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"The BwO is desire": Disability and Sexuality in John Belluso's *Gretty Good Time*[*]

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Introduction

"Sexuality is often the source of our deepest oppression; it is also often the source of our deepest pain. It's easier for us to talk about—and formulate strategies for changing—discrimination in employment, education, and housing than to talk about our exclusion from sexuality and reproduction," says the disabled American activist Anne Finger (9). Finger points out the fact that, for disabled people, sexuality has been a domain in which they are oppressed. There are two main factors contributing to the sexual oppression: medical authority and cultural stereotyping. Historically, disability has been defined in medical terms. It has been perceived as personal limitation arising from functional impairment, which requires treatment and care by medical or technological means. The mindset that disability emerges as a consequence of impairment locates the problem solely in the individual, not in society. The person with a disability is viewed as dependent and infant-like, one who needs others' help or care. The emphasis in this medical model of disability is on deficiency, pathology, misfortune, and tragedy. In regard to sexuality, people with disabilities are seen as asexual. According to Maureen S. Milligan and Alfred H. Neufeldt's study of disabled sexuality, the asexuality of people with disabilities can be associated with two primary lines of thinking:

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> First, for people with physical disabilities, because of actual or presumed sexual dysfunction, gratification opportunities are considered so limited that sexual needs are either deemed to be absent or subjugated. Second, although their sexual function is typically intact, individuals with intellectual disability and/or psychiatric disorders are thought to have limited social judgment, and therefore, lack the capacity to engage in responsible sexual relationships. (92)

In the medical culture, asexuality is ascribed to disabled people; it is believed to be an inevitable outcome of their impairments. There is no doubt that medicine has significantly improved the conditions and lives of people with disabilities in the past decades, yet medical discourse, gaining authority from biological knowledge, is taken by society as fundamental truth, or established fact.

Culture also plays an important role in the sexual oppression of people with disabilities. Culture contributes to the construction of disability in various ways, one of which is the cultural stereotyping of people with disabilities (Wendell 42). Stereotyping shapes popular perceptions of bodies that are deviant from society's conception of a "normal" body. The widely circulated stereotypes of disabled people are the passive, pathetic victim and the tragic but courageous supercrip who triumphs over adversity. Images which focus on dependency, vulnerability, helplessness, unproductivity, shame, and fear are prevalent in the media and contemporary culture. Concerning the sexuality of disabled people, as Tobin Siebers observes in "A Sexual Culture for Disabled People," "one of the chief stereotypes oppressing disabled people is the myth that they do not experience sexual feelings or that they do not have or want to have sex—in short, that they do not have a sexual culture" (39). In cultural imaginary, people with disabilities do not exist as sexual beings.[1] Stereotypes of disabled people as sexually unattractive, undesirable, and disqualified for marriage or any sexual partnership and reproduction are also widespread cultural portrayals of disabled people. Negative and derogatory stereotypes permeate society; they are not easily noticed as contestable.

Medicalization model and cultural stereotyping are two enormous powers oppressing and repressing the sexuality of people with disabilities. One common assumption they share is that disabled people are lack of sexual desire or potentiality. "This assumed asexuality is not a natural consequence of having a disability; rather, it is the result of a desexualizing process that is continuously applied and maintained" (Kim 483). In other words, the pervasive myth of asexuality works as a disabling force that separates sexuality from disabled bodies, making it irrelevant to and incompatible with them. Frequently people with disabilities internalize the oppressive imposition of asexuality and negative stereotypes and act on them as if they were true. They suffer from the damaging emotional and psychological barriers that prevent them from sexual

[1] When disabled people are seen as sexual, this is in terms of deviant, freakish, or excessive sexuality, for instance, in inappropriate sexual displays of adults with intellectual disabilities, obscene sexual acts of young women labelled as manic depressive, and disabled men's visiting sex workers to fulfill unmet needs (Goodley and Lawthom 90).

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expressions, experiences, and identities.

