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ABSTRACT

This essay builds on work by disability scholars such as Rosemarie Garland-Thomson and Kate Ellis to discuss the progression of the physically disabled body into the extraordinary body in horror films, including *Alien: Resurrection* (1997), *Planet Terror* (2007), and *A Quiet Place* (2018). Applying disability studies research in parallel with theories about the non-normative Gothic body, it argues that contemporary horror builds on the subversive Gothic; avoiding physiognomical prejudices, which suggest that external physical difference is caused by deviance within. This work draws from practitioners such as Fred Botting, Susan Sontag, Joshua David Bellin, Sharon Snyder, and David Mitchell, as well as director Breck Eisner, developing theories such as the transgressive – sometimes dangerous – figures of the supercripple and the hyper-alive, before going on to discuss the fear of sickness underlining metamorphic monster narratives. The transgressive nature of the Gothic aligns with the metamorphic properties of sickness and disability, disrupting the healthy/sick, human/monster binaries. Therefore, this work argues that the key to characters with disabilities surviving – or even thriving – in horror and science fiction is to accept and create a symbiotic relationship with their disability, transforming the non-normative body into the extraordinary one.

KEYWORDS:

Extraordinary body; hyper-alive; supercripple; own-worst-and-only enemy; physiognomy; spectacle

Every one of us is constantly on the threshold of disability, yet its representation in literature, film, and television is problematic at best. Medical discourse suggests that disability is a personal problem that needs to be overcome, ignoring the social and cultural factors that are integral to its construction. As Debbie Rodan et al. note, disability is unquantifiable as its meanings change across time, as well as having specific contexts in different ideologies (8). Although some people are disabled from birth, it is not genetically pre-determined in the same way as race or gender; it can happen to anyone at anytime. Susan Sontag expounds this concept, contending that, “Everyone who is born holds dual citizenship in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place” (3). Furthermore, the term “disability” incorporates a huge number of manifestations including physical, mental, and psychological, ranging from short-term to permanent, minor to life-threatening, and catalyzed by many different events or factors.

Rodan et al. argue that disability and non-normative bodies are traditionally “represented as an undesirable identity on television [...] used as a visual reference to denote evil or represented as an unspeakable tragedy that must be cured through

inspirational personal qualities and medical intervention” (10). They suggest that disability (along with obesity and ageing) represent a lack of control of the body; therefore, “these representations become discomforting to many individuals who prefer to believe they are in total control of their bodies and, by extension, themselves” (8). Traditionally, horror tends to take this a step further, the excessive and uncontrolled nature of disability representing not only the undesirable body, but damaged psychology and evil intentions.

Horror tropes constantly and consistently pit young, healthy, attractive characters against the hideously deformed and inherently evil, reinforcing the observation by Rodan et al. that:

The naturalized repudiation of [...] non-normative bodies is signified by the (continuing) popularity of narratives about reforming, erasing, reclaiming, perfecting and overcoming body limitations and the various forms of stigma with which they are associated. Such constructions normalize the assumption that the disabled, old and obese should defer to those who are non-disabled, slim and young. (8)

At first glance, Gothic traditions appear to criticize impairment as a feature of the monstrous. However, themes drawn from the genre, such as the transgressive body and the sublime, have also

Articles

been used to challenge constructions of disability. Ruth Bienstock Anolik notes, “the Gothic distrust of confining categories and boundaries and of the powerful authorities who create them” (6). She goes on to explain that this “suggests that the demons are, in fact, the physicians and other figures of authority who define human difference as dangerous pathology, thereby exiling a category of people from the world of the human” (6). Presenting those in authority as monstrous, while being typical of the Gothic, further troubles the already contentious image of the physician and health authorities in disability criticism.

However, the horror body can also be valorized. As it is presented with no boundaries, the disabled or non-normative body can equally become what Rosemarie Garland-Thomson refers to as the “Extraordinary Body”: adaptable, malleable, and desirable. Contemporary horror in particular offers ways for the disabled, sick, or injured body to be accepted and assimilated by the protagonist, ultimately offering a re-evaluation of the non-normative body. This article discusses physical disability and sickness in contemporary horror cinema, utilising theories by Garland-Thomson, Kate Ellis, Colin Barnes, and Fred Botting. Furthermore, it asks at what point “sickness” crosses into “monstrosity” through an exploration of Sontag’s work on illness and how it applies to metamorphic monsters, such as vampires and zombies. It introduces the twin dangers of the “hyper-alive” model of sickness that are found in these creatures, noting the Gothic romantic origins of these theories. Finally, this work demonstrates the appeal of the extraordinary disabled body in contemporary film.

