Hacettepe University Graduate School of Social Sciences

Department of American Culture and Literature

DISABILITY AND FAMILY IN TWENTY-FIRST CENTURY AMERICAN DRAMA

Duygu Beste BAŞER ÖZCAN

Ph.D. Dissertation

Ankara, 2023

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Duygu Beste BAŞER ÖZCAN

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__/__/____

Duygu Beste BAŞER ÖZCAN

To my father

and

To the strong women of my family who inspire and encourage me

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ABSTRACT

BAŞER ÖZCAN, Duygu Beste. *Disability and Family in Twenty-First Century American Drama*, PhD Dissertation, Ankara, 2023.

This dissertation analyzes John Belluso's *Pyretown* (2005), *The Rules of Charity* (2006), *A Nervous Smile* (2006), David Lindsay-Abaire's *Good People* (2011), Stephan Karam's *The Humans* (2015), Martyna Majok's *Cost of Living* (2018), Amy Herzog's *Mary Jane* (2018), and Lindsey Ferrentino's *Amy and the Orphans* (2019) and scrutinizes the ways contemporary American playwrights employ disability in relation to the myth of the flawless American family. The representation of disability on the American stage has always been a complicated one as disabled bodies were either used as metaphors or presented as freaks, victims, and villains. The plays examined in this dissertation, however, negotiate disability as a multifaceted experience. They portray family dynamics that changed in the twenty-first century while dissociating disability from stereotypical meanings. The playwrights dramatize the lived experience of disability, and they problematize ideologies that ostracize, pathologize, and oppress disabled individuals to initiate social, cultural, and political transformation in the United States. Since they criticize dehumanizing and exploitative social and political institutions using realism and the affective power of theater, these plays are referred to as the social problem plays of the twenty-first century. Each chapter exposes oppressive power relations and portrays the lived experience of disabled individuals without romanticizing or objectifying their bodies. Neoliberalism, class, problems in the healthcare and welfare systems, and the cult of normalcy are presented as the forces that put the family in a dysfunctional state whereas disability is depicted as a social, cultural, and political construction. Therefore, these plays are progressive and subversive with their truthful depictions of families with disabled members, showing that the problem is not disability but constructed normalcy, which forces families and individuals to conform to rigid definitions.

Keywords: American Drama, American Theater, Contemporary Playwrights, Disability Culture, Disability Studies, Family

ÖZET

BAŞER ÖZCAN, Duygu Beste. *21. Yüzyıl Amerikan Tiyatrosunda Engelli Bireyler ve Aile Kavramı*, Doktora Tezi, Ankara, 2023.

Bu tez John Belluso'nun *Pyretown* (2005), *The Rules of Charity* (2006), *A Nervous Smile* (2006), David Lindsay-Abaire'in *Good People* (2011), Stephan Karam'ın *The Humans* (2015), Martyna Majok'un *Cost of Living* (2018), Amy Herzog'un *Mary Jane* (2018), ve Lindsey Ferrentino'nun *Amy and the Orphans* (2019) adlı oyunlarında engelliliğin nasıl tasvir edildiğini kusursuz Amerikan ailesi söylencesi bağlamında inceler. Amerikan tiyatrosunda engelli karakterler her zaman kötü, mağdur ya da anormal olarak tanımlandığından engelli bireylerin tasviri her zaman sorunlu olmuştur. Bu tezde incelenen oyunlar ise engelliliği çok yönlü bir deneyim olarak mecazi anlamların dışında gerçekçi bir şekilde ele alırken, 21. yüzyılda değişen aile dinamiklerini de ortaya koyar. Bu bağlamda, yazarlar gerçek engellilik deneyimini sahnelerken engelli bireyleri ötekileştiren, patolojik vakalar olarak tanımlayan ve onları baskılayan sosyal, kültürel ve politik söylemleri hedef alır. Bu oyunlar realizmi (gerçekçilik) ve tiyatronun dönüştürücü gücünü kullanarak engelli bireyleri itibarsızlaştıran ve onları istismar eden sosyal ve kültürel kuralları hedef gösterdikleri için 21. yüzyılın problem oyunları olarak tanımlanabilir. Bu çerçevede, tezin bölümlerinde baskıcı politikalar incelenirken, engelli bireyler de nesneleştirilmeden gerçek ve günlük hayat deneyimlerine dayanarak tanımlanır. Neoliberal politikalar, sınıfsal problemler, sağlık ve sosyal yardım sistemlerindeki sıkıntılar ve normal olmaya zorlanmanın aileleri işlevsizleştirmesi konu alınırken engelliliğin de sosyal ve kültürel olarak inşa edilen bir kimlik olduğu gösterilir. Bu nedenle, bu oyunlar tabuları ve baskıcı kuralları yıkan ilerici ve yenilikçi oyunlardır. Bu oyunların da gösterdiği gibi, ailelerin yaşadıkları problemlerin sebebi engelli aile bireyleri değil aileleri ve bireyleri kısıtlı tanımlarla nitelemeye çalışan ve sözde normal kavramına uymaya zorlayan toplumsal ve kültürel yapılardır.

Anahtar Kelimeler: Aile, Amerikan Oyunları, Amerikan Tiyatrosu, Çağdaş Oyun Yazarları, Engelli Kültürü, Engellilik Çalışmaları

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INTRODUCTION

The history of disability is marked by constant negotiations between dichotomies such as dependence-independence, inclusion-exclusion, normal-abnormal, ordinary-extraordinary, visible-invisible or activism-passivism. Just like the meanings attributed to gender, ethnicity, race and class, the interpretation of disability is also determined by sociopolitical apparatuses and practices. Disability history provides insight into the history of human identity. It shows, as Ann. M. Fox argues, "how the tyranny of normalcy really works to regulate all bodies" ("Reclaiming" 129). In *Enforcing Normalcy: Disability, Deafness, and the Body,* Lennard J. Davis discusses the impact of social and cultural practices in defining disability. He argues that disability is "a historically constructed discourse, an ideology of thinking about the body under certain historical circumstances" (2). Likewise, Rosemarie Garland Thomson argues in *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* that disability should be analyzed "in the context of social power relations" because it is created through "legal, medical, political, cultural, and literary narratives" (6). Since these power relations are subject to change depending on the political, social, or cultural circumstances, the definition of disability also changes. In *Narrative Prosthesis: Disability and the Dependencies of Discourse,* David T. Mitchell and Sharon Snyder give some examples of such power relations and the changes they enforce. They state that "the Victorian equation between femininity and hysteria; the biological racism that justified slavery and the social subordination of racial minorities; psychiatry's categorization of homosexuality as a pathological disorder" exemplify the obsession with "normalizing" bodies (2). Although these practices were common and supported in the past, they are unacceptable in today's understanding of normalcy.

Therefore, a person who is disabled may no longer be associated with this category, or a person who is identified as "able-bodied" or "normal" can later be categorized as disabled. Garland Thomson claims that disability is an umbrella term that "encompasses congenital and acquired physical differences, mental illness and retardation, chronic and acute illnesses, fatal and progressive diseases, temporary and permanent injuries, and a wide range of bodily characteristics considered disfiguring, such as scars, birthmarks, unusual proportions, or obesity" (*Extraordinary* 13). Davis also refers to disability as an unstable category as follows:

> The category "disability" begins to break down when one scrutinizes who make up the disabled. The obvious cases are seen by most observers as disabled: the blind, the deaf, people using wheelchairs, prostheses, and so on. But when we include learning impairments, dyslexia, obesity, and then compound those categories with disease-generated disabilities—AIDS, tuberculosis, multiple sclerosis, arthritis, chronic illnesses—the instability of the category "disabled" begins to appear. The fact is that most citizens will have some level of impairment, some degree of physical difference from others. Most humans, as they age, will find themselves less able to see, hear, or think so well as they did before. (xv)

As the quote suggests, the boundaries of the two inseparable concepts, normalcy and disability, are vague. This ambiguity allows societies to alter the standards of normalcy to legitimize the politics that regulate bodies and identities. Always forcing normalization, these standards are embedded in cultural and social practices. American history demonstrates that those who cannot be reformed have traditionally been excluded from the public sphere, stigmatized, or have become invisible members of society.

This dissertation will analyze contemporary approaches to disability and normalcy to illustrate recent policies toward disabled individuals. By scrutinizing eight contemporary plays written by six playwrights, this dissertation will expose the power relations that govern the bodies of American citizens. Since the disabled body has always been a spectacle for Americans, theater is instrumental in displaying varying perceptions of "abnormal" bodies as well as oppressive body politics. Therefore, this study focuses on twenty-first century American drama and claims that the works which will be analyzed problematize the notion of disability. That is, they make use of realism to reveal a social and cultural wound that lies in the heart of American society. Therefore, they can be categorized as the social problem plays of the twenty-first century. To better understand contemporary approaches to disability representation and normalcy, it is necessary to examine meanings ascribed to physical and cognitive differences throughout American history. This will shed light on the practices of normalization and the changing attitudes toward disability, which have shaped today's perceptions.

When the treatment of people with impairments and disabilities is traced back to pre-colonial times, the concept of disability—as it is defined today—did not exist among indigenous communities. In *A Disability History of the United States*, disability historian Kim E. Nielsen states that indigenous people believed each person contributed to the community in different ways. Therefore, a person would have been considered "disabled" only when s/he could not contribute to reciprocal relationships in the community (3). Clearly, the invasion of Europeans brought diseases and death to indigenous communities, and also altered the perception of disability with their own definitions of wellness (Nielsen 11).

In the sixteenth and the seventeenth centuries, European colonists focused on the ability to labor and earn one's living; therefore, they tended to stigmatize people with cognitive disabilities "because of their general inability to provide for their own financial support" rather than those with physical disabilities (Nielsen 22). In other words, "the legal and economic condition of one's family and community shaped definitions, experiences, and consequences of disability" prior to the American Revolution (Nielsen 48). The revolution changed society, as colonists now resolved to define citizenship as part of national identity. Decision makers concurred on the idea that the perfect American citizen was white, able-bodied, middle and upper class, Anglo-Saxon Protestant, cisgendered, heterosexual and male. The rationale behind the exclusion of the disabled body from this definition can be explained by Michel Foucault's argument on controlling bodies in *Discipline and Punish*: *The Birth of the Prison*. Foucault suggests that in the classical age, the body became the target to exert control and discipline so it becomes a docile body "that may be subjected, used, transformed, and improved" (136). He states that

> What was then being formed was a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour. The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A "political anatomy," which was also a "mechanics of power," was being born; it defined how one may have a hold over others' bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines. Thus discipline produces subjected and practiced bodies, "docile" bodies. (138)[1]

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[1] It should be noted that Foucault does not use the term power as synonymous with political oppression. In *The History of Sexuality*, he explains that power "comes from everywhere….[It]

It is clear that Foucault associates disciplining the body with ruling power practices prevailing in society, an idea that he develops further through concepts such as the medical gaze, biopower, and the scientific categorization of human beings in *The Birth of the Clinic*. Accordingly, disability and normalcy, as categories, occupied a prominent place in the debates of eligible citizens in the United States since the leaders believed that they could build a nation only with "docile" bodies. In this process, a disabled body did not have much to contribute to the country since, they believed, it could not be improved or transformed. Consequently, just like with women and people of color, states did not grant disabled people the basic rights of citizenship, including suffrage: "Inherent to the creation of the United States was the legal and ideological delineation of those who embodied ableness and thus full citizenship, as apart from those whose bodies and minds were considered deficient and defective" (Nielsen 49-50). These ideas shaped how the body was perceived in the nineteenth century. Referring to Emerson's ideas, Garland Thomson also states that the "American Ideal" of the nineteenth century constituted "self-government, self-determination, autonomy, and progress" (*Extraordinary* 42). The disabled body, therefore, was associated with nonconformity as it represented "the self gone out of control, individualism run rampant" (*Extraordinary* 43). Having control over one's body, mind, and destiny defined American identity and it was required for being a full-fledged citizen.

The discussions on individualism and the ideal American led to the exclusion and institutionalization of disability. Following the foundation of the first disability-specific institution in 1817, the American Asylum for the Deaf, the institutionalization of disability gained momentum between the end of the Civil War and the 1890s. Nielsen explains this phase as follows:

> [T]he creation of institutions and the increasing regulation that accompanied them further defined the normal and the abnormal, ableness and disability. White citizens considered insane, idiotic, or unable to support themselves economically due to physical difference were increasingly institutionalized, and voting restrictions based on justifications of mental inadequacy expanded. States and the federal government began to strengthen immigration laws that restricted entrance

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is not an institution, and not a structure; neither is it a certain strength we are endowed with; it is the name that one attributes to a complex strategic situation in a particular society" (93). Here, power is a part of everyday life as it is exerted through politics, culture, social rules and practices.

> to those considered disabled. . . . Those whose bodies or minds were believed to be beyond redemption were variably warehoused or removed. (51)

These practices continued for decades until they were challenged by the activists of the Disability Rights Movement, which gained momentum after the Civil Rights Movement. In addition to the American ideals of individualism and independence, growing industrialization, capitalism, and scientific developments of the nineteenth century transformed “the impaired” to “the disabled” because those with physical disabilities were unable to become a part of the productive economy (Davis 73-74). The evolution of the concept of work that came with industrialization altered the definition of a worker. An “able-bodied worker” was to operate machines, which in return disabled their bodies (Davis 87). The system that disabled workers did not assign them new roles and positions. Rather, they were compelled to withdraw from the workforce and the public space.

When the problems caused by industrialization and urbanization became the main concern, policy makers, religious leaders and educators resorted to science for solutions. They used Gregor Mendel’s studies on genetics, Francis Galton’s tracts on eugenics, and the Binet-Simon intelligence test (a forerunner to the modern IQ test), among other (pseudo)scientific works, to claim that “criminality, feeble-mindedness, sexual perversions, and immorality, as well as leadership, responsibility, and proper expressions of gender, were hereditary traits” (Nielsen 101). Moreover, Darwin’s evolutionary theories of natural selection and survival of the fittest were applied to those with disabilities (through Social Darwinism), who were positioned as “evolutionary defectives to be surpassed by natural selection” (Davis 31). Statistics also shaped the way normalcy and disability were perceived in the early nineteenth century to explain and categorize health and disease. As a result, the concept of “average” was applied to the human body and the “average body” became “the desired” and “the ideal” (Davis 27). Statistics were used to justify dividing people into categories like standard/nonstandard and norm/non-norm, forcing the nonstandard to become a part of the norm (Davis 30). This idea of “normalizing” “defective” populations would become a cornerstone of both American eugenics and the biomedical model of disability.

Members of the American Eugenics Movement argued that selective breeding practices would eradicate undesired hereditary traits. They believed the elimination of defectives was necessary to homogenize and normalize societies. With a desire to reestablish the social order after the Civil War and Reconstruction, they drew on Galton's theories to boost reproduction among "fit" (healthy, middle and upper class, heterosexual, cisgendered WASP) Americans (positive eugenics) and deter it among the "unfit" (everyone else). The latter (negative eugenics) led to the social stigmatization of disability as bodies were monitored by scientists and members of the medical profession. Those considered unfit were either contained in institutions or their genetic pool was terminated through forced sterilization. Nielsen explains the pathologization of disability, through such eugenic policies, as follows:

> Beginning in Indiana in 1907, more than thirty states passed forced-sterilization laws. . . . The model law developed by Harry Laughlin defined "socially inadequate classes" of people very broadly: "(I) Feebleminded; (2) Insane, (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate (including drug habitués); (6) Diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deaf (including those with seriously impaired hearing); (9) Deformed (including the crippled); and (10) Dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers)." All state sterilization laws passed prior to 1921, and many after, applied to individuals diagnosed as sexual perverts. Because definitions of insanity included same-sex contact, the laws sometimes doubly impacted gays, lesbians, and bisexuals. And while sterilization laws were never sex-specific, more women than men were sterilized (despite the greater ease of sterilizing men). (115)

Freak shows, which became popular in the Jacksonian Era and continued through the Progressive Era, provided eugenicists a site for observation to find proof for their arguments. The shows exhibited bodies that were excluded from the category of "normal" and such individuals became public spectacles. Freak shows are essential to disability history because they reinforced the medical approach to disability and urged American society to draw a clear line between "us" (fit) and "them" (the unfit).[2] As Leslie Fiedler explains in his book *Freaks: Myths and Images of the Secret Self*, freak shows were therapeutic and cathartic since they reinforced the distinction between the normal and the freak (31). Among freakish bodies which were exhibited were "armless wonders, legless wonders, conjoint twins, and humans considered unnaturally large and

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[2] Tom Shakespeare defines the medical model of disability in his article entitled "The Social Model of Disability" as an approach "which seek[s] to count the numbers of people with impairment, or which reduce[s] the complex problems of disabled people to issues of medical prevention, cure, or rehabilitation" (197).

unnaturally small" (Nielsen 90).[3] Fiedler also points out that plenty of words have been used synonymously with "freak" to highlight the differences: "oddities, malformations, abnormalities, anomalies, mutants, mistakes of nature, monsters, monstrosities, sports, 'strange people,' 'very special people,' and *phenoménes*" (*Freaks* 16). These terms demonstrate to what extent people were terrorized by the encounter with "the deviant" which "challenges the conventional boundaries between male and female, sexed and sexless, animal and human, large and small, self and other, and consequently between reality and illusion, experience and fantasy, fact and myth" (Fiedler, *Freaks* 24).

Freak shows also portray the intersection of disability with class, race and gender. In addition to the bodies which were considered abnormal, physically normal natives and people of color were also exhibited at freak shows as "missing links between humans and animals" (Nielsen 90). Davis also points out the fact that the "freaks" selected to be exhibited belonged mostly to the lower classes (92). Ostracizing and stigmatizing anyone who did not conform to WASP standards of body, beauty and race, freak shows reinforced the dominant ideology of the century and shaped the way human anomaly was perceived. According to Garland Thomson, freak shows influenced public opinion because they

> challenged audiences not only to classify and explain what they saw, but to relate the performance to themselves, to American individual and collective identity. With bearded ladies, for example, Barnum and his followers demanded that American audiences resolve this affront to the rigid categories of male and female that their culture imposed. With Eng and Chang, the famous "Siamese" twins, the freak show challenged the boundaries of the individual, asking whether this entity was one person or two. With dwarfs as well as armless and legless "wonders," the pitchmen charged their audiences to determine the precise parameters of human wholeness and the limits of free agency. (*Extraordinary* 60)

Matching such adjectives as "wild" and "wondrous" with noble titles like "Queen," "King," or "General," freak shows attracted great public attention and interest from eugenicists looking for subject matter. Moreover, advertisements and posters helped arouse their curiosity with hyperbolic remarks such as "What is It?" or "The Most Marvelous Creature Living" (Garland Thomson, *Extraordinary* 61). By presenting bodies with physical disabilities as grotesque figures and freaks, these shows exposed

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[3] For a detailed analysis of the bodies exhibited at freak shows, see Leslie Fiedler's *Freaks: Myths and Images of the Secret Self*.

disabled people to the public gaze, stripped them of their humanity, and rendered them social oddities and medical objects ripe for clinical case studies. As the embodiment of idleness, immobility, and passivity, the freak became the antithesis of a "normal" American citizen, thereby reinforcing the physical and social hierarchy in American society (Garland Thomson, *Extraordinary* 65).

By the 1940s, the extraordinary body had already attracted the attention of the medical professionals and the "freaks" of the nineteenth century became "the disabled" in medical discourse (Garland Thomson, *Extraordinary* 58). Garland Thomson argues that although the medical model of disability has dissociated disability from meanings such as evil and dangerous, it has pathologized disability and brought forth "deviance, patronizing relationships, and issues of control" (*Extraordinary* 37). She claims that the medical model of disability justified white supremacy, colonialism, eugenics, compulsory institutionalization, and sterilization practices. Moreover, the extraordinary which was once an object of the social gaze, changed position and became cases taught in medical schools (the medical gaze) (*Extraordinary* 78; Foucault, *The Birth of the Clinic*). Although the Eugenics Movement and practices such as sterilization have been abandoned, the medical model still defines disability as an anomaly that needs to be treated, corrected, normalized, and eliminated.

Constant stigmatization and discrimination urged people with disabilities to form alliances. Nielsen suggests that disability organizations, established during the Great Depression Era and active during the Cold War period (e.g., Franklin D. Roosevelt's March of Dimes, which focused on polio disability), helped future disability rights activists as they attempted to draw society's attention to the "connections between disability, race, and sex discrimination" (133).[4] In 1940, the first cross-disability organization, the American Federation of the Physically Handicapped (AFPH), was founded by Paul Strachan and worked for disabled people's social rights such as employment and education (Nielsen 150). The organization was active during World War II when people with disabilities were both encouraged to enter the workforce to meet labor needs but forced out of the system at the same time. Nielsen argues that the activism of the AFPH and labor unions which insisted on the necessity for policies that

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[4] Cross disability organizations are for a variety of disability categories rather than for one such as the deaf or blind.

guaranteed secure wage employment intersected and they were inseparable. She notes that these groups “argued against medical rehabilitation and needs-based charity services that focused exclusively on altering the individual, rather than altering social and employer attitudes” (152). Despite these efforts, Nielsen states, federal policies and programs continued to be dominated by a medical-based approach to disability (153).

After World War II, with the rise of the Civil Rights Movement, people with disabilities and disability organizations increasingly argued against ableist attitudes in society and politics. They outspokenly rejected ideologies that categorized disabled people as deficient. Activists demanded “citizenship rights and participation, contested their incarceration in institutions, and [drew] attention to the exclusion and discrimination they encounter in daily life” (Sabatello 14). Rejection of the medical approach to disability also marks the birth of the social model of disability, which urged, as Shakespeare puts forward, “social explanations of disability.”[5] Drawing attention to “social oppression, cultural discourse and environmental barriers,” the social model also contributed to the Disability Rights Movement (195-196). Since the social model argued for “barrier removal, anti-discrimination legislation, [and] independent living,” it was considered to be progressive by the advocates of disability rights whereas the medical model was perceived as reactionary (Shakespeare 198). The goals of the Disability Rights Movement which gained momentum in the following decades can be summarized as follows:

> The disability rights movement was energized by, overlapping with, and similar to other civil rights movements across the nation, as people with disabilities experienced the 1960s, and 1970s as a time of excitement, organizational strength, and identity exploration. Like feminists, African Americans, and gay and lesbian activists, people with disabilities insisted that their bodies did not render them defective. Indeed, their bodies could even be sources of political, sexual, and artistic strength. (Nielsen 160)

Bringing social aspects of the disability experience to the forefront, the Disability Rights Movement activists and the social model defined disability as a social construction that stigmatizes and ostracizes people with disabilities, resulting in such

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[5] In addition, Paul K. Longmore explains in his introduction to *Why I Burned My Book and Other Essays on Disability* that the social model of disability is the equivalent of the minority group model of disability, both of which “shift the focus from individuals and pathologies to institutions and ideologies” (2).

problems as economic downfall and isolation. Moreover, they criticized paternalistic approaches to disability as well as the constructed hierarchies among different disabilities (Nielsen 162). As Shakespeare points out, the proponents of the social model argue that disabled people are also an oppressed group, and they redefine disability highlighting the distinction between disability and impairment. For them, impairments do not prevent people from participating in the public sphere. It is the physical, social, cultural, and political barriers that push people with impairments to the edges of society. According to the social model, impairment is "individual and private" whereas disability is "structural and public" (197).

The Disability Rights Movement gave way to the Independent Living Movement whose advocates worked against the institutionalization of disabled people and believed that it was essential to remove any physical barrier to ensure "civic participation" of people with disabilities (Nielsen 163). Paul Longmore explains that the supporters of the Independent Living Movement sought

> legal protection from discrimination; the right to receive quality treatment or services; the right to refuse such treatment or services; due process in all professional or governmental decision making that affects them; equal access to public transportation and accommodations; and most central to the ILM's objectives, the rights to deinstitutionalization and support services for independent living. ("Disability Rights" 112-113)

Deinstitutionalization efforts benefited those who were lucky or privileged as they "found support in independent-living centers, community-based mental health centers, or in community-based group homes." Most disabled people–especially Vietnam veterans–became homeless or ended up in prisons in the 1970s (Nielsen 164).

Three important legislations of the late 1960s and 70s were the Architectural Barriers Act of 1968, the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act of 1975. The Architectural Barriers Act required all future public buildings to be physically accessible for everyone whereas it excluded public transportation, recreational facilities, or other private commercial places. The Rehabilitation Act prohibited discrimination in employment and guaranteed that disabled individuals would not be discriminated in any program or activity funded by the Federal Government. The Individuals with Disabilities Education Act made public education accessible to children with disabilities (Nielsen 165-170).

As Nielsen suggests, these regulations created a disability culture: "Building on the works of early generations, poets, visual artists, novelists, playwrights, and scholars forced a redefinition of culture and created new spaces of welcome and community" (179). Together with the Civil Rights Act of 1964, they also set the stage for the Americans with Disabilities Act (ADA) of 1990, which "prohibits employment, access, housing, and educational discrimination against people with disabilities" (181). The social model of disability proved insufficient with the arrival of a new century and activists, along with academics, agreed on the need for a new approach to disability in order to understand its complexities better. In their 2006 book, *Cultural Locations of Disability*, Mitchell and Snyder proposed the cultural model of disability. Critics claim that unlike the social model, the cultural model does not draw a distinct line between disability as a biological reality and a social construction. Instead, they argue that biological reality and social ideologies intersect (7). For the cultural model, disability is more than an abnormality and it serves as "a tool of cultural diagnosis" to understand "how formulas of abnormality develop and serve to discount entire populations as biologically inferior" (12).

This dissertation also aims to "diagnose" cultural interpretations of disability using the cultural model because despite activism and scholarly studies, most people with disabilities are still stigmatized and suffer from estrangement. In their introduction to *The Body and Physical Difference: Discourses of Disability*, Mitchell and Snyder state that differences, whether physical or cognitive, are associated with "incapacity, special needs accommodations, and statistical deviance." Moreover, they underscore that although class, race, gender, and sexuality are incorporated into the discussions on body, disability, which is also part of intersectionality, is often neglected (5). Therefore, issues such as stigma, normalcy, and disability should be addressed more extensively in academic works and discussions, especially in the humanities.[6]

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[6] Mitchell and Snyder list some of the important academic works in disability studies as follows: *Enforcing Normalcy: Disability, Deafness, and the Body* by Lennard Davis, *The Wounded Storyteller: Body, Illness, and Ethics* by Arthur Frank, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840—1940* by Diane Price Herndl, *The Creatures That Time Forgot: Photography and Disability Image* by David Hevey, *The Cinema of Isolation: A History of Disability in the Movies* by Martin Norden, *Extraordinary Bodies: Figuring Disability in American Culture and Literature* by Rosemarie Garland Thomson and

Mitchell and Snyder reiterate the definition of disability recognized by the ADA as follows "(1) the impairment of a major life function, (2) an official diagnostic record that identifies a history of an individual's impairment; and (3) a trait or characteristic that results in the stigmatization of the individual as limited or incapacitated" (*The Body* 2). They refer to disability as a deviation from what is considered normal in terms of a person's mental, physical, or psychological condition and define a disabled person as "the *objects* of institutionalized discourses" (*The Body* 2-3). In order to understand how disabled bodies are perceived, regulated and controlled by societies throughout history, Davis suggests, it is important to discuss the concept of the norm and the perception of a normal body (23). He emphasizes the fact that the words "normal," "normality," and "normalcy" entered the English language in the mid-nineteenth century when social stigmatization of disability started with the rise of industrialization (24).

In the same vein, Foucault analyzes the concept of normalcy and its relation to power. He argues that "the normal" is the result of coercive standardization attempts (i.e., the disciplining and punishment of abnormal bodies and behaviors) in education, medicine, industry, and other social institutions (*Discipline* 184). That is, while attempting to eradicate differences and homogenize societies, normalization becomes the main instrument of exerting power. As the human mind tends to think in binaries, "deviations" and "extremes" have been regarded as opposing terms of normal. If an able-bodied person is to be accepted as normal, a disabled body is considered a deviation from the norm (Davis 29). However, this is a superficial categorization because "such culturally generated and perpetuated standards as 'beauty,' 'independence,' 'fitness,' 'competence,' and 'normalcy' exclude and disable many human bodies while validating and affirming others" (Garland Thomson, *Extraordinary* 7). Mitchell and Snyder also interpret the norm as "an idealized quantitative and qualitative measure that is divorced from (rather than derived from) the observation of bodies, which are inherently variable" (*Narrative* 7).

Garland Thomson contributes to the discussion on normalcy with her own definition. She coins the term "normate" and defines it as someone whose identity is socially and culturally constructed: "The term *normate* usefully designates the social figure through

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Prosthesis by David Wills (*The Body*, 9). Some of these critical works, which are related to the scope of this study, will be referenced throughout this dissertation.

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" (*Extraordinary* 8). Moreover, the normate, or the dominant group, Garland Thomson argues, becomes the authority "to determine which differences are inferior" and therefore "legitimizes the status quo" (*Extraordinary* 31).

Davis suggests that disability is constructed based on two criteria—function and appearance. According to the functional model, disability is perceived as an "inability to do something" and it is related to the capacity to move, see, or hear (11). Appearance, on the other hand, is directly related to stigma, a term coined by Erving Goffman in *Stigma: Notes on the Management of Spoiled Identity* (1963). Goffman defines the term as "an attribute that's deeply discrediting" (13) and as "an undesired differentness" (15). According to Goffman, individuals are stigmatized according to three characteristics:

> First there are abominations of the body—the various physical deformities. Next there are blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour. Finally there are the tribal stigma of race, nation, and religion, these being stigma that can be transmitted through lineages and equally contaminate all members of a family. (14)

Individuals who are outside of this categorization, Goffman states, are considered as "the normal" who live up to the standards of a society: "We and those who do not depart negatively from the particular expectations at issue I shall call the *normals*" (15).

Drawing on Goffman's theory, Davis states that the person with a disability is stigmatized and becomes the object of the gaze, which results in varying degrees of emotional responses such as "horror, fear, pity, compassion, and avoidance." These responses, Davis adds, are "socially conditioned" and "politically generated" (12-13). Garland Thomson argues that a nondisabled person, or a normate, is often confused about how s/he should communicate with a disabled person—"whether to offer assistance; whether to acknowledge disability; what words, gestures, or expectations to use or avoid"—but also reduces a "complex person to a single attribute" (*Extraordinary* 12). In response to the normate's attitude, the disabled person "must use charm, intimidation, ardor, deference, humor, or entertainment to relieve nondisabled people of their discomfort” (*Extraordinary* 13). These reactions—such as stigmatization, fear, or avoidance—are shaped by the social, cultural, and political power relations in a society.

At this point, Mitchell and Snyder highlight the importance of Foucault’s work for disability studies. Foucault’s research “turns the medical gaze back upon itself” (*The Body* 19) and questions normalization of bodies through power, in this case, the power of social and medical practices. He coins the term “biopower” to explain why and how the body became a target after the classical age and explains the age of biopower as follows:

> During the classical period, there was a rapid development of various disciplines—universities, secondary schools, barracks, workshops; there was also the emergence, in the field of political practices and economic observation, of the problems of birthrate, longevity, public health, housing, and migration. Hence there was an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations, marking the beginning of an era of “biopower.” (*History* 140)

Biopower, then, forces normalization and creates biopolitical bodies. According to Foucault, the tools of normalization cannot be narrowed down to the constraints imposed by the government. Biopower is exerted and regulated mostly through the medical gaze, and it is embedded in everyday practices. Among them are “normalizing technologies that facilitate the systematic objectivization of subjects as deaf, criminal, mad, and so on, and the techniques of self-improvement and self-transformation such as weight-loss programs and fitness regimes, assertiveness training, botox injections, breast implants, psychotherapy, and rehabilitation” (Tremain 8). These practices create the “illusion” that impairment is “the embodiment of a natural deficit or lack.” Therefore, the category of impairment “rationalizes” and “legitimizes” the acts of normalization (Tremain 11).

Through this framework, Foucault’s ideas on the employment of power have provided a perspective for disability studies. In establishing disability theory, academics drew on Foucault’s arguments on normativity, normality, and power to urge critical reflections on biopower. Much of the scholarship in disability studies elaborates on myriad power relations in society that validate the ostracization and oppression of people with disabilities. Not ignoring biological conditions, it addresses the following questions:

> What is the professional titillation that accompanies the exotic land of dysfunction and biological breakdown? How is the attempt to contain and control the chaotic text of disability integral to modern science's ability to manufacture itself as normalizing and authoritative? How have disabled populations been used to solidify and secure definitions of the altruistic service and moral commitments of diagnostic disciplines? (Mitchell and Snyder, *The Body* 19)

These questions have become the starting point for problematizing assumptions and misconceptions regarding disability. They expose the cultural, political, and social responses to bodily differences while addressing the power relations circulating within a society.

Similar to Foucault, Mary Douglas discusses the rituals of individual and social purification—normalization—in *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*.[7] She defines culture as the "standardized values of a community" which serve as "the authority" in categorizing and shaping the experiences of each citizen (40). The process of social and individual cleansing creates anomalies, what Douglas calls social dirt. According to Douglas, dirt is "essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder. . . . Dirt offends against order" (2). In short, dirt can be defined as anything that disrupts the social order. Although these disruptions or anomalies vary in each culture, the way societies deal with them show similarities. Garland Thomson draws an analogy between Douglas's concept of dirt and Goffman's stigma theory to claim that "human stigmata function[s] as social dirt." She explains that dirt "is an anomaly, a discordant element rejected from

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[7] When body and norms are discussed from Foucault's perspective, one immediately thinks of Judith Butler's work on gender performativity and how it renders subjects livable or unlivable. Although her theory seems relevant, few disability studies scholars refer to Butler in their works. In her article "Critical Divides: Judith Butler's Body Theory and the Question of Disability," Ellen Samuels traces the use of Butler's theory on body by disability studies scholars and explains why her work is ignored in this discipline. She explains that there seems to be a tendency towards applying Butler's ideas to disability theory after 2000, yet most scholars still approach her work critically. Samuels contends that Butler does not address disability in her works—even uses deviant body as a trope. Moreover, exchanging the terms sex or gender with disability is not enough for an in-depth analysis and it might be misleading. However, Samuels also states that as postmodern body theory and disability theory continue to grow, they might overlap, or at least follow parallel tracks in the future (73). Butler's idea of performativity also appears in crip theory, a type of critical disability theory that focuses on the intersectionality of disability with gender, sexuality, queer studies, temporality, and other frameworks. This dissertation will make use of specific aspects of crip theory (e.g., bodymind, access intimacy, crip knowledge, crip time, crip world-building, stigmaphobia, "cripping up," and crip language practices) throughout.

the schema that individuals and societies use in order to construct a stable, recognizable, and predictable world" (*Extraordinary* 33). Therefore, societies do not tolerate any disturbance, or anomaly, which they see as "pollution, taboo, contagion" (*Extraordinary* 34). Garland Thomson also argues that Douglass's proposition—that there are five ways to respond to the extraordinary—correlates with a society's responses to disability (*Extraordinary* 34).

According to Douglas, labeling differences—or anomalies—in order to reduce ambiguity is the first strategy (40). Garland Thomson claims, this reduces a complex person to a single trait such as a black, a gay, or a disabled (*Extraordinary* 34). The second response to "anomaly" is eliminating physical differences. For instance, twins are killed in some West African tribes for it is believed that two babies cannot grow in one womb (Douglas 40). The third option is to avoid anomalies whereas labeling the anomaly as dangerous is another way to respond to differences. Rendering differences as dangerous encourages conformity and helps to create a society comprised of docile bodies. Finally, the last and only constructive approach to anomalies in culture is incorporating differences in rituals to "enrich meaning or to call attention to other levels of existence" (Douglas 40-41). Garland Thomson believes that this approach has the power to alter cultural and literary discourses so disability will be depicted not as deviance or abnormality but as part of culture (*Extraordinary* 38).

Douglas's elaboration on the ways individuals and societies react to differences requires a return to affect studies since these reactions are rooted in socially and culturally coded affects. In "An Inventory of Shimmers," Gregory J. Seigworth and Melissa Gregg define affect as "a gradient bodily capacity. . . that rises and falls not only along various rhythms and modalities of encounter but also through the troughs and sieves of sensation and sensibility, an incrementalism that coincides with belonging to comportments of matter of virtually and every sort" (2). Sara Ahmed, on the other hand, describes it as "what sticks, or what sustains or preserves the connection between ideas, values, and objects" ("Happy" 29). That is, affect arises from all sorts of encounters and manifests itself in corporeal, sensory, or cognitive engagements.

Just like the term affect has multiple definitions, theories of affect also vary, feeding, evolving, diverging from one another. Seigworth and Gregg suggest eight main approaches in affect theory. Although these approaches sometimes differ from one another significantly, they also overlap in literary and cultural analyses. One approach explores “phenomenologies and post-phenomenologies of embodiment” while the other addresses affect in relation to issues such as cybernetics, neurosciences, artificial intelligence (Seigworth and Gregg 6). The third approach is in the field of philosophy which “[links] the movements of matter with a processual incorporeality” whereas psychology and psychoanalysis deal more with the categorization of affects and explore “intersubjective and interobjective systems of social desiring” (7). Addressed by academics and activists working to deconstruct power dynamics, the fifth approach is more political. Their exploration of affect includes analyses of everyday experiences where “repetitious practices of power can simultaneously provide a body. . .with predicaments and potentials for realizing a world that subsists within and exceeds the horizons and boundaries of the norm” (7). The sixth approach engages in “ethico-aesthetic spaces” that are created through interactions with technology, performative and “non-discursive arts” as well as animals and infants (8). The seventh approach to affect is about emotions, exploring the contagiousness of feelings and affects in relation to environment or place. And the final approach is found in scientific practices which “[embrace] pluralist approaches to materialism” (8).[8]

These various approaches to affect prove its multifaceted qualities. In other words, affect has the potential to be explored

> as excess, as autonomous, as impersonal, as the ineffable, as the ongoingness of process, as pedagogico-aesthetic, as virtual, as sharable (mimetic), as sticky, as collective, as contingency, as threshold or conversion point, as immanence of potential (futurity), as the open, as a vibrant incoherence that circulates about zones of cliché and convention, as a gathering place of accumulative dispositions. (Seigworth and Gregg 9)

The aim of this dissertation is not to pick a side in affect theories, but to use these potentials in conjunction with disability studies since disabled bodies, disability as a term, and theater carries affects that may result in a myriad of emotions and feelings. Deborah B. Gould argues that affects can never be fixed, and they are “unbounded.” Therefore, their movement is “nonpredetermined” by nature (21). This unpredictability

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[8] Some important names in this field include, but are not limited to, Eve Kosofsky Sedwick, Sara Ahmed, Brian Massumi, Elspeth Probyn, Lauren Berlant, Lisa Blackman, Sianne Ngai, Teresa Brennan, and Silvan Tomkins.

gives affects a potential to be transformative. Indeed, Ria Cheyne explains that transformation is an inherent quality of affects. As Cheyne writes: "[A]ffect presupposes some form of transformative experience. . . . Affective and emotional factors are often much more powerful at changing minds and attitudes, and challenging prejudice, than arguments based in reason and logic" (9). Therefore, affect theory intersects with disability studies, which also provides ground to identify feelings regarding disability and points of marginalization. Affects are related both to the body and the mind; likewise, scholars of disability studies reject dualist approaches to body and mind and insist on their inseparability by using the term bodymind.[9] As Cheyne explains, "affects always work on the bodymind," and "the notion of bodymind" is also "implicit within the notion of affect, and vice versa" (9). While the use of disability in literature—and theater within the scope of this dissertation—may please the reader by reiterating the affects of disability, as Cheyne argues, it also has the power to create "an affective conflict" by rupturing typical associations with disability (1). This dissertation will focus on these transformative affects by referring to neoliberalism, disaffection, care work, and abjection. These terms are delineated and discussed in detail at the beginning of each chapter.

Julia Kristeva's abjection theory extends Douglas's work on dirt and purification, and also aligns with affect theory as abjection is an affective response. While Douglas approaches normalization and responses to difference from an anthropological perspective, Kristeva interprets human behavior through a psychoanalytic and poststructuralist perspective. Her concept of abjection offers another approach to "the other" and therefore to the oppression of the disabled.[10] In *Powers of Horror: An Essay*

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[9] Margaret Price began using the term "bodymind" in a disability studies context believing that "mental and physical processes not only affect each other but also give rise to each other" ("The Bodymind" 269).

[10] Drawing on Freud and Lacan's theories of identity formation, Kristeva explains the psychosexual development of an infant in four steps. The first stage is "the chora" when the baby does not differentiate itself from the mother. Acting solely on its desires and needs, the child does not have the sense of "I" or "the other." Identifying itself with its mother, the infant is neither the subject nor the object. The second pre-linguistic stage is characterized by abjection during which the baby begins to create borders and separate itself from its mother, who becomes the first abject. Abjection is "our earliest attempts to release the hold of *maternal* entity even before ex-isting outside of her, thanks to the autonomy of language. It is a violent, clumsy breaking away with the constant risk of falling back under the sway of a power as securing as it is stifling." (*Powers of Horror* 13). The infant identifies its own image in the third

on Abjection, Kristeva defines abjection as "what disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous, the composite" (4). According to Kristeva, the abject is not simply the other. Rather, it is "[n]ot me. Not that. But not nothing, either. A 'something' that I do not recognize as a thing" (2). Here, abject is a part of the subject, and is also embodied in the other. In "Wounded/Monstrous/Abject: A Critique of the Disabled Body in the Sociological Imagery," Bill Hughes explains that the abject "remains a part of the subject, repressed, denied but lurking, hovering, whispering barely audibly from some liminal place in the recesses of the imaginary" (405).

Abject, then, is something that blurs the line between the self and the other, which confuses, startles, disturbs and/or frightens an individual who has learnt to understand the world through binary oppositions. Subjects either move toward an object or they withdraw depending on the way they are affected by this object (Ahmed, "Happy" 32). Abjection results from affects that evoke feelings of disgust and fear. As Seigworth and Gregg state, affect

> marks a body's *belonging* to a world of encounters or; a world's belonging to a body of encounters but also, in *non-belonging*, through all those far sadder (de)compositions of mutual in-compossibilities. Always there are ambiguous or "mixed" encounters that impinge and extrude for worse and for better, but (most usually) in-between. (2)

Responses to the abject are triggered by the affects that reveal in-betweenness, which disturbs and deconstructs one's subjectivity. According to B. Hughes, the abject includes "incest, cannibalism, human sacrifice, perversion, monstrosity, infection, disease, decay, death, and the waste products of the body, all those substances and fluids that might pass from the inner to outer body and that embody the capacity to disgust and repel" (405). Everything that confronts, insults, and humiliates and therefore poses a threat to "the civilized normal" can be abject. Facing the abject is an uncomfortable experience because by "challeng[ing] the coherence of the clean and proper body" it "disrupts normative and dominant representations of embodiment" (B.

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stage, which Lacan also names as the mirror stage. This is followed by the final stage when the infant enters the symbolic world of language—that is the realm of acculturation, or *normalization*, thereby repressing its instincts and desires as well as the abject. As the abject is excluded from language, its presence threatens the subject's identity and strips him/her of language. This means a return to the chora, a chaotic world of desires and needs, which is now alien to the subject and therefore frightening.

Hughes 405-406). The affect of abject results in negative emotions and responses because it postpones a subject's "becoming" by constantly deconstructing and reconstructing it. As Seigworth and Gregg also convey, affect plays a significant role in a body's "becoming," which essentially "always [becomes] otherwise" (3). Both affect and abject rise from encounters, the former as the catalyzer and the latter as the outcome.

In his article "Disability as Abject: Kristeva, Disability, and Resistance," Josh Dohmen suggests that positioning disability as abject helps explain the non-disabled's resistance to interaction with disabled individuals and also paves the way out of disability oppression (762). Although Kristeva does not explicitly refer to disability as abject in *Powers of Horror*, in her essay entitled "Liberty, Equality, Fraternity, and . . . Vulnerability," she shows a correlation between the two concepts. She argues that a disabled person is excluded because s/he "opens a *narcissistic identity wound* in the person who is not disabled; [s]he 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*" (29). The disabled body is abject because its affect is liminal and problematizes the able-bodied notions of normalcy. It does not conform to standards and transgresses the borders of a normal body. Therefore, a disabled person poses a danger to the social order with their potential to disrupt classification and standardization.

The target of disability studies then is to deconstruct and challenge the social, political, historical, economic, and cultural responses to disability. Although disability studies became one of the major areas of research within American sociology departments in the 1970s as a result of the contemporary Disability Rights Movement, it was during the 1990s when literary disability studies emerged as a critical discipline. Disability and the concept of normalcy prevail in literature as they appear in myths, early poems, plays, autobiographies, postmodern novels and contemporary narratives. In his article entitled "The Ambiguities of Inclusion: Disability in Contemporary Literature," Stuart Murray states that the Disability Rights Movement encouraged writers to write about disability. According to Murray, it was the increasing popularity of memoirs in the 1990s that "created both the space to articulate disability experience and an audience—both disabled and not—for those stories." However, the enthusiasm to share personal journeys was not limited to the authors of this specific genre. Novelists and playwrights also began to write about the topics which had previously been ignored in the literary world (90).

As Murray suggests, most disability narratives are categorized under life writing. In these narratives, ableist culture becomes the target and the disabled subject is portrayed as a person who suffers from ostracism and fights against discrimination (Mitchell and Snyder, *The Body* 9). Although life writing offers a new perspective to readers regarding the experience of disability, the "misfortunes" of a disabled person remind the able-bodied reader how fortunate s/he is. Such autobiographical works remain "on an individual level" since "social and political contexts tend to be overshadowed by the emotions of pity and/or sympathy" (Mitchell and Snyder, *The Body* 11). Thus, disability narratives can be a double-edged sword. That is, literature is "both a utilitarian tool of transformation and a medium for further stigmatizing disability in the imaginations of its audience" (Mitchell and Snyder, *The Body* 13). Despite changes in literary tradition, disabled people can still be misrepresented and their encounters with disability may generate affects that result in an emotional catharsis for readers. Murray also notes that attempts for disability inclusion in literature are commendable, yet simplistic and stereotypical representations of lived experience still dominate (91). The portrayals remain one dimensional since psychological development is ignored, and most characters lack depth. However, as Garland Thomson states, the disability experience is complex as it "can be painful, comfortable, familiar, alienating, bonding, isolating, disturbing, endearing, challenging, infuriating, or ordinary" (*Extraordinary* 14). Mitchell and Snyder also emphasize that symbolic and metaphorical meanings attributed to disabled bodies strip the disabled of their complex and multidimensional individualities (*Narrative* 60). Considering that disability is a multifaceted experience, literary disability scholars insist that literature should offer alternative representations rather than depicting disability as a catastrophic condition and disabled people as pitiable figures.

Since the emergence of literary disability studies, academics have approached texts from different perspectives. Mitchell and Snyder summarize the methodologies that have been adopted by disability scholars in the humanities as "studies of negative imagery, social realism, new historicism, biographical criticism, and transgressive reappropriation" (*Narrative* 15). Studies of "negative imagery" first aimed to analyze disability representation in canonical literary works. Those who have traced the negative images of disability argue that texts reflect demeaning attitudes towards disabled people (Mitchell and Snyder, *Narrative* 18). Longmore delineates three strategies which have been used to stereotype people with disabilities. Firstly, disability is explained as "a punishment for evil." In such narratives, a person becomes disabled as a result of a sinful or immoral act. Secondly, disabled people are resentful and bitter because of their fate. That is, their psychological condition can only be explained by their physical inabilities. Finally, disabled people despise nondisabled people and want to destroy them ("Screening" 67).

When analyzing the disabled figure in literature, Garland Thomson also observes that most main characters do not have physical disabilities and characters with disabilities are presented as "uncomplicated figures" or "exotic aliens" whose bodies are objectified and become spectacles (*Extraordinary* 9). Some examples of such representation are Tiny Tim in Charles Dickens's *A Christmas Carol*, Captain Hook in James Matthew Barrie's *Peter Pan*, Quasimodo in Victor Hugo's *The Hunchback of Notre Dame*, or Laura in Tennessee Williams's *The Glass Menagerie* (Garland Thomson, *Extraordinary* 10).[11] Mitchell and Snyder also list the metaphoric representations of disability in literature as follows:

> [T]he crippled Greek god Hephaestus; Montaigne's sexually potent limping women; Shakespeare's hunchback'd king, Richard III; Frankenstein's deformed monster; Bronte's madwoman in the attic; Melville's one-legged, monomaniacal Captain Ahab; Nietzsche's philosophical grotesques; Hemingway's wounded war veterans; Morrison's truncated and scarred ex-slaves; Borges's blind librarians; Oë's brain-damaged son. (*Narrative* 16)

Murray also traces disability representation back to modernist literature and he states that works such as Virginia Woolf's *Mrs. Dalloway* (1925), D. H. Lawrence's *Lady Chatterley's Lover* (1928), and William Faulkner's *The Sound and the Fury* (1929) illustrate the changes in the perception of mental and physical health, which was shaped by the medical approach to disability (91). Murray analyzes the literature of post-World War II that designated millions of people disabled or "broken" as exemplified in Samuel

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[11] Ann Fox argues that there is no strict line between the progressive and stereotypical in Tennessee Williams's works. For example, she analyzes Laura as a character who suffers from medical paternalism and social stigmatization ("Reclaiming" 139).

Beckett's *Endgame* (1957), *Happy Days* (1961), *Act Without Words* (1957), *Waiting for Godot* (1952) and *Molloy* (1951). He claims that although these works make use of disability as a metaphor to describe the post-war world, they reflect it as "a norm rather than an exception" (93). In other words, the characters in these works portray the physical and psychological condition of a society after war.