This paper attempts to explore the representation of the disabled body/sexuality in John Belluso's *Gretty Good Time* by problematizing the myth of asexuality.[2] Belluso is praised as one of the new generation of disabled playwrights in Victoria Ann Lewis's "The Dramaturgy of Disability." As Lewis notes, these new playwrights, tremendously influenced by the disability civil rights movement of the late 1970s, employ unconventional dramatic strategies to denounce the "failure and danger of the medical model which deprives disabled persons of autonomy" (95), expose the social construction of the disability identity, and directly confront prejudice and discrimination against people with disabilities. *Gretty Good Time* premiered in New York in 1999, and was revived in 2010 by Theater Alliance in conjunction with VSA, an international organization concerned with arts and disability, for the International VSA Festival. Like most of Belluso's plays featuring a disabled character, *Gretty Good Time* centers on the external and internal struggles of a woman stricken with polio in the 1950s. Gretty Myers, thirty-two years old and living in a nursing home, suffers from post-polio paralysis. Her body is paralyzed, but she has very limited movement in her right arm.[3] As Belluso writes in his "Author's Statement," "I hope there is an element of the activist spirit in the character of Gretty in the play. She is an individual who is adamant in her right to autonomy over her body, determined to express the sexuality society denies her, and unflinching in expressing her anger at the

[2] John Belluso was born in Warwick, Rhode Island, in 1969. He suffered from Camurati-Engelmann disease, a non-fatal bone disorder that limits muscle strength. He was bound to a wheelchair since the age of 13. He received his Bachelor's and Master's degrees from NYU's Tisch School of the Arts Dramatic Writing Program, where he studied with Tony Kushner, John Guare, Tina Howe, and Eve Ensler. His plays include *The Body of Bourne* (2001), *Henry Flamethrowa* (2001), *Pyretown* (2005), *The Rules of Charity* (2005), and *A Nervous Smile* (2005). He was the director of Mark Taper's Other Voices Project, a professional lab for theater artists with disabilities. On 10 February 2006, Belluso was found dead in a Manhattan hotel room. At the time of his death, he was working to finish a play commissioned by New York's Public Theater. He was 36 when he died.

[3] Polio, or poliomyelitis, is used to identify the disease caused by poliovirus. Two basic patterns of polio infection are a minor illness with minor symptoms, such as fever, sore throat, headache, nausea, vomiting, abdominal pain, and constipation, and a major illness involving the central nervous system, which may be paralytic or nonparalytic (Oshinsky 8-9). Polio survivors can develop additional symptoms decades after recovering from the acute infection, notably extreme fatigue and muscle weakness. The condition is known as post-polio syndrome (PPS). PPS is a slow, progressive disease, and there is no specific treatment for it (Oshinsky 283-84).

In the United States, large polio outbreaks occurred between the 1940s and 1950s; Americans lived in fear of the disease for many years. Before the arrival of the Salk vaccine in the mid-1950s, people with polio were often isolated from the public and taken to special treatment facilities for care and rehabilitation (Wellner 55).

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sociopolitical forces which shape her life" (165). *Gretty Good Time* is essentially a theatricalization of a body whose profound disability does not eliminate its desire for love, affection, and intimacy. It is an enactment of the disabled body which Lennard J. Davis calls for: "Disability studies demands a shift from the ideology of normalcy, from the rule and hegemony of normates, to a vision of the body as changeable, unperfectable, unruly, and untidy" (39).

To analyze the disabled body/sexuality in the play, the paper appropriates Gilles Deleuze and Félix Guattari's notion of the Body without Organs (BwO).[4] The BwO, as will be expounded in the following section, is a concept that re-imagines the lineaments of desire, a concept that frees the body from the restricted structure of organs and liberates possibilities and differences. Drawing on Deleuze and Guattari's theorization of the BwO, disabled people who are normally excluded from the full sexual subjectivity are no longer thought as asexual, but exist in a process of becoming through the uncharted circulation of desire. That is, the transgressive possibilities generated via desire shift disabled bodies outside the predetermined totality of the organism and enable them to become sexual or erotic subjects of desire. The appropriation of the BwO facilitates a confrontation of the conception of the bounded impaired-as-asexual body that is prevalent in society. Engaged with a DeleuzoGuattarian perspective, the paper undertakes to challenge ideas of sexual normality and offer an affirmative view of disabled sexuality, transforming the meaning of disability.[5] Through its analysis, this paper hopes to shed light on the intersection of disability and sexuality, which is still a terrain for drama and theater scholars to explore.[6]