TRANSGRESSING BOUNDARIES

No “Other” positioned against the “norm” has the potential to affect as many people as disability, with at least 25% of people disabled, obese, or both (Rodan et al. 8). However, David Mitchell and Sharon Snyder (2000) argue that disability does not fit comfortably into a discourse of binary Otherness, noting that, while it is similar to groupings such as gender, race, or sexuality, disability does not tend to invite the same criticism of culture and ideology. Garland Thomson supports this theory, suggesting that, “Depoliticized and aestheticized by the authoritative critical frame of the grotesque, the disabled body is perpetually read as a sign for a degenerate soul or a bankrupt universe. The notion of the grotesque thus discourages literary critics and authors from a politically conscious perspective that might examine disabled characters in terms of minority culture issues” (*Extraordinary Bodies* 112).

However, Garland-Thomson also notes the importance of examining disability within the framework of marginalized groups, writing:

cultural and literary criticism has generally overlooked the related perceptions of corporeal otherness we think of variously as ‘monstrosity,’ ‘mutilation,’ ‘deformation,’ ‘crippledness,’ or ‘physical disability.’ Yet the physically extraordinary figure these terms describe is essential to the cultural project of American self-making as the varied throng of gendered, racial, ethnic, and sexual figures of otherness that support the privileged norm. (*Extraordinary Bodies* 5)

Parallels can be drawn between anxieties of the physically extraordinary figure and those of the Gothic creature. Both are equally concerned with excesses of transgression, suggesting not only that monstrosity can be found in “deformation” but also that this deformation is catalyzed by monstrosity itself; in other words, illness/disability on the outside reflects monstrosity or evil on the inside. Botting notes that:

From medieval morality plays, which put figures of vice on stage so that their deformities would be visible and repellent, monsters fulfil a cautionary function: they make negative attributes visible in order that they can be seen for what they are and be condemned or destroyed. Aesthetically unappealing, monsters serve a useful social and regulative function distinguishing norms and values from deviant and immoral figures and practices. (8)

The disabled body and the monstrous body thus become interchangeable: corrupted, repulsive and deviant. Garland Thomson cements the parallel, arguing that, “Gothic manifestations of the grotesque are fantastic fusions such as gargoyles, chimeras or mermaids [...]. The modernist gargoyle is the physically disabled figure, a metaphor for depravity, despair and perversion” (*Extraordinary Bodies* 112).

Horror, as Ellis notes, is designed to “explore ‘inborn monstrosity’ to elicit feelings of disgust,” citing villains such as Freddy Kruger and Leatherface as examples of inherent evil that is reflected in a non-normative and/or deformed body (61-62). *The Hills Have Eyes* (1977 and 2006), for example, pits a healthy, white, prosperous American family against vicious mutants, hideously deformed after radiation exposure. One by one the mutants are presented to the audience as physical and mental deviants. The mutants do not act antagonistically because they are forced to or because they act on animal instinct. Rather, they do it because it brings them pleasure and material gains. Notably, in both the original (1977) and remake (2006), the more physically abnormal they are, the more vile their behavior and the higher their position in the family hierarchy. Ruby, who has sympathy with the family and ultimately saves them, is the most “normal” looking of all the mutants; Lizard, Pluto and Cyst are sadistic, vicious and se-

Articles

verely deformed; Big Brain, who orchestrates the attacks and is in control of the family, is such an extreme case of deformation that he can barely move. Therefore, the more antagonistic the character, the more “disabled” they become.

Garland Thomson explains that, “Disability is sometimes experienced as a transformation, or a violation, of self. This in turn creates classification dilemmas, ambiguous states and questions assumptions about wholeness.” Furthermore, “All persons with physical disabilities thus embody the ‘illegitimate fusion’ of the cultural categories ‘normal’, which qualifies people for human status, and ‘abnormal’, which disqualifies them” (*Extraordinary Bodies* 114). Despite illness and disability existing on a spectrum, strict boundaries have been socially and ideologically established between the healthy, intact or whole person and the fragmented, diseased unhealthy patient. Everyone must cross these boundaries at some point, but, as Sander Gilman asks, “What happens [...], when our sense of ourselves as ‘the patient,’ of ourselves as existing on the wrong side of the margin between the healthy and the diseased, becomes salient to our definition of self?” (4-5).