The analyses of inaccurate characterization of disabled people have led to a call for social realism. Social realism, which "calls for more realistic depictions," challenges the biased and deceptive negative imagery in literature. As Mitchell and Snyder express, social realism does not demand romanticized "positive images" instead of the negative. Rather, it requires a depiction of reality as experienced by disabled people such as architectural barriers and the negative attitudes of nondisabled individuals. It is claimed that this will ultimately familiarize society with the experience of disability and decrease alienation (*Narrative* 21-23). Social realists also argue that disabled people should be the ones to depict their experiences because the images will be more realistic when they are in charge of representing themselves (Mitchell and Snyder, *Narrative* 24).

A New Historicist approach to disability representation, on the other hand, has sought "to perform an anthropological unearthing of images that could help to reconstruct a period's point of view on human variation." Moreover, new historicists analyze the role of disability in high art, and they define disability as a "product of specific cultural ideologies" (Mitchell and Snyder, *Narrative* 25-26). Historical revisionism has resulted in a search for disabled writers and artists in history. This methodology, called biographical criticism, requires "(1) analyses of critical readings of disability by able-bodied and disabled scholars alike; (2) the analysis of the relationship between literature and medicine; and (3) interpretations by disabled writers of other disability characterizations in history" (Mitchell and Snyder, *Narrative* 30). By reanalyzing the works of chronically ill or disabled writers (among whom are John Milton, Lord Byron, Stephen Crane, and Virginia Woolf), academics aimed to understand the function of disability on creativeness (Mitchell and Snyder, *Narrative* 30).

Transgressive reappropriation, the final methodology, refers to embracing discriminatory language used for the disabled. With a desire to force ableist culture to face their own violence, disability rights advocates claim words such as “cripple” or “gimp” to make them part of empowering discourse (Mitchell and Snyder, *Narrative* 35). In her introduction to *Beyond Victims and Villains: Contemporary Plays by Disabled Playwrights*, Victoria Ann Lewis explains that this tradition started in the 1970s when disabled people “decided to throw off the invisibility cloak of shame and reclaim the negative term ‘disability’ as a badge of pride and power” (xix), much like LGBTQ individuals did with the word queer. These activists argued that the oppression of disability “will not be erased by a more sensitive etiquette” and rejected euphemisms such as “physically challenged” or “differently abled” and advocated for terms such as “disability,” “disabled,” and “people with disabilities” (Lewis, Introduction xx).

Mitchell and Snyder contribute to the field with a novel approach and analyze the representation of disability in literature with reference to what they call “narrative prosthesis,” a term they coined to interrogate how a text treats disability. They define narrative prosthesis as follows: “[D]isability pervades literary narrative, first, as a stock feature of characterization and, second, as an opportunistic metaphorical device. We term this perpetual discursive dependency upon disability *narrative prosthesis*” (*Narrative* 47). According to Mitchell and Snyder, an actual prosthesis creates an illusion as its function is to compensate for the lacking body part. Here, a prosthesis’s function is to “return one to an acceptable degree of difference” as it gives the impression that the body is a “whole” (*Narrative* 6-7). A narrative prosthesis, on the other hand, is “about the ways in which the ruse of prosthesis fails in its primary objective: to return the incomplete body to the invisible status of a normative essence” (*Narrative* 8*)*. They claim that literary texts deal with disability in two ways: the character either overcomes her/his disability or is punished in the end since s/he does not conform to normalization (56). In short, disability functions as a metaphor that indicates a social problem.

Garland Thomson also agrees that the disabled body “become[s] semiotic manifestations of social ills, evoking a tangle of empathy and disgust” which makes it difficult for the reader to identify with the characters (*Extraordinary* 84). According to Mitchell and Snyder, these metaphors appear in literature in a typical pattern. First, “a deviance or marked difference is exposed to the reader.” Second, the narrative addresses the origins and consequences of this deviance. Third, the deviance is situated in the center of the narrative and finally, the deviance is fixed either by a cure, a rescue from social censure, the death of the deviant, or "the reevaluation of an alternative mode of being" (*Narrative* 53-54). Moreover, disabled characters, who are portrayed as "uncomplicated figures or exotic aliens," are rarely at the center of a narrative and therefore most main characters are able-bodied (Garland Thomson, *Extraordinary* 9).

What Mitchell and Snyder suggest is that disability is generally used as a symbol or metaphor that connects internal subjectivity with the external body. Narratives are replete with representations that portray the deviant body as a force that "deforms subjectivity" or vice versa. Notable examples of metaphorical meanings attributed to the body are listed in Clare Barker and Stuart Murray's "Introduction: On Reading Disability in Literature" and are as follows: Shakespeare's *Richard III* where Richard's disability represents villainy and treachery; in Herman Melville's *Moby Dick*, Ahab's missing leg is the reason why he is obsessed and maniacal; Rochester, who is blind, leads the reader to question romance and care in *Jane Eyre*; and finally *Of Mice and Men* reflects on innocence through Lenny's simplicity (2). Barker and Murray argue that these metaphorical associations are a direct result of ableism. They state that

> Every character in popular fiction who was understood to be criminal because of, say, a facial disfigurement, or heroic because they challenged the perceived limitations that come with living "confined to" a wheelchair, could now be seen to be the products of ableist cultural assumptions about what kind of body or mind was normal and what were seen to be the terms of any difference from such norms. . . disability is figured as deficit, defined by what it is *not*, rather than understood as its own mode of being. (4)

To change this tradition, Mitchell and Snyder argue that narratives and disability studies should address "the impact of the experience of disability upon subjectivity *without simultaneously situating the internal and external body within a strict mirroring relationship to one another*" (*Narrative* 58). They necessitate a rethinking and reevaluating of concepts such as normalcy and disability.

Drama has an important place both in literary tradition and in the field of disability studies because a play is both textual and visual. In other words, the stage production of a play is as important as what the text says. In *Twenty-First Century American Playwrights*, Christopher Bigsby posits that

> [P]lays have the capacity not merely to move—a pop song can do as much—but to provoke a shock of recognition, to enter into a conversation with those who look for some insight into private and public concerns. Plays can register tremors in the individual psyche or a society whose contradictions, denials, and illusions can be exposed or explored in the theatre as they are often not in the passing traffic of social affairs. (5)

Bigsby's point is that as one of the most influential interpersonal and affective mediums to convey ideas, express emotions and transform societies, theater allows those who seek social justice to challenge dominant ideologies. Theater has the power to resist racial, sexual and economic injustices, rendering it a prominent medium that reveals ableist ideologies and the experiences of the disabled. As Kirsty Johnston argues in *Disability Theatre and Modern Drama: Recasting Modernism*, a director's choice of "play selection, venue, casting, design, marketing, and accessibility" and the representation of the body on stage matters to the "lived disability experience" (2-3). That is, a play constitutes many affective levels, each of which is equally important to the meaning-making process.

William B. Worthen states that "theatrical innovation always takes place on three fronts: as technology, as esthetics, and as ideology" (11). Disability in theater challenges conventional aesthetic perceptions and triggers ideological questions regarding the treatment of disability. Similarly, Johnston highlights the significance of disability studies within performance studies because theater, which she defines as both artistic and activist, has the power to subvert stereotypes and stigmatization by blurring aesthetic boundaries ("What" 15). That is, the performative aspect of the text paves the way for more in-depth criticism because how disability is represented on stage also matters. Ann M. Fox and Carrie Sandahl suggest in "Beyond 'Cripping Up:' An Introduction" that "[t]he crafting of language by playwrights is a particular and unique opportunity for carefully shaped narratives to intersect with embodied performance" (121). Fox and Sandahl share Johnston's argument that the director's decisions regarding how—and why—to perform a play are of great importance to the experience of disability.

In another article titled "Fabulous Invalids Together: Why Disability in Mainstream Theater Matters," Fox discusses the position of disability in theater as follows: "I must acknowledge that commercial theater has done damage to disabled people: the popular has been the site of disability minstrelsy, the appropriation of disabled roles/characters by nondisabled people, and the reinscription of troubling narratives" (124-125). Therefore, disability theater aims to play with the conventions regarding representation of bodies on stage. It also portrays various ways that disability culture deals with ableism. Johnston articulates that disability theater does not follow a single pattern in production but reproduces and "re-imagin[es]" disability in different contexts. Emphasizing the literary and performative aspect of theater, she states that some artists "have sought to highlight specific disability experiences while others favor kinds of performance that lie outside the scope of theatre's more traditional framings" ("What" 35).

Within this framework, contemporary American drama has welcomed notable playwrights who present disability and its complexities more progressively than their predecessors. This dissertation will also make use of the plays of such playwrights to reveal whether or not they free disability from its metaphorical connotations and contribute to disability culture. Bigsby asserts that twenty-first century American theater differs greatly from the previous century when theater was dominated by notable playwrights. He defines the new age as follows:

> This is not a period in which there are dominant voices, no O'Neill, Miller, Williams, who in a mere eleven years, from 1945 to 1956, produced a series of classics of the American theatre that have not been equalled. Such periods are rare in the history of not only American but world theatre. What there are, are writers from a wide range of backgrounds who together are in the process of defining America in the twenty-first century, sometimes choosing to invoke the past as guide and warning, sometimes confronting present realities, all seeing in the theatre an art in which actor and audience inhabit the same time, breathe the same air, see on the stage and reflect in themselves a sense of community always under threat but always yearned for. (3-4)

As Bigsby asserts, contemporary playwrights help define what it means to be an American in the new century, which began with traumatic events such as 9/11 and the war in Afghanistan as well as Iraq. Some playwrights have become the voice of those who were traumatized by the catastrophic experiences. Others have been dramatizing the effects of the social, political and cultural changes that the twentieth century brought. No matter where they stand, they all help shape the new century's culture and understanding.

Since there are numerous prolific playwrights, this dissertation offers only a glimpse into twenty-first century drama by focusing on the first two decades of the century. Moreover, the experience of disability can be considered through a wide range of spectra. Therefore, to narrow down the scope of research, this dissertation will shed light on the change in contemporary drama's approach to disability in terms of its role in the American family. Since American dramatists have always problematized the family unit in their works, this dissertation will contribute to the field by analyzing contemporary dramas about American family life through the lens of disability.

Despite American society's glorification of the perfect family, writers and playwrights have criticized this myth by portraying dysfunctional family dynamics in their works. Death, hypocrisy, incest, racial and sexual violence, blame, guilt, and denial have become the main themes of family dramas, negotiating identity, morality and pipe dreams that shape families. The discussion of the American family can be traced back to Royall Tyler's *The Contrast* (1787), Anna Cora Mowatt's *Fashion* (1845) and even to George L. Aiken's *Uncle Tom's Cabin* (1852). Although these plays are not categorized as family dramas, they offer different perspectives on American life and families.

The main dramas that focus on the American family emerged in the twentieth century. The most notable family plays of the first half of the era are Clifford Odet's *Awake and Sing* (1935), Lillian Hellman's *The Little Foxes* (1939), Tennessee Williams's *The Glass Menagerie* (1945), Arthur Miller's *Death of a Salesman* (1949), and Eugene O'Neill's *Long Day's Journey into the Night* (1956). Sam Shepard's family dramas dominate the second half of the twentieth century with plays such as *Curse of the Starving Class* (1976), *Buried Child* (1979), *True West* (1980), and *A Lie of the Mind* (1985). Other examples include but are not limited to Lorraine Hansberry's *A Raisin in the Sun* (1959), Edward Albee's *The American Dream* (1961) and *Who's Afraid of Virginia Woolf* (1962), August Wilson's *Fences* (1986), and Paula Vogel's *How I Learned to Drive* (1997). In the twentieth century, the two-parent nuclear family was glorified and conformity to normative standards was assumed. They were also expected to follow the American Dream rather than their own desires and dreams. Each of these works deconstructs the family myth and challenges the idea of family as a monolith.

Few of these major dramas deal with the role of disability in familial relationships except for the plays of Sam Shepard and Tennessee Williams. Shepard approaches disability from a traditional perspective and mostly uses it as a metaphor for the loss of masculinity or innocence. On the other hand, Williams discusses disability from different perspectives since he personally witnessed the social stigmatization of disability. Williams can be considered to be one of the first playwrights in American theater to integrate disability into the recurring theme of family and to stand against the tyranny of the normal.[12]

The playwrights of the twenty-first century maintain tradition, yet they also address family dynamics, which are redefined in contemporary America. Irene Goldenberg, Mark Stanton and Herbert Goldenberg argue in *Family Therapy: An Overview* that the families of the twenty-first century differ significantly from traditional definitions of the previous era since "living arrangements," "styles of living," or "organizational patterns" vary in contemporary families:

> There are further divisions and complexities within each type of family structure, brought about by early or later marriages, interracial coupling, foster parenting, informal kinship adoptions, social class position. . . [Therefore] an inclusive 21st-century definition of family must go beyond traditional thinking to include people who choose to spend their lives together in a kinship relationship despite the lack of legal sanctions or bloodlines. (3)

As the quote expresses, families in the twenty-first century are diverse, and they may consist of single parents, long term partners who never marry and live together, same sex partners, and so on. Raphael J. Becvar and Dorothy S. Becvar also define family in *Systems Theory and Family Therapy: A Primer* as "being whatever one experiences it as being" (69). David Auburn's *Proof* (2000), Susan Lori-Parks's *Topdog/Underdog* (2001), Tracy Letts's *August: Osage County* (2007), Tony Kushner's *The Intelligent Homosexual's Guide to Capitalism and Socialism with a Key to the Scriptures* (2009), Branden Jacobs-Jenkins's *Appropriate* (2013), and Richard Nelson's *The Apple Family Plays* (2010-13) deal with familial relationships but are beyond the scope of this dissertation.

Eight plays written and performed in the first two decades of the twenty-first century will be analyzed in this dissertation to explore their approaches to disability and the

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[12] A term used by Leslie Fiedler as a title to his essay and book.

American family—*Pyretown* (2004), *A Nervous Smile* (2006), and *The Rules of Charity* (2007) by John Belluso; *Good People* (2011) by David Lindsay Abaire; *The Humans* (2016) by Stephen Karam; *Cost of Living* (2018) by Martyna Majok; *Mary Jane* (2018) by Amy Herzog; and *Amy and the Orphans* (2019) by Lindsey Farrentino. To specify, single mothers with disabled children, care work, and abandoned disabled children will be at the center of this study. These works are not the only plays that portray disability since 2000, but have been selected for specific reasons. The plays of Amy Herzog, David Lindsay Abaire, Stephen Karam and Martyna Majok have either won or have been nominated for awards. Lindsey Ferrentino's play, on the other hand, is considered a barrier breaker since a person with Down Syndrome was included in the cast, as the leading role, for the first time. Finally, John Belluso, who is a prolific disabled playwright and an activist, is considered to be a spokesperson of the Disability Rights Movement. He claims disability as an identity, and deliberately prioritizes the experience of disability in his work. Therefore, a play by Belluso is discussed in each chapter. Like their predecessors, these playwrights disconnect the family unit from the concepts of security and comfort in different contexts. Since they problematize the so-called "problem of disability" in the realist mode, this dissertation will refer to their works as "problem plays of the twenty-first century."

Eileen J. Herrmann points out that Henrik Ibsen contributed to the rise of realism with "social problem plays" that brought humanity and society in question. Herrmann explains that Ibsen

> focused on the "truths" of his Norwegian bourgeois society and the institutions upon which those truths rested (church, civil life, law). . . . Absent both villains and heroes, Ibsen's plays create characters who need to be rescued from the social and moral system. His questioning is metaphorical, unlimited by time or place, applicable to any society that demands conformity to its values, suppresses the individual and sets up barriers against living. (510)

Ibsen's style inspired many American dramatists, among whom are "Sophie Treadwell, James A. Herne, Rachel Crothers, Arthur Miller, Lillian Hellman, Clifford Odets, David Mamet, and Wendy Wasserstein" (Herrmann 510). The twenty-first century playwrights whose works are analyzed in this dissertation also draw heavily on realism, specifically social problem plays, to expose injustices and misdeeds prevailing in American society.

George Bernard Shaw defines problem plays as follows: A problem play addresses social questions "produced by the conflict of human institutions with human feeling…. the material of the dramatist is always some conflict of human feeling with circumstances; so that, since institutions are circumstances, every social question furnishes material for drama" (58-59). Henry F. Salerno argues that problem plays present social and political institutions as the reason for human suffering:

> All in all, the aesthetics of the problem play, as it came to be developed in the transnational period, involve the use of well-made play techniques, the employment of the realistic style; the development of character and of human emotion in conflict with social values, mores and institutions; the presentation of controversial or socially taboo questions for dramatic exploration; the attempt at an objective or at least open-minded treatment of the social problem; the attempt to see the individual in his relation to the total society or a stratum of that society; the attempt, if not to offer a solution to the problem, at least to so clarify the problem as to point to a solution, or to effect a greater awareness of the problem and its consequences. (201)

Although problem plays are conventional in style, the issues they address are anything but unorthodox (Worthen 5). Most importantly, they ask for a redefinition of the established social order. Ibsen's *A Doll's House*, for example, is a well-made play, yet the subject matter was scandalous for the middle class of the time because the play questions and challenges gender politics. Worthen describes the realistic style as follows:

> [A] simple and direct speaking style that usually masks a **SUBTEXT** of subtle, unspoken motives; middle- or lower-class characters; action that revolves around the discovery of some past crime or indiscretion; a three-dimensional stage set, usually a domestic interior. . . each character becomes important in the overall action. Onstage, realism often treats the boundary of the proscenium as an invisible **FOURTH WALL** dividing the environment on stage from the audience; the fourth wall prevents the actors from playing to the audience and so from destroying the unity of illusion on stage. (12)

Moreover, realistic plays criticize the "dehumanizing, exploitive routine" of modern life and the heroes are "all characters whose desire for freedom, vitality, and life is threatened by the deadening, deceptive world in which they live" (Worthen 16). These characters are not stereotyped, and the playwright urges the audience, reader, or the actor/actress to "discover the psychological SUBTEXT of will and desire beneath the spoken words that motivates the character's actions" (Worthen 19).

Salerno further explains that by watching such plays, the audience understands what is wrong in their world and return home "with a greater awareness of the causes and vested interests of poverty, injustice, war, and the general victimization of man in society and finally with the urge to do something about it" (204). One drawback of social problem plays, Salerno suggests, is that the problems a playwright addresses might be solved in the future and the work may become dated, yet plays such as Ibsen's *A Doll's House*, which Herrmann defines as not limited by time, or Shakespeare's problem plays are the proof that skillfully crafted plays will always survive.

Taken through this framework, the plays analyzed in this dissertation make use of realism and expose problems such as compulsory able-bodiedness, dehumanization, neoliberalism, and social stigmatization as being at the center of social politics in the United States.[13] This dissertation will be divided into three chapters, each portraying a different approach to family and disability. Since the plays are written by playwrights from different backgrounds, their approaches to disability and theater differ significantly. For instance, Belluso is the only playwright who claims disability as an identity; therefore, all his plays focus on a different aspect of the disability experience. Herzog, Majok, and Ferrentino, on the other hand, incorporate disability into their works to speak against ableism, even though they do not identify as disabled or as a disability rights activist. However, disability in their plays is explored from various perspectives. Herzog is more interested in its realistic portrayal, whereas Majok and Ferrentino focus on both casting and dramaturgical choices. Karam and Lindsay-Abaire do not comment on the role of disability in their plays, yet they contribute significantly to disability representation and its intertwinement with class. Even though the chapters are divided with by umbrella terms, the analyses of the plays do not follow the same pattern. For instance, issues such as casting, set design, and specific dramaturgical choices are discussed only when they contribute to the representation of disability on

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[13] Compulsory able-bodiedness is the assumption that a person should be able-bodied to be accepted as "normal" so s/he can participate in the public sphere as a full-fledged citizen. In "Compulsory Able-Bodiedness and Queer/Disabled Existence," Robert McRuer likens compulsory able-bodiedness to compulsory heterosexuality since both ideologies attempt to "(re)produce the able body and heterosexuality" (402). He also argues that the concept renders everyone "virtually disabled" because it is almost impossible to live up to able-bodied norms. Moreover, the status of being able-bodied is temporary as all people have the potential of being disabled eventually if they live long enough. Therefore, unlike racial or sexual markers, disability has a unifying quality that all people may embody (401-402).

stage. The selected plays also demonstrate the diversity of early twenty-first century theater in the United States.

The focus of the first chapter will be on single mothers with disabled children in John Belluso's *Pyretown*, Amy Herzog's *Mary Jane*, and David Lindsay-Abaire's *Good People.* In these plays, the children are physically invisible on the stage; however, their absent presence is always felt by the reader/audience as they are at the center of their mother's lives. The mothers struggle financially due to the neoliberal work ethic, suffer from social stigmatization, and feel isolated. Moreover, the female characters in these plays are victimized by the medical model of disability, which is exacerbated by class struggle. In *Pyretown*, *Mary Jane*, and *Good People* disability is not the root cause of the problems that the single mothers encounter. Rather, they suffer from financial problems resulting from ableism in the capitalist business world and the medical industrial complex. Belluso, Herzog, and Lindsay-Abaire place disability into a larger context and challenge stereotypical notions of the reader/audience by portraying it as a multifaceted experience. By doing so, the playwrights encourage change in the negatively coded affects associated with disability. This results in disaffection in the audience, forcing them to reevaluate social and cultural circumstances that render the less fortunate vulnerable to intersectional oppressions.[14]

The second chapter of this dissertation will discuss John Belluso's *The Rules of Charity*, Stephan Karam's *The Humans* and Martyna Majok's Pulitzer-winning play, *Cost of Living* to explore the complexities of care work using "access intimacy" as a framework. Analyzing "access intimacy" as a transformative affective response to care work, the chapter will discuss the significance of concepts such as interdependence, autonomy, self-reliance, and care in relation to disability justice. *The Rules of Charity* demonstrates the destructive consequences of a lack of access intimacy, whereas *The Humans* shows how it helps the disabled individual by enhancing affective capacities. *Cost of Living*, on the other hand, demonstrates building access intimacy with a focus on its positive impact. Disability representation in these works is not one-dimensional, but complex and realistic. Belluso, Karam, and Majok do not use disability as a metaphor or a narrative prosthesis but portray it as an intersectional reality. The plays

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[14] The term "disaffection" refers to a state of producing unfamiliar and unsettling feelings and emotions. It will be elaborated further in Chapter One.

touch upon the issue of care in biological or chosen families, discussing its complexities, and defining class as a challenging factor. The plays problematize the highly valued trope of American individualism, proving that it is only a myth. They show that mutual care and interdependency should replace concepts such as self-reliance.

The final chapter of this study will explore parents who cannot bear the stigma attached to disability, and abandon their disabled children in John Belluso's *A Nervous Smile* and Lindsey Ferrentino's *Amy and the Orphans*. The chapter analyzes abjection as an affective response to disability and shows how Belluso and Ferrentino use abject bodies to subvert normative assumptions regarding disability. Both plays approach disability as a social reality rather than a myth, and challenge stereotypes by portraying moral complexities existing within families as parents suffer from the cult of normativity that abjects putatively extraordinary bodies. For the parents, their disabled children disrupt the perfect family unit by placing them in a liminal position, and they attempt to achieve a unified family by erasing the disabled child from the picture. The playwrights expose ableism and oppression by using theatrical space and subvert normativity by granting disabled characters agency. Both Belluso and Ferrentino show that disabled bodyminds cannot be narrowed down to ableist definitions of American society and they encourage change in the normative discourses of disability.

Consequently, this dissertation argues that *Pyretown*, *Mary Jane*, *Good People*, *The Rules of Charity*, *The Humans*, *Cost of Living*, *A Nervous Smile*, and *Amy and the Orphans* are realist disability social problem plays that reveal the oppressive power relations prevailing in American society. By revisiting realism and using the affective power of theater, these plays dismantle stereotypes of heroes, victims or villains to challenge ableism. Moreover, they shatter the myth of the perfect American family by presenting disability as a social, cultural, and political construction. Therefore, all plays in this study are progressive and subversive in their truthful depiction of families living with disability, which become dysfunctional because of social and political norms, rather than the existence of disability. Negotiating different aspects of being disabled or having a disabled family member, they resist and challenge the dictates of compulsory able-bodiedness and the cult of normalcy. These playwrights move beyond the convention and illustrate that the problem is not the disabled, but the constructed normalcy that turns disabled people and their families into problems.

CHAPTER 1

JUGGLING IT ALL: SINGLE MOTHERS, DISABLED CHILDREN, AND DISAFFECTION

This chapter focuses on single mothers who have disabled children in John Belluso's *Pyretown* (2004), Amy Herzog's *Mary Jane* (2018) and David Lindsay Abaire's *Good People* (2011). These plays problematize the precarious states of mothers and criticize neoliberal politics that render them vulnerable. Moreover, the dysfunctional state of the healthcare system in the United States and the complexities of care work are negotiated in conjunction with gender, class and disability.

In "Mad Mothering: Learning from the Intersection of Madness, Mothering, and Disability," Patty Dougles et al. argue that the depiction of mothers who have disabled children in cultural and scholarly works range:

> from the cold "refrigerator mother" of the 1950s thought to cause autism in her child through her own madness . . . to studies framing parenting of disabled children through psychological "stress and coping" models . . . to today's "mad" mother who makes "unreasonable" demands on strapped education and health care systems in seeking support for her disabled child. . . . (39-40)

As Dougles et al. state, mothers with disabled children are both "trouble and are troubled" by social, political, and cultural norms (46). Sara Ryan and Katherine Runswick-Cole also define the position of mothers who have disabled children as "complex, contradictory, and marginal," which results from their status as non-disabled individuals (199). The Disability Rights Movement generated discussions about the role of non-disabled individuals in disabled people's lives. Disability puts non-disabled mothers in a liminal position since their actions and relationships with their disabled children are often "interpreted [by disability rights activists and disabled scholars] as constraints within their children's lives, limiting their opportunities and aspirations" (Ryan and Runswick-Cole 199). Oppression is ubiquitous in the lives of non-disabled mothers with disabled children, rendering them socially and politically vulnerable. Disabled communities blame these mothers for accommodating ableism when they take care of their disabled or sick children. Yet, they are also accused of negligence and impotence by gendernormative and sexist society if they hire professional caretakers. In both cases, non-disabled mothers are stigmatized and marginalized. Holding an in-between or liminal position, they are neither conventional, nor unconventional, mothers. Consequently, they are usually excluded from mainstream discourses of disability, gender and motherhood. As a result, non-disabled mothers of disabled children "adapt, adjust and develop a whole range of skills as they mediate and negotiate the world on behalf of their children…. [They] start off as worriers and become warriors" (Ryan and Runswick-Cole 204).

The case of single mothers is significant in the discussions about disability and family because issues such as financial problems, welfare, healthcare, which essentially are interlaced, complicate their family's existence. The lives of single mothers with disabled children become more vulnerable due to increased precarity. As Judith Butler also affirms, precarity and gender norms are linked to one another:

> Gender roles have everything to do with how and in what way we can appear in public space . . . who will fail to be protected by the law or, more specifically, the police, on the street, or on the job, or in the home. Who will be stigmatized; who will be the object of fascination and consumer pleasure? Who will have medical benefits before the law? (ii)

According to Butler, "women, queers, transgender people, the poor, the stateless" become the victims of precarity (xiii). Despite the gains of feminist movements, women continue to suffer from discrimination. In the three plays discussed in this chapter, women are victimized by the social and political norms of gender. The lack of support for single mothers and disabled children forces women out of social and professional lives. Therefore, the lives and experiences of these women exist at the intersection of gender, class and disability.

This chapter aims to discuss alternative narratives that challenge stereotypical representations of mothers with disabled children. As Douglas et. al. affirm, mothers with disabled children are stressed not because of their children's conditions, but due to their negative experiences with the services which are essentially supposed to help them (46). O'Relly also asserts that in addition to the glass ceiling, mothers suffer from the "maternal wall" at work, they are in a more disadvantaged position in "wages, leave and opportunities for advancement" when compared to women who are not mothers (qtd. in Douglas et. al. 44). *Pyretown, Mary Jane,* and *Good People* challenge such assumptions about care and motherhood. In these works, motherhood is not glorified, nor is the issue of care presented as a rewarding experience. Traditionally, motherhood is associated with images of selfless women who devote themselves to nurture their children. However, the plays expose the fact that care and motherhood require a layered examination. The precarious state of single mothers in *Pyretown*, *Mary Jane*, and *Good People* is not caused by their children's disabilities. On the contrary, their lives are rendered vulnerable by the neoliberal politics of gender and healthcare. These plays also problematize neoliberal notions of individuality and autonomy by highlighting that interdependence and disability are affective experiences with a transformational power.

Goodley et al. propose that the disability experience is closely related to affect ("Feeling Disability" 206). They argue that affects can result in "the feelings of happiness, love, optimism, misery, contentment, guilt, bitterness, envy, humiliation, fear, grief, disgust, passion, psychic pain, desire, hope, shame, anger, imagination and optimism" (198). Likewise, Angela M. Smith asserts that affective encounters with disability create certain emotive moments. Therefore, literary and art works "repeatedly produce, disseminate, and consume images or stories featuring disabled figures" to convey the experience of affects (118). A. Smith argues that these representations can be challenged through "dis-affection" which, she believes, distances one from "ableist affects" and paves the way for "alternative disability affects" (131). She states that "We must trouble renditions of disabled bodies merely as affect-generation machines that give vicarious depressive experiences, emotional catharsis, and uplift" (135). Presenting bodies and stories that are "more diverse and less predictable" will challenge "nondisabled assumptions about how disability *feels*" (135).

Rachel Greenwald Smith celebrates what she calls impersonal feelings, suggesting that neoliberal politics can be unsettled through disaffection:

> Impersonal feelings do not straightforwardly conform to a market model, because they are not easily codifiable or recognizable; they do not allow for strategic emotional associations to be made between readers and characters; and they emphasize the unpredictability of affective connections. As a result, these modes of textual affectivity . . . challenge the principles of subjectivity that underpin not only our aesthetic judgments but our economic, political, and social convictions as well. (2)

This is not a celebration of anti-affective, but an appreciation of the ways that elude invoking familiar emotions in the reader/audience. Instead, they evoke "feelings that are unsettling insofar as they fall outside existing sociopolitical codes for what a feeling is understood to be" (20). Therefore, impersonal feelings "are potentially destabilizing insofar as their presence defies the prevailing notion that feelings only exist insofar as they are the property of the individual" (20).

The mother characters' responses to affective encounters in the plays result in various emotional representations, ranging from arguments to a burst of rage or tears, to female bond and hope. The reader/audience is disaffected at the end since they are involved in an affective state which results in unexpected emotions. By doing so, the plays challenge dominant ideologies, which insist on so-called normalization of bodies with regards to gender roles, family life, work life and so on. The circulation of affects in these works do not lead to a certain emotional effect on the audience/reader. While the emotions are constantly deferred, the audience/reader is forced to reevaluate the intersections of disability experience, gender, and class. Although they are emotionally provocative, the plays do not end with a catharsis that allows the reader/audience to feel better or purified. By not disclosing the outcome of the characters' lives, the plays end without a proper denouement and ask the reader/audience to draw their own conclusions.

1.1. JOHN BELLUSO'S *PYRETOWN*

John Belluso (1969-2006) was both a playwright and a disability rights activist who advocated for disability visibility in American theater. As a person who began using a wheelchair at an early age, Belluso viewed himself as a product of the Disability Rights Movement of the 1970s and he believed he was able to train and create a life for himself in the theater arts due to the activism of a generation that came before him. He received his bachelor's and master's degrees from New York University, Tisch School of the Arts, The Dramatic Writing Program. Although Belluso was advised to refrain from stories about disability at the beginning of his career, he insisted on writing about it because it was an experience that he knew best (Lewis, "Radical" 40). As a disability rights activist, he argued that disability is a "multifaceted social network" rather than a biological and medical condition. In his own words, he wanted "to dramatize disability in a way which reveals something deeper than a simplistic illness narrative, all in an effort to create new stories, new myths, new ways of revealing the disabled body on stage" ("Author's Statement" 163). He served respectively as acting director, co-director and director of the Other Voices project where "he crafted plays that were competitive with the best in American theatre, plays that have been and will continue to be produced throughout the country, created roles for disabled actors, and instituted a series of commissions" (Lewis, "In Memoriam" 38).

Belluso embraced disability as an identity as his friend Ann Stocking's anecdote in "A Tribute to Playwright John Belluso" showcases: she once attempted to find a pair of eyeglasses that would fit Belluso's head, which was too big for standard-sized glasses. Yet, Belluso did not seem enthusiastic about the idea because "[h]e innately understood that a large part of his charm lay in his asymmetry—things not exactly fitting him, and him not exactly fitting in the world. Those crooked glasses gave him the keen eye that saw the injustices and inequities of the world that he wrote so beautifully about in his plays" (39). Belluso's plays explore such issues as economic oppression, the flaws of the healthcare system, intricacies of caregiving and the experience of disability. His plays include *Gretty Good Time* (1997), *The Body of Bourne* (2001), *Pyretown* (2003), *A Nervous Smile* (2005), *The Rules of Charity* (2005), and *Henry Flamethrowa* (2006). Only plays written after 2000 that deal with family issues are included in this dissertation.

The focus of this chapter, *Pyretown*, directed by Tim Farrell, had its premiere at Geva Theatre Center in 2003. Consisting of a prologue, two acts, eighteen scenes and an epilogue, the play portrays the complexities of care and dependency. The characters include Harry, a twenty-two-year-old man who uses a wheelchair; Louise (Lou), a single mother with three children; and Rebecca, a seven-months pregnant doctor, who works for a Health Maintenance Organization (HMO), approving or denying medical treatment for its clients. The three characters go through different affective states by connecting and disconnecting, moving towards and away from each other. Harry became paraplegic after an accident and lost his mother, who was also his caregiver, to cancer. Blaming the healthcare system for his family's sufferings, Harry's only goal in life is to fight the capitalist system. Lou, on the other hand, is separated from her abusive husband and she is trying to take care of her three children, one of whom suffers from debilitating illnesses and requires full time care. Harry and Lou, both of whom need financial support to survive, are characterized in contrast to Rebecca, who represents dehumanized medical authority. Although indifferent to Lou's circumstances at first, Rebecca later empathizes and understands her desperate circumstances. Lou attempts to provide for her children on her own, yet her daughter's health problems will be costly, and she realizes that she cannot solve these problems alone. At the end, Lou decides to reunite with her abusive husband to meet their daughter's needs. Harry retreats into isolation while Rebecca loses her job for helping patients. Thus, the characters expose and critique neoliberal ableism as it exists in American society while portraying gender and family issues in the context of caregiving, motherhood, and disability.

When asked about the title of the play in an interview, Belluso explains that "[a] funeral pyre is something beautiful and sacred, but also a signifier of death. . . . Philoctetes gained his archer's bow from the lighting of Hercule's funeral pyre" (Lewis, "Radical" 40). Pyre in the title symbolizes the conflicting nature of the promises and realities of neoliberal ideology. On one hand, neoliberalism provides hope while promising happiness through hard work and consumption; on the other hand, it keeps the lives of individuals dependent on the dictates and interests of the market, and thus always at risk. The playwright shows that although the promises of neoliberalism are attractive, it eventually destroys subjects, like a funeral pyre. Never having the chance to enjoy the promises of the neoliberal market, all of the characters in the play become victims of neoliberal interests, which value autonomy, maximizing profits, consumption, and privatization.

The original cast of *Pyretown* featured Sue-Anne Morrow as Rebecca, Jan Leslie Harding as Lou and Christopher Thornton, a disabled actor, as Harry. Belluso stated in a panel entitled "We Are Not a Metaphor: A Conversation About Representation" that:

> Having had both disabled actors and non-disabled actors interpreting roles in a play that I've written, I've found that the experience is like night and day. When you have a non-disabled actor playing the role, the curtain goes up at the end, the lights come up, it's time for the curtain call. And the actor will stand up out of the wheelchair and take a bow, and suddenly everything that has come before has just been erased. The audience is let off the hook. Suddenly this isn't social history; this is just artifice. Whereas when the lights come up and there is someone who is still sitting, and they take their bow in the wheelchair, it helps the audience understand this is bigger than the topic of a play. This is part of a movement. This is part of social history. (Tolan)

As the quote above illustrates, Belluso insists that casting disabled people for disabled characters is necessary for authenticity and to ensure inclusion and diversity on stage. However, it also has a political aspect since seeing a person sitting in a wheelchair at the end of the play results in disaffectedness in the audience. The affective encounter with a disabled body startles the audience and unsettles normative ableism. As A. Smith articulates, "[a]n encounter with disabled performers, then, opens toward new affects, allowing viewers to glimpse disabled moves as agential adaptations, alternative ways of being and affecting" (131). In his review of the performance, for instance, Herbert M. Simpson states that a startled audience asked whether or not Thornton was a real wheelchair user. Despite the danger of typecasting, casting disabled actors becomes a political act because it contradicts ableist notions of disability and performance. It challenges negative emotive responses—such as, in Kristeva's terms, a "narcissistic wound" opened in the nondisabled audience—and paves the way for more positive affective connections.

Sandahl affirms that every actor should have the freedom to play any character in an ideal world, yet equal opportunities do not always exist. Therefore, the discrimination against disabled actors necessitates affirmative action. She argues that casting disabled people is essential "economically for the livelihood of disabled actors, aesthetically in terms of portraying the intimate depths and complex life experiences of the disabled character, and politically as a form of solidarity" (237). However, the Chicago production of the play in 2004 at the Victory Gardens Theatre where a non-disabled actor, Aaron Roman Weiner, was cast as Harry challenged Sandahl's ideas. Sandahl states that although she initially felt disappointed to learn that Weiner would "crip up," the actor's performance compelled her to reevaluate her position in the discussions of casting.[15] Weiner remained in character during scene changes as other actors helped him move the props, and also returned to the stage with his wheelchair after the curtain call. According to Sandahl, remaining in character during scene changes reinforced the

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[15] The term "to crip up" is a reference to "black up" and it is used when an able-bodied person is cast for a disabled character. While the phrase builds on a common phrase for the now-discredited use of blackface (i.e., dark makeup) by white actors, disability scholars have been careful in recent years to point out there are distinct and important differences in the histories of race and disability in performance. Tobin Siebers, on the other hand, labels this "disability drag" in his book, *Disability Theory*.

themes of interdependence and caring (238). Weiner's performance also triggered the following questions:

> Is it more important that this significant piece of new disability theatre be performed, and performed well, than to not perform it at all if a qualified disabled actor could not be found? Should solidarity for disabled actors outweigh solidarity for the work itself? Would Weiner's effective portrayal of Harry have been lessened if he had dropped his disability identity during the scene changes and curtain call? Would audience members have then turned their attention from the play's themes and instead focus on Weiner's technical skill at mimicking paraplegia? Why did we not demand that the role of Rebecca be played by a pregnant actor? How does disability identity matter? Why does it matter? When does it matter? (239)

There are no definite answers to the questions raised by Sandahl; nevertheless, these discussions are essential to change and challenge the emotions evoked by affective encounters with disability. Disability identity in theater matters because the performative arts have the power to destabilize normative assumptions regarding the experience of disability and notions of what it means to be a well-functioning human.

The portrayal of disability experience in the text is as important as the casting decisions. Although disability is usually thought to be an individual experience, it becomes a part of intricate relationship systems on a daily basis. Within this framework, moving away from old stereotypes of disability as a burden, *Pyretown* negotiates disability as experienced by disabled individuals themselves and their families in a complex and truthful manner. When one of the family members is disabled, issues such as caregiving, healthcare, or parenthood become inseparable, continuously (re)shaping the family structure. In her analysis of the play, Sandahl affirms that although everyone is dependent on others and needs care, these needs might be complicated by the American healthcare system when a person is disabled (229). Once disability is involved, the family becomes a part of larger social and political systems; they enter various affective spaces, requiring the family members to adapt and change. Belluso explains why he explores such interconnections in *Pyretown* as follows:

> I wanted to write a love story. At the same time, I was fascinated by HMOs, and the two seemed to come together in my mind. We think in terms of money, but what are the other ways that we pay for healthcare? What are the things we sacrifice? How does healthcare affect the way we love? How does it affect the way we share ourselves? (Lewis, "Radical" 38)

As the quote reveals, intimate relationships are governed and shaped by social and political structures. Disability is traditionally considered within the medical context; however, as Belluso states, it is a multifaceted and intersectional experience, requiring individuals and their families to negotiate and exchange emotional states in various social and political contexts.

Pyretown underscores interdependence and connections among individuals, which are disregarded by neoliberal ideals that prioritize individual over community and autonomy over (inter)dependence. As a nondisabled single mother, Lou is trying to learn the different aspects of disability experience to help her daughter, yet she falls victim to cruel optimism as she cannot guarantee a livable future for her family. Her multilayered struggle with the healthcare system as a single mother is conveyed through her affective experiences with Harry and Rebecca. The affects circulating throughout the play seem to find their emotional representations on the reader/audience, yet all affective connections are reversed at the end as Harry and Lou's connection turns out to be the real problem in Lou's life, whereas a new female bond is formed between Rebecca and Lou. As Lou reunites with her husband, the play keeps what happens to Lou hanging in the air, preventing a sense of catharsis—an individual response to the affect—and creating a sense of disaffectedness. Pieter Vermeulen states that "[s]tories in which nothing happens . . . or in which a character refuses to be transformed, constitute massive challenges to the meaning-making . . . they generate creative spaces for imagining life and affect differently" (6). He further argues that "generic expectations" are created in stories to frustrate the readers and this attempt results in unexpected feelings (7). Transformative affects continue to circulate within the play, but they generate unexpected feelings in the end, triggering a deeper understanding of social, political and cultural structures.

In their book *Cruel Optimism*, Lauren Berlant explores how hopes and desires, or fantasies as they call it, turn out to be obstacles in a person's life.[16] According to Berlant, at the center of cruel optimism lies a desire for a "good life," which comes with moral, intimate, and economic aspects (2). Individuals develop an attachment to an object or a scene, believing it is essential to their well-being. Berlant argues that this

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[16] Lauren Berlant uses "they/them" as pronouns.

attachment is affective by nature: “Whatever the *experience* of optimism is in particular, then, the *affective structure* of an optimistic attachment involves a sustaining inclination to return to the scene of fantasy that enables you to expect *this* time, nearness to *this* thing will help you or a world to become different in just the right way” (2). For Berlant, optimistic attachments are not in essence cruel. They become cruel “when the object/scene that ignites a sense of possibility actually makes it impossible to attain the expansive transformation.” What Berlant calls relations of cruel optimism, or fantasies that typically dissolve, include but are not limited to “upward mobility, job security, political and social equality, and lively, durable intimacy” (3). These fantasies can be “embedded in a person, a thing, an institution, a text, a norm, a bunch of cells, smells, a food idea—whatever” (23). Berlant also argues that cruel optimism creates a “precarious public sphere” where individuals “circulate scenarios of economic and intimate contingency and trade paradigms for how best to live on” (3).[17]

Within this framework, *Pyretown* shows how neoliberalist politics dissipate the lives of Harry, Lou, and Rebecca. Their affective attachments, which they hope would pave the way for a good life, eventually create a sense of displacement and wear the characters out. Harry’s obsession with fighting and demolishing capitalism, Lou’s desire to build an independent life as a single mother away from her husband, and Rebecca’s strong belief that she needs her job at the HMO so she can provide a better future to her unborn child turn out to have devastating effects in their lives. Haunted by his family’s struggle with the healthcare system, Harry is obsessed with living an anti-capitalist life. Although he has the skills, he refuses to work for a company that serves capitalism, and he confines himself to an affectless and lonely life. His attachment to fighting the system prevents him from understanding Lou’s circumstances and leaves him alone. Lou, on the other hand, leaves her abusive husband with hopes of a better life, yet neoliberalist structures set barriers against attaining a good life. Without sufficient

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[17] It is essential to note the difference between precariousness, a term that refers to the social interdependence of all human beings in a general sense, and precarity which is a politically loaded term. Butler states that precarity is “a politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death. Such populations are at heightened risk of disease, poverty, starvation, displacement, and of exposure to violence without protection” (ii). Isabel Lorey also defines precarity “as a category of order that denotes social positionings of insecurity and hierarchization, which accompanies processes of Othering (Puar 165).

finances, or the necessary education and skills to have a job, her single-parent family cannot survive in the capitalist normative culture. Rebecca too is a victim of her optimistic attachment because she clings to the belief that her family depends on her job at the HMO, which in return alienates her from society by stripping her of empathy and care. She can liberate herself from that system only when she quits her job. Yet, her financial future and that of her family are now shaky and unstable.

Harry and Lou meet at the hospital when Harry offers to switch places on the waiting list to help her. Having separated, Lou lives on welfare, and spends all her time with the children, one of whom requires constant care. As a new single mother who is also new to disability experience, she is frustrated with the cold bureaucracy of the healthcare system and needs emotional support. Throughout Act One, the reader/audience witnesses the gradual development of a romance between the two characters as they go in and out of affective states together. Sandahl explains that "[t]heir sameness allows them to empathize with one another, and their differences provide them with resources that the other needs" (231). Harry and Lou's positive affectedness results in a reciprocal care relationship, reducing anxiety and stress while allowing the couple to recognize their circumstances and priorities. Harry helps Lou to be more self-confident while familiarizing her with how to navigate the healthcare system whereas Lou meets Harry's social needs in addition to giving him a ride or helping with shopping.

In Act One, Belluso avoids conflict between the couple and focuses on their personal stories, which affect their future relationship. In the first scene of the play, both Harry and Lou accept their flaws: Lou admits she needs to do many things, such as taking classes from the Community College, to become more independent, but her responsibilities as a mother and financial concerns slow her down. Harry admits his isolation, as he always desires to stick to the familiar, or to remain in his comfort zone. In their short-term relationship, Lou and Harry try to overcome their problems, and push their limits to escape their circumstances, but neither succeeds in the end because of neoliberal ableism. Both Harry and Lou resist transformation; as a result, they (re)embrace their flaws and retreat into their comfort zones.

Although ableism forces both characters to retreat, their situations are not completely equal. Harry can earn money using his web design skills, but he chooses to retreat, whereas Lou ends up reuniting with her husband because she cannot afford healthcare alone. Lou's decision is related to survival rather than being a so-called good mother. She must return to her husband because neoliberal ableism pushes single mothers with disabled children out of social and professional lives. Even if Lou had found a job, it would have been a low wage posting with insufficient health and childcare benefits. As Berlant articulates:

> There is a global capitalist culture manifested in the absence of affordable medicine that tries to control how poor and sexually non normative people experience privacy (i.e., as having no safety net) and publicness (i.e., as a responsibility to state public health requirements and social conventions). There is the ordinary life luck—luck that is both made and an effect of inherited privilege—of some privileged subjects to have insurance and flexible work, which makes their survival exigencies somewhat more medical than economic. All of the struggles are political. There is an urgency to make work that makes worlds, that subtends art and politics for communicating the proliferating urgencies and techniques of survival. (60)

As Berlant shows, Lou's struggle raises political and ethical questions. As a single mother, Lou is not lucky enough to have access to affordable healthcare and is forced into precarity by neoliberal work ethics, which only prioritizes profit. She is stripped of the chance to create a life for herself and her children and hands her future to an abusive man.

The ways Belluso depicts disability subvert associations attached to Harry's disabled body, identity, and his wheelchair. As a result, they turn into positive affects in the play as disability provides a site where connection/bonding between a nondisabled and disabled subject is now both possible and transformative. That is, Harry's disability opens new affective possibilities as it dissociates the disabled body from negative meanings. In her analysis of Guillermo Gómez-Peña's performance with a wheelchair, Petra Kuppers explains that the performance transforms the meanings attached to disability: "The wheelchair no longer means tragic immobility but instead stands for the paralyzing effects of colonizing fantasies" ("The Wheelchair's Rhetoric" 84). Harry's disabled body and his wheelchair become constructive because they carry an affective power and embody happiness, hope and desire.

In "Affective Economies," Sara Ahmed explains that negative emotions such as fear "[do] not come from within the subject, nor does it reside in its object." Rather, the signs of fear which circulate among subjects and objects turn something into fearsome (127). Similarly, the dominant ideologies regarding ableism, which reinforce so-called normalcy on subjects, control affective responses to impairment. As a result, the affect of disability is associated with negative feelings such as hate, fear, or disgust. Showing that it is not the disabled body that is disturbing, but the circulating affects controlled by dominant ideologies, Belluso offers new affective registers of disability through Harry and Lou's relationship, which causes disaffectedness in the audience/reader.

Harry began using a wheelchair after he tried a shallow dive and hit his head, which caused a spinal cord injury. His single mother became his only caregiver until she herself needed care due to cancer. Harry and his mother had to switch roles in their family dyad as Harry assumed the role of the caregiver until his mother died of pancreatic cancer when Harry was twenty years old, a time when he "did not even know what a pancreas was, or what it did" (Belluso, *Pyretown* 46). His own experience with disability and his mother's struggle with the healthcare system resulted in social and emotional isolation: "I don't know why I don't have a girlfriend. I haven't had one in a very long time. Haven't tried to have one in a very long time. These last few years, they've been very difficult" (Belluso 46). As Harry explains, he has been avoiding human contact for years, for reasons that are multiple and complicated. Sandahl asserts that it is not the impairment that causes Harry's social isolation, but the distress triggered by the healthcare system (231). However, the social stigma attached to disability in American culture should also be taken into consideration when discussing Harry's seclusion from the social world.