[4] Disability studies researchers and scholars have recently turned to the work of Deleuze and Guattari in order to theorize disability along the lines of potentiality, connectivity, and possibility and speak positively about the experiences of disability. For example, see Barbara E. Gibson's "Disability, Connectivity and Transgressing the Autonomous Body" (2006), Anna Hickey-Moody's *Unimaginable Bodies: Intellectual Disability, Performance and Becomings* (2009), Margrit Shildrick's *Dangerous Discourses of Disability, Subjectivity and Sexuality* (2009), and Daniel Goodley and Rebecca Lawthom's "Disability, Deleuze and Sex" (2011).

[5] This paper does not attempt to present a universal claim that all disabled people are sexual or that sexual desire is natural for all disabled people. Many disabled people do not look for sex itself, but long for friendship, intimacy, warmth, connection, and validation; their lives can continue during celibacy.

[6] Disability and sexuality has not been the subject of much critical work on contemporary British and American drama. Elaine Wood's "Cript Sexuality in *Happy Days*" (2015) is the only adequate discussion on disabled sexuality that the author has found after an exhaustive search.

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I. Deleuze & Guattari: "The BwO is desire"

Deleuze began using the term "the Body without Organs" (BwO) in *The Logic of Sense* (1969) in discussing the experiences of French playwright Antonin Artaud; he developed the concept further with Guattari in a two-volume work called *Capitalism and Schizophrenia*, consisting of *Anti-Oedipus* (1972) and *A Thousand Plateaus* (1980). The idea of the BwO is elucidated thoroughly in the sixth chapter in *A Thousand Plateaus*, "November 28, 1947: How Do You Make Yourself a Body without Organs?" The BwO is characterized by intensities; on it intensities pass and circulate. The BwO can be regarded as a spatium producing and distributing intensities. Deleuze and Guattari describe the BwO as the Dogon egg, as "the full egg before the extension of the organism and the organization of the organs, before the formation of the strata" (153). The BwO is a surface of intensities and flows before it is stratified, formed, and organized.

The BwO is not opposed to the organs but to the structure or organization of the organs called organism. Its enemy is the organism, a stratum on the BwO "that, in order to extract useful labor from the BwO, imposes upon it forms, functions, bonds, dominant and hierarchized organizations, organized transcendences" (159). The BwO is not a body territorialized and organized by a determinate system in which every organ, every part plays a predetermined role. It is the body that undermines the system, the confinement, of keeping track of bodies and identities; it resists being subordinated to functional, meaningful, and transcendent totalities, which constitute the unification of the body, the subject.

Moreover, "The BwO is desire" (165); it is "*the field of immanence* of desire, *the plane of consistency* specific to desire" (154). The BwO is a field of production of desire, in which desire lacks nothing and therefore cannot be linked to any external or transcendent criteria. In other words, in the BwO desire is no longer a lack to be filled, but itself a positive intensity. The production and circulation of desire in the BwO stands opposed to any organization, deterritorializes it, and further induces lines of flight and becomings. That is, mobilized by desire, the BwO keeps on experimenting with the opportunities it can find and exploring potential deterritorializations and possible lines of flight; it eventually liberates and brings forth continuous intensities, creating a space of "connection of desire, conjunctions of flows, continuum of intensities" (161). The BwO is the body in a process of corporeal becoming.

The BwO in Deleuze and Guattari's conceptualization is a body that is not organized in accord with biological functions, organic forms, or cultural-historical values. Rather, it deconstructs those seemingly inviolable arrangements and looks for new ways of life, new modes of existence. In other words, the BwO expresses corporeality in unpredictable ways that disturb and subvert the boundaries dictated by the organism that seeks to construct and stabilize the parameters of body, self, and identity. As William Behun in "The Body of Light and the Body without Organs"

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suggests, the work of Deleuze and Guattari is strongly oriented towards the social and political aspects of transformation: "The BwO is a way of experiencing the world that is not determined in advance by any system of lawfulness;" when properly developed, the BwO "opens up the field of agency in profound and potentially startling ways" (131). What is remarkable about the BwO is that it changes desire a lack into desire that orders and organizes the body—desire is transformed into an activity, a process. Desire takes its own course instead of following the path of the power that regulates totalization; it designates the human potential for freedom. In short, the BwO offers a way out of the fixed boundaries of the body-as-organism through desire, heralding the multiplicity of becoming.