SICKNESS AND MONSTROSITY

Metamorphic monsters, such as vampires, werewolves, and zombies can be used to explore questions of sickness, disability, and identity. These types of monsters are originally human before being injured (by a bite, scratch, or wound) then infected and transformed. The emergence of the monster causes the victim to question his or her identity; he or she debates whether they are creature or human, good or evil, and, in many cases, whether they are better off dead than alive. In many zombie narratives, as more characters become infected, much of the focus becomes finding the cure for the virus as well as escaping the zombies. Survivors are compelled to locate and use the cure, to treat their infected companions before the disease can kill them – or worse, turn them into a zombie, to be forever overtaken by sickness and disability. Steven Shaviro claims that “The dread that the zombies occasion is based more on a fear of infection than on one of annihilation. The living characters are concerned less about the prospect of being killed than they are about being swept away by mimesis” (98). *Planet Terror’s* (2007) mutated “sickos” develop repugnant symptoms such as pus-filled abscesses and tumour-like lumps. Similarly, in *Resident Evil* (2002), Rain (Michelle Rodriguez) is infected early on, gradually succumbing to the disease throughout the film. Initially one of the physically stronger members of the team, she is eventually too weak to walk and has to be carried. She becomes pale and sweaty, shaking, and vomiting with her veins standing out. She becomes the figure of the Sick that is feared throughout Western society; weak and dependent with physically repulsive

symptoms. It is an image that is associated with degenerative and potentially fatal diseases, such as cancer and AIDS, illnesses that are now easier to treat and have a more positive recovery outlook but remain among the most feared, possibly due to the association with the body literally falling apart.

There is, thus, an undercurrent fear of sickness – and of the Sick – that runs throughout the horror genre, with narrative, language, and *mise-en-scène* all identifying the monster as sick and the human as healthy. Critics such as Joshua David Bellin and Shaviro discuss monsters within the framework of sickness; for example, Shaviro notes that “the rising of the dead is frequently described as a plague: it takes the form of a mass contagion” (96). Parasitic possession and metamorphic monster narratives are often discussed using clinical and medical terminology. Jonathan Lake Crane observes that the first zombie to appear in *Night of the Living Dead* (1968) “appears to be [...] a mental patient who is no longer taking his usual dose of Thorazine” (13). He goes on to discuss how Frankenstein’s Creature can be seen as “a scared and dyslexic newborn” and that viewing him is “like greeting a good friend’s severely traumatized infant for the first time and comprehending the life of unending despair to which it is almost certainly doomed” (85).

There is a danger, therefore, of disability and sickness becoming shorthand for monstrosity; the unusual or deformed body reflecting depraved behavior and desires in a similar way to Dorian Gray’s infamous painting. In horror, the external body reflects internal damage. Therefore, the body becomes a direct reflection of the interior state of the character, visualizing what should not be seen and attempting to physically manifest the trauma (both physical and emotional) within. Tropes of sickness reinforce these motifs, empowering a fear of disability and sickness that is channelled into classical gothic figures, such as vampires, zombies, Frankenstein’s Creature, and Dr Jekyll/Mr Hyde.

THE HYPER-ALIVE, SUPERCRIPPLES, AND MY OWN WORST AND ONLY ENEMY

Just as the theatrical *mise-en-scène* of the Gothic tends to reflect the pain, melodrama, and horror within, the mythology of sickness suggests that repression leads to the body becoming contaminated. This is true of both physical and mental illness. For example, Sontag notes that cancer is thought to be influenced by “a steady repression of feeling” (22). There is an assumption that, by repressing extreme feelings, such as anger, grief, and frustration, these “bad emotions” somehow infect the host. Sontag goes on to write that, “The passion that people think will give them cancer if they don’t discharge it is rage,” but, in horror, any emotion can curdle the body into illness if it is powerful enough (22).

Articles

The psychotherapist in *The Brood* (1979), Hal Raglan, develops a technique called “psychoplasmics.” By “going all the way through it,” patients are encouraged to release their repression, which in turn has a physical effect on their bodies. However, the process can also cause sickness in the form of Nola’s external womb or another patient’s lymphoma. Releasing repression also causes whatever has been repressed to manifest physically, releasing outwards in parallel with the freed emotions. Nola’s repressed anger is so potent that she is able to physically produce murderous children through psychoplasmics.