When tutoring Lou on the evolution of species, Harry asserts that Social Darwinists misinterpreted and distorted the concept of the survival of the fittest. According to Harry, the fittest means the most adaptive, not the strongest (Belluso 50). Even though Harry has adapted to living with his impairment, American society denied him the chance to be a part of the social and economic world. To avoid discrimination and stigma—ideological responses to disability—Harry has retreated into an isolated world where he only forms online friendships. Yet, his affective communication with Lou has reminded Harry of who he really is and what he is capable of. Rejecting the designated emotional states of passivity and asexuality, Harry subverts notions of normality and disability with the following remarks:

> [W]hen I see a beautiful woman like you, Louise, it's then that I remember, that I still feel desire, still, even now. That's how I can still fit into Nature, because I still feel desire, I still want to kiss a woman like you, and touch her breasts, and feel the way that the shape of her breasts change when I touch them with my fingers. I want to put my mouth close to them and I want to feel alive. I don't want to fly around in circles. I want to feel close to people; desire. That's how I fit into Nature. I never feel cracked or broken, when I feel desire. Those are the moments, when I feel fine. [. . .] There's some things I can't do anymore. Just so you know. But there's some things I can still do, a lot of things. And I want to do those things with you. (Belluso 50)[18]

The excerpt comments on the intersection of disability and asexuality as Harry denies the equation of the two concepts. Michael Chemers suggests that Belluso destabilizes notions that perceive people with disabilities less than human by portraying them as affective and connected individuals with needs, hopes, and desires like every human being (218). Belluso also demonstrates that Harry has been coerced into isolation by social norms that strip him of his individuality by labeling him "cracked," "broken," or disaffected.

Rather than upsetting Lou and causing feelings of dislocatedness, Harry's disability generates abundant positive meanings for her. As Carolyn Pedwell posits, an "empathetic identification" makes it possible to "open oneself up to different ways of knowing and new forms of intersubjectivity with the potential to dislodge and rearticulate dominant assumptions, truths, boundaries" (164). Touching Harry's legs, inquiring about his disability and engaging with Harry's wheelchair (pushing it, putting in and taking it out of the car) opens room for sympathy, desire, understanding and connectivity:

> LOUISE (*Staring at his legs*): No feeling at all?
>
> HARRY: No, I mean, I can kind of feel, like pressure, in some parts, but not really any sort of—
>
> LOUISE: So, if I poke your legs, (*Poking*) like this, you really can't feel at all?
>
> HARRY (*Smiling*): Well, I can see that you're poking my legs, so in a way that's sort of like feeling it. Don't poke my legs.
>
> LOUISE (*Embarrassed*): Oh, I'm sorry, I didn't mean to. . . I guess I was just really curious and I, the pot, I haven't smoked pot in so long, I guess I just. . .

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[18] Playwrights frequently use ellipses in the plays analyzed in this study. Therefore, when I omit words, sentences, or lines from quotations, I will use ellipses in square brackets throughout the dissertation to avoid confusion.

> HARRY: It’s okay. (*Taking the hand that she poked him with, smiling*) It’s okay. Relax. (Belluso 45)

The stage directions also indicate the affective connection that gradually develops between the characters: Lou stares; pokes; feels embarrassed that she disturbed Harry while he smiles because Lou’s attempt to really understand Harry has a positive impact on him. Nevertheless, Lou initially avoids any physical contact with Harry. Belluso unfolds her dilemma through stage directions at the end of Act One, Scene Four as follows:

> *Beat. He stares into her eyes, he wants to kiss her. She puts the joint in an ashtray—she looks at him. He moves across the bed, using his arms to move his body toward her, then moves his legs, adjusting them. He moves in close, kisses her, she pulls away.*
>
> LOUISE *(Staring at his legs, a look of discomfort)*: No. I’m too old for you. *(Quickly looking away from his legs, then looking to him)* No. Okay? But we will be friends. . . (Belluso 46)

Belluso’s meticulous depiction of Harry’s movements paves the way for a realistic presentation of disability experience and challenges the ableist gaze. Moreover, this scene is followed by Lou overcoming her hesitations and initiating sexual intercourse. These scenes open up new affective spaces by going against the audience’s expectations. That is, deconstructing the myth of asexuality attributed to the disabled and humanizing Harry as an individual with desires create a sense of disaffectedness.

Garland Thomson discusses the politics of looking and staring in *Staring: How We Look* where she explains people tend to stare when they see bodies that do not conform to the standards they know of. The stare becomes a power exercise between the starer and staree, Garland Thomson argues, and is also a method of communication that is rich in meaning, including “domination, adoration, curiosity, surprise, allegiance, disgust, wonder, befuddlement, openness, hostility, [and] reverence” (39). She notes that staring has the power to both “sustain” and “demolish” the object of the stare. While an individual may experience “judgment, appropriation, or abrupt dismissal” through staring, which exposes vulnerabilities, staring also validates this person’s being (59).

In this context, staring is both political and affective. Lou’s stare results in understanding, identification, and transformation whereas the ableist stare in society causes differentiation, which alienates the disabled body and renders it invisible in the social world. As a result, Harry has lived in isolation and Sandahl argues, although he is capable enough to improve his circumstances, he has waged a battle against the capitalist system, which does not and cannot change anything (232). When Harry is stared at with derision, it is because he is subject to neoliberal ableism and is seen as "useless" within a society that only values people for their functionary quality.

Yet, dilemmas are not solved just because Harry and Louise have initiated a sexual relationship. The cruel optimism of Harry and Lou's desperate struggle leads the couple to go into other affective states. Harry fails to see Lou's concerns and anxieties because he is too obsessed with the idea of fighting the healthcare system and capitalism. Harry wants to fight the neoliberal ableism together, whereas Lou just hopes Harry would help her navigate through the complexities of the system. That is, although they are oppressed by the same forces—gender expectations, class, and healthcare—their motives to stand up against them differ considerably. Sandahl elaborates on the reasons that draw Harry and Lou apart and states, "Harry's choices are a form of privilege that he fails to acknowledge. Lou must prioritize getting food on the table and heath care for her children over romance, pot smoking, political grandstanding, and intellectual debate" (232). This does not mean that Harry's problems are insignificant in comparison to Lou's, but Lou is below Harry in the social ladder as an uneducated single mother who is not qualified enough to find a job and provide for her family.

As a single mother, Lou is stigmatized by gender and class oppression. She feels ashamed of living on welfare and receiving Medicaid:

> LOUISE: What makes you think I'm poor?
>
> HARRY: You have the same shitty Medicaid HMO coverage that I have, can't even get a doctor appointment when you need one, have to go to the emergency room for treatment. Are you on welfare?
>
> LOUISE *(Pauses for a moment)*: Yes, I am. It's only for a little while, my ex-husband, he's out of work so he can't pay child support.
>
> HARRY: You don't have to make excuses, I collect Social Security Disability, I don't care if you're on—
>
> LOUISE: Yeah, okay. (Belluso 43)

Neither the welfare money, nor the Medicaid is enough to sustain a life with three children in need of care. Being dependent on government aid and her ex-husband makes Lou feel insufficient and desperate as a mother since she cannot solve her daughter's worsening health problems, nor can she meet her family's financial needs. Lou is in such a financially desperate situation that she cannot afford to buy the things she wants and needs. Once she "impulse shops" to feel normal and it results in an embarrassing situation at the counter:

> I was going to write a check, but I knew I only had ninety-seven dollars in the bank, and my kids were getting fussy and cranky, and I'm looking at the people waiting behind me, and they all got fussy kids, too. (*Beat*) And the number kept going up, past the amount I had, I'm sweating, watching the numbers go up. And the checkout girl turned and looked at me and the number was like, 120-something dollars, and she looked at me and in that moment, she looked all fucked-up, like she had sharp fangs instead of teeth and these really huge hands, and she could tell by the look on my face that I didn't have enough because I was all sweating and panicked, and I just told her, softly, like I whispered, "I gotta put some things back." I felt shitty, stupid, (*Short beat*) like a pig. (Belluso 49)

Lou falls victim to the ideological norms that equate happiness and personal fulfillment with consumption as she attempts to feel normal. As Berlant explains, "[t]he intensity of the need to feel normal is created by economic conditions of nonreciprocity that are mimetically reproduced in households that try to maintain the affective forms of middle-class exchange while having an entirely different context of anxiety and economy to manage" (180). As a woman who is oppressed both in private and public spheres of everyday life, Lou attempts to become the woman and mother she desires, but she is restrained from having a good life.

As the play moves into Act Two, the tone drastically changes. Throughout Act One, Harry and Lou are supportive of one another, and their affectivity relieves the stress in their lives. However, the more Lou is absorbed into the healthcare system, the more she feels desperate and stressed. In contrast to the optimistic mood of Act One, the distance between the couple increases and they go through several negative affective states as Lou's anxiety intensifies due to Bea's deteriorating health condition. Lou's affective responses to the emerging crisis are revealed through negative reactions such as outbursts. The conflict begins when Bea begins coughing up blood and reaches the climax in the scene where Harry interrupts Lou and Rebecca's conversation on the phone inappropriately in an outburst of anger, causing Rebecca's refusal to help Bea.

When Lou calls the HMO center and talks to Rebecca about Bea’s condition, Rebecca underestimates the situation and hangs up. Lou believes she is treated harshly because she is on Medicaid and attacks Harry:

> Oh, you’re going to tell me what I would benefit from? You, who has this really valuable skill to work with computers and who could be out having a great career and making money, but instead you choose to keep yourself locked away in places like this stupid college; reading the same books over and over, taking the same classes over and over. [. . .] all the while what you’re really doing is just hiding behind these stupid, politically correct beliefs that no one gives a shit about anymore, because you’re afraid to go out and live in the World. Well personally, I would fucking love to go out and be able to get a good job and make money, even if it is at some ‘evil capitalist” corporation! Right now that sounds like a fucking idea. (Belluso 55)

People like Lou are useless, disposable, and invisible in the capitalist system. As Butler states, institutions that are supposed to guarantee equality so that all citizens can claim existence in the public sphere actually “structured in such a way that certain populations become disposable, are interpellated as disposable, deprived of a future, of education, of stable and fulfilling work” (Puar 168). As a single mother in the welfare system, Lou is a burden on the economy since she does not contribute to the market economy. Therefore, Lou resents Harry because he is qualified enough to earn money whereas she is denied the opportunity to earn a living.

Harry goes through a similar affective state when helping Lou, resulting in a loss of control and outburst. Harry tells her that “[i]f you want her [Bea] to get the tests, you have to work the system. You have to be tough, strong, and hard like steel. (*Short beat, softly*) My mom, she wasn’t strong [. . .] she came from this whole generation where you didn’t doubt your doctor’s wisdom, but we can’t be that way anymore” (Belluso 54-55). Lou’s situation brings back the memories of his mother’s cancer treatment and eventual death, for which Harry blames the HMO system. Harry’s trauma resurfaces while Lou talks to Rebecca, causing him to become aggressive and interrupt their conversation to attack her. His rage aggravates the situation and Rebecca refuses to help after she is subjected to Harry’s hostile behavior. Shaking with anger, Harry does not realize his inappropriate behavior has denied Bea the treatment she needs. Not being able to cope with stress, Lou goes into a negative affective state, and she throws Harry out of the house during the rain, stating her indifference about his commute back home:

> HARRY: This is just like what happened with my mother, the American Health-Care System, it's fucked, this is just like what happened to my mother. . .
>
> LOUISE: No, it's not. I'm not your mother. (*Softly, coldly*) Get out of my house. (*A little louder*) Get out of my house.
>
> HARRY (*Smiling*): It's raining.
>
> LOUISE: I don't care. I don't care how you get home. Just—get out. Now. (Belluso 57)

As the excerpt shows, Harry is traumatized by his experiences as his mother's caregiver. This prevents him from prioritizing Bea's critical condition and what Lou needs. His unresolved issues with the past cost him a future with Lou who never promised him to fight the healthcare system together in the first place. Rather than relieving Lou's stress by serving as a mediator, Harry causes further problems. Moreover, complicated by financial predicaments, her struggle with the healthcare system places intolerable pressure on Lou's life as a single mother. As a result, she cuts off emotionally and distances herself from Harry.

Lou attempts to reduce her anxiety using two affective practices. First, believing she can convince Rebecca to authorize the necessary tests, she visits Rebecca in person to reverse her position as the "distant other." Although Rebecca was unresponsive to the situation with Lou on the phone, a face-to-face communication creates an affective intimacy, and she finally empathizes with Lou's desperate situation. Sandahl states that two women immediately connect thanks to "epistemic experiences of motherhood" (233). The affects of the female bond emerge, and Rebecca goes against the system, risking her job by authorizing the tests that reveal Bea's serious condition. Despite all the transformation she goes through due to affective encounters with Rebecca and Harry, knowing that she will need money throughout this process, Lou reunites with her ex-husband. She explains her desperate situation to Harry as follows:

> He's doing good right now, he's making good money at his new job. I'm not stupid, I know what he did to me. But I can't keep doing this by myself and he loves the kids and I need money and I need help. And you, you don't have any money. And you're not going to do anything to get money. (*Short beat, softly*) I'm not stupid, but I know, I really don't have a choice. (Belluso 59)

The quote reveals that the solutions Harry has offered such as getting an education and finding the weaknesses of the system to manipulate it will not solve Lou's immediate problems of caring for a child with a debilitating illness. Reuniting with her abusive ex-husband is the most practical solution for Lou, since this option allows her to focus on taking care of Bea. However, it is uncertain whether this will work out well for Lou considering her husband's nature. As Chemers states, Lou has to "debase herself, prostrate herself, and subjugate herself both to begging for the care to which she is entitled and to her disgusting ex-husband" (221). Her socioeconomic conditions and neoliberal ableism render Lou vulnerable. This is a point where the play diverges from other depictions that have shown heroic mothers grappling with disability and evokes the social model of disability as Bea and Lou are subject to the ways in which disability is not accommodated or supported.

The medical institutions constitute an important place in *Pyretown* as the play exposes the politics of the healthcare system. At the beginning of the play, Lou is at a hospital trying to convince the receptionist that her daughter needs to be examined by a doctor immediately. The way she describes her desperate situation demonstrates the fact that single mothers must almost always juggle a lot:

> I'm really not a cranky person, I swear I'm not, but I have two kids with me who have not had naps, I have another kid who I need to pick up from daycare in . . . (*looks at her watch*) seventeen minutes, and I have a Yankee pot roast which I need to cook and slice into little pieces for my kids to eat, and eventually for me to eat as well. I am tired of waiting. I want to see a doctor, NOW! (Belluso 42)

As the excerpt clarifies, Lou has been waiting for a long time for a simple examination. The bureaucracy in the healthcare system contributes to the anxiety that comes with Lou's responsibilities as a single mother: "I already gave you our card, yes I did, I gave it to that nurse, that one over there. [. . .] No ma'am, I definitely filled that form out already, yes I'm sure I did, no, she took both the white and the pink copies of the form. I don't have any copies at all" (Belluso 41). Although Lou has done everything properly and followed the rules, the hospital requires her to confirm each step repeatedly, costing her time and energy.

Meanwhile, Harry watches Lou struggling with the receptionist, and he offers to switch places in the waiting list so that she can see the doctor before him. Harry knows the system well and explains to Lou that if she annoys the nurses, they will make her wait longer: "You have to make them like you, compliment their nail polish, or something like that" (Belluso 42). Although their job is to treat people in need of medical care, the cold and detached medical personnel do not care whether or not the patients have urgent needs. On the contrary, they are so insensitive to patients' problems that they deliberately make people wait if they cause any problems.

This pattern—of medical personnel—can be explained by what Arlie Hochschild termed "emotional labor" in her 1983 book, *The Managed Heart: Commercialization of Human Feeling*. Describing a flight attendant's work, Hochschild explains that in addition to mental and physical labor, a flight attendant's job requires emotional labor, which basically means controlling emotions at work (7). In her preface to the 2012 edition of the book, Hochschild expands the list and explains that whether reluctant or not and whether successful or not, people working in "[d]ay-care centers, nursing homes, hospitals, airports, stores, call centers, classrooms, social welfare offices, dental offices" do emotional labor by suppressing their feelings and emotions and managing those of others (ix). Hochschild blames the neoliberal politics of labor for fostering emotional labor in the name of a competitive market. She claims that with the rapid privatization of hospitals and the healthcare system, medical personnel are forced to detach themselves from the patients and suppress such emotions as care and empathy (i.e., detached concern). Moreover, assigned to tasks which make them "float" from one unit to the other, those who work in medical centers are prevented from enacting care: "Encouraging a patient to eat, listening to a patient story, making a joke, patting an arm—such acts lost importance. They were absent from the medical charts. And these days 'if something isn't on the charts . . . it didn't happen'" (xii).

Rebecca's scenes are also significant because the reader/audience witnesses how her affected state gradually changes due to the emotional labor she has to perform. The play opens with a prologue where she addresses the audience to introduce the first scene and the theme of interconnectedness of individuals:

> There are slivers of something inside of our bodies. Fragile strings of us, slivers, thin, like the most delicate of veins. But they are not veins, they are made of a different Substance.
>
> They are contained within each body, but they also break outward; breaking out of the skin, connecting themselves, to other bodies. Tight, taut, radiant threads of Interconnection, threads constructed of Power and Desire. [. . .] I do believe in these *connections*, I truly believe these slivers exist. And I see them. They reveal themselves in small moments, small exchanges. (Belluso 41)

Showing a state of affectedness, the monologue introduces Rebecca's emotional connection to her environment. She believes that affects circulate among individuals, and they find their emotional representations in small but pleasant exchanges in daily life. This is exemplified when Harry and Lou are introduced to the scene: Harry is in a supermarket and struggling to reach a shelf, but it is impossible to get what he wants from his sitting position. Lou helps him, they exchange smiles and continue their shopping separately. The scene shows, to borrow from Greenwald Smith, the "unpredictability of affective connections" (2) because it introduces an unfamiliar affect, which finds its representation in interdependence. As Sandahl states, there is neither fanfare nor pity, just a sense of reality (230). Rebecca is moved by mutual dependence and affective connectivity as she describes this moment as a moment of connection and "a beautiful moment of Power and Desire" (Belluso 41).

Rebecca's job requires her to decide whether the patients need medical treatment over the phone without even actually seeing them. At first, she is in a moral and ethical dilemma between her desire to help people and her company's instructions to cut the budget, an implication that medical authorities favor finances more than individuals' health. Yet, barred from face-to-face communication, which has an affective potential, Rebecca cuts off emotionality. The HMO, a profit-driven company, forces her to slowly transform from an affectively connected individual into a detached, insensitive, and cruel doctor who scolds patients and denies them treatment depending on her whims. Trapped in the medical-industrial complex as a doctor who wants to keep her job, Rebecca begins acting cruelly because of the emotional labor she has to perform. She underestimates the concerns of a woman whose husband has had a stroke before and draws pleasure from exerting power over her. Rebecca keeps the woman on hold while she gets creamer for her coffee and lies to her by stating that she has been looking at her husband's file (Belluso 47-48). Although she was sensitive and had warm conversations with the patients when she first started her job as a Utilization Review Physician at the HMO, she has become cruel in time as the following scene also demonstrates:

> REBECCA: [. . .] What you need to do is to settle down, hang up the phone and put him to bed. Your request is denied.
>
> *Back to the audience Rebecca is a bit stunned at her own anger, then a smile; a note of pride in her voice.*

REBECCA: Denied. (Belluso 48)

As a part of the system, the more Rebecca detaches herself from the patients and pushes her affective self away, the more she feels successful at her job. Lou breaks this cycle when she visits Rebecca and reminds her of the human aspect of her job.

To conclude, *Pyretown* portrays the social, cultural and political problems existing in American society in such a realistic manner that some critics label it as didactic. Andrea Stevans, for instance, states in her review published in *The New York Times* that the conversations, especially those toward the end of the play, are more like a part of a lecture than a play. Sandahl also argues that "Rebecca's Brechtian interruptions provide moments of reflection for audience members to consider both the conflicts between characters' interpretative frameworks and between their own and the characters'" (229). Therefore, although these scenes break the fourth wall and the illusion of reality, the play is still a realist social problem play because it problematizes social and political institutions, which oppress individuals and erect barriers that hinder liberty and equality. Through the characters who are in conflict with institutions, such as the healthcare and welfare system, restricting their choices in life, *Pyretown* calls for a redefinition and reorganization of social order by creating a sense of disaffectedness in the audience/reader. The play avoids using disability as a narrative prosthesis and explores its intersections with gender, sexuality, social class, and the healthcare system. Belluso illustrates that Harry's tragedy results from his struggle with the HMO, not from his disability. Similarly, Lou suffers due to insufficient government support for her sick child. The neoliberal ableism in the public sphere renders her more vulnerable as a single mother. Rebecca's life is governed by precarity as she is trapped by profit-driven medical institutions, and capitalist work ethics that threaten her with unemployment unless she complies to the strict rules. The villain, or the problem, in *Pyretown* is not disabled individuals, but the neoliberal politics and the unjust medical approach to disability. Unlike traditional texts that eventually remove or cure disability, *Pyretown* leaves "the problem of disability" unsolved at the end to emphasize that the main issue that needs to be addressed in the United States is the dysfunction in the healthcare system and the established status quo, which cause citizens to suffer financially, emotionally, and socially.

1.2. AMY HERZOG'S *MARY JANE*

Having received her M.F.A from the Yale School of Drama, Amy Herzog mainly writes plays based on personal experiences, especially about her family members. *Love Song in Two Voices* (2010), for instance, is about her mother and herself whereas *After the Revolution* (2010) and *4000 Miles* (2011) feature her grandmother as a character (Bigsby 76). The playwright won the New York Times Outstanding Playwright Award for *After the Revolution*. *4000 Miles*, on the other hand, won the Obie Award in 2012 for Best New American Play and it was a finalist for the Pulitzer Prize for Drama in 2013. Herzog's other works include *Belleville* (2011) and *The Great God Pan* (2012).

Bigsby explains Herzog's dramatic style as follows:

> She is clearly still in search of an understanding of her family members and, inevitably, of herself, but these are works in which the intensely personal co-exists with a sense of a wider context to do with generational differences, conflicting values and needs. Beyond that, there is a sense in these plays that her family offer a kind of authenticity . . . as they come to stand for shared passions, hopes denied, ideals compromised, a redemptive persistence as the generations communicate or not across a gap of experience. (76)

Mary Jane (2018) had not been produced when Bigsby wrote his book, so he focused on the generational aspect of the playwright's family exploration. In addition to presenting similar themes to which Bigsby refers, *Mary Jane* also draws on Herzog's experiences of having a child with a debilitating disorder. As Meghan O'Rourke states, the work is a "testimony to a lived experience that many look away from" (53). The playwright adeptly merges her personal experiences and observations into wider contexts such as the national politics of healthcare and caretaking.

Mary Jane premiered at Yale Repertory Theater in 2017 and it opened off-Broadway four months later. Both productions were directed by the Obbie-winning Anne Kauffman, but the cast changed for the New York production to include famous stars such as Carrie Coon, who was a Tony nominee in 2013 for her performance in *Who's Afraid of Virginia Woolf*, as Mary Jane and Brenda Wehle as Ruthie (Part One) and Tenkei (Part Two). The play won the New York Drama Critics' Circle Award for Best Play in 2018.

Mary Jane focuses on the story of a single mother named Mary whose son has cerebral palsy as well as other severely debilitating illnesses resulting from his extremely premature birth. It is revealed that her husband panicked and abandoned his family when he discovered their son’s illness. Since then, Mary, who also suffers from chronic migraine attacks, has taken care of Alex, devoting all her time, money, and energy to him. Although Alex is never seen on stage, the sound of his compulsory medical equipment is occasionally heard, and his absent presence is always felt by the reader/audience as he is at the center of Mary’s life. Having to ignore her own needs and desires, Mary is completely preoccupied with providing decent care for her son; however, she is unable to prevent his seizures. This does not mean that *Mary Jane* is another inspirational story that glorifies the self-sacrificing mother. Rather, by focusing on the obstacles Mary Jane faces, the play exposes the problems with American society that hinder a single mother’s well-being. While doing so, Herzog does not use the tropes of disability as a burden, but she dramatizes the experience of mothering a disabled child as fulfilling and delightful as mothering a nondisabled child.

Mary Jane does not seek to evoke the reader’s/audience’s sympathy, nor does it produce normative emotional expressions such as pity and horror. As David Cote argues in his review of the play:

> Neither play nor staging pander to base desires for cathartic tears or medical miracles; instead, there’s a distinct, implacable gear-shift into the grimly institutional portion of the story. You keep waiting for Coon’s supermom to lose her composure or crumble in despair, but the worst is tetchiness at a wayward music therapist.

Disrupting ableist expectations, the play indeed opens a space for moments of disaffection and paves the way for a (re)consideration of the politics of healthcare, disability, and motherhood in a broader context. Unexpected affects in *Mary Jane* demand novel ways of thinking about the experience of disability.

The playwright’s aim is to inform the reader/audience about an experience rather than triggering a surge of affects that result in emotions such as pity. She also explains in an interview that her primary motive for writing and producing *Mary Jane* has been to convey a sense of understanding:

> I was insistent throughout the process of *Mary Jane* that there’s no catharsis in that play. I was trying to arrive at a new framework of thought, not a new feeling, and I didn’t want the audience to cry and leave cleansed and renewed—why should they? To the extent that the play is about suffering, that means both experiencing hardship, and also, more basically, just enduring. (O’Rourke 60)

Herzog touches on the ethics of representation by emphasizing the futility of dramatizing the experience of disability as misfortune and a source of pity. Instead, she insists on presenting realities, which makes room for new affects, to ensure that the reader/audience understands the costs and gains of disability experience as well as what this experience means to the families. Cote also praises the playwright by stating that "[a] lazier playwright would make the 95-minute piece a slow build to one caregiver's tear-jerking breakdown, but Herzog (*4000 Miles*) has more respect for human resilience." This is essential because "the reality of having a sick or disabled child—and the very lives of those children—is often sugarcoated or simply ignored" both in American society and in the world of literature and art (O'Rourke 53).

Within this framework, a wide range of feelings and experiences—vulnerability, despair, hope, desperate battles against ableism in society and the medical world—are featured in *Mary Jane*. A family system consisting of a single mother taking care of a disabled or sick child does not conform to the normative social expectations of family and motherhood. Mary always remains strong and determined despite all odds, yet this does not render her as an angelic caretaker, nor does she maintain a heroic stance. Herzog states that she was cautious about representing motherhood on stage:

> I firmly believe in representing motherhood in its less picturesque aspects. . . . Many stories out there about special needs parenting have this lie at the core, something like, "You have power. You can fight for your kid, and in some meaningful way, you'll prevail." But for me this is finally a story of failure. It's a story of a mother who's doing everything, and she can't save this child. All she can do is be there through it and pay attention. (O'Rourke 71)

Mary Jane leads to disaffectedness, or produces impersonal feelings as Greenwald Smith states, by moving beyond generic codes pertaining to motherhood and caretaking. As Herzog maintains, social and political discourses are replete with the putative images of ideal mothers; therefore, it is the duty of the playwright to deconstruct these ideal identifications imposed on families with disabled members, especially on mothers.

To achieve this, Herzog employs several techniques. Most importantly, she makes use of an all-female cast, through which she promotes a female bond against the tyranny of the normal. The playwright also puts the exemplary personnel in the medical and professional care work system on stage while those who are corrupted by the system are only mentioned in conversations. Moreover, while critiquing neoliberal ableism in the professional world and the medical model of disability, Herzog shows that alternative care models are possible. Finally, she challenges notions about mothers by dramatizing different modes of motherhood.

All characters in the play are women, an essential choice which comments on the feminization of care and underscores the significance of female solidarity against oppressive gendered and ableist expectations. Each character shares one scene with Mary Jane, in which both an aspect of mothering a disabled child is addressed and the affective potentials of interdependency are introduced. Stage directions reveal that each actor plays two characters (Ruthie/Tenkei, Sherry/Dr. Toros, Brianne/Chaya, Amelia/Kat) except for Mary Jane. By doing so, Herzog explains, “the play offers a formal answer to the question of what happens to Mary Jane at the end: she’s going to go be someone else now. Like this child may not live, and then she won’t be the mother of a sick child anymore; she will be someone else. And, you know that doesn’t mean that it’s a happy ending” (O’Rourke 72). The transformation Herzog suggests is not the same as character development. None of the characters transform because of an encounter with disability, nor do they give normative affective responses to these encounters. What Herzog means by “being someone else,” is adaptation rather than transformation caused by a tragedy.

Herzog explores the affective capacities of the female bond, which is manifested through understanding and support. Care comes in multiple forms and variations in *Mary Jane*, reinforcing the idea of interdependence. The first scene introduces Mary’s circumstances as Mary and Ruthie, the superintendent of the building, are having a conversation while Ruthie is plunging the clogged kitchen sink drain. Even though Ruthie and Mary Jane are not very close, they form an affective connection. Ruthie states that Mary Jane “seem[s] to be someone who’s carrying a lot of tension in her body” and she adds, “I’m partly inferring and partly it’s what I see in your body. [. . .] You’re very nice, very pleasant and with what you’re dealing with I wonder if you have an outlet for expression or if you’re absorbing that all in your body” (Herzog 10). These remarks are followed by a story of Ruthie’s sister’s cancer treatment. Ruthie’s attempt to share and talk is her affective response to Mary Jane’s situation. Realizing her own emotive response to her struggle is initially hard to pin down for Mary Jane, yet she gradually expresses how she feels with the help of Ruthie:

> MARY JANE: I feel. . . I feel. . .
>
> RUTHIE: Uh-huh?
>
> MARY JANE: I feel pretty okay most of the time. I'm tired?
>
> RUTHIE: Sure.
>
> MARY JANE: But I think, I think sometimes when other people look at me—ha! People who know what's going on in / my—
>
> RUTHIE: Uh-huh.
>
> MARY JANE: They're like, *whoa*, but actually, being inside it?
>
> I don't know, it's not so. . .
>
> I think they'd be surprised.
>
> [. . .]
>
> MARY JANE: I am very tired.
>
> RUTHIE: Well / yeah because you—!
>
> MARY JANE: I used to be someone who treasured sleep, I *cherished* it. Before, if you had asked if there's one thing I couldn't do without, I would have said sleep. But. . .
>
> RUTHIE: But you adjust.
>
> MARY JANE: It's amazing. (Herzog 12-13)

The two women experience an affective connectivity, which prompts a mutual understanding and bonding. As a result, Mary Jane shares her feelings whereas Ruthie, who strictly follows laws and rules as a superintendent, decides to ignore that Mary Jane took down the windows guards because they bother Alex, who loves looking out at times when he cannot go outside. The law requires window guards if there is a child at home; however, there is no exception, in Ruthie's words, "for kids like Alex" who cannot possibly climb up. Normative law, which is supposed to guarantee a child's well-being, turns out to be a barrier against it when the bodymind of a child does not conform to ableist and normative standards. Therefore, empathizing with Mary Jane and really understanding her circumstances at home, Ruthie decides in favor of Mary Jane.

The second scene portrays Mary Jane and Sherry, Alex's caretaker during the day. The relationship between the two women has moved beyond the professional level as they are now friends who help each other. As a professional caretaker, Sherry, who has not lost her affective self and is not overcome by the emotional labor, is significant in the sense that the playwright deliberately puts positive representations on stage. Calling

Alex her “little prince” rather than “a case” and enjoying the various ways he communicates, Sherry is very attentive to Alex’s well-being. She takes care of Alex medically and also helps Mary Jane by reminding her of the things she needs to do and by sharing the crops she grows in her garden. It is revealed through their conversations that Alex has different caretakers at night and Mary Jane has had negative experiences with them: One fell asleep and did not realize Alex had a mini seizure, whereas others either said “the case is too hard” or compared their “work environment” at Mary Jane’s house with the other luxurious houses where they had their own rooms, TVs, and coffee makers (Herzog 20). Stating “the case” is not hard, Sherry criticizes her colleagues and claims their attitude is not acceptable: “These are highly trained RNs making fifty dollars an hour. They can stay awake and pay attention” (Herzog 20). On the other hand, Mary Jane begs her not to tell the agency because she will be on her own until the agency arranges a new nurse. It jeopardizes her situation because she cannot sleep those nights when she needs to take care of Alex alone. Since she has already had three shifts empty this month, Mary Jane cannot afford to have more. The scene demonstrates the ways mothers as primary caregivers are at the mercy of the medical complex. By comparing Sherry to other nurses, Herzog shows that affective connection in professional care is possible and necessary to make a difference in the lives of families and patients.

Although Mary Jane is the focus of the play, Herzog also covers various stories of mothers whose children suffer from similar illnesses or disorders. Mary becomes acquainted with these women through mutual friends or at the hospital. Their conversations manifest complex emotions resulting from their experiences of having children who need constant care. As Herzog demonstrates, each family’s experience is unique, presenting differing aspects and complexities of caretaking. Mary Jane’s scene with a mother named Brianne reinforces the theme of interdependence. It demonstrates that parenting disabled children actually requires cumulative knowledge, since they pass on their knowledge to others by sharing their experiences.

The scene shows Mary Jane informing Brianne enthusiastically because nobody has told her what she would be going through. As Sara Eleanor Green explains in her article “‘We’re Tired, not Sad’: Benefits and Burdens of Mothering a Child with Disability,” encountering “the complex array of medical, educational and social services” is difficult and overwhelming at first; however, mothers of disabled children become acquainted with the system over time, which enable them to navigate and manipulate the system (158). Mary Jane is now familiar and therefore comfortable with the system, but, as the stage directions show, Brianne is overwhelmed: "*Mary Jane is making drinks in the kitchen. Brianne is taking notes*" (24), "*Really trying to keep up*," "*Brianne writes furiously*" (25), "*Brianne is overwhelmed, by the picture, by it all*" (27), "*Pause. Mary Jane realizes that Brianne is crying. Mary Jane is suddenly mortified by all the talking she has been doing. She gets Brianne a tissue*" (28). Green argues that mothers experience an increase in "confidence, skill, [and] assertiveness" (160) by fighting the system. The scene shows that Mary Jane has gained those skills and Brianne will also experience the same growth.

Another mother Mary Jane forms an affective bond is Chaya who has seven children, one of whom is disabled and shares a room with Alex at the hospital. Like Mary Jane, Chaya also complains about the ableist comments:

> Some people don't have stuff, I know a lot of people, in fact, without any stuff at all. (*Mary Jane laughs.*) It's true, and what they always say to me, 'It's a blessing, what God has given you, Adina is a blessing.' I think, right, the kind of blessing you don't know anything about and you don't want to know anything about. They say, 'What can I do, tell me what I can do?' I say, 'You can pray for her, that's all you can do, so stop asking me.' (Herzog 61)

As Chaya's statement reveals, the mothers are fed up with being the object of pity. They might be overwhelmed but dealing with ableist questions from those who wish to clear their conscience is actually detrimental. These comments come from every direction, even from the closest family members, such as Chaya's sister:

> My sister . . . she means well, but . . . it's like somebody said to her, 'Just act normal with Chaya, be cheerful, she has enough sadness in her life.' But my situation is not normal and I don't feel like being cheerful. Everything I say to her, there's a 'but.' I say, 'Adina isn't doing very well this week, she has no energy.' My sister says, 'But she doesn't seem uncomfortable, thank God for that!' Okay, but why is she exhausted, is she getting a virus, that's what I'm trying to figure out. (Herzog 64)

This shows that even though Chaya has an extended family that "makes things easier, in certain ways," trying to put a positive spin on the situation is tiring and patronizing.

Unlike those who have stereotypical understandings of the experience of disability, Amelia, Sherry's niece, attempts to have a real connection with Alex and Mary Jane.

Having heard a lot about Mary Jane and Alex from Sherry, Amelia visits them. Her encounter with Alex thwarts the normative affective responses of pity, horror, or abjection. Instead, she produces nonnormative emotions after her encounter with Alex's disability and she finds him cute. Amelia's communication with Alex, which results from her positive affectivity, also creates a state of affectedness in Mary Jane and generates a desire to share what she went through when Alex was first born. Amelia listens without interrupting Mary Jane, and she asks questions not out of ableist curiosity, but to comprehend her circumstances.

The last scene of the play involves Mary Jane and Tenkei, a Buddhist nun, who stays with Mary Jane while Alex is in surgery. Tenkei comforts Mary Jane, whose migraine attack starts, by encouraging her to talk about Alex. None of the questions are about Alex's condition and she refrains from nondisabled assumptions about Alex. By doing so, Tenkei unearths alternative affective potentials of disability as Mary Jane talks about everything she loves about Alex's personality rather than his disability. As opposed to the medical approach, which sees her son just as a case, and the ableist gaze that reduces the disabled body to a position less than human, Mary Jane grants Alex his humanity back by talking about his personal attributes such as being stubborn, funny, and loving.

Although Mary Jane has a community of women who help and support her, she still has to juggle a lot due to the unaccommodating structure of daily life. The play takes place in two different but related locations. The setting of Part One is Mary Jane's apartment where Alex receives home care. Part Two, on the other hand, is set in the PICU (Pediatric Intensive Care Unit). The choice of setting is significant in that it presents caretaking in all locales as Mary's life oscillates between these two spaces. Herzog's note that states the play should be performed without an intermission reinforces Mary Jane's liminal position. She is stuck between her apartment and the hospital room as Alex's condition restricts flexibility in her social and professional life. The play repeatedly emphasizes that the caretakers except for Sherry are not reliable, since they either fall asleep or miss their shift, and the agency fails to find a substitute. Therefore, Mary Jane cannot rely on professional caretakers completely and she never takes a break from her duties as a mother and caretaker. Performing the play without an intermission contributes to the main theme of the play, as it allows the audience to witness what it means to never take a break from disability.

Mary Jane works as an administrative assistant to her sister's friend from college, who hired her "as a favor." Mary Jane reveals that she works there for the benefits since their health insurance covers everything she needs, including home nursing. However, keeping her job is not easy because her life does not conform to the normative work structure. Monica Dowling and Linda Dolan explain in their article "Families with Children with Disabilities—Inequalities and the Social Model" that "in addition to the time constraints placed on all parents (i.e. school hours and holidays), disabled children often have to attend hospital or specialist appointments on a regular basis and *may* be unwell on a more frequent basis" (31). Therefore, Mary Jane is at risk of losing her job because she is already out of both sick days and vacation days in July because Alex "had a bad winter" (Herzog 29). She comments on the situation, stating that she is "letting Kelly [her boss] down" who is doing her best as a "good person" (Herzog 29). However, it is also revealed that Kelly pushes Mary Jane to work harder: "Can you get these printed before I come in at . . . no, I can't Kelly, 'cause I have to drop Alex off at his day program at 8:30, and you know that. (*She writes back.*) [. . .] She wants to do the right thing by me so much, she does, but she's also trying to climb the ladder, it's like—it's daily moral agony for her" (Herzog 17).

Mary Jane and Alex's well-being is at Kelly's—or any other employer's—mercy, and the competitive structure of the neoliberal work ethics forces Kelly to prioritize her interests, even if this means putting Mary Jane in a precarious position. Therefore, Kelly sees no problem in firing Mary Jane when she has been staying at the hospital for weeks after Alex's seizure:

> MARY JANE: I do understand. I do. I'm at a loss, too. (*Pause.*) If I could give you a date, Kelly, I would, I just . . . (*Pause.*) Right. My only question, and this is a tough one. Is whether there's any way to continue my benefits. Just until I find something else, and I promise you, that won't be long. [. . .] I appreciate that. And I will keep my expectations low. I know. I should go too. Oh Kelly—? Thank you again for both the gift baskets, they were spectacular. Bye. (Herzog 69-70)

The quotation shows that Kelly conforms to the hypocritical and superficial capitalist norms that devalue the lives of employees. She knows that Mary Jane needs the benefits of the job, so sending gift baskets, which would be of no use to Mary Jane and Alex, means that Kelly only clears her conscience. By dramatizing Mary Jane's futile struggle to keep her job, Herzog points out the destructive consequences of precarity for single mothers with sick/disabled children. As Dowling and Dolan argue, it is almost impossible for single mothers to find a job that would accommodate their responsibilities and needs, which eventually puts them in a financially and socially vulnerable position (32). Therefore, Herzog calls for social and economic politics that secure individuals' happiness and well-being rather than rendering them more vulnerable.

The challenging and demanding conditions Mary Jane endures certainly require single mothers to live in what disability activists call "crip time." Calling "time frames like work schedules, deadlines, even just waking and sleeping" normative, activists call for an understanding of "crip time" which requires flexibility. As Alison Kafer puts it, "crip time" is both flexibility for punctuality and extra time needed to arrive somewhere or complete a task:

> This need for "extra" time might result from a slower gait, a dependency on attendants (who might themselves be running late), malfunctioning equipment (from wheelchairs to hearing aids), a bus driver who refuses to stop for a disabled passenger, or an ableist encounter with a stranger that throws one off schedule. Operating on crip time, then, might be not only about a slower speed of movement but also about ableist barriers over which one has little to no control; in either case, crip time involves an awareness that disabled people might need more time to accomplish something or to arrive somewhere. (26)

Herzog shows that in addition to social and political support, single mothers with disabled children also need "crip time" as they suffer from the normative structure of work life, which requires punctuality, constant availability, and productivity to sustain order and maximize profits. Herzog poses a critical and ethical question, prompting new ways of seeing and reconsidering disability experience.

The medical model of disability is also under scrutiny in the play since the playwright focuses on the social and political dynamics of medical institutions. In *Mary Jane*, Herzog exposes how neoliberal, profit-driven practices in the medical institutions and healthcare system operate. Mitchell and Snyder explain that:

> in the United States the implementation of neoliberal austerity measures reference "access" to health care for all but falter at medical care as a right of individuals. They also have little say about quality of care, how and where one might receive said care, even the more critical question of what supports make a life possible outside the walls of an institution. These are all part of the persistent terrain of social uncertainty regarding how much any crip/queer body can expect of the social order within which it must exist. ("Posthumanist" 269)

That is, the wellness of the bodies, whether within medical institutions or at home, is left to the mercy of those whose main desire/duty is to minimize the costs while maximizing profits. This issue is addressed throughout the play, but it is discussed more explicitly in the scene where Mary Jane lectures Brianne. As an experienced mother who initially was not told she could receive necessary equipment upon request, Mary Jane makes sure Brianne knows her child's rights: "This may seem like a ton but I didn't get on the equipment train until Alex was like one and a half, and I was mad nobody told me, and the reason they don't tell you is it costs / them money" (Herzog 26). As Mary Jane's statement shows, the support system that supposedly exists to help families is time-consuming and profit-driven. Therefore, mothers must fight the system to receive the necessary treatment for their children, which adds one more task to their to-do list.

Unlike Rebecca, the character who represents the medical institutions in Belluso's *Pyretown*, the doctors present on stage in *Mary Jane* are not corrupted by the system and they have not (yet) been overcome by the emotional labor they must perform. Herzog villainizes institutions ruled by neoliberalism while showing that medical personnel can still have a positive impact on patients and their families, once they move away from the binaries of normal and pathological. Two doctors Mary Jane interacts with communicate with her empathetically, trying to help both her and Alex. Dr. Toros, for instance, realizes how tired Mary Jane is and reminds her that she needs to take care of herself. Moreover, when she learns that Mary Jane has requested music therapy for Alex a couple of times, she wonders "[w]ho is getting music therapy, that's what I'd like to know. 'Cause it seems like every parent I talk to." (Herzog 55). Like Mary Jane, Dr. Toros knows how to manipulate the system and she uses that knowledge to put Alex on the list. This shows that the problem is not the medical personnel. Some doctors are willing to help, but they either do not have the time or they are excluded from some decision-making processes. Therefore, the real problem is the profit-driven institutions that employ a minimum number of medical personnel and limit their services. Dowling and Dolan state that the financial structure of medical institutions "results in long waiting lists," and families waste time trying to battle these services so that their children receive necessary treatment. This battle puts pressure on the primary caregiver and negatively impacts mental health (26).

Mary Jane's breakdown with the music therapists is the result of her exhaustion with fighting the system. When the music therapist finally arrives, Alex is asleep still under the influence of anesthesia, which is not the right time for music therapy. The hospital administration is supposed to inform the families when they are next on the list to make sure the children can benefit from the therapy. Instead of doing what is vital, they send bubbles and coloring books to Alex, who cannot "hold a crayon even when he's healthy" (Herzog 72). Upon learning that scheduling another appointment will be difficult for her, Mary Jane loses her patience with the system:

> But maybe you can tell your supervisor, or . . . that I have been telling my son for weeks that someone's coming to play music. And it may seem to you guys that he doesn't hear me or understand me, but he does hear me and he does understand me. (*Pause*). And when I tell him there's going to be music and then there's no music . . . Then that's actually harmful. Your music therapy program has been harmful to my child. (Herzog 73)

Affected by Mary Jane's situation, the music therapist helps Mary Jane, stating she will play music for Alex and will not "submit any paperwork for this visit" so that Alex is not pushed down the list and visited again in the near future (Herzog 74).

This is not the first time the hospital sabotages Alex's well-being. Every day, they disrupt his sleep for an x-ray since they come at "the only time Alex is reliably asleep" (Herzog 57). Moreover, families sometimes spend weeks at the hospital and the conditions are not accommodating, especially for Mary Jane who is the only person taking care of Alex. Patients can stay in private rooms, which Mary Jane can only "dream about," only when all beds are full. It is important for Mary Jane to have a private room because they sometimes spend weeks at the hospital. However, even these private rooms are not designed for the comfort of the patients, so they are still not in a fully private space and need to share other public spaces, such as bathrooms.

Although Alex is pathologized by the medical model of disability, Herzog's portrayal of the relationship between the mother and son challenges ableist perceptions of Alex as a sick and disabled child. When arguing multiple approaches to disability, Siebers posits that the most significant factor that secures the happiness of a disabled individual is embracing disability as a positive identity and "benefit[ing] from the knowledge embodied in it" (*Disability Theory* 27). Alex is too young to be aware of the politics of disability; however, as his caretaker and mother, Mary Jane makes sure that Alex is not just a case, but a human being whose bodymind embodies knowledge that deserves attention and appreciation. As Siebers states, “embodiment seen complexly understands disability as an epistemology that rejects the temptation to value the body as anything other than what it was and that embraces what the body has become and will become relative to the demands on it, whether environmental, representational, or corporeal” (*Disability Theory* 27). This requires a change in the affects of disability, and Herzog obliges by dramatizing Alex’s and Mary Jane’s experience with disability as rewarding and fulfilling.

As a dramaturgical choice, Alex is never seen on stage, yet Herzog makes him present through the sounds of his medical equipment and the stories Mary Jane or other characters share about him. Alex’s physical invisibility on stage triggers questions regarding disability visibility in theater. Disability activists in performance studies advocate for the visibility of disabled bodies on stage; however, as Sandahl’s response to the Chicago production of *Pyretown* shows, they also accept the complexities of representation. In *Unmarked: The Politics of Performance*, Peggy Phelan explores the “connections between representational visibility and political power” and argues that presence on stage does not always guarantee visibility in social and political arenas (1). Calling visibility a trap, Phelan articulated that it can be a double-edged sword:

> Visibility . . . summons surveillance and the law; it provokes voyeurism, fetishism, the colonialist/imperial appetite for possession. Yet it retains a certain political appeal. . . . While there is a deeply ethical appeal in the desire for a more inclusive representational landscape and certainly under-represented communities can be empowered by an enhanced visibility. (*Unmarked* 6-7)

Phelan suggests that if “representational visibility” brought power, “almost-naked young white women” would be enjoying political and economic power now (*Unmarked* 10). Therefore, she notes that it is essential to draw a line between “willfully failing to appear and never being summoned” (*Unmarked* 11). What she is suggesting is “an *active* vanishing, a deliberate and conscious refusal to take the payoff of visibility” (*Unmarked* 19).

Within this framework, Alex’s invisibility can be problematic from a disability identity perspective, yet the way his presence is conveyed to the audience gains significance since it makes room for new affects. In her article entitled “Disability’s Invisibility in

Joan Schenkar's *Signs of Life* and Heather McDonald's *An Almost Holy Picture*," Stacy Wolf proposes that rather than making the disabled subject "visible but silent," giving voice to an invisible body would avoid the danger of a metaphorical approach to disability (307-308). According to Wolf, using language, or other modes of representation, open for new possibilities of reception such as "visual, aural, and the tactile" (308). Consequently, the affect of disability does not register to a usual, or stereotypical, embodied representation. For instance, the first time Alex is introduced to the audience is through a beep sound. The stage directions continue as follows: "*The loud drone of a suction machine can be heard, then the sound of it sucking up some saliva. The beeping stops. Mary Jane returns, resumes her seat and her Coke*" (Herzog 10). The suction machine is an inseparable part of Alex and Mary Jane's daily life, a necessary equipment for Alex's wellbeing. Exposing a part of the disability experience–usually ignored by nondisabled subjects because they find it disturbing–disrupts traditional representations of disability. Just as a wheelchair or crutches are politically loaded, indicating a political disability identity, Herzog demonstrates that the machines and sounds also constitute an inseparable part of Alex's embodied experience since they emphasize the complex nature of disability.

In addition, there is a positive manifestation of a nondisabled mother-disabled son relationship. This does not mean that a romanticized disability experience is told through the perspective of an angelic mother. On the contrary, the play shows various complexities as one of Mary Jane's friends stated when Alex was first born: "Mary Jane, you'll still have good days and bad days" (Herzog 13). Although Mary Jane was offended by this statement at first, she now understands it was "the best thing, maybe, that anybody said to [her] at that time, or the truest" (Herzog 13). The play portrays how these good and bad days are intertwined in Mary Jane's life, and except for the situations that endanger Alex's health, most of the bad days result from the institutions or the inefficacy of the healthcare system rather than Alex's disability/illness.