On the basis of Deleuze and Guattari's notion of the BwO, the next part of the paper will consider how the medical organism attempts to territorialize and desexualize Gretty's disabled body, how she subverts the medical power by asserting her sexuality, and how her desire produces deterritorialization, a line of flight, and becoming for her.

II. Gretty: "There *is* desire in me."

According to Deleuze and Guattari, the chief enemy of the BwO is the organism of the organs. In *Gretty Good Time*, Dr. Caplan, director of the nursing home, represents the "enemy" that organizes the disabled body. In the Prologue, Gretty, who has fallen from the bed, needs Dr. Caplan's help. He teases her, asking if she was trying to leave. Gretty tells him that Hideko, her imaginary friend, will come to get her; on a backwards wind, they will go together. He dismisses what she says as "dreams" (168); for him, paralyzed as she is, Gretty does not have the strength to leave the place. He looks at her with disgust and then leaves, leaving her on the floor all night. One night, while Gretty and Hideko soar through the darkness and talk with each other, Dr. Caplan enters unexpectedly, lifting Gretty from the wheelchair and putting her into the bed. She screams and struggles, so he brutally straps her arm down and injects her with a sedative. When she refuses to eat, Dr. Caplan and the staff threaten to intubate her. Because she wrestles and squirms, they use restraints to tie her down. Dr. Caplan defends himself before Dr. Henry, saying that it was "A justifiable procedure. She was uncooperative" (213). When he diagnoses some paralytic effects in Gretty's respiratory patterns, which turn out to be a misdiagnosis, he insists on sending her to an institution with a drinker respirator, a mechanical device that weighs eight hundred pounds and is called "iron lung." Dr. Henry hopes that Dr. Caplan can change the decision of the transfer for he knows Gretty is unhappy in the nursing home and will be unhappier in an institution. In response, Dr. Caplan simply says, "Well, yes, she's a handful" (195). Apparently, Dr. Caplan is a caricature embodying the medical designating and subjugating powers over the disabled Gretty. He and the nurses rigidly adhere to standard procedures that allow little deviation; their objective is to render Gretty's body stratified and subjected. They prioritize the corporeal over the psychological, taking

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no account of Gretty's personal feelings. As a result, Gretty is treated like a child, an object, and a disease rather than an individual subject. Every aspect of her life is made subject to care and treatment that enforces disability.

The authority of scientific medicine to organize and control Gretty's body induces her alienation from her body. Tom Shakespeare, Kath Gillespie-Sells, and Dominic Davies in *The Sexual Politics of Disability* point out that "Many disabled people end up by disassociating from their body—not owning it because it causes trouble, or because someone else cares for it" (74). Gretty's sense of bodily dissociation is expressed in one of her encounters with Dr. Henry: "Sometimes I think of my organs, inside of my body, […] How they're in me, how they sit, in me. But I'll never see them. A part of me I'll never see" (208). She shies away from the strip poker game which Hideko suggests they play. The idea of exposing her body scares her, because, once it is uncovered, people will "see the twists, the bulges, the deadness" (215). Gretty's body frightens her and will frighten others if they get to look at it, thereby staying covered. Gretty's disabled body becomes a source of embarrassment and fear.

