris 1997, 28). When a disabled character fails to overcome limitation they are often marked as villainous or monstrous, with bodily deformity becoming representative of moral corruption. Longmore most famously explores the ways in which disability is used in theatre and later film to indicate criminal intent with the only appropriate “cure” being death (Longmore 1987). Serving as an inverse of the heroic representations, these monstrous figures of disability are problematic in that they vilifying those with physical deformities and at the same time shame those who fail to answer the call for heroism.

By looking outside of mass-media analysis, Rosemarie Garland-Thomson’s influential text *Extraordinary Bodies* (1997) shows how literary criticism can provide fertile methodological ground. Garland-Thomson reviews the way physical disability has been represented in American literature, with special attention given to the intersection of disability and femininity. Garland-Thomson also provides a useful research model by comparing and contrasting female characters with disabilities – both those within individual texts and also across texts (Garland-Thomson 81). This text is especially useful because it deploys a nuanced methodology for interrogating literature, such as metaphor and simile, and how they are just as important, if not more important, to consider the role of disability in culturally-imbued shorthand.

Recent years have seen yet another shift in the way Disability Studies interrogates media texts, largely induced by the influx of communications scholars bringing new methodologies to the field. Perhaps the most significant example is Beth Haller's work. Haller is a mass communications scholar who has brought disability into her primary research about media, rather than the other way around. Her text *Representing Disability in an Ableist World* is a useful because it deploys both quantitative and qualitative methodologies to explore recent examples of disability in popular media. Most important for this project, though, is the way in which Haller explores the complexity of representing disability, showing that images of the disabled in popular media are not one dimensional but cover a range of ideologies and emotions.

One interesting finding uncovered by Haller comes from her analysis of media coverage following the ratification of the Americans with Disabilities Act (ADA). Using a mixed methodology of content and discourse analysis, Haller provides hard data showing that a bulk of media representations in the news media are keenly focused on one main topic: special education. Stories focusing on special education painted a grim picture of inclusion within American schools, revealing "[t]here was a conspicuous link between disability issues, education, and children in major news stories" (Haller 2010, 33). Both of these findings go to show that coverage of disabilities within the news media is driven by reactionary coverage on "newsworthy" and breaking stories. At the same time, though, her data seems to indicate that rather than focusing on the disabled individual themselves, these stories were more concerned with the impact of these issues on the nondisabled, rarely using the disabled themselves as interviewees (Haller 2010, 33). These findings help to support my assertion that media representations of disability are not about the disabled but about the nondisabled encountering their own fears of disablement.

Another important segment of this text centers on analysis of the Jerry Lewis Telethon and the ways in which this program subjugate the disabled. Using discourse analysis and mise-en-scene, Haller shows the ways in which the disabled are presented as tertiary characters in the program, specifically in the ways Lewis positions himself as a father/authority figure over his "kids" (Haller 2010, 143). Similar to the chapter on news

coverage, this chapter also confirms Longmore's work on telethons by showing the ways in which the Telethon is wholly focused on promoting Jerry Lewis as a person while, at the same time, lauding his (and the audiences) charitable efforts (Haller 2010, 146–148). In this way, the telethon does not just marginalize the disabled but also actively works to validate and encourage the charity model of disability.

Lastly, Haller's text is important because it concludes by looking at the ways in which representations of disability are becoming more progressive and how humour is working to break down the disability stereotypes most often perpetuated by the media. A prime example of this progressive work Haller explores is the Nickelodeon show *Pelswick* produced by disabled writer and cartoonist John Callahan. *Pelswick* tells the story of a teenager with a disability who is fully integrated into his classroom. While there are stories that focus on Pelswick's disability, the show is predominately focused on the typical life of a teenager and his interactions with friends at school (Haller 2010, 161–162). Similarly, Haller explores the ways in which popular satirical shows *Family Guy* and *South Park* have integrated disabled characters, in part for shock humour, but also to poke fun at the stereotypical ways in which the disabled are represented within the mainstream media (Haller 2010, 167–168). This chapter is important because it moves away from the inherently negative analysis of the media to champion texts that are doing a good job of normalizing disability while at the same time satirizing representations that are poorly produced.

2.3 Psychoanalysis

At its core, this project aims to invert the gaze of the medical establishment, turning the attention from the disabled body to the normate subject itself. For centuries, medical professionals have worked to chart the nominal limits of human activity and mark aberrant or deviant bodies for destruction. In a similar gesture, this project aims to uncover the deviance of the normate subject, as revealed by the chaotic encounter between disabled and nondisabled bodies. The best lens to understand what happens in this moment is the work of psychoanalysis. As a key theorist in the genesis of this project, I will first turn to Julia Kristeva's description of this encounter with disability. Kristeva's work is built from two foundational psychoanalytic theories: Freud's

groundbreaking work in positing the psychic realm and Jacques Lacan's elaboration of this Imaginary order, in particular through his concepts of castration and the phallus. Taken together, these key concepts provide a theoretical lens through which to deconstruct the radical encounter with vulnerability that is explicated in media texts that represent disability.

Kristeva is one of the few psychoanalytic thinkers who is beginning to contemplate the impact disability has on the able-bodied subject. Buried within representations of disability is a mediated representation of the normate's fantasy of disability, which is, in effect, a defensive dramatization of the intersubjective encounter between the normate and disabled subject. Kristeva identifies this encounter as resulting in a "narcissistic identity wound" for the normate (Kristeva 2010, 29). This wounding is caused by the realization that the normate's subject position—i.e. the condition of being "nondisabled"—is a fiction and that their bodies are susceptible to the same type of injuries and degeneration. As Kristeva explains, the disabled subject "inflicts a threat of *physical or psychical death*, fear of collapse, and, beyond that, the anxiety of seeing the very *borders of the human species* explode" (Kristeva 2010, 29). Kristeva further posits that representations of disability in the media speak to the anxiety arising from this encounter. Such representations can be read as a defensive fantasy that has been generated to neutralize these fears, to effectively repress the castration anxiety that disability opens. The result is disavowal, a rejection of disability and an assurance that, as Kristeva claims, "*the disabled person is inevitably exposed to a discrimination that cannot be shared*" (Kristeva 2010, 29 original emphasis).

Kristeva provides a framework to begin applying these ideas to media texts with her analysis of the American documentary about a schizophrenic artist, *People Say I'm Crazy* (Cadigan and Cadigan 2003). The film was produced by the artist's normate sister which leads Kristeva to see the production as being more about the family coming to terms with and emancipating the artist from his impairments than about the disabled subject's own experience. As Kristeva states, in making the film, and subsequently producing and selling his artwork, the disabled artist is presented as "cured," or at least normalized, by becoming an "object of the *show*" (2010, 31). Here the disability becomes

a character to be observed as opposed to a representation of reality. Rather than marginalizing and isolating disability, Kristeva believes this condition could play a significant role in the expansion and reinvigoration of our society both by returning to the core values of “proximity and solidarity” (2010, 33) and as a way to “revitalize the age-old feminine capacity to care for psychical and physical life, making it a political act, a political philosophy” (2010, 34). A key to this work is coming to terms with our own inherent vulnerability, specifically the fragility of the organic human body, which is in deterioration for a majority of our lives. To become independent, capable of surviving without the assistance of others, is a goal we all strive for—to be independent is to make our parents proud while also doing our part to enhance the society within which we live. But at the same time we are all fundamentally aware, despite our best efforts to repress it, that we are all vulnerable to limitations—whether they be currently existing or lurking beyond our perceptual horizons. It is this threat of loss, the realization that we are all vulnerable to sickness and infirmity, which causes anxiety – a fear that can be exposed by the collision with a disabled subject. When encountering an individual with a disability, the normate often unconsciously works to keep himself or herself separate and distinct from the disabled subject. This desire betrays an unconscious recognition that the other is a reflection of us. But Kristeva believes this recognition could have radical implications because it provides the grounds for the idea that we are *all* disabled (Kristeva 2010, 44). In much the same way, this project hopes to explore the ways that disability, specifically the fictional stories we tell and read *about* disability in the media, give way to our deeper interrogations with our fragile bodies and the repressed understanding of our own mortality.

To better understand the threat posed by the disabled subject to the normate’s sense of self, we must take some time to explore several key psychological terms and concepts that inform Kristeva’s aforementioned work. The most basic of these concepts is Freud’s foundational understanding of the psychical structure. For Freud, the mind is structured around three core agencies; the Id, the Ego, and the Super Ego. The Id (*das Es* in German) is the primitive agency of the mind, the “oldest of these psychical provinces or forces” which “contains everything that is inherited, everything present at birth, everything constitutionally determined – above all, then, the drives originating from the

bodily organization, which here [it is, in the *Es*] find a first psychological expression in forms unknown to us” (Freud 2006a, 2). The Id, closely linked to repression, is the fertile ground out of which the second mental agency, the Ego (or *das Ich*), is constituted (Freud 2006a, 18). The primary role of the Ego is defense: “the task of self-assertion, and fulfills it with respect to the *outside* world by getting to know the stimuli there, by storing information about them (in the memory), by avoiding excessively strong stimuli (through flight), by dealing with moderate stimuli (through adaptation), and finally by learning to change to the external world in an expedient way to its own advantage (through activity)” (Freud 2006a, 2). Along with interacting with the external world, the Ego also attempts to gain a mastery over the primitive demands of the Id, specifically “whether they should be allowed gratification, by postponing this gratification until the time and circumstances are favourable in the external world, or by suppressing their excitations altogether” (Freud 2006a, 2–3). Ultimately, the goal of the Ego is to attain pleasure and avoid displeasure whenever possible. To help with the attainment of pleasure and minimizing of displeasure, a third agency, called the Super Ego (or *Über-Ich*), is formed throughout our childhood and continues to strengthen as we mature. The Super Ego acts as an internalization of the demands of our “familial, racial and national traditions” (Freud 2006a, 4). The objective of the Super Ego is to act as a psychological authority figure, “carry[ing] out the functions that those particular abandoned people had performed in the external world: it observes the *Ich*, gives it orders, judges it, and threatens it with punishments – just like the parents whose place it has occupied” (Freud 2006a, 59). In this way, the Super Ego acts as “a kind of middle ground between the *Es* and the external world; in it, the influences of the past and present are unified. With the inception of the *Über-Ich*, one has as it were a lived experience of the way in which the present is converted into the past” (Freud 2006a, 61). Freud also explains that we experience the Super Ego as our conscience and the Super Ego is “the legacy of the Oedipus complex and is only set in motion once this complex has been dealt with” (Freud 2006a, 59–60).

Freud’s schema provides a map of competing tensions in the mind, in which the Id demands basic pleasures whereas the Super Ego attempts to limit this gratification for fear of transgressing societal or familial regulations. Freud attempts to navigate the psychological system through analysis of the drives, the motives that push us to act. “Drives”

are “the forces that we suppose to lie behind the tension caused by the needs of the *Es*. They represent the physical demands of the psyche” (Freud 2006a, 4). Freud explains that there are two fundamental drives that are in constant tension: *eros* and the *destruction drive* (sometimes referred to as the “death drive”). The first drive, *eros*, aims to “maintain ever greater unities” whereas the aim of the second drive is “by contrast, to dissolve connections, and thus destroy things” (Freud 2006a, 5). At the root of both these drives is the desire to maximize pleasure while minimizing unpleasure, particularly from dangers in the outside world, a process that is dictated by observance to both the pleasure and reality principle (Freud 2006b, 136).

It is from within this pressured world of the drives that Freud defines narcissism, or the love of self. While narcissism has itself fallen under the watchful gaze of the psychic world, Freud believes that rather than perversion it is “the libidinal correlative of the egoism of the self-preservation instinct, an element of which is rightly attributed to every living creature” (Freud 2006c, 358). Freud bases this opinion from observations of primary narcissism in children, and their own beliefs of self worth and importance, which are influenced and strengthened by the affection of doting parents who themselves are influenced by “a resurgence and repetition of their own long-abandoned narcissism” (376). By exploding the term narcissism to be applicable to all subjects and not just the afflicted, Freud begins to develop an understanding of the ways in which we interact with the perception of self and manifestation of identity. As he explains,

We can postulate that the one individual has set up an *ideal* within himself against which he measures his actual ego, whereas the other has formed no such ideal. On this view, the formation of an ideal constitutes the necessary condition on the part of the ego for repression to take place.... It is this ideal ego that is now the recipient of the self-love enjoyed during childhood by the real ego. The individual’s narcissism appears to be transferred onto this new ideal ego which, like the infantile one, finds itself possessed of every estimable perfection. (Freud 2006c, 380)

Here Freud explains the way in which the narcissism is intimately tied to the measuring of our ego against an *ideal* ego, most likely formulated during childhood. This ideal ego then stands as the marker of success, an ideal to strive to achieve and an assurance that

reaching it is possible, most notably for this study, the ideal of physical and intellectual function.

This concept of the ideal ego, which we are called to live up to, is later picked up Jacques Lacan. In Lacanian terms, encounters with disability serve as a threat to what he calls the “ideal I.” To understand the particular nature of this threat, we must turn back to moment when the “ideal I” is created, a moment Lacan (2006) calls “the mirror stage.” For Lacan, the mirror stage is the moment when infants of about 18 months of age first recognize themselves in a mirror and are born into the world of signification and representation (Evans 1996, 67). As Lacan states, this moment “immediately gives rise in a child to a series of gestures in which he playfully experiences the relationship between the movements made in the image and the reflected environment, and between this virtual complex and the reality it duplicates—namely, the child’s own body, and the persons and even things around him” (Lacan 2006, 75). This moment is more than just a visual apprehension. In fact, a profound transformation “takes place in the subject when he assumes (*assume*) an image—an image that is seemingly predestined to have an effect at this phase, as witnessed by the use in analytic theory of antiquity’s term, ‘*imago*’” (Lacan 2006, 76). This *imago* then serves to hold the construction of the “ideal I” and importantly, structures the ego:

But the important point is that this form situates the agency known as the ego, prior to its social determination, in a fictional direction that will forever remain irreducible for any single individual or, rather, that will only asymptotically approach the subject’s becoming, no matter how successful the dialectical syntheses by which he must resolve, as *I*, his discordance with his own reality. (Lacan 76)

At issue here is the fact that the *imago* is merely a gestalt, “where this form is more constitutive than constituted, but in which, above all, it appears to him as the contour of his stature that freezes it and in a symmetry that reverses it, in opposition to the turbulent movements with which the subject feels he animates it” (Lacan 76). Through the reflection, the child now recognizes itself as separate from the surrounding world, a constituted entity with a body of which, although clumsy at the moment, will some day be used to interact with the exterior world. As Lacan concludes, “This gestalt is also

replete with the correspondences that unite the *I* with the statue onto which man projects himself, the phantoms that dominate him, and the automation with which the world of his own making tends to achieve fruition in an ambiguous relation” (Lacan 76-77). The mirror image teaches us that we are subjects occupying two spaces, the *Innenwelt* (inner world) and the *Umwelt* (outer world). The false promises of the gestalt are that we can unify the imago into a whole, and moreover, that some day we might master it:

This development is experienced as a temporal dialectic that decisively projects the individual’s formation into history: the mirror stage is a drama whose internal pressure pushes precipitously from insufficiency to anticipation—and, for the subject caught up in the lure of spatial identification, turns out fantasies that proceed from a fragmented image of the body to what I will call an “orthopedic” form of its totality—and to the finally donned armor of an alienating identity that will mark his entire mental development with its rigid structure. Thus, the shattering of the *Innenwelt* to *Umwelt* circle gives rise to an inexhaustible squaring of the ego’s audits. (Lacan 78)

The mirror stage calls the subject to attempt to unify its fragmented body to become whole, to demarcate the limits upon what constitutes the self and is therefore under control and that which is exterior and may only be interacted through control of the body. This promise of wholeness, the gestalt, is the armor that Lacan suggests protects us from the terror of a fragmented and uncontrollable world, a unified identity that comforts us despite the fact that it is, of course, unattainable. In this way, the gestalt is both comforting and alienating, providing an identity to strive for with an acknowledgement that we cannot live up to it. This mental image of self, this gestalt, is key to the development of primary narcissism as it both provides a promise of things to come and a hope for what we already are (Lacan 79). Lacan’s theory suggests we actively repress our awareness of our own vulnerability because the anxiety threatens our attempt to attain this ideal I, the gestalt of mastery and supremacy over the flesh.

In this work I postulate that representations of the disabled body often reanimate this unconscious anxiety and remind the normate of the weakness, dependence, and instability of their childhood. In this way, disability registers as symbolically equivalent of this early helplessness and therefore represents our radical human vulnerability, the impossibility of the dream of fully realizing a narcissistic wholeness. This correlation

then informs the production of disabled characters, marking them as childlike and naïve, embodying the very fear of the normative producer.

At the core of these anxieties around threats to bodily wholeness lurks the *original* anxiety of bodily harm: castration. For Freud, the child moves through three separate phases of sexual development; the oral, sadistic-anal and finally the phallic phase (Freud 2006a, 9–10). It is during this third phase that Freud believed boys and girls would head down two separate paths, with boys entering the Oedipal stage and girls discovering their lack of penis or, more specifically, the “inferiority of her clitoris” (Freud 2006a, 10). While some of Freud’s ideas have been rightfully criticized and dismissed, namely that women are scarred by their lack of a penis and suffer from penis envy (Freud 2002, 17; c.f. Mitchell and Mishra 2000) this project seeks to only engage with the core concept of the Oedipus complex, namely the fear of literal and symbolic castration.

While the outcome of the Oedipus complex may be contested, both boys and girls share the same root of the castration complex. The maternal breast is the child’s “first erotic object...that feeds it; love arises on the pattern of the gratified need for nourishment” (Freud 2006a, 43). Being weaned off the maternal breast then marks the *primary castration*, a physical manifestation of castration experienced by both boys and girls according to Laplanche, which he considers “to be the only real experience capable of accounting for the universal presence of the castration complex: the withdrawal of the mother’s nipple, it is argued, is the ultimate unconscious meaning to be found behind the thoughts, fears and wishes which go to make up this complex” (Laplanche and Pontalis 2006, 58). This moment of loss is significant because this trauma of castration, of losing that which we loved, is experienced regardless of gender or bodily configuration. This project will explore the ways in which the normative subject returns to this moment of loss later to comprehend the disabled subject and interrogate their own vulnerability.

Freud considers the moment of castration to be centralized around not just the loss of the maternal breast but also the threat of losing the maternal mother entirely. Named after the Greek cautionary tale, the mother is at the center of the Oedipal complex, in

which the child apprehends the mother as their first love object and desire to possess the mother, sexually:

He desires to possess her physically in the ways he has divined from his observations and notions of sexual life; he tries to seduce her by showing her his male member, his pride and joy. In short, his early awakened maleness tries to replace his father in her affections – the father who has already been his envied role model up to this point due to the physical strength which he perceives in him and due to the authority in which he sees him clothed. (Freud 2006a, 44)

This moment sets up a conflict between the child and the father, who represents authority within the household and stands in the way of the child apprehending that which he or she desires. The only solution for the child is to eliminate the father, to get rid of him somehow, to make room for the child to assume the role of lover (Freud 2006a, 44). Upon learning of this transgression, the mother must banish the desire and punish the child for his most terrible transgression; “she threatens to take the thing away from him which he is using to defy her. She usually attributes the responsibility for carrying out this threat to the father, in order to make it more terrifying and believable. She, so she says, will tell Father, and he will chop the organ off” (Freud 2006a, 44).

The ultimate response to the threat of castration is simple; the child must realize that he cannot resist the power of the father, marking himself as weaker and therefore subject to the demands of the parent, and in order to save the vital organ he has come to love so dearly, he must “renounces all ownership of the mother; his sexual life frequently remains burdened by this ban for ever more renounces all ownership of the mother; his sexual life frequently remains burdened by this ban for ever more (Freud 2006a, 45). Under this the ultimate threat the child is forced to give up its desire for the mother and move on to other objects.

Central to the castration complex is the apprehension of aberrant bodies. A precondition then for the castration complex is for young boys to notice the difference between biologically male and biologically female bodies, namely the absence of the penis. This original confrontation, the discovery that not all bodies have penises, mobilizes the anxiety of castration:

...when a little boy first catches sight of a girl's genital region, he begins by showing irresolution and lack of interest; he sees nothing or disowns what he has seen, he softens it down or looks about for expedients for bringing it into line with his expectation. It is not until later, when some threat of castration has obtained a hold upon him, that the observation becomes important to him: if he then recollects or repeats it, it arouses a terrible storm of emotion in him and forces him to believe in the reality of the threat which he has hitherto laughed at (Freud 2002, 16).

Leaning on the work of Kristeva, I would argue that confrontation with disability operates in the same way; whereas the female body stands as evidence that castration is possible, the disabled body sits as proof of bodily fragility, acting not just as declaration that breakage *can* occur but also as threat that it *may* occur. The result of confronting a naked woman, Freud explains, “permanently determine[s] the boy's relations to women: horror of the mutilated creature or triumphant contempt for her” (Freud 2002, 17). So too does the normate respond to the apprehension of the disabled body provide a similar duality, with the normate becoming equally concerned about his or her own potential to become disabled while at the same time reveling in his or her current wholeness or hope in the promise of bodily reconstruction. In either case, this encounter is shaped most by the normate's interrogation of their own potential vulnerability.

The connections between encounters with disability and encounters with castration do not end there, however, as Freud's later work connects phantasies of castration to other activities. For example, “...the threatened object can be displaced (the blinding of Oedipus, extraction of teeth, etc.); the act may be distorted or replaced by other types of attack upon the wholeness of the body (accidents, syphilis, surgical operations) or even of the mind (madness as the result of masturbation)...” (Laplanche and Pontalis 2006, 56). Here Laplanche makes a direct connection to bodily harm and castration, where threats to bodily wholeness become entangled in the castration complex. More than just bodily harm, though, Laplanche writes that Freud speaks specifically to the effect the castration complex has upon narcissism, stating;

the phallus is an essential component of the child's self-image, so any threat to the phallus is a radical danger to this image; this explains the efficacy of the threat, which derives from the conjunction of two factors, namely, the primacy of the phallus and the narcissistic wound. (Laplanche and Pontalis 2006, 57)

In the same way, this project seeks to illuminate the ways in which the encounter with disability energizes similar emotional responses, where the only means by which the normative subject can comprehend profound bodily loss is through the threat of violence they themselves have already experienced – to be disabled elicits the same fears and anxieties as being castrated.

The Oedipus complex is eventually resolved, with the child forfeiting their claim on the mother while at the same time actively working to maintain their affections to prevent future betrayal. But for Freud, the threat of castration lingers on well into adulthood. This is because the conclusion of the Oedipus complex is ultimately the birth of the *super-ego*:

In boys...the complex is not simply repressed, it is literally smashed to pieces by the shock of threatened castration. Its libidinal cathexes are abandoned, desexualized and in part sublimated; its objects are incorporated into the ego, where they form the nucleus of the super-ego and give that new structure its characteristic qualities. In normal, or rather in ideal cases, the Oedipus complex exists no longer, even in the unconscious; the super-ego has become its heir. (Freud 2002, 19)

The child learns several important lessons here that need to be considered individually. First, that our bodies can suffer terrible violence and change radically. Second, that this violence can occur not just because there are others who are stronger or more powerful than they, but because we are fundamentally weak. Lastly, the child takes their first steps down the pathway of subjection, with the desire to keep their bodies intact demanding their actions to align with the desires of others more powerful than they, actions that will be judged and guided by the ever-watchful eye of the *super-ego*.

Lacan offers a valuable enhancement of Freud's work with a nuance that not only brings the threat of castration to bear on both boys *and* girls, but he also adds the radical adjustment that distinguishes the phallus from the penis. Lacan positions the phallus in the world of the symbolic, wherein the penis is but one of many symbols (Evans 1996, 140). More specifically, Lacan's work takes the term "penis" to represent the physical male genital organ whereas the "phallus" is the "imaginary and symbolic functions of this organ" (Evans 1996, 140). In the mid-1950s Lacan begins to incorporate castration into

his work, connecting castration with two other forms of “lack of object”, frustration and privation:

Unlike frustration (which is an imaginary lack of a real object) and privation (which is a real lack of a symbolic object), castration is defined by Lacan as a symbolic lack of an imaginary object; castration does not bear on the penis as a real organ, but on the imaginary phallus. (Evans 1996, 21–22)

Here a distinction is drawn in the threat of castration as not being a literal threat on the body proper, but a threat to the imaginary phallus and the function it represents. In this way, castration is really about a restriction to symbolic function and therefore power.

To understand this refiguring of the phallus, Lacan situates the Oedipus complex slightly differently than Freud. For Lacan, there are three distinct periods of the Oedipus complex, all of which are centralized around the imaginary phallus. In this way, the phallus is “an imaginary object which circulates between the other two elements, the mother and the child” (Evans 1996, 141). To start, in the preoedipal phase, the child believes the mother to desire something outside or beyond the child, specifically the imaginary phallus, which the child attempts to either identify with or *become* (Evans 1996, 142). Next the imaginary father interrupts this behaviour by depriving the mother of her object, thus situating the incest taboo – a moment of privation, not castration (Evans 1996, 22). The third phase is when castration occurs, during the dissolution of the Oedipus complex when the real father intervenes, indicating he possesses the phallus, and forces the child to forfeit their attempts to be the phallus (Evans 1996, 22). In this moment, the father makes it impossible for the child to identify with the phallus and the child must decide to either accept his castration, and the reality that he cannot be the phallus for his mother, or reject it entirely (Evans 1996, 141).

Diverging from Freud, Lacan situates the castration complex, or more correctly the threat of castration, as something that we encounter routinely – as anything that interrupts or prevents us from obtaining or identifying with the phallus. This leaves us as inherently anxious subjects, ever trying to achieve the ideal I while forever being threatened by loss of all sorts. For Lacan, anxiety is not just connected to the real but also deeply imbedded within the imaginary order (Evans 1996, 10–11). In the words of Evans,

Lacan sees anxiety as being “the radical danger with which the subject attempts to avoid at all cost, and that the various subjective formations encountered in psychoanalysis, from phobias to fetishism, are protections against anxiety” (Evans 1996, 11). At the core of anxiety is the perception of self and identity. Lacan intimately binds the concepts of castration and anxiety, as anxiety occurs when something obstructs or blocks our ability to attain our desires (namely the phallus). Desire is then closely linked to lack, or loss, as “anxiety arises when this lack is itself lacking; anxiety is the lack of a lack. Anxiety is not the absence which is, in fact, that enveloping presence; it is the possibility of its absence which is, in fact, that which saves us from anxiety” (Evans 1996, 12). Lacan goes on to explain then that anxiety arises when we are overwhelmed by phallic *jouissance*, or the sexual pleasure attained beyond the pleasure principle which causes us pain (Evans 1996, 91–92).

By connecting the work of Freud and Lacan around the evolution of our narcissistic sense of self and the threats that exist to this belief of self supremacy, namely the very real threat of castration experienced as children, we are given a framework through which to understand Kristeva’s assertion that the disabled body does violence upon the normate subject, causing a narcissistic identity wound. In confronting the disabled subject, the normate is not just reminded of their own bodily fragility but are forced to return to the very evidence of bodily loss encountered previously, intimately binding the idea of bodily loss, in terms of physical disability, with that of phallic loss, and castration. This encounter then elicits great anxiety, both towards the loss suffered by the disabled subject and the potential loss the normate may suffer in the future.

To understand the ways in which we attempt to manage this anxiety, we turn again to Freud and the concept of the “uncanny” to help pull apart representation of disability. For Freud, the uncanny is a special sort of anxiety that is not quite fear, but rather a sinister uneasiness. What makes the uncanny so unsettling for the subject is the vague familiarity, what Freud calls an uncontrollable return. To explain this better, Freud turns to an inversion of the German word “das heimlich,” homely or familiar, with the uncanny standing as the *un*homely, or “das unheimliche” (Freud 2003, 126). For Freud, these two terms are not “mutually contradictory” but rather two sides of the same

concept, with “the one relating to what is familiar and comfortable, the other to what is concealed and kept hidden” (Freud 2003, 132). The “uncanny element is actually nothing new or strange, but something that was long familiar to the psyche and was estranged from it only through being repressed” (Freud 2003, 148). Freud goes on to explore figures of the uncanny in literature, specifically connecting the uncanny with anxieties of castration complex and bodily harm, explaining a “particularly strong and obscure emotion is aroused by the threat of losing the sexual organ, and that it is this emotion that first gives such resonance to the idea of losing other organs” (Freud 2003, 140).

Combining the language of Freud and Kristeva here, encountering disability is an uncanny experience for the normate because of the familiarity of the encounter, and in particular, the idea that this state not only *could* happen to them, but that this *was* them at one time – our common experience of infant dependency that has since been repressed. Freud then goes to explain that the “uncanny effect often arises when the boundary between fantasy and reality is blurred, when we are faced with the reality of something that we have until now considered imaginary, when a symbol takes on the full function and significance of what it symbolizes” (Freud 2003, 150). Here Freud ties our encounter with the uncanny directly with repression, stating “I believe that it invariably accords with our attempted solution and can be traced back every time to something that was once familiar and then repressed” (Freud 2003, 154). Further, encounters with the uncanny do not exist within the realm of rationality and reality, but in the psychical world:

Where the uncanny stems from childhood complexes, the question of material reality does not arise, its place being taken by psychical reality. Here we are dealing with the actual repression of a particular content and the return of what has been repressed, not with the suspension of *belief in its reality*. (Freud 2003, 155)

In this way, representations of disability often brush with the uncanny because these images remind us of the dependency of childhood (and the fundamental misrecognitions of bodily totality experienced during the mirror stage), while at the same time signaling our impending mortality by validating the repressed fear that our bodies are vulnerable. In order to manage this uncanniness—to neutralize the anxiety—we disavow that which

is all too familiar, rejecting the similarity, firmly marking the uncanny as something completely foreign. By disavowing the uncanny, the normate subject is rendered safe from the threat: the disabled is rendered into an Other—something utterly unfamiliar and foreign.

Ultimately, this project seeks to use these core theories to reveal the anxieties and fantasies lurking below the surface of a selection of media texts. In doing so, this project seeks to better understand the encounter between the normate and disabled subject to see how these anxieties become manifested in media texts that represent disability but are created by the normate. Upon analysis of these texts, it becomes apparent that these specific representations of disability are keenly focused on exploring the castration anxieties the normate face when confronting disability, from which a series of fantasies are generated to neutralize these fears.

Chapter 3

3 Corporeal Casualties: Vietnam War film and the Fantasy of Disability

To understand the ways disability is represented in more contemporary texts, and especially the unconscious fantasies manifested within those texts, we must also consider the history of the cultural milieu from which these stories are generated. As I discussed in the last chapter, when encountering a disabled individual, the normate subject is unconsciously confronted with the idea that they, too, could become disabled, effectively engendering a “narcissistic identity wound” that calls into question the integrity of their physical body and emphasizes that body’s fragility (Kristeva 2010). This confrontation can generate a series of anxious fantasies involving what it might be like for the normate to *become* disabled, which, in turn, is inherently tied to ideas of radical loss and dependency. These encounters can have numerous outcomes based on the particular interaction between the individuals involved; there is a considerable difference between a lingering glance and a more substantial verbal and emotional engagement. And, of course, these encounters are never static: the individual molds and maintains their perception of disability and how it would impact their life based on previous experiences with disability, and they incorporate each new experience into their understanding of disablement and loss. Unfortunately, this malleability cannot often be said of encounters with media representations of disability. These texts routinely ask the viewer to consider what it would be like to be disabled and then immediately provide an answer. These texts rarely offer an accurate depiction of the lived experience of the disabled subject. Rather they are informed by a particular culture’s *ideas, anxieties and fantasies* about disability, and more specifically, by the particular production team’s ideas, anxieties, and fantasies about disability. Moreover, much of this unconscious material is generated less from encounters with actual disabled subjects than from other media productions that claim to represent disability.

While disability has long seeped into the edges of popular narratives, one would be hard pressed to find a more influential subgenre of disability-related stories than films

about war. In fact, war films are perhaps the most common site for disability narratives. Numerous critically acclaimed, influential and award-winning films from the past two decades have focused on the subject of disability and war – and in particular, the Vietnam War. More than any other conflict, the theme of disability runs deep in Vietnam War films.¹ Perhaps this is because in wars won the nation's victory is celebrated, while in conflicts lost the focus is on the terrible cost of war, which is embodied by the figure of the wounded veteran and their meaningless sacrifice. The Vietnam War represents the one of the first times the United States lost a war, indeed, the first time the nation appeared weak and unable to defeat their foe – in this case, the North Vietnamese. Representations of this war are integral to current depictions of disability. Within these representations, disability is predominantly used as metaphor or analogy to express the physical and emotional toll of combat, with depictions of struggling and broken soldiers standing in for the broader physical and psychological cost of war. When popular culture texts reference America's presumptive fall from grace in the aftermath of the Vietnam War, few images have been as powerfully deployed as that of the "broken" veteran. While some critics argue that films such as *Coming Home* (1979) and *Born on the Fourth of July* (1989) are not, in fact, about disability, but rather about the injustices of war itself, this chapter investigates how war films are indeed about the destruction and preservation of masculinity, with ideas of gender and loss becoming imprinted upon the disabled subject, a connection that is now manifest in most representations of disability. By looking back at the way Vietnam War films construct and manage disability, we can see how these representations have profoundly impacted how we currently think about disability. More specifically, we can see the ways that the unconscious fantasies of disability built into these films have had a cascading effect on future representations of disability.

¹ Although disability and films about the Vietnam War are dominant, disability and war are closely tied together in other mediums. For example, there is extensive literature on the so called "war cripples" of World War I, focused on 'shell shock,' amputation, and the collision of bodies and machines as explained in Mia Fineman's work *Ecce Homo Prostheticus* (Fineman 1999).

3.1 About the films

Released to theatres in 1978, *The Deer Hunter* and *Coming Home* marked a turning point in how the Vietnam War was talked about in mainstream American media. In fact, 1978 will likely go down as one of the only years in which two of the most popular and award-winning films feature main characters with a variety of different disabilities, including both physical and emotional challenges. Perhaps the more popular of the two films, Michael Cimino's *The Deer Hunter* tells the story of working class Polish-American men who voluntarily join the Army Rangers to fight in Vietnam, where they are tortured by the North Vietnamese as prisoners of war. Although Michael makes it back to America relatively unscathed, Steve returns a quadriplegic who is dependent on an electric wheelchair for mobility. Meanwhile, Nick remains in Vietnam, subsequently committing suicide during a heroin-filled game of "Russian Roulette" at the climax of the film. The connection between the Vietnam War and Russian Roulette runs through the film, as Cimino correlates the way in which soldiers' lives are being frivolously risked by the American government for economic benefit in the same way that players of Russian Roulette are senselessly risking their lives for the entertainment of the gambling audience, while at the same time explicating the seemingly random and uncontrollable nature of war: you never know when the fatal blow will come. Not only was *The Deer Hunter* lauded by critics and seen as an important moment in American film, it was financially successful as well, garnering a domestic gross totaling over \$48-million since its release. The film was also quite successful at the 51st Academy Awards, winning Best Picture, Best Director, Best Supporting Actor, Best Sound Mixing and Best Film Editing. Also since 1996, the US National Film Registry (a collection of films deemed to be culturally and historically significant) has preserved *The Deer Hunter*. A financially successful film that has been recognized in numerous ways as being culturally significant, *The Deer Hunter* is an important text when interrogating representations of disability in the media because of its mass appeal and cultural import.

Although perhaps not as well known as *The Deer Hunter*, Hal Ashby's *Coming Home* also speaks to the experience of disabled veterans from the Vietnam War, but takes a different perspective. Rather than considering the brutality of combat, this film depicts

instead the injustices committed against veterans upon returning home. *Coming Home* tells the story of military wife, Sally (Jane Fonda), who decides to volunteer at the local veteran's hospital while her husband is fighting in Vietnam. It is at the hospital where she meets former high school classmate Luke Martin (Jon Voight), who has returned to America after being wounded in Vietnam. Voight's character is a paraplegic who uses a wheelchair. Luke and Sally slowly form a romantic relationship, as Luke becomes more involved in the anti-war movement and confronts his own role (and injury) in the Vietnam War while Sally becomes an independent and strong woman. On the surface, this film explores the transition from the far away battlefields to an American landscape changed by the civil and women's rights movements, respectively. At its core, however, *Coming Home* is about identities in flux, and specifically about the destruction of stereotypical gender roles. Sally goes from subservient housewife to independent woman and Luke transforms from an aggressive soldier into a loving pacifist. Although not as financially successful as *The Deer Hunter*, *Coming Home* still had strong numbers at the box office, with a domestic gross totaling over \$30-million since its release. Despite losing to *The Deer Hunter* for Best Picture at the 51st Academy Awards, *Coming Home* did manage to edge out Cimino's film in several other categories, including Best Actor, Best Actress and Best Original Screenplay. Jon Voight would also win Best Actor at that year's Cannes Film Festival for his portrayal of Luke Martin. Much like *The Deer Hunter*, *Coming Home* is a culturally significant movie, as indicated by its strong box office numbers and long list of critical acclaim. But perhaps more importantly, it was the success of these two films that would set the groundwork for an even more significant film, *Born on the Fourth of July*.

Released over ten years after *Coming Home* and *The Deer Hunter*, Oliver Stone would return to the Vietnam War with his bio-drama *Born on the Fourth of July* (1989), based on the memoir of disabled veteran turned political activist and war resister, Ron Kovic. Beginning when Kovic was a young, athletic boy growing up in America, *Born on the Fourth of July* follows Kovic as he joins the military, gets deployed to Vietnam, and subsequently suffers a serious spinal cord injury when he is shot in the chest by a Vietnamese soldier. The remainder of the movie focuses on Kovic's return to America as a disabled veteran and his attempts to integrate back into an inaccessible and inhospitable

America. It is also a story about confronting the atrocities that Kovic—and the America military in general—committed in Vietnam, all the while contending with the violence that has been done to his own body. In a shorter period of time than either of the two films already discussed, *Born on the Fourth of July* has nearly doubled the domestic total gross earning over \$70-million. The film also won Best Director and Best Film Editing at the 62nd Academy Awards. The film would also win Best Director, Best Actor, Best Motion Picture and Best Screenplay at the Golden Globes.

Ultimately, these three films were selected for study because they are all deeply connected. Despite being in direct competition, *The Deer Hunter* and *Coming Home* both provided a similar critique of the Vietnam War. Their message evidently struck a chord with the viewing audience, as they would collectively dominate the major award ceremonies of 1978. Despite being released over ten years later, *Born on the Fourth of July* has much in common with *Coming Home*, including near-identical scenes (in both style and theme), such as moments in the veterans' hospital and depictions of soldiers' experiences during their first Fourth of July celebrations in America after being wounded in Vietnam. These latter two films are fundamentally connected, though, because they are both based on the experiences of Ron Kovic. *Coming Home* used interviews with Kovic as a basis for the lead character Luke, while *Born on the Fourth of July* was based on Kovic's aforementioned memoir (Lembcke 1999, 75–76). Ultimately, all three films dominated the cultural milieu throughout the 1980s, a decade that would have been decisive for the writers, actors and producers of future television shows like *Degrassi: The Next Generation* and *Glee*. Indeed, *Glee* directly references *Coming Home*, identifying the film as one of the lead disabled character's favourite films. But the influence of this generation of films on later television depictions of disability goes much deeper than surface references. Both shows draw heavily from these films in their own treatment of loss of identity, independence, and masculinity.