Herzog never defines Alex just with his disability in the play. She always reminds the reader/audience that Alex has a personality, which is as complex as a so-called normal child. Unlike the ableist assumptions, Alex is a social being and he gives emotional responses, loves or hates things just like any child. As Mary Jane explains to Amelia:

> Is he completely typical? Maybe not. But—well, you'll see another time when he's feeling—we have reason to believe he has a lot going on upstairs. My feeling is that when I talk to him, he understands me completely. [. . .] At first I thought maybe it would be better if he didn't understand. I thought with all the challenges, with how sick he is, I'd rather he wasn't really aware. That's hilarious to me now, how wrong I was. (Herzog 43)

Like all mothers, Mary Jane has gone through an adaptation period, and now she enjoys her affective connection with Alex. She knows Alex cannot solely be defined by his disability. His connection with animals, stubbornness, or his anger when his friend takes his toys show that Alex is as "human" as he can be. He may not be communicating in so-called normal ways, yet Mary Jane can tell his sensory feelings are developed: He loves touching cold things such as ice, likes the cold weather as his breath is visible and finally, and he enjoys certain acts because he smiles when his mother runs with his stroller (Herzog 83). By telling these stories, Mary Jane humanizes Alex and offers a positive image of a nondisabled mother who enjoys and values her time with her disabled son.

Green explains that traditional scholarship tends to foreground "emotional burdens of having a child with disability" while ignoring the "negative public attitudes" as well as the inadequate, expensive, and time-consuming support services. However, Green claims, financial problems, encounters with the healthcare system, and social stigmatization have a more detrimental impact on these mothers' lives (161). *Mary Jane*'s portrayal of disability abandons tropes of misfortune, and refrains from using it as a narrative prosthesis. It is a truthful portrayal of the pain and struggle caused by the medical-industrial complex as well as neoliberal individualism. As the play demonstrates, the struggle results more from the ineffective healthcare system and the cruelties in the capitalist business world than the disability itself. The play's portrayal of disability opens space for new affects, which depart from stereotypical associations.

The encounters with other women and their affective connection with Mary Jane are presented in ways that prevent an emotional outburst in the audience. Although each scene is replete with dialogues that catalyze empathy and compassion, the plot lacks a cathartic force. As the play progresses from one story to the other, the reader/audience witnesses a slice of life in each, which is not enough to form full personal identifications. Herzog succeeds in keeping the audience/reader distant enough while also telling a deeply personal story in the realist mode. Therefore, affects in these scenes disrupt common emotional codes and help problematize the neoliberal culture, ableism, and medical-industrial complex. As Vermeulen discusses in a different context, affects provide “potentialities that communicate both a sense of powerlessness and an opportunity for novel combinations, connections, and assemblages to emerge” (11). The play results in disaffectedness, preventing the audience/reader from experiencing catharsis but stimulating empathy and a new way of understanding. Although Mary Jane seems vulnerable in the face of power structures, the affective connections she forms show the possibility of new ways for identification and resistance against neoliberal individualism. As a problem play, *Mary Jane* does not offer a solution to the problems it raises. Yet, it asks the audience/reader to take ethical responsibility and reposition themselves against oppression and dominant ideologies.

1.3. DAVID LINDSAY ABAIRE’S *GOOD PEOPLE*

David Lindsay-Abaire was born into a working-class family and grew up in South Boston, which now defines him both as a person and a playwright. Critics and scholars concur that his observations and experiences of South Boston, specifically about class, are always evident in his plays. The playwright also explains in an interview with Charles Haugland that “I will always be the working-class kid. I have a deep respect for hard work and people trying to make their lives better. I hope it informs my own work ethic.”

Marked by fragmented narration, the early works of the playwright are farces that employ conspiracies, coincidences, or far-fetched relationships (Bigsby 120). According to Bigsby, these plays:

> were like three-ring circuses, wildly inventive farces with a gothic touch, anarchic, funny, fast-paced, reveling in offending against good taste, indeed nor acknowledging the existence of such a thing. Plot, character and language are all put under pressure to the point that they become ironic gestures, mocking their own conversations. (120)

Some examples include *A Devil Inside* (1997), *Fuddy Meers* (1999), *Wonder of the World* (2001) and *Kimberly Akimbo* (2000), all of which depict pain but, as Bigsby states, the suffering of the characters is never real (129). Claiming that he is not a realist playwright, Lindsay-Abaire also comments on his style in a 2003 interview as follows:

"I view the world in a very off, skewed way. People have called it absurdist. I don't think it's so ridiculous. In my plays, there are real people, real dilemmas. . . . I don't want to write a realist play set on a back porch. . . . I think theater has an obligation to be theatrical. It's not real. Don't pretend it's real. I'm not a realist" (Hughes E. 17). However, the playwright's Pulitzer-Prize winning play *Rabbit Hole* (2006) marks a departure from comedy and anti-realism. Following Marsha Norman's advice to write about what frightens him most, in this play Lindsay-Abaire explores what it means to lose one's child.

What follows is *Good People* (2011), in which the playwright focuses on class in a setting he knows best, South Boston. Believing it was the right time to write about class since the American economy was experiencing a severe downturn, Lindsay-Abaire decided South Boston would be the most suitable setting. As he explains to Haugland:

> I knew I didn't want to write some didactic play, preaching about class in America. But then I went back to Southie and thought, "If I write about the old neighborhood, the subject of class will inevitably bubble to the surface because it's so present to the community." Also, the economy is in a really crappy place right now, and I thought if I was going to write about class, this was the time to do it.

A decade after its first production, the issues Lindsay-Abaire addresses in *Good People* still prevail in American society as neoliberalism continues to wield power, maybe more than ever, over the politics of everyday life. Directed by Daniel Sullivan, *Good People* premiered on Broadway in 2011 and it won the New York Drama Critics' Circle Award for Best Play. It was also nominated for Outer Critics Circle Awards, Drama Desk Awards, and Tony Awards. Frances McDormand also received an Outer Critics Circle Award, New York Drama Critics' Circle Award, Drama Desk Award and a Tony Award for her performance as Margie.

Like *Pyretown* and *Mary Jane*, *Good People* explores the intersections of disability, class, and gender. The protagonist of the play is a single mother, Margaret (Margie) Walsh, who loses her low-wage job at a dollar store for continuously being late since she must take care of her mentally disabled daughter Joyce, who is never seen on stage, as in *Pyretown* and *Mary Jane*. Believing that only the lucky ones—those who have people in their lives to help them—can climb up the social ladder, Margie thinks she cannot escape the precarious circumstances she lives in. In a desperate attempt, she contacts Mike, her boyfriend from high school, hoping that he can secure her a job. However, Mike, who is a well-to-do doctor now, is not willing to find her a job since he feels uncomfortable reconnecting with Margie. As Bigsby notes, "[t]o her, he is a desperate gamble. To him, she is an intrusion" (136). It is later revealed that Mike is Joyce's father, and instead of taking responsibility, he left for college and never came back. Margie, on the other hand, suffered from poverty because she had to drop out of school to take care of her baby and she never asked for Mike's help.

Margie refuses to use Joyce's disability to extort money from Mike at first, but when she realizes how hypocritical he is, she reveals that Mike is Joyce's father to Mike's wife, Kate. Margie's motherhood is also negotiated in the play since her daughter would have been treated and better taken care of if she had asked for Mike's help. However, the mother who chooses to take care of her disabled daughter without any support is not vilified or victimized by the playwright. Rather, Lindsay-Abaire puts the blame on sexist, racist, ageist, ableist society and the neoliberal work ethics that marginalize Margie, while opening up a space to contemplate on what it means to be a good person in such circumstances. Although it seems like Margie's confrontation with Mike is the climax of the play, none of the characters transform after all the secrets and intentions are revealed. At the end of the play, Mike and Margie go back to their own realities as the reader/audience is deprived of any cathartic emotions. Yet, they are compelled to reconsider their perceptions of normalcy as the corruption and hypocrisy are exposed.

Good People is not the first play in which Lindsay-Abaire incorporates disability to the plot. Several characters present on stage in *Fuddy Meers* and *Kimberly Akimbo,* for instance, are disabled, yet they are more than dramaturgical tropes for a comedy.[19] Unlike these comedies that render disability visible and active, *Good People* removes the disabled character from the stage. In her discussion on disability representation in theater, Kuppers states that disabled characters usually function as foils and the narratives that include disability actually "diminish their complexity" (*Theatre* 13). The play does not focus on Joyce's complex embodiment, nor does it portray Margie and Joyce's relationship with a positive outlook. In fact, the playwright does not comment on the mother-daughter relationship at all and focuses solely on their fight for survival.

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[19] These plays are not included because the realist theater of the century is under scrutiny in this study.

From this outlook, Joyce’s disability may seem to function as a foil that can be read as the reason for Margie’s problems. Yet, the play does demonstrate that working class people, especially single mothers who live in constant precarity, fight poverty and prioritize getting food on the table first.

The removal of Joyce’s disabled body from the stage, then, aligns with Phelan’s “active vanishing” in terms of its political meanings. Fox argues that *Good People* dramatizes Joyce’s disability as a burden to Margie only on the surface (“Fabulous” 123). This means that the circumstances Margie lives in require closer scrutiny because the play reveals the intersections of multiple oppressive cultural and social norms. According to Fox, disability studies and theater scholars should focus on what the mainstream contemporary theater is offering in terms of subverting normative powers. She explains:

> To begin with, the implications of disability’s embodiment matter. It is important that we keep emphasizing the ways in which casting nondisabled actors in disabled roles is economically disadvantageous to disabled actors, not to mention the continued problem of disability being only imagined by nondisabled actors and directors as performance tic or virtuosic skill. But while forgetting neither these debates nor their real-life implications for disabled actors, we can and must attend to those examples of disability embodiment on stage that reveal subversive power, even beyond the intent of their authors. (“Fabulous” 125)

When taken through this framework, Joyce’s invisibility on stage indeed has a subversive power because in the absence of a visible disabled figure, the playwright shifts the reader/audience’s attention from the disabled body as a misfortune to the real problem underneath Margie’s suffering, which lies in poverty. Even though it seems that the responsibilities that come with her disabled daughter cause Margie to lose her job, the play reveals that the experience of disability is only a part of a complex system that results in Margie’s single parent family to suffer. Joyce’s invisibility derails the ableist affective responses and casts light on reality. Subverting the normative gaze and exceeding ableist myths, it directs the reader’s/audience’s attention to social and political institutions.[20]

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[20] Since it would only be speculation to discuss how the play would communicate the intersections of disability and class if Joyce was present on stage, this chapter only discusses what the play offers. However, it should also be noted that a director can make her presence felt using various staging techniques, which will contribute positively to disability representation on stage.

In *Disability Aesthetics*, Siebers notes that the arts have the power to challenge political and normative ideals “that imagine mental competence, physical health, consensus, economic efficiency, and the prevention of accidents, disease, and death as easily achievable goals” (68). Moreover, as Siebers argues, disability in a work can “[tutor] individual subjects in new affective responses, asking them to incorporate rather than reject unfamiliar ideas and physical forms, to tolerate mixtures of greater varieties and kinds, and to broaden their understanding of human beings and their behavior” (68). What Siebers suggests is an acknowledgement of disability’s affective capacity to foster a space which enables new ways of seeing and understanding the world.

Sieber’s suggestion is very similar to what Greenwald Smith argues in her discussion of impersonal feelings. Smith maintains that impersonal feelings can be evoked when a work “withdraws from customary techniques of emotional provocation and instead addresses both thematically and formally the various systems—social, economic, ecological, and textual—that inform individual experience” (20). By removing disability from the stage, but keeping its presence, Lindsay-Abaire places a barrier between the normative emotions and affect of disability. This is not an argument in favor of the removal of a disabled body from the stage completely to avoid ableist emotions of the audience. Rather, by drawing their attention to neoliberal politics that render people’s lives vulnerable and unlivable, the play changes the misconceptions about disability as a burden or a source of pity. Rendering all characters, including Margie, nonidentifiable, Lindsay-Abaire deconstructs such binaries of good and bad or pitiful and admirable. The only duality that remains intact throughout the play is the rich and the poor, revealing the fact that normative neoliberal politics rule everyday life, instructing how to feel, respond, and be affected.

Delineating Margie’s difficult circumstances, the opening scene introduces the neoliberal establishment as the villain of the play. The dollar store is run through a chain of command: Margie anwers to Stevie, who is also a neighborhood resident, and Stevie works under the district manager. Since normative work structures equate the amount of time people spend at work with efficiency, the employees of the dollar store are expected to arrive and leave work at the designated times, and they are controlled through punch cards that keep track of the arrival and departure times of the workers. These practices remove an affective communication and relationship between the employee and the employer. This lack of affective empathy transforms individual subjects into objects, which can be disposed of when useless. As a part of the same community, Stevie understands Margie's situation and covers for her. The district manager, on the other hand, despite Stevie's explanation, fires Margie for being unreliable. Margie and Stevie's conversation also reveals that Margie's chronic lateness is not the only reason for losing her job. Ageism, ableism, sexism, and capitalist employment rules work in conjunction with one another to complicate her situation.

As a working class single mother, Margie is late to work repeatedly because she cannot afford to hire a professional caretaker and she relies on her landlady for childcare, who usually arrives late. Since it took months to find a job the last time she was fired, Margie feels desperate; she begs for forgiveness and even offers to work for a lower wage:

> I never asked for those raises. I only got them because you were required by law to give them to me. It wasn't much, god knows—a nickel here, fifteen cents one time—but I knew when I went over nine dollars, you were gonna start looking for an excuse to get rid of me. [. . .] Well if not you, then the district manager was. Or whoever adds up the numbers. Why pay me when you can give minimum wage to Chow Fun. (Lindsay-Abaire 15)

Lindsay-Abaire suggests that Margie is disposable and replaceable. They tolerate her less over time because they start paying her more. Instead of giving old employees increases and providing benefits, the company prefers new employees who could be hired for lower wages. Goodley and Lawthom argue in their article "Hardt and Negri and the Geo-Political Imagination: Empire, Multitude and Critical Disability Studies" that the bodyminds are "subsumed under the exploitative regimes of the capital" and the ideal subject in the neoliberal context is "healthy, rational, autonomous, educated, economically viable, self-governing and able" and those who do not fit into this description are supposed to be fixed (372). Unfixable ones like Margie and Joyce are marginalized and pushed back to the edges of society where they struggle with poverty. Also, as a woman who is now in her fifties, Margie suffers from ageism in employment as big corporates, such as Gilette as mentioned in the play, prefer to hire young people rather Margie's peers who cannot keep up with the line work.

In their article entitled "Dis/ability and Austerity: Beyond Work and Slow Death," Goodley et al. argue that the connection between neoliberalism and ableism, which they name "neoliberal ableism," is among the key issues to be addressed in the twenty-first century. The two concepts are intertwined because "neoliberalism provides an ecosystem for the nourishment of ableism" (981). Borrowing Berlant's concept of "slow death," Goodley et al. add "disabled people and many of their close allies" to the list of those who experience slow death. Berlant suggests that the bodies of the waged workers "will be more fatigued, in more pain, less capable of ordinary breathing and working, and die earlier than the average for higher-income workers" (114). As Dan Goodley asserts in *Dis/Ability Studies: Theorizing Disablism and Ableism*, the endeavor to build a better life wear people out, especially those with limited means. Concepts such as "family, work, wealth and property" become "the sites of cruel optimism and scenes of normative desire" (65). *Good People* demonstrates that one-parent families, specifically those consisting of disabled children and their single mothers are also on the verge of slow death.

David Mitchell also states in his article "Gay Pasts and Disability Future(s) Tense Heteronormative Trauma and Parasitism in *Midnight Cowboy*" that neoliberalism governs bodies. He argues "those who don't adequately maintain their bodies are held personally responsible for their descent into the chaos of ill health and non-well-being" (4). Here, being late, or missing a day at work because of health problems becomes the employee's fault. Mike's attitude towards Margie endorses this viewpoint. Adopting and internalizing neoliberal values and ethics, Mike blames Margie for being late to work claiming that it was her choice. As a response to Mike, Margie lists a sequence of misfortunate events resulting from being poor:

> I didn't *choose* to be late. Shit happened, *that* made me late! [. . .] One time I got my car taken. Why'd I lose the car? Because I missed a payment. Why'd I miss a payment? Because I had to pay for a dentist instead. Why'd I have to pay the dentist? [. . .] Because I didn't have insurance, and I cracked a tooth and ignored it for six months, until an abscess formed. Why'd I crack a tooth? [. . .] Because one night I thought I'd save a little money, and skip dinner! But I got hungry and decided to snack on a piece of candy brittle. And that's all it took—a piece of fucking candy brittle, and I was out of job again. And that's how it always is. And if it's not the candy brittle then it's Joyce's meditation, or my phone getting cut off. (Lindsay-Abaire 176-77)

Being in a precarious position without necessary income, Margie is in an unlivable subject position and experiencing a slow death, at the mercy of others who have the power to control her life. Similar to Mary Jane, Margie needs "crip time" to cope with normative time frames and work structures that ignore the needs of the workers and measure their productivity by punctuality. As Kafer explains, “crip time”

> requires reimagining our notions of what can and should happen in time, or recognizing how expectations of “how long things take” are based on very particular minds and bodies. We can then understand the flexibility of crip time as being not only an accommodation to those who need “more” time but also, and perhaps especially, a challenge to normative and normalizing expectations of pace and scheduling. Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds. (27)

Although Joyce is in a program many hours a week, it is not enough for Margie to follow the normative work schedules. Joyce does not need constant medical treatment, yet she should not be left alone because she cannot eat on her own or might hurt herself. When there is no one to take care of her, Margie needs to be with her daughter to make sure she is doing okay. This requires a different, or a more flexible, approach at the workplace. In *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*, Mitchell and Snyder posit, “*[i]nclusionism requires that disability be tolerated as long as it does not demand an excessive degree of change from relatively inflexible institutions, environments, and norms of belonging*” (14). The inflexibility in “health care, religious gatherings, communities, workplaces, schools, [and] families” forces disabled people to pass as nondisabled to fit in (Mitchell and Snyder, *Biopolitics* 14). Mitchell’s and Snyder’s argument is also true for the caregivers of those who cannot participate in the social and professional worlds, like Margie.

Although not disabled, the working class single mother, Margie, suffers because she cannot pass as a “normal” worker. She leads a non-normative life in all aspects: an uneducated single mother with a disabled child. Moreover, Lindsay-Abaire demonstrates that Margie is victimized by the neoliberal work structure. Everyone in Southie lives in poverty, and they get fired from their jobs when they do not conform. As Berlant argues, neoliberalism is most successful at “distributing and shaping the experience of insecurity” (192-193). Similarly, no one in Southie has job security, no matter how hard-working they are. For instance, Dottie’s son Russell, who is a good worker in her words, has been looking for a job for a year and his wife was just fired from her job at a beauty center, as Dottie explains: “I guess she got to talking to one of the customers, and forgot about another one, and left something in somebody’s hair too long, and clumps of it fell out, or I don’t know, some crazy story. [. . .] But I guess the owner got mad and Franny got mouthy, and so out she went" (Lindsay-Abaire 94). These stories of precarity demonstrate that neoliberalism puts the working class families in a vulnerable position. Nevertheless, none of them questions their circumstances, nor do they attempt to revolt against their positions in economic and social life. In his review of the play, Richard Adams also observes:

> the play's working-class characters, surrounded by all the social ills of poverty, never once ask why the world they live in is the way it is. No one in the play has any perspective on their condition or what keeps them there. In Lindsay-Abaire's play, the poor have been beaten into submission and the "comfortable" are unwilling to rock the boat for fear of falling back into the icy sea. No one even considers rebellion as an option.

According to Berlant, the reason for this inertia, common among the working class, is that the economically oppressed groups "feel attached to the soft hierarchies of inequality to provide a sense of their place in the world" and they "[embrace] precarity as the condition of being and belonging (194). Therefore, they always live in what Berlant calls an "impasse."

From this viewpoint, disability is not the real reason of suffering in Margie's life. Rather, the playwright blames power structures that marginalize the poor and push them to the fringes of society. Calling the working class, or the precariat, an "affective class," Berlant claims that economic and political processes, governed by neoliberal interests, "structure inequalities according to locale, gender, race, histories of class and political privilege, available state resources, and skills" (195). That is, Margie's social, cultural, and financial circumstances are shaped by complex power structures. Therefore, it is revealed in the play that Margie would have dropped out of school to survive even if she was not pregnant—or even if Joyce was able-bodied—because she had no support—personal, institutional, or financial. Also, if Mike, or the government, supported Margie financially or if society was more accommodating toward caregivers, single mothers, or disabled individuals, she would not be in such a desperate situation, since she would be in a more financially stable position to be able to balance work and care. In their introduction to *Disability and Mothering: Liminal Spaces of Embodied Knowledge*, the editors Cynthia Lewiecki-Wilson and Jen Cellio-Miller state that "[i]n a just society, women with disabilities can mother because there is adequate emotional and material support for them to do so . . . In a just society, mothers of children with disability can mother, and they, their children, and other needed caregivers will be adequately supported" (15). However, these mothers are disenfranchised and shunned in American society as they do not fit in the normative definitions of motherhood.

Leah Lakshmi Piepzna-Samarasinha argues in *Care Work: Dreaming Disability Justice* that poor working class people and members of other oppressed groups—especially sex-workers, black and brown women—survive by a reciprocal care relationship because institutions are not structured in a way that would help them (137). In this context, the residents of Southie do not revolt, yet an affective connectivity among the community leads everyone to participate in the reciprocal care network. For instance, Stevie's immediate affective response to firing Margie is guilt. That is the reason he pays Margie's rent with his gains from the lottery, stating that she needs it more than he does. The district manager does not worry about how Margie will pay her rent, but Stevie feels responsible for Margie's well-being. The community also shares the care work; her neighbors stay with Joyce and, instead of a payment, they use Margie's TV: "I'm not paying Ruthie anything. Her TV fried, so her kids are goin' nuts. I said she could come over and use mine if she watched Joyce" (Lindsay-Abaire 77). On the contrary, Mike has lost his affective connection to the community. At the beginning of the play, Margie states that Mike was "always [among] good people" (Lindsay-Abaire 37); however, it is later revealed there is no place for affective connectivity in Mike's life now since he has internalized the values of autonomy and individuality. His desire for upward class mobility leaves no room for affectivity and all decisions he makes in life are based on securing a place in the upper-class communities.

The stage directions are significant in that they highlight the sharp class difference between the two families. Margie's kitchen is described in one sentence stating it is both small and rundown (19). The depiction of Mike's house, on the other hand, is a paragraph long:

> *Lights up on a beautiful home. Tasteful and suburban. The living room takes up most of the space. Up and left we may see part of a foyer that leads to the front door. Doorways and corridors lead off to other parts of the house—kitchen, the dining room, maybe we see a staircase that leads up to the bedrooms. It's a beautifully decorated space. Obviously people with money live here.* (Lindsay-Abaire 105)

Similarly, Mike's office is "tastefully decorated" and a couple of family photos are placed on the desk (Lindsay-Abaire 40). The way Mike's family dynamics are described bears close resemblance to the family dramas of the twentieth century: Imperfect families live in big and beautiful houses, but they lack the warmth of a home with their materialism, superficial values, and hypocrisy. Although Mike was a racist and violent Southie boy, he married a much younger African American woman, whose rich father obviously helped Mike to find employment. Also, even though the couple is in therapy because of Mike's successive affairs, they try to present a perfect family image to the community by buying each other expensive gifts and throwing parties for special occasions, such as their birthdays.

Margie's presence in their house highlights the hypocritical contrast between how the family presents itself and how they actually are. To draw a positive image of himself and to show that he has not forgotten where he came from, Mike attends luncheons for Boys and Girls Clubs, where he gives talks and "tell[s] the kids to work hard and stay in school [. . .]. Be all [they] can be" (Lindsay-Abaire 35). Reiterating the neoliberal rhetoric, Mike's attitude shows that he helps the Clubs just for publicity, not because he cares for the community he once belonged to. Even though he knows how desperate Margie is, he is not willing to help her because it will not provide what he needs in return. Conversely, Mike's wife presents an affected state as she initially tries to help Margie. She comes up with different options for Margie, and even offers a part-time job, which pays fifteen dollars an hour. Even though the amount is more than Margie originally makes, Mike refuses to hire Margie, listing irrelevant reasons.

Provoked by Mike's aggressive attitude and his unwillingness to help her, Margie finally reveals that Joyce is Mike's daughter. As a result, Kate's affectivity changes from empathy to disdain and she accuses Margie of being a bad mother, telling her what she should have done in a patronizing manner:

> KATE: [. . .] I could never put my pride ahead of my daughter [. . .] And I *have* had to make that choice. Haven't I, Michael? [. . .] A *few* times. And my pride always lost. My daughter's more important.
>
> MARGARET: You think mine's not?
>
> KATE: Not if your story's true. Because if it is, you're saying you let her suffer needlessly. (Lindsay-Abaire 185)

Although the scene demonstrates that Kate has no idea about the living conditions in Southie, she believes her privileges make her superior, which gives her the right to patronize Margie in a self-righteous manner. She embraces the ideologically defined good mother/bad mother paradigm, which is explained by Jan Doolittle Wilson as follows: "While good mothers are charged with safeguarding the health of families, future citizens, and the nation, bad mothers get pregnant before marriage, bear crack babies, and burden the community with their exploitation of the welfare system" (501). Accordingly, poor, single, or teenage mothers are blamed for "making bad choices when in fact they often have few choices to make due to a lack of good educational and occupational opportunities" (Doolittle Wilson 502).

In addition to the discussions of what it means to be a good person, Lindsay-Abaire raises critical questions regarding motherhood showing that mothering is also shaped by class. While the priorities and concerns of the two mothers are displayed, the reader/audience reevaluates Margie and Kate's circumstances. Doolittle Wilson argues that "[d]isrupting the 'good mother' and 'heroic mothering' paradigms requires that we keep offering up cultural alternatives of motherhood, ones. . . . that recognize that good mothering depends largely on family and community support, state resources, and public responsibility for social welfare" (476). There is an overt attempt in *Good People* to demonstrate the role of class when bringing up a child: Mike's daughter was born into wealth whereas Joyce has suffered financially alongside her mother. The opportunities one child has are beyond the imagination of the other. This also reverses "the disability as a burden" stereotype since it is Margie who confines her disabled daughter to live in poverty. The choices the two mothers make are controversial in terms of the definitions of family, motherhood, individuality, and morality. Margie explains the reasons why she never contacted Mike as follows:

> MARGARET: [. . .] And it wasn't my job to come looking for you, by the way. Not when you knew. You should tell that to your wife. [. . .] And if you didn't know you must've suspected at least, that she *could've* been yours. *That* at least. The thought must've crossed your mind. *(Beat)* Did it?
>
> *(Silence. He just stares at her.)*
>
> It wasn't my job to find you. Not when you knew where we were.
>
> Mike: Margaret—

> MARGARET: And there was no way I was gonna beg. I can get damn close. Obviously. But I won't beg. Not even for Joyce. And if that makes me a bad mother, then I guess I'm a bad mother.
>
> MIKE: You're not.
>
> MARGARET: I know I'm not. (Lindsay-Abaire 191-192)

The extract shows that Margie never contacted Mike because she always knew he was a selfish person who prioritizes his own interests. By contrasting Margie and Kate's choices regarding their children, the play also dismantles the angelic and selfless mother figure. The questions of what it means to be a good person, dignity, and motherhood remain unanswered. Mike and Kate choose to turn a blind eye to Margie, and they retreat into their hypocritical and superficial reality. Margie and Joyce's future, on the other hand, remains uncertain and the only thing they can do is to "hope" that something will save the day for their small family (Lindsay-Abaire 202).

As a result, *Good People* provides an alternative narrative to the stereotypical representations of mothers with disabled children. The choices Margie makes in life conflict with the associations attributed to mothers, so it raises critical questions regarding the definition of a good mother. The play also offers new perspectives regarding the lived disability experience through new affects, even though the absence of the disabled body on stage is controversial from a disability studies lens. Showing that single mothers with disabled children are oppressed by complex power structures governed by neoliberalism, ableism, sexism and ageism, as a problem play, *Good People* asks the reader/audience to reconsider deep-rooted notions of class, disability and gender. The audiences/readers, who are disaffected in the end, are expected to grasp the destruction neoliberalism causes, especially when disability is involved.

1.4. CONCLUSION

The plays discussed in this chapter focus on the struggles of single mothers with disabled children caused by complex oppressive structures, pushing them to the margins of society. *Pyretown*, *Mary Jane*, and *Good People* show that single mothers are rendered vulnerable and live precarious lives due to the neoliberal notions of individualism and autonomy as well as the obsession with profit in the United States job market and healthcare system, even when it costs the health of its citizens. The plays also demonstrate the significance of affective connections in such circumstances. The care work of single mothers can never be an individual task. Instead, it is collective work that requires the attention of family members, friends, the professional world, and the state.

Pyretown depicts Lou's struggle with the healthcare system as a single mother and shows the transformative power of affective connections over neoliberal ableism prevailing in every aspect of American society. The realist portrayal of disability problematizes the job market, the healthcare and welfare system in the United States while promoting for a reform in the social, cultural, and political discourses. Affective ties that Lou forms help her grapple with oppression, but they are not enough to overcome her precarious circumstances. The play scrutinizes social and political institutions that jeopardize Lou's life as a single mother, and it shows that change is possible through a transformation in affective registers regarding disability.

Mary Jane also draws attention to the role of class in bringing up a disabled child as a single mother. Similar to Lou, Mary Jane suffers from the bureaucracy, inadequate services in the healthcare system and financial problems. Her circumstances force the audience/reader to reconsider valued concepts such as individualism and autonomy because her life is indeed rendered unlivable because of them. She is at the mercy of healthcare providers and is also vulnerable against neoliberal work ethics that promote inflexibility to maximize profit. Like Lou, Mary Jane draws strength from affective connections, which she forms with other women, either mothers, friends, or healthcare providers. The portrayal of these connections result in disaffectedness in the audience/reader rather than a catharsis, forcing them to reconsider the social and political oppression against single mothers and disability.

Margie's social, cultural, and financial circumstances are also shaped by complex power structures in *Good People*. Focusing specifically on the issue of class oppression, the play problematizes the intersections of poverty, disability, sexism, and ageism. Family, work, disability, and community become sites where the fight for a decent life is at the center. Like Lou and Mary, Margie's financial security and well-being is constantly at stake, denying her the chance to provide better care for her disabled daughter. By comparing Mike's and Margie's standards, the play dismantles the trope of disability as a misfortune because it shows that class plays a more significant role in one's position in life. In the absence of any kind of security, Margie relies on the community that shares similar precarious circumstances and understands her difficult position. This community is the only safety net, or affective bond, Margie has against the oppression of neoliberal ableism, sexism, and ageism.

As it is discussed in the chapter, *Pyretown*, *Mary Jane*, and *Good People* subvert generic affects associated with disability by inverting its representation, and they result in what is called disaffection. Disability in these plays is not used as a narrative prosthesis. Refraining from a cathartic effect, they in fact depict the experience of disability in ways that evoke unexpected and unsettling emotions in the audience/reader by exposing the unwanted, ignored, and often shocking aspects of real-life experiences with disability. Disability in these plays is neither the root cause of suffering nor a metaphorical tool, preventing a sense of catharsis and causing disaffectedness. *Pyretown*, *Mary Jane*, and *Good People* can be called problem plays that ask for a reevaluation of the social and political structures of the United States. They expose the hypocrisy and oppression caused by dominant ideologies and ask for a deeper understanding of the complexities of the disability experience.

CHAPTER 2

TOGETHER WE THRIVE, DIVIDED WE SUFFER: ACCESS INTIMACY AND AFFECTIVE CONNECTION

This chapter focuses on different forms of care relationships within the family unit in John Belluso's *The Rules of Charity* (2007), Stephen Karam's *The Humans* (2016), and Martyna Majok's *Cost of Living* (2018). Drawing on disability rights activist Mia Mingus's concept "access intimacy," the aim of this chapter is to discuss it as a transformative affective response to care and disability. Moreover, it will explore the ways that these plays contribute to disability justice by focusing on interdependency.

Marian Barnes defines care, whether personal and interpersonal, as "being attentive to needs and taking responsibility for making sure needs are met in order to enable people to flourish" (5). Care is an intersecting point for multiple disciplines. It has been addressed in fields ranging from sociology to psychology and philosophy, and has been a subject matter for literature and poetry, popular TV programs, documentaries, and newspaper articles (Barnes 1). The role of disability and care in family has specifically attracted attention in these fields. As Janice McLaughlin notes, medical, cultural and academic works have assumed a narrow approach and they mostly have produced works which focus on care as a burden and celebrate caregivers in the family for "coping with" this burden. However, McLaughlin argues, this contributes to the narratives that present disability as a tragedy, an idea that has long been criticized and challenged by disability activists (402).

In addition, it is also necessary to address the changing perceptions of the socially constructed notions regarding the nuclear family, whose members share "both biology and household" (McLaughlin 402). As discussed in the introduction, family formations have changed significantly and have become more diverse in the twenty-first century. McLaughlin also affirms that the change in meanings attributed to family is significant in that the care for disabled individuals can be provided by their chosen families rather than by those they are biologically related (402). Therefore, this chapter will focus on the representations of care and care networks in the selected plays and will explore the economic, social, and political aspects relevant to the character's lives. Care relationships in *The Rules of Charity*, *The Humans*, and *Cost of Living* demonstrate that the health of families, communities, and relationships depend significantly on transforming the affect of disability and care work. This chapter will introduce Mia Mingus's concept of "access intimacy" as an affective connection, since it brings forth a novel cognitive process in understanding disability and care. Access intimacy results in a new kind of emotion as the affective states of individuals and affects circulating among them change.

Terasa Brennan suggests that the transmission of affect has social and psychological origins (1). It results in bodily changes, which are sometimes brief, but can also be long-lasting. Brennan explains, the transmission of affect is

> a process that is social in origin but biological and physical in effect. . . . They [affects] come via an interaction with other people and an environment. But they have a psychological impact. By the transmission of affect, I mean simply that the emotions or affects of one person, and the enhancing or depressing energies these affects entail, can enter into another. A definition of affect as such is more complicated. (3)

According to Brennan, affects can either "enhance" or "deplete" (6). They have the potential to enhance "when they are projected outward, when one is relieved of them," whereas they deplete if introjected. Brennan's argument is closely related to disability theory in that the bodyminds of individuals are influenced and affected by one another in multiple ways. As discussed in chapter one, negative affects associated with the disabled have been challenged by playwrights, plays, and activists and there is a constant insistence by disability activists to transform these negative affects.

With a focus on the significance of interdependence, disability studies scholars and activists pave the way for a discussion on the role of affects in enhancing the lives of the disabled and debunking ableist assumptions about allegedly deviant bodies and minds. Negative affects circulating between and among disabled and non-disabled people deplete as Brennan explains, "when one carries the affective burden of another, either by a straightforward transfer, or because the other's anger becomes your depression" (6). The affect of anger, repulsion, or fear is picked up by the disabled people, resulting in negative affective responses such as isolation. Therefore, replacing the negative affects with constructive ones will bring the wellbeing of both the disabled and non-disabled communities. At this point, disability and affect studies intersect once again, as

Brennan argues that “you become energized when you are with some loves or some friends. With others you are bored or drained, tired or depressed” (6). This means, “the energetic affects of others enter the person, and the person’s affects, in turn, are transmitted to the environment” (Brennan 8). Affects have the potential to influence and shape the well-being of one’s bodymind.

“Access intimacy” aligns with Brennan’s arguments on the energetic aspect of affects. The concept can be interpreted as a constructive emotive response to the affective encounters with disability. In her 2011 blog post entitled “Access Intimacy: The Missing Link,” Mia Mingus introduces “access intimacy” to describe an “elusive, hard to describe feeling when someone else ‘gets’ your access needs.” Differentiating access intimacy from physical, emotional, intellectual, political, familial, or sexual intimacies, Mingus defines it as “[t]he kind of eerie comfort that your disabled self feels with someone on a purely access level.” As Mingus argues, access intimacy is not for a specific group or community. Anyone has the potential to experience it and this intimacy can “happen in many different ways for mamas and parents, women of color, queer and trans folks. . . . It can happen with complete strangers, disabled or not” (“Access”).

Brennan suggests that the transmission of affect has two possible results: The subjects either become alike or they “take up opposing positions in relation to a common affective thread (the angry and the depressed; the loved and the lover)” (9). Access intimacy is the former, where individuals possess a similar emotional state in that both subjects share a needs/access-based intimacy. Although Mingus does not claim it to be an affect, access intimacy can be characterized as a feeling evoked as a result of positive affective circulations. This change in affective registers regarding disability will help develop other intimacies fundamental to human existence. As Brennan stresses, negative affects are controlled “by a social order that abets their production or diminished in a civilization that encounters them” (22). Yet, the transmission of these negative affects can be challenged and resisted by subjects or societies (23). Access intimacy is the result of this resistance to the ableist affects. It is a positively loaded emotive representation to the affect of disability; therefore, it is transformative. Mingus writes: “There have been relationships where access intimacy has helped to create the conditions out of which emotional, familial and political intimacy could grow”

(“Access”). Then, access intimacy cultivates compassion, connection, and interdependence because it “invites attention to our fundamental intersubjectivity, our inherent vulnerability, and the asymmetries of power in any relationship” (Valentine 78). What is fundamental to access intimacy is to understand disability as a “natural part of human experience” (Volion 87).

Since access is usually associated with the removal of physical barriers by nondisabled and disabled individuals, it is necessary to define what access means in contemporary disability culture and how access intimacy relates to the disability justice movement. According to Mingus, disability justice helps one to grasp what access means in a broader sense, which changes the course of direction in the fight for social change (“Changing”). Accepting that the Disability Rights Movement has brought important and necessary changes in terms of physical accessibility, disability activists claim that it is now time for a second wave to the movement, which must gravitate toward a justice-based activism rather than a rights-based one. They argue that

> the disability rights framework centers people who can achieve status, power and access through a legal or rights-based framework, which we know is not possible for many disabled people, or appropriate for all situations. . . . Rights-based strategies often address the symptoms of inequity but not the root. The root of disability oppression is ableism and we must work to understand it, combat it, and create alternative practices rooted in justice. (Sins Invalid 15)

To this end, they propose the following principles that disability justice should be based on: intersectionality; leadership of those most impacted; anti-capitalist politics; cross-movement solidarity; recognizing wholeness; sustainability; commitment to cross-disability solidarity; interdependence; collective access and collective liberation (Sins Invalid 23-26). The disability justice movement, then, broadens the definition of access. Piepzna-Samarasinha defines it as “a collective joy and offering we can give to each other” (17). Desiree Valentine explains that defining “access” within a disability justice framework would force one to consider beyond physical accommodation. Emphasizing the significance of interdependence, access “demands attention to the wealth of social, emotional, and mental diversities of ways to inhabit the world” (80). Valentine also asserts that when issues of access are considered, “the cognitive and affective dimensions of (in)accessibility” should also be taken into account and she states that attending to elements of access such as “everyday feeling, habits, values, and worldviews” will help social transformation (81).

When taken through this framework, access is inextricably intertwined with care since it is about access to one’s needs, whether physical, emotional, psychological, or social. It is not opening up a space for the disabled but creating a new social order with the disabled in every aspect of life. As Phelan states, “[t]o take care of the body, to care for the body, and to care about bodies requires a specific ethics—one that takes touch as axiomatic, emotional attachment as a value, and interconnection as constant” (“Reconsidering” 323). Access intimacy is possible when a person has “crip knowledge” (Piepzna-Samarasinha 252). That is, it happens when subjects open themselves up to one another, learn and value the knowledge embodied in all bodyminds. For Mingus, access intimacy breaks off the associations of access with logistics and it moves the issue to the “realm of relationships” where interdependence and care become prominent (“Access Intimacy, Interdependence”). Access intimacy, as Valentine argues, promotes the “transformation *of*” the ableist society instead of “inclusion *into*” it (84). Mingus further explains that “access for the sake of access is not necessarily liberatory, but access for the sake of connection, justice, community, love and liberation is” (“Access Intimacy, Interdependence”).

The plays which will be discussed in this chapter portray access intimacy as a transformative affective response that emerges with experiences of care and disability. At the center of *The Rules of Charity*, *The Humans*, and *Cost of Living* lie different forms of care networks. They all demonstrate how care and disability require individuals to improve their affective capacities and make room for access intimacy. Belluso’s *The Rules of Charity* describes an affectless care relationship between a father and daughter. Seeing Monty’s need for care as a burden, Loretta fails to form access intimacy with her queer and disabled father. In contrast, positive affects circulate among the family members in Karam’s *The Humans*, with specific regard to Momo, the grandmother who has dementia. Demonstrating various acts of care, each member of the family forms access intimacy with her and one another, which also passes to the audience/reader. Majok’s *Cost of Living*, on the other hand, depicts how access intimacy can be built in time—what Valentine names as “patterned-access intimacy” (83)—either with one’s spouse/partner, or with a stranger.

Although the playwrights are not disability activists except for John Belluso, their works contribute significantly to the disability justice movement with their focus on access intimacy. In “A Theory of Microactivist Affordances: Disability, Disorientations, and Improvisations,” Arseli Dokumacı argues that anyone can be a disability activist as long as they contribute to the “acts of world-building” even if they do not identify as crip, or do not have impairments at all. Therefore, disability activism can be hidden in minute details or in transitory movements (494). Theater provides such space for activism with the affective potential it holds as well as its power to stimulate cultural, social, and political change. Similarly, Fox puts forward the term “adaptive activism” to define mainstream theater that does not come within disability activism but speaks against ableism. The term refers to a kind of theater “that reveals the embodied, relational, economic, and social aspects of disability in ways that counter ableism but which might not strike an audience as overt disability advocacy” (“‘Frenemies’” 148). All characters discussed in this chapter challenge notions of American individualism and self-reliance, thereby underscoring the interdependent nature of human beings, whether disabled or not. The playwrights portray plots through a disability justice framework, and they explore affective capacities interwoven into care work to build access intimacy in everyday practices of care, which they believe will eventually bring social transformation.

2.1. JOHN BELLUSO’S *THE RULES OF CHARITY*

John Belluso’s *The Rules of Charity* premiered in 2005 at the Magic Theatre in San Francisco. Later, the production of the Theater by the Blind received its off-Broadway premiere in New York at the Lion Theater. Although it has not received much academic interest, *The Rules of Charity* presents a successful representation of care with all the negotiations it involves, showcasing that caregiving and caretaking should be discussed beyond discourses of burden. The play portrays the relationship of a disabled father in a wheelchair, Monty (David Warren Keith), and his daughter, Loretta (Arwen Anderson), who assumes the caregiver role after her mother dies of cancer. Loretta has become a caregiver out of necessity, not because she was willing, a point that makes her resent her father. Yet, the dependence in this father-daughter relationship is mutual. Monty needs his daughter to continue daily activities whereas Loretta is financially dependent on Monty’s social security checks. Although Monty cared for his former wife deeply, he is now in love and in a relationship with a man named LH who works as the superintendent of the building where he lives. Monty never leaves his apartment, spending his days reading and writing. He shares his knowledge about various issues, ranging from disability to history and mythology, with LH, who is impressed by his intellectual capacity and encourages Monty to find a job so that he can build a life independent from Loretta's care. LH introduces Monty to his landlord's daughter, Paz, who wants to interview Monty about his disability. Paz tries to impose her own ableist ideas about disability on Monty. During the interview, Monty learns that LH is also in a relationship with Paz and the confrontation results in LH's breakup with Monty in a fit of self-repulsion regarding their queer sexualities and Monty's disability.

Meanwhile, Loretta invites a man named Horace to the house, and Monty overhears her conversation revealing that she both hates and loves her father. Deeply hurt by what he has heard, Monty attempts to commit suicide by taking all the pills in one of his bottles. As exposed later, he survives although his health worsens. Later in the play, LH, who is now a devoted Christian and married to Paz, has dinner with Loretta, Horace, and Monty and requests Monty's journal where he has written the details of his romantic queer relationship with LH. When Monty refuses, LH becomes violent and flips his wheelchair over. In response to LH's violence, Horace slits his throat. The play ends as Horace carries the body away and leaves, whereas Monty and Loretta finally form a bond as Loretta reads what Monty has written in his journal about her.

The Rules of Charity depicts the complexities of care work within the family, which alternate between love and anger, tenderness and cruelty, affection and resentment in the absence of access intimacy. As Neil Genzlinger observes, issues such as care work and sexuality are not the only issues Belluso takes up in *The Rules of Charity*: "Conservative Christianity, exploitative documentary filmmaking, federal welfare rules and more come under his unforgiving microscope." Also, Dan Bacalzo notes that:

> Belluso's writing demonstrates a keen intelligence, providing a historical perspective on the ways the disabled have been treated over the centuries, while never losing sight of the contemporary problems that the characters face. Several of the passages have a grand, lyrical quality to them, reminiscent of the passionate monologues penned by writers such as Clifford Odets and August Wilson.

The comments indicate that, by taking up issues that are overlooked by the commercial theater, Belluso successfully forces the reader/audience to think outside the box and recognize the oppressions disabled people and their families endure on a daily basis. The playwright also explains in an interview that theater allows him to direct "the gaze" back at the audience, which challenges affective responses to disability. He states, "[I]t's way of taking that stare, that gaze, and spinning it. I think it's about shifting from people staring at me to, in a way, staring back at them" (Breslauer). Thus, *The Rules of Charity* provides deeper insight into care by addressing it as a part of social, cultural, and economic negotiations.

Despite the lack of an affective connection, or failure to form access intimacy, the characters in *The Rules of Charity* are not completely bad. They are dramatized as complex humans with flaws. Each suffers from isolation and loneliness while grappling with poverty. Although their circumstances force them to be dependent on one another, the characters fail to acknowledge interdependency as a part of their existence, which results in dissatisfaction and resentment. Therefore, *The Rules of Charity*'s plot is complex as aforementioned issues are interwoven into each other. Firstly, by characterizing Monty as a queer and self-taught intellectual disabled person, Belluso challenges stereotypical and one-dimensional representations of the disabled as asexual and unsophisticated subjects. Moreover, contrary to the angelic and selfless images of caregivers, the way Loretta is portrayed demands a reconsideration of care work within family, especially in the face of poverty. As Barnes argues, care can be a normative concept since "caregiving" does not always "embody care" (6). In Loretta and Monty's case, care work does not embody care because the characters lack affectivity, and thus access intimacy cannot be formed.

Loretta sees care as a power dynamic, but the play demonstrates how everyone is interdependent. Barnes suggests that although interdependency becomes more "visible" when taking care of a baby, a disabled individual, or an old person, we are dependent on one another in all aspects of life. She states:

> Most seek some sort of life partner or close friends from whom we can receive care and to whom we can care. It matters to us how we are treated by work colleagues, by those on whom we depend for services we are unable to carry out ourselves (whether that is sorting out plumbing problems or providing financial advice). . . . Care ethics prompts us to give attention to ways in which such connections can be

> supported to improve the well-being of all, rather than limiting care to a marginal position. (Belluso 15)

Barnes’s statements evoke the principles on which disability justice is built: Human beings are inherently interdependent and worldmaking is a “collective human practice” (Valentine 81). Care lies in everyday affective connections and in the absence of such connections, subjects suffer from isolation and loneliness. When taken through this framework, all of the characters in *The Rules of Charity* are in need of an affective care network.

The main care relationship that lies at the center of the play is between Loretta and Monty. The play begins with a slap sound heard in darkness. The lights are slowly turned up on Monty lying on the floor away from his overturned wheelchair. Loretta “*kneels over* [Monty], *a wild look in her eyes*” and she says, “[c]ruelty is a form of goodness. I’ve decided that from this day forward I will use only cruelty in all my dealings with you. Don’t try to make sense of this decision, there isn’t sense to be made.” Then she adds, “[b]ut it does remind me of something very wise, that I remember you once said to me. [. . .] ‘Love’s power, the power that love has over us, it is the power of contradiction’” (Belluso 7). The scene challenges the audience/readers’ romantic notions of care and reveals that abuse comes from all directions: either from a caregiver or a loved one. However, Loretta’s remarks also generate questions regarding their relationship. That is, a father-daughter relationship, or a parent-child relationship in general, can already be complicated in a family without the presence of disability and care. Loretta also comments on this as she states that her love for her father does not prevent her from being cruel. However, it is necessary to discuss the reasons why Loretta gravitates toward cruelty by shunning her affective self rather than forming access intimacy.

In *Bathing—The Body and Community Care*, Julia Twigg states that care is created through engagement, and she further argues that although care can be practiced in the best way possible, abuse also lies on the verges of caregiving. When Loretta and Monty are present on stage together, the audience does not see them in an affective and emotional engagement, which would lead to access intimacy. As the following except demonstrates, they fail to communicate because of negative affectivity. When Loretta tries to atone for what happened the night before (when she slapped Monty), Monty rejects her attempts to communicate:

> MONTY: (*Interrupting*.) Yes. You weren’t feeling like yourself. It happens to all of us now and then.
>
> LORETTA: Yes. (*Beat*.) How is your back feeling?
>
> MONTY: The eggs.
>
> LORETTA: What? *(Looking down to the eggs in her hand.)* Oh, yes, they need to be put away. [. . .] You were in so much pain last night, so many pains in your back. [. . .] But you seem much better today.
>
> MONTY: Yes. I am.
>
> LORETTA: Good. (Beat.) I’ll start on dinner. (Belluso 9)

Monty reminds Loretta that he wants to keep their relationship on a task-based level and communicates when he needs something. In contrast to his detached manner towards Loretta, he is tender and caring in his communication with LH, which essentially shows that he has the affective potential to form access intimacy.

According to Twigg, a good caregiver “brings a sense of life and fun into the house, where the older or disabled person is encouraged and sustained, where what is particular about them is endorsed and valued, where care is structured around their preferences, and where lapses of the body are smoothed over” (7). On the other hand, an abusive caregiver may engage in acts such as “rough handling, denigrating language, sneering or nasty words, a silent refusal to recognise the person, the demeaning exposure of the body, cold indifference to embarrassment or anxiety” (Twigg 7). When taken through this framework, Loretta neither brings joy nor encourages Monty. Rather, she turns care into a relationship based on “power” to abuse her father either by slapping him or by giving him extra pills to make him sleep deeper so she can have dinner with Horace.