The medical organism contributes to Gretty's alienation not only from her organs and body but also from her sexuality. In their conversation about romantic relationships, Gretty tells Dr. Henry that "People don't see me that way. People *decide* not to see me that way" (207). Gretty's words reflect the pervasive perception that disabled people are asexual. The sexuality of people with disabilities is deliberately ignored or denied; they are viewed or treated as asexual objects. Rather than being a believed consequence of disability, asexuality is in fact imposed on disabled people. As Abby Wilkerson comments in "Disability, Sex Radicalism and Political Agency," "Medical pathologization of disability, particularly as it manifests itself in negativism regarding the sexuality of people with disabilities, is thus a major contributor to the sexual powerlessness and shaming of members of this group" (211). Being a disabled patient/person, Gretty is deprived of her sexual agency; her sexual desire is forced to remain "covered," just like her body. She describes her alien body as a whale heaving up onto a beach: "Giant sea creature, whale, from my mouth, now on the floor in front of me, pointing its head up towards the sun, it was crying, horrible sounds, its body began flailing, breaking the chairs, crushing the floorboards. Stinking. And I thought, This doesn't belong here" (223).

Enduring stratification, subjugation, and desexualization by the medical authority, Gretty feels she is "trapped… in a shit body" (189). Her body is her property, but she has never had control over it or made a decision for it. The struggle between the medical power and the subjective control is engaged on the battlefield of Gretty's paralyzed body. Like the BwO opposed to the organism, however, Gretty's disabled body undermines the proscription of sexuality by revealing itself to be a plane of intensities, flows, and desire. Intensities on her body are demonstrated in a conspicuous way through her mouth, her tongue. She bites the peach fiercely, juice dripping from her full mouth. She dips her finger into the contents of her bedpan and tastes some,

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and then remarks softly, "Ocean foam. Pretty, it is" (200). As Deleuze and Guattari state, the organs of the BwO distribute themselves independently of the form of the organism, and they "are no longer anything more than intensities that are produced, flows, thresholds, and gradients;" a stomach, an eye, or a mouth does not lack anything but expresses the pure determination of intensity (164). Gretty's mouth is exactly an organ engendering and expressing her bodily sensations.

Intensities on Gretty's body are also produced and presented through its connection to other bodies or BwOs. Deleuze and Guattari articulate that the field of immanence or plane of consistency should be constructed through very different assemblages with different types of BwOs (157); the BwO is "necessarily a Place, necessarily a Plane, necessarily a collectivity (assembling elements, things, plants, animals, tools, people, powers and fragments of all of these)" (161). A BwO is an assemblage of multiple components, and the encounter of these heterogeneous elements forms a multiplicity that cannot be reduced to one thing or another. In the nursing home Gretty is close to McCloud and Hideko. McCloud, sixty-four years old, was sent here by her son. She hates the place; for her, it is an awful place with cruel nurses and rats in the showers, and death is all over here. She has been planning to escape to Scotland, where she would start a new life. One night, she asks Gretty to fake a heart attack to distract the nurses and manages to run away. But soon she is found sleeping in a toolshed on the Staten Island ferry and brought back. Hideko is an eighteen-year-old Japanese girl whose face and arms were badly disfigured by the atomic bomb.[7] Gretty first saw Hideko on the television show, *This is Your Life*; Hideko then becomes her fantasy companion on her journey to escape from the nursing home. Hideko appears only in Gretty's dreams or when Gretty is alone. They share their sufferings, pains, and memories, and encourage each other. One thing they both yearn for is going back to the past, to the time before their afflictions. Hideko wishes to go back to the shores of the Motoyasu River, where she and her friends dared each other to go naked and jump into the water, ignoring her mother's calls to come indoors with her to hide from the coming airplanes. If she could go back to the river, she would act differently: "This time I will go inside the house. I will listen to my mother and I will bury my face in her dress, where it will not get burned" (211). Gretty hopes to go back to the rocky New England beach, the place she and her beloved brother, Little Puppy, used to visit. Little Puppy committed suicide and died eight years ago. There are scenes in which Gretty and Hideko, standing on the back of Gretty's wheelchair, soar through darkness on a backwards wind. McCloud's and Hideko's affections for Gretty can be felt not only in their accompaniment of her but also in their intimate contact with her body—they always kiss Gretty on the cheek and touch or stroke her face with love and compassion. The connectivity of the bodies with different conditions or impairments

[7] As Belluso notes in "Author's Statement," Hideko "is a composite character based on the stories of a number of young women who were brought over to the United States for plastic surgery in 1955 as part of the Hiroshima Maidens Project" (166).