The Crazies (2010) features infected unfortunates contaminated with a type of ultra-violent madness. This is shown within the film itself, with soldiers directly referring to the infected as “crazies” and the officer later confirming that “Trixie” was “designed to destabilize a population”, rather than kill them. This is further cemented by Breck Eisner’s director’s commentary where he notes that,

in a zombie movie the zombies all exist in a uniform way, their goal is all uniform, they all want to eat brains or kill or spread the infection but their identities are completely supplanted by this disease or this zombieism that overrides everything else and what happens in *The Crazies*, in this movie is that the person’s identity still exists, the deep seated psyche is there and in fact that’s what the disease unlocks, it causes people to act on these really deep seated impulses that are suppressed by society and are rightfully repressed by being human beings - but when you get infected by Trixie it releases. (“Paranormal Pandemics”)

This release of repression is not only reflected in the behavior of those infected with Trixie, but in their bodies in a manifestation of psychoplasmics. In the film, madness becomes a disease, something that any character can catch and, as such, the film draws on both madness and sickness discourses. In director Eisner’s desire to show a “physical manifestation of the inner disease,” the team, “broke down the crazies into three different stages – one is when you first start to go crazy and there’s no visual sign of it, the second is the beginning of the visual manifestation of it and then there’s a third level when it’s really gone to an extreme” (“Paranormal Pandemics”). In this powerful third level, the “crazies” are described as being “hyper-alive” and, as Rob Hall says, “the opposite of death [...] too much life” (“Paranormal Pandemics”). This is because “if they’re infected with Trixie and they’re infected with this virus and it’s surging through their veins and it’s popping here and there, it’s gonna want to come out, it wants to come out the eyes, it wants to come out the ears, it wants to create these pockets and that essentially was the main theme that it was

trying to come out of the skin” (“Paranormal Pandemics”). The design of the “crazies” was based on real-life medical conditions, such as tetanus and rabies (particularly seen in the tautness of the neck muscles of sufferers in the final stages), diseases associated with aggression, madness, and a loss of control. Unlocking what has been repressed causes an influx of passionate energy; the hyper-alive subject feels everything, driven by an unchecked and unrepentant ego.

The danger of “too much life” can be found in all metamorphic monsters: the extra identity or personality of the werewolf or Hyde; the reanimated corpses of vampires and zombies; the lingering tenacity of the ghost. Additionally, the metamorphic monster’s ability to pass on its condition similarly results in too much life, for as Stephen D. Arata notes, “The vampire’s vigor is in turn closely connected with its virility, its ability to produce literally endless numbers of offspring” (631).

The hyper-alive being is, therefore, a dangerous entity that threatens to conquer and consume, draining the (physical, emotional, spiritual) powers of those in its wake while providing the host with passion and energy. In Bram Stoker’s *Dracula*, the titular character is hyper-alive. Arata writes that “[Dracula] is by his very nature vigorous, masterful, energetic, robust. Such attributes are conspicuously absent among the novel’s British characters, particularly the men. All the novel’s vampires are distinguished by their robust health and equally robust fertility” (631). Not only does Dracula’s vivaciousness undermine the power of the men, in particular the weak and nervous Harker, but “Perversely, a vampiric attack can serve to invigorate its victim [...]. Indeed, after his attack, Lucy’s body initially appears stronger, her eyes brighter, her cheeks rosier” (631). But the price Lucy must pay for this “health” is to be transformed into a monster. There are parallels here with real-life sicknesses, such as Tuberculosis (TB), an illness that was “thought to produce spells of euphoria, increased appetite, exacerbated sexual desire [...]. Having TB was imagined to be an aphrodisiac, and to confer extraordinary powers of seduction” (Sontag 13). Painful and distressing symptoms become romanticized as evidence of passion; for example, “Fever in TB was a sign of an inward burning; the tubercular is someone ‘consumed’ by ardour, that ardour leading to the dissolution of the body” (20). TB became a “disease of passion,” fashionable amongst aristocrats of fact and fiction (21). Indeed, many of the metaphorical connotations of TB can be found in the “vigorous and energetic” Count Dracula (Arata 628).

Yet, there is a paradox at the heart of the hyper-alive in that the condition can also lead to shock, dissociation, and numbness; feeling everything can ultimately lead to feeling nothing. This phenomenon appears in Georg Simmel’s essay, “The Metrop-

Articles

olis and Mental Life,” in which the unwavering shocks of the city eventually leave the subject numb. Just like Simmel’s metropolitan citizen, the hyper-alive are constantly and continually bombarded by shocks, by emotion, by stimuli. There comes a point where desensitization must occur, or surely sheer energy would cause an explosion. The hyper-alive do not stop and cannot be pacified. Rather, they continue to gain momentum until they either die or are paralyzed; an emotional or physical aneurysm.