Monty and Loretta share what Mingus calls “obligatory access,” which should not be mistaken for access intimacy. With “obligatory access,” there is just care or help without intimacy, whereas with access intimacy one is also left with good feelings. It is “a freeing, light, loving feeling,” as opposed to “charity, resentfulness enacted, intimidation, a humiliating trade for survival or an ego boost” (“Access”). Obligatory access is task-based, but access intimacy is also emotional and relies on empathy. In response to Loretta’s cruelties, or “obligatory access,” Monty shuts himself off from her. For instance, he does not make eye contact and continues reading his book when Loretta is talking, but he begins "smiling brightly" as soon as LH enters the scene. Moreover, he punishes Loretta as seen in the following stage directions: "*Monty pauses, takes the scotch bottle off the table and places it on the floor. He slowly tips the table over, the glasses smash on the floor. A beat, Loretta enters. She walks over and begins to pick up the pieces of glass*" (Belluso 12). The transmission of affects between Loretta and Monty results in them taking up opposing positions and they both feel estranged from one another.

However, *The Rules of Charity* shows that Loretta holds a liminal position as a caregiver because she also needs care and love as a daughter, especially after she has lost her mother to cancer. Loretta also needs to be taken care of, but because no one is doing that, she suffers from immense loneliness and isolation. In *The Heart of Justice: Care Ethics and Political Theory*, Daniel Engster states that caring for oneself and caring for others are significantly connected. According to Engster, people will either fail or will be unwilling to care for others when they are unable to care for themselves adequately (56). Bernes further argues that the needs of the caregivers should be met so they can provide adequate care (28). The play reveals that Loretta does not have a support system. That is, she does not have any family members or friends to share her aspirations, happiness, or frustrations with. Having no one to take care of her, she desperately needs an affective connection. In the scene following Monty smashing the glass, Loretta is seen walking on the street. Her hand is wrapped in a scarf, and it is bleeding since she cut her hand while cleaning up the pieces of glass. She starts a conversation with a stranger, Horace, who pulls the tiny pieces of glass out of her hand and wraps it back affectionately. While doing so, Horace tells her the story of an old man who fell down: "He screamed for help and I broke down his door. I carried him to his bed. He couldn't stop his hands from shaking. I made him a cup of tea" (Belluso 13). Impressed by Horace's affective capacity, Loretta later invites him for dinner, but she reveals that she lives with her father and explains her conflicting feelings about him:

> LORETTA: His legs and his spine are twisted and deformed. He has cerebral palsy. I think he hates me. *(Beat)*
>
> HORACE: Why don't you put him into a home, or something? Y'know, like a nursing home?

> LORETTA: We don’t have a lot of money. And the state-run, Medicaid nursing homes; they’re horrible. Horrible places, I’ve looked at them; I’ve seen the things that happen there.
>
> HORACE: What happens there?
>
> LORETTA: Horrible things. Disgusting. I couldn’t do that to him. And I promised my mother that I would always take care of him. (Belluso 20)

Loretta’s remarks reveal a myriad of contradictory emotions and actions. Although she is abusive towards Monty from time to time, she does not want her father to be treated horribly elsewhere or by someone else. Other significant points she makes are that she thinks Monty hates her and the promise she gave to her mother. In another conversation with Horace, she states:

> Yes Horace. I do hate him. Cold hate. I hate having to take care of him. And it’s a cruel thought. But what can I do to stop it? Cold hate, is what I feel. And the strange thing is; I *love* him, too. How can both of those things exist, together, wrapped up tight like a knot, inside of my heart? *(Beat.)* I hit him. I slap him. Sometimes. When he makes me angry. *(Short beat.)* Cruelty. And goodness. How can they both exist together in the same space? (Belluso 35)

These remarks raise the following questions: Does Loretta hate and mistreat Monty to avenge his hatred of her? Does she take care of Monty because it is her duty? Does caregiving mean charity to her? Did she accept being Monty’s caregiver only because she needs his social security payments to survive? As the play progresses, these questions are answered gradually, and one thing that becomes prominent is Loretta’s desperate need to be loved and cared for. Starting a relationship with Horace is an attempt to open herself to affective bonds. She asks Horace, “Just be a darling. To me. Okay? […] That’s what I want” (Belluso 22).

As aforementioned questions illustrate, the reasons why Loretta mistreats Monty cannot simply be narrowed down to his disability and Loretta’s care work. In *The Cultural Politics of Emotion*, Ahmed suggests that “[i]f the object of feeling both shapes and is shaped by emotions, then the object of feeling is never simply before the subject. How the object impresses (upon) us may depend on histories that remain alive insofar as they have already left their impressions . . . Feelings may stick to some objects, and slide over others” (8). This means, Loretta and Monty’s affectless state requires a more complicated approach than blaming it on the so-called burden of caregiving. It is revealed in the play that Monty never shows love and affection to Loretta as a father. As

Monty and LH’s scenes demonstrate, Monty is capable of opening himself to affective intimacy and connection, yet he refrains from forming an emotional bond with Loretta. The following scene showcases how Monty holds back his feelings: After a delightful night, LH leaves, and Loretta helps Monty, who is drunk, to lie down to bed. Both Loretta and Monty are in a good mood, and Loretta asks if he loved her mother. The scene ends as follows:

> MONTY: Of course. Yes. She took care of me. Yes. I loved her.
>
> LORETTA: Do you love LH? *(A long beat. Monty slowly nods “yes*.”) Have you told him?
>
> MONTY: No. Not yet.
>
> LORETTA: You should tell him. *(Beat.)*
>
> MONTY: Is that a new dress?
>
> LORETTA: Yes. It was on sale.
>
> MONTY: You look like your mother. I see resemblance in you.
>
> LORETTA: I don’t resemble my mother. I’m nothing like her. *(She exits into the bedroom.)*
>
> MONTY: *(Softly)* I want to tell him how I feel. I want to go away with him. And let you be on your own, little Loretta. *(His face grows dark. He throws himself from the bed and crashes onto the floor. Loretta enters. She pauses, stares at him on the floor. Fury in her eyes, she slaps him across the face.)*
>
> LORETTA: I told you to stop throwing yourself onto the floor, stop doing that! Why do you do this? You’re driving me crazy! *(She pulls the blanket off of the bed, tosses it on him.)* You can sleep on the floor tonight. *(She leaves him there and exists back into the bedroom. He closes his eyes.)* (Belluso 24-25)

As the excerpt shows, Monty struggles to express his feelings to those who he cares about. When Loretta advises him to tell LH how he feels, she also implies what she expects from her father. However, Monty either keeps his feelings and thoughts to himself, or writes them in his journal. Even though his statements about leaving with LH reveal that he cares for Loretta and wants her to have a life independent from him, he does not express these feelings openly until the end of the play. It also remains unclear why he throws himself off the bed. Belloso does not explain whether Monty punishes himself or to take revenge on Loretta. He leaves it unanswered to draw attention to the complexities in family dynamics where care plays a central role. Loretta does not fully understand Monty, either. The lack of understanding causes her anger. Moreover, Loretta’s reaction to Monty’s remarks about her mother also demonstrates that she struggles with her new role in the family. Not only did she lose her mother, but she also assumed her mother’s responsibilities, mainly taking care of Monty. Grappling with loss and adjusting to her new position in the family in addition to not having a care network, Loretta feels incapable, which leads to aggression. Since both Monty and Loretta fail to acknowledge interdependency, the affects circulating between them find their emotive representations in feelings of isolation, hatred, or resentfulness.

Loretta first attempts to develop an affective relationship with Horace, yet as an unemployed and homeless person, Horace also fails to satisfy Loretta’s needs. Nevertheless, he helps Loretta take care of Monty by giving baths, but repeatedly states how much he hates doing this, an implication that he sees care work as a duty and burden. This puts Monty in a more vulnerable position, rather than creating a care network which is based on love, commitment, and disability justice. Mingus calls this “forced intimacy,” in which the disabled person is “expected to share personal parts” of their bodyminds. According to Mingus, those who need physical help suffer from an increased vulnerability because they expose their bodies and must allow others to touch their bodies (“Forced Intimacy”). By putting Monty in “forced intimacy” with Horace, Loretta distances herself from her father. Moreover, failing to form any affective bond with Horace, Loretta begins pretending that she is pregnant by putting a balloon in her belly. While rubbing her fake belly, she says to herself, “I glow. I glow with goodness. There is goodness inside of me. Now there is. There truly is. Goodness. [. . .] I like the way it makes me feel. [. . .] It makes me feel like I have, like a feeling of *Goodness*, growing inside of me. And we can’t afford to have a baby right now. It’s just a game I play” (Belluso 39). By imagining an affective bond with a baby, Loretta expresses her desire for connection and unconditional love.

However, Loretta’s feelings toward Monty cannot simply be explained by her desire to be cared for. The socioeconomic conditions that render families with disabled members vulnerable should also be considered. As Monty explains to Paz, Monty and Loretta lead precarious lives: “If I work, or even if my daughter worked, the government would cut off my Medicaid, and if I didn’t have access to health care, there would be no way I could possibly work, so it’s a sort of Catch-22 situation” (Belluso 16). As unqualified individuals, neither Monty nor Loretta can find a job that would provide them with the necessary healthcare coverage. Just like Margaret, Lou, and Mary Jane, they are trapped in the neoliberal healthcare system, without any options. It is not Monty's disability that limits the family's social mobility, but the lack of opportunities. Ableism that is embedded in the economic, social and cultural ideologies leads Loretta to see her father's access needs as a burden.

These ideologies are represented by Paz, who sees Monty's disability as a tragedy and wants to use him for her documentary that explores disability experience based on superficial and stereotypical ideas. Paz serves as a mirror for the audience's ableist and normative notions of disability. Her remarks are a reiteration of prevalent conceptions among nondisabled communities regarding the disability experience. Yet, she is the one outsider in the play. This forces the reader/audience to reevaluate their preconceived notions, specifically in the scene where Monty and Paz converse about his life as a disabled and queer individual. By encouraging Monty to accept an interview by Paz, LH pushes Monty into a forced intimacy with her, since Paz expects him to share the intimate details of his life and body. According to LH, this interview is a chance for Monty to earn money, whereas it is insulting for Monty because Paz's documentary, entitled *The Rules of Charity*, reiterates ableist discourses that assign negative affects to disability rather than exposing the challenges the disabled people face. As Mingus says, forced intimacy is in action when people believe they "are allowed to ask me intrusive questions about my body, make me 'prove' my disability or expect me to share with them every aspect of my accessibility needs" ("Forced"). Therefore, forced intimacy is "exploitative, exhausting, and at times violating" (Mingus, "Forced"). Here, Paz is not interested when Monty talks about his real-life experiences with disability. Instead, she wants him to talk about his disability as a tragedy as the following conversation demonstrates:

> PAZ: [. . .] I want to know about *your* life, your experience.
>
> MONTY: I understand. I know what you want me to say.
>
> PAZ: But you're not saying it. You're saying everything but what I *want* you to say.
>
> MONTY: I have cerebral palsy. It is severe. It is very difficult for me to move. And there are many times when I feel lost in the world. Like I am another species altogether, and I feel that being gay only adds to that isolation, and I . . . *(Beat.)*
>
> PAZ: Go on . . . This is what I need, I need you to be honest and raw, to ride that river of rage inside of you; that's what I need for this film. Not scholarly intellectual nonsense.

> MONTY: I understand perfectly, what you want me to be. You want a talk-show confession, a "very special episode," you want me to be one of "Jerry's Kids" on telethon. *(Beat.)* (Belluso 31)

Paz imagines disability as a monolith, and she expects Monty to fit into preconceived notions of the experience of disability. According to Monty, Paz is a "politically correct lunatic" who is only interested in labels attributed to Monty—a gay and disabled individual who depends on Social Security. She is the product of a society that stigmatizes and marginalizes disabled bodies by seeing their access needs as charity and burdensome.

Initially, LH's insistence on this interview is portrayed as if he wishes to help Monty financially because Monty and LH share access intimacy. LH understands Monty's needs, spends quality time with him, and he is always considerate towards Monty's life. The following scene showcases access intimacy in action as LH encourages Monty to apply for teaching positions:

> LH: Of course it would! You would just have to leave the apartment. You could go to different schools and apply for jobs. I would put the wheelchair in the trunk of my car and drive you around from school to school till you—
>
> MONTY: LH, I don't have a degree. I'm self-taught. You need a degree to be a teacher.
>
> LH: Oh. That's stupid. But you could still find some kind of job, Monty. With all your knowledge, I'm sure you could—
>
> MONTY: LH, stop—
>
> LH: Okay. I just think, I think you're afraid to go out into the world, I think you—
>
> MONTY: I know what you think, LH, you have told me before—
>
> LH: I just want to help. *(Monty smiles, touched by this, beat, he takes LH's hand. He kisses LH on the wrist, holding his hand for a moment. LH smiles. Beat.)* You kissed me. On the wrist. *(Beat.)* The first place you ever kissed me.
>
> MONTY: The pulse point. *(LH leans over and gently kisses Monty on the lips, he then pulls back.)* [. . .] What do you *feel* for me?
>
> LH: (Beat, a bright smile on his face.) Monty, I feel so many things for you. Good things! (Belluso 10-12)

Here, LH relates to Monty's vulnerabilities, respects him, and supports his well-being with enthusiasm. He tries to understand the complexities Monty deals with by reading his journal where he chronicles his life. As a result, he is willing to meet Monty's access needs and to figure out logistics for his comfort, which is an important aspect of access intimacy. The transmission of affects results in a similar emotional state in Monty and he feels valuable, not as a burden. Similarly, Monty cherishes LH, making him feel important in a life where he feels stuck and insecure. As a janitor whose labor is neither recognized nor appreciated by anybody, LH also needs access intimacy as a queer man who was brought up by a conservative family. Although he loves Monty, he is uncomfortable about his sexuality and is reluctant to open up about their relationship, hiding his queer identity in public. He even refrains from any type of physical intimacy when Loretta, who knows about their relationship, is around. Actually, he is secretly in a relationship with Paz, and his insistence for the interview is to help her, not Monty.

Negatively coded affects in society result in stigma and isolation of the marginalized subjects. In his foreword to McRuer's *Crip Theory*, Michael Bérubé states that "stigmaphobia" rules many communities. That is, people feel obligated to be included among so-called normal people and they immediately put a "stigmaphobic distance" between themselves and others who can easily be rendered "abnormal, crazy, abject, or disabled" (viii). Using Foucault's concept of the panopticon as a starting point, Kuppers argues that the "social gaze" governs the lives of the disabled as they live under its surveillance. She posits that "[e]very time the diagnostic or medical gaze captures the disabled person, every time the social gaze distances her lived experience and substitutes it with a script of 'proper' narratives, every time institutions structure the ways that disabled people think of themselves and of their relations to others, the panopticon of social life reiterates itself" (*Disability* 15). This applies to queer identities in LH's situation. LH refuses to acknowledge his own queer identity due to intense stigmaphobia, and shows signs of internalized homophobia and (self)repulsion when he states he does not want to be a "faggot" (Belluso 32). Therefore, he believes he can find a place among the normate if he follows compulsory heterosexuality and able-bodiedness. To do so, he breaks his affective bond with Monty by refusing to care for him.

LH thus creates a hierarchy of bodies based on the heterosexual and ableist notions of bodies when he insults Monty's disabled body, which he once found beautiful. He states, "I don't want to be a faggot. I don't want to take care of a cripple. I don't want to be a cripple" (Belluso 32). This shows that disabled and queer identities intersect significantly. As McRuer contends, "people with disabilities are often understood as somehow queer (as paradoxical stereotypes of the asexual or oversexual person with disabilities would suggest), while queers are often understood as somehow disabled" ("Compulsory" 400). Therefore, compulsory able-bodiedness and compulsory heterosexuality operate in conjunction with one another and they "(re)produce the able body and heterosexuality" (McRuer, "Compulsory" 402). Having internalized both ableism and homophobia, LH equates queerness and being disabled, as he labels both identities as "cripple." As a result, he breaks the access intimacy that he has formed with Monty and chooses to follow the norms dictated by compulsory heterosexuality. Therefore, he repents for his so-called sins—of having feelings for a man—and marries Paz, who secures his future financially.

Consequently, neither Loretta nor LH can provide the necessary care for Monty because they both refuse access intimacy. The affect of stigma results in self-loathing in LH, whereas Loretta shuts herself to any kind of affective connection despite her deep desire to be cared for. As a result, both LH and Loretta direct their anger to Monty, who is in a more vulnerable position than them because of his constant need for care. Barnes suggests that the dynamics of care depend heavily on "how people respond and what contribution they make to care" (170). Although she does not discuss it as an affective process, Barnes's argument aligns with Brennan's concept of "transmission of affect" since Barnes claims:

> The response of the care receiver may make it easier or harder to give care, as well as providing important information about how care is being given and how it is being received. Such responses may include gratitude, they may include respect for the skills and sensitivities of the caregiver, or feelings of love . . . But they may also include discomfort, resentment, anger or embarrassment. The type of emotion experienced and expressed becomes part of the care process. (170)

Then, the care process is shaped and governed by the transmission of affects between the caregiver and care receiver. Building access intimacy provides the foundation for a care relationship so that it is a positive experience for both parties. The care relationships between Loretta and Monty, LH and Monty, even Loretta and Horace fail to breed access intimacy, thereby resulting in anger and resentment.

The main obstacle for forming access intimacy is the binary classification of care relationships as the giver and the recipient of care. Building on the idea that sexuality is not a fixed identity, which rejects the dualistic approaches to sexual identity, Barnes argues for dismantling the caregiver and care receiver binary, which she believes would bring political change as well (178-179). Piepzna-Samarasinha challenges the notions of care as work and suggests putting an end to this perception because:

> the care work we give is essential to building movements that are accessible and sustainable. We are building and maintaining movements when we're texting to make sure someone is okay, talk on the phone for hours, talk shit on the couch, drop off a little care. Those things are not a sideline or an afterthought to our movements. They *are* our movements. (141)

Piepzna-Samarasinha promotes what she calls "care webs" to change the perceptions of what care and access means. This requires shifting the notions of care "from an individual chore, an unfortunate cost of having an unfortunate body, to a collective responsibility that's maybe even deeply joyful" (33). The care webs resist the perceptions of care as charity and gratitude because they place the needs and desires of the people who are in need of care to the center. As Piepzna-Samarasinha explains, "[s]ome of them rely on a mix of abled and disabled people to help; some of them are experiments in 'crip-made-access'—access made by and for disabled people only, turning on its head the model that disabled people can only passively receive care, not give it or determine what kind of care we want" (41).

As a disability rights activist, Belluso shows that a lack of care webs and access intimacy is destructive for the disabled and their caretakers. Therefore, *The Rules of Charity* calls for disability justice by pointing to disability as a complex identity and the manifold aspects of caregiving. By portraying Monty as a queer character, Belluso challenges stereotypical notions of disability. As McRuer suggests, queer bodyminds take up a "contradictory space between a cult of ability (centered on discipline and domesticity) and cultures of disability (centered on networks of disability)" (*Crip* 4). Contrary to the stereotypical representations of the disabled as either asexual or hypersexual individuals, Belluso portrays Monty as a queer and disabled person who is in need of emotional and romantic care as much as any supposedly normal individual. Moreover, Belluso reverses the narrative trope of the disabled as the villain in the story as LH, who is the representative for the normative notions of able-bodied heterosexuality, is erased at the end through his violent death. Although Monty also dies, it is neither punishment nor an erasure, because he is able to share his feelings with Loretta and their affective communication results in a moment of access intimacy. He says: “But I believe that the contradiction of love and hate and cruelty and goodness can be resolved. These contradictions can be resolved with a swallow in the soul” (Belluso 56). In his final words, Monty shows Loretta a way to cope with her contradictory feelings, and he suggests he has forgiven her.

2.2. STEPHEN KARAM’S *THE HUMANS*

As the middle child of Lebanese American and Irish American parents, Stephen Karam grew up in a “Christian household,” a fact that resurfaces in his plays (Soloski). After his graduation from Brown University, Karam worked at The Utah Shakespeare Festival where he met Arian Moayed, who performed as Richard in several productions of *The Humans,* and P. J. Paparelli, with whom he collaborated on the production of *Columbinus* and *The Humans* right before the director’s sudden death (Soloski). Karam’s critically acclaimed plays written before *The Humans* (2014) include *Columbinus* (2005) (co-written with P. J. Paparelli), *Speech & Debate*, and *Sons of the Prophet* (2011). *Sons of the Prophet* was the finalist for the Pulitzer Prize, and won the Drama Desk Award, Outer Critics’ Circle Award, as well as New York Drama Critics’ Circle Award. Karam was also awarded the Horton Foote Playwriting Award in 2016. These plays, in Soloski’s words, “aren’t tearful, but they are often about loss—of love, of health, of innocence—and the messy, haphazard, necessary ways we get on with our lives afterward.” In 2021, Karam adapted *The Humans* to the screen, and he is also working on a new play that will explore issues of disability, chronic illness, and American society’s obsession with appearance (Soloski).

The Humans had its premiere at the American Theater Company in Chicago in 2014. It opened off-Broadway in 2015 and had its Broadway premiere in 2016. The same year, the play won the Obie Award for Playwriting, the Tony Award for Best Play and the New York Drama Critics’ Circle Award. The play was also a finalist for the 2016 Pulitzer Prize for Drama. Justin Townsend and Fitz Patton were awarded Drama Desk Awards, respectively, for Lighting Design for a Play and Sound Design in a Play. Also, Reed Birney (Erik) and Jayne Houdyshell (Deirdre) received Tony Awards for their performances in the Broadway production of the play. Karam acknowledges the autobiographical elements in his plays; *The Humans* borrows from his family background for its content and from the apartments in which he lived for the setting

(Soloski). The play also borrows elements from the atmosphere in the United States after the 9/11 attacks and the economic crisis of 2008. As Samuel G. Freedman states in his foreword to the script, it captures the nation’s “anxiety about income inequality and economic stagnation” (v-vi). Karam dramatizes the Blake family’s personal and familial crises while placing them in larger social, political and economic contexts. He explains in an interview that he did not begin writing *The Humans* as a family drama, but a stage thriller. His intention was to write about fears and anxieties in a post 9/11 setting and financial crisis, but he realized that “the horrors of everyday life” are scary enough, so the play turned out to be a “genre-collision play” that is a family drama with the elements of a thriller (“Theater Talk” 2:13 – 3:35).

The Humans presents a family gathering at Thanksgiving in Brigid’s and her boyfriend Richard’s new apartment. Brigid’s parents, Erik and Deirdre, come from Scranton with Erik’s mother “Momo,” who has dementia and uses a wheelchair. Erik and Deirdre cannot hire a professional caretaker for Momo because of their financial situation. The couple had to sell the house, which they hoped to live in after retirement, since Erik lost his job—after an affair with a colleague. They take care of Erik’s mother while they are trying to save their marriage at the same time. Despite their problematic marriage, they desperately want Brigid to follow cultural norms and marry Richard. On the other hand, the couple accepts their lesbian daughter, Aimee, supporting her relationship decisions and consoling her when she is heartbroken. They also resent their daughters for being non-religious and giving up on faith. They insistently remind Brigid and Aimee of the significance of faith, which results in an ongoing family conflict.

Erik suffers from insomnia and chronic pain, whereas Deirdre has arthritis, and she has developed an eating disorder as a coping mechanism. Brigid’s sister, Aimee, has broken up with her girlfriend and has lost her job because of her intestinal problems and now needs to undergo surgery. Brigid, on the other hand, struggles with depression since she cannot find a job and works at a bar to pay her student loans. All of the characters are disabled on different levels, and the disability experience is presented with its complexities and real-life circumstances. As Sandahl notes, in *The Humans*, “we see disability as it impacts a family across different generations” (Fox and Sandahl, “‘Frenemies’” 148). Yet, the portrayal of disability and caretaking in *The Humans* is not stereotypical. Despite their disputes and problems, the family members always maintain an affective relationship, especially about care. On the stage, Karam depicts the motivations, desires, and disappointments of a family whose members are both caregivers and receivers. All the while, access intimacy keeps the family together and it gives them strength to be resilient in the face of drawbacks.

In *The Humans*, emotive representations of affects that circulate among the family members range from love, laughter, and praise to criticism, anger, or resentment. Karam's choice of producing the play without any blackouts allows these feelings to exist simultaneously on the stage. As the playwright states in his note to the play:

> *The Humans* takes place in one real-time scene . . . without any blackouts. Life continues in all spaces at all times. While this is difficult to render on the page, the noting of "UPSTAIRS" v. "DOWNSTAIRS" is a reminder of the exposed "dollhouse" view the audience has at all times. Throughout the journey, the audience's focus may wander into whichever room it chooses. (Karam 5)

Peter Marks notes that Karam "has demonstrated an acute perceptiveness for the ways people lean on one another even as they get under each other's skins." The realistic depictions of physical, emotional, and economic obstacles are always juxtaposed with moments of care and access intimacy. The play ends after Erik discloses his affair and their financial problems to his daughters. Although they react aggressively at first, everybody calms down eventually, and all characters leave the stage one after the other—to unite again outside. Freedman comments on the family's response to Erik's "mistake" as follows: "[W]ith his great heart and expansive social vision, Karam understands, and makes an audience understand, that while anyone can commit such a mistake, people from the nation's many Scrantons don't have the security to survive it whole" (ix). Alexis Soloski also argues that Karam "isn't big on happy endings, but several of his plays offer at least some hope that human connection and resilience will help the characters through. And if that fails, they'll probably find some other way to keep going." Although the play does not offer a proper denouement, the reader/audience knows that the family will overcome their problems together, as they always do. This is where the play diverges from the twentieth century family dramas in which families do not survive crises after secrets are revealed, and they collapse. In *The Humans*, however, they overcome crises because they care about each other. The Blake family has never been a whole and the future will not be perfect, but family members will support and heal one another together. This shows that families do not have to be the perfect family in any traditional sense to endure hardships.

The setting of *The Humans,* which reflects the traditional representation of the household in American theater, is significant because it reflects the affective and emotional states of the family. The run-down, two-story apartment building in Chinatown, which Brigid and Richard have just moved in, requires a lot of maintenance. Their life is constantly interrupted by the strange—sometimes eerie—sounds coming from upstairs.[21] The couple does not have any furniture or kitchen appliances yet. Nevertheless, they are happy to have a place of their own, acknowledging its problems, but not problematizing them. Karam depicts the apartment as follows: "It's big enough to not feel small. It's just small enough to not feel big. . . . The rooms are worn, the floors are warped, but clean and well kept" (Karam 9). Just like the apartment, the family has its cracks and each character struggles with their flaws and problems. Yet, they always take shelter in the family. Family members feel connected to one another and never break the affective bond that keeps the family together.

According to Freedman, *The Humans* "speaks far beyond domestic concerns alone," like the major twentieth century plays (vii). Similarly, Bess Rowen notes that, except for the inclusion of a lesbian daughter, the play does not challenge the conventions of realism or naturalism with its "standard cut-away house on stage" (338). This may be stylistically true; however, Karam's dramaturgical choices when depicting the family and the house diverge from traditional family dramas. First, although the physical condition of the house is the symbol of the family's current situation, the family members accept and support each other no matter what happens, and they enjoy one another's company in all circumstances. Moreover, the family structure in the play subverts the traditional representations of the American family. That is, neither the queer character nor the disabilities in the family are the causes of the family's dysfunctional state. They are not metaphors for the problems existing within the family, either. As Elaine M. Smith suggests, "Karam structures the play so that anxieties do not

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[21] See the *The New York Times* article by Erik Piepenburg to listen to the sounds and read how the sound designer used sound cues.

stem from a single source but instead result from multiple simultaneously present issues" (20).

Although all characters are in a reciprocal care relationship, the main care work revolves around the grandmother, Momo, who has dementia. Janet Gibson points out that people with dementia are stereotypically labeled as the "living dead" because their cognitive and physical capabilities change to the point where they cannot function autonomously. Therefore, they are no longer seen or accepted as real people (4). *The Humans* challenges this perception by showing that the affective care network that surrounds Momo continues incessantly from the beginning of the play to the end. The focus of the play is not what the family and Momo have lost, but how they have adjusted their lives according to Momo's needs, and how they enjoy their time together. This does not mean that Karam ignores difficulties that come with care work. While acknowledging the complexities, the play provides novel perspectives on creating access intimacy.

In the opening scene, the audience is introduced to Momo's wheelchair before Momo herself. As discussed in the previous chapter, the existence of a wheelchair—or a disabled character—on stage per se does not make a play inclusive, yet it can be a political expression when used to claim disability justice. Kuppers also points out the potential wheelchairs hold as they can be "icons and communication symbols" ("The Wheelchair's Rhetoric" 81). Then, the use of wheelchair in *The Humans* draws attention to care and accessibility, thereby carrying political significance to challenge affective responses to disability, care and illness. Paul Longmore and Lauri Umansky note that disability in American society is associated with loss of many things including the loss of independence, autonomy, or control (7). In *The Humans*, Momo experiences all of these and, to an ableist mind, Momo and her wheelchair bear the affect of loss. However, in Karam's world the wheelchair becomes a signifier of care, interdependence, and access intimacy. Although it literally exists for Momo, she is not the one who moves her wheelchair. Everyone in the family assists her, since Momo's dementia is at a point where she does not have control over her body.

Helping Momo with the wheelchair never poses a problem for anyone. Instead, they see it as an opportunity to connect and spend time with her. The existence of the wheelchair also prompts discussions about accessibility. The film adaptation draws attention to the inaccessibility of the apartment more, since the camera focuses only on one scene at a time by using close ups. For instance, Deirdre and Erik's efforts to bring Momo and the wheelchair inside the apartment shows that inaccessibility makes these apartments unlivable for the disabled. The hall is too small and the position of the door, which is not ergonomically designed, requires them to maneuver multiple times. Since it is a very old apartment building, it was designed and built before the Americans with Disabilities Act of 1990, and never updated. As depicted in the scene, the passage of the law does not guarantee accessibility. Despite physical limitations, the family does their best by collaborating:

> DEIRDRE: So when Momo needs the bathroom we've gotta go out in the hall and take the elevator?
>
> BRIGID: Yeah, but . . . I'll take her back up if . . . *(Deirdre sighs)* Sorry, I forgot about her wheelchair.
>
> DEIRDRE: Yeah, I know you did. (Karam 35)

Mingus states that access intimacy can sometimes be felt when someone is "just sitting and holding your hand while you stare back at an inaccessible world," knowing that not everything is completely accessible ("Access"). The scene comments on inaccessibility and exemplifies the necessity of access intimacy. As Valentine argues, access intimacy "urges us to direct our attention to the deficiencies of an ableist world rather than the supposed deficiencies within individual bodies that must be 'corrected'" (84). Karam's emphasis on inaccessibility, then, shows solidarity for disability justice by drawing attention to minute details that make life more challenging for the disabled, but go unrecognized by the nondisabled.

At the beginning of the play, the only character on stage is Erik, standing next to the wheelchair. Deirdre and Momo exit the bathroom after a toilet flush is heard, an implication that Momo needs care for her basic needs. Beginning a play with a toilet flush sound and showing two characters leaving the bathroom result in an immediate disaffection in the audience/reader, since a bathroom's affect is associated with the emotions of disgust, filthiness, and privacy. The scene causes disaffection because Karam exposes a hidden, not publicly discussed aspect of caregiving, as opposed to the aforementioned affects. After Erik and Deirdre—together—help Momo to sit in the wheelchair, Momo begins mumbling words and sentences that do not make sense. It is understood that Momo does not recognize her environment and the people around her. Nevertheless, the family members try to listen to what she is articulating and communicate with her. Erik explains to her that they are in Brigid's new apartment where they will have a Thanksgiving dinner. Yet, Momo keeps repeating the phrase "you can never come back," to which Brigid responds "Momo, you can absolutely come back, any time you want" (Karam 13). She then asks her parents how she has been doing and the following conversations demonstrates the cross-generational care relationship in the family:

> ERIK: Uh . . . she's still got her good days, you know? . . . yesterday she was pretty with it for most of the morning, but now she's [all over the place] . . . I dunno where she goes . . .
>
> DEIRDRE: I tried to do her hair, I want her to look good, / you know?
>
> AIMEE: She does . . . / BRIGID: Treat yourself to a spa day . . . / the both of you should go—
>
> DEIRDRE: No, no way, do you know how much that costs?
>
> BRIGID: Yeah, well you'll burn out if you're / not careful
>
> DEIRDRE: Hey, hey don't worry about us—having her at home with us is, until it becomes too much, it's a blessing, you know. . . right Erik? (Karam 14-15)

The scene demonstrates a cultivation of access intimacy where family members are attentive to the needs of others. Erik is worried that Momo's condition is deteriorating while Deirdre's attempt to do her hair challenges the notions of the "living dead." On the other hand, Brigid acknowledges how exhausting caregiving can be and reminds Erik and Deirdre that they should take care of themselves, too. However, Deirdre's response is a reminder of the intersections of class and disability. In the middle of a financial crisis, Deirdre and Erik must be careful with their money.

Even when characters are not interacting with Momo, they keep an eye on her. For instance, Brigid notices Momo's runny nose, and Deirdre immediately wipes it gently. Karam addresses caregiving in all aspects, such as helping a person in the bathroom, cleaning a runny nose, eating, or laying down. The family members neither intimidate nor humiliate Momo. Rather, they attend to her well-being always in a loving manner. Mingus states that access intimacy is "knowing that someone else is with me in this mess. It is knowing that someone else is willing to be with me in the never-ending and ever-changing daily obstacle course that is navigating an inaccessible world" ("Access"). The characters make sure Momo knows they support her unconditionally to ensure she never feels alone.

Although the family is saddened by Momo's worsening condition, they stay positive and do their best to calm her down. This does not mean that they put a positive spin on Momo's dementia and ignore realities. Erik tells Brigid and Richard that Momo "had a good day yesterday, you know? It's hard to predict now how she's gonna be . . . this is definitely her last big trip. . ." (Karam 54). The family is aware that their days with Momo are limited now, and all they want for her is to be as comfortable as possible. Ashley Volion also stresses that to experience access intimacy, "full communication, viewing disability as a natural part of the human experience. . . acceptance and validation, developing comfort with vulnerability, holding space for one another, and being in the moment" are highly significant (56).

The scenes of care develop organically, meaning the desire to care comes from within and it is always unplanned. Having an intuitive awareness of Momo's instant or general needs, they are always attentive and considerate towards her. In the scene when the family toasts to the new house, they agree to sing Momo's favorite song because Momo still remembers these traditional songs and joins them. The scene portrays a circulation of loving affects through the family's exchange of looks, gestures, and smiling expressions. Brigid takes Momo's hands and sings to her while others "look to [her] affectionately, expecting her to join in" (Karam 30). However, Momo remains unresponsive until she starts mumbling. Erik begins massaging her hands immediately and tries to calm her down: "Shhhh, all right . . . you're all right . . ." (Karam 32). In another scene where Momo begins mumbling again, Deirdre takes turn to massage her hands and "wheels" her around the apartment (Karam 54). Gibson states "places and selves are interconnected. Place, space, and how people are treated can make a difference to the experience of dementia, and even alter brains" (196). Therefore, when all family members sit around the table holding hands, Momo is affectively triggered, and she joins them for grace in the end. The family is so thrilled that Momo has joined them they repeat the grace and clap like children. Erik immediately (re)introduces Brigid and Aimee to Momo, telling her that "these are your granddaughters" while Brigid tells Momo (twice) how happy she is. This brief sense of togetherness makes the family so happy that they laugh when Momo loses contact again and speaks randomly: "Dig a hole shower" (Karam 95).

Affective immediacy of care coalesces into access intimacy in the Blake family, which is the reason why they can carry on. For instance, when Deirdre helps Momo lay down on the couch, Brigid, and even Richard, helps to make her more comfortable:

> *Deirdre adjusts Momo's head, maybe with a memory-foam travel pillow they always take with them. [. . .] Momo dozes off on the couch.*
>
> BRIGID: So it's okay if she sleeps here?
>
> [. . .]
>
> DEIRDRE: Oh yeah, the meds she's on—she gets in three good naps a day. . .
>
> *Deirdre helps adjust Momo on the couch. Brigid goes in search of the blanket.*
>
> [. . .]
>
> She's calm now Rich, but . . . man—when she has a fit, it's like watching her turn into someone else, you know? . . .
>
> RICHARD: Can I help you get her [situated] . . . ?—
>
> DEIRDRE: Yeah, jus, lift her feet there. . .
>
> *Richard moves her feet into a more comfortable position*. (Karam 66-70)

Karam does not narrow down Momo's individuality to her dementia and shows that she is not just a body without agency. The reader/audience learns more about her through other family members' memories. Deirdre tells Richard how she refused to quit driving:

> She was something, she refused to quit driving, Rich, refused, but . . . six years ago? Erik couldn't bring himself to take the keys from her, so he got her to take a driver's exam so the decision wouldn't be on him, and part of her test is—they show her a picture of a "yield" sign, but without the word "yield" on it. . . well she can't name it, but enough of her's still there that she goes to the poor guy giving the test, really pissed off, she goes: "Trust me, I'd know what to do if I was driving." And he's like: "Then just tell me what you'd do if you were driving and pulled up to this sign." And she goes: "I'd see what everyone else was doing; then I'd do that." (Karam 67)

As the story reveals, adjusting to life with dementia is a multifaceted experience that is difficult for the person experiencing as well as family members. Erik struggles to ask Momo to stop driving, whereas Momo refuses to accept she is not capable of doing certain tasks anymore. Yet, Momo gradually embraces her new bodymind and accepts it as a part of human nature. The family members also learn to adjust their lives according to Momo's needs and her new embodiment.

Gibson argues that in dramatizing dementia, it is necessary to offer "affordances for people with dementia" by depicting their "comprehension of reality." This would help playwrights to create "alternative narratives to dominant cultural ones" because they would be giving "voice to those who are usually silenced or thought not to be able to speak." Gibson insists on reimagining and dramatizing the subjectivity of people with dementia to achieve cultural change (197). Karam succeeds in creating an alternative narrative by completing her story and characterization through multiple perspectives. In a later scene after all of the family members say grace, Deirdre reads an email from Momo, which has become a part of their Thanksgiving tradition now. The use of the email is dramaturgically significant in terms of disability representation on stage because by giving Momo a voice, it upholds disability justice for people with dementia and refutes ableist notions that devalue their lives. It functions as a tool to give Momo agency and voice. Deirdre reads:

> "Dear Aimee and Brigid, I was clumsy around you both today and felt confused. I couldn't remember your names and felt bad about that. It's strange slowly becoming someone I don't know. But while I *am* still here, I want to say: don't worry about me once I drift off for good. I'm not scared. If anything, I wish I could've known that most of the stuff I *did* spend my life worrying about wasn't so bad. Maybe it's because this disease has me forgetting the worst stuff, but right now I'm feeling nothing about this life was worth getting so worked up about. Not even dancing at weddings." *(The Blakes smile. They have inside understanding of this remark)* "Dancing at weddings always scared the crap out of me, but now it doesn't seem like such a big deal. This is taking me forever to type. Consider this my fond farewell. *Erin go bragh*. Dance more than I did. Drink less than I did. Go to church. Be good to everyone you love. I love you more than you'll ever know." (Karam 123)

When compared to the anecdote Deirdre shared before, the email showcases the transformation in Momo's understanding of dementia. As Susan Wendell suggests, living with disability or illness "creates valuable ways of being that give valuable perspectives on life and the world," ways of being that would be lost in case of the elimination of illness and disability (31). In other words, Momo began living in crip time. In "Six Ways of Looking at Crip Time," where Samuels discusses the "less appealing aspects of crip time," she describes crip time as "broken time" and discusses that the disabled must adjust their bodies and minds "to new rhythms, new patterns of thinking and feeling and moving through the world. It forces us to take breaks, even when we don't want to…It insists that we listen to our bodyminds so closely, so attentively in a culture that tells us to divide the two" (192). Momo has learned to perceive the world through a different viewpoint and has embraced crip time. Through the letter, she passes her knowledge to her granddaughters, and crip time teaches her to accept the drawbacks of the illness as a natural course of human life.

It is not just Momo who develops a new perspective of life and corporeality of dementia. Similarly, Erik's remarks, such as "[t]his is definitely not one of your better days Mom . . . oh man, we, uh . . . we'll all be there some day, right? . . . / we love you so much, Mom. . ." (Karam 95), show that he—and other family members—now see disability experience differently and they also embrace the crip time Momo lives in. This makes them commit to access intimacy rather than seeing care work as a burden or tragedy. Erik's remarks evoke an acceptance of the disability activists' noteworthy claim that everybody will eventually be disabled if they live long enough. Volion argues that access intimacy requires acknowledging that every individual "navigates the world differently" but this difference "does not mean lesser" (89). Moreover, Barnes posits that reciprocation cannot be expected when providing care for a family member with dementia. She notes, "[t]he changes in behaviors, activities, interactions and expectations resulting from dementia affect the individual concerned, their loved ones and close family members. They have significant impact on family dynamics, and on social networks" (55).

The Blake family also acknowledges the complexities of care and dementia, but they do not assign negative affects to them. Neither do they perceive Momo's new bodymind as a lesser form of being. Kafer notes that "[t]o eliminate disability is to eliminate the possibility of discovering alternative ways of being in the world, to foreclose the possibility of recognizing and valuing our interdependence" (83). Incorporating Momo's dementia into the play as an enriching rather than a degrading experience paves the way for the transmission of positive affects between the text and the reader, or between the cast on stage and audience. Although Momo is played by a nondisabled actress, the audience who have family members with dementia relates to the experience depicted on stage. As Lauren Klein (Momo) explains in an interview, the characterization resonated with the audience, and she received positive feedback regarding the representation of dementia. She states that the audience appreciated the way dementia was dramatized on stage, and they thanked her for giving voice to people with dementia. For instance, an audience member embraced Klein at the end of the performance and said, “You are playing the role that my wife recently played” (“Working in the Theater” 43:33 – 44:00). Dramatizing the real-life experiences of dementia as well as the portrayal of access intimacy both alter the perceptions of the nondisabled reader/audience and makes the voices of people with dementia be heard.

As stated previously, Momo is not the only disabled character on the stage and all characters are disabled on different levels. While the characters deal with their disabilities in their own terms, they participate in a reciprocal care relationship based on affectivity. Gibson suggests that “performance is always much more than text alone. It is, among many other factors, bodies, nonverbal language, gestures, lighting, and so on. . . . Bodies on stage are as responsible for creating stimulating theatre as are words” (115-116). Given Gibson’s argument, it can be suggested that *The Humans* makes use of nonverbal language and gestures in access intimacy representation, but the play’s real strength comes from the playwright’s dramaturgical choices. The continuous action both on stage and on the page, provided by “the doll house” view, allows a simultaneous portrayal of care, crises, and anxieties. Each character gets their private moment, either in another room or floor (“Theater Talk” 8:33 – 8:49). This allows the audience to witness the complexities within the family. Sometimes, they watch manifestations of care on both floors, but other times they hear characters argue on one side of the stage while watching others engaging in care elsewhere. For instance, the audience watches Aimee, who is upstairs, nursing a cramp before she enters the bathroom while Deirdre wheels Momo downstairs to calm her down. Meanwhile, Brigid interrupts Erik’s conversation to ask—caringly—how he is doing, and she questions why he cannot sleep (Karam 54). In another scene, Deirdre, Richard and Brigid take care of Momo downstairs while Erik is upstairs and consoling Aimee who breaks into tears after a phone conversation with her ex-girlfriend.

Although the relationship dynamics of the family are marked by access intimacy, the characters do not always grasp the concerns or problems of the other, mainly due to the generation gap. The affective responses of daughters and parents toward one another oscillate between caring for and resenting each other. On one hand, characters are very attentive to the wellbeing of each family member; on the other hand, they are quick to criticize one another’s decisions and actions. Karam successfully grasps the tension between generations. Deirdre and Erik have built a middle-class life through working hard and hoping to provide a better and more comfortable future for their daughters. However, as Jayne Houdyshell states, both Erik and Deirdre are “perplexed” by the idea of a “better life” because even though both girls are college graduates, their lives are as precarious as their parents’ (“Theater Talk” 13:16 – 13:35). Moreover, neither Brigid nor Aimee shares Erik and Deirdre’s devoted faith, from which they draw strength and resilience. Nevertheless, as Karam explains, each member of the family holds on to something to carry on: as opposed to Deirdre and Erik’s catholicism, the daughters have their own ways of reaching out and they put faith in therapy, superfoods, yoga, meditation, juice cleansing, or, in Aimee’s case, the ex-girlfriend (“Theater Talk 7:44 – 8:18). Brigid and Aimee refuse to talk about religion, whereas Erik and Deirdre believe that they would not need other approaches as long as their faith is strong.

Like their parents, children find it difficult to fully understand their motives and struggles. Each has a hard time understanding the other’s perspective. Brigid and Aimee can imagine how difficult it is for Erik and Deirdre to take care of Momo, physically and mentally. However, they fail to see that the care work is only one aspect of the couple’s struggle. Both Erik and Deirdre are physically worn out because of their hard working conditions, but their efforts do not yield financial security. As Erik tells Richard, “I’ll tell you Rich, save your money now . . . I thought I’d be settled by my age, you know, but man, it never ends . . . mortgage, car payments, internet, our dishwasher just gave out . . . [. . .] don’tcha think it should cost less to be alive?” (Karam 40). As the quote reveals, the promise of upward mobility is not applicable in the United States. Conversely, chasing such a promise exhausts and oppresses them, and shatters their hopes for a better life.

Erik also reveals that after twenty-eight years of labor, the school fired him, and took away his pension using the so-called “morality code” rule against him. With no savings and his retirement in danger, Erik now works part time at Walmart and the couple is planning to sell the house and rent an apartment instead because “the cost of taking care of Momo’s been a surprise, / you wouldn’t even believe how much the [medical stuff costs]—” (Karam 133). Similarly, Deirdre has been working for the same company since she graduated from high school but, in response to Erik’s statement that the company “would fall apart without her,” she says, “. . . yeah, well my *salary* doesn’t reflect that, and these new kids they hired, I'm working for two guys in their twenties, and just 'cause they have a special degree they're making five times what I make over forty years / I've been there, Rich . . ." (Karam 50). Deirdre's statement exposes the contradictory consequences of values which are highly promoted such as competitiveness, progress, and hard work since they apply only to a small group of citizens.

Erik and Deirdre's situation indicates the precarious state of their social and financial positions, and confirms the intertwinement of disability and class in contemporary America. They try to achieve the American dream, yet Karam shows that the dream is no more than an illusion, especially when disability is involved. They work hard all their lives to have a better life, but the gains of hard work can dissipate overnight with their employers' decisions—as in the case of Mary Jane and Margie. Moreover, after years of doing the same work, Deirdre has arthritis and Erik suffers from chronic back pain. They have worked hard for a better life, which includes access to affordable healthcare as well as a financially comfortable life, yet—ironically—the money they make does not even cover the expenses of health problems caused by their labor.

The excessive pain they are living with cannot go unnoticed; therefore, Brigid and Aimee repeatedly ask how they are doing, but their parents try to hide it and both state they are doing okay. When Aimee asks—after seeing Erik rubbing his back—how his back is, Erik responds "How's my back?, how's *your* back?" and he evades Aimee's follow-up question about doing exercises (Karam 68). Similarly, when asked how she is doing, Deirdre immediately talks about random topics, such as the emails she sent to the daughters. Erik and Deirdre stay in traditional parental roles and avoid discussing their problems with their children unless absolutely necessary.

Brigid and Aimee's conversation show their concern over their parents' condition, and the difficulty of seeing them in pain:

> AIMEE: I'm more worried about—did you notice Mom's knees? . . . Going down / the stairs . . .
>
> BRIGID: I saw, yeah . . . I'm afraid to ask how her arthritis is . . . or Dad's back . . . / I don't wanna know . . .
>
> AIMEE: Well it's bothering him—can't you tell he's—

> BRIGID: No, yeah, do you think it's because . . . he hasn't been sleeping, right? . . . (Karam 83).

Brigid and Aimee pick up their parents' affective states, yet they, especially Brigid, ascribe negative affectivity to care work and health problems. Ignorant of financial problems and Erik's PTSD, the daughters either level fierce criticism at their parents, or they tease them cruelly. For instance, everybody in the family mocks Deirdre's overeating, disregarding the fact that it is her body's affective response to stress and pressure. The more Erik postpones disclosing "the secret" to Brigid and Aime, the more Deirdre eats impulsively because she carries the affective burden of Erik's mistake. Therefore, her emotional state of nervous tension increases as the play progresses.

The daughters are perplexed by Erik's confession, and they respond in a myriad of emotions ranging from anger, agitation to fear. Erik assures them that they are doing good as a couple, but Brigid says: "No, I'm glad you're working it out but—you're *good* but you're not sleeping and Mom's still eating her feelings, / it's freaking me out—" (Karam 135). The following conversation that takes place after Deirdre overhears Brigid's words shows that Brigid finally acknowledges the dysfunctional state of the family:

> DEIRDRE: Go talk to your father, please, / I *know* you think something's wrong with me it's not a news flash.
>
> BRIGID: Mom—I will, but—I don't [think that]—I think something is wrong with *everyone*—please don't act like a martyr / when I'm trying to apologize . . . you think *I'm* wrong to not wanna get married in a church so— (Karam 136).