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creates a strong sense of solidarity and thus reconfigures the relationship between self and other. Gretty's polio-stricken body, breaking the bodily boundaries and connecting in fluid, intensive, and multiple ways, illustrates a plane of a multiplicity of flowing connections and intensities.[8]

On Gretty's disabled body intensities and flows pass and circulate; in it desire is not a lack. She manifests ardent curiosity about the intimacy between a couple when McCloud recalls the night she, a part-time exotic dancer, met F. Scott Fitzgerald in Paris in the 1920s, the night of the greatest passion she had ever had. Gretty is eager to know all the details, including where he touched and kissed her, the way he touched and kissed her, and how she felt about the touch and kiss. After Dr. Henry comes to the nursing home and introduces himself to Gretty, the mutual attraction between them is not hard to see. He cares about her daily routine, family, and history of disability; he calls her "tough cookie" (175). As for Gretty, she is keen to know about his marriage and how he feels about being a doctor. She thinks he is handsome, and notices a tendon on the back of his neck when he smiles. She even confides her fear of living with an iron lung in an institution like a dying whale and her wish to die.

Gretty's sexual expression is brought into focus in the scenes in which Dr. Henry washes her body for her and he kisses her. In Act II, Scene 3, Dr. Henry comes to Gretty's ward to wash her hair. Afterwards, she requests him to wash her body as well. When he leaves to get some water, as the stage directions indicate, there is "Some hesitation in Gretty's eyes. She tries to shift in her bed" (207). After he returns with fresh water and a towel and hospital gown, she abruptly asks him whether he has read much about Fitzgerald. Dr. Henry, perplexed, answers that he has read many of his books, and then he begins to wash Gretty's body:

> DR. HENRY: […]
> (*Dipping his finger in the water*) Well, this water's nice and warm.
> GRETTY (*Smiling*): That doesn't matter much. To my body.
> DR. HENRY: Gretty, you know with polio-paralysis you can still feel full sensation.
> (*He touches the wet face cloth to her paralyzed arm.*)
> You can feel this.
> GRETTY: Yes. It's warm. (*He touches her arm with the palm of his hand.*)
> And that is cold.

[8] Belluso's employment of different disabled characters in his plays is what Lewis calls "the strategy of parallel constructions" in "The Dramaturgy of Disability;" with the strategy, it is difficult for the audience to reduce the story to the dominant narrative of disability (97). She also thinks that the Hiroshima maidens provide "a potent figure to counter the moral and medical construction of disability. Faced with the horror of the external event of the atom bomb, any interpretation which fixes responsibility for disability on the disabled person becomes obscene" (97-98).

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(*He smiles and rubs his hands together to warm them up. Beat. He begins washing her face and neck.*)

DR. HENRY: Is this too warm?

GRETTY: No. It's fine.

(*He opens her hospital gown. She is naked. He glides the sponge over her body, softly washing her arms, her legs. A few moments pass.*) (208)

While Dr. Henry almost finishes washing Gretty, she tells him that if he could see the organs inside her body, they would look familiar to him, except for the heart. He would not recognize it because "There *is* desire in me, Dr. Henry. No one wants to see it, but it's there. Sometimes it's small and sometimes it chokes me" (208).

For Gretty, the time with Dr. Henry is not a clinical encounter between doctor and patient, but a moment of intimacy between man and woman, just like that between McCloud and Fitzgerald. In front of Dr. Henry, Gretty conquers the fear of exposing her body and lets him undo her gown. What is uncovered to him is not only her body but also her desire, the desire that has been forced to be repressed. Gretty defies the medical and popular assumption of asexuality and "comes out" to assert her sexuality. Asserting her sexuality, Gretty demands sexual agency so as to gain her bodily autonomy—her sexualized body makes a statement that the sexuality of disabled people should be recognized and respected.