Botting discusses this paradox in terms of affect in his essay “Affect-less: Zombie-Horror-Shock,” detailing how horror’s “extreme affective intensity and traumatizing shock . . . remain electrifying and static, stultifying and excessive” (181). Botting goes on to explain how zombies are the ideal example for this process of affect, being “the effects on the screen of too much affect [...] effects of excess heaped upon excess in order to engender feelings strong enough to overcome the shocks and horrors that paralyze and numb emotional responses, an anaesthesia itself caused by affective aesthetic excess” (182). Whereas some subjects can absorb the excess life/energy/madness that comes with being hyper-alive, others become anaesthetized; they must dissociate to survive. Like Botting’s zombies, they are “‘shocked subjects,’ traumatized beyond affective capacity by too much stimulation, taken beyond feeling and sentience by too much feeling, to the point that they are no longer subjects at all” (182).

The contradiction of the hyper-alive at once bursting with life yet submitting to numbness can also be found in Sontag’s observations about the TB metaphor. In the majority of texts, what makes those with TB hyper-alive is passion, yet they are “deficient in vitality, in life force.” Although passion appears to give the subject energy and exuberance, “TB is celebrated as the disease of born victims, of sensitive, passive people who are not quite life-loving enough to survive” (Sontag, 25). On the one hand, it is too much life, too much energy, vitality and appetite. On the other, it is a paralyzing numbness. Sickness in horror is capable of creating a powerful and destructive life-force that cannot be controlled; the flame of the hyper-alive that lets its victims burn up or leaves them burnt out.

Parallels can be found between the framework of hyper-alive sickness and disability criticism. Just as there are two extremes of the hyper-alive, Barnes (1992) proposes two opposing stereotypes of disability: the “supercripple” and “own worst and only enemy.” One presents disability/sickness as a condition of excess, while the other suggests that the subject lacks the will to reach their potential. The “own worst and only enemy” stereotype presents people with disabilities as “self pitiers who overcome their difficulties if they would stop feeling sorry for themselves, think positively and rise to ‘the challenge’” (14). Barnes argues

that this approach “allows able-bodied society to reinterpret disabled people’s legitimate anger over disability as self-destructive bitterness arising out of their inability to accept the ‘limitations’ of impairment” (15).

The “supercripple,” on the other hand, triumphs over limitation and trauma through tenacity and fortitude. Barnes notes that this approach disregards the “central point that disability is a social issue which cannot be addressed by misplaced sentimentality over individual impairments,” and, therefore, there is a danger of essential services being denied (13). Mitchell and Snyder’s (2006) work underlines Barnes’s theories, using cultural analysis to study disability stereotypes: “negative imagery,” which reinforces damaging and reoccurring stereotypes, and “social realist” approaches that are “inaccurate and misleading” despite intending to combat negative tropes of disability (4).

The supercripple narrative exists within the horror genre, but instead of the subject triumphing over adversity, there is a tendency for certain conditions to come with gifts or powers. In some cases, this can even lead to privileged disability, where the character is more powerful or more exceptional purely because of their disability. Notably, some blind characters are still able to “see” using their other (super)natural senses, including other plains of reality. In *The Eye* (2008), for example, a young woman, Sydney, sees spectral images and visions of disasters past and future after receiving an eye-transplant. This is not to say that all cases of blindness in horror come with a gift, or even that they are portrayed positively. In the case of both *The Day of the Trifids* (1963/1981/2009) and *Blindness* (2008), blindness epidemics soon disintegrate society and lead to sufferers becoming primal and violent. Even blind characters with supernatural gifts regard their condition ambiguously, stating that they do not know if it is a gift or a curse. At the end of *The Eye* Sydney’s eyes are injured while she is attempting to save people from a deadly accident she foresaw, rendering her blind again. Despite waiting fifteen years for the donor eyes, after her traumatic experience, she does not seek further treatment. This can be read as positive, as in the final scene she is shown skilfully and happily playing the violin in front of an adoring audience, showing that her disability does not need to be “fixed.” It can also be read as a negative, suggesting that Sydney’s transgression (she laments that “The surgery was supposed to make me normal”) was punished by terror and that she is better off being blind, where she is rewarded for her musical skill and becomes more exceptional than a sighted person. The return of her disability means her return to being exceptional: a supercripple. Earlier in the film, a character cuts off Sydney’s complaints about adapting to being able to see, suggesting that “You think you were better off before. More special. Well, you’ve just discovered that

Articles

you're like the rest of us." In Sydney's case, she has a privileged disability; without it, she is not only just "like the rest of us," but also terrorized by ghostly horrors.