Deirdre does not respond because she directs her attention to Momo whose agitation grows immensely due to the negative atmosphere in the house. Karam describes the scene as follows: "*Deirdre's massaging Momo's hand, for herself as much as for Momo*" (Karam 137). Overwhelmed by the intensity of affects and emotions, Deirdre dismisses Erik's attempt to embrace her, and focuses her attention to Momo. Care serves as a healing practice to reduce Deirdre's anxiety. She explains earlier that in addition to driving Aunt Mary, whose both knees were replaced, to physical therapy, she has been volunteering for refugees in Scranton. That is, Deirdre builds strength to cope with her marital problems by helping others and caring for them.

Erik, on the other hand, grapples with PTSD besides other health problems. Starting from the first scene of the play, Erik seems uncomfortable and uneasy. He is already nervous about the announcement he needs to make, but his anxious state also reflects Erik’s affective response to New York and the apartment. It is revealed that Erik and Aimee were in New York City when the planes hit the World Trade Center on 9/11. Erik was at Dunkin’ Donuts waiting for the observation deck to open while Aimee was in a job interview. After the incident, Erik could not find Aimee for hours. He later explains a scene he witnessed, which has become a recurring nightmare: “—this fireman was holding a body with your same suit on? [. . .] but with a coat of ash melted onto her?, like she got turned into a statue like [. . .] there was gray in her eyes and mouth even, it was . . . like her whole . . . (a discovery) [. . . face was gone. . .]” (Karam 140-141). Therefore, Erik associates New York City with the affect of horror and being in the city and Brigid’s apartment that is close to World Trade Center aggravates his PTSD. Throughout the play, he associates everything he sees and hears with 9/11. For instance, when he sees falling ashes that “look like light flurries,” he feels “unsettled” and “steps away from the window, takes a few calming deep breaths” (Karam 61). Erik knows he is suffering from PTSD, as he explains to Richard: “[W]hat’s crazy is how you still mess up . . . it’s crazy how you still—” (Karam 86). His PTSD is also triggered by random thuds and rumbles coming from all directions, which eventually induce a panic attack at the end of the play. Despite suffering from its consequences, Erik never sees PTSD as a serious condition, nor does he seek treatment to recover. As a traditional Catholic and a member of a generation that perceives mental problems as a weakness, he only talks to the priest about his dreams and uneasiness, which obviously does not solve his problems.

In contrast to Erik, Aimee is not disturbed by New York City, nor does she accept having been influenced by the attack:

> ERIK: . . . and I still don’t get how you can live here after— (*to Aimee*)—or that hasn’t sent you back to church— / don’t you think surviving that day means *something*?
>
> AIMEE: Because for me—hey—hey—hey—hey, I’m telling you what I think, I think it means the two of us were in New York on a terrible morning. / That’s all . . .
>
> ERIK: That’s it?

> AIMEE: Yes, Dad, that's it.
>
> BRIGID: Yeah, me too—I'm not scared of coincidences— (Karam 90)

As Cassie Beck states, Aimee keeps her feelings private—like Erik— and also "uses humor to deflect tension" ("Theater Talk" 6:50 – 7:04). Therefore, she does not accept the effects of witnessing 9/11. E. M. Smith proposes that Aimee also suffers from PTSD, which essentially exacerbates ulcerative colitis (26-27). It is not revealed in the play whether the illness is actually related to PTSD, or whether Aimee suffers from PTSD. However, she is obviously afflicted by cramps and pain, and she needs surgery because of cancer risk. Although she does not reveal this to her parents, Aimee is concerned about the stigma and marginalization that come with disability:

> BRIGID: You'll lose the whole intestine?
>
> AIMEE: It cures the disease, though, so, . . . but . . . yeah . . . they make a hole in your abdomen so the waste can, you know . . .
>
> BRIGID: Do Mom and Dad know?
>
> AIMEE: No, I don't want to discuss it at dinner and . . . I'm okay, I'm mostly just like . . . uhhhh, how am I gonna find another girl friend? . . . / I'm serious . . .
>
> BRIGID: You're a complete catch.
>
> AIMEE: I'm gonna be pooing out of a hole in my abdomen. Who's gonna date me?
>
> [. . .]
>
> AIMEE: Uh-huh . . . when do I even—do I wait until the third date to be like: "Just FYI, I shit out of a hole in my belly." Is that a fifth date thing? (Karam 81-82)

Aimee's concern shows how important it is to have access intimacy and crip wealth/knowledge in relationships. Having crip knowledge would invalidate, in Piepzna-Samarasinha's words, the "ableist shame" and cultivate access intimacy. She states, "You can live in your sweatpants, you can change your ostomy bag in front of me, you can be really, really weird, the amount of time it takes for you to transfer to the toilet is normal. . . . some of our wealth is creating these small spaces away from shame, where it is okay to have a disabled bodymind" (252). Karam attempts to demolish "disability shaming" through Aimee and Momo's bathroom scenes. Significantly, both Aimee and Momo (with Deirdre) visit the bathroom many times, and Aimee always reminds the family members that it smells bad after she leaves the bathroom. For instance, when Brigid asks if she needs anything, Aimee says, "An air freshener . . .?"

(Karam 58). Brigid makes sure that Aimee understands no one in the family cares about the smell and her wellbeing is more important for them. Brigid and other family members always focus on Aimee's access needs:

> AIMEE: . . . okay, Mom, so . . . and I missed even more time right before they made their decision, I had another flare-up this month, so—
>
> DEIRDRE: Why didn't you tell us? / ERIK: Oh babe, I'm sorry . . .
>
> AIMEE: Because I don't want you to worry—
>
> DEIRDRE: I would've sent you a care-package . . .
>
> AIMEE: Yeah, and a bunch of text messages asking about my bowel movements.
>
> DEIRDRE: I just wanna know what's / going on.
>
> ERIK: You know we'd do anything for you, right?— [. . .] How about . . . financially, are you okay, or—?
>
> [. . .]
>
> DEIRDRE: But just—how are you feeling?
>
> AIMEE: Just minor cramping, I'm good, I am . . .
>
> RICHARD: How about food-wise, can we get you / something special— (Karam 44-45)

The scene is another moment that portrays access intimacy as the family members consider Aimee's needs in all aspects. As a result, Aimee is thankful to be in such a loving and connected family, especially at a time when she has lost her job, her girlfriend, and her health (Karam 122).

Contrary to the comfort of access intimacy within the family environment, Aimee faces neoliberal ableism at work. She is demoted because she "missed a lot of time" when she was sick, yet she is still expected to respond to emails even at Thanksgiving. In the corporate world, demotion means kindly asking the employee to look for a job, so Aimee is at risk of unemployment and access to healthcare. When Deirdre states it is illegal to fire an employee because of a medical condition, Aimee summarizes the hypocrisy neoliberal values harbor: "Well they gave other reasons, obviously, but . . . yeah, you get the sense that they support your chronic illness as long as it doesn't affect your billable hours" (Karam 45). Similar to Lou, Mary Jane and Margie, Aimee's condition also demonstrates the significance of "crip time" in achieving disability justice. Putting issues that are considered "socially taboo" on stage/page as a "normal" part of everyday disability experience leaves the audience/reader disaffected and compels them to reevaluate their perceptions of disability, access, justice, and normalcy. Moreover, it enriches disability representation in theater by incorporating disability not as a metaphor, but a real embodied experience.

In conclusion, *The Humans* demonstrates that changing affective approaches to care and disability makes a difference in disabled people's lives. The transmission of positive effects results in access intimacy, which eventually provides comfort and a sense of security. In the presence of access intimacy and reciprocal care, the bond that connects family members to each other is strengthened. Despite their resentments, the Blake family in *The Humans* never loses its affectivity; they appreciate and honor each other's presence and efforts. Without focusing on their disputes, the family comes together and embraces each other. Piepzna-Samarasinha states that access and love are intertwined; therefore, "crip solidarity, and solidarity between crips and non(yet)-crips is a powerful act of love and I-got-your-back" (75). As the tradition of expressing their gratitude shows, all characters are thankful for their family. Erik is thankful that he has the "unconditional love and support" of his family, which is the only thing that matters in life. Deirdre is also thankful for their daughters' existence. There will never be a year Brigid is not thankful that the observation deck was closed, and Aimee is thankful for Deirdre and Erik, who provided a family she "can always come home to" (120-122). *The Humans* advocates for disability justice in that it shows that the lives of disabled people thrive when interdependence and access intimacy are embraced.

2.3. MARTYNA MAJOK'S *COST OF LIVING*

Martyna Majok moved to the United States from Poland at the age of five and she grew up in a multicultural environment in New Jersey (Pipino 62). As a daughter of a working class family, she worked at several jobs while she studied. Majoring in English at the University of Chicago, Majok later studied playwriting at the Yale School of Drama and Juilliard School. She is the playwright of four plays: *Ironbound* (2014), *Cost of Living* (2016), *Queens* (2018), and *Sanctuary City* (2020). Kiare Pipino points to the influence of Majok's background in her writing, stating that her plays center on topics she is familiar with. She notes, "Majok's plays speak her strong voice, her attention to human nature, and to the social conditions of the unprivileged, intimately linked to poor economic conditions, precarious legal status, and disabled physical conditions. She scrutinizes behaviors in a matter-of-fact way, . . . making sure to not romanticize" (63).

Cost of Living had its premiere in 2016 at the Williamstown Theatre Festival. The play opened off-Broadway in 2017, and it moved to Broadway in 2022. *Cost of Living* won the Pulitzer Prize for Drama and Lucille Lortel Award for Outstanding Play in 2018. Gregg Mozgala, who played John, also received the Lucielle Lortel Award for Outstanding Featured Actor in a Play. In 2023, the play was nominated for a Tony Award for Best Play. In a realist setting with minimal and simple set decor, *Cost of Living* portrays two different relationships between the disabled characters and their caregivers. In alternating scenes, which change with the help of a revolving stage, the readers/audiences witness snapshots from the lives of two pairs: Ani and Eddie, a married couple who is about to get a divorce, and Jess and John. Ani and Eddie are separated but reconnect when Eddie offers to be Ani's caregiver after she has become quadriplegic due to a car accident. On the other hand, John, a rich PhD student at Princeton University with cerebral palsy, hires Jess to take care of him. Throughout the play, the vulnerabilities of the characters and harsh living conditions are revealed, or at least hinted at, through the conversations of the pairs. Blaming Eddie for their separation, Ani resents him and struggles to trust him, believing that he will disappoint her again. Eddie insists that Ani should let him back into her life so he can take care of her. Jess and John also approach one another with caution. This is the first time John hires someone independent from the agencies, and he wants to be sure Jess is reliable and capable of the physical labor of caretaking. On the other hand, Jess, the daughter of a first-generation immigrant and also a Princeton graduate, works at multiple jobs to earn money and she sleeps in her car so she can send more money to her mother, who returned to their home country to receive the needed medical treatment.

Carrying a lot of baggage from the past, all the characters in *Cost of Living* are isolated and vulnerable on many levels, and they need one another in different aspects. As Sarah Hemming puts forward, in *Cost of Living*, "who needs whom is [a] complex" matter. Both relationships are governed by affects that finally result in access intimacy. Characters experience it after a "relationship-building" process, called patterned access intimacy. As Valentine argues, this requires "an emotional, cognitive, and physical labor" (83). Actively participating in this process, the pairs invest in an affective reciprocity and establish a connection that involves effort and commitment. At the end of the play, Jess is excited by the assumption that John is interested in her because he invites her to come on a Friday night, when Jess makes more money at the bar than usual. Yet, it is revealed that John only wants Jess to prepare him for another date. Disappointed by the misunderstanding, Jess asks John if she can at least wait for him in the warm apartment, but John, who does not know Jess sleeps in her car, refuses because he found out that Jess stole a soap. Jess leaves the apartment humiliated and returns to her car. Meanwhile, Ani dies suddenly, leaving Eddie in despair and loneliness. The stories of the characters finally intersect in the last scene. Eddie and Jess are in Eddie's apartment after Eddie sees Jess sleeping in the car and invites her in so she can get warm. Both Jess and Eddie are cautious about trusting each other but they reconcile eventually. Eddie offers to live together so they can share the expenses. Although Jess initially rejects Eddie's proposal and leaves the apartment, she later returns and opens herself to an affective connection, which both characters desperately need.

Cost of Living illustrates Majok's dedication to diversity both in terms of characterization and casting. The playwright explains in an interview that "there's a wider range of the definition of what diversity is," which also includes socioeconomics (Collins-Hughes). She insists that directors cast disabled actors for the roles of John and Ani, and asks for a racially diverse cast that reflects the demographics of North Jersey (Majok 6). She writes: "Ani's full name should be chosen to suit the actress playing her. Also, in the prologue, Na Zdrowie can be replaced . . . to suit the actress playing Ani. In Scene Eight, the phone call should be translated into a non-English language to suit the actress playing Jess" (Majok 6).[22]

Reiterating disability scholars' argument, Majok states that the portrayal of disabled characters, either as "exceptional" achievers, or tragic figures who die in dignity, is a "limiting view of an identity, an experience" (Pipino 68). Although she states that *Cost of Living* is not a play about disability but one about class whose characters "happen to be disabled," she deliberately challenges traditional representations of disabled bodies. Majok acknowledges her limitations in writing about disability as a nondisabled

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[22] "Na Zdrowie" means "cheers" in Polish.

playwright; therefore, she does research, and learns from the disabled community to better incorporate the real-life experiences of the disabled. For instance, she asked Gregg Mozgala to describe “what his body felt like to him” and used his descriptions in the play (Rodman). This is a significant example of how inclusion can change ableist norms in theater and social and cultural discourses, and how collaboration is both possible and enriching.

Despite not coming from within disability culture, Majok recognizes the power she has as a playwright in making a change in casting disabled actors. She speaks up for the disabled community and urges the theater world to cast disabled actors, especially when the story is about their own embodied experiences. Kuppers explains that because of the negative stereotypes that perpetually “equate disability with inability,” disabled actors remain unemployed, “which means that few actually disabled people end up as role models for younger disabled people” (*Theater* 14). In alignment with Kuppers, Majok states that it might be safer to cast famous actors (because the audiences are primarily drawn to a show when there is a “big name”), yet “if you continue to not let disabled actors play disabled characters—or any character, to be honest—then they are not going to get the exposure and the experience” (Rodman). She also confutes the arguments about the lack of disabled actors: “We did a lot of casting. I knew Gregg, who played John, from like six years before I wrote the play . . . For Ani, it was not difficult to find a disabled actor, it just was difficult to find the right actor, in the way that it is for any role” (Rodman). Making the play accessible to a wide range of identities and actors from different minorities in the United States, Majok participates in a kind of activism that speaks for justice against class oppression, racism, and ableism. She acknowledges intersectional identities and argues that individuals are complex beings that cannot be defined by—or reduced to—a single trait.

Pipino explains that the target audience of Majok’s plays are those who are “widely estranged from the human conditions portrayed in her plays” (63). She aims to show them an aspect of the world they have not been aware of and proposes ideas that are shocking to the audience. For instance, Majok states that she received criticism with regards to Jess’s situation because critics and audiences could not grasp how a Princeton graduate fails financially to the point of becoming homeless. This led Majok to rewrite Jess’s scenes and she says: “I had to put in clues about how things broke in her life along the way, that she would end up being there" (Rodman). Accordingly, contrary to the expectations of a white, affluent, nondisabled audience/reader, the sense of isolation and loneliness that precedes access intimacy in both relationships does not constitute self-pity. None of the characters have a care network that would provide them with the sense of care, love, or affection. They try to survive in a world that has treated them cruelly for different reasons such as poverty, disability, illness, or abuse (Pipino 63).

The first, and maybe the only character, who expresses his desire to connect openly and repeatedly, is Eddie. In the Prologue, he is alone at a bar, agonizing over loneliness and sending text messages to his dead wife, Ani, similar to the ones he used to send, which made him feel less lonely on the road: "Thinking of you," "How's things," "Good night," "Miss you," "What are you wearing" (Majok 10-11). Acts of care and connection embedded in the minute details in everyday life can sometimes be life saving for people like Eddie. He explains how care functions in his life as follows: "That little buzz in my pocket or on the nightstand, that's the rope gets tossed down to you at the bottom of the well. When the thoughts come. Y'know. The Thoughts. That loneliness. The texts, they're like, climb on up outta there, y'know. Get up outta those thoughts, y'know, cus 'Thinking Of You'" (Majok 10). Majok describes Eddie as a man "who understands that self-pity and moping are privileges for people, who, in their lives, have friends and family who unconditionally love them and will listen to their shit" (7). With Ani gone, Eddie lacks such privilege. Therefore, he continues sending text messages to Ani's number desperately, imagining the stranger on the other side of the line is Ani. Another affective response to loneliness comes at the end of the play, when he proposes to Jess that they should live together and share the expenses. He says: "Please don't go. Or you can go. If you want. But don't. Please. We can have an arrangement [. . .] We can split the place. This place. I'll pay more . . . I just—I need someone here. I just need someone here. With me" (Majok 145). As Fox suggests, "he is lonely enough to reach out for any connection at all, even to a stranger" ("Staging" 148).

After the Prologue, Eddie and Ani's story flashes back to three months before, when Eddie (re)enters Ani's life after their separation and Ani's accident. Majok introduces Ani as a "cat that resists being pet. Until it wants to be" (Majok 34). For some time, she resists and remains unresponsive to Eddie's efforts to revive the affective potential of their relationship. Ani’s behavior derails the expected affective responses of contentment, delight, or appreciation, since her only reaction is cynicism. When Eddie says he has been thinking about her, she goes:

> Was it when I went unconscious from the sepsis? Was it then? When I woke up from the surgery. The second surgery. Or when they said I need one more. Maybe it was May. The day I learned to move a finger. Or was it just September. When I find you standing at my door. When exactly, Eddie, in the last six months since I saw you after the accident, did you think to think of me? (Majok 42)

This may initially seem like a reinforcement to the stereotypes of the disabled as being mean, sad, and angry. Yet, it is gradually revealed that Ani is hurt by the separation and Eddie’s new relationship, and she struggles to reconnect with Eddie, despite her inward desire to do so. Thus, Ani’s affective state is the outcome of the complexities of life. As Fox argues, “The breakup of her marriage, her anger at causing her accident, and her mistrust of Eddie’s motives” result in caution and isolation (“Staging” 149). This does not mean that Ani’s disability does not impact her. Aside from the series of surgeries and physical therapy sessions that Ani mentions in the quotation above, the shock, grief, and the process of adapting to a new form of mobility are overwhelming. As Stacy Milbern argues, newly acquired disabilities may require big changes in one’s life. She explains, “[t]his looks like a lot of things—maybe learning how to get medicine, drive a wheelchair, hire attendants, change a diet, date, have sex, make requests” (Piepzna-Samarasinha 240). Disability rights activist Simi Linton describes the transition process in her memoir as follows: “This injury was a sudden cataclysmic event, and the paralysis in my legs was instant. Becoming disabled took much longer” (3). In addition to the emotional distress of a breakup, Ani struggles with loneliness and isolation in her adjustment period. By staging these complexities, “Majok challenges isolation as a simple correlative to disability without erasing emotional realities that are true to that experience” (Fox, “Staging” 149).

Though six months late, Eddie is willing to compensate for the times he has missed, and he is determined to be a good caretaker for Ani as well as commit to access intimacy. Before visiting Ani, he does research on the internet to learn how to help her feel better. As soon as he enters the house, he tells Ani to paint the walls to a color other than beige, stating colors affect the emotions, and he attempts to move her bed so she can face the window. It is also revealed that he has been sending emails to Ani about different types of physical therapies. Eddie empathizes with Ani, and, despite his lack of medical knowledge, he finds ways to make Ani more comfortable. Volion shares that:

> Access intimacy looks like my best friend, Tracey, coming up with creative ways for me to get my needs met, such as looking up YouTube videos on how to best tie my boots. . . . These were not access intimacy because my physical needs were met, these were experiences of access intimacy because my friend took it upon herself to figure out the physical logistics because she understood the emotional effect that not getting my physical needs met would have. (4)

Like Tracey, Eddie shows he is willing to take responsibility for the wellbeing of Ani's bodymind. However, he is also clueless about Ani's new corporeal experience. After he punches himself (as a joke) with Ani's arm that she cannot use, he puts it back by her side carelessly, which makes Ani furious and irritated:

> ANI: The fuck is wrong / / with you?
>
> EDDIE: I don't know.
>
> ANI: Strap it back in!
>
> EDDIE: Sorry sorry. (*He straps her wrist back on the arm of the chair.*)
>
> ANI: Flatten it out.
>
> EDDIE: What?
>
> ANI: My fingers, you gotta—Flatten / / out my—Or I'll lose those too. (Majok 37)

Eddie's nervousness and recklessness do not result from his encounter with disability, but from the liminal position he has in Ani's life. Though Ani is still married to Eddie and benefits from his health insurance, the two live in separate houses and are estranged from one another. Nevertheless, he is eager to learn how to help and take care of Ani, yet she is not ready to accept Eddie into her life and she resists his attempts to bond.

Eddie's insistence, however, sparks a type of connection and hope in Ani. Despite her sternness, she is moved when Eddie plays music and dances for her, which reminds her of the happy old days. She feels connection for a moment, which prompts her to share how music therapy helped to move her fingers. As Majok states in the directions: "*She has had no one with which to share new information. It's a vulnerable act. And he is listening*" (51). Her willingness to share her vulnerabilities—the first time she responds to access intimacy—ends when a car horn is heard from outside. Knowing it is Eddie's girlfriend, Ani regrets opening herself, and asks him to leave, with an implication that she does not want to see him again. Nevertheless, the end of the scene shows that

Eddie's positive affectivity is transmitted to Ani, and she feels better despite still feeling heartbroken. Stage directions go as follows:

> *(He hovers by the door, sees if she'll look at him. She doesn't. And exits. Ani, alone. Silence. She takes in that she is alone . . . / . . . She closes her eyes. A finger moves. The fingers of one hand move. As if playing piano. Or trying to. She plays an invisible piano with a few of her fingers on one hand . . . We watch her in silence…Then, car engine. A car drives away. She opens her eyes. No one.)* (Majok 54-55)

As the scene also demonstrates, Ani's isolation is multifaceted and it is not inherent in disability, but in the human condition. She is self-protective because of her emotional, rather than physical, vulnerability. Siebers argues that "[t]he presence of disability creates a different picture of identity . . . and therefore presenting the opportunity to rethink how human identity works" (*Disability Theory* 5). Ani's disability provides an elaborated view of the link between disability, isolation, and care.

The next time Eddie is in Ani's apartment is a month later after the agency called him—because he is still Ani's only emergency contact—to inform the nurse will be unavailable. He urges Ani to accept him as a caretaker instead of a stranger, claiming that he knows her body and she would be saving money. He also reminds Ani that she does not have a care web that she would depend on: "Who do we know in our lives who'd come? Who's got the money or the . . . [responsibility] . . . who you think could do this?" (Majok 78). To the audience/reader, these statements would sound like Eddie feels pity for Ani, but the real reason is that he wants to see Ani and spend time together—because they have shared emotional and physical intimacy before, now is the time for access intimacy. Eddie's perspective corresponds to Piepzna-Samarasinha's argument that the only way to survive "is by helping each other. No institutions exist to help us survive—we survive because of each other. Your life is maintained by a complex, nonmonetary economy of shared, reciprocal care" (137). Eddie and Ani are the only members of their care webs and they both need each other. Therefore, Ani eventually gives in to access intimacy, and the following scene portrays Ani and Eddie experiencing it intensely.

The scene begins as Eddie is sponging Ani in a bath with music in the background. Ani accepts she has treated Eddie harshly for the last few days that he has been taking care of her, but she is surprised that Eddie is still there for her: "I've thrown every awful string a words I could think of at you these past few days ’n’ I’m very creative / / person but yer still here. [. . .] You come back. I thought you’da gone but yer here” (Majok 100). It is again implied that Ani’s mean attitude is to test Eddie and to understand his real motives. However, she already feels the newly formed bond, the affective access intimacy, and knows that Eddie will not leave her again, even if she asks him to. Now she embraces the reciprocity of care:

> EDDIE: How’s the water?
>
> [. . .]
>
> ANI: To you?, how’s it feel?
>
> EDDIE: Oh shit is it too cold? Shit sorry. / / Sorry sorry.
>
> ANI: No no no. It’s good for me. I’m asking fer you. How’s it feel to you? Yer hands are in it too. I just don’t want it to be too cold fer you either. Also. I also want it to be nice fer you. (Majok 100-101)

Although Ani and Eddie know each other’s bodies and needs, they need to reorient themselves according to new circumstances by asking questions and being open about vulnerabilities. As Piepzna-Samarasinha puts forward that access intimacy can be inherent, but it is also a learnable skill: “[A]bled people can and do commit to learning access intimacy, through asking and respecting our knowledge” (252). The bath scene demonstrates both vulnerability and care, converging into intimacy. Ani responds to this new kind of intimacy in a grateful and positive manner, stating “[I]t’s been nice to get to know you. Again. This week” (Majok 116).

Since Ani cannot use her hands, Eddie must clean her intimate body parts, too. This leads them to discuss details regarding Ani’s body and sexuality. Ani is embarrassed when she explains her period started but Eddie can feel comfortable cleaning her genitalia since she cannot feel it. Their conversation reveals vulnerability and desire in conjunction:

> ANI: I can’t feel much. Of anything. There. I just want you to know in case yer like . . . feeling weird.
>
> EDDIE: I’m not. I don’t feel weird. Totally normal.
>
> ANI: I’m not saying I don’t. Or I won’t. I could. I feel . . . kind of feeling. It’s just not on that part of my body. [. . .] I imagine things. It’s all imagining now. I imagine things.
>
> EDDIE: What things?

> ANI: Nice things. In case you were wondering. That’s what I do these days. My mind is a great lover. *(Ani rethinks.)* It’s a good lover. It’s my memory I worry about. My mind’s limited. I can only really imagine . . . variations of what already happened in my life. But in like, slightly different ways. (Majok 104-105)

As the scene demonstrates, access intimacy triggers emotional intimacy and Eddie also shares a story that he has never shared with Ani before. His family pushed their financial limits to buy him a keyboard for Christmas. Despite all efforts, he could not learn it by himself, and the family did not have enough money for lessons, so he would find a radio station that played piano and he would pretend to play it. He says, “There was this control on it where you could still play it but no sound had to come out. [. . .] I’d act like that was me playin that” (Majok 107). The intensity of the emotions prompts Eddie to ask Ani to reunite as a couple, yet Ani refuses, insisting that “if everything was perfect in [his] life, no holes [he] had to fill, [he] wouldn’t be [t]here” (Majok 115). Ani ignores complexities in human existence, yet Eddie reminds her of the interconnected and interdependent nature of humans: “That’s not how people work. People don’t go after people unless they fuckin need em. And everyone fuckin—needs em, someone. That’s what life is, what yer life, my life . . . is. Okay? That’s how people work. In life” (Majok 115).

Eddie’s affective potential with regards to care and interdependence is transmitted to Ani, resulting in positive affectivity and a desire to abandon isolation. Access intimacy provides Ani with the willingness and passion to integrate into life again, as she now begins considering the possibility of returning to work. Their final scene also showcases Ani has embraced interdependence and connection. When Ani slips into the tub and Eddie saves her life, Ani responds:

> ANI: You can’t—
>
> You can’t—
>
> You—
>
> EDDIE: I’m sorry.
>
> *(She gasps.)*
>
> ANI: Don’t go.
>
> *(He holds her to him.)* (Majok 118-119)

Ani finally embraces her vulnerability; however, Fox states that the scene also is a reminder of urgency as well as "body's contingency" since we know that Ani will die soon. Therefore, "all we have . . . is immediate connection, mutuality separate from charity, pity, or paternalism" ("Staging" 157-158). Moreover, Eddie's desperate search for connection after Ani's death deconstructs the myths of care as a burden and charity. Caring for and connecting with Ani improved Ani's life and enriched Eddie. In this symbiotic relationship, Ani's absence leads to despair and loneliness because Eddie needed Ani as much as she needed him.

Jess and John's relationship also illuminates aspects of care, access intimacy, isolation, and class. Following Eddie's prologue, they are introduced in the first scene when Jess is in John's apartment for an interview. John enters with his wheelchair looking at Jess and evaluating her without talking. Meanwhile, the reader is introduced to him as follows: "*He is beautiful* [. . .] *[H]e is determinedly polished. Comes from wealth and wears it, undeniably. Jess had prepared for this. Had prepared to look unphased. But she is. She is phased. And he is beautiful*" (Majok 20). The directions give voice to Jess's initial response to John's disabled body. She is staggered by John's beauty more than her encounter with disability. John is not a pitiful crip, shattering both Jess's and the audience's preconceived ideas about the disabled body, and once again leading to disaffection.

The access intimacy that develops between John and Jess both diverge from and converge with Ani and Eddie's experience. Trusting their caregivers is difficult for Ani and John, but for different reasons. Based on their former experiences, they are self-protective: Ani fears Eddie will disappoint her again by abandoning her, whereas John has never had a good relationship with his caregivers. Eddie and Jess, on the other hand, are both isolated, struggling with unemployment or poverty. Eddie looks for connection, but circumstances have obliged Jess to retreat from society, eluding any form of connection. Regardless of their personal baggage, all of the characters make an effort to provide access intimacy in their own ways.

John and Jess's initial encounters are controlled by "forced intimacy," which "include[s] the ways that disabled people have to build and sustain emotional intimacy and relationships with someone in order to get access–to get safe, appropriate and good access" (Mingus "Forced Intimacy"). John knows he is supposed to teach Jess how to take care of his body since Jess is not a trained professional caregiver. This begins at their first meeting when he tells Jess that waiting is a big part of her job (Majok 21). John lives in crip time, and as his caregiver Jess must also adjust her orientation to temporality and have an awareness of the time John needs for certain acts. As Margaret Price argues, "crip time" is not just about needing extra time for completing certain tasks in a given amount of time or arriving at a destination on time. "Crip time" is also "adjusting the pace of conversation" because some people "[process] language at various rates" (*Mad* 62). Jess needs to learn to be patient when John talks. As Majok describes, John has a "*halted way of speaking*," caused by cerebral palsy (20). Therefore, John warns Jess when she interferes while he is speaking: "If you don't interrupt me—because, you see, it can take a minute—if you don't interrupt me, you'll get all the information you need" (Majok 29).

Although Jess does not discriminate against the disabled, she uses ableist language that relies on normative assumptions, because of her limited crip knowledge. She calls John "differently abled," assuming it is the right term, and presumes John deliberately makes life harder for his caregivers when he underscores the fact that the job is not suitable for everyone. John's response shows acknowledgement of the complexities of caregiving as opposed to romanticized notions:

> JOHN: How much life have you seen? Not everyone can do this work.
>
> JESS: Why? You make shit hard fer people?
>
> JOHN: This "shit" can, by nature, be hard. Not everyone can cut it. I don't hire from agencies; so some applicants think they can do it and then it turns out they can't. (Majok 28)

As John's statement reveals, most people are not familiar with real disability experience; therefore, they assume that caregiving would be a manageable task, but it is essentially a relationship building process between the caregiver and the disabled person, which fails when access intimacy cannot be formed. This is the reason why John has stopped hiring from agencies: because professional care work does not allow for affective potentials of the job by distancing caregivers emotionally from the people that they take care of. In professional care work, the disabled become "cases" rather than bodies with complex individuality.

The real reason why John struggles to trust Jess is the contradictions in her life. As a person coming from wealth, who "can basically do anything [he] want[s] except the things [he] can't," John cannot grasp Jess's realities (Majok 28). Therefore, he becomes suspicious when he learns Jess graduated from Princeton with honors, and he does not understand why a Princeton graduate works at bars and applies for a caregiving job, for which she has no experience. Only when Jess confronts John's questions and comments by claiming that she has indeed lived a lot of life, with implications of sexism, classism—and probably racism, does John believe in her:

> JESS: A lot.
>
> JOHN: What?
>
> JESS: Of life. Is how much I lived. So when a man tells me I'd hafta do some Various Things for him for money, I gotta push that man for a little clarity.
>
> JOHN: Okay. Well when a woman says she went to Prince—
>
> JESS: Cuz she did. She says it, she writes it in her résumé, cuz she did. She went to school, she's lived a lot of life—before and after school—and she could do this. I could do this. If yer surprised I'd be applyin for a job like this, while working a buncha jobs like those *(Referring to the résumé)*, after goin to a place like this *(Referring to school)*, the sorry, bro—
>
> [. . .]
>
> JESS: If you don't understand why where I went to school, *that* I went to school, doesn't mean shit for some people—then I dunno what yer payin for in there. (Majok 30-31)

The conversation refers to the intersections of oppressions and produces a moment of affective intimacy and identification, leading John to hire Jess. As Sins Invalid puts forward: "A disability justice framework understands that. . . . All bodies have strengths and needs that must be met. . . . All bodies are confined by ability, race, gender, sexuality, class, nation state, religion, and more, and we cannot separate them" (19). Drawing on arguments about disability justice, which suggest that intersectionality influences the disabled individuals' lives drastically, it can be asserted that Majok makes use of intersectionality to reinforce interdependency by drawing attention to the fact that one can use their privileges to help others in areas of life where they are oppressed. Sins Invalid also argues that "we are . . . each coming from a specific experience of race, class, sexuality, age, religious background, geographical location, immigration status, and more. Depending on context, we all have areas where we experience privilege, as well as areas of oppression" (23). The oppressions that John and Jess have had to endure in their lives impact their relationship, making them more cautious in accepting people into their lives.

Affective identification is sustained through John's attempts to form a bond with Jess, who initially refrains from sharing personal details of her life with him. However, John does not want her to see him as work. Even though he pays for it, care without connection humiliates his disabled self more than it helps him. As Mingus argues, without access intimacy, "there is survival, but rarely true, whole connection ("Access"). In their second scene, Jess's first day at work, John explains to Jess that their relationship will last as long as they truly "know" each other, and he states that her job is "to understand [him] and the needs of [his] body" as much as to take care of his body (Majok 62). As a disabled person, John looks for reciprocity; he needs access intimacy with the person to whom he surrenders his body, with all its vulnerabilities. When Jess begins shaving, John tries to make small talk, but Jess marks her boundaries by not responding to his questions. When John asks her to tell something about herself, she responds, "So you can make fun of me?" (Majok 59). The main reason why she eschews connection stems from her own vulnerabilities. Yet, John pushes her more, stating that "You're about to see a lot of me. To know a lot of me. You will take off my clothes and I will have nowhere to hide. I don't really have a choice in that. [. . .] It would be nice to know who is taking off my clothes" (Majok 59-60). However, like Ani, Jess refuses to trust John's intentions and thinks John just wants a story. She repeats what John already knows—that she graduated from Princeton and works at multiple bars—and asks "You gonna tell me to smile for you next?" (Majok 60).

As Valentine posits, access intimacy is "a practice that generates different (anti-ableist) values, norms, and habits for conceiving accessibility" (82). Therefore, a refusal of access intimacy indicates that the affect of disability produces ableist emotions. Therefore, the affects transmitted from Jess to John make him feel uncomfortable, since he gets the impression that Jess is disturbed by his disabled body:

> JOHN: *(Kindly one more try)* Where are you from?
>
> JESS: Okay what's next. Shower. Right. I shower you next.
>
> *(No response.)*

> *(Takes it upon herself to try to manipulate his chair)* Okay, let's go—
>
> *(John moves himself away from her)*
>
> JOHN: You want to just get it over with?
>
> JESS: . . . What?
>
> JOHN: You don't like to talk about yourself—Or to me—And you're clearly—So let's just get this all out of the way. The last thing I want to be reminded of every morning, first thing in the—is how uncomfortable my body / / makes—
>
> JESS: I am not uncomfortable.
>
> JOHN: Really? Because I am. (Majok 61-62)

John's insistence on access intimacy resonates with Jess slowly, and Jess finally reciprocates with a personal story by sharing a story of her mother, which also explains why her name is Jess. However, their class difference causes John to believe Jess made the story up because the language barrier an immigrant mother experiences is incomprehensible to John. Only after Jess witnesses a complication caused by John's cerebral palsy does the pair commit to access intimacy. John's body goes into spasm and splay when Jess makes a sudden move and John, for the first time in his life, explains how it feels. Jess finally picks up John's affectivity and the scene ends in Jess's commitment to access intimacy, asking John to tell her something about himself. As Fox explains, "this mutual vulnerability makes it possible for them to begin really connecting . . . across class, gender, and disability, each seeing the other has been read as an outsider" ("Staging" 153).

The pair's next scene portrays an affective connection between the two, showcasing both characters experiencing access intimacy. This is another scene at the bathroom where the disabled body is displayed and exposed with all vulnerability. Fox comments on the use of nude disabled bodies on stage as follows:

> They operate most immediately as a powerful challenge to an ableist gaze; the play shows disabled bodies in a matter-of-fact way as they go through their daily routines. We are invited to look at disabled body without connotations of the freakish, fetishized, or miraculous, and are reminded that disability is a range of embodiments . . . But the nudity of each scene parallels another vulnerability: the extent to which each person will lay themselves emotionally bare to the other. ("Staging" 154)

Instead of "normalizing" the disabled body and placing it into an ableist context, the play exposes one of the most intimate and vulnerable moments with respect to access intimacy, which forces the ableist gaze to change its perspective. As Majok explains, both Jess and John are at ease when Jess undresses and helps him to move from the wheelchair to the shower seat. Jess now knows John's body and limits, and she gives him the space for privacy. The directions go as follows: "*Jess puts into John's hand a soaped-up wash cloth. He uses this to wash his genitals. Jess turns away so he can have privacy. It's not awkward. Routine*" (Majok 85). While Jess washes him, they continue their conversation about an incident Jess experienced at the bar. John listens to her attentively as Jess complains about the wealthy customers who treat her in a demeaning way.

For access intimacy to be possible, the people who participates in this reciprocity should "[have] an awareness of others' needs, [convey] empathy through compassionate connection, [belong] to one or more marginalized communities, and . . . [understand] intersectionality (Volion 82). John understands Jess needs money and that she saves as much as she can, yet he is still not aware that she is homeless. They urge one another to be more social and go out even though both know the reasons that keep them isolated: ableism and class oppression. Although John can evade ableism in most areas of life, money does not bring him the social life he needs. On the other hand, Jess does not have the finances to socialize, neither does she have time to do so because, no matter how much she works, she never earns enough.

Like Eddie, Jess also knows the significance of connections, which gives one a sense of security in life: "It matters who you are. Family. Connections. If there's gonna be a net when you fall. Cus everybody falls. I'm the first born in this country. And I'm the only one left" (Majok 89). From these words, John senses something is bothering Jess, but she does not tell him the problems she has been dealing with—that she lives in her car because she must send money to her mother who is in the hospital, and who does not even recognize her anymore. John attempts to comfort her reminding her of the bond they share now:

> JOHN: And you're not completely alone. *(Jess doesn't reply.)* You've got me in any case.

> JESS: My employer.
>
> JOHN: Your . . . well . . .
>
> JESS: What? You pay me.
>
> JOHN: Yes but. But I'm here. (Majok 91-92)

The conversation shows that John is committed to his friendship, and care relationship with Jess—more than her. As Valentine states, "access is not a practical and isolated *thing* or *event*. It is not about what one person or institution can do for another person but involves an ongoing, interpersonal process of relating and taking responsibility for our inevitable encroachment on each other" (78). John attempts to reciprocate by taking responsibility for Jess's wellbeing. Their conversation continues in a more flirtatious way, which gives Jess the impression that John is interested in her.

Since John does not have much experience with care that includes access intimacy, he does not realize his actions lead Jess to make assumptions. Moreover, he does not comprehend why Jess would steal a soap bar since Jess has never shared that she is homeless or why she must work a lot. Although he made sure he is always there for her, he now refuses to let Jess stay in his apartment. As he explains: "You've taken some stuff / / before— [. . .] Soap. I know you took, which—it's fine. It's just *[soap]*—But—I would rather be here. Whenever you are. That's all" (Majok 130). Fox comments on the final encounter between Jess and John as follows:

> Class, race, and gender privilege are broader reasons for the distance between them than disability ever was, and John, ultimately interested in protecting his comfort and his property, can dismiss Jess from his life despite the ways in which working-class experience and disabled experience can connect. ("Staging" 155)

Fox's assertion is that disability is the least important barrier between Jess and John, and John's personal baggage from the past should also be considered because he was subject to ableist and demeaning treatment. Although Jess contributes to the reciprocity in their relationship, it has been John who demanded more connection and access intimacy. Therefore, having been open about his vulnerabilities, John feels he is being taken advantage of after Jess's action. He knows Jess has a valid reason to do so; therefore, he asks again why she has taken the soap, but Jess never responds, which breaks the affective connection and intimacy along with access intimacy. The play ends with Eddie and Jess's scene, which also offers hope in terms of the isolation the characters suffer from, yet this connection is also “tentative and fragile” (Fox, “Staging” 159).

All in all, *Cost of Living* is a progressive play in terms of disability representation because Majok does not use it as a metaphor for isolation, nor does disability cause a sense of catharsis. On the contrary, she destabilizes ableist assumptions regarding caregiving (as a sentimental act of charity) and disability (as tragedy). Portrayed with psychological depth, the characters in the play suffer from isolation and lack of connection because of their flaws, not their disabilities. With its focus on reciprocal care and the detriment of isolation, the play offers access intimacy as an alternative to the romanticized perceptions of care. As Fox puts forward, “one of the costs of living is taking an emotional risk to understand the oppression and exclusion experienced by another” (“Staging” 153). Therefore, the care relationships in the play do not survive without access intimacy, which requires an understanding of the complexities of oppression, disability, care, and interdependency. Openness to affects and consent to their transmission enhance each character’s comfort, health, and happiness.

2.4. CONCLUSION

The plays discussed in this chapter focus on the role of access intimacy as an affective response to care in family relations. Although family structures differ in each play, access intimacy emerges as the most significant factor that increases the quality of life for a disabled individual as opposed to the charity model of disability, which reiterates stereotypical meanings attributed to care work, such as disability as tragedy; disabled individual as the burden; and caregiver as a saint-like figure. *The Rules of Charity*, *The Humans,* and *Cost of Living* portray disability and care in conjunction with social, economic and political forces. Each work challenges the affective connotations of disability, care, and interdependency by presenting new ways of understanding these constructed concepts. The plays speak for disability justice by promoting a change in affective registers regarding disability. This can bring social transformation because the affects produced in the plays are transmitted to the reader/audience. Without ignoring the complexities of care, the plays showcase that change comes with the improvement of affective capacities, which result in access intimacy.

The Rules of Charity holds a mirror up to the audience that harbors ableist and oppressive perceptions of disability. By portraying the relationship of a daughter and a disabled father in an environment that lacks access intimacy and care webs, Belluso shows how relationships are destroyed in such circumstances. Monty's access needs are ignored, and care work is perceived as a burden and charity. Ignoring the fact that individuals and relationships nourish when there is a reciprocal relationship, Loretta, Monty, LH, and Horace fail to form connections across differences.

The Humans, on the other hand, demonstrates how positive affectivity results in access intimacy that improves the lives of characters in need of care. Despite their differences, secrets, and resentments, the family members succeed in forming an interdependent care relationship and enjoy access intimacy, relying on one another. This intimacy develops organically, since all characters are open to affective connectivity and they are willing to expand their affective capacities. The play shows that individuals thrive when they are surrounded by a care web, knowing that their access needs are taken care of in all circumstances.

Finally, *Cost of Living* depicts patterned access intimacy, which develops after a certain amount of time during which the disabled individual and the caretaker learn connection through experiences. Characters commit to reciprocity and interdependence once they remove self-protection barriers and are open about their vulnerabilities. When one of the pairs is open to affects, the other picks up on the positive affectivity, which finally results in reciprocal care, access intimacy, and enhancement in quality of life. Access intimacy functions as a solution to isolation and oppression, and it challenges normative notions of care as charity since the disabled who are being taken care of and those who provide care need one another.

Taken through this framework, the playwrights use the theatrical space to speak up against oppression and to provide alternatives in a disability justice context to the traditional narratives that reinforce the status quo. They show that self-reliance as an American ideal is a myth and families only survive when they care for each other and have access intimacy. As Mingus states, this provides an understanding of disability that "shifts from being silencing to freeing; from being isolating to connecting; from hidden and invisible to visible; from burdensome to valuable; from a resentful obligation to an opportunity; from shameful to powerful; from ridged to creative" ("Access Intimacy, Interdependence"). Challenging ableism and inaccessibility is not an individual work, but a collective one, which can be achieved through theater. As the three plays discussed in the chapter demonstrate, adaptive activism, in Fox's words, through small changes in scripts and actor choices contribute to disability justice in the fight against ableism and intersected forms of oppression.

CHAPTER 3

“WE CAN’T KEEP HER”: ABJECTION AS AN AFFECTIVE RESPONSE

This chapter centers on parents that perceive disability as abject and abandon their children in John Belluso’s *A Nervous Smile* (2006) and Lindsey Ferrentino’s *Amy and the Orphans* (2019). For their parents, the disabled children pose a threat to the family structure, endangering the unified picture of the perfect American family. Disability loosens the rigid boundaries that define a family by putting it in a liminal position in society. Thus, this chapter shows that the parents’ affective responses to their children’s disabilities are governed by American society’s abjection of their families.

As Ahmed notes, “the abject is never about an object that appears before the subject; the abject does not reside in an object, as either quality or matter. Rather objects become abject only insofar as they threaten the identity of the ‘subject,’ of ‘who I am’ or ‘who we are’” (“The Skin” 103). That is, Ahmed argues, “inherent characteristics of others” are not reasons for emotive responses to difference and abjection. Rather, we assign certain characteristics and attributes to others through affective encounters, giving them “an identity.” This means, subjects do not give the emotive responses of hate or love based on the object’s loveable, or hateful characteristics (“The Skin” 104).

To understand Ahmed’s viewpoint, it is necessary to revisit Kristeva’s concept of abjection and subjectivity. As explained in the introduction of this dissertation, Kristeva argues that before the mirror stage, the child attempts to separate itself from the mother in the semiotic, pre-linguistic stage by drawing a boundary between the self and the other (mother). Since the child both separates itself from the mother, but still desires her, the mother, or the abject, remains a part of its subjectivity. The semiotic always stays with the subject, even in symbolic space. According to Kristeva, what remains within an imaginary border around the body, which is continually reconstructed, defines one’s subjectivity. Abjection occurs when subjects distance themselves from a “perceived threat” both to protect their subjectivity, or sense of self, and to (re)define their boundaries (McCabe and Holmes 78). As Dohmen states, abject “is a nonobject splitting from (but never completely split from) the subject-to-be” (768). Since there is not a complete separation, the abject is neither a part of the self, nor is it a clearly defined "the other," which means that abject is "ambiguous" with unclear and unstable boundaries. It possesses a "liminal place" and remains as a part of the subject while "gnaw[ing] at the coherence and stability of identity" (Hughes B. 405). This means, the abject haunts the subject in the symbolic order and "[i]t is present in the life of the subject wherever its boundaries are threatened" (Dohmen 768).

Abjection is never on the individual level. It also exists in the social, cultural, and political discourses to form moral societies that rely on unity and wholeness. This requires exclusion and ostracism of some groups, such as ethnic minorities, queer, or disabled communities, that endanger the "health and stability" of the dominant ideologies governing everyday life. In an attempt to form "clean and proper" bodies and societies, abjection results in such responses as disgust, expulsion, or moving away even though "in abjection it is never clear what is inside or outside, because inside and outside are (incompletely) constituted *by* abjection" (Dohmen 770). Abjection is an attempt to reinforce boundaries that define subjectivity by positioning someone, or a social group, in terms of what they are not. It results in what Siebers calls as "disqualification," which is a process that "removes individuals from the ranks of quality human beings, putting them at risk of unequal treatment, bodily harm, and death" (*Disability Aesthetics* 23).

According to Dohmen, abjection is an affective response since it "occurs at the level of the imaginary," meaning that exclusion is not a conscious but an affective act, an immediate unconscious response. Therefore, ostracism and abjection of disabled subjects is an attempt to maintain the nondisabled's "narcissistic illusion of wholeness" (771). Siebers posits that affective responses to disability, or human disqualifications, stem from the socially constructed notions of body aesthetics, which stresses that "feelings produced in bodies by other bodies are involuntary, as if they represented a form of unconscious communication between bodies" (*Disability Aesthetics* 25). Connecting aesthetic responses to abjection, Siebers further argues that

> Aesthetics is the domain in which the sensation of otherness is felt at its most powerful, strange, and frightening. Whether the effect is beauty and pleasure, ugliness and pain, or sublimity and terror, the emotional impact of one body on another is experienced as an assault on autonomy and a testament to the power of otherness. . . . [W]hen bodies produce feelings of pleasure or pain, they also invite

> judgments about whether they should be accepted or rejected in the human community. (*Disability Aesthetics* 25)

As the quotation also affirms, the abjection process is determined by social and cultural processes that have marked what is normal (white, heterosexual, nondisabled men) and what is not. According to Dohmen, the issue raises the following questions: "Who is inside? Who is out? Who is identified as disabled, who isn't, and what cost? . . . It is not at all clear what the abject is here. Is it the disabled other? The other's vulnerability? One's own vulnerability?" (771-772).

This ambiguity also paves the way for new identifications. Hughes argues that the abject is also "transgressive" since it challenges the notions of "purity and power" (405). As Hughes claims, "abjection disrupts normative and dominant representations of embodiment, leaving one with the distinct impression that the 'civilised body' is not all that it seems" (406). Similarly, Dohmen suggests that "[b]y opening up the imaginary space in which boundaries are blurred, the abject *might* provide the impetus for forming new boundaries, for identifying (oneself and others) differently, for problematizing the slippery associations between others with whom one disidentifies" (773). That is, the abject invites the subject to chora, to the maternal space. As stated in the introduction, chora is the first stage of identity formation when the subject acts on its instincts, needs, and desires. Since the subject in this stage does not yet form a sense of self, the concept of "the other" does not exist. Therefore, Cecilia Sjöholm puts forward that the maternal space serves to "[protect] those aspects of life that appear as the negative to dominant discourses of Western society" (41).