3.2 Disability Films or War Films?

Before interrogating the ways disability is confronted and subsequently represented in these popular Vietnam War films, we must first determine whether or not these films are actually about disability at all, or if instead disability is merely deployed

as an allegory or metaphor as part of a broader claim about life or society. Allan Sutherland (Sutherland 1997) argues this view in relation to *Born on the Fourth of July*. He writes: “In Oliver Stone’s *Born on the Fourth of July* the real subject is the failure of the American Dream, disability being simply a metaphor for that failure (albeit a metaphor that treats disability as loss). The failure to distinguish between such different approaches is one of the most frequent causes of false analyses of film by the disability community” (19). For Sutherland, films do not necessarily fall within the realm of disability simply because they include a disabled character. Rather, film and television are pictorial mediums born in the tradition of silent cinema that deploy “increasingly complex and sophisticated [visual] vocabulary” as cultural shorthand that is not necessarily intended as a statement about the content of the image (Sutherland 1997, 17). For example, just because films use the recognizable analogy of a character wearing a black hat to be symbolic of his or her villainy, does not mean that everyone who wears black hats is bad. In this way, Sutherland believes that “...disability is used to give a rapidly recognisable characterisation, or to add an extra twist to an otherwise routine plot.” (18). If this is the case, Sutherland is optimistic about the future of representations of disability, particularly as those with disabilities become more engaged in the productive process: “As audiences and film industry start to see disability through our eyes, to have their perceptions of disability conditioned by our creations, tragic cripples will become as much things of the past as those rolling-eyed niggers” (20). The foolhardiness of this position is evident enough in the myriad negative representations of the disabled and ethnic minorities that remain prevalent.

Aside from this naïve optimism, Sutherland is not alone in his argument that war films are not *about* disability at all, but really about the devastating effects of combat and, more specifically, the loss suffered by the United States in Vietnam. Judith Williamson takes the same position when writing about *Born on the Fourth of July* and *My Left Foot* (Sheridan 1989). For Williamson, like Sutherland, these films are not about disability at all, but “are actually about how awful it is for a man to be dependent, in the emotional sense as much as the physical” (Morris 1997, 23). *The Deer Hunter* director Michael Cimino takes this one step further: “The war is really incidental to the development of the characters and their story. It’s a part of their lives and just that, nothing more. I have no

interest in making a ‘Vietnam’ film, no interest in making a direct political statement” (Norden 1994, 271). Despite Cimino’s best efforts, *The Deer Hunter* is deeply political, if only because at its most basic level the film spends much of its time discussing the implications of the war on working class American families, and when taken in concert with *Coming Home*, inextricably links questions of (de)masculinization, dependency and loss to our (un)conscious comprehension of America’s involvement in the Vietnam War.

These diverging views can be synthesized by stating that these three films use disabled characters in order to depict America’s shame and that the wounded veteran’s body functions as a stand-in for the wounded nation. No film does this better than *Born on the Fourth of July*, which draws a direct connection between the nation and the protagonist, Ron Kovic, who was also born on the 4th of July. As Norden explains, there is an implicit connection between the experiences of Kovic and America writ large: “*Born on the Fourth of July* is more than a personal, coming-to-terms kind of story: ‘The film isn’t about a man in a wheelchair. [It’s about] the country, what it went through, was, became. You know, an invalid.... It was a crippling time for this country, and you had to get beyond this man and a chair’” (Norden 1994, 302). *Coming Home* draws similar connections between the wounded veteran and the perceptibly “wounded” America, beginning the film with a conversation between wounded veterans about whether or not they would return to Vietnam knowing what they now know upon returning to America. One veteran draws an immediate link to the horrors committed in Vietnam and the destruction of the physical body:

The reason I can see it is that some of us, not all of us, some of us need to justify to ourselves what the fuck we did there. So if we come back and say what we did was a waste what happened to us was a waste, some of us can’t live with that. Inside themselves, they’re lying to themselves continuously saying ‘What I did was okay, because this is what I got from it, man. I have to justify being paralyzed. I have to justify killing people. So I say it was okay.’ But how many guys can make the reality, and say, ‘What I did was wrong and all this other shit was wrong,’ and still be able to live with themselves because they’re crippled for the rest of their fuckin’ life? (Ashby 1979, 0:02:08)

Here disability—being “crippled”—is intrinsically linked to war and the price of war will always be the destruction of bodies. The logic here is that disability is the punishment for

the crimes of the nation and the wounded veterans are serving the sentence. Both *Born on the Fourth of July* and *Coming Home* draw stark contrast between veterans of World War II. In the latter case, the veteran's wounds are treated as the price paid for freedom whereas the soldiers of Vietnam are needlessly "broken" in an unjust and ignoble war. This distinction is perhaps most clearly represented in *Born on the Fourth of July* when a World War II veteran is addressing the audience during a Fourth of July celebration about why he became a soldier, during which Kovic is forced to leave the stage as the sound of firework triggers flashbacks to the atrocities his platoon committed in Vietnam (Stone 1989, 0:45:30).

While the inclusion of a character with a disclosed disability does not necessarily make a text "about" disability, it is near-sighted to claim that these particular texts are actually only about war. Indeed, more recent research claims these films as texts about gender, and specifically about the ways in which the Vietnam War is framed as a battleground of masculinity in which characters either live up to the challenges of manhood or are marked as feminine by becoming wounded. The next section examines this reading which places questions of disablement and limitation firmly within the realm of identity politics.

3.2.1 Situating Masculinity Studies

To understand the ways in which gender, specifically masculinity, acts and interacts throughout these three texts, we must first take a moment to consult the field of masculinity studies. Generally speaking, masculinity studies is "a product of the major reconfiguration of academic disciplines that has taken place since the 1960s" (Adams and Savran 2002, 1). Born out of second-wave feminism,

...masculinity studies is thus dedicated to analyzing what has often seemed to be an implicit fact, that the vast majority of societies are patriarchal and that men have historically enjoyed more than their share of power, resources, and cultural authority. Focusing critical interrogation on men, patriarchy, and formations of masculinity, scholars in many disciplines have sought to denaturalize de Beauvoir's observation that 'it goes without saying that he is a man,' by demonstrating that masculinities are historically constructed, mutable, and contingent, and analyzing their many and widespread effects. (Adams and Savran 2002, 3)

In this way, masculinity studies is an extension of women's studies, attempting to do similar analysis on the subject position of "man" as was occurring around the patriarchal construction of "woman." For example, the first wave of masculinity studies, during the early 1970s, attempted to untangle the ways that sexism generates "negative affects on men as well as women" (Adams and Savran 2002, 4). A prime example of this work was Marc Feigen Fasteau's research on the "sexual caste system" in his text *The Male Machine*, work that he intended to be complementary to the feminist revolution (Adams and Savran 2002, 4). In this way, early masculinity studies aimed to align itself with the politics of second-wave feminism by investigating the ways that patriarchy also subjugates and disenfranchises men by enforcing specific constructed gender roles and norms for men that may otherwise run contrary to their desired mode of living. It should be noted that this early work in masculinity studies was "avowedly profeminist and dedicated to personal and institutional change" (Adams and Savran 2002, 5)².

A major component of the evolution of gender studies is the inclusion of queer theory and the examination of masculinity and homosexuality through the work of anthropologist Gayle Rubin and sociologist Joseph Pleck (Adams and Savran 2002, 5). Similarly, some feminist scholars are beginning to acknowledge the importance of masculinity studies within their own works, most notably Eve Kosofsky Sedgwick's text *Between Men: English Literature and Male Homosocial Desire* (Sedgwick 1985). As Adams and Savran explain, this text

...demonstrates that normative, heterosexual masculinities are structured by triangulating practices in which women mediate male relationships. At the same time, however, its analysis of erotic bonds between men and of the way the boundaries between the homosocial and the homosexual are policed also marks it as an inaugural text of lesbian/gay/queer studies. Ultimately, Sedgwick contends that the most important connection in the triangulated structure is not between

² Other parts of masculinity studies can be seen as a backlash to feminism, largely through the evolution of the men's rights movement that rose in the 1980s. Thought to have organized under the writings of Robert Bly and his text *Iron John*, this time is often considered the second wave or mythopoetic men's movement and centers around the belief that men "have been emasculated by feminism and an effeminizing culture" (Adams and Savran 2002, 5). Although the thinkers working within this segment of the field would see their ideas popularized and mainstreamed, the men's rights movement largely diverges from the field of masculinity studies at this point.

man and woman, but between the two men who have no other way of expressing intimacies with one another. (Adams and Savran 2002, 6)

In this way, masculinity studies really aims at uncovering the ways in which patriarchal society does not just assign “man” into a dominant role, but also dominates and subjects men to specific roles and limits the opportunity for transgression, especially in terms of male homosexual desire.

The shifting views on masculinity as an extension of feminist research has had ramifications for much of the humanities. For example, Carrigan, Connell and Lee have written about the influence of masculinity studies on sociology and the ways in which manhood is tied up with questions of hegemony (Carrigan, Connell, and Lee 2002, 112). Similarly, Connell has also attempted to do a “history of masculinity” that looks at the ways colonialism, imperialism and capitalism have informed the construction of masculinity in western society (Connell 2002, 246). Questions of international forms of masculinity that do not conform to western European are explored in texts like Lancaster’s article (2002) “Subject Honor, Object Shame” which explores machismo and masculinity in Latin America. Masculinity studies has of course also impacted the field of psychology, as seen in Silverman’s (2002) analysis of masochism, male subjectivity and the relationship between father and child.

Of all the work being done in the field of masculinity studies, however, it is this idea of gender as construction that is most significant to this study. The idea that there is a disconnect between biological sex and gender identity is perhaps most famously stated by Judith Butler in her text *Gender Trouble* (Butler 2006), but this idea has a long history in psychoanalysis. One key example from this field is Robert Stoller’s text *Sex and Gender: The Development of Masculinity and Femininity* (Stoller 2012). In this text, Stoller explains that “in humans (no body of contradictory data having been presented by others), the greater part of masculinity and femininity in either sex is the product of postnatal interpersonal and intrapsychic experiences and is best, though not exclusively, studied as an aspect of the mind” (*Sex and Gender*, Introduction). For Stoller, biological sex, namely the reproductive organ possessed by an individual, was not the sole or even most important indicator of an individual’s gender, but rather the ways they were raised

as children to be either a boy or a girl. Stoller would go on to identify three sources that would generate the sense of a core gender identity:

The first of these is the contribution made by the *anatomy of the external genitalia*. By their 'natural' appearance, the external genitalia serve as a *sign* to parents that the ascription of one sex rather than the other at birth was correct. Then too, by the production of sensation, the genitalia, primarily from external structures but in females additionally and dimly from the vagina, contribute to a part of the primitive body ego, the sense of self, and the awareness of gender. The second component, the *infant-parent relationships*, is made up of the parents' expectations of the child's gender identity, their own gender identities, the child's identification with both sexes, libidinal gratifications and frustrations between child and parents, and the many other psychological aspects of preoedipal and oedipal development. The third component is the postulation of *biological force*." (*Sex and Gender*, Chapter 7).

The biological force he refers to is, at the time of writing, not proven by any significant study but Stoller believes that things like "musculoskeletal development, height-weight ratios, and so forth, in children may be part of the biological base of such gender differences" (*Sex and Gender*, Chapter 7). So, for example, larger bodies are often associated with masculinity, while petite bodies are generally associated with femininity. In this way, the gender identity a subject assumes can be influenced by their physical anatomy, the way in which they are raised and interact socially, and the physical manifestation of their bodies and how they conform to specific gender identities.

Where Stoller is particularly useful, though, is in his research around individuals who do not conform to the ordained gender assigned at birth and how this relates to what he calls "gender identity" and "gender role." Stoller defines gender identity as the conscious or unconscious awareness "that one belongs to one sex and not the other, though as one develops, gender identity becomes much more complicated, so that, for example, one may sense himself as not only a male but a masculine man or an effeminate man or even a man who fantasies about being a woman" (*Sex and Gender*, Introduction). This definition of gender identity shows the gradated and complex nature of gender and the ways masculine and feminine are so easily blurred. At the same time, Stoller believes that sexual desire "serves to establish and maintain one's gender identity" (*Sex and Gender*, Chapter 2), a link Butler will contend decades later. But like Butler, Stoller

differentiates gender identity from gender role, which is the “overt behavior one displays in society, the role which he plays, especially with other people, to establish his position with them insofar as his and their evaluation of his gender is concerned” (*Sex and Gender*, Introduction). Here Stoller begins to outline the struggle we all must face in balancing the gender identity that aligns with our own perceptions of self, generated by the three core influences above, while at the same time attempting to live within the societally enforced roles prescribed to us based on our assigned or expected gender.

It is this generation of thinking that informed Judith Butler’s desire to trouble gender. At its core, *Gender Trouble* is an attempt to investigate the blurred line between gender, biology, and sexuality with the basis of her work focusing on probing “the fault lines” between physiological attributes and the culturally constructed gender (Butler 2006, 11). For Butler though, the connection between anatomy and gender is tenuous, based less on biology than on the medical profession’s *practice* of using reproductive organs to classify us as male or female at birth (Butler 2006, 8). From this point forward, the biological grounding of gender serves as a smoke screen that obfuscates the hegemony of normative gender roles and preferences. In actuality, Butler believes gender is a performative identity constructed through culturally agreed upon signifiers which we then internalize as fact (Butler 2006, 34). It is our actions, or specifically, our *performance* of these genders that bring them into being. To be a speaking subject, we must signify ourselves, constructing an identity that makes sense. One of the ways this is accomplished is through gender. But if gender is a construct—something created by us, rather than biologically given—then we have the ability to not only deconstruct this construction but also *reconstruct* it through signification. It is from this point of resignification that Butler sees an opportunity to cause “trouble” by acting out rebellious or oppositional constructions of gender identity, specifically within the LGBT community.

3.2.2 War film, Gender, and Masculinity Studies

Butler’s work on gender performativity provides valuable insight into war films, which are so often about the performance of hetero-normative masculinity. Contrary to what theorists such as Sutherland may claim, these war films are more complex media

that actively engage in a variety of topics and themes, like masculinity and disability. Developing her ideas in the midst of the mythopoetic men's movement of the '80s, Susan Jeffords makes the claim in her text *The Remasculinization of America* (1989) that films about Vietnam are not so much about war itself, but are about gender in America and about how the nation attempts to comprehend the defeat in Vietnam and what this defeat meant for men in America. Jeffords' study suggests that gender is the best lens through which to read this war:

[T]hough Vietnam representation displays multiple diverse topics for its narratives and imagery, gender is its determining subject and structure. It is what Vietnam narrative is 'about.' Gender is the matrix through which Vietnam is read, interpreted, and reframed in dominant American culture. More to the point, the insistent popularity of Vietnam novels, films, characters, and associations can best be understood, not in relation to its all too apparent military promotions, but in a context of changing roles, definitions, and relations of masculine and feminine and of male and female in contemporary American culture. (Jeffords 1989, 53)

Up until this point, the American soldier was seen as an icon of strength, of power, but when suffering defeat at the hands of the North Vietnamese Army—an enemy often depicted in film as being weak, conniving, and unsophisticated—all this changed. Suddenly, the American soldier had become the victim. The veterans returning from the war with both mental and physical injuries principally represented this victimization. Jeffords makes the argument that when suffering the loss in Vietnam that America was confronted with the limitation of their soldiers, confronted by the realization that their troops were vulnerable and weak. Jeffords goes on to argue that dominant American culture frames masculinity as being inherently connected to strength while femininity is linked to weakness and vulnerability. As such, the wounded soldiers are often portrayed as emasculated—i.e. feminized—men. Jeffords claims Vietnam War films in the 80s like *Rambo* (1982) and *Missing In Action* (1984), which seek to rebuild and remasculinize America, are the cultural response to this threat of feminization, the fear of a “weakened” American masculinity.

The rebuilding of American masculinity began long before *Rambo*, though, as Jeffords shows in her analysis of *The Deer Hunter* and “the code” that runs through it. In this text, the three main male characters are placed in opposition to one another, with

their outcome in the film dependent on whether they abide by the structures of the “one shot, one kill” code presented by Michael at the beginning of the movie. Jeffords explains that whether a character lives up to this code of manhood will determine “how and if one survives Vietnam” (Jeffords 1989, 95). Michael is defined as the “the epitome of the code, acting not only as its spokesperson, but also as its model. He takes only one shot at the deer and kills it; he takes the one shot in prison when he kills the Vietnamese guard and leads the escape; he lives an ascetic existence, having nothing to do with women before going to Vietnam (he does not even kiss the bride); and only he is able, at the end of the film, to decide not to shoot the deer” (Jeffords 1989, 95). Jeffords states that Steve is the polar opposite of Michael, directly associated with womanhood by getting married at the beginning of the film. Steve’s masculinity is questioned further when he does not join the hunt with the other men – hunting demarcates the line between men and women (Jeffords 1989, 95). Nick is placed somewhere in between, or as Jeffords claims, he “violates the code,” as he does go on the hunt and is largely trusted by Michael, but will show weakness when breaking down in the prison camp and is romantically connected to two of the female characters (Jeffords 1989, 95). Jeffords goes on to explain that all of these men will subsequently be judged in the film based on their observance of the code:

Michael, fulfiller of the code, returns from Vietnam a decorated hero. Stevie, whose self-knowledge accepts that he cannot meet the requirements of the code, returns from the war a paraplegic. His body enacts his relation to the code, as he comes back “half a man,” but alive. Nick, whose temerity is to think he can bypass the code for his own desires, never returns from Vietnam, is lost in a land where codes seem to have come permanently undone. (Jeffords 1989, 95)

The implication here is that Vietnam was a battlefield of gender, in which those who lived by the rules, who were *real* men, were spared. Moreover, it is the fault of the weak, those who succumb to the feminine, who are to be blamed for America’s failure in Vietnam. If they had been stronger—*true* men—America would not have lost.

In all three films, to return home from war as anything but the victor is to call into question your manhood. In this way, the loss in Vietnam threatens *all* soldiers’ masculinity, especially those who return wounded. As we will see later, the wounded veteran is constantly depicted as struggling with his sense of masculinity. A prime

example that Jeffords uses is Luke, in *Coming Home*, who is “initially an angry, violent, and resentful veteran, becomes sensitive, nurturing, nonviolent, and expressive of emotions by the film’s close” (Jeffords 1989, 146). Luke becomes increasingly feminine after being released from the hospital, a change in behaviour that occurs concurrently with his growing opposition to the war (Jeffords 1989, 147–148). Nowhere is this feminization more apparent than when considering Luke’s (and other war resisters’) physical appearance:

The ‘defilement’ that was Vietnam affected not women but men, causing them to become like women, growing long hair and wearing flowers, being immersed in Theweleit’s ‘mire,’ ‘at once male and female.’ This contamination led directly to a loss of the strength and will necessary to action, so that verbs of direction, command, and hierarchy were replaced by verbs of submission, passivity, and community—of sharing rather than telling. (Jeffords 1989, 159)

Here again Jeffords points to the perception of femininity being linked to weakness and, therefore, those who are weak must also be feminine. This weakness is most often displayed through wounded veterans who were not man enough to *win* the war and so return broken, dependent, and most often turned against the war itself.

While Jeffords speaks at length about how these films use gender as a lens to comprehend war and loss, I would like to go a step further to interrogate the way in which disability is deployed as the primary metaphor to depict this loss in a way viewers will understand. Lembcke explains that Waldo Salt, one of the writers of *Coming Home*, was immediately drawn to using disability as a means of “speaking metaphorically about the psychological and emotional paralysis of Vietnam veterans” (Lembcke 1999, 71). Ultimately, these films *are* disability texts by the very fact that they rely upon disablement as a method to make a broader point, reliant on the fact that disability is culturally synonymous with loss and weakness. As Jenny Morris explains, “The makers of these films 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. A man in a wheelchair is an easily recognisable metaphor for a lack of autonomy, because this is how the general cultural perceives disabled people” (Morris 1997, 24). At issue here is the fact that these representations are not based on the lived experience of

disability but rather on the perceptions and beliefs of the normate producers, which in turn relies on the prejudices of the viewer to make a broader point:

The crucial thing about these 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 disability. Disability is used as a metaphor, as a code, for the message that the non-disabled writer wishes to get across, in the same way that 'beauty' is used. In doing this, the writer draws on the prejudice, ignorance and fear that generally exists towards disabled people, knowing that to portray a character with a humped back, with a missing leg, with facial scars, will evoke certain feelings in the reader or audience. The more disability is used as a metaphor for evil, or just to induce a sense of unease, the more the cultural stereotype is confirmed. (Morris 1997, 22)

Contrary to Sutherland's assertion that the mere inclusion of disability does not necessarily make the text *about* disability, Morris here argues that the very act of using disability as a metaphor at once informs and validates the ableist prejudices of the normate viewer and, for this reason alone these texts are an important site of inquiry for those working in the field of disability studies.

3.3 Broken Nations and Broken Bodies: The fantasy of masculinity and disability in Vietnam War film

At issue here is the fact that questions of gender, and specifically the feminization of the male subject, have been grafted onto disablement. In an attempt to make commentary on the broken state of America after the loss in Vietnam, films like *Coming Home* and *Born on the Fourth of July* deploy disability as a conduit through which the audience can experience the broader damage done to the nation, but by deploying disability as a means to talk about the feminization and weakness, disability is validated as being correlated with fantasies of loss, emasculation and disempowerment. In relation to the wounded soldier, this connection most often plays out as a castration, with disabled characters portrayed as being both physically and sexually impotent. The binding of disability and emasculation has had profound impact on future stories about disability, which have come to rely on this connection, correlating issues of disablement with those of castration in which characters are confronted with the question of whether they can still be men despite being disabled. The answer is, almost always, "No."

All three of these war films follow a relatively similar trajectory when handling disability which, when analyzed, reveal some of the powerful fantasies of disability that are wrapped up within these texts. To start, all of these texts begin by explicating the active and virile nature of the male characters in an effort to amplify the tragedy that will befall these men once they are wounded in Vietnam. This inevitably leads to the traumatic moment of breakage, when the soldier is seriously wounded and appears to die. From this point on, things will never be the same for these characters, as they begin their new lives as disabled men within the comforting, controlling, but also terrifying, walls of the medical establishment. A juxtaposition is presented in which the soldier no longer *fits* at home, a home that is physically and emotionally inaccessible after the accident. As a result, the veteran comes to best “belong” to the hospital system. The hospital becomes a place of cure, wholly focused on reconstituting the body and reconstructing the identity in an attempt to fulfill the wish to once again be “normal.” Eventually, these characters must return home, but as feared, the home has become a hostile and inhospitable place. Within the walls of the institution, disability *was* normal, but outside disability becomes a memorial object: a tragic reminder of what happened overseas and the price the nation has paid. The return home ultimately sets up the biggest conflict within these texts – the moment when the character is forced to grapple with their newly constructed identities, a fight that turns on whether they are still men despite their disabilities.

Throughout these texts, there are powerful fantasies of disability depicted and it is these conflicts that inform both the public’s perception of disability as well as future representations of disability. First, and most obvious is the fantasy that to be disabled is a tragedy akin to death. The idea here is that to become disabled is to encounter a fragmentation of not just the body but of the self. This fragmentation gives rise to a desire to reconstitute the body, and by extension, the former self – to put the pieces back together. But even more insidious is the fantasy that disability is a form of castration, both literal and figurative. For all of these texts, to become disabled is to lose your manhood, which is symbolized through the phallic sexual impotence that befalls all of the physically disabled characters. The castration suffered by these characters goes deeper than just the use of their penis, marking the disabled subject as lacking the phallus entirely. The disempowered bodies are confined by their medical equipment and

dependent on others in order to survive. In this way, the wound of disability is one that returns these men to a particular state of childhood, indeed to the crises of the Oedipal complex, where the limits of their abilities and desires are tested and they find themselves lacking.

3.3.1 Manly Men Doing Manly Things

All three of these films open with a heavy focus on masculinity and powerful male bodies. Immediately following an extended wedding sequence, *The Deer Hunter* revels in masculinity through “the hunt,” a symbol that is almost over-determined with associations of manhood. The scene is significant not just because it introduces the “one shot” code that will be used to ascertain the true masculinity of the male characters, but also because it signifies the last time the group of men will be together before Vietnam. This scene signifies to the viewer that this is a text about “men being men” and the consequences of not living up to “the code.” *Coming Home* also begins with an ode to the masculine body, with long panning shot of the Veterans’ hospital, showing men lying in beds, sitting in wheelchairs and standing on crutches juxtaposed with Sally’s husband, Robert, jogging around base, including a close-up of his legs as he runs (Ashby 1979, 0:03:45). Luke is also marked as physically adept before his injury, when it is disclosed that he was an accomplished football player before the war (Ashby 1979, 2:04:45). Ultimately, these cues indicate to the viewer that *Coming Home* is a film about bodies, or more importantly, about bodies that work and those that do not. Neither of these films compare to the excess of masculine physicality presented at the beginning of *Born on the Fourth of July*, though: the film begins with a voice-over by Tom Cruise saying that the kids would play war in the woods and dream that “someday, we would become men” (Stone 1989). The scenes that follow show Kovic growing up, marking him as being fiercely masculine. For example, Kovic receives his first kiss from a girl and afterward when the young Donna asked how he feels about the kiss, he replies “I don’t know” and demands she watch how many pushups he can do. This is followed by a scene of young Kovic hitting the game-winning home run during a little league baseball game with Donna cheering on from the bleachers (Stone 1989, 0:07:00). The film then cuts to Kovic as a teenager, now portrayed by Tom Cruise, competing in a wrestling tournament (Stone

1989, 0:09:30). Much like the treatment of Michael in *The Deer Hunter* and Bob in *Coming Home*, the montage used to open *Born on the Fourth of July* clearly defines Kovic as being a virile, attractive, and athletic young man.

The opening scenes of these three texts are not just about validating the masculine nature of the main characters, but they also work to reveal the threat of cowardice, and by extension femininity, that is stalking these robust men. While the juxtaposition at the beginning of *Coming Home* between Bob jogging around the base and the veterans rehabilitating in the hospital certainly draws a line between healthy and broken bodies, *The Deer Hunter* draws a clearer line between manhood and cowardice, largely exposed through the division between Michael, the hero, and Stanley (also known as Stosh), the coward. Throughout the film, Stanley is marked as weak or cowardly, avoiding service in Vietnam entirely and constantly brandishing a pistol to solve fights—in fact, Stanley's power within the group is wholly signified by his sidearm, a threat that intimidates everyone but Michael. In this way, Stanley's pistol functions as a phallus, a prosthetic device through which he will cling to power while fearing that his true impotence will be revealed. This behaviour is, in fact, reflective of boys studied by Stoller who deem their own penises to be inadequate. Such boys cling instead to objects like knives, which can be used to display their power and, more importantly, their masculinity (Stoller 2012, Chapter 5: The Sense of Maleness). Stanley's lacking is seen when it is revealed that he is never prepared for the hunt, often forgetting essential items like a jacket, pants or hunting boots (Cimino 1979, 1:01:25). An argument ensues over whether or not Michael will lend Stanley the necessary equipment, settled when Stanley pulls his small pistol and Michael fires a warning shot from his rifle into the woods (Cimino 1979, 1:03:20). This scene is particularly important because it provides an archetype of the weak and cowardly man to which Michael is contrasted.

Marking all of the main characters to start these films as being strong, masculine archetypes, at the pinnacle of human ability, appears to be an effort to amplify the emotional impact of what is to come. To begin, these men are strong and able, but by the end of the film they will be something else—they will have lost something special and this makes their disablement tragic. While an effective means to draw into question the

merits of the Vietnam War, this comparison relies upon the belief that masculinity is inherently connected to aggressive or competitive physical activity while at the same time encourages the belief that to become disabled is tragic. This duality, to be physical and masculine versus being weak and disabled, will go on to inform the development of these disabled characters throughout the text.

3.3.2 The Moment of Breakage

All three of these films follow a similar pattern involving two key moments. The climax of these films is when the hero overcomes the disability and is reborn as a new man, or is at least on the way toward reintegration. The first key moment, and perhaps the most important, happens at the moment of injury. The beginning of these films build to this moment, casting these characters as being strong physical specimens only to have them splintered and cracked by the violence of combat. This is a moment of castration and the injury fragments the character. All that they once were cannot be held together by the broken body. The destruction of the physical body is marked as a tragedy, but the greater fear is that a symbolic death of their masculinity has occurred. Although the person survives this moment of trauma, something cannot be brought back from the battlefield, something is killed in that moment of fracture, and a deep anxiety is confirmed: these individuals will never be the same and as a result, the person we had come to know is dead.

At the same time, these moments of breakage also carry a sense of hope: a promise that in death we will find new life, a new individual, born in the trauma to one day grow into something better than before. In this way, the castration is both monstrous and romanticized, a destruction of the old, which we dearly loved, while at the same time promising that something more complex, which we will love even more, will emerge once all the pieces are put back together again.

Of the three films, *Coming Home* never depicts the moment of injury for any of the disabled characters, largely because the viewer follows Sally's perspective as she volunteers at the hospital. In fact, there is no mention of what happened to Luke at all in the film, only that he was injured in Vietnam and is now a paraplegic. Similarly, viewers

are not shown Bob's injury in Vietnam, but we do learn from Bob himself that he shot himself in the foot, an alleged shower accident (Ashby 1979, 1:46:10). Although there are no visuals of physical injury, *Coming Home* does provide several depictions of psychological breakage through Sally's friend Vi's younger brother, Billy. Billy, a cherubic and seemingly innocent and sweet young man who is suffering from post-traumatic stress disorder, first breaks down when he explains that after his experiences in Vietnam, he can no longer play guitar, a realization that leaves him overcome with emotion (Ashby 1979, 0:48:15). This scene sets up the pinnacle moment of psychological breakage in the film, when Billy commits suicide. Billy is shown frantically pacing the hallway with his guitar before locking himself in the medicine room and pulling out a large needle. The veterans gather, banging on the window and trying to get him to unlock the door as Luke tries to make his way through the crowd in time to stop Billy. Ultimately, Luke is too late and we, much like the veterans gathered around the window, are left to helplessly watch as Billy's body goes limp after he pushes the needle into his arm (Ashby 1979, 1:16:30). Although tragic and difficult to watch, Billy's death was inevitable. Throughout the film, he is presented as both innocent and naïve, possessing a happiness that is really a veneer, "a miracle of modern medicine" as Vi quips sarcastically, that hides something more sinister (Ashby 1979, 0:32:30). The war had destroyed who Billy had once been, creating a monstrous child who no longer functions in the normative world. In many ways, the suicide scene provides a moment of release, a cure for Billy's suffering.

A similar solution is sought by Sally's husband Bob, who also struggles with post-traumatic stress disorder upon returning home from Vietnam. At the end of the movie Bob leaves his possessions on the beach and swims naked into the ocean, presumably ending his own life (Ashby 1979, 2:04:35). Both Billy and Bob are depicted as being monstrous children, naïve and desexualized while also having a propensity for violence. When examined through the lens of gender, these are men who have become boys unable to traverse the Oedipal crisis: strong men endure; weak boys die. The anxiety represented here involves the fragility of the human mind, a terror that one could be reduced to a shadow of their former self. This fragile existence is too painful to endure. Billy and Bob are forced to live in a world that is confusing and torturous, repeatedly

haunted by the horrors they have witnessed in a way that offers no escape. When suffering is thought to have no end or hope for recovery, the only solution left is euthanasia. But these suicides are not necessarily seen as the real tragedy, but rather are a release from suffering and a unification of the body with the mind, which had already passed. In this way, the tragedy for both Billy and Bob occurred in Vietnam, where they lost their minds; in death, their bodies have simply caught up.

In many ways, *The Deer Hunter* is a film solely focused on breakage. Much like *Coming Home*, a major theme throughout the movie is the psychological impact of warfare in Vietnam on veterans returning home. In this film, however, the audience must also witness bodily destruction. Shortly after the audience arrives in Vietnam, Michael, Steve, and Nick are reunited after being captured by the North Vietnamese and taken to a Prisoners of War (POW) camp. At this camp, American and South Vietnamese prisoners are forced to entertain the North Vietnamese soldiers guarding them by playing a game of Russian Roulette. This scene also draws a firm line between those who have the mental fortitude to maintain composure in a stressful situation and those who become overwhelmed and incapacitated by emotion when under pressure. As the game of Russian Roulette proceeds, Steve grows hysterical³ and Michael must assure him that everything will be okay (Cimino 1979, 1:16:35). When Steve breaks down, explaining that he cannot pull the trigger, Michael orders over and over: “Go ahead! Show them you got balls!” (Cimino 1979, 1:19:00). Here the act of pulling the trigger is aligned with “having balls.” Steve is not able to live up to this challenge. Moments later, Michael orchestrates an escape. His strength alone seems to guarantee the safety of his two wounded friends—one physically and one psychologically broken—as they make their escape down the river (Cimino 1979, 1:31:00).

The climax, however, comes moments later when Michael and Steve fall from the rescue helicopter. While attempting to get Steve into the helicopter, Michael loses his grip from the bridge and the two men are shown falling dramatically, eventually

³ I use this term intentionally, invoking the historically gendered use of the diagnosis as outlined, amongst elsewhere, in Elaine Showalter’s text *The Female Malady* (Showalter 1985).

splashing into the water below where Steve's body is shattered on rocks (Cimino 1979, 1:35:00). Michael must now carry an incapacitated Steve, as his legs and one of his arms no longer functions (Cimino 1979, 1:35:35). In this moment, Steve is completely vulnerable, unable to mentally or physically care for himself, like a child gone limp, a fragile doll, to be carried and protected by Michael. The physical breakage reflects his mental and, indeed, masculine limitations. In this moment, exterior weakness becomes a reflection of interior or mental inferiority, fusing the two together. The scene also validates the idea that the strong, Michael in this case, are obligated to use their strength not just for self-preservation, but also for the preservation of those not strong enough to save themselves. Steve's life is literally dependent on Michael's support, but it is also Michael's *duty* to protect him, to support him, to save him, which further marks Michael as a "real" man.

Of the three films, *Born on the Fourth of July* provides the most dramatic and visceral scene of injury when the lead character is shot. Similar to *The Deer Hunter*, our first experience in Vietnam is a raid on a suspected North Vietnamese-sympathetic village. The raid leads to the massacre of presumably innocent women and children (Stone 1989, 0:30:00) and Ron accidentally kills his friend Wilson (Stone 1989, 0:33:00). Less than ten minutes later, Ron is himself shot. On another raid gone wrong, Ron runs into battle attempting to save his friends when a North Vietnamese soldier guns him down. As the first bullet strikes him in the foot, the action is dialed down to super slow motion (Stone 1989, 0:39:00). Another bullet strikes Ron in the upper left pectoral and he tumbles to his knees and then completely crumples. The action is accompanied with only a grim silence and the sound of blood rumbling in Ron's lungs as he struggles to breath and calls out for a medic before the scene fades to black (Stone 1989, 0:41:20). When the next scene comes into focus we find him in a field hospital being visited by a priest, who is giving the wounded soldiers their last rites—we now know Ron is dying (Stone 1989, 0:44:35). The use of slow motion and the monotonous soundtrack are all deployed to add tension to this scene, giving the audience a voyeuristic glimpse of the damage done to his body. By slowing the image down and allowing the viewer to absorb all of the detail of the moment, there is also time provided for the viewers to not only empathize with Ron but to experience the emotional weight of the injury themselves. In this moment, the

viewer is invited to enter Ron's perspective and be surrounded at once by the sounds of death, of drowning in your own blood while at the same time desperately calling for someone to help. This moment exposes the true fragility of the body, indeed, of life. No matter how much Ron ran, kissed girls, played baseball or wrestled, none of that would save him (or us) from the destructive power of a small piece of metal propelled at high velocity. This devastating destruction, moreover, is framed as an act of retribution for the innocent deaths depicted moments prior. Ron transgressed when killing innocents and the punishment is something worse than death: to remain alive, but broken.

Disability is set up as a tragedy in juxtaposition to the active, physical world of masculinity the characters occupied before becoming injured, whether it is Ron Kovic's ode to the physical body to begin *Born on the Fourth of July* or fond memories of Luke as a football star in *Coming Home*. For both of these men, they did not just lose the ability to walk but the ability to perform tasks that were fundamental to their construction of self. If they could no longer be active, sporting men after their disability, both Ron and Luke were forced to become something new, to align their sense of self and fundamentally change the way they act and interact with the world around them. In this way, disability is represented as an intervention, a wound not just in the physical sense but also an attack on the fundamental identity of the subject. For both Ron and Luke, the personhood of the boys they were before Vietnam, active and physical, cannot be sustained after injury—both must find new ways of being, new ways of constructing the self. This is the type of threat posed by disability that Kristeva (2010) speaks of when stating disability causes a narcissistic identity wound upon the normative subject. These texts both display and circulate this unconscious anxiety with their fantasies of wholeness, mastery, and the imperviousness of the body. The danger of this vision of disability, then, is it promotes a fantasy of the self as being whole and complete, a false perception that we can hold mastery over the body, a misrecognition of Lacan's gestalt (Lacan 2006), a sense that we are autonomous beings capable of directing our lives as we choose on our own terms. Disability threatens to destabilize this mental image with the reality that we can (and do) lose *control* of our bodies, that they can break down and no longer respond to our command in the way we wish.

3.3.3 Hospital as the “New” Home

Deeply connected to the idea of self and the ways a serious injury is believed to shatter those perspectives is the question of “the home.” As discussed in the introduction, Lacan’s idea of “the mirror stage” is significant because it marks the recognition of the inner world (*Innenwelt*) and the outer world (*Umwelt*), that which is familiar to us and that which is foreign or strange. As disability evokes a crisis of the ideal I, the attack on our narcissism postulated by Kristeva, it stands to reason what was once homely and recognizable to the normate body becomes foreign and estranged for the disabled subject. This fear appears to manifest in an anxiety around redefinitions of the home, whereas the normate subject lives within the familial home, the disabled subject is fantasized to reside exclusively within the medical institution.

All three of these war films state that to live through a traumatic experience, like a POW camp or being shot on a sandy beach, is a life-changing event. Life cannot go on as it once did; it must change to reflect the new reality of disablement. Whereas soldiers like Michael, who return from Vietnam without serious physical injury, may return to their family and friends, the wounded soldier cannot return in the same fashion; first, they must navigate through the hospital. For wounded veterans, the hospital becomes a new type of home for a new person—where once they belonged they no longer fit, as the houses their friends and family reside in are often literally inaccessible. The hospital is where they belong now because they are the only places capable of supporting the profound needs of the physically and emotionally disabled. Inevitably this binds the idea of disability and the medical sphere together, which, at the same time, locates the disabled person wholly under the governing eye of the medical establishment. In this way, while the hospital is the new home, it also comes with a new set of rules, a space of control and being *out* of control. It is also a space divided where there are the doctors and nurses, who now hold the power, and there are the patients, who are subject to that authority. The purpose of this, of relinquishing power, is for one purpose: the promise of a cure. The disabled subject is too weak to overcome their limitations on their own; after all, if they were not weak they would not have been disabled in the first place. As such, they must give themselves over to the medical establishment, to the able-bodied, in order

to find a deliverance from the prisons within which they find themselves. And freedom from the confines of their bodies, their equipment and their spaces is a noble and valid desire. The ultimate dream of the disabled must of course align with the hope of the able-bodied when confronted with disability: the desire is to no longer be disabled and regain one's freedom of movement.