However, as defective bodies and minds are traditionally aligned with monsters, there is an underlying suggestion within these films that characters with disabilities are forced to become resourceful in order to survive; they have to have something "extra" to compensate for what they lack. From a practical standpoint, a disabled or injured character is more vulnerable, therefore increasing the vulnerability of their allies. Horror films do not necessarily subscribe to a policy where the strongest or cleverest survive, but monsters are instinctual, and their instinct is to pick off the "weak" and vulnerable early on. In terms of the narrative, these "extras" also make the character more interesting and empathetic. From a psychoanalytic perspective, the lack that disability creates in these characters leaves them incomplete, fractured. In order to be made whole, therefore, they must develop something in place of what is missing. In many cases, this gift or skill relates directly – and often ironically – to the sufferer's condition. For the blind, it may be visions. For those with Down's syndrome or on the autism spectrum, where social development and communication are impeded, it may be uncanny and omnipotent insight (*Kingdom Hospital* (2004); *Dreamcatcher* (2003)). *A Quiet Place* (2018) not only features a deaf character, but also shows that the ability to use American Sign Language becomes life-saving in a world infested with monsters that hunt by sound. Bran Stark from *Game of Thrones* (2011 -) is crippled early in the series, but is able to transgress into other worlds, promised by the Three-Eyed Raven that "You will never walk again...but you will fly" (4.10 "The Children").

In earlier films, disabled characters are portrayed as a burden to able-bodied protagonists, as they are more likely to fall victim to the villain and additional humiliation due to their inability to run away. Wheelchair users in particular seem to inhabit this trope, becoming the epitome of the "own worst and only enemy" stereotype, despite the other rather more violent enemy chasing them around with murderous intent. This is particularly the case for Franklin in *The Texas Chainsaw Massacre* (1974). Not only is he unlikable, bitter, and overweight, his disability causes him to be humiliated for comic effect. He bangs his wheelchair into a doorframe, and, towards the beginning of the film, Franklin's need to relieve himself means that he is man-handled from the van before accidentally rolling down a hill.

However, there are examples of positively-portrayed wheelchair users in horror. In *Alien Resurrection* (1997), Johner suggests they "ditch the cripple" (Vriess) to expedite their escape. Vriess must be carried for part of the journey through the ship,

strapped to the back of Christie. Notably, when the group is under attack, Vriess is the only one in a position to defend them because he is being carried, yet his gun jams and he is unable to shoot. However, with the notable exception of Johner, the crew do not appear resentful about Vriess's difficulties, with exchanges between Christie and Vriess having a degree of camaraderie about it. Additionally, Vriess is a much more fully rounded character than many other horror film wheelchair users. Not only does he survive the events of the film, he has close relationships with Call and Christie, is skilled with mechanics and weaponry, as well as being a humorous and likeable character. These "extra" skills parallel with disabled people often being obliged to take on the responsibility for relieving a non-disabled person's anxiety about their condition. A non-disabled person may feel anxious about where to look (particularly if the disability is physical), whether to offer assistance, and about appearing to make derogatory judgements, regardless of their real opinions. In much the same way that characters with disabilities are granted an extra skill in order to compensate for their lack, real-life people with disabilities arguably develop a kind of extra social skill, using "charm, intimidation, ardour, deference, humor, or entertainment to relieve nondisabled people of their discomfort" (Garland-Thomson, *Extraordinary Bodies*, 13). Barnes reiterates this theory, stating that by "focusing on a disabled individual's achievements such imagery encourages the view that disabled people have to overcompensate to be accepted into the community" (14).

DISPLAYING THE EXTRAORDINARY BODY

Botting writes about the locations and landscapes of Gothic texts as an expression of the turmoil between inside and out in both spatial and psychoanalytic terms. He notes that the locations of early Gothic "are located in isolated spots, areas beyond reason, law and civilised authority, where there is no protection from terror or persecution and where, inside, creaking doors, dark corridors and dank dungeons stimulate irrational fancies and fears [...]. But these sites are often tempered with decay: deserted, haunted and in ruins" (4). Parallels can be drawn here with the disabled body; the "illegitimate fusion" of the disabled body that Garland-Thomson discusses creating an equally vulnerable landscape beyond the supposedly civilizing entities of medicine and science. Disabled and sick bodies in horror are ravaged ruins, as scarred and mysterious as the gothic landscape.

And yet, these same desolate landscapes are filled with an enigmatic beauty. They are disturbing yet mesmerizing, unwelcoming, yet irresistible. The same argument can be made for the disabled and extraordinary body; it is a haunted canvas interlaced with pain and power that courts the eye and imagination.

Articles

In the same way that emotive and theatrical tropes of castles, graveyards, and forests help form the spectacle of the Gothic, the disabled body can become the extraordinary body: inspired, innovative, and formidable. Sickness breaks down the body, and it breaks down identity, but it cultivates beautiful monsters.