The parents in *A Nervous Smile* and *Amy and the Orphans* feel anxious in the face of stigma, resulting in negative affectivity toward disability, and producing emotions such as hate, shame, and fear. Janet L. McCabe and Dave Holmes note that when a child's bodymind does not fit into the preconceived ideals of the body, both the family and the child experience abjection (80). They argue that

> [I]t is the abject other that must be protected against; it is not the infant abjecting the mother, but rather the society abjecting the infant as other. This abjection involves barriers of society's own boundaries, yet also imposes a sense of self upon the other. . . . [T]his abjection is demonstrated through the actions that attempt to transform or move 'the abject' closer to established norms. (79)

As a result, society pushes the so-called "extraordinary family" away, which might have several effects. Parents might distance themselves from the disabled child, or they search for treatments to "normalize" the child, so they come closer to a socially accepted normal state (McCabe and Holmes 80). In the plays to be discussed, the parents project the abjection their family experiences to the disabled children, and they attempt to redefine the boundaries of the family by moving away from the children. As Hughes suggests, analyzing disability as abject identifies the reasons behind "resistances to interacting with disabled others," and helps find "ways to resist disability oppression" (762). The parents in both plays attempt to "normalize" their families by revoving disability from the picture. Siebers notes that American society tends to see disability as the root problem; therefore, they attempt to "fix, cure, or eradicate the disabled body" instead of the "discriminatory attitudes" (*Disability Aesthetics* 25). The parents in the plays, then, follow this tradition, putting the blame on their disabled children rather than social perceptions of disability.

Belluso and Ferrentino, however, dramatize disabled characters as complex beings by granting these children agency, which challenges the stigmatization of disability. Both playwrights celebrate the disabled body that creates fear and disgust in the allegedly normal society, and they use the affective power of the theatrical space as a way to resist the dominant narratives of disability and ableist confinements that trap the disabled body. Just like Kristeva, who claims subjectivity is not fixed, but a continuous identity forming process, Belluso and Ferrentino also show that bodyminds cannot be narrowed down to society's rigid definitions. Kristeva states that "[t]he abject is related to perversion . . . [It] is pervert because it neither gives up nor assumes a prohibition, a rule, or a law; but turns them aside, misleads, corrupts; uses them, takes advantage of them, the better to deny them" (*Powers* 15).

By embracing abject bodies, Belluso and Ferrentino intend to transgress ableist boundaries that limit corporeality and ostracize bodily/mental differences. With their complex depictions of corporeal and mental varieties, Belluso and Ferrentino attack the restrictive social norms and taboos. Abject representations in their plays identify points of marginalization and demonstrate ways to subvert traditional understandings of difference by defining bodies from a disability activism perspective. Thus, the plays obliterate ableist notions of disabled bodies as incapable, asexual, and one-dimensional individuals.

3.1. JOHN BELLUSO'S *A NERVOUS SMILE*

Directed by David Esbjornson, *A Nervous Smile* had its premiere in 2005 at the Humana Festival of New American Plays.[23] The cast included Sean Haberle as Brian, Maureen Mueller as Eileen, Mhari Sandoval as Nic, and Dale Soule, who also appeared in the TV show *Orange is the New Black*, as Blanka. In addition to the productions in Florida and Maine, the play was also produced off-Broadway by Theater Breaking Through Barriers (formerly known as Theater by the Blind) in 2009 and it was directed by Ike Schambelan, who was also the director of *The Rules of Charity*.

Set in Brian and Eileen's Upper Westside apartment in Manhattan, *A Nervous Smile* portrays the couple's plans to abandon their teenage daughter, Emily, who has cerebral palsy alongside other health problems. She uses a speech generating device for communication, but her parents are unwilling to listen to her. Thus, she expresses herself through poetry, which are only noticed by her caregiver, Blanka. Brian is a college teacher and a failed author, whereas Eileen is addicted to painkillers, and she is obsessed with beauty and plastic surgery. It is revealed that Eileen and Brian are unhappy—possibly because they have not been able to form a "normal" and "acceptable" family—and they are planning to escape separately after they leave Emily at the emergency room. Brian is having an affair with Nicole (Nic), a single mother with a disabled son, whom Eileen and Brian met at a support group for parents with disabled children. Although Nicole is attracted to the idea of eloping with Brian at the beginning, she eventually refuses to abandon her son. Brian leaves without her, while Eileen is sentenced to home confinement after being caught by the police at the airport. She is charged with child abandonment and reckless disregard, and also loses custody of Emily, who will be protected by a foster family until she is adopted.

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[23] The festival has been hosted annually by The Actor's Theater of Louisville since 1977. Renowned and award-winning plays that received their premieres at this festival include but are not limited to: *Getting Out* by Marsha Norman, *Crimes of the Heart* by Beth Henley, *Dinner with Friends* by Donald Margulies, *The Christians* by Lucas Hnath, *Slavs!* By Tony Kushner, *My Left Breast* by Susan Miller, and *One Flea Spare* by Naomi Wallace. Playwrights such as Susan Lori Parks, Lanford Wilson, David Henry Hwang, Sarah Ruhl, Kia Corthron, and Anne Washburn have also produced plays at the Humana Festival.

The ending of the play is significant in that it shows a female bond as Nic and Eileen converse and express their regrets. Blanka joins them to talk about Emily, and she gives details about her personality that Eileen is unaware of. Finally, Blanka plays the recording of a poem Emily has written (the longer version of the same poem Emily reads at the beginning). At the end, as the lights fade out, the computer generated, synthetized voice mutates into Emily's own voice reciting her poem. By focusing on Emily's emotions and by mixing the computer-generated speech with real human voice, Belluso portrays Emily as an abject subject that subverts the rigid and unrealistic boundaries of normalcy. As Kristeva notes, while the abject is "radically excluded," it also "draws [one] toward the place where meaning collapses" (*Powers* 2). Therefore, Belluso deconstructs the dehumanizing and ableist attitudes towards the disabled to the point where they dissolve in the face of the abject. As Adrien-Alice Hansel and Mervin P. Antonio note, the story discusses larger social and cultural values that prioritize "personal satisfaction" over everything else, and it exposes American society's complex relationship "to things it thinks are disposable" (13). By problematizing the ideas of well-defined and proper families in which parents act as flawless saints, the play addresses moral complexities regarding family, disability, and normativity.

The play begins by inviting the audience to the semiotic space. In darkness, the audience hears Emily's synthesized voice reciting her poem. The poem, Emily's voice, and darkness are abject representations that can be associated with the semiotic chora, the maternal space. As the reminders of the semiotic, they challenge the audience's sense of subjectivity. Darkness attacks the subjectivity since it is a space with no boundaries that separate one from its surroundings. The subject cannot protect its wholeness as it is uncertain whether or not danger exists. Even if danger lingers in darkness, it is not possible to recognize it and see where an attack might come from. Therefore, darkness is eerie and uncanny. The subject acts based on its instincts in darkness, which is a return to the chora.

Emily's voice also contributes to abject feelings since she is uttering meaningful sentences about human emotions with a non-human voice. Therefore, her voice blurs the lines between a human and a machine and raises questions such as: "If it is a machine that is talking, how does it have emotions?" or "if it is an individual's voice, why does not she sound like a human?" The audience is left in a liminal space where they cannot draw a line between what is human and what is not. Moreover, the poem itself belongs to the semiotic space since it disrupts normative, linear narration. In her book *Julia Kristeva*, Noëlle McAfee argues that the semiotic stage, which includes drives, is defined by "extra-verbal" communication that is shaped by "bodily energy and affects" (17). She explains that the communication in this stage is also verbal, but it is not governed by the rules of syntax as opposed to the symbolic stage where the subject depends on language with its grammar and syntax rules (17). McAfee further suggests that

> The semiotic could be seen as the modes of expression that originate in the unconscious whereas the symbolic could be seen as the conscious way a person tries to express using a stable sign system (whether written, spoken, or gestured with sign language). The two modes, however, are not completely separate: we use symbolic modes of signifying to state a position, but this position can be destabilized or unsettled by semiotic drives and articulations. (*Julia* 17)

Since it relies on the unconscious, the language of art (including dance, music, or poetry) is always found in the semiotic. As Elizabeth Grosz writes in *Jacques Lacan: A Feminist Introduction*, the symbolic, where the chaos is repressed, is stable, cohesive and meaningful, all of which shaped by the social norms. The semiotic, on the other hand, is "the rhythmic, energetic, dispersed bodily series of forces which strive to proliferate pleasures, sounds, colours, or movements experienced in the child's body." Therefore, the arts provide "a more direct expression of the semiotic" (152). The power of the symbolic, which represses and controls impulses and desires, is disrupted by the semiotic interruptions, which are representations of "unspeakable or unintelligible phenomena, instances on the borders of the meaningful," and therefore a threat to the symbolic norms (Grosz 153-154).

Taken through this framework, as an abject subject, Emily finds expression in poetry to challenge ableism. Silenced by her parents and American society, she returns to the semiotic to cope with the symbolic world. Her poem expresses the unspeakable, what is ignored and rejected:

> These two green stones, large, wet, dripping with water.
>
> These two green stones, are my eyes.
>
> And they are watching you.
>
> Now.

> They appear lifeless, but they are watching you, as you are staring at me.
> You are imagining the thing, that I am.
> The thing, which should not be spoken of.
> I am a teenage girl.
> I am a teenage girl, with green eyes.
> I have beautiful breasts, and rose pink nipples.
> I have ticklish toes.
> I have a mouth, tongue and lips; all waiting for kisses from a boy.
> But I am also the things you are afraid of.
> The things you are afraid of.
> The things you fear I might be; I am those, too. (Belluso 5)

Considering that the poem is heard in darkness, and it is not known where Emily is, the lines where Emily says she is watching them creates an eerie discomfort, a feeling that the disabled individuals, whose bodies become a site for the normative gaze, have to live with every day. Michael Davidson states in *Concerto for the Left Hand: Disability and the Defamiliar Body* that whenever nondisabled individuals see a person with a disability, they either "[avert] the gaze or [look] clandestinely" while the disabled individual "performs" invisibility by "[acting] as though invisible or else compensate[ing] in some way to make the viewer feel comfortable" (19). The scene subverts the normative gaze since Emily claims visibility and she deliberately makes the audience uncomfortable, giving them a sense of what it means to be stared at constantly. Moreover, as Siebers argues, the perception of disability as a misfortune, or tragedy, "puts people at risk of a nonquality existence" (*Disability Aesthetics* 25). Emily defies a "nonquality existence" that she is forced into by embracing the role of the transgresser that recognizes the semiotic space. She disassociates herself from the social definitions that trap the disabled individual in rigid boundaries by reclaiming her sexuality and multi-layered subjectivity. She invites the normate to the semiotic chora where there are no binaries, but she also claims visibility in the symbolic.

After Emily finishes her poem, the lights slowly turn on Brian and Eileen's apartment, and the play continues in a realist mode, respecting the fourth wall. Although returning from a disabled child's funeral, Brian, Eileen and Nic enter the stage drunk and laughing. Throughout Act I, the audience sees the characters abjectifying their children and all disabled bodies. Notwithstanding having children also at risk of death, none of the parents show any signs of sympathy toward the child's family, whom they have met at the parent's support group. Nic explains how she feels about parents replacing the ones whose children die as follows: "And then new parents come in; and all the stories, they start to sound familiar. I start to drift away into my thoughts; 'Didn't that mother already cry hysterically because her son vomited at the food court in the mall?' [. . .] The stories are starting, to blend in" (Belluso 9). In addition to revealing the estrangement Nic feels, the quote indicates that the abjection families encounter in the public sphere influences them adversely.

For the allegedly clean and proper society, any kind of bodily waste is abject because, as Kristeva explains, "corporeal waste," such as menstrual blood, urine, vomit, excrement, and nail-pairing, reifies the "frailty of symbolic order" (*Powers* 70). Therefore, in a society that values bodily integrity and rejects human frailty, disability and everything else that comes with it—such as vomit, saliva, aesthetic disfigurement—is a threat to the unity. As Noëlle McAfee explains in "Abject Strangers: Toward an Ethics of Respect," the foreigner (or the disabled in this case) "forever haunts the nation's subjective self because it signals . . . the return of presubjectivity" (124). Then, society forms and renews its sense of subjectivity by abjecting the disabled (McAfee, "Abject" 121). As a result, families with disabled children also take up an abject position in society because they do not adhere to the normative definitions of a so-called perfect, neat and healthy family.

Nic, Brian and Eileen project the abjection they experience onto their children. Nic, for instance, infantilizes her eighteen-year-old son by calling his caregiver a "baby-sitter." Nevertheless, she never considers abandoning him until Brian tempts her to do so. It is revealed that Brian and Nic are having an affair, which Eileen is also aware of. Brian makes a plan to leave Eileen and start a new life in Buenos Aires after abandoning Emily. To do so, he has convinced Eileen to share the money she will receive after selling her share at her father's company. The same night that they return from the funeral, Brian explains the plan to Nic and asks her to elope with him. However, Nic initially does not grasp Brian's intention to leave the children behind: "But, we both have kids with severe Cerebral Palsy. We can't go running of to a foreign country, we don't know what the health-care system is like, and Buenos Aires is probably not the most wheelchair-accessible place in the world" (Belluso 20). As the quote demonstrates, leaving her son, Dominic, is not an option for Nic, yet Brian assures her that her ex-husband can take care of him: "Dominic's father can take care of him. Phil can take him, you *know* he could. You've cared for Dom all his life, it's time his father came in and took on the responsibility" (20). The excerpt shows that Nic "has chosen" to take care of her son after her divorce, but Brian manipulates and provokes her by implying that her ex-husband does not perform his duty as a father. Ironically, he is willing to leave his child behind as a father.

Nic's feelings and attitude toward Dominic differ substantially from Brian's in that she cares for her son sincerely. Dominic is not monstrous in her eyes, yet, as the quote about the support group shows, she experiences the complexities of caregiving since she takes care of Dominic on her own as a single mother. Therefore, she is tempted to abandon her life in the United States, but she realizes her mistake at the airport and returns. Brian, on the other hand, is enthusiastic about starting a new life without Emily and Eileen. It is later revealed that when he observes Nic's hesitation at the airport, he leaves Nic behind, too instead of convincing her.

Brian's and Nic's feelings about their disabled children are not the same since Nic is only tired emotionally and physically, whereas Brian has never formed any parental or affective bond with Emily. He discloses his feelings towards Emily as an abject subject as follows:

> I am filled with thoughts and words I have never said out loud, my actions towards you have spoken these words, but I have never said them. I hate you, Emily. You disgust me. Your body disgusts me. You are not the daughter I wanted to have. [. . .] I wanted a beautiful daughter, one who could run from young boys as they chased her, one who would dress in a ridiculous gown on her prom night, one who would fight furiously with me because she stayed out too late with her boyfriend. And one who would clench my hand tightly as I walked her down the aisle on her wedding day. [. . .] I love you. And I hate you. I feel both things in the same exact moment when I am with you. [. . .] How can you make me feel love and hate in the same moment? [. . .] "Why am I afraid of you? What *are* you, Emily?" "What is your body?" (Belluso 43)

According to Brian, Emily disrupts his notions of having a "normal" and "quality" life. The examples he gives are the expectations of society from a stereotypical parent-child relationship. As Davidson argues, disability "exposes cultural assumptions about the corporeality of the social body" (5). For Brian, Emily fails to live up to cultural expectations of a healthy and intact body, and also sabotages his dreams about fatherhood, shaped by enforced normalcy. Here, his continuous emphasis on Emily's sexuality is significant. Brian reveals that his daughter should be an object of desire so that he, the patriarch of the family, can protect her from the boys that chase her. When Brian cannot fulfill his culturally defined role as a father, he feels emasculated by Emily and her disability, and therefore harbors resentment against her. Since he defines fatherhood in traditional and patriarchal terms over his daughter's sexuality, he directs his anger to Emily's disability, which renders her socially, culturally, and sexually dysfunctional in American society's terms.

Brian blames Emily for his abject position in society since she has a disfigured body and extraordinary needs instead of an attractive body, whose definition changes along with social norms, and allegedly normal needs. He further explains:

> BRIAN: [. . .] And we're going to leave a note. A note explaining why. Why we left. Why we can't . . . *(Beat.)* Why we are, Swollen. *(Short beat) Swollen*. I'm fucking swollen, Nic. My soul . . . That's what I feel like. Swollen from exhaustion, from cleaning that kid up, from reading to her, I'm angry. It feels like my skin is filled with too much blood, too much bone, and anger. I can't live with this anymore. That's how Eileen feels too. The exhaustion, the lack of strength from having / to
>
> NIC: You have help, you have Blanka—
>
> BRIAN: It's not enough, it's never enough. We could hire a thousand caretakers, Emily would still scream for us. Every time she cries, every time she has a seizure . . . Every time she shits. She screams, only for us. And if we don't go to her, then we are horrible people. And she will continue to drain us. The rest of our entire life / will be drained. (Belluso 21-22)

Rather than accepting the complexities and difficulties of caretaking, Brian conforms to the dictates of ableist discourses and sees caregiving as a burden and charity. Emily, on the other hand, experiences abjection by Brian and Eileen's rejection and detached attitudes. Thus, she seeks acceptance by asking for their attention in cases of distress, hoping to open them to the semiotic space she dwells in.

Siebers notes that "disqualification finds support in the way that bodies appear" and it "is justified through the accusation of mental or physical inferiority based on aesthetic principles" (*Disability Aesthetics* 24). Failing to see Emily's disability as part of human variations, Brian refuses to accept Emily as an individual and he disregards Emily's potential. Influenced by the ableism that stereotypically equates disability with monstrosity, Brian also sees Emily as a threat both to his undivided subjectivity and to society. Her existence challenges Brian's subjectivity since he cannot place Emily anywhere in the symbolic order ruled by a binary thinking system. Not being able to see Emily as a human, he is unsettled by her because she disturbs the social order, disrespects borders, and takes up an in-between position. She distorts the family image Brian has in mind and he believes that Emily deserves "disqualification" with her "disfigured" body and the wastes she produces. Grosz argues that since the abject reminds subjects of the repressed chora, its "subversive, dispersing energies transgress the boundaries or tolerable limits of the symbolic" (154). As a result, Brian attempts to run away from what disrupts his subjectivity. He embraces the medical model of disability which labels disabled bodies as sick individuals who "must either be charitably removed from society (through institutionalization or in some cases death) or cure themselves (or at least 'pass' as cured)" (Lewis, Introduction xxi-xxii). Calling the hospital emergency room "a safe place," he leaves his daughter there without showing any signs of regret or hesitation.

It is revealed in the play that Brian influences Eileen's relationship with Emily, too. At the beginning of the play, Eileen is depicted as a drug addict and a snob who does not care about Emily but only about herself. She conforms to the socially and culturally constructed expectations regarding female bodies. To meet the beauty standards that entrap women into standardized bodies, Eileen has undergone surgery to get breast implants and she drinks green tea for cleansing even if she does not believe in its effects. Her perception of an ideal body also shapes the way she sees Emily. As Brian has stated above, Emily's bodymind does not belong to the symbolic order because of its fluidity. Since Brian and Eileen do not recognize the semiotic space and have committed to the rules of the symbolic order, they do not accept Emily's corporeality. This also aligns with Sieber's discussions on aesthetics and disqualification. He argues that

> What I am calling the aesthetics of human disqualification focuses on how ideas about appearance contribute to these and other forms of oppression. My claim is that this symbolism depends on aesthetic representations that require further clarification and critique, especially with respect to how individuals are disqualified, that is, how they are found lacking, inept, incompetent, inferior, in need, incapable, degenerate, uneducated, weak, ugly, underdeveloped, diseased,

> immature, unskilled, frail, uncivilized, defective, and so on. (*Disability Aesthetics* 22-23)

Aesthetic values that categorize bodies based on a binary thinking system belong to the symbolic world. The constructed and temporary ideals render certain bodies inferior while claiming the ones that live up to social and cultural standards. Seeing Emily as incapable, defective, and therefore ugly, Eileen, like Brian, puts Emily in an abject position since her body is deemed unfit by social standards.

As previously mentioned, Eileen struggles since she does not fit into the ideal mother image. She is initially abjected by society because of her unconventional family that is rendered unhealthy because of her disabled child. However, the same society also expects her to be an angelic figure as a selfless caregiver. Failing to fill in both positions, Eileen tries to find a place in society by conforming to its beauty standards, yet she fails and becomes a drug addict. Therefore, when Emily has a seizure, she is unwilling to check upon her:

> BRIAN: *(Calm.)* Emily is having a seizure. *(Short beat.)* Can you go rub her neck and back?
>
> EILEEN: *(Also calm.)* Is she choking?
>
> BRIAN: No. I rolled her on her side.
>
> EILEEN: Where's Blanka?
>
> BRIAN: Sleeping on the couch in my office.
>
> EILEEN: Why are we paying her to sleep? I don't even know why we have a Blanka!
>
> BRIAN: *(Setting the tray down on the table.)* I made the tea. And I drove to and from the Adirondacks.
>
> EILEEN: Fine, I'll rub Emily. (Belluso 16)

Although Emily's condition is serious, neither Brian nor Eileen worries about her well-being. Instead, they see her as a disruption in their lives. After she returns, Eileen comments on Emily's appearance, and makes fun of her, which is another example for Sieber's aesthetic disqualification. She states that

> Just now, as I was watching Emily . . . What I noticed is, so interesting, when she seizes, her lips become quite thin, and her tongue swells up into a ball. The thin lips look rather like the edges of a shell, and her tongue curled up in her mouth looks like a little mollusk, a clam or snail peeking out from its shell. Cute little

> thing. A mollusk mouth. *(Short beat, excited.)* Should that be my new nickname for her? “Mollusk Mouth”? (Belluso 23-24)

As her statement demonstrates, Eileen attributes a half human and half animal characteristic to Emily, since she sees her daughter as “something” that dwells on the border separating humans from other beings. Rather than forming a maternal bond with Emily, Eileen rejects her since she does not perform motherhood according to socially and culturally constructed roles.

Blanka, on the other hand, serves as a mediator between Emily and Eileen, and she helps Eileen see Emily as a human being with affective potential. Here, Blanka is an abject figure as a racial other, as well as a guilty mother who abandoned her daughter. As she tells Nic, her daughter has become a drug addict and they have been estranged from one another. They are not in contact except for the times her daughter calls to ask for money; therefore, Blanka devotes herself to Emily to compensate for the times she has missed with her own daughter. Having been in the semiotic space already, Blanka is the only person who truly understands and appreciates Emily.

Davidson argues that disabled bodies are defined by their impairments when disability is understood only as a medical condition that is “confined to specific regimes of therapy, rehabilitation, and social services” (6). Unlike Brian and Eileen, Blanka does not accept the medical model and she refuses a socially defined version of disability, knowing and recognizing Emily as a complex human being with taste, desires, and unique individuality. For instance, she reads sections from *Crime and Punishment* to Emily, who sometimes reads back through her voice output communication board. Brian and Eileen do not pay attention to Emily’s creativity, nor do they communicate with her about anything other than physical needs. On the other hand, Blanka opens her affective self to connection and communication, which allows her meet Emily at the semiotic space and know her in-depth personality. To Blanka, the robotic voice of Emily is not abject since it helps them to connect. The following conversation shows Blanka’s positive affectivity toward Emily:

> BLANKA: I tried to read this book to my daughter . . . She didn’t want no part of it. Now I read it to Emily. [. . .] She loves it. Sometimes she reads it to me. [. . .] It’s funny to hear it in the robot voice.
>
> NIC: I guess I didn’t realize that Emily was so highly functioning in terms of her—

> BLANKA: Oh sure, she's a smart little cookie, she just can't say the words, but they're inside of her. *(A bit softer, a bit melancholy.)* She's got a lot of words inside of her. Beautiful words. She writes poetry. [. . .] They are her thoughts. (Belluso 30)

Despite her close relationship with the family, neither Brian, nor Eileen has ever mentioned Emily's artistic side to Nic since they do not pay attention to her. Blanka cares and knows more about Emily than anyone else.

As much as Blanka connects with Emily, she also identifies with Nic, Brian and Eileen. She confesses that she has made the same mistake of abandoning her daughter:

> NIC: I am going to leave.
>
> BLANKA: Then you are a criminal.
>
> NIC: If you want to stop us why don't you call the police?
>
> BLANKA: Because I am a criminal, too. (Belluso 34)

The conversation shows that Blanka now exists in both semiotic and symbolic spaces, which enables her to live without any socially constructed boundaries that invalidate and disqualify certain bodies. At the same time, Blanka understands Nic, Brian, and Eileen because she also abandoned her daughter, who became an outsider in society as a drug addict. To cope with the narcissistic wound that disability opens in their psyche, the parents attempt to flee from what threatens their subjectivity. Embracing human variations and innate vulnerability, then, heals the narcissistic wound, and transforms it "into attention, patience, and solidarity capable of refining [one's] being in the world" (Kristeva "Liberty" 44). Blanka helps Eileen heal her narcissistic wound and shows her a way out of the symbolic order so she can inhabit both semiotic and symbolic spaces.

The third and final act serves as a denouement as it reveals that Brian has been forcing Eileen to agree to his plans for months. This explains that Eileen has become a drug addict and a drunkard to cope with her guilty conscience. The act begins with a scene where Nic and Eileen confide in one another about their feelings after they have been caught. It shows mothers, Eileen and Nic, and later Blanka, forming a female bond that comes into existence through the exchange of the affects of guilt, love, compassion, and regret. As a result, they embrace "the abject," an act that disengages them from the oppression of the social norms in the symbolic order.

In this act, it is revealed that when Nic regretted her decision at the airport, and Brian saw her hesitation, he proceeded without her. Nic explains the moment she broke away from the normative establishment and felt the semiotic as follows: "A sense that I was coming down from the high of the plan, and the meaning of what I was doing was coming to me. [. . .] I leaned against the wall, slid down and just sat there on the floor. [. . .] I just sat there. [. . .] I started crying" (Belluso 37-38). She later told the police about their plan, and the police found Eileen at the airport, who fell asleep and missed the flight due to the effects of pills and alcohol, another implication that she is overcome by remorse. They are now criminals charged with "Multiple counts. Multiple felonies. Child abandonment. Reckless disregard" (Belluso 38). Similar to Nic, Eileen is afflicted with guilt and remorse as she explains:

> Do I feel something? Anything? *(Beat.)* Yes. I do feel something. I feel nasty things. Every moment since we left Emily at the hospital, I have felt nasty things. [. . .] I want my kid back *(Short beat.)* My girl. [. . .] I'm glad you turned me in. [. . .] I keep seeing the sight of her, my little girl, wrapped in a blanket. And Brian yelling "C'mon, c'mon, c'mon, quickly." And then driving away from the hospital, leaving her there. I never should have listened to him (Belluso 39-41).

Blanka has similar feelings, and she blames herself for not stopping them. Unlike her parents, Blanka has never harbored negative feelings such as disgust, hate, or fear towards Emily. Rather, she has connected with her through empathy and understanding. She says:

> I don't wanna sit down. I just wanna know—How could you do this to her? How could I help you do it? We are criminals! Emily had a brain and a Soul. What kind of Human does this to a little girl? The real Human; the one whose heart is Evil! [. . .] I knew Emily. I have heard her Voice. So maybe I am the worst criminal. *(Softly.)* Two daughters now, I have lost. (Belluso 43)

The quote shows that even though Blanka has embraced the borderless/otherless semiotic, she has not eliminated the rules of the symbolic order from her life, which causes her to struggle between the values of the two. Taking a semiotic stance and privileging the abject, she labels the subjects that belong only to the symbolic order as "evil," implying that only they have the capacity to destroy what does not conform to its standards. She calls herself a real criminal because she could not prevent Emily from evil even if she is in the semiotic maternal space where she has embraced Emily.

Blanka first exposes how the norms constructed in the symbolic order exclude and disqualify bodies: “We dispose of the defective because we refuse to do the Work, the Work it takes to see Beauty within Deformity. So we take the easy way; and we dispose of the defective” (Belluso 44). Then, she invites Eileen to the semiotic space to revive the maternal bond she once had with her daughter and unite with her. The best way to do this is to use Emily’s poems since poetic language is a representation of the pre-Oedipal language of the semiotic stage, which is metaphorical, rhythmic, and nonlinear. According to Kristeva, poetic language questions the ideological norms by challenging its unity. “Recognizing both its [dominant ideology’s] necessity and pretensions,” the poetic language exposes what is repressed in the symbolic order (*Revolution* 61). This shows that poetic language paves the way for the semiotic to exist and it makes social transformation possible by overthrowing the rules and norms.

Blanka plays the recording of Emily’s poem, which is the same as the poem Emily recites at the beginning of the play, but this time the audience hears the rest:

> [. . .]
>
> *(As the VOICE continues, it slowly mutates into the voice of a little girl.)*
>
> I am crab claw fingers, gripped tight.
>
> Saliva dripping down the chin.
>
> Wrists, and arms, jerking into sudden motion; as if pulled by string.
>
> The neck weak, the head hanging to the side, an ear point to the sky.
>
> I am skin and wires, tied together, by strands of baby’s breath.
>
> And sometimes, behind my stone green eyes, are things which are even worse.
>
> I am the woods, in total darkness, branches searching for your face.
>
> Two arms trying to hold you, tight.
>
> The sound of a gun, being cocked.
>
> A porcelain teacup, balanced, on a marble grave.
>
> *(The synthesized voice has softened, the little girl’s voice is now dominant.)*
>
> But, when things are calm, and I am held, and I am loved; then I am a simple thing to see.
>
> I am Joy and Anxiety existing in the exact same space.
>
> What is my body?
>
> My body.

> My body, is a nervous smile.
> Nothing more, than a nervous, smile. (Belluso 46)

It is significant that Emily's synthetic voice mutates into a girl's voice as the poem begins talking about the abject disabled body. By creating a contrast, Belluso deconstructs the binary thinking system, and he demonstrates that human bodies hold a liminal place between the symbolic and the semiotic, or the normate and non-normate. Sjöholm states that by "injecting the drive and reinvoking heterogeneity," art and literature pose a threat to symbolic structures (85). By doing so, it exposes the "weakness and instability" of a society while challenging "the desexualized and sublimated discourse of normative language" (Sjöholm 85). Relying on metaphors and nature imagery, both parts of the semiotic space, the poem challenges the symbolic order and breaks away from symbolic structures such as unity, homogeneity that rejects variety and multiplicity.

Siebers notes that many disabled individuals "do not consider their disability a flaw or personal defect" because they are "comfortable with who they are, and they do not wish to be fixed or cured" (*Disability Theory* 4). As the poem also shows, Emily only wants to be recognized and loved for who she is, not despite who she is. Eileen cries while listening to the poem and the lights fade on all characters except for her. The lights fade out as she repeats Emily's expression "a nervous smile" and smiles. Eileen eventually recognizes Emily's fluid, borderless corporeality. By embracing the abject, she enters into the maternal semiotic order as the abject "draws [one] toward the place where meaning collapses" (Kristeva, *Powers* 2). When Eileen finally connects with Emily, she enters into the semiotic space where fluidity rules and boundaries are annihilated. The maternal semiotic space is where new meanings are created since the rules pertaining to the symbolic do not exist anymore.

In the end, most of the characters meet in the space where they recognize the tyranny of the dominant ideologies that control social, medical, or cultural mandates. They reject conforming to these rules, and they free themselves from the oppression of the constructed norms. Belluso offers non-disabled subjects a brief feeling of liberation that comes with the annihilation of social borders, which trap subjectivities into rigid definitions. He also shows that transgressing social boundaries is only possible when individuals open themselves to new affects and communication and they accept human vulnerability. The family in the play falls apart as a result of their limited understanding of what it means to be a human, and family. It becomes dysfunctional due to the stress of not being able to adhere to the standard definitions, not because of the disability. Belluso's portrayal of disability as abject subverts traditional representations and exposes the insecurities of the allegedly normal subjects by blurring the boundaries. Forcing the audience to revisit the semiotic space, Belluso reminds them of the possibility of a world where the other does not exist. As the play shows, liberation lies in chaos, difference, vulnerability, and liminality instead of rules, laws, and so-called normal societies.

3.2. LINDSEY FERRENTINO'S *AMY AND THE ORPHANS*

Lindsey Ferrentino received her BFA from the Tisch School of Arts. She holds two MFA degrees in playwriting from Hunter College and The Yale School of Drama. As a prolific playwright, her plays that have been produced include *Ugly Lies the Bone* (2015), *This Flat Earth* (2018), and *The Year to Come* (2018). According to the *New York Times* critic Ben Brantley, Ferrentino "possesses a muscular empathy which seeks to enter the minds of people for whom life is often a struggle of heroic proportions" ("Three Degrees").

Amy and the Orphans (2019) also showcases the playwright's strong sense of empathy as it is based on one of her family members who had Down syndrome. The play portrays the story of Amy, who was abandoned by her parents after she was born because she has Down syndrome. Just like Amy, Ferrentino's aunt had Down syndrome and she was institutionalized by her parents. As Ferrentino explains in an interview, the play is a result of profound research. She read therapy journals of her grandparents and interviewed her mother, aunt, and uncle about having a sibling with Down syndrome (Sod 4). Meeting Jamie Brewer, who is an actress with Down syndrome and best known for her role in *American Horror Story*, also influenced the way Ferrentino structured the play. She states that

> Jamie spoke to me at length about how she was used to "dumbing herself down" to play someone with Down syndrome because her own cognitive abilities were higher than an audience's perception of her capabilities. I promised to write Jamie

> a role that not only honored my aunt's life, but also let the audience experience Jamie Brewer as an autonomous, career-driven human being. (Sod 4)

As a result, *Amy and the Orphans* turned out to be a play that advocates for disability rights with the playwright's insistence on casting people with Down syndrome and her dedication to present a truthful depiction of their lived experience.[24] The play is another example of what Fox calls "adaptive activism," discussed in Chapter Two. Ferrentino speaks against ableism and challenges stereotypical notions of Down syndrome, but she also helps to raise awareness within the theater community. Explaining that Roundabout Theater participated in a fundraising event that aims to raise money for the National Down syndrome Society, Ferrentino also says, "It was the theatre community I am part of getting involved in the Down syndrome community—an intersection that wouldn't have existed had I not written this play about my aunt" (Sod 5). Clearly, *Amy and the Orphans* plays a significant role in challenging and changing affective responses to disability.

Directed by Scott Ellis, the play opened off-Broadway in New York in 2018 at the Roundabout Theatre Company. The original cast included Jamie Brewer as Amy, Diane Davis as Sarah, Josh McDermitt as Bobby, Debra Monk as Maggie, Mark Blum as Jacob, and Vanessa Aspillaga as Kathy. For her role as Amy, Brewer won the Drama Desk Award for Outstanding Featured Actress in a Play, and she became the first woman with Down syndrome to win this award. As Brantley puts forward, *Amy and the Orphans* has secured Ferrentino's place as an adept playwright who successfully "wrestle[s] with overpowering contemporary subjects" ("'This Flat Earth'"). The play attracted so much attention that it was announced in 2021 that Netflix would adapt it to the screen, which would also be written and directed by Ferrentino.

Amy and the Orphans follows the typical plot pattern of a family play with its focus on siblings who reunite for the funeral of one of their parents. Throughout the play, family secrets are exposed while characters transform through confrontations with reality and one another. The play begins with the reunion of Amy and her siblings for their father's funeral. Unaware that Amy already knows about their mother and father's passing,

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[24] To be more inclusive when casting, Ferrentino was willing to write the male version of the play. After she met Eddie Barbanell, a male actor with Down syndrome, she decided to hire him as the understudy to Jamie Brewer. She altered the script accordingly and changed the title of the play as *Andy and the Orphans* (Sod 4-5).

Jacob (60) and Maggie (50s) are nervous about giving Amy the sad news. They pick Amy up from the group home she lives in, and the three siblings, accompanied by a guardian named Kathy, drive to Long Island where their parents lived. The road trip reveals the details about their family: Before she started living in a group home in Queens, New York, Amy had lived in Willowbrook State School in Staten Island, which is notorious for its terrible living conditions and abuse. When she lived there, Jacob, Maggie and their parents visited Amy only once a month; therefore, they do not have any idea what Amy has gone through while she was away from her family. Growing up in a different environment with their parents, the siblings cannot comprehend the capabilities of their sister. They continuously infantilize Amy, nor do they really grasp who Amy is as a person. Throughout the play, the misconceptions of Jacob and Maggie about Amy are revealed and challenged, while Amy is portrayed as a highly functioning individual.

Ferrentino also makes use of flashbacks to show how and why Amy's parents decided to institutionalize her. These scenes alternate with the real time scenes of the siblings to demonstrate the abjection Amy's parents (Sarah and Bobby) faced and how they directed this experience to Amy. Although Bobby was less willing to give up on Amy, the couple finally convinced themselves that Amy would be better taken care of at an institution. However, it is revealed that Amy suffered from abuse and the harsh living conditions in Willowbrook, which, nevertheless, she calls "home." Despite their failure to understand Amy, Jacob and Maggie feel guilty for their parents' decision, and they attempt to compensate for it by offering Amy to live with them. Amy refuses since she does not see them as family but friends who visit occasionally, whereas her community in Queens is her (chosen) family that she shares her life with. Like *A Nervous Smile*, *Amy and the Orphans* also ends with a poem, written by Amy using famous lines in celebrated films and plays. Ferrentino dissociates Down syndrome and disability from stereotypical definitions by presenting Amy as a fully functioning individual.

Siebers argues that "the presence of disabled people in any discussion changes not only the culture of the discussion but also the nature of the arguments used in the discussion" (*Disability Theory* 4). As Sieber suggests, Ferrentino attempts to change the arguments against individuals with Down syndrome. Like Belluso, she celebrates the abject subject and uses it to subvert the absolute standards of corporeality, subjectivity, and morality, which lay the foundation for the symbolic order. She forces the audience/reader to reconsider preconceived definitions by forcing them to engage in an affective relationship with Amy as a character, and Brewer as an actress. As a product of imagination and lived experience, a play has the potential to “bring the affective body and the registering mind into proper contact” (Palumbo-Liu 146). Ferrentino poses moral and ethical questions using the theatrical space where the audience is confronted with an abject figure. As a result, she aims to evoke emotions in the audience that differ from the expected. For instance, the object of pity in the play is not Amy but the siblings because of their naïve ignorance and their inability to cope with the burdens of the symbolic order. Amy’s bodymind, on the other hand, is celebrated.

Similarly, the audience produces unfamiliar feelings for the actress since her presence challenges the learned conceptions of the symbolic order. Ferrentino accomplishes what Jill Dolan explains in her book *Utopia in Performance*: theater provides the necessary space to “enact the affective possibilities of ‘doings’ that gesture toward a better world” (6). That is, it gives a sense of “what redemption might be like, of what humanism could really mean, of how powerful might be a world in which our commonalities would hail us over differences” (Dolan 8). By exposing the audience to an abject subject and bringing the affect of disability in question, Ferrentino forces them to leave all the rules, mandates, and prejudices of the social system, or the symbolic space. She invites them to join the semiotic order, where all familiar meanings collapse.

Amy is the last character to appear on the stage. Until the audience meets her, she is the focus of all dialogue, which provides background information and helps characterize Amy. In the first scene, the audience/reader is introduced to Bobby and Sarah in a couple’s therapy room, and it is revealed that they are in therapy to make a decision about Amy. In “Marked by Affect: Drawing out Julia Kristeva’s Performance of Abjection,” Cynthia L. Fortner claims that when the affect of a situation or a person is understood, it also paves the way for understanding the “choices, goals, perspectives, preferences, past actions, thinking styles, [and] future direction” (3). Bobby and Sarah’s scenes reveal their affective responses to Amy as an abject figure. Both are struggling: Bobby overeats to cope with his emotions, while Sarah has quitted her job after pregnancy and never told Bobby. It is understood from their conversation that it is Sarah who wants to give up on Amy. Just like Eileen, she does not fit into any social category regarding traditionally defined motherhood. She neither has a so-called normal child, nor is she willing to play the role of an angelic mother who sacrifices herself to take care of her disabled child. However, unlike the portrayal of Eileen and Brian as parents who are ready to leave their daughter, Bobby and Sarah struggle with the idea and they try to come up with reasons to convince themselves that institutionalizing Amy is the right thing to do.

Sarah's reaction to Amy's disability can be explained by the affect of the abject figure and what Mary Bunch discusses in "Julia Kristeva, Disability, and the Singularity of Vulnerability," where she posits that an encounter with the abject creates an "ambitious, dangerous, and transgressive space where meaning is both dissolved and created" (139). Encounters with disability, for instance, disrupt definitions of physical and mental embodiment and cause a narcissistic identity wound, forcing one to understand "body" in novel ways. It is not the disabled body that causes the wound, but the "unresolved anxieties" and "unrealistic sense of invulnerability" of the subject (Bunch 139). The subject already possesses the narcissistic wound as "a repression or denial of the fundamental vulnerability of mortal bodies" (Bunch 139-140). For Sarah, the meaning of motherhood and family collapses with Amy's birth, exposing her vulnerability and anxieties while deconstructing her subjectivity.

However, it is easier for Bobby to restructure the meaning he attributes to family. The following conversation shows their differing perspectives about taking care of Amy:

> SARAH: Since she was born, I'm *tired*.
>
> BOBBY: Of course, she's a baby and we have two other kids—so all we do is fight now.
>
> SARAH: We fight 'cause I'm tired of worrying we're not doing the right thing—it's sitting here, I'm sick 'cause I'm so tired of worrying and people staring at her, I need to think clearly. (Ferrentino 34)

Although Sarah blames Amy's disability, Bobby is more realistic as he thinks it is normal to feel frustrated and tired because taking care of a baby—whether disabled or not—is difficult by nature when you have two other children. Unlike Bobby, Sarah is influenced by the negative affects attached to disability. Jennifer Purvis argues that

> [A]bjection relates to disgusting elements we prefer to remove from our proximity so as to prevent shame, humiliation, and other forms of social approbation; it refers to the 'undersirables' of history, institutionalized or relegated to the margins of

> polite society, and those considered retrograde given their national origin, who are blamed for terrorism, or serve as targets of homophobia, sexism, racism, and xenophobia. (52)

For Sarah, Amy is a source of humiliation and therefore undesirable. Moreover, the affect of staring evokes shame and anger in Sarah, and she projects her feelings to Amy by abjecting her. She believes that the only way to save her family from abjection is to remove Amy from the family picture. By doing so, she attempts to heal the wound that is inflicted on her subjectivity.

In addition to the affectively charged stigma and abjection experienced in the public sphere, the couple were subject to the medical model of disability when Amy was born. The medical authorities treated Amy as an abomination, and they pictured a dark future in terms of Amy's mental and physical development. Although they were told by the doctors that Amy would never learn how to spell or write, Bobby and Sarah were willing to do their best to provide an accessible world to Amy. As Bobby says, "Our daughter's name means *love*. But that's not why we picked it. We picked it 'cause it was the shortest in that book of names. So even though the doctors told us she'll never learn to spell or write, if it was only three letters we said – *We* – *We* said we'd *try*" (Ferrentino 36). The statement shows that the parents were constantly reminded by society and medical authorities that their child is abnormal, unwanted, and abject. The responses to disability, such as seeing it as a force that disrupts human borders, are neither inevitable nor natural because "the perception of such borders or limits are themselves symptoms of narcissistic injury, scars in the symbolic landscape, which are deeply linked to ableist norms" (Bunch 140). Therefore, Kristeva argues, by erasing the abject from society and rendering it invisible, subjects repress the "fear of castration, narcissistic injury, defect, and death" ("Liberty" 44). The medical model to which the family was subjected preserves the boundaries of the symbolic world and represses the fear of annihilation by othering Amy from the beginning.

Similarly, Sarah is able to repress her fears and vulnerability as long as Amy is not a part of her, and the family. Conforming to the ableist dictates, she fails to celebrate and accept Amy's bodymind. As Ato Quayson claims, "[C]orporeal difference is part of a structure of power, and its meanings are governed by the unmarked regularities of the normate. However. . . . [T]here are various elements of this complex relationship that do not disclose themselves as elements of power as such, but rather as forms of anxiety, dissonance, and disorder" (17). Amy's disability results in negative emotions, leading Sarah to feel frustrated, exhausted and ashamed. Ignoring the significance of interdependence, she states, "To be a good parent to one kid, we're not gonna be bad ones to two. I can't, I can't / do it [. . .] We can't keep Amy. We can't keep her" (Ferrentino 36-37). Although Bobby has never perceived Amy as an abject subject and is willing to take care of her, he supports Sarah's decision, and they institutionalize Amy at Williowbrook in Staten Island. The parents' main motive when institutionalizing Amy was to "normalize" their home to form the illusion of a healthy and functional family.

The mental states of Amy's siblings confound Sarah's expectations since they are not as "healthy and normal" as she hopes them to be. It is revealed through dialogues that Bobby and Sarah's decision about Amy has always haunted the family, leaving it dysfunctional forever. Depicting them wittily, Ferrentino portrays the siblings as two eccentrics, as adults who have not grown up: Maggie keeps repeating that they are orphans now since both their parents have passed away, and she hysterically asks: "Isn't there some grown up who could take care of this for us?" (Ferrentino 13). Jacob, on the other hand, wears braces at the age of sixty. This shows that Sarah and Bobby failed in their attempt to raise allegedly healthy children, depriving them of the necessary parental support and their sister's presence. Throughout the play, it is revealed that the family visited Amy on a regular basis in the past, but they never formed a real family bond with her. Since they only went to see movies together and never had quality time sharing meaningful conversations, both parents and the siblings have never connected with Amy. As a result, the knowledge of the siblings regarding Down syndrome is limited to the stereotypes prevailing in American society. These characters expose ableism with their paternalistic attitudes.

Until Amy is introduced in the fourth scene, the audience/reader's expectations about her are shaped first by Sarah and Bobby's scene at the therapy, and then by Maggie and Jacob's conversations in the second and third scenes. Therefore, the audience imagines Amy as an abject individual who represents everything against the American ideal of individualism: a dependent, simple-minded person who is incapable of rational thought and unable to succeed in life since she lacks autonomy as well as the necessary skills to survive. However, Kathy, who is also in an abject position because of her class and racial identity, identifies and bonds with Amy and reveals Amy's true self to the siblings and the audience/reader. Throughout the play, Kathy continuously tells Jacob that she does not know him, another implication that he was never a part of Amy's life. She also debunks Maggie's claims about Amy as the following excerpt demonstrates:

> MAGGIE: We talk once a week.
>
> KATHY: You and Amy?
>
> MAGGIE: Me and Susan. She keeps me updated. Amy hates talking on the phone.
>
> JACOB: Then Maggie passes everything to me, so [. . .] And we bought her these!
>
> MAGGIE: Amy loves balloons.
>
> KATHY: She won't like the Hulk balloon, she's not into him no more. And I don't know about the blue ones, reds her favorite color.
>
> MAGGIE: She's my sister. I know what she likes [. . .] We send holiday cookie trays for the nurses—Legally, we are her primary caretakers.
>
> KATHY: No, you're not. New York State is. Everybody here—New York's their ma, their dad, brother and sister too.
>
> [. . .]
>
> MAGGIE: I'm a contact, dad was the primary contact, but I'm also on the contact sheet. And this isn't our first time here. The three of us are *extremely* close. Tell her. Chime in ANY TIME.
>
> [. . .]
>
> KATHY: Your sister loves talking to *me* on the phone, just so you know. [. . .] Maybe you're not trying hard enough. Try again. One week she'll love the incredible Hulk, next week Hulk can kiss her ass. Fickle lady.
>
> MAGGIE: --sweetheart though. Our Amy is so, so cute.
>
> KATHY: She is not a child. (Ferrentino 17-19)

The quote shows that, just like Blanka in *A Nervous Smile*, Kathy is the only character in the play who reaches out to Amy and acknowledges her bodymind. Maggie and Jacob, on the other hand, fail to understand Amy's complexity and treat her as a child.

After revealing the stereotypical associations of her siblings and parents, Ferrentino introduces Amy in the fourth scene not as the object, but the subject of the play. Accordingly, Amy's first scene begins in "crip time" since they all wait for Amy to finish her movie. No matter how much Jacob and Maggie are in a hurry to set out on their drive, Amy, who is obsessed with movies, does not even talk to them until the movie ends. Amy's obsession with movies is also an evocation of the semiotic space since movies create a space where the boundaries of the corporeality are transgressed, and dualisms of the symbolic order are annihilated. Therefore, Amy identifies more with the movie characters than her siblings. As Amy is watching the movie without acknowledging Jacob and Maggie's presence, Jacob complains: "HOW have we not left yet? I pictured us landing. Picking her up *swiftly*. Getting on the road. Like a montage. Like a movie montage! Do you know what kinda traffic we're gonna hit?! THE TRAFFIC. Remind me not to die Thanksgiving weekend" (Ferrentino 27). Prioritizing his own needs and concerns, Jacob attempts to manage Amy's time, but she continuously challenges and forces him—and Maggie—to abide by her rules and wishes.