The idea that it is difficult to return "home" after war runs deeply within all three of these films. The problem is that home is no longer what it once was. Whereas home is associated with comfort and safety, wounded veterans are depicted as finding "home" to be foreign and inhospitable upon returning from combat, a place they no longer belong. Even Michael, the epitome of masculine strength in *The Deer Hunter*, is not immune to these feelings, explaining he feels disconnected from home. Even in his hometown he "feel[s] a lot of distance. I feel far away" (Cimino 1979, 2:12:20). Steve also feels out of place in America, choosing to hide in the hospital, ashamed of his failure in Vietnam (Cimino 1979, v. 2:08:30). The desire to hide may be instigated by the misrecognition of the others, as Luke explains in *Coming Home* that since coming home he no longer feels like the person he once was: "It's funny. People look at me they see something else, but they don't see what I am, you know?" (Ashby 1979, 0:53:40). Sally responds to Luke's concern with a profound statement on the power of the gaze:

I think people have a real hard time seeing who other people really are. People don't see me like I really am. People look at me, I think, and they see cheery Sally, the Captain's wife. Sometimes I feel like I'm becoming what people see. (Ashby 1979, 0:54:00)

The fear for both of these characters is their susceptibility to those around them. Luke laments that his identity does not match the expectation people have for someone with a disability and Sally acknowledges that the true fear is that these expectations will change them both into something they are not or no longer want to be. This oppression is also portrayed in *Born on the Fourth of July* when Ron's mom is forced to retreat, overwhelmed by emotion after seeing her son in a wheelchair for the first time (Stone 1989, 1:01:13). Much like what Luke is feeling, Ron is ostracized for his appearance – his altered presence is upsetting and destabilizing, converting the home into a foreign place. Steve's wife in *The Deer Hunter* appears to have had a similar response upon

discovering Steve was profoundly wounded. She retreats into a catatonic state, refusing to speak and largely living within herself. Here the destruction of her husband's body seems to destroy her psychic stability (Cimino 1979, 2:10:40). These are significant moments because the texts clearly acknowledge the subjective power of expectation and shows how these disabled characters do not belong; they no longer "fit." These moments also speak to the rationality of disability and the way impairment affects everyone in close proximity, not just the disabled subject proper. Ultimately, these texts build a barrier between the home, the natural world where the normate belong, and the friction that occurs when the disabled attempt to integrate into these spaces. The result, for everyone, is uncomfortable and things are much better when segregated. For this reason, the new home for the disabled veteran, the place where they belong, is now the hospital.

The hospital as the 'new home' is most obviously depicted in *The Deer Hunter*, when Michael goes to visit Steve at the VA (Veteran's Hospital). This is the first the audience sees Steve since the fall and we discover that he is now dependent on an electric wheelchair, is missing both of his legs, and has lost the use of his left arm (Cimino 1979, 2:29:50). Michael seems horrified by Steve's containment in the hospital, but Steve disagrees, explaining that the place is "great" and that "it's like a resort" (Cimino 1979, 2:31:00). At first these comments read as an attempt to mollify Michael's horror, but when Michael attempts to liberate Steve from the hospital moments later, Steve resists and reveals the true reason for his comments: he simply does not want to leave because he no longer "fits" outside (Cimino 1979, 2:34:00). In this way, the hospital is a not "great" place but the *only* place for Steve now. Similarly, in *Coming Home* when Sally visits the hospital after hours with Luke, she exclaims how "strange" it feels to be there at night, to which Luke responds; "Not for me" (Ashby 1979, 0:56:40). What is at work here is the belief that the disabled are simply *more comfortable* when in spaces purposefully designed for them and surrounded by others like them. But this also drives a linguistic, psychological, and environmental divide between the disabled and normate: they appear to *like* to be with people like *them*. This fantasy seems to safeguard the disabled subject, but in fact actually shelters the normate from encountering the trauma of radical vulnerability and breakdown: there would seem to be no problem with

sequestering the disabled in institutions, comfortably out of sight, because they are presumed to be happier there, where they can get the care and support they need.

Unlike *The Deer Hunter*'s disposition towards hospitals, Luke and Ron will have a far more contentious relationship with the medical space. For these two characters, the hospital is a place where you are controlled by doctors and dependent on nurses, who are often represented as not actually caring about the wellbeing of their patients. This difference is complicated by the fact that both films rely on Ron Kovic's experience to inform what life is like within the Veterans Hospital (or Veteran's Administration). This film joins a long history of complaints foisted at the VA and their substandard treatment of wounded soldiers, with the Walter Reed scandal standing as one of the more recent examples (Priest and Hull 2007). In this respect, *Coming Home* and *Born on the Fourth of July* are both scathing critiques of the VA's treatment of Vietnam War veterans. At the same time, these specific scenes are critical to both films because of their iconic and memorable nature, and play a large part in the development of the characters. These scenes are also significant because despite speaking to a specific moment in history, relying on a broader narrative of disciplinary control and the power structure present within the modern medical establishment (see Foucault 1975, Illich 1976, Navarro 1978, Doyal and Pennell 1979, Oliver 1990, Barnes and Mercer 2003, Shakespeare 2006).

In both *Coming Home* and *Born on the Fourth of July*, the level of care is deplorable. Luke complains about needing a bath, but is informed that the nursing staff is "too busy" to provide this necessary support (Ashby 1979, 0:19:35), to which Luke protests: "You treat us like nobodies in this fucking hospital!" (Ashby 1979, v. 0:21:07). Ron has a similar experience, complaining that the injured are not treated like humans (Stone 1989, 0:55:50). Both of these instances are supposed to expose a Taylorist model of healthcare, in which the patients are detached from their humanity, with their needs being broken down to a series of tasks that must be provided in a finite period of time (the nurse's shift). The viewer is supposed to be appalled by this dehumanization and, moreover, shocked and terrified of the possibility that they, too, could become disabled. At the same time, the audience is primed to agree with the doctor's subjection of the disabled subject "for his or her own good." For instance, when Luke becomes angry

about the level of care and begins wildly swinging his canes at a nurse, screaming “You people want me out of this fucking hospital? Then take care of me. Just take care of me!” the institutional response is to sedate and restrain Luke in his bed (Ashby 1979, 0:22:00). This is presented as a necessary response: Luke was a danger to others and it is safer for everyone, including himself, if he is sedated to the point of docility. Not only is disability a threat that must be contained within the hospital, but also the disabled themselves must be contained for their own good. In this way, *Coming Home* acknowledges the anxiety around the authority of doctors while also confirming the need for said authority. Luke could “get better” if only they would just help him.

Luke’s sedation is not the only example of a doctor forcing the disabled body to submit to medical authority. A better example is in *Born on the Fourth of July* between Ron and his doctors over whether or not to amputate his leg. In the doctor’s perspective, the infected leg is not worth preserving. Ron takes a very different perspective, believing that the leg is an integral part of his body and to lose it would be to lose a part of himself. Functionally, the leg is already lost to Ron; he has a T-6 spinal cord injury and will never walk again (Stone 1989, 0:49:23). While part of the desire to maintain the leg is likely connected to Ron’s belief that he *will* walk again, there is an important struggle happening here around what constitutes the body and the self. To Ron, the leg is a part of his body and therefore needs to be maintained. While I would not go so far as to say that his entire identity is enclosed within the leg, Ron’s perception of self, as a whole and complete entity, includes that leg and therefore to take the leg would be to fragment his ideal-I, in the Lacanian sense. This moment confirms the belief that a unified body is integral to the formation of self and that to lose part of the body, functionally or literally, is to engender a psychic and phenomenological crisis, to endure a loss that is akin to death. It is this moment in the film that so closely expresses the connection between disability and death. Ultimately, Ron will win the argument with the doctors and keep his leg, but the reality remains that this scene reveals the type of control perceived by and given to doctors within the medical establishment—quite literally, control over the physical body – and, in turn, the mind.

The hospital is not only a place of control, but also a place where bodies are *out* of control, which further validates the need for medical authority. There are two very similar scenes in *Coming Home* and *Born on the Fourth of July*, both of which involve control over the body. The first involves the fear that to become disabled is to become immobilized, giving up control over your mobile autonomy. This is represented by the iconic rotating hospital bed scene in *Coming Home*, where a soldier is strapped in and spun head over heels (Ashby 1979, 0:19:35). *Born on the Fourth of July* has a similar scene, but this time, from Ron's perspective (Stone 1989, 0:54:18). In both scenes, the individual is confined to the device, subject to the controls operated by the nurse. Here not only is their mobility restricted, but even the individual's field of view is dictated by the positioning of the bed—once in the bed, you give up control over where you are and what you can see. The anxiety around becoming reliant on a piece of equipment is present in other scenes as well, for instance, when a disabled veteran worries out loud about his finances and the potential for his sex life and: “What happens if my gizmo busts? What happens if I have a bowel movement? What happens if I get there and don't know how to react?” (Ashby 1979, 0:36:40). While the underlying issue may be a fear of reintegrating into the civilian world, the strongest anxieties are wrapped up in questions of dependency and a lack of control over the body.

In this respect, the wheelchair becomes one of the chief symbols of the new persona. This piece of equipment must be incorporated into their identity since it aids in distinguishing what the subject can and cannot do. While the moment when Luke receives his first wheelchair (and thus frees himself from the confines of the hospital bed) is represented as joyful, the wheelchair is not without its limitations. For instance, when Sally and Luke go out to see a movie, a stranger trips over Luke as he wheels past – presumably because people in wheelchairs are below the sightlines of a standing grown man (Ashby 1979, 1:38:50). In a wheelchair, Luke is both literally and figuratively on a different level from other men. This moment represents a clear anxiety that to be in a wheelchair is to be inferior, or worse, invisible. Of course, the other anxiety about being “confined” to a wheelchair is that it will limit you to where you are able to access, like in *Born on the Fourth of July* when Ron is unable to follow his high school sweetheart inside after a date because of the stairs leading into her residence (Stone 1989, 1:24:40).

While an accurate and appropriate anxiety, the social model of disability helps us understand that this inaccessibility is not the result of being in a wheelchair, but because owners of public and private spaces actively refuse to become accessible, citing financial and aesthetic inadequacies (see Charlton 1998, Linton 1998, Shakespeare 2006, Davis 2013).

All these films also present the anxiety of losing control of bodily functions like urination and defecation. In fact, our first introduction to Luke involves Sally bumping into him at the hospital, causing his catheter bag to fall and burst, splashing Sally with his urine (Ashby 1979, 0:20:40). This scene is clearly intended to disgust and shock the viewer, in the same way that the first scene at the veteran's hospital in *Born on the Fourth of July* is a cavalcade of urine puddles on the floor and a graphic scene involving Ron receiving an enema (Stone 1989, 0:44:50). Both films deploy dispersed bodily fluids as at once being a shocking revelation of the conditions of the hospital while at the same time playing into the anxious fantasy that people with disabilities cannot control their bladders or bowels. This is really a double anxiety: On the one hand, there is the deep terror of not being able to manage oneself in the bathroom, of becoming reliant on invasive procedures like catheters and enemas to void waste. On the other hand, there is the anxiety that the disabled are somehow unclean, literally bursting with excrement, and this dirtiness could contaminate the normate⁴. In this way, the anxiety of communicable disease and the terror of becoming disabled drives these two scenes, and their early positioning within these films means they provide the frame through which subsequent encounters with disability will be viewed.

To manage the threat that disability poses, both literally and figuratively, stories about disability are almost always focused on hope for a cure or, at the very least, escape from the crippled subject position. These three films are no different, especially as a central moment in all three texts occurs within hospitals and, as a result, are informed by the medical industrial complex's ideology on the importance of cure. But as discussed

⁴ A connection can also be drawn here to Kristeva's work on "the abject," a type of anxiety rooted in the body's (lack of) boundaries (Kristeva 1982).

earlier, these texts are about more than just the individual body, but about the body politic, the nation itself, as it struggles to rebuild from the loss in Vietnam. In this way, these texts deploy the desire for normalcy and cure as a promise that America will rise again, will be healed, and move past the sins of the past. This is perhaps best exemplified in the final moment of *The Deer Hunter*, in which the cast sings “God Bless America.” As Jeffords puts it: “this collectivity has the aura of a healing, a renewal, a ‘therapeutic reconciliation’ one that can aid not only the veterans themselves but also all Americans who have participated in the sense of loss that accompanied the war” (Jeffords 1989, 81). This desire for the nation to heal becomes entangled with our comprehension of disability, with disablement situated as something temporary, a character building exercise. Not only is there a latent desire for normalcy in these texts, but they also actively deploy this dream, when the characters remember those days when they were not disabled. In this way, the anxiety of disability is tempered by the promise that recovery is possible while at the same time mandating that the appropriate response to limited function is to desire being cured, or else be labeled dysfunctional.

Of the three films, the desire to walk again is most prominently seen in *Born on the Fourth of July*. Despite being told he will never walk again, Ron insists during his time at the hospital that he will recover. He becomes obsessed with the idea, asserting he will walk, it becomes the sole objective of his existence (Stone 1989, 0:50:00). And Ron does begin to make progress, shown doing rehab and beginning to walk around on crutches with leg braces to hold him up (Stone 1989, 0:50:11). Despite looking uncomfortable, this is a scene of hope and triumph. Ron looks and acts more like himself while he is walking and, strangely, appears more natural despite the awkward gait and struggle to remain upright. The hope for recovery is short-lived for Ron though, as a fall while walking will break his leg, which becomes infected and nearly requires amputation (Stone 1989, 0:53:30). Walking, even if it means using crutches and braces, is presented as a preferable future to one in a wheelchair. The wheelchair is not just seen as the last option, but becomes symbolic of failing to get better.

The symbolic power of the wheelchair is heavily deployed in *Born on the Fourth of July*, where it stands in as a memorial for the Vietnam War. Ron uses the chair to force

people to remember, using it as a sign (in the Saussurain sense) of their national shame. Ron's broken body, exposed by the metal frame of his wheelchair, is symbolic of the national disrepair post-Vietnam War. Ron admits this openly when arguing with his parents, lamenting, "I've got to live, I've got to roll around and remind them of Vietnam" (Stone 1989, 1:34:15). Here confrontation with the disabled veteran both forces the public to acknowledge the war while at the same time calls on them to reconcile their feelings of shame toward their complacency in allowing it to go on so long. This is a powerful strategy, which disabled veterans will later use when protesting at the Republican Party's national convention. In the depiction of this scene Ron calls out: "This steel, our steel, is your Memorial Day on wheels. We are your Yankee-Doodle Dandy come home" (Stone 1989, 2:10:55). Here again the wheelchair becomes symbolic of national shame, entangled with the atrocities in Vietnam and the substandard treatment of veterans when they return home. But ultimately this story is a redemptive one and the shameful feelings toward what happened in Vietnam will burn off slowly. As the movie ends, Ron takes the stage at the Democratic Convention with a voice over explaining that he feels like he's finally come home (Stone 1989, 2:18:00). While this seems to be a happy ending, a promise that America has recovered from the damage done to the collective self conscious of the nation, emphasis is still placed here on Ron being in a wheelchair, indeed, literally engulfed by the wheelchair in the blinding white-out shot that closes the film. Here we can see almost the entire wheelchair and very little of Ron himself. The wheelchair is the final star: the memorial of shame and sign of weakness from which Ron will never escape.

At the same time, this final scene of *Born on the Fourth of July* appears to indicate a coming to terms with disablement for Ron, an acknowledgement and acceptance of his new identity and a confirmation of Ron's mothers' dream at the beginning of the movie—by the end of the movie, Ron does say great things to a great number of people. Despite this acceptance and apparent completion of the home coming project, all three of these texts represent an apparent hostility between the newly-disabled subject and the home, to the point where the home, in its current state, becomes wholly inhospitable. To understand this tension, we must turn again to Freud and Kristeva and understand this representation within the context of creative producers encountering and

interrogating their own potential disablement through these characters. As already discussed, Kristeva believes the disabled subject wounds the narcissism of the normate, threatening their fantasy of wholeness and invulnerability. The way this wound is often navigated, though, is through what Freud would call a disavowal, most notably discussed in reference to the uncanny.

One of the key ways that disability is neutralized and segregated in all of these texts is through the identification of what constitutes “home” and who gets to be there. Leaning on the common war film trope of the veteran who is irreparably changed by combat, these films provide additional assurance that to be disabled is to change so radically that you no longer belong at home. For Steve, Luke and Ron, home is rendered inaccessible because they use wheelchairs but it is also symbolically and interpretively inaccessible because the home, that which was once familiar (the *Heimlich*) is now familiar but foreign (the *Unheimlich*) because it is a place for normates. Their new home, the place where they belong, is within the walls of the medical establishment, where they must stay subject to the authority of doctors and nurses (their new fathers and mothers) until they are reborn as normates once again through a cure. This moment both protects the sanctity of the home from the threat to disability while also enforcing the belief that the disabled other must be kept at arms length, in a place where they can receive the proper 'treatment' to make them better.

3.3.4 Crisis of Masculinity

Another way to understand the conflict in these films between the veterans and the medical establishment is as a threat of a crumbling masculinity. In all three texts, the disabled characters are used as an opportunity to think about the country’s defeat in Vietnam, with the dependency of the broken soldier standing in to reflect the apparent weakness of modern America. By deploying disability as the focal point for this narrative, however, the ideas of disablement and demasculinization become intertwined, grafting gender trouble to disability as a naturalized aspect of the disabled body. This deployment also puts pressure on sexual potency, aligning it rigidly with masculinity, so that sexual desirability and the ability to procreate become associated with being a fantasmatically whole, complete man. Because the three main characters in these films

are broken, in the physical sense, it appears the most obvious way to represent this is through an inability to use the penis, sexually or otherwise. In this way, these texts indicate quite clearly that to be disabled is not simply to be weak, but to lose your manhood entirely, with the figurative loss of power being represented by the loss of sexual potency. This is explored through questions of dependency, relationship anxiety and sexual/phallic anxieties. Ultimately, these texts rely upon and subsequently validate the assumption that disabled people are not potent sexual beings.

One of the most apparent anxieties surrounding disability is that of dependency. And apart from the ways I've already discussed this in relationship to reliance on hospital staff and medical technology this dependency is also linked to both anxieties around weakness and an impaired masculinity. This is revealed in *The Deer Hunter* when Steve grows dependent on Nick financially, drawing into question Steve's potency as a man, who in a patriarchal society is supposed to support his family by being the breadwinner. Because Steve's disability renders him unable to work, he can no longer attain this status and becomes aligned with the female position, dependent on others to provide for his needs and the needs of his family. Also, despite being in an electric chair, we often see Steve being pushed, including being literally carried out of the church as he leaves Nick's funeral (Cimino 1979, 2:54:00). Whereas some critics see this scene as triumphant, signifying Steve's reintegration and acceptance back into society (Norden 1994, 271), Steve's lack of mobility clearly also indicates a lack of autonomy. In fact, it seems to indicate that Steve is incapable of even dictating where he wants to go and must rely on those around him for simple locomotion.

In *Coming Home*, Luke is also heavily dependent on Sally to assist his movement. In one scene in which Luke leaves jail with Sally and is under surveillance, the audience hears the surveillance team narrating the action. One of the agents asks: "Is she pushing him or is he going under his own power?" to which another responds "She's pushing" (Ashby 1979, 1:28:35). The language here is indicative: Luke is not able to move under his own power but is reliant on Sally. This dialogue is vexing for two reasons. First, it is unclear why surveillance of a war resister would be interested in such information, yet this is the only inquiry presented. Second, Sally is *not*, in fact, pushing Luke, nor does

she at any point during this scene (although perhaps the production notes actually called for Sally to push Luke). But viewers are positioned to observe this scene from the perspective of the surveillance team; this exchange calls for us to participate in this observation, indeed, to be *vigilant* about Luke's (dis)ability for locomotion. This vigilance returns: after observing the couple have sex, the audience watches Sally build a ramp for Luke to be able to access her apartment (Ashby 1979, 1:34:00). In this moment, it is clear who has the power and who is the dependent. This immediately structures Sally and Luke's relationship as less between two equals and more of a familial relationship in which Sally is the caregiver, the mother, and Luke becomes the child, who must be provided for.

In all of these instances, a particular fantasy is manifest – to become disabled naturally means you will need to rely on those around you for basic and necessary tasks. The anxiety of becoming dependent is wholly wrapped up in fears of weakness and the concern over ceding power to those around you. We *want* to be able to move around “under our own power.” This anxiety taps into the fear of imprisonment, of becoming so injured that we will become trapped within our own bodies, unable to flee from danger or run toward pleasure. The freedom to simply move around is perhaps one of our most basic and most necessary human rights because it is so deeply connected to the progression of our lives. To move is to generate new experiences, see new things, and talk to new people. At the same time, movement is also deeply connected to revisiting our past, in both the literal and figurative sense of the word. In this way, this fantasy intimately connects the idea of disability to stasis and captivity, and further, a regression to the vulnerability and dependence of childhood.

3.3.4.1 Phallic Anxiety

All three of the films studied here are heavily focused on the deconstruction of American masculinity during the Vietnam War and the subsequent re-masculinization in the aftermath of the war. As Judith Butler (2006) explains, gender is intimately, if vexingly tied up in the possession of specific genitalia: at birth, the presence of a penis is the marker of “boy” while its lack signifies “girl.” Stories about the loss of masculinity often depict a loss of sexual potency, or put more broadly, a loss of the phallus. While the

latent anxiety that traverses both *Coming Home* and *Born on the Fourth of July* is the fear of being alone⁵, the root of this anxiety is based on the fear of phallic impotence (and by inference, castration), which is all too often associated with the disabled. As Jenny Morris explains: “The emotions explored in both *Born on the Fourth of July* and *My Left Foot* are dependent on the stereotype that to be a man in a wheelchair is to be impotent, unable to be a (hetero)sexual being, and therefore not a complete man” (Morris 1997, 24). Disability is profoundly connected to the crisis of phallic impotence, a presumptive loss of power and sexual potency, which draws into question the very gender of the subject. In this way, the depictions of injury are really that of castration, in which a body that was once symbolic of strength and virility becomes one marked by weakness, fragility and sexual ruin.

One of the ways this castration anxiety manifests in both *Coming Home* and *Born on the Fourth of July* is the fantasy that to become disabled invalidates one’s prior social relations and reduces the potential for future romantic relationships. The fear is that not only will the individual’s identity begin to shift when they become disabled, but the fracturing of the self will also begin to splinter their familial, social and romantic relationships as well. This fear is one aspect of what Kristeva (2010) calls the “narcissistic identity wound,” as disability exposes the potential fragility of our social relationships – as if a medical complication is enough to obfuscate our identity to those around us and destroy any connection we previously shared. As Kristeva says, the disabled experience a profound discrimination that “cannot be shared” (Kristeva 2010, 29), that must remain unknowable, and this requisite distance threatens our social relations.

The inability to maintain loving relationships first arises in *Coming Home* through a peculiar conversation between Luke and Sally after being intimate with one another. Despite sleeping together for months, it is always apparent that Sally will return to her husband Bob, once he returns from Vietnam. While this could be because divorce was

⁵ And to a lesser extent present in *The Deer Hunter*, in Michael’s awkward relationship with Linda and Nick.

not as common at the time, the dialogue indicates that Luke and Sally's relationship is not a romantic one, despite their sexual intimacy. As they lie in bed, Luke asks Sally if she will always be his "friend," getting upset and demanding she answer affirmatively (Ashby 1979, 1:40:10). As Morris explains, this is similar to *Born on the Fourth of July*, where "the character played by Tom Cruise has to confront not only the appalling lack of resources to meet the needs of those who returned from the Vietnam War permanently disabled, but also the fear that his physical disability will destroy his relationships with others" (Morris 1997, 23–24). This is represented in a scene when Ron is drunk and arguing with his parents, lamenting through tears, "I want to be a man again. Who's going to love me, Dad?" (Stone 1989, 1:38:30). In both of these films, there is a deep fear that the disabled subject is not capable of sustaining loving and caring relationships. This fear appears to be directly tied to the myth that the disabled do not "fit" outside the walls of the hospital, that they can only maintain professional relationships with those who help them, and that their friendships tend to be other disabled individuals. On one hand, this myth protects the normate from having to engage with individuals who make them uncomfortable and at the same time protects the disabled from the upset of those they encounter. Of course, this idea of isolating the disabled subject almost exclusively serves the needs of the normate public, and in particular, protects them against the narcissistic identity wound discussed earlier. This myth is subtly propagated by these Vietnam War films, in that the disabled are unable to maintain relationships with the normate and they seem happier when they are protected from this encounter. It is from this ground that fantasies about victimhood, blame, and shame become fused with disability – as a result disability becomes something too difficult to be around.

This fear of ruined relationships, however, is tertiary to a more powerful anxiety – that of phallic impotence. The true tragedy of the disabling moment is not the loss of the body or destruction of its parts, but the presumptive associated death of the sexual organ, which is both a source of power and pleasure and at the same time a core signifier of the individual's gender identity. When this organ is taken away, or broken, the identity—and specifically the ideal-I—crumbles. *Born on the Fourth of July* represents this perception clearest when Ron is talking to his friend, Tim, about the violent trauma inflicted not upon his body, but his very identity:

I was paralyzed, castrated that day. Why? Cause I was so stupid. I'd have my dick and my balls now and I think -- I think, Timmy, I'd give everything I believe in, everything I've got, all my values, just to have my body back again. Just to be whole again. But I'm not whole, I never will be and that's the way it is, isn't it? (Stone 1989, 1:19:06)

It is significant that when speaking about the damage to his body, Ron does not speak of the damage to his spine or the paralysis of his legs; instead, he talks about his “dick” and “balls,” the most important things lost the day he was shot. While Ron only lost the *ability* to use his penis and testicles, here the idea of ‘use’ is intimately bound to physical loss. Although it would appear Ron still has a physical penis and testicles, the spinal cord injury prevents erection and ejaculation, rendering these parts dysfunctional and lacking physical sensation and, for Ron, they no longer *exist*.

Ron's obsessive focus on his impotent penis reaches a fevered pitch in the scene that follows his conversation with Timmy. After he returns home from the bar drunk and angry, he breaks down in front of his parents about the trauma he has faced and his uncertainty about who he is now. In this moment, Ron openly wishes that he had died, complaining that Jesus only had to spend three days on the cross while he would be forced to suffer an entire lifetime in the wheelchair (Stone 1989, 1:34:10). Comparing Christ's experience on the crucifix to life in a wheelchair is revealing, as the crucifix was traditionally used as both a mechanism of torture and of public shame for those who had transgressed Roman law. This comparison marks the wheelchair as a similar device; it also publicly exposes Ron's sins, marking him as transgressor and outsider – a Christ-like figure⁶. His feelings of shame are expressed moments later, when Ron accuses his mother of trying to hide him away, of being ashamed of him (Stone 1989, 1:34:20–1:35:00). In a fit of rage, Ron pulls on his catheter tube—a flimsy and rubbery tube that is symbolic of his flaccid penis—holding it in one hand while holding a crucifix in the other and referring to his “dead penis” (Stone 1989, 1:36:47). As Ron begins to calm down, his anger giving way to resignation and depression, he laments how he never had a chance to

⁶ The most blatant reference to Christ, this film echoes many of the ideas discussed in the introductory chapter about the collision between disability and the Judeo-Christian tradition. Here we can see clearly, subtle as it may be, how religious views continue to influence our popular construction of disability.

“use” his penis and now it’s gone, left behind in “some fucking jungle in Asia” (Stone 1989, 1:37:10). It is telling that the phallus becomes something that can be “left behind” despite the fact Ron is still in possession of his penis. The use of his penis was lost when he was wounded in Vietnam, and so in Ron’s mind, it remains there, ever out of reach, a penalty paid for his weakness and symbolic of the larger toll the nation is paying for its transgression.

After identifying that the penis is no longer functional, which in turn calls into question the manhood of the disabled character, *Coming Home* and *Born on the Fourth of July* present a similar response: the disabled individual must re-assert their manhood through a sex-act. However, in both of these texts the means to this re-masculization is through a financial transaction. The use of prostitutes by disabled veterans in both films is presented as both common and somehow necessary. Other than Sally, the only women that Luke is connected to are prostitutes, which he apparently frequently visits. When Luke is surprised by a new prostitute (implying that he does indeed have a regular whom he sees), this new woman is quick to assure him that she has “been around this side of the pool before,” to which Luke replies “with a gimp?” (Ashby 1979, 1:13:15). It is significant that Luke feels it necessary to inject his disability into the conversation. A similar approach is taken when Sally and Luke have sex for the first time, in a scene that is downright clinical, beginning with Luke taking a bath and then instructing Sally on how to transfer him to the bed and position the sheep skin pad and pillow so he can lay comfortably (Ashby 1979, 1:30:20). The rest of the encounter turns voyeuristic and educational, with Sally repeatedly asking what she should do and seeking clarification on what Luke can and cannot feel (Ashby 1979). Ultimately, this is not traditional love making, as audiences have come to understand. The climax of the scene arrives when Luke preforms cunnilingus on Sally (Ashby 1979, 1:32:15). This finale seems to confirm Jeffords claim that Luke is feminized through the film; the sexual act depicted is not one of penile penetration of the vagina, but oral sex akin to that between two women. In this way, the moment of intercourse does not so much affirm his manhood as confirm all the ways in which he is no longer a man.

This scene is exemplary of a dominant fantasy that surrounds men with disabilities, which is that because they cannot have traditional penetrative intercourse they must deploy other remaining functional parts of their bodies to stimulate their partners and themselves. As Ron's new-found friend in Mexico, Charlie, so crudely explains: "If you don't have it in the hips you better have it in the lips" (Ashby 1979, 1:41:15), a moment that could describe the aforementioned scene in *Coming Home*. At the behest of Charlie, Ron too will turn to prostitutes to resolve his feelings of emasculation (Stone 1989, 1:43:20). Unlike Luke, though, Ron's time with the prostitute in Mexico is more depressing, with the climax of the experience involving Ron breaking into tears (Stone 1989, 1:45:20). While Ron appears wounded by this experience—frustrated by his inability to perform as a man supposedly should—his scene with the prostitute is meant to resolve some of his anxiety, indeed, his fears of romantic isolation and sexual impotence do not return for the remainder of the film (Stone 1989, 1:46:20). The scene implies that by purchasing sexual intimacy, by having access to the prostitute's time and body, Ron reclaims a piece of his male sexual identity. This is a brief moment of hope in an otherwise dark film.

The problem is that neither of these sexual experiences are presented as genuinely fulfilling, nor do they put back together the man who is broken. Both films go to great lengths to show how this intercourse is not traditional; neither Luke nor Ron is shown to feel any real sexual pleasure. While the latent content of these scenes aims to comfort the viewer that those with disabilities *do* have sex lives, they are at the same time riddled with anxiety about the quantity, quality and validity of these experiences. These scenes would seem to confirm the fantasy that to lose the use of the penis destroys any hope of forming lasting or loving relationships. Use of this body part remains an integral aspect of manhood, an identity that has been stripped away and can never be reclaimed. While these texts use these moments to make broader comment on the impotence of America in the wake of the Vietnam War, the depiction fuses these anxieties of gender and sexuality and identity to the body of the disabled subject. It is not an exaggeration to say that the plot of both *Coming Home* and *Born on the Fourth of July* pivots on the functionality of the penis, both informing and condoning the power the character has and the loss of autonomy when it is taken away. Put differently, the broader fears that make up

disability—anxieties about agency, autonomy, and identity— are intimately linked to castration.

In this way, the encounter with disability within each of these films can be read as a particular resolution of the Oedipus complex. The markers of physical disablement provoke an uncanny return of repressed feelings of loss and lack. The Oedipus complex is a profound and formative moment, not just because it signals the turning away from the mother as love object, but because of the threat of castration. The threat of violently losing a beloved part of the body is terrifying because it both signals a fundamental helplessness while at the same time demanding an acknowledgement that our body's abilities are fleeting. In Freud's view, the resolution of the Oedipus complex is so traumatic for boys that set of attachments are not just repressed but "literally smashed to pieces by the shock of threatened castration. Its libidinal cathexes are abandoned, desexualized and in part sublimated; its objects are incorporated into the ego, where they form the nucleus of the super-ego and give that new structure its characteristic qualities" (Freud 2006a, 19). Here the castration complex is tied up in the production of the super ego and, therefore, contributes to the ways we will police ourselves in future. As Silverman explains, Freud believed there to be a double aspect of that psychic entity, an aspect which he equates with two mutually exclusive imperatives: 'You *ought to be* like this (like your father)' and 'You *may not be* like this (like your father) — that is, you may not do all that he does; some things are his prerogative'" (cited in Silverman 2002, 28). Disability carries a similar duality: how our bodies *ought to be* and how some *may not* remain. The disabled body becomes a marker of how bodies are supposed to function while also operating as a warning that our bodies can divert from the norm, to become broken. A functional body is the preferred body, something we know only in contrast to those that are dysfunctional. It is for this reason that films like *Coming Home* and *Born on the 4th of July* must focus so intently on the function of the penis, because the loss of bodily control is presented as a phallic crisis of castration. In each of these films, to face disablement is to traverse this crisis.

3.4 Concluding Thoughts

While some have argued that war films are not *about* disability, it is clear that disability is not merely a metaphor in these three films. More than a means to pass value judgments about America (and specifically American involvement in Vietnam), disability is presented as a singular crisis with profound questions of gender, sexuality, and the vulnerability of the body at its core. It is nevertheless significant that when attempting to tell stories about loss and the destruction of American moral authority, the most obvious trope to depict these ideas is through the disabled body: disability seems to be central to the narrative of sovereign power. The disabled body, presumed to be inherently weak and fragile, provides an emotional outlet for similar vexations encountered by the American public resulting from the literal and figurative losses in Vietnam.

In this way, films about Vietnam become not just a confrontation with geopolitical feelings of inadequacy but also an encounter with bodily rupture itself. When the normate brushes up against disabled, namely the threat of *becoming* disabled, these films resort to increasing a divide between the world of manhood and that of disability, presenting them as being mutually exclusive and perpetually separate. On the surface, disabled men are largely depicted as passive and nonviolent, with their hostility directed almost exclusively at their own inability. Disabled men are also quite literally depicted as being impotent, having lost the use of their penis, making disability not just an injury of the body but also an act of castration. This literal impotence lays at the core, spoken or otherwise, of a broader fear of sexual potency, with disabled characters presented in opposition to traditional functioning romantic relationships. In this way, it is a dual castration: the disabled cannot produce sexually and, worse still, cannot sustain loving relationships.

Looking at these ideas in concert, we see that these texts cast disability as a world of anxiety, circling fears of loss of identity, power and sexual potency—these three anxieties of loss that appear to lie at the center of the fantasy of disability. At the same time, these anxieties are not exclusive to the disabled experience but also reflect an important period in all of our lives—puberty. Puberty is a moment in which we all undergo radical transition, in bodies and minds, and it is a process riddled with anxieties

of sexuality and identity. In the same way disability was relied upon to express concerns about America in the aftermath of the Vietnam War, now disability is being deployed to open up the deeper emotions and experiences of puberty and make comment on bodies (and identities) in flux. Over the next two chapters, the influence of these war films will be examined, looking to see how these core anxieties and fantasies of disability have influenced the construction of future physically disabled male characters, such as Jimmy in *Degrassi: The Next Generation* and Artie in *Glee*.

Chapter 4

4 Fantasizing Disablement in *Degrassi: The Next Generation*

Many people would be hard pressed to name a Canadian fictional television program, let alone one that began in the late 1970s, that is still on the air some thirty years later, with new episodes continuing to abound. However, for much of the 1980s and early 1990s, the *Degrassi* franchise played a significant role in the development of hundreds of thousands of young Canadians looking to television to help make sense of the world around them. After nearly a decade hiatus the series was relaunched in 2001 under the title *Degrassi: The Next Generation* and would once again begin tackling issues facing Canadian teens. While the original *Degrassi* series did involve a tertiary female character with a disability, *Degrassi: The Next Generation* is of particular interest as it marks the first time in which a star character, Jimmy Brooks, portrayed by Aubrey Graham, becomes fully reliant on a wheelchair.

A popular student and basketball star to start the series, Jimmy changes radically once he becomes disabled, shifting from a world of expressively physical masculinity to one of vulnerability and passivity. Much like Luke Martin in *Coming Home* (1978) and Ron Kovic in *Born on the Fourth of July* (1989), the world of disability is perceived to be incongruent with masculinity, shattering the individual's sense of self and forcing them to rebuild along lines of fragility, dependency, and sexual impotence. Also like these two films, *Degrassi* is not representative of the lived experience of physical disability, but rather the interpretation of disablement as produced by the writers, directors and actors attempting to tell the story. In this way, the story of Jimmy Brooks is not so much an exploration of disability proper but about the confrontation of disability by the normate and the resulting anxieties and protective fantasies. The moment of confrontation between the disabled and the normate is laid bare to the viewer and subsequently becomes central to this character and his storyline.

According to Kristeva, confronting disability becomes an intersubjective moment in which the normate suffers a “narcissistic identity wound” as the physically disabled body forces an interrogation with their own inherent vulnerability (Kristeva 2010, 29). Disability is dangerous, and therefore must be subjugated, because the experience of disability is too familiar—disability elicits feelings of what Freud describes as “the uncanny” because we *can* imagine our bodies becoming broken, a fantasy so terrifying that we must reject the association completely in an act of disavowal. As explored in the war texts previously, this wound is deeply connected to the mirror stage, and the questioning of our narcissistic fantasy of wholeness and the attainability of the “ideal I.” The wound caused by disability is also connected to our anxiety around castration, which is solidified at the conclusion of the Oedipal phase. As a result, disability becomes fantasized based on the belief that the disabled population pose a threat to the normate, that to be disabled is to be wholly dependent upon those around you because, essentially, the disabled body is a weak and castrated body, represented as one incapable of sexual potency, and inherently connected with death.

In confronting these anxieties, the response present within the war films discussed in the previous chapter revealed a desire to protect the normate from the proximity of disability, and the normate’s fear of their own vulnerability, a desire that surfaces once again in *Degrassi*. Throughout the story of Jimmy Brooks, space is constantly enforced between the disabled and the normate through fantasies of safety through cure of disability, of containment of the disabled, through parental and medical power, and of full-blown segregation, in which the disabled and normate populations are separated linguistically and interpretively.