Throughout history, there has been a frisson of the spectacle around disability that parallels the theatrical nature of the Gothic. In the 1770s, Bethlehem Hospital in London charged a penny for the public to visit inside its walls and gawp at the patients. Treatments and surgery were also open to the public and proved extremely popular. In 1798, John Haslam published the case histories of several of his patients, “not in order to advocate a therapy [...] but as preliminaries to autopsy” (Ingram 64). In Paris during the late nineteenth century, the neurologist Jean-Martin Charcot “presented his ‘cases,’ typically women diagnosed with hysteria, in weekly lectures to audiences of both medical professionals and the general public. He also sketched and photographed his patients, often during hysterical seizures, in order to render their illness visible for a larger audience” (Smith 166). From freak shows to reality television (see Andrea Stulman Dennett; Ellis) and medical documentaries, the disabled body is commonly presented as something to be stared at and displayed. Garland-Thomson writes that “The disabled person always fuses the physically typical with the physically atypical. The disabled body is also often merged with prosthetics such as wheelchairs, hearing aids or white canes” (*Extraordinary Bodies* 114). Disability becomes stage-managed in the same way that freak shows embellished their performers, “framing them and heightening their differences from viewers, who were rendered comfortably common and safely standard by the exchange” (“Introduction” 5).

Horror and science fiction do not avoid or deny the extraordinary body; they display it in a way that invites the spectator to re-evaluate notions of capability. These are genres that not only question concepts of identity, embodiment, and Otherness, but also, as Kathryn Allan writes, make disability visible to a popular audience. Allan, Ellis, and Jeffrey A. Weinstock all note the history of disability in horror and science fiction as a tool to make visible the marginalized Other, and, in particular, how science fiction’s emphasis on possible futures offers material for social inclusion, while simultaneously reinforcing contemporary stereotypes (Allan 1-15, Ellis 129-159, Weinstock 327-366). As Ellis writes, “Disability studies reflect long-standing traditions of the science fiction genre as it explores the future possibilities of the human body in an environment constantly changed by humans. Both disability studies and science fiction are concerned with physical difference, body modification, environmental adaptation, medical research and notions of technological transcendence” (64). She goes on to

discuss the Social Model of disability, a theory prevalent in the United Kingdom, which focuses on ability and access to work. The model proposes that disability is a limitation forcibly imposed on individuals with impairments. Ellis notes that, “The social model of disability has been integral in raising awareness of disability as subject to socially created oppression; however, it has also been accused of neglected cultural imagery, certain personal experiences and the impacts of impairment” (2). With an analysis that is beyond the scope of this essay but nevertheless demonstrates the fruitful fusion of disability with the fantasy genres, Ellis goes on to discuss how science fiction ideas of the transgressive body interlink with the Social Model, notably Vic Finkelstein’s proposal of a third stage of disability where technology and prostheses would allow the disabled to re-enter the workforce.

However, the only way to achieve control over the horror-body is by accepting the “sickness” or disability and aligning with it, creating a symbiotic relationship. Just as in therapeutic recovery for both physical and mental illness, the condition must be accepted by the patient as a part of themselves. Only through this acceptance can the patient move on, working with sickness or disability rather than against it, emphasizing management rather than cure. A lost limb cannot be re-grown, but a prosthetic can allow the patient to walk again. In horror, therefore, the disabled body can be weaponized: Vriess adapts his wheelchair to support his needs (including re-assembling it into a gun), in *A Quiet Place* the daughter’s cochlear implant is engineered to drive away the monsters by emitting a high-pitched noise, and the protagonist from *Hush* (2016) uses her deafness against her pursuer by stunning him with the noise from a fire alarm. In metamorphic monster narratives, one way to survive the horror is to align with it somehow – not giving in to the sickness fully (becoming the monster) but bonding with the monstrous element symbiotically. Characters such as Ripley in *Alien Resurrection* and Alice in the *Resident Evil* franchise can gain attributes such as strength, speed and increased instinctual abilities by bonding with the monstrous sickness inside them.

Therefore, despite the body being victimized and assaulted, the horror genre is also a celebration of the body. The body here is fully revealed, whether it is damaged, disabled, internal, or repulsive. Horror turns the body into everything that cannot (organs, bones) or should not (disability, freakery) be seen and forces us to stare. The “abnormal” body is rejected and replaced with the extraordinary body; not defective, just different. Natural bodily processes, such as pregnancy, puberty, sex, illness, aging, death, and decay are presented at their unsettling and repulsive extremes. Yet, they are a reminder of the strange and terrible and wonderful things the human body can do. The celebration

Articles

is perverse and the extraordinary body is firmly associated with the deviant, but horror flaunts it with a mixture of pride and horrified fascination. In no other genre are the injured and disabled observed for research or sought for casting, from the titular *Freaks* (1932) to the extras in zombie movies.