The ableist paternalism of Maggie and Jacob is repeatedly rejected by Amy and Kathy. Every time the siblings attempt to micromanage Amy's behaviors or infantilize her, either Kathy or Amy reproach them as in the following scene:

> MAGGIE: Hi—Come! Come on in! Amy, sit between us like when we were kids and we'd poke Jake 'til he'd cry—
>
> JACOB: Yeah, how 'about we don't do that. Amy, sit with me so we can talk.
>
> KATHY: Why don't we ASK Amy who she'd like to sit with.
>
> AMY: I wanna drive.
>
> JACOB: Good one!
>
> AMY: People with Down syndrome CAN drive you know.
>
> KATHY: Don't start pullin' that card, miss.
>
> AMY: Nick Nolte drives.
>
> KATHY: Yeah, but you don't. (Ferrentino 28-29)

As the conversation reveals, Maggie and Jacob believe that Amy is not capable of driving or making decisions by herself. That is why Jacob thinks Amy is joking when she says she wants to drive. However, as Kathy reveals, Amy's disability does not limit her; she just has not learned how to drive. Scenes similar to this reverses the target of abjection. As Purvis argues, when the shamer is shamed, it "may or may not unsettle dominant power, but if enough of us are awakened by the confrontations at hand, the abjecting logics . . . may be redirected away from those who are currently made to feel inadequate, devalued, undeserving, and disgusting, toward systems of injustice or corrupt power and those who enforce them" (63). When Maggie and Jacob are shamed for their ableist remarks and incapacity to comprehend Down syndrome, they are put in the position of the abject. Dwelling only in the symbolic world, they are the abject, the other, or the stranger in Amy's world.

Maggie and Jacob's efforts to communicate with Amy are based on the assumptions prevalent in the symbolic order: Assumptions that are socially, historically and politically constructed. The siblings dwell in the symbolic world and commit to its rules, and also look for ways to connect with Amy using the superficial and ableist language produced in the symbolic order. Rather than bringing them closer, the politically correct language they use when approaching Amy exposes the hypocrisy that lies beneath political correctness. This creates a distance between them all since Amy lives in a different reality, rejecting what and who has oppressed, abjected, and alienated her:

> AMY: Did you know *Aim* is my nickname. My true friends call me Aim. People you love call you a better name.
>
> MAGGIE: Oh.
>
> JACOB: I'm sorry, Aim?
>
> AMY: You and Maggie should still call me Amy.
>
> MAGGIE: . . .
>
> JACOB: . . .
>
> AMY: I don't wanna talk to you. Can we have music? Radio. Let's go. (Ferrentino 31)

Preferring the name Aim, then, signifies Amy's robust self-esteem and it implies that Amy is an achiever, not an overcomer. Even though Amy's name means "love," her parents did not choose it for its connotations. Thus, it is a reminder of the ableism and abjection Amy was subject to. Her rejection of the name given by her parents is a challenge to the symbolic order, whose rules are irrelevant for Amy and her chosen family.

It is revealed in the play that unlike Amy, Maggie and Jacob have not achieved much in life. Neither can they cope with loss because death denotes the annihilation of the ego, destruction of the boundaries, and the collapse of all meanings. Since it is a journey into ambiguity, death in the symbolic order is abject. Moreover, as Kristeva explains in

Black Sun: Depression and Melancholia, losing a loved one makes subjects feel lacking, which they continuously try to complete. She states that

> The disappearance of that essential being continues to deprive me of what is most worthwhile in me; I live it as a wound or deprivation, discovering just the same that my grief is but the deferment of the hatred or desire for ascendency that I nurture with respect to the one who betrayed or abandoned me. My depression points to my not knowing how to lose – I have perhaps been unable to find a valid compensation for the loss? It follows that any loss entails the loss of my being – and of Being itself. (5)

The death of her parents disrupts Maggie's allegedly unified identity. Therefore, she reacts with horror to the fragmentation of her subjectivity. Losing parental affection, Maggie feels abandoned and she is looking for compensation to complete the ideal family image in her mind. She confesses that she feels lonely and complains about not being close with Jacob and Amy anymore: "If we lost planes and phones, I'd *never* find any of you. Families should *not* be this spread out" (Ferrentino 45). When their parents were alive, Maggie was not uncomfortable with Amy's removal from the family portrait. Yet, their death urges Maggie to reconsider the boundaries of their family, and she attempts to fill in the empty spot with Amy to protect her symbolic position.

Amy, on the other hand, is not affected by her parents' passing as much as Maggie and Jacob. As her bodymind has always existed on the line between binary oppositions, borders are meaningless for Amy. As a result, she accepts death as part of reality rather than abjecting it. Unaware of this fact, Jacob unsuccessfully attempts to explain death to Amy through metaphors, another incident where Jacob infantilizes Amy. Yet, Amy humiliates Jacob once again by treating him the same way:

> AMY: Kathy told me mom and dad die now. [. . .] Mom dead. Dad dead too.
>
> MAGGIE: *That's right.*
>
> JACOB: Amy. Do you know what – *dead* means?
>
> AMY: Jake. . . Dead. Is. When you die. They *dead*. Get it? Like Sam our dog. In the ground. –gone. They never go home. Never say hi. Dead is gone. (*Amy gestures slitting her throat*.) Get it? (Ferrentino 49)

For Amy, the signifiers "mom" and "dad" are not linked to the culturally accepted signifieds. In addition to the rules of the language, the meanings and connotations of the words are alienated and destroyed in the semiotic order. Therefore, these signs are no more than labels that Amy uses to refer to Bobby and Sarah. Amy's feelings toward her parents also result from the way she was treated by them. As David Palumbo-Liu explains, affect is "a delivery system that is both the common ground of sensation and reaction, and a mediating space for the circulation of feelings, emotions, and the registering of otherness" (143). Amy picks up on her parents' feelings toward her and reacts in a similar way. Since they never see her as a daughter, Amy does not relate to them as family, either. The title of the play, then, refers to the differing meanings Amy and her siblings attribute to death, while pointing to Amy's affective dissociation from her family. By calling Maggie and Jacob orphans despite their old age and separating Amy, Ferrentino plays with the language and draws attention to the fragility of the rigid definitions in the symbolic order. As the products of a dysfunctional family, Maggie and Jacob are in denial—of death, of Amy's traumas, and of their parents' negligence. They act like children as middle-aged individuals whereas Amy acknowledges everything they deny about their family.

As much as Amy is traumatized by her parents' abandonment, it is essentially her days in Willowbrook that damage her psyche and body permanently. To dramatize these experiences away from her family bears the risk of presenting disability as a misfortune. Moreover, her current way of life as an independent woman with Down syndrome could easily be read as an overcoming story. Yet, successfully refraining from the traditional narrative techniques, Ferrentino reveals Amy's trauma between the lines, enough to pose ethical questions regarding the abjection of disabled individuals. As Purvis explains, "individual psyches and collective bodies bear cultural histories and memories" and "[o]ur bodies/selves are repositories of affect, archives of memory, assemblages of pleasure and pain" (48). Amy's bodymind carries the marks of abuse and pain she experienced at Willowbrook, an institution for children with mental disabilities that operated between 1947 to 1987 on Staten Island. Geraldo Rivera's report on the horrible living conditions of the residents revealed the abuse they suffered, which resulted in the closure of the institution. Willowbrook was a place where the residents experienced abjection in the worst ways imaginable. They were forced to live in unsanitary conditions and suffered tremendously as a result of the physical and sexual abuse. Moreover, it was so crowded that children had to sleep on the floor naked, or they were left to starve for days.

By placing a character who survived Willowbrook on the stage, the play creates what Quayson names "aesthetic nervousness," which he defines as follows:

> [T]he representation of disability oscillates uneasily between the aesthetic and the ethical domains, in such a way as to force a reading of the aesthetic fields in which the disabled are represented as always having an ethical dimension that cannot be easily subsumed under the aesthetic structure. Ultimately, aesthetic nervousness has to be seen as coextensive with the nervousness regarding the disabled in the real world. The embarrassment, fear, and confusion that attend the disabled in their everyday reality is translated in literature and the aesthetic field into a series of structural devices that betray themselves when the disability representation is seen predominantly from the perspective of the disabled rather than from the normative position of the nondisabled (19).

Amy's presence on stage as a disabled individual carrying the mental and physical, or affective, scars of abjection makes the audience feel aesthetic nervousness because they face society's shameful history of treating people with disabilities. The audience is forced to feel nervous not about Amy's disabled self, but about the ways she was dehumanized.

Siebers notes that abjection and disqualification of disabled subjects lead to human and civil rights violations through the justification of exclusionary acts such as discrimination and involuntary institutionalization (*Disability Aesthetics* 23-24). Residents in Willowbrook were institutionalized against their will because of their disabilities, and their rights were violated in all aspects. They were stripped of their humanity and denied the right to be cared for and the chance for a good life. The reasons why the states opened such institutions and why families sent their children to live in those places are closely related to the abject's affect. The play demonstrates that abjection takes away one's chance to "imagine a good life" and prevents the development of social structures that help human diversities to flourish in harmony (Bunch 138). Although Amy's parents were aware of the mistreatment to which Amy was subjected, they remained silent and allowed Amy to suffer in the institution just to preserve their symbolic position. In Willowbrook, the basic needs of the children were ignored. As Kathy explains to Maggie and Jacob, Amy was left outside in a blizzard; therefore "a chunk of her leg's missin' from frost bite" (Ferrentino 55). Moreover, she was fed dog food for a year, as a result of which her teeth rotted, forcing her to wear dentures at an early age. As Kathy states, "Amy's a member of the Willowbrook class—kids in this country raised by the state didn't develop not 'cause a their disability, but ‘cause of abuse” (Ferrentino 55). Despite the abuse she endured in Willowbrook, Amy repeatedly calls it “home,” which demonstrates that she is not ashamed of her past and trauma. Instead, she embraces her abject self and “continues to assert agency over the life she has built for herself” (Barnett 143).

Like Belluso, Ferrentino ends the play with a poem, which Amy has written using famous film lines to tell her version of the story, to confront the audience in the semiotic space and invite them to experience liminality. As Fortner states, narratives deconstruct the binaries of the symbolic order and they bring dyads together where “they co-mingle, or collapse together, in order to create a separate or new entity and identity. . . distinct from the originary [sic] terms” (33). This means, using the tools of language, narratives—whether poems, or films—exploit language to annihilate the binary oppositions, giving them new meanings and opportunities. Amy’s poem demolishes the affective meanings attached to disability and normalcy. In the in-between, liminal space that Amy creates, affective responses to disability change, multiply and gain new meanings.

Borrowed from *A Streetcar Named Desire*, the first line states “I have always depended on the kindness of strangers” (Ferrentino 73), implying that, just like Blanche DuBois, Amy’s life has always been in the hands of decision makers, such as her parents, medical authorities, the state, and society, all of which define the boundaries of inclusion and exclusion. In short, the way she has been treated by the normate has always depended on their mercy. Amy shows that she no longer accepts the inferior position she has been appointed to. The tone of the poem changes towards the end as it becomes more assertive, claiming agency. Quoting from seminal films such as *Gone with the Wind*, *Thelma and Louise*, *The Jazz Singer*, *A Few Good Men*, *Midnight Cowboy* and many others, Amy comments,

> [. . .]
> You ain’t heard nothin’ yet!
> Who the fuck do you think you’re talking to?
> *You* can’t handle the truth.
> Nobody puts baby in the corner.
> I’ll have what she’s having ‘cause I’m the king of the world!

> I'm walkin' here, I'm walkin' here!
> I'm a human being, goddamnit.
> MY LIFE HAS VALUE.
> You don't understand.
> I coulda been contender.
> I coulda been somebody.
> I coulda been somebody.
> I coulda been somebody.
> *I coulda been somebody.* (Ferrentino 73)

The final lines originally belong to Terry Malloy, who is played by Marlon Brando, in *On the Waterfront*. Amy identifies herself with Terry, who could have achieved much more in life had it not been for mobsters. Similarly, Amy's potential for self-fulfillment and growth has been constrained by ableism and disqualification in American society, specifically in her family and in Willowbrook.

The poem exposes the tyranny of the symbolic order and suggests a myriad of possibilities and meanings regarding disability. As Fortner explains, binary oppositions and the polarization in the symbolic order disperse while "the construction of significance moves to multiple components" (35). Likewise, Amy attacks the normativity that excludes her from the life she deserves by labeling her as the other. Stating that she walks among them as a human being, Amy claims visibility in the symbolic space which outcasts her. By rejecting her the life she deserves, the ableist society has denied Amy the chance to explore her capabilities and Amy claims it back. Through poetry, the language "moves beyond fixed, binary, dyadic, structural components, to a contextual, [and] fluid" state (Fortner 54). Amy serves as a bridge between the semiotic and the symbolic spaces, providing the audience/reader with the chance to abandon the symbolic order's rules and norms to recognize a fluid form of subjectivity.

Unlike Emily, Amy reads the poem on stage in front of the curtain, directly addressing the audience. This results in alienation since the play is performed in the realist mode, and sets up a confrontation between the audience and Amy. This is significant in that, as Purvis explains, such confrontations with the abject "may expose and disassemble certain dynamics of affect, and, through such practices, we may cultivate a liberatory politics of shame" (50). That is, the audience leaves the theater with a sense of shame, caused by an understanding of the dynamics that make Amy suffer. This is also liberatory because it paves the way for empathy. Palumbo-Liu comments on the significance of empathy as follows: "[W]e empathize, therefore we survive. . . . Empathy—feeling the pain or joy or fear experienced by others—is *useful*, whether it be to convince one's audience of the rightness of one's position, or as a key element in fostering moral sentiment and social equilibrium, or, indeed, in propagating humankind" (6). Here, the poem positions the audience in a liminal position in the semiotic order, where they identify with Amy.

To conclude, by dramatizing Amy as an empowered woman with Down syndrome, Ferrentino, in disability activist Simi Linton's words, "claims disability." As Davidson summarizes, claiming disability is "challenging the stereotype of disabled people as lonely and depressed and showing their active participation in a richly diversified public sphere" (224). Characterizing Amy as an extrovert with a job, friends, and a boyfriend is significant in that it shows Amy participating in the symbolic order actively and proudly. Abject representations, then, "enact transgression," expose the fluidity of the human borders as well as the workings of ableism (Purvis 56). Amy has claimed a space for herself in the symbolic order by piercing its boundaries in contrast to trauma and the expectations of medical authorities and her family.

By claiming disability and celebrating the abject, Ferrentino invites the reader/audience to the semiotic space where they redefine their definitions, understand the correlation between abjection and the medical gaze, and remove the barriers that separate them from what they perceive as abject. As Bérubé explains, the cultural representation of disability has the power to "affect" on many levels: "[I]t affects our understanding of what it means to be human; in more practical terms, it affects public policy, the allocation of social resources, and the meaning of 'civil rights'" ("Cultural" B4). Therefore, it is essential that Ferrentino touches upon the trauma caused by abjection since it paves the way for an understanding and awakening in the audience/reader about the exclusionary practices in the public and private spheres. Ferrentino asks the audience/reader to think beyond the binaries of normalcy/deviation, exclusion/inclusion, acceptable/unacceptable, mind/body, and human/abject.

3.3. CONCLUSION

The plays discussed in this chapter focus on the ways parents respond to disability's abject position in society. In both *A Nervous Smile* and *Amy and the Orphans*, parents reject the liminal position of their families, and they abandon their disabled children to change the liminal position they hold in society. Their affective response to disability is repulsion and abjection. According to Purvis, explorations of abjection propose ways of resistance and identification while also introducing "new forms of subjectivity and sociality" (56). At this point, Belloso and Ferrentino use the abject disabled bodies and selves to challenge ableism and oppression. By using the affective power of the theatrical space, the playwrights subvert the normative gaze, and they challenge the audience/reader's perceptions of disability as a marginal reality.

In *A Nervous Smile*, Belluso shows that Emily's disability is not the main reason of the disintegration of family. The socially and politically constructed mandates that limit families and selves in rigid definitions are to be blamed. Unlike the tradition, disability is not erased at the end of the play. Instead, the ableist father is pushed out of the picture. By embracing the abject and addressing the vulnerabilities exposed in the face of it, Belluso challenges the artificial binary oppositions that do not originally exist in the human psyche. As the play demonstrates, once individuals reunite with the semiotic, they will have the power to subvert normative structures and liberate themselves. Moreover, Belluso's portrayal and celebration of Emily's abject subjectivity provide an alternative narrative structure in the dramatization of the disabled bodies. By blurring boundaries, he exposes ableism and turns the normative gaze back at the audience to make them reconsider what it means to be a normal, clean, well-defined individual.

Similarly, *Amy and the Orphans* embraces the abject to attack and challenge traditional perceptions of disability. Although Amy's parents believe that they have normalized their family by rejecting and abandoning Amy, their decision haunts the family until they die. The ableist paternalism of the characters is revealed in the play whereas Amy's abject body and self are celebrated. Amy subverts notions that reduce her subjectivity to incapability, dependence and asexuality. Like Belluso, Ferrentino shows that the liberation from the mandates of the symbolic order is impossible unless all boundaries and fixed definitions are annihilated.

Analyzing *A Nervous Smile* and *Amy and the Orphans* in terms of their portrayal of abject disabilities is significant because they force the audience/reader to face the hypocritical realities of the symbolic order. Facing the abject, the parents' subjectivities are deconstructed and reconstructed repeatedly, which puts them in a liminal position. Moreover, by presenting disabled characters as complex and autonomous individuals, the playwrights offer an alternative way of understanding disability. Both Belluso and Ferrentino show that identities cannot be fixed and bodyminds cannot be narrowed down to the ableist definitions. They depict subjects that include multitudes within, and they transgress the boundaries limiting human varieties. Affectively charged abject representations in these plays are not just depictions of marginalization. As Purvis argues, "[a]bjection turned outward is political" (56). Therefore, by dramatizing social transgressions, Belluso and Ferrentino underscore social problems and politicize the so-called problem of disability.

CONCLUSION

Disability’s presence on stage repudiates stereotypical understandings of aesthetics and provokes ideological debates over a society’s established notions and norms. When it is not used as a metaphor for evil or social/moral corruption, disability can be subversive by blurring the boundaries between binary oppositions such as good/evil, beautiful/ugly, normative/nonnormative, or acceptable/unacceptable. This dissertation’s aim was to demonstrate contemporary playwrights’ approaches in American drama and analyze their attempts to achieve a more complex and progressive disability representation than their predecessors. As Bigsby has articulated, twenty-first century American theater is not characterized by specific dominant voices. Instead, there are numerous significant playwrights coming from a variety of backgrounds who touch upon previously ignored issues. Even when they problematize the same issue such as class and disability, playwrights do not follow a single pattern and they focus on different aspects, which depicts the diverse portrait of contemporary American society. They contribute to the attempts to challenge and reshape the culture and understanding of the norms of the twenty-first century.

The American family has always been a focus of attention in American dramas. Twenty-first century playwrights maintain this tradition and their works deconstruct accepted concepts of American families to scrutinize ideologies that shape family structures. In this dissertation, plays that address the role of disability in family dynamics were analyzed to understand how representations have transformed in a society where values and norms have been restructured after the trauma of the 9/11 attacks, wars, financial crises, and changing identity politics. Addressing such issues has led to a return to realism on stage to incite a debate over existing oppressive ideologies. Therefore, the dramas analyzed in this dissertation are social problem plays that expose the ways in which certain bodies are dehumanized, while criticizing how neoliberal policies drive individuals to the fringes of society as they are invalidated, pathologized, or stigmatized. In each case, the playwrights urge a reconsideration of established norms regarding human variations and ways of living.

This dissertation was divided into three chapters, each of which explore a specific issue regarding the role of disability within the American family. Chapter 1 focused on the problems single mothers with disabled children endure. Chapter 2 discussed the significance of access intimacy and interdependency in care work in the family. Finally, disabled children who are put in an abject position and abandoned by their parents constituted the core of discussion in Chapter 3. In these discussions, disability theory was blended with theories of affect and abject to explore how the selected plays resist and disrupt normativity as a social construction as well as other oppressive ideologies such as neoliberalism and ableism.

Taken through this framework, Chapter 1 explored John Belluso's *Pyretown,* Amy Herzog's *Mary Jane* and David Lindsay-Abaire's *Good People* as plays that problematize neoliberal politics that force single mothers into precarity. The playwrights attack the dysfunctional healthcare system that has become increasingly profit driven and affectless. Single mothers who lack the necessary support are pushed out of the social and professional worlds, victimized by the intersectional oppressions of disability, class, and gender. By exposing these problems, Belluso, Herzog and Lindsay-Abaire shatter the stereotypical mother image as a selfless caregiver since they demonstrate the publicly ignored aspects of mothering a disabled child. Therefore, affect associated with disability are challenged, resulting in a disaffected state in the audience/reader.

John Belluso's 2005 play *Pyretown* presents the destructive consequences of neoliberal ableism prevailing in the healthcare system and normative work ethics. Even though neoliberal ideology promises happiness, health and success through hard work and consumption, the characters in the play are victimized by highly valued autonomy, profit, and privatization. In such a system, disability is also thought to be an individual experience, yet the play shows that it is only a part of complex dynamics in daily life. It portrays the family as part of larger systems since disability is a multilayered experience that forces families to engage in affective encounters in diverse contexts. Lou, as a nondisabled single mother, becomes a victim of cruel optimism since she fails to provide a livable and secure future for her children. On her journey to learn disability as a multifaceted experience, Lou engages in affective relationships with Harry and Rebecca, both of whom are also victims of neoliberal values of the healthcare system.

These characters have affective attachments, which they believe would lead to the life they want, yet they wear out on this journey and their lives are dissipated, as they also experience displacement. Lou understands that as a single mother, she does not have a place in a world where capitalism rules since she has neither money nor the skills and education to earn a living. Belluso exposes the detrimental effects of neoliberal ideologies existing in the job market, the healthcare system and welfare system. By doing so, he calls for a change in the affects related to disability and he urges reforms in social, cultural, political discourses. Without a proper climax and resolution in addition to the novel disability representation, the audiences/readers of *Pyretown* experience disaffectedness, which results in a new emotional state. Positioning themselves differently, they eventually question dominant discourses and ideologies.

Amy Herzog's *Mary Jane* (2018) is also about the struggles of a single mother with a disabled son. While taking care of her son Alex, Mary Jane fights poverty and the bureaucracy in the healthcare system. In this play, Herzog problematizes highly valued concepts in American culture such as individualism and autonomy, showing that Mary Jane's survival in the system indeed depends on interdependence, empathy and affective connections. Her problems stem from neoliberal oppression in the healthcare system and work life, which ignores complexities and diversities with a desire to create unified, inflexible, and rigid structures. The focus on such problems exposes American society's flawed ideals and disconnects disability from generic tropes of burden and misfortune. By doing so, the playwright offers new affective meanings regarding disability while providing a more truthful depiction of the disability experience. Herzog dramatizes Mary Jane's life without a sense of catharsis, which is caused by strong feelings like pity and horror. Instead, she attempts to replace traditional affects with unfamiliar ones through a sense of understanding. This is achieved by a truthful disability representation that focuses on the complexities of disability and care. Mary Jane is portrayed as a mother who is strong and resilient, yet she is not an angelic caretaker with a heroic stance. Dramatizing the less pleasant aspects of motherhood, Herzog evokes disaffectedness in the audience/reader since she disrupts putative codes of care and mothering. Mary Jane finds support through affective connections with other women, which is based on mutual understanding and interdependence, yet she still suffers from neoliberal work ethics that values constant availability, punctuality, and profit over empathy and connection. Also, Mary Jane struggles with the healthcare system that makes everything harder for her rather than pursuing more accommodating policies. *Mary Jane* presents the problems existing in American society without causing an emotional reaction in the audience. Disaffected by what they encounter, the audience/reader is expected to face and challenge the oppression of dominant ideologies.

Class also emerges as the most important factor that jeopardizes a mother's life in David Lindsay-Abaire's 2011 play *Good People*. Margie grapples with poverty while taking care of her disabled daughter. Sexism, ageism, ableism, and neoliberal values in American society marginalize Margie and her daughter. Her daughter's disability and the responsibilities that come with care work are not why Margie's life is vulnerable. Rather, it is a complex system of power structures that punish the less fortunate with poverty. Therefore, social, and political ideologies become the subject of close scrutiny while ableist affects regarding disability are challenged. Neoliberalism defines ideal citizens as healthy, autonomous, educated, young and able-bodied. Since Margie does not fit into any neoliberal categories, she becomes disposable and is pushed to the edges of society where she is denied the chance to pursue a better life. Without control over her life and choices, Margie and her daughter are at the mercy of those who have power, such as her manager and Mike. Without security, Margie's only safety net is the community she belongs to. Sharing similar precarious circumstances, Margie's friends and neighbors provide the emotional, financial, and logistical support when she is in need. The play proposes interdependence that is based on an affective bond to fight oppression. Like *Pyretown* and *Mary Jane*, *Good People* also lacks a climax and a denouement that provide a sense of catharsis and resolution. The play ends where it begins in terms of Margie's circumstances. Her quest for a job ends in disappointment, only revealing Mike's, and upper-class people's, selfishness, and ignorance of poverty. *Good People* also leaves the reader/audience disaffected, forcing them to face the harsh realities and oppressive structures of which they might not have been aware.

Pyretown, *Mary Jane*, and *Good People* are subversive plays since they provide alternative affects for disability by dramatizing its less explored aspects. Stripping disability off generic affects, these plays shatter illusions of normalcy, unity, and autonomy. This results in disaffection since the audience/reader is confronted with unexpected emotions throughout the plays. Disability experience is explored as a complex reality rather than a metaphor, or narrative prosthesis. Therefore, *Pyretown*, *Mary Jane*, and *Good People* attack ideologies that turn disability into a problem, and they make the reader/audience face various oppressive forces which they, whether voluntarily or not, are also a part of. Disaffectedness leads them to feel disturbed, and reevaluate the social, political, and cultural discourses of disability.

The second chapter explored care work within the family unit in John Belluso's *The Rules of Charity*, Stephen Karam's *The Humans*, and Martyna Majok's *Cost of Living*. Families in these plays are diverse and they reflect the changing familial structures. The family in *The Rules of Charity* consists only of a daughter and father, whereas *Cost of Living* portrays a separated couple as well as disabled man who does not live with his family. Even though the family in *The Humans* seems traditional, it includes a queer daughter who is accepted and supported by her parents. In such diverse families, disability and care are also portrayed in novel ways that provide a broader perspective on the issues. The plays show that disability and care require one to be open to affective connections that pave the way for access intimacy. The chapter deploys "access intimacy" as an analytical tool and employs it as a transformative affective response to care work and disability. Since Mia Mingus proposes access intimacy to achieve disability justice, the playwrights whose works are analyzed in this chapter contribute significantly to the disability justice movement with their focus on interdependency and access intimacy as enriching and transformative.

The destructive consequences of an affectless care relationship between a daughter and a father are laid bare in Belluso's *The Rules of Charity*. Loretta perceives her father's need for care as a burden and avoids forming any kind of intimacy with Monty. The absence of access intimacy and care webs results in a dysfunctional father-daughter relationship in the play. Since Loretta ignores Monty's access needs, she sees care work as charity. However, the play does not villainize Loretta as a cruel caregiver. Instead, it indicates the complexities of care work in the family unit. The characters in the play, therefore, are neither complete evil nor angelic figures as they all suffer from isolation and poverty. In circumstances that involve depending on one another, they resent, intimidate, or humiliate each other and fail to acknowledge interdependency as a vital aspect of human life. The lack of affectivity in Monty and Loretta's family prevents them from forming access intimacy as they avoid any form of emotional engagement. Therefore, their relationship remains on the task-based level. Loretta and Monty share obligatory access, depriving themselves of intimacy and empathy. Both Loretta and LH put Monty in forced intimacy with strangers who see disability as a burden and define Monty in stereotypical terms. Horace and Paz embrace ableism as they associate disability with burden, charity, and misfortune. Paz exposes stereotypes attached to disability embodiment, whereas Horace represents American society's tendencies of being hostile toward disabled individuals as he sees Monty as useless and a burden. LH is the only character with whom Mony shares access intimacy. Because he is afflicted with stigmaphobia and self-repulsion, LH breaks this intimacy and refuses to care for Monty who becomes a victim of internalized ableism and homophobia. It is the binary thinking system that prevents access intimacy in the play since they all perceive care work as constituting two sides—the recipient of care and the caregiver—rather than interdependence. Therefore, the lack of access intimacy makes characters suffer and form dysfunctional relationships.

In contrast to *The Rules of Charity*, *The Humans* portrays a family whose members share positive affectivity toward care that results in access intimacy. The family has never been perfect as each member has their flaws, yet they always find support and healing in the family environment. The characters commit to interdependence in care work; as a result, access intimacy develops organically, and everybody feels safe and comfortable knowing that their access needs are met. Access intimacy is portrayed as a force that keeps the family together and gives them emotional resilience. The positive portrayal does not mean that Karam sugarcoats disability experience. In addition to the rewarding outcomes of access intimacy, the playwright acknowledges the difficulties that accompany care work, and he presents the complexities as well. Because of dementia, Momo has lost independence, autotomy and control—which are values that define an ideal American citizen; however, the warm care of the family members shows that they value interdependence and access intimacy as they seek to accommodate her needs under all circumstances, even when in distress. Moreover, for each member of the family, taking care of Momo is an opportunity to connect with her and they all have an intuitive awareness of Momo's needs. The characters are also attentive to one another's well-being since they are all disabled on different levels and are oppressed in the professional world. Portraying their struggles with their health issues, concerns over the cost of care work, and debilitating working conditions, Karam stages socially taboo issues as part of lived disability experience. Therefore, the play contributes to disability justice by provoking the audience's/reader's established notions regarding care and disability. Disconnecting meanings such as burden and charity from care work and celebrating access intimacy, *The Humans* touches upon the ethics of care and incorporates disability into his work in a way that offers new affects and meanings.

In contrast to the inherent access intimacy in *The Humans*, *Cost of Living* explores a kind of access intimacy that develops after a relationship building process. Defined as patterned access intimacy, this requires the disabled individual and the caretaker to learn how to connect by putting effort in an affective connection. In this play, the disabled characters and their caretakers need care and a reciprocal connection to survive. They are isolated for different reasons such as disability, poverty, or abuse. The characters are initially self-protective, but they eventually put their faith in reciprocity and interdependence. Through multiple affective encounters with one another, the characters learn to expose their vulnerabilities and form access intimacy, which ends their isolation. Ani and John safeguard themselves against physical and emotional harm for different reasons, which is rooted in their former experiences. John has never had a good caregiver to whom he can surrender his vulnerabilities, while Ani does not trust Eddie for having broken her heart. On the other hand, Eddie and Jess suffer from isolation and lack of connection as they fight poverty. Even though Ani's aggression seems to be reinforcing the stereotype of disabled people as mean and sad because of their impairments, she actually struggles to trust and connect with Eddie who abandoned her for another woman. Moreover, she is still trying to adapt to her new embodiment, learning how to be mobile. Eddie's insistence on taking responsibility and his dedication results in access intimacy, which works to the benefit of both Eddie and Ani. Jess and John's relationship also evolves from forced intimacy into access intimacy. Both characters overcome their fragility and prejudice. As a white man who never had financial problems, John fails to comprehend Jess's circumstances. Jess, on the other hand, does not trust John's good intentions and refuses to reveal her vulnerabilities. They eventually learn to connect with one another by opening themselves up. Thus, the play proposes access intimacy as the core of care work since care relationships cannot survive without mutual commitment.

The Rules of Charity, *The Humans*, and *Cost of Living* speak for the disability justice movement by exploring access intimacy as an affective response to care and reciprocity. The playwrights use the affective power of theatrical space to dismantle ableism as they reveal different aspects of disability and care. In contrast to the idealized concepts in American culture such as individualism and self-reliance, the playwrights underscore interdependence and mutual connection as values that enrich one's life. While acknowledging the complexities of care work, they attempt to replace stereotypical representations such as the charity model of care, disabled persons as burdens, and the angelic caregiver with representations of access intimacy. By doing so they also change affects associated with disability and care.

The third and final chapter of the dissertation analyzed John Belluso's *A Nervous Smile* and Lindsey Ferrentino's *Amy and the Orphans* to explore parents whose affective response to disability is abjection that results in abandoning their disabled children. These parents perceive disability as an abject endangering the family's unity by putting it in a liminal position. It shatters the rigid definitions of a healthy and unified family. Belluso and Farrentino use the abject body to challenge ableism and other oppressive ideologies in the United States. That is, they make the audience/reader confront the disabled body so their subjectivities disintegrate to the point they return to the semiotic space where boundaries do not exist.

In *A Nervous Smile*, Belluso demonstrates that the reason behind the family's dissolution is social and political constructions that force families to fit in rigid definitions. Families with disabled family members, then, do not conform to the normative definitions of a family and pose a threat to the social order. Emily's disabled bodymind in the play disrupts definitions, and constructed subjectivities collapse as it forces a return to the semiotic space where normative structures, dualisms, and boundaries do not exist. Therefore, the family falls apart not because of disability, but because of the impossibility of adhering to the norms and standards. Belluso, then, encourages the audience/reader to transgress the constructed boundaries by accepting new affects regarding corporeality. He shows that disengaging from the rules and order of the symbolic world will bring liberation, as society will be free once it embraces difference, chaos, and liminality. Belluso uses the abject as a subversive force in two ways. First, he gives voice to Emily, who is not seen on stage, but only heard reciting her poem. Secondly, he ends the play with Eileen regretting her decision to abandon Emily and embracing the semiotic space to reject the rules and constructions of the symbolic order. Emily's poem is significant because it gives voice to Emily and prompts an eerie discomfort in the audience/reader since it evokes how maternal space can threaten their subjectivities. The poem depicts Emily's corporeality, which is ignored, rejected, and silenced by society. Emily reclaims her subjectivity and sexuality and demands visibility in the symbolic world. Emily's family places her into an abject position since her disability annihilates their dreams about a family shaped by enforced normalcy. Therefore, when they cannot fulfill their culturally and socially defined roles as parents, Brian and Eileen resent Emily believing that her disability renders their family dysfunctional. By abandoning their daughter, the parents attempt to redefine their subjectivities, yet Eileen's stance changes in the end as she regrets her decision and recognizes Emily's borderless corporeality. By introducing the audience/reader with the semiotic space, Belluso shows that an alternative world where stigma, and othering do not exist.

Amy and the Orphans also uses the abject to subvert traditional perceptions of body and family. Reminded by medical authorities and society that their daughter is abnormal, Sarah and Bobby feel uncomfortable with Amy's embodiment. Like Brian and Eileen, they abandon her to normalize their family, yet the playwright demonstrates that this decision haunts the family, as it remains dysfunctional. Amy's potentials were also hindered by ableism and disqualification in her family and Willowbrook. Her portrayal as a disabled woman who shows the scars of abjection disturbs the reader/audience, forcing them to reevaluate the rules of the symbolic order that dehumanize Amy. This does not mean that Amy is depicted as a victim. Ferrentino dramatizes Amy as a strong independent woman, so her bodymind thwarts normative notions that associate her disability with incapability, dependence, and simple-mindedness. Therefore, the playwright aims to change affective responses to disability and grants it new meanings. After Amy's birth, Sarah's notions of motherhood and family are challenged as Amy's disability disintegrates her subjectivity and exposes her vulnerability since she assigns normative meanings to body, motherhood and family. When she cannot cope with the narcissistic wound Amy's bodymind inflicts on her subjectivity, she abandons her. Therefore, growing up without their disabled sister, Maggie and Jacob have limited knowledge regarding disability experience. These characters expose paternal ableism in their approaches to Amy. Their limited notions and inability to deal with the burdens of the symbolic order are humiliated to the point they become the object of pity in the play, rather than Amy, who would be depicted as a victim in a stereotypical representation. *Amy and the Orphans* also ends with a poem which Amy recites in front of the audience. Confronting the symbolic space, Amy celebrates liminality in this poem while rejecting the inferior position in the symbolic space. Toward the end of the poem, Amy's voice becomes more assertive, blaming the social order that has made her suffer. Forcing the audience/reader to engage affectively with Amy, Ferrentino compels them to feel a sense of shame, which would lead to a reconsideration of the norms and mandates of the symbolic order regarding corporeality and morality. Ferrentino problematizes the affect of disability in the play and invites the audience/reader to the semiotic space where they discard the rigid definitions of embodiment and remove the barriers between binary oppositions such as normal and abnormal.

In *A Nervous Smile* and *Amy and the Orphans*, the audience's/reader's subjectivities are de- and reconstructed repeatedly as they are confronted with the abject. Exposing the oppressive norms and rules in the symbolic order, the playwrights assert that identities and bodies cannot be narrowed down to normative definitions. Therefore, they portray complex embodiment to offer alternative ways to understand how ableism and normativity operate in American society. Their disabled characters, who are put in an abject and unwanted position in society, transgress boundaries as they represent human varieties. Their abject selves are not marginalized in the plays, but they are granted agency as complex individuals.

As the plays analyzed in this dissertation demonstrate, disability experience in the United States is shaped by ideological practices and multifaceted power relations. This dissertation's aim was to present how the plays deconstruct these power relations that control bodies and subjectivities. American theater provides a site to display and problematize oppressive politics. Having the affective power to transform societies, theater can resist discrimination and oppression by exposing injustice. The selected plays in this dissertation use theatrical space to challenge oppression and discuss disability as a multidimensional experience.

As mentioned in the introduction, disability can be examined from a myriad of perspectives. To narrow down the scope of the study, this dissertation analyzed plays written and staged in the first two decades of the twenty-first century that portray the function of disability within the family. These playwrights deployed realism to discuss and depict the experience of disability. Although they adapt the genre slightly, their main focus always remains on the content to be able to convey their concerns. Their works reflect the changing family structures in the new century and dissociate disability from former metaphorical meanings. They commit to a truthful representation to uncover the tyranny of the normal prevailing in American society. They problematize the social, cultural, and political institutions that render disabled people and their families vulnerable and promote social transformation. Therefore, these plays can be categorized as the social problem plays of the twenty-first century.

Pyretown, Mary Jane, Good People, *The Rules of Charity*, *The Humans*, *Cost of Living, A Nervous Smile*, and *Amy and the Orphans* dismantle stereotypical tropes of disability such as heroic overcomers, villains, and victims. Instead, they employ disability as a part of complex power structures. These plays also deconstruct the American family myth by dramatizing new family structures including single parents, chosen families, or families with queer members. They demonstrate that disabled family members are not the main causes of problems American families encounter. Rather, these families become dysfunctional because of social, cultural, and political oppression. Neoliberalism, class, ineffective healthcare, and social welfare system, compulsory able-bodiedness, ableism, and the cult of normalcy occupy a prominent place in the lives of American families, rendering their lives vulnerable and precarious. These plays contribute to the disability culture and disability justice by giving voice to the problems of disabled people and portraying real-life disability experience without mythicizing, romanticizing, or downplaying its costs and gains.

Clearly, these plays are not the only ones that deal with disability in contemporary American drama. There are many other playwrights whose work should be addressed, since disability is still overlooked, especially in American drama. David Auburn’s *Proof*

(2000), David Lindsay-Abaire's other plays such as *Kimberly Akimbo* (2000) and *Fuddy Meers* (2000), Naomi Wallace's *In the Heart of America* (2000), Christopher Shinn's *Where Do We Live* (2002), Lynn Nottage's *Las Meninas* (2002), Sarah Ruhl's *The Clean House* (2004), Tracy Lett's *August: Osage County* (2007), Annie Baker's *Body Awareness* (2009), Lisa Loomer's *Distracted* (2009), Mike Lew's *Teenage Dick* (2019), and Will Arbery's *Corsicana* (2022) are other contemporary plays that can be explored through a disability studies lens. Moreover, disability representation can also be examined from other perspectives. For example, mad studies, deaf studies, neurodiversity, fat studies, feminist disability studies, intersections of disability studies with ecocriticism, the medical humanities, and critical race theory are emerging theoretical frameworks. Disability studies is undoubtedly expanding into new and exciting directions, and is poised to be an even more significant area within academia in the decades to come.

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APPENDIX 1: ORIGINALITY REPORT

HACETTEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
Ph.D. DISSERTATION ORIGINALITY REPORT

HACETTEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
AMERICAN CULTURE AND LITERATURE DEPARTMENT

Date: 09/06/2023

Thesis Title : Disability and Family in Twenty-First Century American Drama

According to the originality report obtained by myself/my thesis advisor by using the Turnitin plagiarism detection software and by applying the filtering options checked below on 09/06/2023 for the total of 215 pages including the a) Title Page, b) Introduction, c) Main Chapters, and d) Conclusion sections of my thesis entitled as above, the similarity index of my thesis is 5%.

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I declare that I have carefully read Hacettepe University Graduate School of Social Sciences Guidelines for Obtaining and Using Thesis Originality Reports; that according to the maximum similarity index values specified in the Guidelines, my thesis does not include any form of plagiarism; that in any future detection of possible infringement of the regulations I accept all legal responsibility; and that all the information I have provided is correct to the best of my knowledge.

I respectfully submit this for approval.

[redacted]

09/06/2023

Name Surname: Duygu Beste Başer Özcan

Student No: N15248569

Department: American Culture and Literature

Program: American Culture and Literature

Status: ☒ Ph.D. ☐ Combined MA/ Ph.D.

ADVISOR APPROVAL

APPROVED.

[redacted]

Assoc. Prof. Dr. S. Bilge Mutluay Çetintaş

(Title, Name Surname, Signature)

HACETTEPE ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
DOKTORA TEZ ÇALIŞMASI ORİJİNALLİK RAPORU

HACETTEPE ÜNİVERSİTESİ
SOSYAL BİLİMLER ENSTİTÜSÜ
AMERİKAN KÜLTÜRÜ VE EDEBİYATI ANABİLİM DALI BAŞKANLIĞI'NA

Tarih: 09/06/2023

Tez Başlığı : 21. Yüzyıl Amerikan Tiyatrosunda Engelli Bireyler ve Aile Kavramı

Yukarıda başlığı gösterilen tez çalışmamın a) Kapak sayfası, b) Giriş, c) Ana bölümler ve d) Sonuç kısımlarından oluşan toplam 215 sayfalık kısmına ilişkin, 09/06/2023 tarihinde şahsım/tez danışmanım tarafından Turnitin adlı intihal tespit programından aşağıda işaretlenmiş filtrelemeler uygulanarak alınmış olan orijinallik raporuna göre, tezimin benzerlik oranı % 5'tir.

Uygulanan filtrelemeler:
1- ☐ Kabul/Onay ve Bildirim sayfaları hariç
2- ☐ Kaynakça hariç
3- ☒ Alıntılar hariç
4- ☐ Alıntılar dâhil
5- ☐ 5 kelimeden daha az örtüşme içeren metin kısımları hariç

Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü Tez Çalışması Orijinallik Raporu Alınması ve Kullanılması Uygulama Esasları'nı inceledim ve bu Uygulama Esasları'nda belirtilen azami benzerlik oranlarına göre tez çalışmamın herhangi bir intihal içermediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

Gereğini saygılarımla arz ederim.

[redacted]
09/06/2023

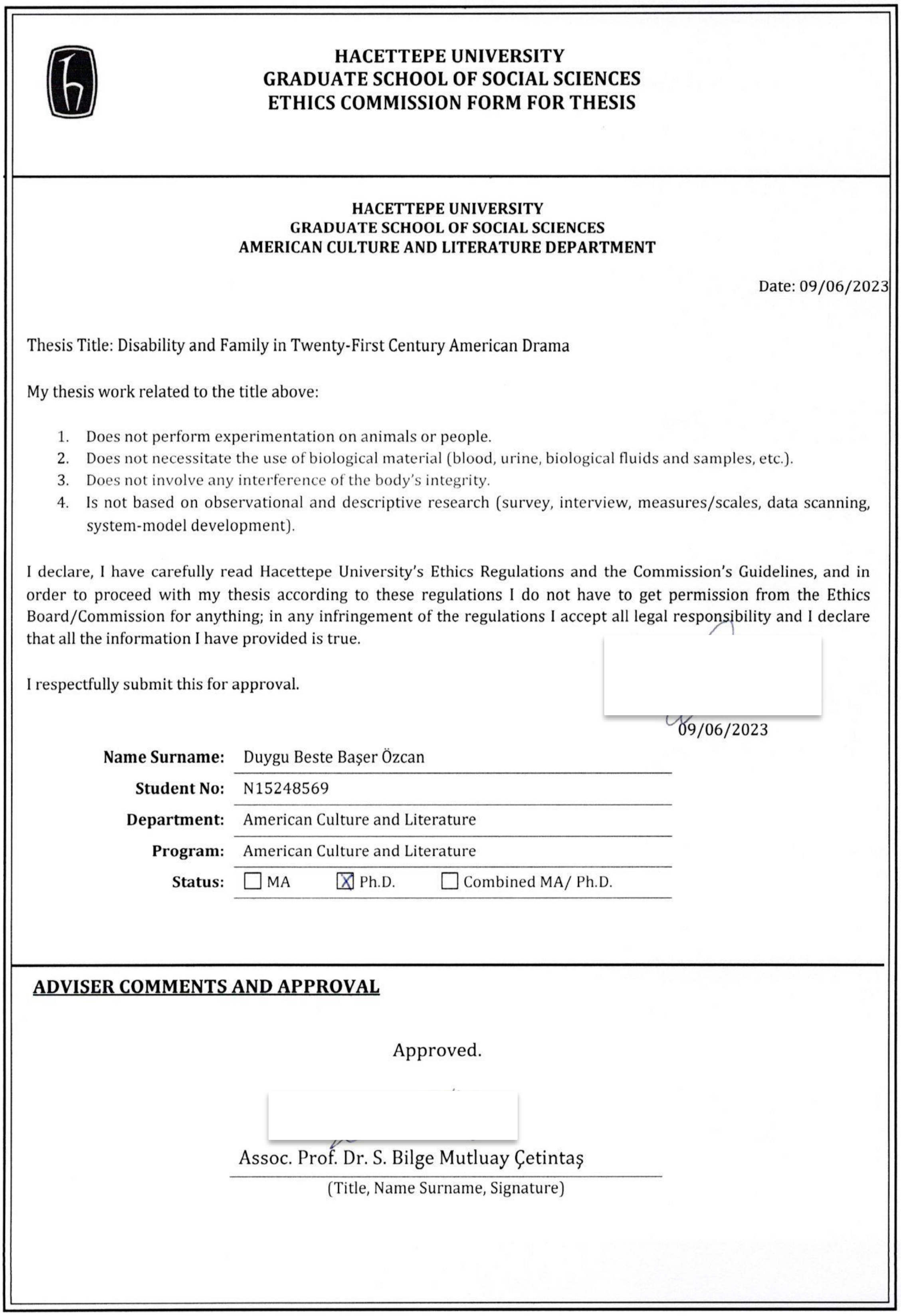
Adı Soyadı: Duygu Beste Başer Özcan
Öğrenci No: N15248569
Anabilim Dalı: Amerikan Kültürü ve Edebiyatı
Programı: Amerikan Kültürü ve Edebiyatı
Statüsü: ☒ Doktora ☐ Bütünleşik Dr.

DANIŞMAN ONAYI

UYGUNDUR.

[redacted]
Doç. Dr. S. Bilge Mutluay Çetintaş
(Unvan, Ad Soyad, İmza)

APPENDIX 2: ETHICS BOARD WAIVER FORM



HACETTEPE UNIVERSITY
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ETHICS COMMISSION FORM FOR THESIS

HACETTEPE UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
AMERICAN CULTURE AND LITERATURE DEPARTMENT

Date: 09/06/2023

Thesis Title: Disability and Family in Twenty-First Century American Drama

My thesis work related to the title above:

1. Does not perform experimentation on animals or people.
2. Does not necessitate the use of biological material (blood, urine, biological fluids and samples, etc.).
3. Does not involve any interference of the body's integrity.
4. Is not based on observational and descriptive research (survey, interview, measures/scales, data scanning, system-model development).

I declare, I have carefully read Hacettepe University's Ethics Regulations and the Commission's Guidelines, and in order to proceed with my thesis according to these regulations I do not have to get permission from the Ethics Board/Commission for anything; in any infringement of the regulations I accept all legal responsibility and I declare that all the information I have provided is true.

I respectfully submit this for approval.

[redacted]

09/06/2023

Name Surname: Duygu Beste Başer Özcan
Student No: N15248569
Department: American Culture and Literature
Program: American Culture and Literature
Status: ☐ MA ☒ Ph.D. ☐ Combined MA/ Ph.D.

ADVISER COMMENTS AND APPROVAL

Approved.

[redacted]

Assoc. Prof. Dr. S. Bilge Mutluay Çetintaş
(Title, Name Surname, Signature)

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AMERİKAN KÜLTÜRÜ VE EDEBİYATI ANABİLİM DALI BAŞKANLIĞI'NA

Tarih: 09/06/2023

Tez Başlığı: 21. Yüzyıl Amerikan Tiyatrosunda Engelli Bireyler ve Aile Kavramı

Yukarıda başlığı gösterilen tez çalışmam:

1. İnsan ve hayvan üzerinde deney niteliği taşımamaktadır,
2. Biyolojik materyal (kan, idrar vb. biyolojik sıvılar ve numuneler) kullanılmasını gerektirmemektedir.
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Hacettepe Üniversitesi Etik Kurullar ve Komisyonlarının Yönergelerini inceledim ve bunlara göre tez çalışmamın yürütülebilmesi için herhangi bir Etik Kurul/Komisyon'dan izin alınmasına gerek olmadığını; aksi durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimi ve yukarıda vermiş olduğum bilgilerin doğru olduğunu beyan ederim.

Gereğini saygılarımla arz ederim.

[redacted]

09/06/2023

Adı Soyadı: Duygu Beste Başer Özcan

Öğrenci No: N15248569

Anabilim Dalı: Amerikan Kültürü ve Edebiyatı

Programı: Amerikan Kültürü ve Edebiyatı

Statüsü: ☐ Yüksek Lisans ☒ Doktora ☐ Bütünleşik Doktora

DANIŞMAN GÖRÜŞÜ VE ONAYI

Uygundur.

[redacted]

Doç. Dr. S. Bilge Mutluay Çetintaş

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