4.1 About *Degrassi: The Next Generation*

The most current iteration of the *Degrassi* franchise, *Degrassi: The Next Generation*, finds its roots in the programming developed by Linda Schuyler, a former schoolteacher who was drawn to the educational opportunity presented by mass media while producing a documentary about immigrant youth in Canada’s experiences with racism (Neihart 2005). From these roots, Schuyler would go on to create the *Degrassi* universe:

The current show is the latest iteration in a series that began in 1980 as “Kids of Degrassi Street,” a quasi-documentary project that emerged out of theater workshops with local kids. It evolved after a five-year run into the more tightly scripted “Degrassi Junior High,” which ran for three years, to be followed by two years of “Degrassi High.” That series revolved around a group of kids, tracking them from the beginning of junior high until high-school graduation, using actors whose ages were within one or two years of the characters they played, carrying story lines from season to season without ever entirely resolving them. (Neihart 2005)

The objective of *Degrassi* has always been to provide provocative and edgy storylines that depict young characters, always portrayed by actors of similar ages, trying “to figure out their lives, and kid viewers around the world second-guess[ing] them” (Neihart 2005). Schulyer explains that this mandate is important to her because “there was no where for young people to access information about issues like sexually transmitted infections or teen pregnancy” (cited in Landau 2012). The main model that the franchise is based on is on “Schulyer’s insistence on a mix of extreme youthful dysfunction and ‘messaging,’ stopping short of public service announcements” (Neihart 2005). More than anything, what seems to draw audiences into the world of *Degrassi* is its attempt at realism and authenticity, something noted as an important part in producing the show:

Degrassi’s grassroots approach to social class served as a near-invisible narrative strategy, but it anticipated the show’s most memorable legacy: its unflinching, plain-spoken treatment of pregnancy, suicide, interracial dating (a big deal in 1987), and HIV/AIDS. What’s more, *Degrassi* didn’t treat its characters with benevolence. Spike’s pregnancy at age fourteen — the result of a clumsy first-time sexual encounter with Shane, a baby-faced ninth-grader — didn’t end with a convenient miscarriage. Her character spent the remainder of the series as a struggling single parent. Later that season, Shane experimented with LSD, fell off a bridge, and suffered permanent brain damage. Wheels, one of the most popular characters, lost his parents to a drunk driver, and later experienced a breakdown that culminated in a drunk driving incident that killed a child, blinded his friend Lucy, and landed him in prison. In the early years of HIV/AIDS, Dwayne contracted the virus after having unprotected sex with his girlfriend (a thoughtful plot choice in an era when many thought of it as a “gay disease”). (Landau 2012)

By walking the line between education and entertainment, *Degrassi* has managed to keep audiences engaged in the storylines and be taken seriously by young people while also providing important information and guidance to the viewers without being “an after-school special” but while still acting “as a lifeline, a flickering reassurance that someone

out there understands” (Landau 2012). The value in this type of programming, and the impact it has on its viewers, is obvious:

For teen audiences, it was comforting to see kids go through the same awkward, and sometimes devastating, experiences. In the pre-Internet days, *Degrassi* was a rare place where they could find empathy without censure. Parents and teachers preached, peers judged, and educational materials came across as naive, but the program spoke to teenagers on their own level. It made adolescence — an age when you feel as if no one understands you — less alienating. Its integrity and candour established a kinship between the characters and the audience, an intimacy that glossier teen soaps cannot replicate. (Landau 2012)

The drive for authenticity and the pressure to provide relatable characters allowed *Degrassi* to stand apart from similar shows of the time and, perhaps, this is one of the key ingredients that has helped *Degrassi: The Next Generation* to continue the success of its predecessors.

While *Degrassi: The Next Generation* is rooted in the traditions of the franchise—in the incorporation of characters from previous versions of shows, for instance—it has certainly evolved in order to stay competitive in the changing media landscape. As Emily Landau laments, “TNG is an amalgam of its *Degrassi* predecessors and the soapier, sensationalistic shows that followed. TNG is no longer a ground breaker, and the risks are significantly lower” (Landau 2012). The original focus of the series was connecting past viewers to a new cast of youth; with the connecting tissue being that former lead character Spike, who was a teen mother in the original series, would have a daughter now approaching middle school age. As a result, the start of *Degrassi: The Next Generation* focuses heavily on Spike, Emma and Emma’s circle of friends (*Degrassi: The Next Generation - Season 1* 2004). While Emma, Manny, JT and Toby would remain important characters in the series, increasing focus would be begin shifting to an older cohort of students, including Jimmy Brooks. As the show continued to roll on, some of the older cohort would graduate and begin attending university as a newer, younger group of characters were integrated in to help make the show sustainable long-term. In the middle of Season 8, the series would have another change in direction as the show was moved from its original home on CTV to MuchMusic, taking on a much younger feel and no longer following characters as they leave *Degrassi*, but merely graduating them to

make room for a new generation (DeMara 2008). The show would also drop the moniker *The Next Generation* at this point and now simply be known as *Degrassi*. As I will show later, this move likely saved the show from cancellation but in many ways, reduced the educational impact of the show in favour of a style closer to other “soapy” modern teen dramas.

4.1.1 Producing “Degrassi”

This text is of particular interest to this study for one key reason: more than just a show, *Degrassi* has always been about “educating” the audience and thus intends its viewers to learn from the experiences witnessed. Further, these experiences are all heavily constructed, with particular focus being put on specific issues deemed “important” by those producing the show. Unlike *Glee*, which will be discussed later, *Degrassi* has always billed itself as semi-educational programming and, as such, its content is often intended more as instructional rather than pure entertainment. With education as a core focus of the program, it makes a claim to being truthful and authentic, providing *real* views into *real* problems. Lurking behind the fictional reality of *Degrassi* is a claim to authenticity and truth. This claim to truth—that this is what adolescence is *really* like—makes the messages of *Degrassi* that much more potent.

Despite the claim to authenticity, episodes of *Degrassi* are also quite formulaic, often confronting the main characters with a decision or crisis at the beginning of the episode followed by the results of their decisions as the episode comes to a close. Interestingly, most episodes of *Degrassi: The Next Generation* end without closure, presumably to allow the viewers of the show to make up their own mind as to whether or not the decision was right or wrong. In this way, *Degrassi* allows the viewer to encounter a situation and forces them to imagine the different outcomes that could result in their own lives if facing a similar problem. As Landau explains, the characters of *Degrassi* do not always get it right and the audience is given leeway to decide how to interpret these things.

At the same time, writers of the show, and Schuyler herself, have admitted to intervening in certain episodes to guide characters in the direction they believe to be most

important. For example, writer Shelley Scarrow admits to “projecting” some of her own opinions onto “teen-vetted behavior,” specifically around combatting negative stereotyping of sexual activity of teenage girls (Neihart 2012). Further, when developing the storyboards for future episodes:

...the writers appraise the returning young actors, looking for changes in demeanor and appearance, keys to new story lines. They’ll consult the big board on which timely social issues, written on note cards, shape the season, and right away they’ll start the matching process, assigning “issues” — like date rape, abortion and bullying — to the right kid. (Neihart 2012)

Here we can see the ways the production team are able to shape and guide the story to address the issues they feel are important and, more importantly, provide a direction they see to be fit. In many ways, then, episodes of *Degrassi* are little glimpses into the psyche of the production team’s methodology for navigating crises. While credit should certainly be given that they do not always intend for their characters to get it right, as mistakes are often more valuable learning experiences than success, there still is an implication here of right versus wrong and real versus fake. This methodology carries over to the Wheelchair Jimmy storyline in which the production team attempts to portray life with a disability while in actuality we, the viewer, are seeing the normative producer’s confrontation with disability, manifested by storylines wholly concerned with the fragility of the body and gender performance.

The use of disability to speak about bodily fragility and identities under assault should be of no surprise as these are stories about adolescence. For Kristeva, “the adolescent is a believer of the object relation and/or of its impossibility. Thus formulated, the question implies a parameter that we have trouble taking seriously despite Lacan’s efforts: this parameter is ideality” (Kristeva 2007). Whereas the polymorphous perverse child is a “seeker of knowledge,” there is a marked change in adolescents, namely,

the “polymorphous perverse seeker” is overshadowed by a new type of speaking subject who believes in the existence of the erotic object (object of desire and/or love). He only seeks because he is convinced that it must exist. The adolescent is not a researcher in a laboratory, he’s a believer. (Kristeva 2007)

In this way, adolescents are troubled by what Kristeva calls a syndrome of ideality, a belief that the ideal object not only exists but also is constantly under threat. This period also is marked by a separation “from the parental couple by replacing it with a new model. In doing so, the narcissism of the ego, tied up with its ideals, overflows the object giving way to the *amorous passion* specific to the *drive-ideality intrication* [sic]” (Kristeva 2007). This idealization is then buttressed by images and ideology, supporting materials that “shore up an idealized narcissism unfurling over others and which surpasses in strength all former ideals” (Kristeva 2007).

The ideality syndrome suffered by adolescents is problematic, of course, because of the perpetual threat to idealization by the outside world, specifically the continual confirmation that the ideal is not attainable. The result of this realization is predictably sour:

Because he believes that the *other*, surpassing the parental other, not only exists but that he or she provides him with absolute satisfaction, the adolescent believes that the Great Other exists and is pleasure itself. The slightest disappointment of this ideality syndrome casts him into the ruins of paradise and heads him towards delinquent conduct. (Kristeva 2007)

Here Kristeva marks adolescence as a period of conflict between the desire for the ideal, the never-ending paradise of pleasure, and the intrusion of reality that disproves this belief. Media texts specifically focused on romance and coupling, Kristeva gives the examples of soap operas and gossip magazines, play on our “deep-rooted need to *believe*” by providing simulations of the ideality the adolescent so desires. In this way, *Degrassi* plays to this urgent need to believe in the ideal, and its obtainability, through its relational ups and downs. In this context, disability then plays the role of reality, serving as an encroachment upon this idealization and constant reminder of our inherent insufficiencies.

4.1.2 Cultural Significance

Beginning in 2001, *Degrassi: The Next Generation* was an immediate hit in Canada and boasted reasonably strong ratings throughout the first few seasons. By Season 3, *Degrassi: The Next Generation* was the most-watched teen program on CTV

(Dupuis 2004) with the Season 4 premiere setting records in the United States (Neihart 2005). On average, episodes in Season 4 of *Degrassi: The Next Generation* garnered approximately 600,000 viewers (“New York Times Magazine Declares ‘DGrassi Is The Best Teen TV N Da WRLD!’” 2005). Of particular interest to this study, the Season 4 school shooting episode, “Time Stands Still,” attained the highest viewership in the series’ short history in the United States with 540,000 viewers (Turner 2004) and just under one million viewers in Canada. The show would continue to bolster strong viewership into the fifth season, clearing the million viewer mark for first time with the series’ 100th episode event. At this point, the series would begin to take a turn for the worse, producing weak numbers through the sixth season and struggling to break the half-million viewer mark for much of the seventh season, leaving entertainment writer Bill Brioux to openly wonder if it was time for the show to be cancelled (Brioux 2008a). Brioux’s suspicions were perhaps well founded, as the eight season would continue to struggle, with the premiere registering the lowest viewership ever with under 400,000 viewers tuning in (Brioux 2008b). For whatever reason, the show simply was not attracting or maintaining viewers the way it had in previous seasons. It should also be noted that the seventh season, one of the lowest performing seasons of *Degrassi: The Next Generation* ever, is also the season that most heavily focuses on a disabled Jimmy Brooks as he struggled to integrate back into school, although any correlation between this storyline and the weaker viewership would likely be circumstantial. With the franchise struggling, a decision was made to shift a rebranded version of the show to Much Music in the middle of the eighth season, presumably with the hopes of reconnecting with the young audience that had lost touch with the show as a prime-time staple. The gamble would pay off, as the first episode had over one million viewers, making it the second most watched show on Much Music at the time in the key young adult demographic. Currently, the series continues on Much Music, with the production of the thirteenth season well under way as of the spring of 2013.

Of course the real cultural significance of *Degrassi* cannot be charted exclusively from viewership numbers. Going back to the original series, *Degrassi’s* “gritty vérité” style and conflict/resolution formula has had an immense impact on shaping teen dramas, particularly the hit series *Beverly Hills, 90210* (Landau 2012). *Degrassi: The Next*

Generation has certainly left its mark on television as well, with numerous awards bestowed upon the series like the Choice Summer Series at the 2005 and 2007 Teen Choice Awards, The Outstanding Achievement in Children's Programming at the 2005 Television Critics Awards, Best Writing in a Youth Program or Series at the 2008 Director's Guild Awards, Best Children's and Youth Program at the 2008 Gemini Awards, Brand of Year in the 2010 Strategy Magazine, Favourite Television Program of the last 25 Years – Fan Choice at the 2010 Gemini Awards and a Peabody Award Winner for the episode "My Body is a Cage" in 2011 to name a few. Ultimately, this is a franchise that is not just financially successful, but has had a significant impact in the field of Canadian television. *Degrassi* is also a series that has had a deep and lasting impact on its viewers and, for this reason, is an important text to study when considering the development and maintenance of the fantasy of disability.

4.2 A Survey of Disabled Characters in *Degrassi*

Although this study focuses almost exclusively on Jimmy Brooks, he is not the first disabled character to play a role in the *Degrassi* franchise. The first physically disabled character to appear in *Degrassi* was Kyra Levy who portrayed Maya Goldberg from the original series, a relatively minor character with Spina Bifida who was best friends with lead character Caitlin Ryan. Levy, the actor, is in fact disabled, diagnosed with a rare form of Muscular Dystrophy, however for the purposes of the show her limitation was exaggerated, with Maya using a wheelchair while Levy does not actively use a wheelchair.

Much like Levy, Mony Yassir would be the second actress with a disability to enter the *Degrassi* franchise and the first physically disabled character to appear in the second season of *Degrassi: The Next Generation*. Also like Levy, Yassir does not actively use a wheelchair although her character, a seventh grader called Nadia Yamir, does. With no back story and few lines, little is revealed about Nadia except that she appears to be a good student, winning the Grade 7 science fair (McDonald 2005), active in student council (Fox 2005a), and cares about social issues like opposing genetically modified foods ("Fight for Your Right" 2005). In all of these instances, Nadia is deployed as set piece rather than a fully realized character, playing a marginal role in the

activities of other major and minor characters. Her character vanishes in third season without explanation.

In the last episode that Nadia appears, a new disabled character is also introduced to the show named Mr. Ehl, who is a shop teacher who uses an electric wheelchair (Eastman 2006a). Much like Nadia, Mr. Ehl is given little backstory and few lines, with his biggest role coming in an episode where he takes responsibility for main character, Sean, by signing forms that will allow Sean to live at home alone and receive government support provided he keeps his grades up (Eastman 2006b). Sean is allowed to continue attending Degrassi High rather than be forced to move out west with his brother. Viewers never see or hear of Mr. Ehl again.

Perhaps more important than the appearance of these minor physically disabled characters, *Degrassi: The Next Generation* has spent significant time tackling questions of intellectual, mental, and social disabilities over its thirteen seasons. Aside from the “Wheelchair Jimmy” storyline, mental and social disabilities are the dominant form of disability encountered in the series, although these are often portrayed in simplistic terms. Often a form of mental illness is relegated to one or two episodes and rarely addressed again in future episodes. For example, early in the series, main character Gavin “Spinner” Mason is disclosed as having Attention Deficit Hyper Activity Disorder (Allodi 2005), although it is rarely mentioned after this first encounter and is only mentioned to explain his nickname and provide the main conflict of the episode: Spinner shares his Ritalin with Jimmy. Another character, Liberty Van Zandt is also portrayed as having a learning disability. In one episode she is identified having dyscalculia, a form of dyslexia (Fox 2005b). Similarly, Ellie Nash has a two-part episode about depression and self harm, a plot line that plays a minor role in the development of her character (Earnshaw 2006a). Although never officially disclosed, it would appear that Rick Murray, who will later shoot Jimmy, suffers from some form of borderline personality disorder with a propensity to physical aggression (Eastman 2006c). Paige Michalchuk is forced to leave university because of an anxiety disorder, from which she recovers without any significant intervention (“Free Fallin’ (Part 1)” 2008). Eating disorders are also tackled, with Emma Nelson briefly battling anorexia before she is cured after a short hospital stay (“Our Lips

Are Sealed (Part 2)” 2007). The key learning outcome in all of these instances is that disability is but a fleeting obstacle, a barrier that prevents normal integration and while it can happen to anyone, it is something that can be overcome through the proper subservience to the medical authority: “Do ‘x’ and you will be cured!” But when one does not comply, the consequences are dire both for the individual and his or her loved ones.

There are, however, two palpable encounters with mental illness that are formative in the series and in need of deeper investigation. Although restricted to only two episodes, Emma Nelson’s first meeting with her brain-damaged father, Shane MacKay, is one such instance. Similar tropes reappear when constructing the storyline around Craig Manning’s bipolar diagnosis. Both of these encounters are representative of the unconscious anxieties surrounding disability that I have been identifying throughout this work. Here those with mental illness are presented as hostile to the normate and require particular containment to ensure both the safety of the disabled individual and those around him or her. As we have seen, this need to contain the mentally ill is tied into the desire to disavow the potential vulnerability of the mind, to be assured that these are special or unique circumstances and not representative of the normate’s experience, while at the same time providing protection and distance between the disabled and normate, drawing not just interpretive lines but physical ones as well.

In the premiere of the third season, Emma Nelson decides it is time for her to meet her biological father, Shane, who her mother had kept her from seeing her entire life. While Emma is not aware of why her mother, Spike, will not allow her to meet Shane, fans of the original series know (and new viewers are informed later in the episode) that shortly after impregnating Spike, Shane took acid and jumped off a bridge, suffering permanent brain damage (McDonald 2006, 0:32:50). After some Internet sleuthing, Emma discovers Shane’s address is listed as a hospital in Stouffville. She travels to meet him, assuming he is a doctor. She is shocked to discover Shane is, in fact, a resident of the institution and has the intellectual capacity of child (McDonald 2006, 0:20:56). At the hospital, Emma peers into Shane’s room to find her father pacing back and forth, fingers snapping nervously as he obsessively changes the angle of a food tray

on his desk. Shane's behaviour here is not just aberrant, but completely foreign—an enclosed world the viewer glimpses from the safety of the hallway through the crack in the open door. This moment recalls the sense of the uncanny and the perturbations surrounding the idea of home discussed in the previous chapter. Not only is Shane portrayed as exhibiting an entirely distinct and terrifying worldview, but he is also controlled and contained in a separate world. Emma will later refer to the institution as a “prison” within which she accuses Spike of detaining him (McDonald 2006, 0:29:30). As Spike attempts to defend her actions, she inadvertently justifies the prison moniker, claiming that she never told Emma about Shane because she was afraid that Shane might “hurt” her (McDonald 2006, 0:33:20). This turns out to not be far from the truth, as Shane becomes violent when Emma attempts to leave the institution (McDonald 2006, 0:26:35). Contrary to the reality that the reality of mental illness is that most mentally ill people are more likely to be victims of violence rather than perpetrators, here disability is carefully contained within a structured and disciplined world, the asylum, which is believed to be both comforting and safe for the mentally ill, while at the same time foreign and inhospitable to those without. Shane lives in a different world than the normate, a world whose logic and reason are far different than that of the normate and of which the normate cannot be a part. The message here is clear: individuals with brain damage perceive the world differently than everyone else, live by a foreign set of rules of behavior and moral codes, and can become violent and pose a threat to the normate when they do not conform to the disabled individual's “skewed” worldview.

Part of this worldview appears to be informed by childish or simple logic, as seen when Shane demands Spike marry him and she attempts to defuse the situation with condescension and speaking to him as though he were a child (McDonald 2006, 0:35:45). There also seems to be an air of misapprehension here, a feeling that the disabled believe themselves to be entitled to certain things and will demand these things from the normates around them. When these demands are not met, things turn violent as Shane takes Spike hostage and begins breaking things around her house, culminating in Shane cutting his hand and Spike going into labour after being knocked over by Shane for trying to retain the telephone and call for help (McDonald 2006, 0:36:45). Here the violence is random, irrational, and severe. Shane is wild, thrashing around the house without care for

his safety or the safety of others, including a pregnant woman. Shane cannot be reasoned with and that is perhaps what makes him most dangerous. While he is portrayed as an uncontrollable monster, he is also depicted as being vulnerable and naïve, as in those instances where he was eventually pacified by being given knitting needles and encouraged to knit (McDonald 2006, 0:38:00). In this way, Shane is shown as being equal parts threatening *and* childlike. It is significant that the means of pacifying this angry man is through a hobby most-often associated with women. In fact, while Spike is giving birth, Shane is sitting on the couch across from her, happily finishing a hat for the baby as though nothing is happening around him (McDonald 2006, 0:42:20). This episode features numerous elements that will seem familiar to anyone who has seen the film *Rain Man* (1988). Not only does Shane's behaviour resemble the irrational and uncompromising actions of Dustin Hoffman's character, the character is wearing a near-identical wardrobe to Hoffman's character as depicted on the promotional material of the popular film (Levinson 2005).

Despite promising to keep in touch, Shane never appears again in *Degrassi: The Next Generation*, nor is he mentioned in any significant ways for the remainder of Emma Nelson's run on the series. Presumably, Shane has spent the rest of his days contained in the institution in Stouffville, safe from both himself and everyone else alike. In this respect, disability appears to only be a problem when it breaks free from the confining structures we attempt to place around it – structures that are deployed so that the normate does not have to face this encounter or even *consider* facing it. This security seems necessary because the encounter is simply too disruptive, drawing into question our fantasy sense of wholeness and control. The disabled subject threatens to awaken the realization that our bodies are weak, fragile and susceptible to breakage at any moment. We are not as safe and secure as we believe, a realization that, while repressed, is awoken by such confrontations with the disabled.

A similar inter-subjective treatment of disability surrounds one of the main characters Craig Manning when he is diagnosed as “manic bipolar.” Like Emma's father, Craig's experience is presented as incomprehensible to the characters within the series and, by extension, to viewers of the show. Also like Emma's father, Craig becomes a

threat when his “mood swings” cause him to descend into violence: he destroys a hotel room, gets into a physical altercation with Ashley’s father at his wedding, and subsequently attacks Joey Jeremiah, his adoptive father, when he attempts to intervene (“Voices Carry (Part 2)” 2007). When he is off his medication, or simply “having an episode,” Craig is often depicted as being “out of control,” someone who is operating with a worldview that is fragmented from that of the other characters. While viewers are called to consider the world from his perspective, we are fundamentally unable to share in that logic.

Although Craig is not permanently institutionalized, the solution for his problem is also found within the realms of the medical industry, when he is hospitalized briefly and placed on medication to stabilize his mood (“Voices Carry (Part 2)” 2007). Craig does not just come under the purview of medical authority, however, but is also subjected to parental power when his stepfather, Joey, plays a bigger role in deciding what Craig can and cannot do throughout the series, often citing Craig’s “issues” as the root of his concern. A prime example is when Craig wants to spend the summer at a music camp in Britain and Joey is worried about Craig’s safety. Joey eventually relents to Craig spending the summer overseas under the proviso that he will always take his medication and get the support he needs to stay stable (“Goin’ Down the Road (Part 2)” 2007). Here the message is that once outside of the home environment—and the watchful eye of the father to ensure he is properly medicated—Craig might again pose a threat to himself and others. Joey must control Craig because he cannot control himself. It is upon this logic that the desire to subjugate mental illness is based: those who are mentally ill do not see the world like us, cannot control themselves like us, and therefore the normate are tasked with containing these individuals—for the safety of the disabled and non-disabled alike.

Whether these perceptions of mental illness are *true* or not, is not the central question for this study. Long-term viewers of *Degrassi: The Next Generation* are no doubt affected by these stark portrayals of disability as a physical threat that must be contained by a variety of normate authorities. Similar tropes will be apparent, albeit not as bluntly, when the Jimmy Brooks character becomes dependent on a wheelchair. But of greater concern than the veracity of representation is that in all of these preliminary

examples, the encounter with disability is both brief and simplified, acting as conflict used to progress the plot. More complex questions about human vulnerability and limitation fall to the plotline surrounding one character—Jimmy Brooks. Disabled by a school shooting in the fourth season, Jimmy spends the remainder of his tenure on *Degrassi: The Next Generation* using a wheelchair (*Degrassi: The Next Generation - Season 4* 2007). While Jimmy’s disability is a primary storyline throughout three seasons, he is also shown generally integrating into the school like any other student. In this way, Jimmy’s disability was not merely a storyline, but rather a fundamental part of his identity. This sensibility in which disability is a permanent feature of daily life—rather than a temporary plot device—offers a venue for a deeper grappling with the anxieties of human vulnerability.

4.3 The Jimmy Trajectory

Introduced in the third episode of the first season of *Degrassi: The Next Generation* Jimmy Brooks would become a star of the show. The character is featured prominently in the title credits of each episode and included on most subsequent DVD covers. During his time at Degrassi High, Jimmy is a relatively popular student who seems to have no problem making friends. Of course, this popularity does not make Jimmy immune from romantic entanglements, as he would have on-again off-again relationships with both Ashley Kerwin and, later, Hazel Aden. In the finale of the first season, Jimmy is dumped by Ashley after she had taken Ecstasy, claiming he is not “man enough” for her (“Jagged Little Pill” 2005). This drug-induced argument would set up the second season story arc in which Ashley attempts to win Jimmy back (*Degrassi: The Next Generation - Season 2* 2005). Aside from being a figure of romantic interest, Jimmy is also portrayed as an athletic individual, wanting to become a basketball star (Allodi 2005) and an accomplished dancer (Earnshaw 2005). Throughout the series, Jimmy also dabbles in music, spending several seasons playing bass guitar in the band “Downtown Sasquatch” and performing a rap with Spinner on how “terrible” women are (Scaini 2006a).

Despite being popular, Jimmy is portrayed as something of an outsider. Most obviously, he is one of the few black actors in a largely Caucasian cast, although race is

rarely addressed throughout the series. In fact, the only time racial identity is referenced is in relation to homophobia, in which Jimmy confronts Spinner for being homophobic toward Marco and questions how it would be any different than if someone did not like him for being black (Earnshaw 2006b). Racism *does* gain attention in other ways throughout the series, but Jimmy is rarely marked by his race. Rather, Jimmy appears to be marked as different most strongly by his apparent wealth, making his most significant difference one of class rather than race. Jimmy's family wealth is a regular point of contention throughout the early seasons of *Degrassi: The Next Generation*, whether it be through his parents long working hours and, as a result, absenteeism (McDonald 2004) or when Spinner becomes jealous of Jimmy's frivolous spending on expensive clothing and technology ("Fight for Your Right" 2005).

In short, Jimmy Brooks is a well-liked student at Degrassi, often focused on romantic and athletic pursuits, who is segregated more by his class distinction than his racial difference. All of this changes in the middle of the fourth season when an unfortunate series of events would result in Jimmy being shot in the back, suffering a spinal chord injury that would require him to use a wheelchair for the rest of his life.

4.4 The Anxiety of Disability

When broken down to its fundamental elements, the storyline of Jimmy Brooks post-spinal chord injury can best be summed up as an exploration of bodily anxiety, intimately tying disability to fears of death and destruction. The moment of disablement, when Jimmy is shot, is portrayed as a traumatic, terrifying moment that marks the death of the normate and the subsequent rebirth of a new identity. But this new identity will always be incomplete: the disabled subject is also lacking something important and is forced to suffer this loss again and again. In this way, Jimmy's character is split, with part of him maintaining a tenuous hold on his former position and another aspect assuming the position of disabled subject, a situation that leaves the character's identity fragmented, fractured, and disjointed. This anxiety of fracture is rooted in the traumatic splitting of the ego. But perhaps the most obvious anxiety around becoming disabled in this text is the terror of becoming dependent. The fear is that to be disabled is to once again be like a child, a state in which the disabled subject cannot live autonomously and

must submit to the will of surrounding normate caregivers in order to survive, much as we all were initially subject to the will of our parent(s). This inability is then bound to ideas of impotence, marking the disabled subject as castrated, doomed to a life devoid of the power, or, more correctly, the phallus. The fear of impotence in day-to-day life immediately morphs into a fear of literal castration, with the story of disability once again becoming first and foremost a story of sexual impotence and the incongruence of disability and masculinity.

4.4.1 The Moment of Disablement

Aired as a two-part “special” that tackled the rise of school shootings, “Time Stands Still” was one of the most watched episodes of *Degrassi: The Next Generation* to date (drawing large numbers in both the United States and Canada). Concluding a storyline that had been developed slowly in the previous season, the abusive loner, Rick, lashes out violently after being ostracized for much of the fourth season. In the first half of “Time Stands Still,” Spinner and Jay decide to get revenge on Rick for accidentally putting his ex-girlfriend, Terri MacGregor, into a coma by humiliating him on a quiz show that is filmed at the school (“Time Stands Still (Part 1)” 2007). The plan is to dump yellow paint and feathers on Rick as he answers the game-winning trivia question. Presumably the act would mark him a coward for having abused a woman. In response to the prank, Rick retrieves a pistol from his parents’ bedroom and returns to school with the intention of killing those who have humiliated him. Spinner and Jay discover Rick hiding in the bathroom and use the opportunity to frame Jimmy as the lead conspirator in the hopes of deflecting blame from themselves (“Time Stands Still (Part 2)” 2007, 0:07:23). As a result, Rick goes searching for Jimmy.

The shooting scene is depicted as a grim, impactful moment. Beginning in near silence, the low-tone music begins to crescendo as Rick finds Jimmy at his locker and raises the gun to point it at him (“Time Stands Still (Part 2)” 2007, 0:08:30). The audio track creates suspense while also indicating the magnitude of what is happening. Jimmy turns to run. Rick closes his eyes and pulls the trigger (“Time Stands Still (Part 2)” 2007, 0:08:30). Fitting with the name of the episode, time slows as we are shown a tight shot of Jimmy’s torso as the bullet strikes the upper-right side of his back (“Time Stands Still

(Part 2)” 2007, 0:08:55). The scene is eerily reminiscent of the shooting scene in *Born on the 4th of July*. Much like Cruise’s character, Jimmy falls to his knees with a groan, with the camera pulling back to reveal his whole body before Jimmy falls face down (“Time Stands Still (Part 2)” 2007, 0:08:58). Viewers are compelled to watch the moment again when the sequence is repeated from Rick’s perspective (“Time Stands Still (Part 2)” 2007, 0:08:58). Although decidedly dramatic, the episode does not linger on this moment, as Rick moves on in search of his next victim as students scatter, running for safety (“Time Stands Still (Part 2)” 2007, 0:09:07). Sound effects are again kept at a minimum, with eerie silence evoking the gravity of what has just happened. A low bass warble begins to rise again into an anxious atmospheric tone as Rick begins to approach his next target, Emma (“Time Stands Still (Part 2)” 2007, 0:09:30). Luckily for Emma, Sean intervenes and attempts to wrestle the pistol away from Rick, resulting in Rick fatally shooting himself, bringing an end to the crisis. The next time we see Jimmy, he is being brought out of the school on a stretcher wearing an oxygen mask with eyes closed (“Time Stands Still (Part 2)” 2007, 0:11:30). At the end of the episode, we are shown Jimmy one last time, surrounded by crying friends and family in the hospital. Paige explains that there has been no change to his condition (“Time Stands Still (Part 2)” 2007, 0:20:01).

Jimmy’s shooting will likely be remembered as a high-water moment in the series, perhaps only rivaled by the stabbing death of main character JT York several seasons later (*Degrassi: The Next Generation - Season 6* 2008). The scene is constructed as tragic, like the discovery of innocent bodies by Ron Kovic in *Born of the Fourth of July*— a moment of shame rather than triumph. The slowness and silence allow viewers to project his or her own feelings of horror, anxiety, and despair toward what has just happened: will he be permanently injured, or worse, will he die? In this vein, the final scene featuring Jimmy at the hospital is significant as well, as friends quietly surround his bed uncertain of what will happen next. While Jimmy does not die at this moment, this scene can be read as a funeral scene. A moment shrouded in solemn, reflective silence, his lifeless body surrounded by friends who look both concerned but also resigned to what has happened, paying their last respects rather than standing vigil. With Jimmy’s friends quietly weeping at his side, Paige reports there is “no change,” a declaration that reads more as obituary than reassurance. Semantically Paige’s statement implies that

Jimmy is neither better nor worse, but this statement reads as decidedly pessimistic given Jimmy's lifeless state in the hospital bed in the background. In this moment, the audience's fears are confirmed—the Jimmy we have grown to know over the past four seasons is likely dead. Yes, the character may return, but he will never be the same. Part of Jimmy has died in this episode, a death mourned by his peers, and this moment provides an interesting glimpse into the production team's interpretation of the moment of disability. Both the portion of the physical body and the constructed identity of a subject wither and pass on, incapable of return. The moment when the normate body transitions from able-bodied to disabled is a profound kind of loss, indeed, akin to death.

4.4.2 The Aftermath

If the shooting episode marks a kind of death of the original Jimmy Brooks character, the episode “The Neutron Dance” marks the re-birth of the new Jimmy, a figure, who I argue, is a distinct character, and which I will refer to as “Wheelchair Jimmy.” Viewers of the show are forced to wait several episodes before receiving an update on Jimmy's condition. Then a brief if impactful scene in which Craig visits to Jimmy in the hospital provides the frame for the future of this character. Like Emma peering in the door to find her distraught biological father, the viewer will never visit Jimmy in the hospital alone. Viewers always follow Craig's perspective. This effectively places a division between the so-called normal world of the able-bodied and Jimmy's world of disability.

Whereas the old Jimmy would be found in the halls of Degrassi flirting with girls, or winning basketball games in the gym, Jimmy is now connected to medical equipment and laying in a hospital bed (“Neutron Dance” 2007, 0:03:30). This is Jimmy's environment now: a medicalized world, a space previously defined as a “prison” by Emma in reference to the institution where her father resides. Under these terms of reference, the viewer might be led to believe that this is a space Jimmy will never escape. During Craig's visit, he and Jimmy banter about school and girls before Jimmy jokingly refers to himself as a “cripple.” Craig quickly admonishes Jimmy and encourages him not to talk like that (“Neutron Dance” 2007, 0:04:00). The use of the term “cripple” is clearly intended to be a shocking moment that forces the audience to acknowledge what has

happened and what Jimmy's future now holds. To be "crippled" is a badge of shame, a derogatory term that may define *other* people but Craig is determined to not let it define Jimmy—that is the talk of quitters. Jimmy is not a quitter, we find out at the end of the scene, as he explains that he does not intend on being disabled for long ("Neutron Dance" 2007, 0:04:15). It is unclear if this moment is supposed to be heartbreaking or hopeful. On one hand, Jimmy's optimism is crushingly naive. On the other hand, this could be interpreted as a genuinely optimistic moment, a promise that affirms this too shall pass, much as the other glimpses into the world of disability provided in the series. Regardless of how the audience is *supposed* to take this moment, it would seem apparent that the normate producers of the show simply felt this is what *had* to be said—we must remain optimistic that things will get better, which is to say, Jimmy will be able to walk again. This optimism would seem to confirm Lee Edelman's definition of narrative optimism:

However attenuated, qualified, ironized, interrupted, or deconstructed it may be, a story implies a direction; it signals, as story, a movement that leads toward some payoff or profit, some comprehension or closure, however open-ended. (Berlant and Edelman 2014, 3)

In this way, Jimmy occupies a dual space, being both disabled *and* normate, made possible by the fantasy of recovery. If the hope is that soon things will be 'better,' then by inference it means that things are currently 'worse.' Perceptively, to be disabled is a bad thing and something no one would or should *want* to be. The anxiety associated with the negative subject position of disability is allayed by the desire for a cure, something that is shown as not only natural but also *desirable*—you should *want* to get 'better,' to walk again.

This episode also signifies the beginning of another major plotline in the story of Wheelchair Jimmy—rehabilitation. The next time we see Jimmy, he is attempting to sit himself up in bed, a level of movement that would indicate progress and his desire to work hard to get out of the hospital ("Voices Carry (Part 1)" 2007, 0:06:55). This desire is later confirmed when Jimmy confronts his father about leaving the hospital and continuing his recovery at home ("Secrets (Part 2)" 2007, 0:03:40). Jimmy's conversation with his father is telling; the first thing his dad says to him upon entering the hospital room is "You look good, Jim" ("Secrets (Part 2)" 2007, 0:03:30). The focus here is on

Jimmy's body and returning that body back to its "proper" form. The focus of this moment is immediately framed by rehabilitation (or repair) of an otherwise broken body. Note that this is also the first scene that we see Jimmy in a wheelchair, in which he will now spend the majority of his time. Much like using the term "confined" to a wheelchair, this episode again draws parallels between the medical world and prisons, as Jimmy is flirting with a disabled nurse who reminds him that a wheelchair is only a "prison" if he allows it to be ("Secrets (Part 2)" 2007, 0:06:55). Here it would appear that the confining nature of wheelchairs is dependent on an individual's worldview.

When it comes to leaving the hospital and returning home, though, things are not so simple. In discussions with Jimmy's father, it is revealed that his condo has not been made wheelchair accessible yet, noting it will likely take another week to complete the conversion ("Secrets (Part 2)" 2007, 0:03:40). On top of the accessibility concerns, Jimmy will need long-term personal care in the home, which his father cannot provide because of his work schedule ("Secrets (Part 2)" 2007, 0:04:00). The anxiety on display here is that once an individual becomes disabled, they will no longer be able to integrate into their normal life; everything must now change. Jimmy immediately encounters a battery of seemingly insurmountable obstacles to living life on his own terms. To be disabled, and specifically to be unable to walk, is to live a life of struggle. Jimmy's friends Marco and Craig, who are in the room for the discussion, suggest that they could assist until proper care could be arranged, but Jimmy's father does not think this is a good idea ("Secrets (Part 2)" 2007, 0:04:05). This marks the first time in which Jimmy is cast as a dependent, with his day-to-day needs being thrust upon those around him. His inability is presented as a burden upon those around him while, at the same time, those around him are obligated to *help*, whether out of pity or compassion. After being caught sneaking out of the hospital, Jimmy's father finally relents when Jimmy makes the point: "I'm ready to come home. Now *you* have to be ready for it" ("Secrets (Part 2)" 2007, 00:19:10). It is interesting that the real barrier here is his father's attitude—he seems to assume that Jimmy would be more content at the hospital and will not provide the necessary support to get him home. In this sense, much like the management of previous disabled characters, there is a belief exposed here that the disabled are *better off* in the hospital, where they will be taken care of. At the same time, the home world, the realm of

the personal, is not designed to handle these types of needs and it is difficult to merge these two spaces. While Jimmy's father is depicted as being *wrong* in this case, with the audience obviously intended to take Jimmy's side and cheer on his emancipation from the hospital, there is a certain level of sympathy developed for his father's perspective as well—perhaps people like Jimmy *are* better off in the hospital.

At issue here though, more than anything, is the desire to be normal and, by inference, the anxiety around being “abnormal.” In the aftermath of disablement the true desire is to reintegrate into “normal” life and escape the unnatural world of medicalization. Jimmy openly admits to being upset at the hospital and demands that Craig and Marco help him break out for a night on the town (“Secrets (Part 2)” 2007, 0:07:04). Again, the emphasis here is on “breaking out”—the hospital is again framed as a prison, like the wheelchair, within which Jimmy is trapped. Despite craving this return to normalcy, Jimmy is once again depicted as dependent, as Marco is required to push his manual wheelchair throughout the escape (“Secrets (Part 2)” 2007, 0:09:16, 0:13:08). This first foray into the real world, Jimmy is perpetually reminded how “different” he is now. First, when some girls look at Jimmy in the bar and Marco teases him for getting checked out, he responds “It was more like ‘What’s with the gimp?’ drive by...” (“Secrets (Part 2)” 2007, 0:13:18). Jimmy is ashamed of his body and casts himself as a desexualized object—these women were not attracted to him, they pitied him. Or perhaps more correctly, Jimmy pities himself. As the episode progresses, this self-pity is seen to be well founded: when a tough guy dumps a plate of nachos on Jimmy because he did not see him sitting below his sight line, Jimmy prepares for a fight but the tough guy only apologizes and walks away (“Secrets (Part 2)” 2007, 0:13:30). This moment falls in line with the belief that it is reprehensible to assault a disabled individual because they are not capable of defending themselves or fighting back.