Horror offers an opportunity for the non-normative body to be desirable. As a genre obsessed with transgression, it creates a paradoxical platform where the body is simultaneously shocking/repulsive/terrifying and celebrated/boasted/explored, in a process akin to the romantic and Gothic concept of the sublime that became popular in the eighteenth century. Rejecting the restricting ideals of perfection and uniform, the sublime saw beauty in what was traditionally thought of as deformity. Part of the thrill of the sublime resided in the irregular and chaotic that allowed an escape from the limits of representation into passionate excess. Mountains were the model for this concept; the vast grandeur and powerful irregularity that was once seen as ugliness became transformed into pleasure and admiration. Botting writes that “Wonder, awe, horror and joy were the emotions believed to expand or elevate the soul and the imagination with a sense of power and infinity” (36). *The Extraordinary Body* echoes the sublime: bodies that were once seen as deformed, ugly, transgressive, or disabled become sites of pleasure and fascination as well as dread.

In *Planet Terror*, for example, the heroine, Cherry, loses her leg in a zombie attack at the beginning of the film. She is soon fitted with an impromptu prosthetic (the broken leg of a wooden table) and is denied any pity by the hero, her ex-boyfriend El Wray who tells her, “You never wanted [to be carried] before, why start now?” The audience therefore does not see her as an object of pity or repulsion, which is a danger when viewing disabled characters, who are often one-dimensional. Cherry must learn to walk on her new unstable leg; she stumbles around, her movements jerky and awkward, in direct contrast to her fluid dancing at the beginning of the film. This aligns her with the “sickos” taking over the hospital and their juddering, erratic movements. For a moment, the heroine is in danger of becoming monstrous due to her new disability. If she cannot balance, she is also in danger of losing her new-found wholeness, as “Anything balanced upright – a woman walking a tightrope or balancing a tray poised on the balls of her feet – implies a possible catastrophe that may befall” (Mulvey 12).

By the end of the film, however, Cherry’s extraordinary body works to her advantage, allowing her to attack the enemy while the remaining survivors run for safety. There is a degree of fetish and fun in her attacks, blowing the smoke from the barrel of her gun-leg and arching her back into a bridge position so that a missile travels directly underneath her. Initially, after discovering

her disability, Cherry states that “I’m pathetic [...] I have no leg,” identifying herself as a helpless and invalid “own worst and only enemy.” Yet, disability quickly becomes extraordinary ability and a defining part of Cherry’s identity in a positive way. The development of disabled body into extraordinary body, “own worst and only enemy” into “supercripple,” helps Cherry to gain confidence and control, assisting in creating the new identity she forges for herself throughout the course of the film.

Angela M. Smith argues that horror “offers a ‘safe,’ fictional engagement with a transgressive body, and it reassures by contrast, its fantastical plot throwing into relief the mundanity of biologist’s chimera” (34). Transgressive/disabled bodies in horror are inextricably intertwined with fears of identity and monstrosity. Anxiety about the very core of identity becoming transformed is also reminiscent of engulfment, or the “burning up” resources are also reminiscent of Sontag’s observations on past social stigmas of tuberculosis, cancer, and AIDS. Real-life illness, whether physical or mental, can change concepts of identity and autonomy. Horror sickness makes these anxieties literal: become infected, go “mad,” or become “ill,” and you will become someone – something – else. The hidden interior, whether blood and organs or the darkness of insanity, will be projected outward. You will become a monstrous Other.

And yet, as Anolik summarizes, “The Gothic text thus celebrates the joyful liberation of the monster while simultaneously recoiling in fear” (15). The same lack of physical and mental boundaries that allow the monstrous disabled body can also create the extraordinary body, one which is not only strong and exceptional, but also useful and desirable. The exceptional capabilities of these bodies demonstrate innovation, power, and beauty – an attraction of difference that can only be achieved by the character assimilating with their disability in order to create a new identity. As Garland-Thomson writes, “By its very presence, the exceptional body seems to compel explanation, inspire representation, and incite regulation. The unexpected body fires rich, if anxious, narratives and practices that probe the contours and boundaries of what we take to be human” (“Introduction”, 1). Disability in horror does not necessarily signal deviance or trauma. It can be used to celebrate and cherish our bodies in all their forms, as well as the fantastical, horrific, and ultimately bizarre things that they can do.

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