Moments later, Jimmy discovers he cannot see the stage, as everyone is standing and Marco explains there are no “wheelchair seats” (“Secrets (Part 2)” 2007, 0:14:30). This is striking because it immediately constructs a physical divide between Jimmy and everyone else. He is different and needs a place to sit that accommodates this difference. To emphasize how different he is, the viewer is also given a first-person glimpse of

Jimmy's perspective of all the people blocking his view. Here the viewer is positioned to see through his eyes. This moment reflects one of the few times where the viewer is invited to partake in the experience of being a wheelchair-user. The trip to the bar is not all negative though, as the tough guy from earlier realizes Jimmy cannot see and helps move everyone out of the way so Jimmy can get to the front row for an unobstructed view of his musical idol, Kid Elrick ("Secrets (Part 2)" 2007, 0:15:20). Again, though, this scene reinforces how different Jimmy is now and plays into the anxiety that the disabled live tough lives and deserve special treatment to account for their misery. It is a moral imperative to show Jimmy this kindness, an emotion generated out of pity and sympathy and a desire to do something nice for someone who is perceived to have been wronged. This act, though, is yet another way this text works to force a separation between the disabled from the normates. The desire to support someone with a disability is born out of the belief that the normate would desire someone to pity and sympathize with them in this way should they befall the same tragedy, a realization drawn out through the confrontation (literal or figurative) with disability. In this way, the act of pity/sympathy is born out of the needs and desires of the normate, not necessarily the disabled proper.

Much like his return home from the hospital, Jimmy's return to school is anything but smooth. In another example of Jimmy's separation from his classmates, he arrives back to school on the first day in a wheelchair accessible school bus, often known by the derogatory name "the short bus," and once again requires Marco to push his chair ("Eye of the Tiger" 2007, 0:00:50). Interestingly, Degraasi High is perhaps best known for the iconic front steps, heavily featured in the opening credits, but the show never addresses the physical accessibility of the school or even the most basic of questions, such as how Jimmy accesses the school when the front entrance is clearly not accessible. While the early storyline of Wheelchair Jimmy focuses on how the physical world does not accommodate his new needs, referencing an anxiety around limitation and imprisonment, future storylines rarely tackle questions of physical accessibility, which seems to imply that Jimmy never again struggles with this problem. The show's retreat from this problem could be interpreted as a means of refusing or simply avoiding the on-going anxiety around accessibility – by being trapped by a disabling environment.

Much of Jimmy's future experiences at Degrassi High will be marked by pity and self-loathing. For example, when Spinner attempts to apologize to Jimmy for not visiting him in the hospital, largely because he felt guilty for getting Jimmy shot, Jimmy responds aggressively: "Wheels. Chair. It's wheelchair. Gawk all you want 'cause it's not going away" ("Eye of the Tiger" 2007, 0:02:00). Viewers are then treated to a clumsy montage of Spinner attempting to help Jimmy around school, getting books from his locker, pushing him around telling people to "watch out," helping him get water from the fountain, taping down the wires so he can wheel over them, et cetera ("Eye of the Tiger" 2007, 0:03:10). The emotional intent of his scene reads like a guilt trip, in which Spinner is trying to right his wrong. However, there is certainly an element of anxiety portrayed in terms of how hard Jimmy's life is now. Further, after the basketball game on his first day back, the team calls Jimmy out to celebrate his time playing before the injury and present him with the new MVP award entitled "The Jimmy Brooks Trophy" ("Eye of the Tiger" 2007, 0:05:10). The look in Jimmy's eyes as he holds the trophy is a heart-wrenching mix of frustration, embarrassment and self-loathing—at every turn he is reminded of how he is no longer the person he once was ("Eye of the Tiger" 2007, 0:06:05). In keeping with the growing tradition of bestowing accolades upon people simply because they are disabled, Jimmy is crowned "King of the Dance" for the first time ever at the end of the fourth season, an award that seems to be an attempt to assure him of his popularity and sexual appeal (Scaini 2006b, 0:17:50).

Jimmy spends much of his high school years fighting to prove that he is just like everyone else. A prime example of this occurs in the episode "Death of a Disco Dancer," when Jimmy is asked to help coach the boy's basketball team and has a run-in with the new star player, Derek Haig. While coasting through the hallways, Jimmy happens to overhear Derek complaining to his friends after practice: "All the coaches out there and they give us a cripple?" ("Death of a Disco Dancer" 2007, 0:06:55). This comment appears to upset Jimmy, but what also makes this moment upsetting is the way it forces the viewer to confront their own feelings toward Jimmy being the coach; or more correctly, a grappling with the loss of ideality: we the viewer are invested in Jimmy's abilities as a basketball star, we experienced his triumphs with him in the same way that we must now suffer with him in his loss of ability. This represents a common dissonance

we all hold toward disability. On the one hand, the text is attempting to represent the idea that we should treat everyone equally and to not hold someone's disability against them, while at the same time confirming that our abilities, even the ones at which we excel, are fleeting. These confrontations with reality become quite uncomfortable in this text and call to the viewer to sympathize with how *we* would feel with our shortcomings displayed in such stark relief. Worse still, we are told by this text to cringe at the notion of being told what we can and cannot do, especially when there is truth to that assertion. More important, perhaps, is the anxiety that not only are we limited but also that we may become *more* limited, just like Jimmy has.

Fueled by his anger toward Derek's comments, Jimmy confronts Derek and starts a physical altercation in which he is once again referred to as a "cripple" ("Death of a Disco Dancer" 2007, 0:13:00). When the coach intervenes and questions what is happening, Derek claims that Jimmy started it, to which Jimmy retorts "I'm in a *wheelchair*" ("Death of a Disco Dancer" 2007, 0:13:20). Here Jimmy positions his disability as proof of innocence. This duality between fighting to transcend the chair while at the same time deploying it as an excuse opens a new complexity. The feud between Jimmy and Derek is eventually solved, not through education and compassion but on the basketball court, with Jimmy out-shooting Derek in a 3-point contest, proudly exclaiming afterwards "Congratulations, you just got beaten by a cripple..." ("Death of a Disco Dancer" 2007, 0:17:00). The lesson to viewers appears to be that the best way to overcome the prejudice of others is by beating them at their own game, showing them that you are not, in fact, as limited as they believe you to be. Moreover, while Jimmy's use of the term "cripple" is clearly intended as an insult aimed at Derek's prejudice against disability, this comment still seems to be dripping in self doubt—Derek was not beaten by a superior, he was beaten by a "cripple" and that makes this defeat *worse*. Conversely, this scene clearly shows that not only is it important to fight against disability, to transcend the limitations poised by the injury, but the means through which to prove an individual's worth seems to be by beating the normate on their terms.

Beyond this struggle with pity and the loss of ideality, Jimmy's experience of returning to school seems to be wrapped up in assigning blame for what has happened to

him. A crime has been committed and because the perpetrator was killed, Jimmy never seems to find resolution. Much like in *Born on the 4th of July*, which spends a lot of time assigning blame to the American government for Kovic's disability and the shame of their involvement in the Vietnam War, blame is an important aspect of Wheelchair Jimmy's storyline. After discovering the school had named the Basketball MVP award in his honour, Jimmy's self loathing and depression begins to peak. Jimmy, unable to dribble a basketball, laments: "[m]y basketball career, my whole future is gone. Just like these two pieces of meat" ("Eye of the Tiger" 2007, 0:07:40). After this comment, Jimmy takes aim directly at the hearts of the viewers, expressing: "[s]ometimes I just wish he had better aim...finished the job" ("Eye of the Tiger" 2007, 0:08:30). This all too familiar moment reinforces the proximity of death. Here, Jimmy identifies disablement and death as being on the same spectrum; if Rick had done a *better* job he would have died instead of ending up in a wheelchair. At the same time, disability is presented as somehow *worse* than death. Preferring death is a particularly damning indictment of disability: as if it were better to cease to exist than to struggle with the obstacles presented by physical disablement. It is at this point that Spinner, overcome with guilt, confesses his role in the shooting and is subsequently ostracized by everyone in the school as word of his involvement spreads ("Eye of the Tiger" 2007, 0:09:10). In many ways, the students of Degrassi begin treating Spinner as badly as they did Rick, similarly isolating him. Rick's death is significant but what is *truly* important here is that Jimmy's future—indeed his entire identity—have been lost. Worse yet, Jimmy later states that Spinner is "dead to him," indicating that the only fair punishment for the crime of putting someone in a wheelchair is the forfeiture of one's own life ("Eye of the Tiger" 2007, 0:18:00). Spinner seems to agree to the heinous nature of his transgression, describing starkly: "I basically cut his legs off" ("Foolin'" 2007, 0:20:00). This was not a simple accident, but rather a crime. Jimmy and his friends punish Spinner for his role in the shooting in ways that are far harsher than Rick was punished for actually shooting Jimmy. It is not until the end of the fifth season, more than twenty episodes after the shooting, that Jimmy finally forgives Spinner, explaining: "I spent a lot of time this year blaming people, you especially, and that was wrong and I'm sorry" ("High Fidelity (Part 2)" 2007, 0:18:50). Ultimately, viewers are supposed to sympathize with the torment Spinner endures, but at the same

time identify with the sense that there is nothing more heinous than disabling another human being, and indeed, that to be disabled is worse than death.

4.4.3 Jimmy the Dependent

The fear of becoming reliant on others and the implications of this dependency is perhaps the most common anxiety explored throughout the storyline of *Wheelchair Jimmy*. Whether it is dependency upon the medical establishment (including the wheelchair itself) or a reliance on those around him, Jimmy is continually forced to interrogate a life that now seems somehow lacking. The fantasy constructed here is that the loss of ability requires an individual to augment themselves through other means. Unfortunately these means are somehow inferior to the perceived “normal” way of life. The dependency anxiety is also a dual anxiety, as not only is Jimmy limited by his dependency on others, but those around him may also feel burdened by his needs. It is from this anxiety that feelings of paternalism appear to be made – a sense that becoming involved in the life of someone with a disability means supporting this individual (and perhaps to the detriment of their own life). The anxiety of dependence, and the negative consequences of being dependent in this profound way, is explored vividly in Kristeva’s (2010) discussion of Claire, a mother of a child with autism who is also described as “mother courage.” As Kristeva observes, Claire poured all of her energy into supporting and advocating for her disabled child, desperate to “share” the wound disability had inflicted upon her, but found that it was wholly “intolerable” and “unshareable” (Kristeva 2010, 32).

Jimmy’s reliance on those around him for day-to-day life is a source of tension and frustration for all parties involved. As mentioned earlier, this begins in the hospital in relation to Jimmy needing care and his friends volunteering to help (the need for specialized care at home is never addressed again). As we will discuss later, this reliance on others—and the expectation that they will provide support—will eventually extend to his girlfriends, especially Ashley, who become more of a caretaker than romantic partner. A straightforward example of this dependency is made manifest in the way Jimmy’s character is constantly being physically pushed around in his wheelchair. Beginning in the hospital, this trend continues for much of the fourth season. A prime example of this

dependence on others for movement actually occurs in the background of a dance scene, in which Jimmy's girlfriend, Ashley, is shown pushing him out of the dance and into the hallway ("Don't You Want Me? (Part 2)" 2008, 0:20:05). The fact that she is not at his side or perhaps even leading him is contrary to the interactions of other couples in the show and indicates a dependency on her in ways beyond that of a standard relationship. This runs contrary to the spinal-cord injury diagnosis, which presumably has only affected his legs and not his upper body, and would make him more than capable of pushing himself. Instead, his girlfriend bends over and pushes him around, reducing his personal autonomy in much the same way mothers control the locomotion of their children with strollers.

Another example of this reliance is made manifest by Jimmy's father, a character who had previously not appeared on the show until the injury. In a show that prides itself in allowing the youth to guide their own stories, Jimmy's father becomes a large part of his life after his injury and exerts more control than most other parents in the series. Moreover, most parents in the series seem quite accommodating to their children, whereas Jimmy's father is often condescending. An example of this paternalism is evident in a scene where Jimmy is practicing basketball and his father encourages him to get working on his "chair handling" ("Still Haven't Found What I'm Looking For" 2007, 0:01:00). What seems to be at issue here, similarly reflected in other examples like *Born on the 4th of July*, is that the disabled are vulnerable or deficient subjects in need help, even with basic tasks like how to push their own wheelchairs. Jimmy's decision making is also questioned by his father, when Jimmy's hopes to travel to Amsterdam to receive stem cell therapy are characterized by his father as being frivolous, who encourages him instead to focus on school and a summer internship ("Broken Wings" 2007, 0:08:10). In this case, much like Jimmy's desire to leave the hospital, here his determination to try a risky treatment is not even up for debate – father simply knows best.⁷

⁷ Jimmy is not the only disabled character to become beholden to his father's authority once diagnosed as disabled, as Craig also falls under the control of strict parental authority once he is diagnosed as bipolar. Of course, we the viewer supposed to side with the disabled character, agreeing that they are being treated unfairly or differently, but at the same time this re-enforces the perception that the normate's role is to at best empower them and at worst contain and "protect" the disabled, who are marked as infantile.

4.4.4 Jimmy the Fractured

Perhaps the most obvious of anxieties around disablement manifested in *Degrassi: The Next Generation* is the fear of fracture, both literally and figuratively. On the one hand, there is anxiety related to the literal destruction of the body and its faculties, often depicted in the text through metaphors of imprisonment. A deeper terror, however, is that through the fracturing of the physical body must also come the destruction of the self. Where once was a unified body, there are now only fragmented pieces that will not fit together as they once did. As with *Born on the 4th of July* and *Coming Home*, the anxiety here is rooted in a return to an infantile dependency and the threat that the new disabled reality cannot sustain or contain the idealized identity of the past. Much like how the reflection in Lacan's "mirror stage" exposes our limited motor control as toddlers, while also giving hope of attaining the mastery of the "ideal I," disability reflects back the tenuousness of our association with wholeness, revealing the fragility of our bodies. When the body becomes broken, and our control is diminished, a new imago must be forged, giving birth to an identity molded by trauma, and accommodating the new limitations of the broken body. Moreover, disability does not just affect the way an individual operates within the physical world, but also plays out in the emotional and unconscious world as well. Where the old self has been shattered into pieces that no longer connect, the physical and interpretive limitations of the disabled body will become the foundation upon which the new identity is put back together, albeit never fully. Where once there was Jimmy Brooks, the athlete, now there is Wheelchair Jimmy, a patchwork person put together with shards of the past and bound together by his newfound limitation. This fragmentation can perhaps best be understood through the psychoanalytic lens of the splitting of the ego.

Primarily deployed by Freud in relation to fetishism and psychoses, the splitting of the ego denotes the phenomenon which Laplanche defines as "coexistence at the heart of the ego of two psychical attitudes towards external reality in so far as this stands in the way of an instinctual demand. The first of these attitudes takes reality into consideration, while the second disavows it and replaces it by a product of desire" (Laplanche and Pontalis 2006, 427). For psychoanalysts such as Dan Goodley, splitting is a key *ego*

defence mechanism. As Goodley explains: as children become more independent of their mothers they begin to recognize the mother as being both good (in the way she provides) and bad (in her absence), emotions that Klein believes rebound back on the child and result in feelings of guilt (2011, 721). Goodley goes on to use this framework to explain the contradictory responses of the normate toward the disabled subject, contradictions he believes are “rooted in the splitting of good (desired) and bad (not desired) areas of one’s psyche, introjection (internalising desired aspects of the good life) and projection (externalising the bad away, away from oneself, in an other)” (Goodley 2011, 722).

The concept of splitting was explored by Lacan, who sought to expand the idea beyond just fetishism or psychosis but classify it as a “general characteristic of subjectivity itself; the subject can never be anything other than divided, split, alienated from himself” (Evans 1996, 192). Evans goes on to explain that, for Lacan, “the split denotes the impossibility of the ideal of a fully present self-consciousness; the subject will never know himself completely, but will always be cut off from his own knowledge” (Evans 1996, 192). In the context of *Degrassi*, Jimmy becomes particularly representative of this anxiety, both in relation to his own “ideal I” (which is now fractured), and intersubjective relations he has with others, evidence in his lamentation that people do not know how to talk to him when they visit, when he complains, for instance, that: “Everyone else who comes in here either talk about the weather, or, my prognosis...my legs...” (“Voices Carry (Part 1)” 2007, 0:07:30). Here there is a distinct division placed between his body and his legs—because they no longer work, presumably because it is a spinal chord injury he can no longer feel them, they are no longer considered to be part of his body, they are separate. Although with markedly different outcomes, the encounter resembles Ron Kovic’s struggle to prevent the doctors from amputating his infected leg in *Born on the 4th of July*.

This sense of Jimmy’s fractured identity—his personality split between the “old” Jimmy and the new, “wheelchair” Jimmy— is made further evident in the character’s athlete persona and his artist persona. After the accident, it is revealed that Jimmy had begun to use drawing in rehabilitation to help him relax and process what happened to him (“Still Haven’t Found What I’m Looking For” 2007, 0:04:05). Beyond illustrating

the scene of the shooting, Jimmy undertakes a project to begin drawing his own body, including sketching out a new wheelchair he hopes to use to play basketball (“Still Haven’t Found What I’m Looking For” 2007, 0:03:45). This signals the character’s attempt to regain control over his body, crafting a chair that looks the way *he* desires and functions the way *he* wants – as opposed to the stock chair he was provided. His sketchbook moreover, yields a view of black-and-white portraits of wheelchairs, drawn in the same fashion as the portraits of people and depictions of the incident. In this way, the wheelchair becomes a character of its own, a floating signifier that he has yet to incorporate.

As he begins the long journey of integrating these fragmented parts within his new personality, Jimmy is forced to make a choice between art and basketball, or in his words “Jimmy the athlete” (“Still Haven’t Found What I’m Looking For” 2007, 0:02:00) versus “Jimmy the artist” (“Still Haven’t Found What I’m Looking For” 2007, 0:10:10). In this particular episode, this conflict plays out when Jimmy decides to try-out for the Canadian Wheelchair Basketball team, but becomes sidetracked at an art gallery, missing the try-out. At the gallery, Jimmy becomes visibly animated for the first time since the shooting, exclaiming: “The work in there was sick. That is what I live for!” (“Still Haven’t Found What I’m Looking For” 2007, 0:09:00). This seems incongruous because Jimmy has *never* mentioned art, throughout the previous five seasons. The character has been dedicated to basketball and little else, but suddenly it would seem “Jimmy the athlete” has been replaced by is “Jimmy the artist.” This is reinforced in a later confrontation with his father, who explains he just wants Jimmy to “feel good,” to which Jimmy responds, “Dad I can’t, that’s impossible. I’m in a wheelchair, okay? I’m never walking again... You keep trying to bring this old Jimmy back, this star player, the athlete, that Jimmy is gone. That Jimmy got shot” (“Still Haven’t Found What I’m Looking For” 2007, 0:16:40).

The shift to Jimmy the artist also provides one of the most intriguing and complex confrontations with the fractured self through what I call the “Jimmy Logo.” When talking about the rehabilitative use of art, Jimmy comments that he draws the things he sees when he closes his eyes; his art says “everything I want to say, everything I need to

say” (“Still Haven’t Found What I’m Looking For” 2007, 0:09:50). We are introduced to the “Jimmy Logo” when viewers get a glimpse of his sketch book (“Can’t Hardly Wait” 2008, 0:00:28). The character that appears in this book is also printed on to the shirt Jimmy is wearing at the time and which he will wear throughout his remaining seasons on the show.

The “logo” consists of a silhouetted figure wearing a toque imprinted with a smiley face. Several key elements of this image that immediately jump off the page, perhaps most apparently the quasi-cubist style. The arms appear connected to the upper body while the legs are left free-floating. In fact, all of the sketches on these pages follow this same stylistic pattern: arms connected, legs floating. As the legs hang free in space, disjointed and disproportionately small, the eye is then drawn to what appears to be an inverted cross stemming upward from waist. At first glance, this might be construed as stylized abdominal muscles (which appear in one of the other sketched) but also appears to reference Christian iconography, and indeed, crosses appear in several of the other sketches. The obvious significance of this symbol is a notion of resurrection and the idea of returning from the dead, but the placement of the cross, and the fact that it is inverted, perhaps indicates a phallus. Here is another parallel to *Born on the 4th of July*, and specifically the scene that juxtaposes the crucifixion of Christ with the death of the Ron’s penis. In the Degross example, focus is drawn to the genitals of this character – and perhaps anxiously so, as the penis is marked by blank space, a “lack” or “void.” The representation of these items seems to point to Jimmy’s reproductive potential, or lack thereof, which is a significant aspect of Jimmy’s character that I will discuss momentarily.

This drawing is clearly supposed to be representing Jimmy. In this respect, it seems fitting that this character’s right hand (the hand Jimmy draws with) appears to be an inverted cartoon word bubble, as if to say, this character speaks with its hands – like Jimmy. Another word bubble can be seen on the opposite page, this one is bigger and seems to reinforce the idea that he is thinking about speaking through art. Moreover, this fractured man appears to have no face, but rather, a kind of blank visor, which are suggestive of some sort of robot or cybernetic organism. This is perhaps the most telling

statement about Jimmy's sense of his new self: on the one hand, he is drawing himself as a splinted character who is missing parts; on the other hand, he is incorporating the idea of technology into the image of himself: he has become a cyborg.

Jimmy's use of art to express his inner turmoil extends beyond just drawing; he also begins to rap about his experiences. When Ashley is struggling to perform during a talent show, Jimmy bursts on to the stage to help her, inserting rap lyrics into her rock song, much to the enjoyment of the crowd and the chagrin of Ashley. In his rap segment, he talks about people asking about his "reality" and how they "cannot fathom how it feels to be forever confined," to which he assures that he always puts his "best foot forward" and has accomplished some great things despite his disability. It ends with the lines: "And, metaphorically I'm ahead of the rest and proud of the fact that I have accomplished that. And every time I say that I can do it myself in the same breath I wonder where my accomplish [sic] is at. It's like...tell me anything but the truth because I don't know if I can take it now" ("It's Tricky" 2009, 0:10:40). Here Jimmy is expressing pride in how far he has come while at the same time wondering what he has really accomplished—after all, he is still in a wheelchair despite thinking his disablement would be temporary. Although the last line is lifted from Ashley's song and he is simply repeating the chorus to end his rap, there is something particularly damning about this moment in connection with the earlier sentiment—despite his accomplishments, he cannot handle the truth that he is going to be disabled forever, that it is now a part of him and he will never put his foot forward, best or otherwise. Despite having his first and only rap revolve solely around his disability, Jimmy is later offended when Marco's friend indicates he could be a great rapper who is the "antithesis of gangster rap" and just needs a good name, one that sums up "You...and the chair" ("It's Tricky" 2009, 0:17:00). Jimmy is incensed; if he is just a "guy in a chair" then perhaps he is "nothing" without it ("It's Tricky" 2009, 0:17:10). Here again the relationship with "the chair" is marked by anxiety. On the one hand Jimmy does not want to be defined by his disability while at the same time he sees the potential value of incorporating it into his identity. In fact, despite his angry response, this is a turning point for the character in which Jimmy starts to incorporate one of the split off parts of his identity. For the first time in the series, perhaps he *is* close to being ready for the truth.

The final depiction of this anxiety around fractured bodies and split identities comes up when Jimmy tries to help calm Spinner down from fighting people when he is diagnosed with testicular cancer. Jimmy explains that he knows “how it feels to have your body let you down” (“Death or Glory (Part 2)” 2009, 0:16:20). Here Jimmy is no longer focused on the injury as something that was unfairly inflicted upon him, but rather as an experience of emotional transformation. The injury, indeed, disability itself, seems to have been incorporated into Jimmy’s personality. He shares Spinner’s anger and frustration about the body’s failings. This seems like a fleeting recognition that the body is always-already fragile and cannot possibly live up to the expectations we place upon it. The body *will* break up and collapse under trauma, and we will be left to pick up the pieces. Perhaps Jimmy’s biggest limitation is that he constructed his entire identity upon the belief that he could never be hurt. Seen through Kristeva’s lens, perhaps this is a moment in which disability is imagined less as a singular experience than as the shared human condition. Spinner is confronted with the idea of his own vulnerability and forced to imagine a fragile body. In short, he is mortal and that is perhaps the most crushing disability of all and one that we all have in common.

4.4.5 Jimmy the Castrated

As we saw with the war films analyzed last chapter, here disability also carries anxieties around sexual potency. This is the most powerful conflict Jimmy’s character faces: that to be disabled is to become incapable of sustaining loving and lasting relationships. Once again, the disabled body is portrayed as being incapable of sexual potency and deficient in terms of masculinity, although here there is a subtler schism between the disabled and normate populations. While *Born on the 4th of July* and *Coming Home* represent impotency through an actual castration of the main disabled characters, *Degrassi* portrays a figurative castration, an impotency that arises because of a perceived imbalance within the relationship – when the normate partner will be relied upon to take *care* of the disabled partner, for instance, which then breeds resentment. In this way, romantic relationships come to resemble a mother-son relation rather than a husband-wife partnership. Jimmy is unable to maintain his relationship with his girlfriend Hazel, who is able-bodied, *and* his future romantic targets are limited to other disabled characters.

While Jimmy struggled to maintain sexual relationships before the shooting, his difficulties are exacerbated upon losing his ability to walk. Before being shot, late in the third season, Jimmy began a relationship with another black character, Hazel Aden, a relationship that continues briefly after the shooting. Things change dramatically after the injury, however, with the relationship becoming increasingly untenable. For example, when Jimmy tries to kiss Hazel after the shooting, she rebukes him and claims she is “not in the mood” (“Still Haven’t Found What I’m Looking For” 2007, 0:15:00). The relationship ends several episodes later when Hazel grows jealous of Jimmy becoming close with another character, Ellie Nash (“Redemption Song” 2007), even though no infidelity transpired.

Upon breaking up with Hazel, Jimmy then begins a dependent relationship with his ex-girlfriend, Ashley Kerwin. Their reunion begins when Ashley returns from England to discover a self-loathing Jimmy frustrated by his infatuation with Ellie. Jimmy believes Ellie will not date him. When Ashley inquires, he responds: “What’s 10lbs, metal and vinyl, has two wheels?” (“High Fidelity (Part 2)” 2007, 0:08:40). The wheelchair becomes a perceived barrier to his sexual appeal, later confirmed when Ellie rejects him (“High Fidelity (Part 2)” 0:16:40). Seemingly to improve Jimmy’s spirits, Ashley kisses him and they rekindle their past romantic relationship (“High Fidelity (Part 2)” 2007, 0:16:50).

There are numerous instances throughout the depiction of this relationship when Ashley appears resentful of having to “take care” of Jimmy. When Jimmy thanks Ashley for picking up his dropped book, she retorts with a sigh and rolled eyes: “It’s what I’m here for” (“It’s Tricky” 2009, 0:12:05). Her role in the relationship is less that of companion or partner and more a caregiver, something she seems to have resigned herself to. Feeling that her contribution is not being properly acknowledged, Ashley later complains to Ellie about how everything is “so easy” for Jimmy, to which Ellie replies judgmentally “Yea...except for...walking?” (“It’s Tricky” 2009, 0:12:35). In this complex moment, Ashley’s frustration seems justified and yet Ellie makes clear that Ashley’s feelings here are ungenerous because, after all, he’s in a *wheelchair*. How *could* things be easy for him? An expectation hovers around Ashley: she is tasked with

supporting his needs; this is what one is supposed to do for a significant other. The problem, of course, is that this relationship is burdened by dependency and delivery of care. The relationship falls apart when Jimmy begins to live beyond her care, rejecting her offer for support because he feels he can manage on his own (“Live to Tell” 2009, 0:03:00). Later in this episode, Jimmy and Ashley break up because as Jimmy explains: “Yea you supported me. This relationship has become a crutch for the both of us” (“Live to Tell” 2009, 0:19:40).

The root anxiety here is that the disabled subject will be undesirable because of his dependency. The medicalized body, moreover, seems less appealing, as Hazel literally recoils at the thought of physical contact with Jimmy. Further, there seems to be a belief that a relationship begun before an injury cannot survive because the individual will simply change too much and become unrecognizable. In the case of Jimmy, he simply became too complex for Hazel who seemed to like him more as an athlete than an artist. Their relationship faltered because the foundation upon which it was built had shifted and they no longer saw eye to eye, literally and figuratively. But more than simply being sexually unappealing, the perception of dependency potentially positions the romantic partners as caregivers and the relationship often shifts from being a partnership into a hierarchical power relation. In this way, dating someone with a disability is made to seem like too much *work* rather than a balanced, fulfilling relationship.

As with *Born on the 4th of July* and *Coming Home*, this crisis of potency is also marked by a fear of losing sexual ability altogether. One of the specific ways this fear is manifested is through an anxiety that men with physical disabilities, and especially spinal cord injuries, will be unable to achieve or sustain erections. As discussed last chapter, this particular anxiety taps into the very question of what it means to be a man and whether or not this identity is possible with physical limitations. The idea here is that masculinity is inherently linked to independence and physical prowess, whether it is through sport or physical aggression. When an individual loses their physical ability and become dependent on others, their very “manhood” is threatened. Here again, disability and masculinity are fused, and as such, those who suffer injury are threatened with a desexualized status – like that of a child.

Jimmy's romantic troubles are not just portrayed through the women he is dating, but also in his relationship to his own "ideal-I." After the shooting, it is revealed that Jimmy is unable to attain erection and, as such, is rendered impotent ("Can't Hardly Wait" 2008, 0:03:05). Jimmy explains that there is a chance his phallic power will return to him later, but the doctors are not sure. Later in the episode, when a doctor mentions the potential for medical intervention, such as using a device to allow him to become erect, Jimmy recoils at the thought: "I have to turn into some sex robot? Wind me up and watch me go?" ("Can't Hardly Wait" 2008, 0:13:40). He is similarly repulsed by the idea of using pills like the "old people" ("Can't Hardly Wait" 2008, 0:13:50). What is at stake here is shame. As Jimmy pleads, "I just don't want to be a virgin the rest of my life. Don't broadcast it..." ("Can't Hardly Wait" 2008, 0:14:10). Like many boys his age, Jimmy rests much of his self worth on his ability to seduce women and he struggles to understand who he is if he is unable to partake in this experience. This fear is confirmed by Spinner in a later episode, who quips "But who would want to be with a guy whose stuff is not functioning?" ("Death or Glory (Part 1)" 2009, 0:16:40). This is perhaps the most powerful anxiety wrapped around the disabled subject—to become disabled is to become impotent, perhaps even castrated, and no one will love you as a result.

Jimmy's impotence becomes a great source of humiliation and frustration, especially with Ashley. When Ashley inquires about why they have not been engaging sexually, Jimmy assures her that when he is "ready" he will tell her—leaving out any mention of his impotence ("Can't Hardly Wait" 2008, 0:01:00). When they finally do attempt intimacy, Jimmy becomes frustrated by his inability to perform and kicks her out of the house ("Can't Hardly Wait" 2008, 0:10:30). When Ashley proffers that they could be in a relationship without that type of physical intimacy, Jimmy responds: "Okay, we cannot live without 'you know.' I'm going to make this work" ("Can't Hardly Wait" 2008, 0:11:30). In a later attempt, Ashley begins giving Jimmy a massage to try and calm him down, at which point he turns on the television and begins to ignore her ("Can't Hardly Wait" 2008, 0:15:30). When confronted, Jimmy not only wants to avoid intimacy but also wants to avoid the relationship entirely. This avoidance is replicated in a deleted scene from the episode "Sweet Child o' Mine," in which Ashley is trying to plan a romantic getaway with Jimmy but he resists, instead wanting to talk about physiotherapy

and worrying about accessibility (“Sweet Child O’ Mine” 2009). He is effectively desexualized and has become focused wholly on his disability.

As it turns out, Jimmy *is* eventually able to attain an erection. When he transfers out of his chair to a massage table before receiving his physiotherapy, to his surprise, he discovers that he has erection, despite the inconvenient timing (“Can’t Hardly Wait” 2008, 0:05:00). Curiously, the *only* time we are shown Jimmy getting an erection is when he is within the world of medical treatment. Erotic transference to care givers is a common phenomena, but an important one when it comes to disability, as there is a recurring fantasy that those with disabilities are or have been romantically involved with their nurses. The root of this desire, I would argue, is Oedipal in nature, as the individual becomes sexually attracted to the authority and compassion associated with nursing care in a similar way the son’s early sexual target is his mother.

Another moment of confrontation with his emasculation occurs the second time Jimmy and Ashley attempt to be intimate. In a moment of breakdown, Jimmy reveals his true anxiety, stating:

We may as well just [end the relationship] now, it’s going to happen eventually...Look, if I can’t do this how long are you really going to stick around? 6 months? A year? What if I can’t, ever? Do you know what it feels like to know that your epitaph is going to read ‘Jimmy Brooks, crippled virgin?’ I can’t walk, I can’t run, I can’t dance, I can’t play basketball. I can’t even...I can’t even make love to you. (“Can’t Hardly Wait” 2008, 0:20:00)

Jimmy’s life has become synonymous with “can’t.” To be disabled is to be forever marked by the things you cannot do. Worse yet, the things you cannot do will invalidate your claim to a sexual identity. Jimmy has an understanding of what it means to be a “man” and these are things he cannot do. But if he is not a man, what is he? Ashley tries to console him, explaining “You’re the man that I want you to be, isn’t that enough?” (“Can’t Hardly Wait” 2008, 0:21:20). Of course, we find out shortly thereafter that it is not enough.

Although handled differently, *Degrassi* is grappling with the same anxieties represented in *Born on the 4th of July* and *Coming Home*. Whereas the war films use

disability to speak metaphorically of the literal loss in Vietnam, and the damage done to perceived American masculinity as explored by Jeffords, *Degrassi* has made the leap to simply accept the disabled body as castrated and addresses loss of sexual potency directly. For *Degrassi* the loss of penile potency acts as symbolic of an individual's inadequacy, not just their loss of the phallus but their inability to attain it every again, an anxiety that is then represented in terms of sexual impotence. In this way, Jimmy's penis *is* seen as the root of his power and when he becomes powerless, so too must he lose the use of his penis. While *Degrassi* spends time attempting to disavow disability and convince themselves, and the audience, that the disabled and the normate cannot cohabitate, the subtext is that Jimmy's inability to walk marks his body as weak, which runs contrary to our perception of masculinity and therefore Jimmy can no longer occupy a procreative body.

4.4.6 Containing the Anxiety

To blunt the collision between the disabled and normate world, *Degrassi: The Next Generation* deploys a series of defenses, or assurances, to manage the threat of disability. The first of these management tactics is the promise of a cure—that with hard work and help from the medical establishment, disability is not a permanent state but merely temporary. If disability threatens to fracture the identity, the drive to be cured promises to make whole again what is broken. The idea that cure is possible is comforting and allows the audience to ignore the vulnerability of their own bodies, believing that while the body (and identity) is fragile, it *can* be put back together. For Jimmy, this means a desire to transcend his chair in any way possible, whether it is the use of crutches or the eventual promise held by stem cell research. Also interesting is that Jimmy will dream of being able-bodied once again, both romantically and athletically. The drive to become normal is central in the development of Wheelchair Jimmy and, in many ways, will guide every action he takes for the remainder of his time in the series.

The drive to overcome his limitations is present in Jimmy's story from the moment he is first shown in the hospital. As mentioned earlier, that first conversation with Craig ends with assurances from Jimmy that this situation is only temporary and soon he will be back to normal. The desire to walk again also comes up in conversation

with Ashley, when Jimmy complains that being in a wheelchair could actually be detrimental to his rapping career because “who wants to hear from a rapping wheelchair gimp?” (“We Got the Beat” 2009, 0:03:05). Ashley responds to this pessimism that while she knows Jimmy really wants to walk again that he will still be the same person inside if he does not, to which Jimmy again responds with a scowl (“We Got the Beat” 2009, 0:03:27). Later in this same episode, Jimmy will meet his future fiancé, Trina, a disabled social worker who is undergoing physiotherapy at the same rehab clinic as Jimmy (“We Got the Beat” 2009, 0:05:00). As they banter back and forth, Trina urges Jimmy to stop feeling sorry for himself as she gets up on crutches and walks away (“We Got the Beat” 2009, 0:05:50). Again, the belief here all along is that a cure is possible but only if Jimmy pushes himself hard enough—whether he walks again is his battle to fight and has little relation to technological or medical advancements. This is also a significant moment because Jimmy finally finds his “crip mentor,” a positive and frank-talking disabled person whose job in such narratives is to mentor the individual from the depression of disablement to acceptance of their own inner power to make things *better*. The belief here is that *only* another individual with a disability could possibly comprehend and provide advice on how to manage these things, as the experience is rarified and exclusionary. This effectively erects another cognitive barrier between the disabled and normate. The next time Trina and Jimmy will talk, they immediately swap stories of how they became disabled, as this is this moment of trauma that draws them inextricably together (“We Got the Beat” 0:12:40). When Trina asks Jimmy why he is at rehab, he responds that his objective is to “walk out of here” and “live a normal life” (“We Got the Beat” 2009, 0:07:00). In his mind—and encouraged in the minds of the viewer—to walk and to live normally, and by extension by happy, are mutually exclusive. Of course this then means that to wheelchair is tied to abnormality and, arguably, a perpetually “unhappy” life.

The desire to be cured is so strong that it begins to dominate Jimmy’s waking and unconscious thoughts, as the content of his dreams become wholly focused on a return to normalcy. Jimmy often talks about having dreams of playing basketball again (“We Got the Beat” 0:19:00), a dream viewers eventually witness first hand. In the opening scene of a later episode, we are given a slow motion dream sequence in which Jimmy is back on the basketball court, driving the lane hard and laying up an easy basket (“Broken Wings”

2009). In this moment he appears so happy and free, an emotion that turns acidic, as Jimmy's face reflects crushing disappointment as the camera pans out to reveal him still sitting in his wheelchair. In this moment, Jimmy turns his hope into a visual reality, leaving the viewer with a sense of disappointment as we discover it to be fantasy and not reality. Jimmy also dreams of a return to a chivalrous masculinity, as represented in a bizarre webisode released to promote the new season of *Degrassi*, where Jimmy daydreams of jumping out of his wheelchair to catch Ashley as she falls, swinging her romantically before kissing her (*Degrassi Mini - Jimmy Walks!* 2009). Here again is a visual manifestation of the desire to return to normal, to be strong and protective again, in the most sexist sense.

The promise of a cure is woven deeply into the Wheelchair Jimmy storyline. For Jimmy, this promise comes in the form of "Stem Cell Surgery," a potential cure to spinal cord injury first mentioned in passing by Trina ("We Got the Beat" 2009, 0:19:20). While the potential of stem cell treatments is a distant clinical reality at the time of airing, *Degrassi: The Next Generation* depicts a world where not only do stem cell therapies exist – *they work*. Jimmy gets his first glimpse of this brave new medical future from his friend Marcus, who is shown walking and claims the progress is thanks to stem cell surgery he just received ("Broken Wings" 2009, 0:04:10). Upon further research, Jimmy discovers "stem cell surgery" is being conducted in Amsterdam and for the right price he too could "get his legs back." As it turns out, Trina is planning on going to Amsterdam that summer to receive treatment and invites Jimmy to join her ("Broken Wings" 2009, 0:05:00). The prospect of walking seems to overwhelm Jimmy and invalidates much of his previous optimism toward life in a wheelchair, exclaiming, "Seriously, man, I am done with this wheelchair" ("Broken Wings" 2009, 0:06:00). The desire to walk again is not presented as a preference – that Jimmy would *rather* walk than wheel – but as a desperation, indeed, one that Jimmy's father feels is warranted ("Broken Wings" 2009, 0:08:10). At the same time, Jimmy's father is concerned with the uncertainty surrounding the treatment and advises his son would be better off working toward a well-paying job in the legal field. Here, Jimmy's father seems to endorse the disabled life as being not so bad, so long as the individual is situated to make enough money to cover the increased expenses. But the hope to walk again is stronger than the drive to be successful. In fact,

the notion of walking becomes the very definition of success when Jimmy blackmails his father to get the funds necessary to receive the treatment. This promise of cure is later validated when Jimmy returns to the show for a cameo appearance the following season to report that Trina is now walking much better because of the surgery and although Jimmy is still in a wheelchair, he is “seeing improvement” (McDonald 2010, 0:12:20). The anxieties surrounding disablement are greatly minimized when a cure is just around the corner, when for just a few dollars you can get your “legs back.”

While the potential cure is one strategy deployed to minimize anxiety, a more complex and devious strategy is to segregate the disabled and normate realms, placing cognitive and interpretive barriers between subjects that cannot be overcome. By marking the disabled experience as one that is singular and wholly foreign, the viewer can be assured that this is not *their* experience and has nothing to do with *them*. This strategy of containment provides a distance which offers safety and comfort to the normate viewer. Disability becomes something that can be observed, but need not be interrogated. On *Degrassi*, Surrounding Jimmy with other disabled characters is part of this strategy.

All of Jimmy’s closest friends after the shooting are also “disabled” in one form or another. His most common visitor in the hospital is Craig, who at the same time is diagnosed as bipolar (“Voices Carry (Part 2)” 2007). Similarly, although their relationship is strained for several seasons after the shooting, Jimmy does eventually return to his best friend, Spinner, who has ADHD and testicular cancer (“High Fidelity (Part 2)” 2007). The logic of these segregated relationships seems to be that the other able-bodied characters simply do not *understand* what Jimmy is going through, while the other disabled characters can relate and empathize. One of the first things Jimmy will chat about upon meeting Trina in rehab is his frustrations with the lack of understanding. He complains that people say he is still the same person, despite his back being broken. Trina replies: “Same here, totally same here. It’s like the more positive they are the more pissed off I got. It’s like, I’m not the same person I was” (“We Got the Beat” 2009, 0:13:23). Here again we are given a perspective into ways disability fractures identity, the anxiety that to be disabled is to lose your former self and become something new. Perhaps worse than losing yourself is the lack of comprehension of this change by those

that have not experienced the transformation themselves. The act of transitioning from the old, normate self into the new, disabled self is something unique—it cannot be simply *imagined* and/or empathized with. The normate cannot put themselves into the shoes of a disabled individual because their experience is believed to be so radically different, their conception of their own able-bodied identity so certain, that they cannot allow themselves to truly understand this life, because to acknowledge it is to partake in their own susceptibility and fragility. It would seem this is a project the normate cannot and *must* not undertake, as it threatens a return to the most primal frustrations of a fragmented and fragile body perpetually threatened by castration.

Jimmy's romantic conflicts are also resolved when he becomes involved with a disabled partner. Trina seems to really “get” him, perhaps because she is the “same” as him, always pushing to recover. Here the idea is that the disabled will only be happy when dating each other because only they can understand each other. The normate cannot possibly understand the things the disabled individual has gone through and, worse yet, a relationship between someone with a disability and someone without would inevitably be hamstrung by the power divide, with the disabled partner becoming dependent on the normate partner for their day-to-day needs. This type of power relations would cease to exist if both partners were disabled and, presumably, this results in happier long-term relationships.

Curiously, this does not appear to be the case in practice. Despite forming a relationship on a level footing with Trina, Jimmy is still depicted as somewhat submissive to Trina, with his level of ability being linked to the continuance of their relationship. Throughout her run on the show, Trina is rarely shown in a wheelchair, preferring rather to navigate with crutches, perhaps because the character would not be seen as sexually viable to the audience if she was depicted as being too disabled. In fact, she is not shown using a wheelchair until her second last episode on *Degrassi: The Next Generation* (“Broken Wings” 2009). Also, Trina pressures Jimmy into getting stem cell surgery, sarcastically intoning that his summer internship with his father's law firm sounds “totally better than walking” and that “[w]alking through Central Park won't be as fun if I have to push you in your wheelchair...” (“Broken Wings” 2009, 0:10:10-

0:10:50). Trina seems obsessed with being cured and their relationship becomes contingent on Jimmy sharing the same perspective. Although this ultimatum upsets Jimmy, he eventually concurs with Trina and they travel to Amsterdam together to receive treatment. Just as hope is delivered that Jimmy will walk again, his love life also ends on a happy note, as he discloses to Spinner that he intends to propose to Trina. Jimmy seems to have finally found lasting love (McDonald 2010, 0:19:32). Ultimately, the core anxiety returns here again: if you are disabled you will not be loved, cannot be loved, unless you are fighting to become “able” again. Further, the audience’s discomfort is neutralized by the promise that Jimmy and Trina *will* live happily ever after – once they have been cured.

4.5 Concluding Thoughts

Degrassi: The Next Generation provides a relatively complex representation of how disability operates in Canadian society and appears to avoid many of the stereotypical and overly simplistic traits of other mainstream representations of physical disability. While the Jimmy Brooks character certainly faces a unique set of barriers that are not experienced by his fellow normate classmates, he generally embraces his new life as a disabled individual and the stories told about this character do not exclusively revolve around being disabled. Perhaps one of the most innovative aspects of this representation is the fact that Jimmy is often shown just “hanging out” with his friends, just another teen trying to navigate the social world of high school and work his way to adulthood—a future that is largely optimistic as he is shown overcoming his limitations and pursuing a career in law.

While Jimmy Brooks is largely a *positive* character, this does not necessarily mean this representation is accurate. When considered fully, the depiction of this character speaks more of the normate’s anxieties toward their own vulnerabilities than to the lived experience of disability. In the terms set out by Kristeva, these representations portray a condition of discrimination that cannot be shared, while at the same time posit an intersubjective encounter that demands the normate to acknowledge their own proximity to not just vulnerability but death itself. At its core, *Degrassi: The Next Generation* depicts disability as a *threat* to the normate. Especially threatening are those

with social and intellectual disabilities (evidenced most obviously in Craig's aggressive behavior). In this way, disability is depicted as precarious ground that threatens both mind and body. Physical disablement is also portrayed as tied to a threat of dependence. Everyone who is pulled into Jimmy's life is responsible for his care and wellbeing. The anxiety here is that to be disabled means being a burden on those around you, while to be involved with someone who is disabled means it is your responsibility to support them, often at the expense of your own hopes and desires. This portrayal of dependency infantilizes the disabled subject. Disability is a dual threat: on the one hand, reminding the normate of their own potential vulnerability while, at the same time, portraying the disabled as vulnerable and in need of protection.

But perhaps the greatest threat that disability poses is to the idea of the unified self. Disablement is portrayed as a fracturing in which the self is cleaved into separate split off parts. In *Degrassi*, Jimmy's life is dichotomized in which parts of the personality from the past (Jimmy the athlete) give way to a profoundly different personality after the shooting (Jimmy the artist). In this way, the world of disability is depicted as one of passivity, where pursuits of the mind are central over pursuits of the body. And similarly to the Vietnam War films, masculinity is treated as incongruent to the world of disability. In a world where the body is broken, so too is the ability of the body to perform other tasks—most notably that of reproduction. In the same way that the “old” self dies, so too does the hope for “future” selves—while the individual themselves may survive, their progeny cannot. Jimmy is prevented from maintaining a romantic relationship with a normate, as these two worlds are simply too far apart. To be disabled is to be castrated, both literally and figuratively.

To put it bluntly, when the producers of *Degrassi: The Next Generation* were forced to confront disability in the production of this character, the dominant themes that they generated through which to understand disability are all too familiar threats and anxieties drawn from the archetype presented in the cycle of Vietnam War films, as if there were an unconscious transmission – a transmission of fear of their own bodily vulnerability and the very real terror of their own mortality. In this way, disability is

portrayed as a sort of purgatory between life and death—a destruction of self and body while also a rebirth into a new identity, but one inherently flawed, fragile and fleeting.

The response to these anxieties is all too predictable—as with all threats, this too must be contained. For *Degrassi: The Next Generation* this containment of anxiety is achieved in two ways. The first is through medical and parental power. Disability is inherently tied to the medical world and, as such, the disabled is subjected to medical authority. Much of Jimmy’s storyline revolves around following the rehabilitation orders of medical professionals in a hope to “get better.” The viewer is presented with the notion that the only appropriate reaction to disability is to “get better.” I discussed in the first chapter, this drive to “cure” is rooted in the medical profession and should not be mistaken as a fundamental desire of all disabled individuals. As Jimmy begins to move out of the medical sphere, he is immediately subjected to his father’s authority. Here again the belief is that the parent “knows best” and can best provide safety and security for the vulnerable person. Jimmy is later subjected to the power of his wife Trina who, although disabled herself, is perceived as “more” able than him, and as a social worker, part of the medical establishment.

Jimmy’s marriage to Trina is the final form of containment presented by *Degrassi: The Next Generation*. Here, the producers segregate the disabled characters, presenting a world in which *only* the disabled can understand each other, a world that is separate and contradictory to that of the normate. After his injury, Jimmy struggles to maintain relationships with normate characters while gravitating to those who are slipping in and out of the world of disablement. It should be noted that *Degrassi: The Next Generation* never makes claim to whether or not this separation of populations is right or wrong, but simply presents it as an inevitability. The segregation of disabled and normate characters serves to assure the normate that this is not a condition they share, allowing them to continue to deny that they too may (and indeed probably *will*) some day enter the realm of disability on their way to the grave. On *Degrassi*, this is not a world in which normate viewers belong; it is a world that the show works hard to keep at a distance.

Of course, Kristeva would argue that what *Degrassi* is really attempting to preserve is the normate's narcissistic sense of self and the denial of their own inherent vulnerability. Whereas the Vietnam War films were structured wholly around the anxiety of disability and seek to produce distance between the disabled and normate subject, *Degrassi* seems to take a different approach, focusing on constructing fantasies that minimize the violence of disability through the promise of cure or segregated bliss. *Degrassi* reinforces the belief that to be disabled is to be fragmented but at the same time there is an inherent optimism that assures the viewer that while the disabled subject will be different they will be *okay*. Comparatively, these representations develop a continuum of encountering disability, in which the Vietnam War films represent that which is wrought with anxiety and strife whereas *Degrassi* presents a world wholly dominated by fantasy and dreams of cure. As we will see in the next chapter, Fox's popular dramedy *Glee* is a text that lies somewhere in between, approaching disability with equal parts optimism and tragedy, that provides the most varied exposition of the normate's encounter with disability.

Chapter 5

5 Dream On: Fantasies of (dis)ability in *Glee*

Tracking the ways disability is represented through the 70s and 80s in popular Vietnam War films, to portrayals of disability in Canadian popular media through the television show *Degrassi: The Next Generation*, our focus now turns to a more current representation of disability that attempts to straddle the line between anxiety and fantasy. For this work, we will look to the massively popular teen drama *Glee*. A show focused on high school show choirs, *Glee* has not been shy to delve into the world of disability through several characters, most notably Artie Abrams, a teenager who, like Jimmy Brooks, suffered a spinal cord injury. While this text provides plenty of material to critique, especially in terms of the uses and deployment of ableist ideology, it is more important to consider how this text reflects the fantasy of disability held and propagated by the normate cast and crew that produce this show. By analyzing the character—what Artie says and does as well as the things that are said and done about Artie—we are given a nuanced and deep perspective into the biases, fears, and desires of contemporary mainstream normate American culture. Of all the representations explored throughout this project, *Glee* is the most recent and, as such, feels the most appropriate place to look at how the fantasy of disability has changed and how it has remained the same, deeply engrained within the minds of the producers, revealed through the characters in the show, and reinforcing the beliefs of the normate viewer.

5.1 About “*Glee*”

Beginning in 2009, *Glee* is a musical show with a penchant for black comedy. It was first pitched as a lucrative expansion to the already popular music-based franchise, *American Idol*, and designed to appeal to a younger demographic. Creator Ryan Murphy explains that his show “is a different genre, there’s nothing like it on the air at the networks and cable. Everything’s so dark in the world right now, that’s why ‘Idol’ worked. It’s pure escapism” (Schneider 2013). Largely based on Murphy’s experiences in musical theatre as a youth and described as a “postmodern musical,” the show focuses on

McKinley High, a high school in Ohio, where a former show choir singer turned high school teacher tries to popularize the now defunct glee club by recruiting and training a band of misfit teen performers (Wyatt 2009). While the foundation of the show is based on Murphy's adolescence, the actors have become active in molding their own characters to reflect their own personalities, especially Chris Colfer, who plays Kurt Hummel, and the discrimination he faces as an openly gay teenager (Itzkoff 2013). Similarly, the disabled character, Artie, who will be discussed at length, is in part inspired by the lived experience of writer Brad Falchuk, who was temporarily disabled and required emergency spinal cord surgery, from which he "feared he would never walk again. And while he has recovered almost fully, his ordeal inspired a "Glee" episode in which the cast performs a number in wheelchairs" (Weiss 2009).

An important factor when considering *Glee* for analysis is acknowledging that a major objective of the show is to engage with characters Murphy describes as "underdogs," those living on the fringes. He self identifies as having a "specific" voice that is a "bit subversive," an attitude that is clearly imbued in the show's script (Tallerico 2013). In this way, *Glee* attempts to show the unpopular side of high school life, setting it apart, similar to *Degrassi*, in its attempts to be darker, and by inference more *honest*, than standard popular television programming based in high schools. Actor Matthew Morrison, who plays glee club leader William Schuester, explains: "the story lines are pretty out there and twisted. But at the same time, they're very real" (Kinon 2013). Far from an after school special, *Glee* prides itself for going where other shows are reluctant to go, bluntly engaging and finding humour in sensitive subjects like race, class, and sexuality. Instead of reinforcing hegemonic beliefs, *Glee* attempts to present these attitudes as the joke that we can all laugh about, together, acknowledging that ignorance is morally wrong – and yet humorous.

5.1.1 Cultural Significance

Over its four season run thus far, *Glee* has built a massive fan base across both Canada and America and become far more than *just* a television show, with top selling music compilations comprising of songs from the show to a touring live concert series. None of this would be possible, however, without the legions of devoted fans, dubbed

“gleeks,” who have devoted huge amounts of time, energy and money to supporting the show in all of its many incarnations. From the start, *Glee* has been critically acclaimed, dubbed the “highest-rated new scripted series” (Seidman 2013) and would garner 9.77 million viewers on average in its first season (Andreeva 2013). Building on its early success, the height of *Glee*’s popularity is in its second season, reaching an average audience of 10.11 million viewers and ranked 43rd overall in viewership (Gorman 2013a). The audience began to slip in the third season, falling to an average viewership of 8.7 million viewers and ranked 56th overall (Gorman 2013b). The audience numbers have since crashed in the fourth season, with an all-time low of 4.6 million viewers for one particular episode (Bidel 2013), and the season finale only receiving 5.9 million viewers. The fourth season on the whole only reached an average of 7.4 million viewers (Kondolojy 2012).

Similar to its ratings, *Glee* received the most critical acclaim in its first few seasons, most notably earning a Primetime Emmy nomination for important disability-focused episode *Wheels*. In the same year, *Glee* also won an Emmy for Outstanding Directing for a Comedy Series and actress Jane Lynch won Outstanding Supporting Actress in a Comedy Series. The first season also earned a Peabody Award and a Golden Globe for Best Series. As with ratings, the second season is *Glee*’s most successful in awards, winning an Emmy for Outstanding Casting for a Comedy Series, a Golden Globe for Best Television Series, Jane Lynch as Best Supporting Actress and Chris Colfer as Best Supporting Actor.

The actual influence of *Glee* goes far beyond just ratings and awards. For example, there was a marked upswing in membership to glee and choir groups across North America after the first season, as viewers of the show joined or created glee clubs at their own high schools (E. Scott 2010). The surge in membership was not just female viewers, though, but largely men who started joining clubs (Dempsey 2010). Presumably this swing in membership had much to do with the show’s ability to combat many of the negative stereotypes associated with show choir, allowing young men to not only feel comfortable joining the clubs, but believe that doing so would bolster their social

standing. In this way, *Glee* has clearly influenced the behaviours and opinions of young adults in both Canada and the United States.

While it is difficult to track the emotional and perceptual impact of *Glee* on its viewers, particularly in relation to disability, there is some documentation of the reactions of the cast and crew involved in the show when producing the first disability-centric episode, “Wheels.” In this episode, the members of glee club are forced to use wheelchairs to learn what life is like for their fellow classmate, Artie, who requires a wheelchair after sustaining a spinal cord injury in a car accident. Note that this episode features the popular song “Defying Gravity” from the Broadway musical *Wicked*.⁸ Even before the episode was released, “Wheels” was promoted as a turning point in the series, an emotional episode that would stop making jokes and try to deal with a serious issue—in this case, inaccessibility and the exclusion of people with disabilities in mainstream American classrooms. Even filming the episode was framed as an “emotional” experience for the cast and crew which had “long-term effects on its three writers” (Fernandez and Martin 2009). Murphy goes on to explain:

Certainly, after this, [*Glee*] remains a comedy, and it’s fun. But writing this made me feel the responsibility of showing the truth of the pain that outcasts go through. It’s not all razzle-dazzle show business. It’s tough, and it’s painful, and it was for me growing up, and it is for most people. So I think this made me realize that amid the fun and the glamour, it’s really great now and again to show the underbelly of what people who are different feel. (Fernandez and Martin 2009)

What is perhaps most significant about this quote is the direct connection Murphy draws between the struggles he had “growing up” with the “underbelly of what people who are different feel,” namely people with physical disabilities. At the same time, a clear line is drawn between the “razzle-dazzle” of show business and the “people who are different”—in a show devoted to the razzle-dazzle, this was a special moment to talk about the *Other*.

⁸ The inclusion of this song in this episode is significant because while the song is about living beyond expectations of other, in line with the broader themes of racial acceptance within the text, *Wicked* includes a significant storyline around the burden placed on main character, Elpheba, by her disabled sister, Nessie, a tragic character whom Elpheba must take care of and wishes desperately to cure.

The role of Artie also touched and changed the actor, Kevin McHale, who portrays the character in *Glee*. In an interview with the *LA Times*, McHale explains that “it didn’t take him long to adjust acting (and singing and dancing) in a wheelchair...but that the role has made him more aware of the challenges other people face.” McHale explains that “It’s a completely different side of life” (Fernandez and Martin 2009). Perhaps most importantly, though, McHale feels that the role has opened his eyes not so much to what the disabled experience, but “how grateful I am to be able to get up between each take and walk around” while at the same time believing it is important to show people “that Artie can still do everything everyone else can that matters” (Fernandez and Martin 2009). Quite clearly, McHale frames the ways in which disability is an important part in the production of his own subjectivity—he can only appreciate his ability through the lens of being without. At the same time, McHale feels the need to soften the severity of Artie’s disablement, assuring viewers that despite his limitation he can still do things that matter, framing the story of Artie around the lines of what he *can* do as opposed to what he cannot.

The reason why *Glee* genuinely matters and is an important point of inquiry is because of the power it holds not just to popularize topics but also to popularize and give voice to opinions and perspectives otherwise unseen in the mainstream media. A primary objective of the show is to present audiences with the brutal discrimination faced by the misfits of the glee club and urges the viewer to rally behind them. Nowhere is this more apparent than in storylines focused on gay rights and the danger of being an openly gay teenager in America. The power of the show is providing young people with icons to look up to, to empathize with; it aims to teach that gay *is* okay, natural, and normal, without hiding from the problems faced by gay teens in America. Unfortunately, this same inclusion is not afforded to Artie. In contrast to the way Kurt’s sexuality is handled, Artie’s struggles are often treated superficially. While *Glee* appears able to confront anxieties around homosexuality, disability presents too great a challenge and is largely deflected or treated shallowly rather than confronted directly.

5.1.2 Notes on *Glee* and Ableism

There are two important notes to be made before looking at the ways *Glee* manages disability. First, neither *Glee* nor Artie's storyline has concluded. The fifth season began in the fall of 2013, after this study had concluded. Unlike *Degrassi*, which provided a cohesive and completed storyline for the character Jimmy, there is still a potential for *Glee* to develop, change or modify the Artie character to reflect something different. We must acknowledge the possibility, however slim, that the Artie character is a work-in-progress and all of his storylines *could* be building up to something that could radically change the interpretive and figurative meaning of his story thus far.

The second important note tempers this possibility: *Glee* is an inherently ableist text that depicts an outright distaste for disability. At every turn, the show is quick to make the point that being disabled is *hard*. When asked about the choreography in the "Wheels" episode, choreographer Zach Woodlee responded: "If it looked too fun and easy, it wouldn't read right... Ryan [Murphy] really wanted people to understand what Artie deals with" (Fernandez and Martin 2009). Echoing this difficulty, Murphy believes that the show is fundamentally about "the desperate need for a place in the world and how we all fit in and how hard it is for some people to get by" (Fernandez and Martin 2009). A similar ideology is presented within the dialogue of the show, for example when Sue Sylvester connects disability and depression, expressing dryly: "As soon as a cheerleader rolls herself out onto the field in a wheelchair, she becomes decidedly less effective at cheering people up. It's just a fact" (Barclay 2011, 0:16:55). In the same episode, Artie refers to being in a wheelchair as a "big hassle" (Barclay 2011, 0:37:00). Whether deployed for shock value or otherwise, *Glee* also has a nasty habit of using the word "cripple" to describe disabled characters throughout much of the first season (see "Pilot", "Showmance", "Acafellas", "Laryngitis", "Britney/Brittany", "Never Been Kissed", "Prom-asaurus"). Most notably, one of Sue Sylvester's first scenes involves her defining the glee club as consisting of "5 and a half members," including a "cripple in a wheelchair" (Murphy 2011a, 0:03:05).

Disability is also commonly used as the source of jokes in *Glee*. The most common of these relies on disability working as a negative position from which to

juxtapose the abilities or performance of main characters in a derogatory fashion. For example, Kurt describes members of the glee club as being on the bottom of the social ladder, even below “Special Ed[ucation]” (J. Scott 2011a, 0:12:10). A similar joke is made later in the series, when Sam implies his poor dancing abilities mark him as being “special needs” (Buecker 2013, 0:07:15). There is also a running joke throughout the first season of *Glee* around the collective inability of the local deaf school, as the football coach explains, “We gave up our pride when we lost to that school for the deaf” (Falchuk 2011a, 0:18:30). Similarly, the glee club will later joke about how easy it is going to be to defeat the rival glee club from the deaf school at an upcoming competition (Keene 2011a, 0:30:00). Later in the season, audiences are finally introduced to the glee club leader from the deaf school, which gives way to a clunky scene that revolves around how the teacher is deaf and, as such, cannot operate his cellular telephone and cannot hear anything Will is saying, going on to accuse Will’s frustrated gesticulations of mocking sign language (D’Elia 2011, 0:15:15–0:16:45). The silly and frustrating deaf man routine is later repeated at the end of the episode as Sue attempts to help the deaf school cheat (D’Elia 2011, 0:40:55). Albeit more pop culture reference than direct disability joke, Sue will also accuse Will Schuester of being “Annie Sullivan” and asks if he needs her to sign into his palm—a reference to “The Miracle Worker” (Buecker 2011, 0:28:30). Mental illness receives a similar treatment, with a joke about Mary Todd-Lincoln being bipolar and history students encouraged to practice their “bi-polar rants” because “history can be fun” (Murphy 2011d, 0:39:30). Brittany, a student whose “stupidity” provides comic relief throughout much of the series, even comments when discussing ‘Stairway to Heaven’ as a possible prom theme “Not unless we also build escalators to heaven for the disabled students. Plus I’m not really sure if they’re even allowed into heaven” (Stoltz 2012a, 0:03:20). While all of these instances could be passed off as being in keeping with the dark humour of the series as a whole—*Glee*’s particular strategy of asking the viewer to laugh at the ignorance of the statement rather than the truth of it—all of these jokes rely heavily on, and thereby reinforce, common disability stereotypes and position disability as being simultaneously both taboo and farce. While this could be a strategy to neutralize the hostile encounter with disability, it encourages viewers to believe that the discrimination faced by the disabled is laughable and therefore not serious.

Similar to the deployment of disability as joke, the character Artie seems to be most often used as plot device rather than an active member of the club, especially in the early seasons. In one of Artie's first dance scenes, he is used nominally until the finale in which the lead singer, April Rhodes, stands upon his wheelchair, using it as a stepping stool (J. Scott 2011b, 0:36:45). Similar, after singing a love song to Sugar Motta, Sugar hops onto Artie's lap and demands he wheel her to class (Falchuk and Adler 2012, 0:14:00). When not used as a stool or mode of transportation, Artie is generally relegated to the periphery of the large dance sequences, often left sitting in the shadows alone or otherwise uninvolved in the main action of the song. An example of this is when the glee club films a mattress commercial, where everyone is jumping and dancing on the mattresses while Artie, in his wheelchair, sits alone and immobile on a mattress in the far left corner of the screen (Keene 2011b, 0:24:38). In another musical number in the episode "The Substitute," Artie quite literally sits in the shadows at the edge of the stage for much of the sequence and is not included in the group shot to end the song (Murphy 2011d, 0:41:40). Despite having an entire episode about the importance of being accessible and inclusive, *Glee* continually uses inaccessible stages that limit Artie's ability to be part of the team. Many of the stages used in the show have bleachers or multi-level platforms, leaving Artie to be segregated from the rest of the club during big musical numbers (Shankman 2012, 0:22:10) or forced to sit in front of the tiered platforms while his peers sing on the higher platforms behind him (Buecker 2012a, 0:28:00). While the intention is to try and include Artie when possible—going so far as to incorporate him in some dance sequences—it is hard to define the show as inclusive, especially when Artie is more often than not briefly incorporated into these musical routines and then quickly moved off to the side again for the majority of the performance.

The last questionable, but important, moment to consider before looking deeper at the representation of disability is to return to the deaf school so often ridiculed in the first season, specifically when the deaf glee club makes their first appearance on the show to sing John Lennon's "Imagine." In this moment, the students from the deaf school do not sing the song, but rather sign the lyrics in unison while one of the deaf students speaks the lyrics in a slurred stereotypical cadence most often associated with deaf people (D'Elia 2011, 0:31:20). The students in the deaf show choir are marked as different, most

notably by showing them wearing cochlear implants or other hearing aids. Further, these students are not the typical attractive group of teenagers that compose all of the other show choirs in the show. Rather these are normal looking youth, with unkempt hair, pimples and little make-up. Also unlike all the other choirs in the show, the deaf choir has no choreography aside from the synchronized sign language. Shortly after beginning their song, the McKinley glee club get out of their chairs and begin singing overtop the sign language, often singing the lyrics several beats ahead of the deaf narrator (D'Elia 2011, 0:32:10). This cooperation also sets the deaf choir apart from other show choirs present in *Glee*, as they are the only choir presented as friends rather than rivals or villains. Despite the fact that it would be considered offensive to sing overtop another performing choir, this moment is depicted as touching and emotional, signified by the fact that the glee club leader, Will, is brought to tears by the performance (D'Elia 2011, 0:34:20). The message here seems to be, quite clearly, that deaf people cannot sing or partake in music in the same way the normate do, but it is touching to see them try. The act of singing over the signing could be a sign of solidarity that is drenched in charity as opposed to offense. While it could be argued that this is a moment of collaboration, support that is offered to no other glee club in the show, the members of the glee club are shown to be assisting the deaf performers, which implies these poor souls are in need of help. In summation, *Glee* presents us up front with a world where disability is a hard, miserable life, deployed to remind the normate how good their lives really are while at the same time calling on the normate to help endure the burden of disability by supporting the disabled subject.

5.2 Survey of Disabled Characters

In a show that prides itself in giving voice to minorities who are otherwise ignored by the mainstream media, *Glee* does include a fair number of disabled characters throughout the course of the series. At the same time, most of these characters play a peripheral role and operate more as plot devices or cameo appearances rather than a nuanced encounter with disability. Ultimately there are three categories of disabled characters in *Glee*: primary characters who are disabled, main characters that briefly encounter disability, and cameo appearances by disabled characters used to progress the plot. The four primary disabled characters are Artie Abrams, who uses a manual

wheelchair after a car accident, Becky Jackson, who has Down Syndrome, Brittany Pierce, who has an undiagnosed intellectual impairment, and Emma Pillsbury, who has Obsessive Compulsive Disorder. Quinn Fabray is the one main character who briefly encounters disability after a car accident in the third season. The three brief or guest stars with disabilities are Sean, who is a bed-ridden quadriplegic featured in one episode, Sugar Motta, who appears briefly in the third and fourth season and is self-diagnosed with Asperger's syndrome, and Betty Pillsbury, paraplegic niece of Emma Pillsbury who is introduced at the end of the fourth season as Artie's love interest. It is through these eight characters that *Glee* explores life with a disability and provides insight on the normate's comprehension and conflict when confronted by disablement.

5.2.1 Sean – Quadriplegia

The disabled character with perhaps the briefest exposure is Sean, a friend of main character Finn, a teenager who was seriously injured playing football. Despite only appearing twice in one episode and then never spoken of or shown again, Sean is of particular interest to this study for two main reasons. First, he is important because he is only one of two characters actually portrayed by an individual who self-describes as disabled—the actor, Zack Weinstein, is a quadriplegic actor and his inclusion on the show was largely in response to negative criticism for casting a normate actor to play Artie (Weinstein 2010). Second, Sean is important because in his brief scenes we are presented with perhaps the clearest, most concise depiction of *Glee*'s perspective on life with a disability, a narrative that is the engine behind all future representations of disability in the series.

When we are first introduced to Sean, we perceive him through the eyes of Rachel and Finn, who have come to get his advice on Rachel's laryngitis. We find Sean in a hospital bed in his bedroom, lying with a stillness that can be described as "paralyzed" (Gomez-Rejon 2011a, 0:28:57). Our entire encounter with this character is shaped by the first thing he says: an admission that since his injury Sean has been seeing a "shrink," who claims he uses humour to cover his anger (Gomez-Rejon 2011a, 0:29:10). This story is immediately followed with a voyeuristic play-by-play of how he was injured in a football game. The complete destruction of his body, and the subsequent rage that

followed, is the fuel that drives his character. Sean goes on to explain that he cannot stand his wheelchair, what it stands for, and that he attempted to drive it into a pool to commit suicide (Gomez-Rejon 2011a, 0:30:17). As he is telling this story, the camera turns its view to the empty chair sitting beside his bed, before panning to a pile of pill bottles on Sean's bedside table. This scene marks Sean as a man being kept alive by the medical establishment, through intervention, not by choice (Gomez-Rejon 2011a, 0:30:30). When asked if he is happier now, Sean explains "Hell no, I'm miserable. I miss my body, I miss my life, I miss my friends, I miss girls, but, I've realized over time that I've got other stuff going on. I'm more than just one thing." Exposed here is the duality of the normate subjected by disability; it is a life anguished by what one has lost but sustained by the promise of what may come. For Sean, the fracturing of his body presented abilities he had otherwise ignored, skills based less on physical prowess, like football, and more on intellectual acumen, like mathematics. This is one of the clearest moments depicting the ways in which *Glee* situates disability at the precipice of anxiety and fantasy, where Sean is tormented by what has happened to his body and what the wheelchair symbolizes while at the same time being sustained by the dream of returned normality. Although little has been said in this exchange, the viewer is supposed to feel a closeness to this character, one that is quickly shut down by the encroachment of the medical realm; Sean must go do his physical therapy and Rachel and Finn (and the viewing audience) are quickly ushered out of the room (Gomez-Rejon 2011a, 0:31:35). The medical world always seems to be intruding and it is a world of which Rachel and Finn, and the normate, cannot be a part.

Sean will make a second appearance at the end of the episode, as Rachel has her voice back and wants to thank him for helping her through her difficult time. It is during this scene that a bit more of Sean's life is revealed: viewers learn that Sean's mom is his primary caregiver, as she shows Rachel into his bedroom—a relationship later echoed in Artie's character. This scene also gives way to a brief, but complex moment, in which Sean becomes embarrassed by his exposed bare chest and indicates, using his head, for his mom to come cover him up (Gomez-Rejon 2011a, v. 0:38:18). A playful moment that is equal parts humorous and endearing, the embarrassment exhibited here is both positive and negative: On the one hand it identifies Sean's chest, his nipples specifically, to be sexual objects that should not be casually revealed to the opposite sex. On the other hand,

this marks his body as one of shame that must be hidden. This is significant because Sean is only one of three male characters to openly express concern over the appearance of their physical body (the other two being Artie and Finn). Despite a plethora of jokes around Finn's body, which it is said to be slightly overweight, Finn does have countless scenes throughout the series where he is topless. Artie and Sean, however, are never seen fully topless or without expressing shame toward their physical bodies.

To conclude the episode, and Sean's time on *Glee*, Rachel proposes they sing the song "One" by U2 together, starting with the iconic lyric: "Is it getting better or does it feel the same?" (Gomez-Rejon 2011a, 0:40:30). As they sing, Rachel holds Sean's hand, something that is identified as a purely symbolic gesture because while he cannot feel the contact, he remembers how it used to feel and therefore is real to him (Gomez-Rejon 2011a, 0:40:00). This moment is both one of closeness, but also one of separation. As the song ends, Rachel is shown crying, emphasizing the emotionality of the scene. While Rachel's encounter with disability was brief—things did "get better" for her—this moment is decidedly sad because we, the audience, know that it "feels the same" for Sean: he cannot nor will he ever recover "feeling." In this respect, this scene taps into one of the greatest fears of encountering disablement: one can lose more than a skill, like the ability to sing, but *all* of one's vital senses. Here the ability to "feel" takes on a double meaning. Sean has literally lost his tactile senses because of the spinal cord injury, but at the same time the fear exposed in the moment of contact, when Rachel takes his hand, is to lose the ability to have physical sensation, here a sexual feeling that must be imagined rather than physically experienced.

Although only appearing briefly, the character of Sean reveals several important pieces of the fantasy of disability exposed by *Glee* that resonate with the texts already studied. Again we are presented with the anxiety that to become disabled is to undergo an unspeakable tragedy that leaves one inconsolably angry about what has been lost. This anger is, in fact, born in the fear of losing something precious, like the ability to feel in natural or common ways, a fear that then becomes an anxiety around connecting with other people – either emotionally or physically. A series of familiar defenses are deployed to neutralize this anxiety. For one, the disabled are often separating from the

“normal” world, trapped within the realm of the medical establishment: a world of hospital beds, despicable wheelchairs, and bedside tables full of pill bottles. Disability is then simultaneously fantasized as being potentially positive, as the loss of some abilities can lead to the discovery of new talents, often along the lines of shifting from physical to intellectual activity. Lastly, the disabled subject here is transformed into a type of spirit guide or cautionary tale – a reminder to the normate to cherish the amazing things their bodies can do and to not take these abilities for granted. It is in this way that the fantasy of overcoming works to neutralize the threat that disability poses to the ideal I, through promise of renewal and augmented ability.

5.2.2 Sugar Motta – Asperger’s Syndrome

Although part of the glee club since season three, Sugar Motta is a peripheral character. Originally only planned to appear be in one episode, Motta is never really fully explored, rarely given a main storyline, and is rumoured to not be returning in the fifth season⁹. Much like Sean, Sugar is immediately marked as a disabled character, explaining in her first line, at the beginning of season three: “I have self-diagnosed Asperger’s so I can pretty much say whatever I want” (Stoltz 2012b, 0:19:05). Sugar then uses Asperger’s as an excuse to say hurtful and rude things about people, often quickly followed with: “Sorry. Asperger’s.” Here Asperger’s is deployed as an excuse similar to the media’s common deployment of Tourette’s syndrome. When the show *does* provide criticism of Sugar, it is Artie who mocks her: “Her ears should get to park in my handicapped spot” (Stoltz 2012b, 0:20:10). Aside from the fact this insult is nonsensical, it *is* interesting that the creators of the show felt necessary to rely on Artie, a character who is almost never hostile toward other people, to take on Sugar’s behaviour. It appears that the creators felt it safe for a disabled individual to pass judgment on a fellow disabled person. Here again is the fantasy that the disabled and normate populations are separate, rooted in the disavowal of common, subjective fragility. It is safe for Artie to mock Sugar’s disability, because they are the same, whereas it would be offensive for the

⁹ Actress Vanessa Lengies has said she will remain involved in the show in “some capacity” (Whitney 2013)

normate to openly ridicule the broken. Sugar's character is particularly interesting because no one tries to stop her rudeness. Presumably this is how people with Asperger's simply "are" and there is no sense in trying to change it. In this sense, Sugar's character is surprisingly positive, in that there is never any attempt to "fix" her, and by inference, no real indication that something is inherently "wrong." At the same time, Sugar is a divisive and abrasive character who is difficult to like. People with Asperger's Syndrome are thus presented as lacking in basic human kindness or compassion and, again, should be avoided.

5.3 Uncanny Dreams

As discussed previously, Kristeva has explored the ways in which teenagers are motivated by and succumb to a syndrome of ideality, a passionate belief in a perfected subject that, while currently out of reach, is obtainable (Kristeva 2007). This dream of ideality influences many of our encounters with disability, as fantasies of cure help to neutralize the threat to the normate's narcissistic sense of self posed by the anxiety of injury. Cure is important because it promises a reconstitution of the subject, an assurance that encounters with disablement need not be permanent. Whereas the war texts explored earlier present a disabled subject who must remain disabled to sit as tragic memorial, *Degrassi* succumbs to ideality and presents a disabled character who is cautiously optimistic. Central to Jimmy's storyline is fantasies of reconstitution, first through the evolution of Jimmy into a disabled identity and second through the reach for cure through stem cell surgery. While *Degrassi* will validate our need to see the disabled walk again and fantasizes that cure is possible, *Glee* is more pessimistic and fixated on the reality that Artie will remain disabled. Despite this pessimism, *Glee* is still compelled to emancipate Artie from his wheelchair, except this liberation comes only in the form of dream. Whether intentional or not, dream sequences operate in *Glee* along Freudian lines, providing an opportunity to satisfy unspeakable or unknowable desires within the confines of imagination. In this way, Artie often states he is comfortable in the wheelchair while his dreams are almost wholly centred on walking again. In this way, *Glee* diverts from the hope of *Degrassi* but both indulges in the fantasy of cure while also

crushing these dreams through a validation of our greatest fear; our bodies are fragile and once broken they cannot be repaired.

The first disabled character present in *Glee* and certainly the most fully explored, Artie is of primary focus for this study, in part because his story bears important parallels to that of Jimmy from *Degrassi: The Next Generation*. Unlike Jimmy, Artie is in a wheelchair for his entire run on the series (thus far). Neither is the moment of Artie's disablement depicted, rather he explains that he was in a car accident with his mom when he was eight and suffered a spinal cord injury (Barclay 2011). Unlike the Sean character, Artie maintains a relatively high level of function after his accident; while he cannot walk, Artie can push his wheelchair around on his own. That said, Artie is often depicted as not fitting in his wheelchair, sitting uncomfortably with his legs tilted awkwardly to the side and his feet resting on the far side of the footrest. This seems to be a deliberate decision, as the actor explains: "I do have to concentrate on keeping my legs still and laid to one side" (Fernandez and Martin 2009). This decision is in keeping with Murphy's desire to make Artie's life look hard and, by inference, more realistic.

Of all the characters that live in or pass through the world of disability, none are as significant as Artie Abrams and it is for this reason that a bulk of the analysis in this chapter is focused on his story and experiences. Artie is a character who speaks of his confidence and zest for life while at the same time openly acknowledges his existence to be more of a struggle than others. He is shown time and time again to suffer from serious insecurities around his body, identity, and sexuality. What is significant about *Glee* for this study, however, is an inversion of the previously studied modes of encountering disability. Whereas *Degrassi* fantasizes that the disabled subject will be *okay*, *Glee* states that the fantasies of rebirth are a fallacy and only mask the terrible reality that what is broken cannot be rebuilt—if *we* are broken, we will not return. *Glee* seems to approach disability first and foremost through the fantasy of overcoming, only to have this dream crushed by the reality of anxiety, leaving complete isolation of the disabled from the normate as the only viable solution.

Within Artie we find a dreamer—a man who dreams of dancing, of transcending the chair, of being accepted by his peers, and becoming famous. In many ways, Artie’s dreams are not so different than any of the other characters on *Glee*, yet his dreams seem more profound, somehow further out of reach, and ultimately harder to witness. Artie’s arc of conflicts on the show can be broken down into several sections. First, the engine that drives Artie is the dream of cure. This dream is represented both as a conscious set of hopes and desires and as a filmic representation of his unconscious fantasies. Second, when these dreams are not realized, we discover that Artie lives in a world of anxiety. The first of these anxieties is a social one, a fear that to be disabled is to be rejected by your peers and, more than that, to be defined by your disability, where your limitation becomes the core of your identity, from which you will never escape. Connected to this anxiety is the fear of dependency: that to become disabled is to be dependent on those around you, to the detriment of these relationships. The root of these concerns is clearly a phallogentric anxiety, as Artie, like all the male characters encountered thus far, is wholly concerned with both the functionality of his penis and, perhaps more importantly, his inability to possess the phallus. Finally, similar to Jimmy in *Degrassi*, the solution for these anxieties is to segregate the disabled from the normate, where Artie (along with the other permanently disabled characters) is fantasized as being happier when relating to their “own kind” rather than intermingling with the normate majority. Once again, this segregation is rooted firmly in the need of the normate to keep the disabled at a safe distance.

5.3.1 Dreams of Cure

In Artie we find a character wholly fixated on the future, living out his life in dreams rather than reality. In some ways, this is not entirely surprising in a show dedicated to teenagers longing for celebrity and confirms Kristeva’s (2007) assertions that teenagers suffer from a syndrome of ideality. But Artie’s hopes and dreams always seem to revolve around the mundane, and specifically, the desire to walk. Like Jimmy’s storyline in *Degrassi*, Artie is fixated on walking again, and while it does not figure in all of his storylines, walking is a primary focus of his dreams. This desire to escape his wheelchair is first revealed in the aptly titled episode “Dream On.” Early in the episode,

members of the glee club are asked to write down their biggest dream that they are afraid to admit to themselves. Similar to his classmates, who dream of stardom, Artie dreams of becoming a dancer. When confronted about this dream later, he calls the notion “stupid” because his “legs are never going to work again” (Whedon 2011, 0:06:20). The revelation of this dream stands in opposition to the fact that Artie has been involved in numerous dance sequences throughout the first season, which suggests that he already *is* a dancer. Of course, the implicit desire is to become a *professional* dancer, a career that seems impossible for a wheelchair user. It becomes apparent in this moment that the dream of “dancing” was merely a vehicle for his desire to possess legs that “work.” The anxiety here is that the body is broken and the fantasy of cure that seeks to neutralize this fear is simply not strong enough to hide the truth that it is unlikely that Artie will ever walk again. The desire to walk is depicted again later in the episode when Artie borrows a set of crutches and begins trying to learn how to walk (Whedon 2011, 0:09:50). This scene is reminiscent of Ron Kovic and Jimmy’s attempts to walk again, in which all three characters are shown struggling to hold themselves upright, their limp legs dragging uselessly behind them, before eventually succumbing to their own weight and falling to the ground. The depiction of the fall means so much more than just failure, but stands as a painful reminder of what these three characters are and what they will never be: “normal” again. The dream of a cure comes crashing to floor and in this moment, the character’s frailty is exposed. The revelation is so painful that all Artie can do is cry, face pressed against the floor, and demand that Tina, who had been observing optimistically, leave him alone in his misery (Whedon 2011, 0:10:30).

The realization that walking again is *just* a dream, something elusive and ephemeral that can never be quite grasped, is then presented as being a truth too painful to acknowledge. Here disability is presented as a confrontation with this physical defeat and the letting go of something perceived to be important to the construction of self—namely, a fantasy of wholeness. Much like the texts already encountered in this project, *Glee* also interrogates this intersubjective encounter in which “disability” is positioned in a way that validates “the normal” much the same way as women’s presumed lack defines what is male. As Artie will later explain: “I do a pretty good job of being in denial about the hopelessness of my condition, I think I just kind of freaked out when I actually had to

face it” (Whedon 2011, 0:17:00). While Artie is on the brink of accepting this view of his condition, another character, Tina, provides a dose of hope, explaining that she had been doing some research and there are new treatments that could cure him (Whedon 2011, 0:17:17). In this moment of optimism, Tina leans down and kisses Artie on the lips for the first time (the two characters having been dating for several episodes). In this respect, the fantasy of cure—of getting *better*—renders Artie into a viable sexual partner. The potential of walking provides the bond of intimacy between them.

This optimism is ultimately short lived when Artie is given a dose of reality by Emma Pillsbury, the school councilor. In a meeting, Emma explains she has read his file and insists the damage is severe and irreversible. Artie refuses to believe this to be true (Whedon 2011, 0:31:15). Emma continues to explain that while the research does exist, treatment is likely a minimum of ten years away from testing, which upsets Artie further. After the re-energization of hope provided by his romance with Tina, Artie cannot accept disability as being an inherent part of his identity. Acknowledging his disability as a permanent part of his personality would, in effect, be an admission of fragility, effectively invalidating his dream of becoming a dancer. Of course, Artie’s fantasy ameliorates the viewer’s anxieties about disability. Like Artie, they can reject the disabled subject position to solidify their place as normate subjects, and therefore, maintain their immunity to catastrophic bodily harm. Should they become injured, a cure will be possible soon. Segregating Artie concludes this encounter. In the final scene of the episode, he relents: “I can’t dance, and I never will” and turns his attention to dreams that can come true (Whedon 2011, 0:40:00). To close the episode, Artie sings “Dream a Little Dream of Me” and makes way for two cast members to perform the tap dance routine as he sits to the side, depressed, as Quinn rubs his shoulder sympathetically.

As it turns out, Artie *does* have another dream, one where he is not limited by his inability to walk, which is to become a director. While at the library, Artie explains to Tina: “I was figuring that since I’m never going to become a star as a performer, maybe I could become one behind the camera,” mentioning that Christopher Reeve became a director after his accident (Whedon 2011, 0:05:35). The realistic dream of becoming a director comes up again later in the series, when Tina confirms that Artie has been

working toward his dream and has been directing short films (Falchuk 2012, 0:04:00). But despite this apparent acceptance of his disability, Artie still clings to the dream of walking again when the glee club members are asked where they will be by the year 2030. Artie exclaims “Walking!” (Barclay 2012, 0:08:10). In this way, Artie’s desire to walk persists and informs much of his character development throughout the rest of the series.

This dream of walking again is momentarily satisfied in the first *Glee* Christmas special when he is given an exo-skeleton that allows him to get up from the chair and walk a short distance. The plot revolves around Artie’s girlfriend, Brittany’s belief that Santa exists and that he is capable of granting wishes. For this Christmas, Brittany asks Santa for Artie to be given the gift of walking again (Gomez-Rejon 2011b, 0:09:15). In order to preserve Brittany’s innocence and not ruin Christmas for her, the glee club ask Coach Beiste to dress up as Santa and explain to Brittany that the wish cannot be granted. After this confrontation, Brittany is quite upset, exclaiming: “It isn’t fair that you can’t walk, Artie. I feel so terrible,” to which Artie responds: “Hey. Look at me. I’m fine” (Gomez-Rejon 2011b, 0:34:15). This assurance is almost immediately rebuked when the finale of the show involves Artie being given an exo-skeleton and canes on Christmas morning that allow him to get up and walk. Artie explains: “It’s called a ReWalk. Some guy in Israel invented it. I can’t use it all the time, but—Check me out” (Gomez-Rejon 2011b, 0:38:30). Artie flicks the machine on and the camera zooms in on his legs as the hum and whirl of the machine fills the room. He takes his first real steps and everyone gathered looks on in awe. As Artie awkwardly walks forward, the large white exoskeleton strapped to his legs, Quinn states what everyone else is thinking: “It’s a real Christmas miracle” (Gomez-Rejon 2011b, 0:39:35). The idea of Artie rising from his chair is truly miraculous, seemingly the work of a higher power. The Christian overtones here are evident, with Artie rising from his chair, the miracle rebirth of his legs via ReWalk invented by a Jewish man on the day of Christ’s birth. Unfortunately, the promise of the Rewalk system is a short-lived respite for Artie, as it “broke the next day” and is never seen again. Again the anxiety of permanent disability intrudes upon the fantasy of cure, rejecting the optimism that technology exists that will allow the disabled to rise once again from the confines of their wheelchairs.

The dream of walking again does not just inform Artie in his waking life but in dream life as well, with all of Artie's dream sequences revolving around the hope of getting out of the chair and walking. These highly stylized filmic fantasies have little to do with Artie's actual storyline but are an attempt to satisfy the desire of the normate audience to see Artie get out of his chair and walk again, fulfilling the fantasy of cure. Unlike *Degrassi*, in which Jimmy's storyline ends with the promise of a stem cell therapy cure, *Glee* is more pragmatic about the realities of spinal cord repair and compromise by fulfilling this desire through dream sequences. Through four seasons, Artie has three dream sequences, all of which focus on walking, and more specifically on him rising from his chair and dancing—all of which are highly emotional moments within the context of the show and for the normate audience.

The first of these dream sequences happens in the aforementioned "Dream On" episode, in which Artie, spurred on by the dream of walking again, fantasizes about getting up out of his chair and dancing in a flash mob at the local mall. The scene begins with Artie and Tina at the mall, looking to buy some tap shoes, when Tina offers to go upstairs, where Artie cannot follow, to buy pretzels (Whedon 2011, 0:23:27). Artie, with a mischievous grin, explains that he has something he wants to show her. The camera angle changes, providing an extreme close up of Artie's feet, slowly sliding off the footrests and onto the floor below. As he gets to his feet with Tina's help, Artie explains that he had long dreamt about what he would do if he could get out of the chair and all he wants to do is dance. He then breaks out into an elaborately choreographed flash mob dance sequence to the "The Safety Dance" by Men Without Hats. The sequence includes a heavy focus on foot movement accentuated by extreme close-ups on Artie's dancing feet (Whedon 2011, 0:24:25). Many of the dance moves here are clear references to Michael Jackson's "Thriller" music video. This is significant because, similar to the connection to Christ and the use of the ReWalk, here Artie's ability to walk is once again connected to the idea of returning from the dead – this time in the form of a zombie. As the song comes to an end, we are snapped back to reality as Artie falls back into his chair, gazing off into the distance as Tina returns with the promised pretzels. The sequence was all just a dream.

Of all the dream sequences depicted in the show, this moment is of particular importance because it is the first time Artie is shown out of his wheelchair, and further, because the fantasy is set up as an actual happening. The later realization that it was “just a dream” carries a profound emotional impact for the viewers who, if only briefly, had hope that Artie really had been cured. The actor who plays Artie, Kevin McHale, describes the emotional weight of the sequence:

I'm interested to see how people react. The way it's written and shot, the sequence feels like reality. They don't cut back to him in the chair, the whole song plays out. And where that sequence fits into the episode is a very heavy thing. It's sad – Tina kind of convinces him that there are ways of people walking again, and so he goes from never thinking he'll walk again to naively thinking he'll walk. To see someone go through that is heartbreaking. (cited in Wieselmann 2010)

What makes this scene, and episode on the whole, so powerful is that it indulges the fantasy, hopes that cure is possible, and then cruelly snatches it away again. But this desire, and the subsequent emotional response, is clearly rooted in the presumed desire to *be a normate*. *Los Angeles Times* critic, Gerrick Kennedy, admitting that he cried twice during this episode, reveals this sentiment best:

Then for what had to be one of the most incredibly uplifting scenes this show has pulled off we see Artie living out his dream, sans wheelchair. While at the mall with Tina he tells her the research she looked into is working, and he takes his first steps. This turns into a high energy performance of “Safety Dance,” including an updated, reworked take on Micheal [sic] Jackson's iconic zombie dance in “Thriller”... Sadly it was all a dream, which of course you knew already, but it was a dream you didn't want to wake up from. (Kennedy 2010)

Both in this review and in the show, the fantasy of a cure is inherently linked to the fear that a cure is not possible. In this moment, viewers are confronted with the fact that our bodies *are* fragile and that sometimes when they break they cannot be put back together again—a realization that elicited tears from the viewers. It is bad enough to be in a wheelchair; it is incomprehensibly worse to be trapped in one for the remainder of your life. This is a sad moment because it stands as brutal that our identification with the gestalt, the ideal I, is a fiction not borne of reality but imagination and that our bodies are deeply flawed vessels. In this respect, the fantasy of a cure works hard to defend against the anxiety of this profound loss, but subsequently comes up short.

The second fantasy sequence also aligns Artie with Michael Jackson. Here Artie sings and dances in a duet performance of Jackson's "Scream" with fellow glee club member, Blaine Anderson. Inspired by Blaine being injured earlier in the episode, this rage fantasy shifts from Blaine's inconsequential injuries to Artie's more aggressive hatred for the wheelchair. Escaping the chair for no explained reason, the central action turns on Artie lifting the chair above his head and throwing it to the ground while screaming (Gomez-Rejon 2012, 0:12:09). Slow-motion footage of the wheelchair falling is interspersed throughout the sequence, with the chair dramatically bending, on the verge of breaking, as it hits the floor. As the song continues, the perspective is continually returned to the chair on the ground with Artie squatting behind it and screaming into the sky. This moment of anger and seeming conquest over the wheelchair has no direct connection to the rest of the episode, as Artie and his disability are not a focus of discussion. At the same time, it is telling that in an episode about Blaine's vulnerability (he is attacked by a rival glee club), the instinct is to deploy Artie as a means of working through these feelings and insecurities. In this way, Blaine's fragility must be answered through an angry rejection of weakness and the best way to manifest this is through the fantasy of fighting back against the most powerful symbol of vulnerability on the show—Artie's wheelchair. While this sequence did not elicit the same type of emotional reaction, critics still lauded this scene as a powerful moment that left them wishing Kevin McHale was given more opportunity to dance. As Kate Stanhope wrote for the *TV Guide*, "it almost seems unfair that he can't dance more on the series after showing off his moves in 'Scream'" (Stanhope 2013). Crystal Bell for the *Huffington Post* puts it more bluntly, stating:

I'm just going to say it: If Artie came to school one day completely fine and able to walk, I wouldn't even be mad. Kevin McHale is such a talented dancer, and it's nice getting to see him show off his talent every once in a while. (Bell 2013)

The language here is telling, describing an Artie who can walk as "completely fine." The implication is that Bell's interpretation of the character thus far is that he is currently *not* fine. The comment condones and reinforces the normative viewers' desire for cure as valid while at the same time affirming that to simply cure Artie could cause backlash for being

illogical or unbelievable. In this way, the normate wishes to be cured of disability while at the same time knowing the wish to be futile.

Whereas these first two dreams focus heavily on the validity of desiring cure, the final and most complex dream sequence seems to take a step back to reflect a clearer view on the reality of cure. It takes place in yet another Christmas special, “Glee, Actually” and is framed by a scene in which Artie is shown as angry and crying, with a scrape on his face as he wheels down the hallway (Shankman 2013, 0:00:36). When confronted by Finn, who asks what happened, Artie explains that he slipped and fell. Finn offers to push him to the nurses’ office. Here another confrontation occurs when Finn offers to help Artie up onto the bed so he can rest. Artie refuses, lamenting: “I don’t want anyone to help me with anything. I’m tired of being so helpless. I’m tired of everyone pitying me and I’m tired of being in this damn chair” (Shankman 2013, 0:01:28). As it turns out, Artie is upset because he was forced to scream for help “until some freshmen girls showed up.” Against his will, Finn eventually lifts Artie up and places him on the nurse’s bed, with Artie sighing: “I just wish I was never in that dumb chair.” Perhaps a little heavy handed, this scene is one of the more honest moments of *Glee*, clearly marking Artie as a pitiful helpless creature, stuck in a “dumb chair” against his will, and significantly more dependent on those around him. This is also a moment where anxieties around masculinity and power come up, as the scene is structured to indicate that it was particularly embarrassing for Artie to be helped by girls younger than him.

Lying on the nurse’s bed, Artie slowly drifts off to sleep and is once again taken into the world of his mind where he can stand up from the chair and transcend his limitation. What follows however is a slightly different narrative from the previous fantasies. This sequence is a clear a tribute to Frank Capra’s *It’s a Wonderful Life*, in which main character George Bailey is given a view of a world that is worse off if he did not exist. In a similar structure, the fantasy presented in “Glee, Actually” shows Artie what McKinley High would be like were he able to walk. The dream sequence shot in black and white. Artie wakes up, discovers that he can move his feet, is no longer cut, and is depicted without glasses. As with the previous Michael Jackson “Scream” fantasy, there is a direct connection drawn between Artie’s use of a wheelchair and his use of

glasses—when he leaves the chair, he leaves the glasses behind too. As Artie begins to navigate the school, his friend Rory appears and explains that he is the Christmas Guardian Angel. Through Rory, Artie discovers that life at McKinley is significantly worse off. For example, Tina is still speaking with a stutter. Similarly, Becky is now extremely promiscuous because she never learned any “self respect.” Worst of all, something terrible has apparently happened to Quinn, as Rory says: “Without the encouragement and support from you and your friends in glee, Quinn was never able to walk again after her accident” (Shankman 2013, 0:08:23). The consequences are dire: “She died...of a broken heart. Much like her body, her spirit never recovered” (Shankman 2013, 0:08:40–0:08:53). It seems Quinn could not live with a broken body. Without will power, apparently inspired by Artie, Quinn is not able to get better and ultimately dies. This positions recovery firmly in the hands of the individual, who becomes the only person to blame should recovery not occur. This internalization of disability is strongly reflective of the medical model of disability discussed in chapter one.

When asked why all of these terrible things have happened, Rory explains to Artie that: “You weren’t in a wheelchair so you were too busy playing football to join glee and it turns out you were the glue of glee, Artie. The quiet, steady, beating heart of the group” (Shankman 2013, 0:05:45). The assumption here is that the only reason Artie is in glee club is because he could not be athletic. In this way, the disability *does* play an important part in the creation of self, as it prevented Artie from becoming an athlete and forced him to focus on the arts. Sitting down in Quinn’s chair, Artie wakes up to the realization that: “For better or for worse, this chair is a part of me. It has made me who I am” (Shankman 2013, 0:09:45). Despite the fact that Artie in a wheelchair substantially improves the lives of those around him, the conclusion of the fantasy still maintains ambivalence toward Artie’s disability, unlike the triumphant and joyous ending of the aforementioned Capra film. Things might be better for everyone else, but remaining in the wheelchair is a struggle that Artie must simply endure. At the same time, this can also be read as a moment of triumph because Artie finally accepts that the wheelchair *is* a part of who he is and, without it, he could not be the person he has become. Despite the obvious influences of the medical model of disability present within the fantasy, the aftermath presents

something closer to the social model, in which it is the wheelchair, not the disability itself, which shapes and alters Artie's encounters with the world. For the first and perhaps only time in the series, this is a moment that seems to suggest that disability is only difficult insofar as one is forced to use a wheelchair within a bipedal-focused world. At the same time, this moment harkens back to the work of shows like *Degrassi* and the promise that the disabled can live meaningful lives but that what is meaningful and important to the disabled is fundamentally different than that of the normate.

The use of dream within *Glee* operates similar to dreams in the Freudian context, in that they are an opportunity to satisfy unconscious wishes and work through anxiety. Through Artie's dream sequences, the normate audience is afforded the opportunity to fulfill their fantasies that Artie might walk again, that he may overcome his limitation and return to a state of normality, while at the same time conforming the normate's deeper belief that Artie will never get 'better.' Further, these dreams provide an opportunity to rage against the impairment, to literally throw the symbol of fragility to the ground and reign supreme over it. This is a moment of reclamation and catharsis. But these moments are not long lasting, as the inevitable reality of permanent disability must always return. For this reason, the dreams provide an outlet for the anxious understanding that this is all just a dream—in the end, Artie is and will continue to be disabled. These fantasies are a way for the normate to acknowledge their vulnerability, the threat of sudden and catastrophic disablement, from which recovery is impossible. By grappling with these fears in the world of dream, the normate engages with and dismisses the fear, acknowledging (and thereby containing) these fears within a safe context. In this way, these dream sequences also function as a moment of Freudian disavowal, simultaneously acknowledging the proximity of disability and affirming its distance. Most importantly, however, these fantasies work to reinforce and consolidate power around the idea that the disabled *only* dream of walking again. This fixation on recovery is in fact driven by the normate's anxiety that if they are not healed then their identity, their very personhood, will be ruptured just as their bodies have been and, like Artie, they too will become "made" by the wheelchair.

5.4 Phallic Anxiety

When the fantasy of cure is disrupted by the limitations of medicine and technology, the world of disability collapses back into anxiety. As with all of the media texts considered in this project, the focal anxiety in *Glee* is phallogocentric. Just as in *Coming Home* and *Born on the Fourth Of July*, the sexual function of the penis and the impact this has on masculinity is of central concern for Artie. In *Glee*, it becomes apparent that despite the fact Artie's penis is still sexually functional, there are still lingering doubts as to whether or not he is a "man" because he lives in a world of the mind as opposed to a world of the body. The concerns of adulthood and masculinity are bluntly exposed when Artie delivers a motivational speech before opening night of the school production of *West Side Story*:

When you're in a chair, it's hard to ever feel like you've grown up. Everyone's always doing stuff for you. They get freaked out about saying the wrong thing so...they coddle you. Sometimes it's hard to ever picture a life of being totally self-sufficient. But directing you guys, the way you trusted me, the way you looked at me and listened to me, it was the first time in my life that I ever felt like a grown man. (Buecker 2012b, 0:31:15)

A direct connection is drawn here between Artie's dependencies on others and how this reliance inhibits his ability to feel like a "grown man." A connection is also drawn here between being an adult and fulfilling the obligations of manhood.

Throughout the series, *Glee* makes overt and covert claims that the disabled and masculine subject positions are fundamentally incompatible. In large part, this incompatibility is linked to the idea that the disabled are perceived to be weak or broken and dependent on others whereas masculinity is situated in ideas of independence and dominance. The dominance is primarily wrapped up in patriarchal ideas of men being physically and emotionally sturdy, something that seems incongruent to the experience of the disabled, who are perceived to be both physically and emotionally fragile. In this way, to be disabled is associated with relinquishing the phallus, to lose control of one's body and to forfeit the ability to dominate others. But it is not just the disabled who give up the phallus. In fact, it is my argument that the encounter with disability here—as with other examples in the dissertation—is deployed as a means to voice the normate subject's

internalized fear of losing the phallus. In this way, the story of Artie is not about how boys with disabilities cannot be men, but rather about how the encounter with disability animates an anxiety about losing one's manhood.

5.4.1 Phallic Assurances

Glee spends an inordinate amount of time attempting to clarify that Artie's penis is still functional. In fact, the first time Artie openly speaks about his disability, he opens by stating: "I want to be clear, I still have the use of my penis" (Barclay 2011, 0:23:00). This provides evidence of the deep, almost unconscious connection between the functionality of the penis and physical disability. Sexual potency is obviously a primary concern. A similar revelation occurs the first time the character Quinn speaks about being temporarily disabled: "First of all, all my plumbing still works, which is awesome" (Stoltz 2012c, 0:03:40). This suggests that the anxiety extends beyond just men with disabilities and marks the functioning of reproductive organs as a central concern to *all* people with disabilities. It may be important to note that this episode was written and directed by men, Eric Stoltz and Michael Hitchcock respectively, which is to say, Quinn's remarks may still express a masculine encounter with disability. Regardless, once again disability is intimately tied to castration, in which the physical lack of power is perceived to be a manifestation of a figurative castration.¹⁰

Glee will go on to provide other examples of how Artie is, in fact, a sexual being. For instance, when the glee club members are asked to say something significant that happened to them during the year, Artie's response is that he kissed a girl for the first time (Falchuk 2011b, 0:33:30). Artie is the only character to list a romantic achievement as none of the other characters identify their first kiss as being significant. This revelation serves a dual purpose: it expresses Artie's sexual potential while at the same time indicates that being kissed by a girl is of particular importance for a disabled man, as if it were such a rare occurrence to warrant highlighting. Similarly, when a fellow student

¹⁰ Sometimes this is a literal castration, specifically in the case of *Coming Home*, *Born on the Fourth of July*, and *Degrassi* to a lesser extent

attempts suicide and the glee club members are asked to say something they look forward to in their life, Artie states he is looking forward to see his children's first steps (Buecker 2012c, 0:16:00). This is a complex moment because again Artie is clearly identifying his reproductive capacity while at the same time providing assurance that his disability is contained: unlike Artie, his children will be able to walk. It is also revealing that the first steps of his children, the moment when they will be separated from him in terms of ability, is revealed to be something he is anxious to see. Perhaps Artie is anxious for his children to walk, something he cannot, because in this moment his children will be marked as normal and Artie will draw special strength from his child achieving that which he cannot. The birth of a normate child then seems to be fantasized as a substitute for cure, a tangible piece of evidence that proves the stain of disability and bodily shame that Artie must endure will not be passed to his child.

Despite these assurances, though, Artie is still routinely desexualized and treated differently in terms of romantic opportunity than his fellow glee members. For example, in an episode about love triangles, Artie is suspiciously absent (Murphy 2011b). Similarly, when the Glee Club Sex List, also known as the 'Glist,' is released to allocate the sexual attractiveness of each glee member, several characters, including Artie, are left off the list entirely (Keene 2011c, 0:09:30). Also, despite being sexually active, his ability to perform sexually is brought into question by Brittany, who asks Tina if: "When you guys fooled around, did he ever like, just lay there?" (Banker 2011, 0:10:00). Although along the lines of the show's dark humour, Brittany's comment relies upon the belief that even if the penis *does* work, Artie will not be able to perform because of his inability to move. This recalls the crude oral sex joke made by the veteran in *Born on the Fourth of July*, that if one cannot move their hips they must find other ways to sexually satisfy a woman. The anxiety here involves the ability to satisfy a woman and the performance of a certain kind of masculinity—real men do more than just "lay there."

5.4.2 Disability is incongruent with masculinity

The incompatibility of disability and masculinity is explored in overt and covert ways throughout *Glee*. Perhaps most overtly, Kurt (who is gay) and Artie (who is disabled) are the only men originally involved in the glee club (Murphy 2011c, 0:09:15).

Much is made in the first episode of the series about the difficulties of recruiting men to join, as glee club is seen to be the domain of women. As such, both Kurt and Artie are cast as feminine. The show's *true* men require further convincing, including promises that their participation will not affect their social positions within the school. Artie bluntly engages with the idea that disability and masculinity are incompatible in a later episode: "I'm in a wheelchair, but I'm still a guy" (Whedon 2011, 0:06:18). The connection is further explored during an argument between Finn and his then-pregnant girlfriend, Quinn, while they are sitting in wheelchairs. Quinn questions if Finn is really a man when he cannot get a job to help support their impending child. In response, Finn gets angry and stands up out of his wheelchair, kicking it and saying "Stupid wheelchair!" (Barclay 2011, 0:18:44). Here, the wheelchair is positioned as symbolic of his impotence. By standing up and attacking the chair, Finn asserts both his dominance over it and his distance from it, as though to limit further evidence of his emasculation. This scene clearly marks the wheelchair as the physical manifestation of disability, symbolic of castration, which inhibits the masculine subject.

If masculine bodies are predominantly associated with strong, muscular bodies, then disabled bodies must be representative of something different. *Glee* often plays with the idea of Artie's aberrant body through humorous juxtaposition. One example is the running joke of juxtaposing Artie with his male friends at the school gym. Artie sings Britney Spears' song "Stronger," which is ostensibly about emotional strength, but the visual montage is largely dominated with Artie being helped, pushed, or carried by other nondisabled cast members, and includes a brief scene of Artie bench pressing a small set of weights (Murphy 2011e, 0:26:10). Later in the series, he is again shown lifting substantially smaller weights than everyone else in the gym. Artie is also wearing a full track suit during gym scenes, with long sleeves and pant legs, unlike the other boys who are in all wearing revealing tank-tops, shorts, or topless (Shankman 2011, 0:26:10). The disabled body is presented as deficit of a power that cannot be restored; no matter how much time Artie spends at the gym.

Later in the series, Artie's body image issues are confronted head-on. The episode "Naked" revolves around male members of glee taking shirtless photos for a charity

calendar. When asked if he will be taking part, Artie explains: “I’m not sure I wanna pose for the calendar. My body is sort of...broken...and I’m not really eager to start showing it off” (Brennan 2013a, 0:20:50). Here Artie’s “broken” body is characterized as something shameful. This shame is representative of the normate subject’s anxieties around what profound loss will mean. Here the external body connects to the internal perception of self – a broken body is indicative of the internal ability to attain the ideal I and, therefore, the subject should be ashamed. Artie’s true concern turns out to be the wheelchair: “Look, I really want to help out but I just think that a photo of me is going to end up being a photo of my chair” (Brennan 2013a, 0:21:05). When Finn encourages him, offering alternate suggestions, Artie replies:

Finn, you’re not hearing me. I don’t want to pose for the calendar. And that whole pillow scenario you just described sounds deeply emasculating. It’s not just girls who have body issues. Sometimes guys aren’t cool with showing off their bodies either. (Brennan 2013a, 0:21:15)

This moment points again to the strong link between disability and emasculation—Artie is resistant to being a part of the calendar because he is worried that it will expose his vulnerability. The anxiety here is that Artie’s weaknesses, his “broken” body, will be brought into stark relief in this exhibitionist context of male sexuality. In the end, Artie *does* participate in the photo shoot with the promise that Sam, a character who was a male stripper at one point, announces that he will keep his shirt on in solidarity with Artie. While most of the photographs depict the men in typically sexual poses, Artie is shown in his wheelchair dressed as a leprechaun for the month of March (Brennan 2013a, 0:38:54) and as a pilgrim for November (Brennan 2013a, 0:39:08). The disabled body simply cannot be aligned with typical masculine sexuality.

When taken in concert, and considered from the perspective of the normate, confronting disability quickly becomes about bodies and their function. The disabled body immediately draws into question the wholeness of the normate body and its potential to become broken *too*, a realization that Kristeva describes as wounding to the narcissistic identity of self (2010, 29). This breakage is immediately subsumed into anxieties around weakness, which becomes connected to sexual performance, which draws into question whether a broken body can still fulfill gender roles and expectations.

Despite an assurance that the physical sex organ can remain functional after injury, the normate subject remains suspicious of the disabled's ability to continue being a sexual object in an atypical body, both from the standpoint of attraction and performance. This concern translates into the disabled body becoming a desexualized body and, ultimately, a body of shame that should be hidden.

5.4.3 Anxieties of Dependence

Linked to the anxiety that the disabled body is one that cannot live up to the expectation of masculinity is the fear that the disabled are inherently dependent on the normate. An anxiety present in all of the texts studied so far, *Glee* also confirms this anxiety through a castrated disabled subject who is incapable of providing for himself. Despite lots of talk about how independent Artie is, he is a fundamentally dependent character who relies on his friends, family and loved ones constantly. In fact, over the past four seasons, Artie is shown being pushed in his wheelchair in over one hundred scenes, despite his claim that he has “super-human upper body strength” from pushing his chair around (Whedon 2011, 0:09:55). In contrast, when the glee club all use wheelchairs for an episode, they each pushed themselves and never required the intervention of a third party (Barclay 2011). Beyond this superficial dependency, there are several key episodes that cast Artie as a victim who requires help from others. As discussed in previous chapters, this is a dual anxiety: the disabled subject's fear of becoming dependent on others and the normate subject's anxiety of getting close to a disabled person for fear of being obligated to provide care for them.

A prime example comes from the first Artie-focused episode, “Wheels,” discussed earlier. The conflict animating this episode is that in order for Artie to join the glee club at sectionals, the club must fundraise money for an accessible bus. At first, the team is resistant and wonder why Artie's dad cannot just take him. Although this situation is representative of the lived experience of physically disabled teens, in so far as access to inclusive bussing is rare and usually seen as a privilege rather than a necessity, it is still problematic how Artie's needs quickly become the source of tension for the group. Furthermore Artie, the person, has been removed from the equation entirely – at issue is not whether a teammate can come to sectionals but whether or not the glee club

should raise additional funds to accommodate his wheelchair. In all this, Artie is positioned as merely an operator, whereas the wheelchair is the real star. The wheelchair is Artie; there is no “person” here.

To help improve the club’s attitude, Will decides the members will all spend some time in a wheelchair themselves to see “how much harder Artie has to work just to keep up” (Barclay 2011, 0:09:07). What follows is a comedic montage of all the things the glee club members cannot do now that they are in wheelchairs, a scene which is surprisingly similar to the montage in *Degrassi* when Jimmy first returns to school. In summary, life in a wheelchair, according to *Glee*, consists of being hit in the face with bags and jackets while wheeling down the hall and not being able to reach food on the counters at the cafeteria. One shot of glee club member, Rachel, struggling to reach her food embodies the dependency anxiety in a nutshell: if she cannot even feed herself, a relatively mundane task for most people, it must be impossible to be a self-sufficient wheelchair user. This anxiety dovetails directly into perceptions of the disabled as childlike. Here the fear is that to be disabled is to require others to take care of your most basic needs, like eating and excretion of bodily fluids. Depending on strangers to perform these tasks is terrifying for the normate because it signifies an apparent lack while also requiring the individual to give up their autonomy. The “life in a wheelchair” montage can be boiled down to a statement that has appeared again and again in this chapter: to be disabled is difficult and viewers are shown this difficulty can be equated with helplessness.

A similar idea is explored when Artie first asks Finn about the idea of playing football. Eventually Finn approaches Coach Beiste to see if Artie can join the team, arguing that Artie and his chair could be used as a battering ram. Coach Beiste does not take the request seriously and kicks both of them out of the locker room (Falchuk 2011c, 0:24:35). One episode later, Coach Beiste reconsiders and decides to allow Artie on the team after all and asks Finn to help him get his equipment on (Murphy 2011e, 0:28:47). As it turns out, all of Artie’s football dreams will be completely dependent on Finn, not just to dress him but also to push him around the field. Before one game Finn recites a prayer: “please let us win our first football game. It would mean so much to Artie, and I

think you kind of owe it to him. I mean, you did sort of screw him in the leg department” (Gomez-Rejon 2011c, 0:01:00). Finn’s prayers are answered. In the first and only game Artie is shown playing, Finn pushes him across the goal line with the football to score the game-winning touchdown (Gomez-Rejon 2011c, 0:01:20). This is significant because the belief is that God *owes* Artie. Moreover, Finn believes that *he* owes it to Artie as well, not because he is his friend, but because it is his obligation as a normate to ease the suffering of someone perceived to be less fortunate. The point of this scene is not Artie’s success but his dependency on the charity of Finn to help support his dream of playing football. After this episode, Artie will never set wheel on the field again, spending his time on the sidelines, dressed in his uniform and equipment, cheering on the team from afar.

While Artie often depends on his friends for help, he also leans on his romantic partners. These characters are often shown helping him in superficial ways, like Tina helping him retrieve a book that is too high for him to reach (Whedon 2011, 0:05:24). Similarly, his girlfriends are often pushing Artie. After he successfully woos Sugar, for instance, she is then shown pushing him around for the rest of the episode (Falchuk and Adler 2012). But more than this physical support, Artie depends on his significant others to achieve his core dream of walking. Without the urging on of Tina, Artie likely would not have started his quest to learn to walk again. Similarly, Brittany is central to acquiring the robotic legs for Christmas. In this way, the significant other’s role seems to be more aligned to a nurse role. This blending of the medical and romantic world is not new, as explored earlier in *Degrassi*, connecting maternal dependency and sexual desire. Whereas *Degrassi* presents a direct correlation between medical treatment and sexual arousal, *Glee* situates cure at the center of all romantic relationships involving disabled characters.

One dependency that *Glee* explores which is largely absent in the other case studies considered in this study is the extended reliance of adolescents with disabilities on their parents. In the Vietnam War films, home is a hostile and foreign place, no longer equipped to meet the needs of the disabled, but these protagonists are all adults who have moved beyond the care of their parents. Conversely, *Degrassi* seems to largely ignore Jimmy’s parents (most parents in fact), focusing instead on his time at school. In that series, it is explained early on that Jimmy’s wealthy father is willing to hire support

workers to care for his son's needs in the home. In *Glee*, similar to the war films, Artie does not quite fit in at home either, explaining: "I would be better at brushing and flossing if I could see myself in the mirror" (Murphy 2011e, 0:06:15). This falls in line with a series of examples of Artie's world not conforming to him, including his home. But home is not quite the hostile and foreign environment as made out in films like *The Deer Hunter* or *Born on the Fourth of July*. In fact, much of Artie's independence is credited to the support provided to him by his mother. Pursuing his dream to become a director, Artie is accepted to a prestigious film school in New York but is reluctant to go, explaining: "My mom is freaking out. She's taken care of me my whole life and it's scary for her to think about me in the big city all alone" (Stanzler 2013, 0:08:18). As it turns out, Artie never told his mom that he was accepted and when informed, she is not opposed to his leaving. In fact, it is Artie who is scared to leave the protection and support of his mother, stating:

...my life has been pretty sheltered. Because you built that ramp I just rolled down so I could get in the living room. Because you converted the den into my bedroom so I didn't have to go upstairs. Because you built that bathroom add-on... (Stanzler 2013, 0:27:38)

This moment reveals just how much Artie's mom has done to allow her son to live a functional life. Artie confirms his mother's dedication to supporting him, saying: "I don't want to leave you alone. Ever since the accident you've devoted every spare moment to taking care of me and it just feels selfish that the thanks I give is packing up and leaving" (Stanzler 2013, 0:28:00). Although this is the first time his mother has been shown in the series, it becomes clear that without his mother, Artie could not be as independent as he is, a revelation that rings true to Kristeva's previously explored story of "mother courage" (2010, 32). At the same time, this scene shows how reliant Artie is on others and the fear of losing his primary support network, his mother, is enough to dissuade him from leaving to pursue his dreams. This scene also confirms the dependency of disabled children and teens on their parents and further validates the idea that it is the parent's responsibility to dedicate their entire life to caring for these children as they grow up. Despite his hesitation, Artie's mom appears optimistic that Artie has grown up and will manage to adapt to life in New York. At the end of season four, it appears that Artie is set

to the make the move to New York that his friends, Rachel and Kurt, made earlier in season.

As Lacan has explained, the threat of castration is not just about losing the physical penis but to risk a full-blown impotency. Artie is cast as a weak or vulnerable character because his disability forces him to become dependent on those around him, whether it is to assist with locomotion or to care for his day-to-day needs. The anxiety around dependency is deeply rooted in fears that the disabled subject is not and cannot be an autonomous subject and must rely upon others, who may not always be reliable, to survive. More though, this anxiety is related to Lacan's mirror stage. Here dependency is like a punishment for those who fail to live up to the gestalt, to reach the ideal I, as it stands as tangible evidence of failure while also threatening the very existence of the individual.

5.4.4 Socially Anxious

Connected to the anxiety around dependency is the fear that the disabled will struggle socially, as those around them will be forever doomed to become care-givers as opposed to friends and family. Intimately linked to this anxiety is the fear that disability in and of itself will become the primary characteristic of an individual's identity and they will suffer wholesale rejection from the normate majority. There is a belief present in this text that disability shapes and molds all aspects of one's identity, reducing them to nothing more than a disabled person. In Artie, and others with disabilities throughout *Glee*, we see this to clearly be the case, as the identity of those with disabilities are wholly made by and contained by disability. As seen in previous chapters, this containment is connected to the need to disavow the proximity of disability, with the normate feeling compelled to erect as many barriers as possible between the 'normal' world and the 'disabled' world.

One of the most common ways Artie is made by and contained to disability is through the language used to describe him. Throughout much of the earlier episodes, Artie is routinely referred to, and refers to himself as, being "half a person" (Whedon 2011, 0:39:56). Brittany often refers to Artie as being a "robot" (Stoltz 2011a, 0:09:30)

and even compares him to Franklin Roosevelt, who was also “part robot” (Stoltz 2013, 0:06:15). At the end of a song, Brittany will even jump on Artie’s lap and proudly announce, “That’s my man and his leg’s don’t work” (Donovan 2011, 0:19:20). Although these comments are generally deployed humorously, they are rooted in the anxiety that personhood relies upon an intact physical body or, put another way, the possibility of loss threatens our identification with Lacan’s *gestalt*. Because Artie’s legs do not work, he is therefore not a full person or, worse, is a robot and not human at all. Despite the derogatory term “cripple” being slowly phased out as the series progresses, Artie continues to be interrogated through the lens of disability but the insults shift from attacking his inability to walk toward mocking his inability to see. Artie’s eyeglasses become a convenient way to make comment about his lack of ability, by calling him “four eyes,” in a way that avoids the more uncomfortable insult directed toward his nonfunctioning legs. In fact, in the episode “Born This Way,” in which members of glee club are asked to write their biggest insecurity on a shirt, Artie reveals his insecurity to be his poor vision as opposed to his inability to walk (Gomez-Rejon 2011d, 0:56:00). The shift seems to indicate that, whether because of public pressure or internal anxiety, mocking a physical disability was deemed inappropriate and a safer, more socially acceptable insult was generated. Poor eyesight, specifically vision problems corrected by glasses or contact lenses, does not hold the same psycho-emotional weight as something like a spinal cord injury, perhaps because corrective lenses all but eliminates the limitation. Presumably, these insults would be deemed inappropriate for those defined as legally blind because, once again, it treads into the territory of profound vulnerability and dependence on others. In Kristeva’s terms, poor eyesight is a lack that is deemed shareable, and therefore non-threatening, while losing the ability to walk is treated as singular and therefore too sensitive to poke fun. At the same time, this shift once again elucidates the desired space between the normate and disabled subjects – mocking Artie’s dysfunctional vision allows the normate to engage with Artie’s flaws without encroaching on the unstable ground of wholesale disablement.

Similar to the use of language, Artie almost exclusively connects and relates his experiences to those of other disabled people. For example, when considering becoming a director, Artie immediately clarifies that Christopher Reeve was a director after his injury

and, therefore, this is a suitable career path (Whedon 2011, 0:05:48). In this way, Artie feels that if he cannot walk in his own path, he must wheel after someone like him. Also when discussing roles he would like to play on the stage, Artie states he would one day like to play Porgy, a disabled black beggar from the DeBose Heward novel of the same name (Falchuk 2012, 0:26:50). Here the limits of Artie's potential begin and end with disability, allowing him to only operate in the world insofar as disability has already encroached. Artie can only be allowed to exist insofar as where others with disabilities have already traversed.

Even when defining himself as the “face of enlightenment,” Artie must ensure to note his disability when defining his potential for greatness: “It doesn't matter if he's in prison like Gandhi or trapped inside a woman's body like Chaz Bono or stuck in a wheelchair like me” (Buecker 2012b, 0:00:05). An interesting parallel is drawn here between physical imprisonment and corporeal imprisonment, casting the experience of prisoners and transgendered individuals in the same category as those with disabilities. Much like *Degrassi*, the wheelchair is here again identified as a prison, something that traps and controls Artie—a power structure that demands an occupant's conformity and docility. Artie cannot even escape the grasp of his wheelchair when joining the school's super hero club: he takes the heroic identity “Doctor Y” whose super power is doing “wheelies” – a play on the disabled leader of the X-Men, Professor X (Brennan 2013b, 0:01:00). Later in the episode, Marley reflects on her own character choice, explaining: “your alter ego is supposed to reflect how you feel about yourself, right?” (Brennan 2013b, 0:21:00). Again Artie is made and remade by his disability, with the reflection of his inner self abundantly clear: a wheelchair.

Artie is not the only disabled character to be wholly formed by his diagnosis. Not only are the deaf students contained in their own school, but when Kurt asks Blaine how nice it is for prom to be so inclusive, the camera pans to Becky dancing with an unnamed boy with Down Syndrome as Blaine responds: “Yeah, someone for everyone” (Stoltz 2011b, 0:29:00). The consequences of being over determined by disability is to be excluded from social groups comprising of normate individuals. But as we have seen previously, the fantasy of a “disabled identity” again functions here as justification of the

normate desire to keep disability at a distance, to draw clear lines between the normal and the abnormal. As such *Glee's* drive to segregate the disabled and normate populations is representative of the push to disavow, justified by the fantasy that the disabled are happier when with their own kind.

If disablement prevents a male subject from entering manhood, as disability and masculinity are perceived to be incongruent, the subject is thus forced to form their identity around something else. Disability, specifically the symbolic manifestation of disability, the wheelchair, reigns supreme in *Glee* as the foundational attribute upon which identity is then formed. Although not quite as philosophical as *Degrassi*, here again we see the anxiety around bodily rupture and the fantasy of 'disability' serving as the bond that will remake the individual following catastrophic loss. For Artie, this means being wholly made by and contained to his wheelchair, with all of his interests and activities dictated by his (in)ability. But unlike *Degrassi*, where Jimmy is left reconstructed as wheelchair Jimmy, Artie remains a nervous and shameful subject whose disability continually isolates him from his peers. The expectation here is that the disabled subject can only relate to and operate within the world through the lens of their inability because, without it, their existence does not make sense. So when confronted by disablement in their own lives, the normate is revealed to be anxious about being a complete person but also about having said personhood acknowledged by the public.

5.4.5 Validity of Sexual Targets

More than just being anxious about social acceptance, *Glee* also focuses heavily on Artie's ability to be a viable sexual object. Despite indications that Artie struggles with his sexuality, he does have several partners throughout the series. Artie's dating life, however, is eerily similar to the experiences of Jimmy in *Degrassi: The Next Generation*, in which both characters almost exclusively date other characters with disabilities and the relationships revolve around dependency on the significant other. Although not expressed as bluntly as *Degrassi*, *Glee* also presents the idea that the disabled are best suited to date others with disabilities. And even when dating characters with disabilities, Artie struggles to maintain relationships throughout the series. So although the series does not make the claim that people with disabilities will have trouble *getting* dates, there is a fear that

should one become disabled they will only be able to date and relate to other disabled individuals and, worse, these relationships will be fragile and unlikely to succeed.

Artie's first romantic relationship begins early in the first season with Tina Cohen-Chang, who is portrayed as having a stutter. Although they date for a majority of the first season, viewers are shown little of their interaction. In fact, the first significant moment is during the episode "Wheels," in which it is revealed that Tina does not actually have a stutter, but has been faking one because she was shy and wanted to be left alone (Barclay 2011, 0:37:50). Artie is extremely hurt by this revelation, declaring: "I would never try to push people away because being in a chair kind of does that for you. I thought we had something really important in common" (Barclay 2011, 0:38:20). This is an important moment, revealing several key emotions and perceptions toward disability. Most notably, Artie marks the wheelchair—and the disability more broadly—as being a barrier toward social interaction. For Tina, the stutter was a means of keeping people away, whereas for Artie the wheelchair has been the barrier between him and others. This moment also positions disability as something "really important" to have in common with your romantic partner. Curiously, instead of just being angry at Tina for hiding this from him, instead he is upset that unlike him, Tina does not *have* a disability, saying: "I'm sorry now you get to be normal and I'm going to be stuck in this chair for the rest of my life and that's not something I can fake" as he wheels away (Barclay 2011, 0:38:45). Again, the anxiety of not walking, of being "stuck in this chair," is tantamount. The issue here is not that Tina lied, but that she is normal and Artie is not.

Although Artie and Tina continue dating, the conflict is not addressed for the rest of the season. At the beginning of the second season, when it is revealed that they broke up during the summer, Tina implies that Artie only ever wanted to watch the movie *Coming Home* on repeat (Falchuk 2011c, 0:17:03). The deployment of *Coming Home* in this moment is significant because not only does it disclose Artie's interest in the movie but actively works to associate Artie with main character Luke. Immediately following the breakup, it is revealed Tina is now dating glee club member Mike, known best for his dancing ability. Tina explains that she is most attracted to Mike's physical body (Falchuk 2011c, 0:17:15). As explored in depth later, this moment is significant because it

connects the association with *Coming Home*, specifically Luke's unrequited love affair with Sally, laying the foundational belief that Artie could not physically provide for Tina and, as a result, she has left him for a more physically capable partner. At the same time, the show encourages the notion that the relationship became untenable with the disclosure of Tina "faking" her disability. The relationship could not continue because they no longer had something "really important" in common. In this way, Tina and Artie are presented as being fundamentally different with the gap between the disabled and the normate too wide to be easily bridged.

Artie's next foray into romance is hardly more successful and marks one of two moments in the show where a woman pursues Artie. Without any preliminary indication of interest, Brittany approaches Artie, stating boldly: "I'm really into you" and then clarifies: "I just really want to get you in a stroller" (Stoltz 2011a, 0:09:59). It would appear that Brittany exclusively wants to date Artie because she believes him to be like a baby, whom she can care for, and finds this mothering role appealing. At the same time, Artie does not seem to have any reservations about this arrangement and seems happy that an attractive woman is expressing an interest in him. It turns out Brittany is currently fighting with her ex-girlfriend, and sees Artie as an opportunity to "get back" at her. But this pairing does not seem all that unlikely as Brittany also appears to be marked as disabled, living with an undiagnosed learning disability. Because she is disabled, the fantasy goes, they could make a good match.

Despite this tenuous beginning, Brittany does seem to have some feelings for Artie, as she will take his virginity later that episode. Inviting Artie back to her house after school, Brittany offers to help Artie get over Tina, picking him up and carrying him to the bed. Artie asks awkwardly "Am I about to lose my virginity?" as Brittany straddles him on the bed and responds "For our duet, we're going to do it" before kissing him as the scene fades to black (Stoltz 2011a, 0:31:05). Throughout this scene, Artie is extremely uncomfortable and awkward, often seen twiddling and rubbing his fingers together, shrugged shoulders downward, and speaking with a quivering voice. The bedroom is clearly not a place Artie feels comfortable, especially because he has never had sexual intercourse before and Brittany is clearly the aggressor. Despite his

awkwardness, Artie will later refer to sleeping with Brittany and how it made him feel “like a man” (Buecker 2012b, 0:02:38). Unfortunately, Artie finds out later that it was not as significant for Brittany, leading to this lament:

I know that sex doesn't mean anything to you. But did you ever think how much it means to me? After my accident, we didn't know if I'd ever be able even to do that. And when I found out that I could, it seemed like some kind of miracle and you just walked all over that. (Stoltz 2011a, 0:37:00)

Intercourse with Brittany is thought to be something special, not because Artie lost his virginity, but because it stood as a triumph over his perceived inability. Although it is not exactly clear how or what Brittany “walked all over” in this instance, for Artie's character sex becomes something rarified. Note that Artie uses the word “walk,” the thing he desires so strongly. Like walking, Artie feared he was incapable of having sex, whereas Brittany takes her ability to have sex, like her ability to walk, for granted.

Despite happily dating for fifteen episodes, this relationship also comes to an end, largely because Artie sees an incompatibility. When he discovers that Brittany is cheating on him with her ex-girlfriend, Santana, he tries to justify his decision to dump her by saying:

Don't you see what is going on here? You're the hottest girl in this school and I wear saddle shoes on legs that don't work. This shouldn't be happening. Not because I'm in a wheelchair but because I'm obsessed with *Angry Birds* and my mom cuts my hair... It's hard enough for me to believe that this is real. If I know that you spend even a little time sharing yourself with someone else, that there's one other person in your life that can provide for you things that I'm supposed to provide, it's just too much for me to take. (Hunter 2011, 10:50)

What is perhaps most apparent is the tremendous lengths the writers have gone to in preparing this speech to identify that the reason Artie is breaking up with Brittany is not because he is disabled but because they are simply incompatible. At the same time, this speech reveals the anxieties produced when encountering disability, immediately marking Artie as different primarily by his disability—he cannot use his legs and, as a result, he is in a wheelchair. Artie is worried that others are providing for Brittany things that he *cannot* provide. While on the surface this is likely a direct reference to Brittany being bisexual and seeking sexual gratification from another woman, there is also a subtle

indication of a more generalized sexual performance anxiety and that, perhaps unlike other lovers, there are things Artie simply cannot do for and to Brittany, again marking him as somehow inadequate as a man.

5.4.6 Safety Through Segregation

Artie finally forms a sustainable relationship with another wheelchair user in the fourth season of *Glee*. This echoes Jimmy's arc on *Degrassi* when he finally connects with Trina, another wheelchair user. Artie is introduced to his new partner at Will and Emma's wedding. Emma's niece, Betty Pillsbury, uses a manual wheelchair and despite having very little in common with Artie, Emma decides to set them up. Things immediately get off to a rocky start. When Artie introduces himself to her, Betty does not recognize him as her date, asking "Oh god...what, did I beat you to the last handicapped spot?" (Falchuk 2013, 0:11:20). When Betty realizes that Artie is the guy she is being set up with, she turns hostile: "Hell no. Wheel away. Wheel. The Hell. Away. My aunt told me she was fixing me up with someone good looking. So, that was a lie." (Falchuk 2013, 0:11:30). Artie tries to defend himself, saying some consider him to be "nerdy hot," but Betty responds by calling him "Stephen Hawking's younger brother" (Falchuk 2013, 0:11:45). Here again, Artie's character is once again marked by and therefore contained by his disability. Betty goes on to explain she doesn't date "losers in chairs" and when Artie asks about the hypocrisy of not dating other disabled men when she herself is in a chair, she explains it is because "I'm also blonde, captain of the cheerleaders at my high school and I've got this going on" grabbing her breasts (Falchuk 2013, 0:11:52). Betty is granted status as a sexual object while Artie is barred from this position. The wheelchair *emasculates*, indeed, castrates, and thus only impacts the sexual potential of the male disabled subject.

Later in the episode, at the wedding reception, Artie will find Betty again with the hopes of getting a second chance. A confrontation immediately ensues, with Artie exclaiming: "...You're mean. You're awful. Because you're angry...because you're in the chair. I understand that..." Betty furiously interrupts him: "Wow, could you be any more reductive and handi-centric? I'm fine with my chair. What I'm not fine with is suffering fools." (Falchuk 2013, 0:23:15–0:24:10) In this moment, Betty provides a

stunning critique of Artie characters: all too often he is represented as reductive and “handi-centric” (presumably intended to mean “ableism”). Artie nevertheless manages to convince Betty to dance with him and they are shown together for the rest of the wedding. It is telling that the immediate hypothesis generated to explain Betty’s negativity towards Artie is rooted in her being uncomfortable and angry about being in a wheelchair, in the way Artie is *routinely* shown, and while that belief is debunked by Betty, this hypothesis still rings true for the viewer because of the structure of the series.

Betty and Artie are later seen entering a room together and the next time we see them, they are in bed, post-coital. Artie looks over to Betty and inquires if she enjoyed herself, to which she responds: “I don’t know, you?” He replies: “No idea” (Falchuk 2013, 0:34:05–0:34:30). The dialogue is ambiguous. It may be intended to reference paralysis: neither Betty nor Artie *know* if the sex was good because neither of them can feel it. Another possible explanation is that despite what Betty claimed earlier, she is not sexually active and, like Artie, cannot speak to the quality of the intercourse because neither of them have much experience. Either way, this moment is significant because it is the first time Artie is shown to be an equal in sexual intercourse. All told, this affirms the benefits of segregating the disabled and the normate populations.

The next day at school, Betty surprises Artie and explains she has come “to apologize for being so bitchy at the wedding. When I get nervous I get kind of mean” (Falchuk 2013, 0:39:58). Betty explains that Artie was “the best” she had ever had and that she had, in fact, slept with “a lot.” Artie responds: “Oh, me too. I mean, my sexual prowess is legendary throughout the great lakes states.” The implication is that fabrication is occurring on both sides. After exchanging numbers, Betty proposes having sex again (Falchuk 2013, 0:40:40). This closing conversation would seem to indicate that we will see more of Betty in the future and that this could be the start of a new relationship¹¹. Also Artie is presented as being far more comfortable in this relationship than previously, as indicated by him openly making jokes that are self-affirming as

¹¹ As of the printing of this work, Betty has not reappeared in the 5th season of *Glee*.

opposed to his traditional self-deprecating humour. Like Jimmy and Trina, Artie has found a woman he can connect to on a deeper level, in large part because she too is in a wheelchair.

While there is certainly room for the storyline of Artie Abrams to morph and change as the series continues, a survey of the current developments of the character present a clear picture of how the anxieties and fantasies of the normative creators are imprinted upon the disabled character. On the surface, Artie is presented as being a half-man, a robot, whose identity is dependent upon the use of a wheelchair. A powerful anxiety when confronting disability is the fear that it will fundamentally change your identity. The disability will become not just a part of you but will *make* you, bind you together into a new form, determining who you are and what you will become. Despite this new identity, the normative believe they could not let go of their able-bodied pasts and would ceaselessly fantasize of one day becoming whole again. This makes the drive to walk central to the disabled project, making disability a temporary position and not a permanent subjectivity. Despite these hopes that the body can be repaired and normalcy restored, there is the deeper anxiety that cure will not be possible and the individual will suffer. It is feared that to be disabled is to be socially isolated, no longer able to relate to people in the same way as they once did and now reliant, a burden, on their friends and family. This dependency isolates them but also marks them as weak, like children, who are incapable of sustaining themselves. At the core of this dependency anxiety is a fear of castration, of losing the phallus. To be disabled is to be impotent, relinquishing power to those around you upon whom you rely to survive. This impotency is then manifested as a literal impotency, or in the case of *Glee*, a sexual inadequacy. Disability is seen as being incongruent with manhood, as masculinity is directly associated with physical, sexual, and emotional strength, something the disabled body simply cannot muster. The disabled body is a weak and shameful body that must be hidden and must not be sexualized. As the individual's masculinity comes into question, so too does their ability to form and maintain romantic relationships, finding it impossible to connect on a deeper level with those who do not understand what it is like to be in such a position. Further, *Glee* affirms the belief that disability is unknowable—despite its closeness and its familiarity, disability is something that must be held at arms-length, disavowed at all costs, for fear

that it will get too close. To ease this anxiety, the normate fantasize segregation of the two populations, linguistically and interpretively, convincing themselves that the disabled are simply happier together because they *understand* each other, which the normate population never could. The normate conjure these fantasies to assure themselves of separation because confrontations with disability is an encounter with the uncanny, a familiarity that *must* be disavowed.

5.5 Concluding Thoughts

Despite its numerous problems, *Glee* does reveal a sliver of optimism in disability, a comfort to the normate viewer, because despite the fact that Artie will never be cured, he is still shown living with his limitations and excelling at his proficiencies, of which there are many. Whether he is singing and dancing with his friends or on his way to becoming a director in New York, Artie does essentially depict disability as being the start of a different *kind* of life, a life that can be both happy and fulfilling, rather than an outright death. At the same time, the anxieties explored and the barriers faced by Artie do not speak to the experiences of most teenagers with disabilities. Instead, Artie is the manifestation of the collision of disabled and normate subjects, in which the normate producers of this text are forced to confront their own vulnerability and base the experiences of this character on the anxieties and desires generated from this intersubjective moment.

Whereas *Degrassi* focuses on building up the fantasy of disability to neutralize the threat to the ideal I with promises of cure and augmented ability, *Glee* works to tear down these fantasies through evidence of the cold realities of disability and the fragility of the human body—despite lingering hopes that cure (namely walking again) is possible, the reality depicted time and again is one of hopelessness. The only way to sanitize this anxiety then is to completely separate the disabled from the normate, constructing linguistic and interpretive walls between these two groups to ensure a co-mingling is impossible. In this way, the disabled are fantasized to be different than the normate and the normate shall never fully cross into the realm of disability. Bodies can break down and need repair, yes, but that is fundamentally different than being a person with a disability.

Despite this desired separation, though, there is still an encounter with disability that occurs, resulting in anxiety. The most common anxiety, which is present in all of the texts studied in this project, is that disability limits a person's connection to humanity, marking them as half-human or robotic as the wheelchair is grafted to their body through reliance. This anxiety of losing one's self, of their identity breaking in the same way as their body, is minimized through the promise of cure and dreams of a return to normalcy. To get out of the chair, if only in dream, is a powerful moment because it re-affirms the wholeness of the self, if only temporary, and provides a tangible objective to strive towards. But when these dreams do not come true, and are relegated exclusively to the world of dream, profound anxieties around social acceptance and dependency on others arise. Worse still, disability is again linked to questions of phallic and sexual potency, with the disabled perceived as not just impotent but castrated bodies. This fear, of losing power and control, informs all other anxieties around encountering disability, like the use of containment-focused metaphors when talking about being 'confined' or 'trapped' in a wheelchair. This terror is so strong that the only solution is segregation—to keep disability as far from the normate world as possible. In this way, the encounter with disability in *Glee* is an uncanny one, a recognition that we could all be Artie and, at the same time, a disavowal that we would ever let that happen.

What is perhaps most frustrating about *Glee* is that unlike the other representations there is a real potential for harm to be done toward the disabled community, in large part because the producers of the series are so unabashedly ableist. In perhaps a perfect criticism of the entire show, although the line was more in reference to the systemic racism, the cheerleader Santana states “You don't even know enough to be embarrassed about these stereotypes you're perpetuating” (Barclay 2012, 0:36:10). This line rings painfully true when it comes to *Glee*'s interrogation of disability—in many ways, the producers of this show do not seem to even know enough about life with a disability to know they are being offensive. It is difficult to watch *Glee* without being struck by the largely negative and paternalistic view of disability and the disabled presented throughout, in which characters like Jean, Becky and Artie are generally relegated to roles exclusively focused on generating a desired emotional affect from the audience, regardless of whether it is laughing or crying. In this way, *Glee* must keep itself

at a distance from disability as well, using it as a moment for character development or emotional climax rather than truly engaging with the topic in a substantive way. This is, perhaps, because to engage with disability is to gamble one's own humanity and discover that we are all vulnerable and, perhaps, that to be *human* is to be disabled.

Chapter 6

6 Conclusion

Representations of disability in the mass media were always confusing for me as a child. I was always excited to see people like me on television or in film, but quickly found that their plot lines and motivations were completely foreign to my experience. In the media I found unfamiliar stories obsessed with diagnosis and the fight for normalcy. The story of disability most commonly presented in the media was that of individuals struck down by horrible misfortune who then face the choice between either struggling against their physical or intellectual limitations to become heroes or succumbing to the challenge of disability and being marked as villainous. These are characters often anxious about bodily difference, where physical and intellectual limitation is presented as a stain upon the individual that becomes the principle attribute upon which the rest of a person's identity is built. While I certainly faced barriers growing up with a disability, these limitations were largely systemic and attitudinal rather than battling my condition. Similarly, as I grew older and began befriending others with disabilities, it became apparent that the heroic and tragic figures of disability in the media were not representative of the community either, leaving me to question: if it is not the lived experience of disability that informs representations of disability in the mainstream media, what animates these depictions?

Rather than speaking to the lived experience of disability, the ways we talk about disability in the media are reminiscent of confrontations with the nondisabled, dubbed here 'normates,' with interactions framed by an attempt to understand how someone so profoundly limited can survive in our ableist world. In the eyes of the normate, my disability is a tragedy of unspeakable proportions, leaving them to stumble over the words they chose to describe my "cart" or assure me of God's eternal love despite my affliction. These interactions are structured around an unspoken belief that something terrible has happened, that the world dealt me a terrible blow and these gentle strangers are simply making up for this tragedy.

Diagnosed with a rare neuromuscular disorder at birth, this pity and paternalism does not make sense to me because, in my mind, I have endured no moment of violence, injustice or loss. Being in a wheelchair is all I have ever known and, therefore, I have never felt wronged or misfortunate. I never looked at my physical limitation as something to struggle against, to beat back for fear it will swallow me whole, but simply as a piece of my life—one that, while significant, is certainly not the core of my identity nor my principle motivation. Yes, I *have* Muscular Dystrophy but it is not all that I *am*. Growing up I was cognizant of my asymmetry, but saw no shame in navigating the world differently. Ultimately, I could think of no reason my mode of transportation should affect my personhood. Perhaps this is because I realized early in life all the ways in which everyone around me was inherently limited, whether it is intellectually or physically¹². Growing up with a disability, I was always encouraged to focus on the things I *could* do, becoming more focused on what I accomplish with help than what I could not do at all. This is probably why I did not spend much time dreaming of or wishing to walk, which seems superfluous when the wheelchair augments my mobility.

An example of this dissident confrontation, which played a large role in the genesis of this project, came several years ago. This example came while in line at a shopping mall, when I had a particularly significant encounter with the normate subject. While waiting to reach the cashier, a young girl standing in front of me became entranced by my wheelchair and started sneaking peaks at me over her shoulder. At first, the older woman who was with her, presumably her mother, acted casually, trying to get her daughter's attention with gentle pinches to her shoulder and hushed reprimands emitted under her breath. As the girl became more and more curious, turning her head fully to apprehend me, the mother began placing her hand on top of the girl's head and physically turning it to face forward. This dance would proceed several times, with the girl becoming emboldened, finally turning fully around to gaze. At this point the mother turned bright red, grabbing her daughters arm and scolding her, explaining it is not polite

¹² After all, standardized testing in school always felt like an opportunity to publicly quantify intellectual limitation in the same way that sport exposed those less athletic.

to stare. The message was received this time and the girl stopped trying to look, eventually leaving the store moments later.

At the time, I found the whole charade funny, if not inconsequential, but as distance grew, my retrospective interrogation of the experience proved illuminating. For the mother, this was a moment of manners—it is not polite to stare at the disabled and such behaviour may upset them. This was not a moment of maliciousness but one of sympathy, in which she was trying to protect my feelings. At the same time this moment bestows a powerful lesson to the young girl on what disability is and how to manage this encounter. While perhaps not her first brush with disability, this encounter was decidedly negative, as the young girl's interest in the wheelchair got her in trouble. In this moment, disability is converted from a curiosity into a taboo, that which must not be interrogated without risking the love and affection of the parent, a rule that will no doubt be enforced later in life by the super ego and eventually imparted to her own children. In Lacanian terms, this becomes a moment of castration, with the desire of the child (to apprehend the Other) barred by the parent figure. Disability, however alluring, cannot be interrogated, must not be grasped, which encourages a requisite distance to prevent accidental co-mingling. This moment also distinctly marks disability as something shameful, teaching the child that the normate must not look because the disabled do not want to be seen. To confront disability then is to encounter shame, both for the one who looks and the one looked at (see Garland-Thomson 2009).

Ultimately, this project attempts to interrogate media text as being analogous to the confrontation of the normate and the disabled, a moment Julia Kristeva explains causes a narcissistic identity wound upon the normate as they are forced to interrogate their own inherent vulnerability (Kristeva 2010). In producing stories about disability, the normate producer confronts their own potential disablement, forced to imagine what life would be like if *they* were disabled. As such, representations of disability are the manifestations of this confrontation, with the texts revealing the core anxieties and fantasies lurking below the surface of these encounters. The texts studied here reveal the confrontation to elicit a castration threat, with the stories grounded in terrifying anxiety and comforting fantasy, informed by and conforming to the medical model of disability.

One of the core anxieties present when confronting disability within these texts is the connection between disability and death. In fact, death is often believed to be a preferred outcome to trauma rather than surviving with a disability. This anxiety is centered on the fear that when bodies are broken an individual's identity is shattered as well, as the person is no longer capable of performing identity-forming tasks, like playing sports, in the same way after an injury. When an identity is built around ideas of strength and physical activity, the moment of disability marks the death of this previous self and requires a new identity to be constructed around actions and behaviours believed to be polar opposite in nature. In this way, it is feared that a person will fundamentally change when they become disabled, leaving them not just to mourn the loss of their previous physical or intellectual ability, but of their core identity. Nowhere is this more apparent than in the war films, which actively constructed the main characters as being hyper-masculine, athletic and independent individuals before the war who then crumble to becoming feminized and dependent by the trauma done to them in Vietnam. Fear of disability being akin to death, and the desire for death over disability, is also present in both *Degrassi* and *Glee*, where Jimmy and Artie must come to terms with the death of their past self after becoming disabled.

The anxiety of losing one's sense of self, the death of our identity, is mediated by the fantasy of cure. Throughout all of these texts there is a burning desire to resurrect the body, particularly in *Degrassi* and *Glee*, reclaiming the old self through medical and technological advancement. The most optimistic of these texts is certainly *Degrassi*, which finalizes the Jimmy storyline with an ambiguous promise of "stem cell surgery" that is helping both Jimmy and Trina to overcome their spinal cord injuries. Also based more in science fiction than science fact, *Glee* takes an optimistic view of Artie's ability to overcome, implying that it is just a matter of time before medical science or technological adaptation provide Artie that which he dreams of constantly—the ability to walk again. In this way, cure is validated as the most desired outcome to disability.

But tied to this fantasy of cure is the anxiety that what is broken will never be put back together. Lurking behind the veneer of optimism throughout all of these texts is a cold reality that all of these characters will likely remain in wheelchairs for the rest of

their lives, no matter how hard they attempt to transcend their limitations. The result of this anxiety is a series of emotionally crushing scenes in which all four main disabled characters struggle through physical therapy to walk again, only to fail and realize that their effort is in vain. This anxiety is the most powerful and hurtful to our narcissistic sense of self because it validates the fear that no matter how hard we try there are obstacles in this world that are insurmountable and, in that way, we are all fundamentally flawed creatures who will never live up to our ego ideal.

The anxiety of permanent disrepair is tackled through a fantasy of justified suffering—a belief that there can be significance to life with a disability that makes the suffering manageable. For Ron Kovic, disability is fantasized to have added complexity to his character, converting him from a mindless servant of the state into a radical citizen fighting for Post-Vietnam justice in America. As Ron suffers for his sins, his wheelchair becomes a symbol of memorial, a reminder of past transgressions that serves to warn against making the same mistakes again. Similarly, *Glee* fantasizes that without Artie suffering the indignities of disability none of the good things that have happened at McKinley High would have been possible. In this way, Artie is cast as a martyr who suffers through his disability and, in doing so, inspires his fellow classmates to overcome the barriers preventing them from achieving greatness—if Artie can live with a disability, there is no limit to what the able-bodied members of Glee club can achieve. This fantasy conforms to the much-theorized stereotype of the ‘super-crip,’ the disabled individual who struggles against their limitations and, in doing so, minimizes and makes manageable the petty obstacles facing the normate public in their day-to-day lives.

At the same time, while disability is glamorized as being a socially useful suffering, all of the anxieties present when confronting disability are rooted in the realization that the disabled subject is a castrated subject who has suffered a profound, disempowering loss and, worse still, this same violence could be done upon anyone. In all of these texts, characters with disabilities are presented as being fundamentally crippled by their inability, individuals who are incomplete and, therefore, perpetually dependent. The disabled body is marked, literally and figuratively, by terrible corporeal loss that is so profound we attempt to make sense of it through a similarly charged

anxiety—the loss of the phallus. Although Lacan argues that the penis is not the phallus but merely symbolic of it, to represent this loss, disability is inherently tied up in fears of literal castration, the wholesale loss of sexual potency and the inability to have penetrative sexual intercourse. Rather than mourning the loss of physical ability, this anxiety is substituted, with all four male disabled characters' central animosity being with the loss of their penis. For this reason, men with physical disabilities are marked as castrated individuals whose very manhood comes into question as penile intercourse is determined to be an important signifier of heterosexual masculinity. Worse still, the anxiety is that to encounter these castrated men is to *risk* castration, like a boy apprehending a naked female for the first time.

The result of this anxiety is a wholesale rejection of the disabled subject position, a disavowal that disablement is even a realistic possibility for the normate subject, and therefore a distance is generated through fantasies of a shared desire of segregation. The desire is to keep the disabled separate, both linguistically and physically, to prevent the intermingling of the two groups who must be separated. At the same time, central to this fantasy is that it is not just the normate population who crave separation, but the disabled themselves who are happier when associating with their own kind. Particularly in *Degrassi* and *Glee*, disabled characters are frustrated by the inability of their normate peers to comprehend and empathize with disability and find solace only with other disabled characters. In this way, the disabled are shown as not just preferring but as being better off in isolation. This fantasy of mutually preferred segregation neutralizes both the anxiety of proximity between the normate and disabled population while at the same time assuring the normate that the desire to isolate the disabled is not selfishly motivated—segregating the disabled does not make you a bad person, it is simply what the disabled prefer.

The fundamental problem with these representations is that they do not present us with the lived experience of disability but rather are the story of the normate, an anxious subject revolted by their own vulnerability to the point that they hide from it. In this way, the stories we tell ourselves in the media are about placating this anxiety, this terror, and stigmatizing the disabled in the process. The problem is that the fantasies of disability

that aim to protect the normate from the perceived threat of castration, bodily rupture and death demand we build not just walls around our own narcissistic sense of self but around anyone who succumbs to disability. The normate spends so much time validating their belief that the disabled are separate that they justify treating the disabled like the Other that they have cast them to be. The real danger of the fantasy of disability is not that it influences the stories we tell about disability but that these very stories go on to inform the ways in which we construct disability within our world. The spaces we build, the systems we design, and the programs we develop are all based on fantasies of bodily supremacy, not on the reality of vulnerability, and it is for this reason that our efforts are perpetually doomed to fail.

Julia Kristeva ends her exploration into disability in *Hatred and Forgiveness* with a call to rethink the cultural construction of disability and, rather than turn away from disability, to disavow and discriminate against the disabled in profound ways, we must embrace vulnerability as being a core experience of humanity. Instead of experiencing disability as wounding, Kristeva sees this confrontation as a moment to embrace our connection through vulnerability, not the isolation of our limitations. So the moment of confrontation becomes a moment of reflection, with the disabled body reflecting back to us our own limitations that we have so carefully repressed and, perhaps, frees us from this internally imposed limit. In this way, Kristeva sees hope in disability acting as our analyzer:

Not necessarily because 'it could happen to anyone,' but because *it* is already in me/us: in our dreams, our anxieties, our romantic and existential crises, in this *lack of being* that invades us when our resistances crumble and our 'interior castle' cracks. Because to recognize it in me will help me to discover the imparable subject in the limited body, to construct a common life project. A project in which my fear of castration, narcissistic injury, defect, and death, repressed until now, is transformed into attention, patience, and solidarity capable of refining my being in the world. In this encounter would the disabled subject become not my analyst but my *analyzer*? (Kristeva 2010, 44)

Here Kristeva invites us to not just acknowledge our inherent limitation but to view our vulnerability as a fundamental truth of our existence. Ultimately, this is a call to blow up the binary of normate/disabled and see vulnerability as being universal to our experience.

All of the texts studied here present a normate subject inherently afraid of weakness as it threatens the narcissistic identification with the autonomous and unified gestalt. Disability then becomes subsumed in this anxiety, seen through the lens of loss and castration. But this interrogation is flawed—for the disabled, disability (and its associated symbols, such as the wheelchair) does not live as the memorial for what we have lost, but stands as tribute to all that we can accomplish. As Paul Longmore states, many with disabilities “prize not self-sufficiency but self-determination, not independence but interdependence, not functional separateness but personal connection, not physical autonomy but human community” (Longmore 1995). Those with disabilities should not be seen as cautionary tales of our vulnerability but as living evidence that our identities, our very personhood, is so much stronger than the bodies we inhabit. Our bodies can fracture, ground against the rocks of time or suffering profound violence, but this rupture can be endured and, perhaps, survived. Disability is not proof that we can be broken but evidence that we can survive. Rather than living in normal bodies that can fall into disrepair, becoming disabled, disability is the foundational subject position, a state of vulnerability upon which we must build ourselves up rather than anxiously awaiting an impending fall. Rather than fantasize about life with a disability, there is much that can be learned from the ways in which those with disabilities live.

We must approach our world with the core belief that we are or will be disabled—we are all inherently limited. We need to let go of our repressed anxiety about what we cannot achieve and instead strive to find not just the boundaries of the human but work to find ways to exceed said limits, together. At the same time, acknowledging our vulnerability, letting people be vulnerable, is to demand assistance. Accepting collaboration with others is a necessity, not a flaw, helps to destigmatize dependency. Interrogating our own vulnerability means recreating the world not along lines of mandated normalcy but on the expectation of abnormality.

To live in a world of vulnerability is to acknowledge that there is no “normal,” no standard function, and therefore we must radically redefine our interrogation of self and ability, where deficiencies are markers of normalcy, not requirement of isolation. It is to live in a world where dependency is not a mark of pity but a sign of necessary collaboration, an acknowledgement that there are things we all need help accomplishing and there are things we can all help others to accomplish. It is to design our homes as spaces that are not just normatively functional, but are accessible to a range of individuals. To live in a world of vulnerability is to reimagine educational spaces to acknowledge and embrace different learning and examination aptitudes. It is to develop work environments that strive to augment the limitation of workers rather than demand labour to conform to production. It is to reconstitute the laws of our country acknowledging accommodation as a universal human right, not a privilege. To live in a world of vulnerability is to explode the generalizations that divide us, obfuscate us, and minimize us and simply live, together, with limitation experienced not as shame but an opportunity to innovate.

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