The scene plays out Gretty's assertion of sexuality, and at the same time suggests an alternative form of bodily sensation or sexual pleasure for disabled people, namely, touch. Sex is traditionally for marriage and procreation, and disabled people are not expected or encouraged to experience either. Besides, sex in many cultures is equated with heterosexual penetrative intercourse. This idea is so dominant that it has become an ideology. Such sexual ideology is particularly oppressive to disabled people, who often cannot function in conventional positions. Sexologist Milton Diamond proposes to "do away with" the narrow notion of sexual acts which are focused primarily on the male erection and explore and embrace experimentation and diversity: "For the able-bodied as well as the handicapped, sexual satisfaction is possible without these practices and in fact, may even be more satisfying. Hands, mouth, feet, any body part may be used any way to achieve satisfaction, and one means is not, *a priori*, to be preferred over another" (qtd. in Shakespeare, Gillespie-Sells, and Davies 99-100). Sex can consist of more than penetration; therefore, people with disabilities, especially with severe disabilities, can find possibilities for sexual gratification beyond the limiting confines of so-called sex organs and erogenous zones. And touch is a possible new approach. As Deleuze and Guattari stress on the pleasure of touch, "The slightest caress may be as strong as an orgasm […]. Everything is allowed: all that counts is for pleasure to be the flow of desire itself" (156). David Serlin maintains the subversiveness of touch in "Touching Histories": touch disrupts heterosexual normativity by introducing forms of interaction and physical presence that, "in their multivalence and unpredictability, exist to a large degree outside of

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conventions of the normative" (160). The display of Dr. Henry's washing and touching Gretty's body brings forward the possibility of romantic tactility as a subversive/ productive sexual experience.

The kiss scene takes place in Act II, Scene 8, in which Dr. Henry pushes Gretty in her wheelchair to the courtyard of the nursing home and tells her about the new in-home treatment program being developed in California, attempting to talk her into giving up the idea of suicide. With the program, Gretty will be able to live in her own home and plant flowers in her garden, and there will be attendants who provide care. Gretty dismisses the suggestion straight away. She has been contemplating suicide, which, for her, is the only way to take over the control over her body, as well as her life. She has finally persuaded Dr. Henry to help her with it. Afraid that he is changing his mind, she becomes angry and argues with him. Unexpectedly, Dr. Henry leans over and kisses Gretty, "deeply and passionately;" Gretty, with a glowing smile, says to herself, "Oh. This is how it feels" (220). Although, after the kiss, Dr. Henry reflects that it was wrong for him, a doctor, to kiss Gretty, his patient, he enjoyed the kiss like she did; they both will think about it in the future.

Through the kiss, Gretty realizes her sexual desire and understands how McCloud felt about the night with Fitzgerald. The kiss illuminates, and is illuminated by, Deleuze and Guattari's notion that in the BwO desire is never a lack. In Gretty desire has never been absent; responding to Dr. Henry's kiss, she shows herself to be an individual with sexual feelings and a sexual identity. She is, and has been, a sexual being rather than merely a disabled person. Meanwhile, the pleasure of the kiss is arresting. As Mitchell S. Tepper asserts in his paper about the importance of pleasure in the discourses of disability and sexuality, the discussion of sexuality as a source of pleasure in populations that have been traditionally marginalized in society, such as women, older people, homosexuals, children, and disabled people, is under-presented in the medical or scientific research literature; neglect of the pleasurable aspect of disabled sexuality is perpetuated by the assumptions that people with disabilities are child-like and asexual, and that they "are not physiologically capable of pleasure or orgasm" (287). Tepper therefore calls for inclusion of sexual pleasure in the disability studies agenda. In writing about courtly love, Deleuze and Guattari emphasize that "Pleasure is an affection of a person or a subject; it is the only way for persons to 'find themselves' in the process of desire that exceeds them" (156). The kiss that both Gretty and Dr. Henry enjoy challenges the commonplace view that disabled bodies cannot experience pleasure by demonstrating that Gretty is not only capable of pleasure but also of bringing pleasure to the other. She gains and gives pleasure without being limited or compromised by her disability. In the pleasure of the kiss, in the process of desire, Gretty "finds herself"—her self as well as her body.

The kiss scene deconstructs desire-as-lack in the disabled body, and furthermore disrupts the stereotype of disabled people as sexually unattractive, undesirable. After kissing Gretty, Dr. Henry denies it was a pity kiss; he did it maybe because it was what Gretty wanted, but maybe because it was what he wanted to do—"You have desire *in*

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you. Why can't you believe someone might have desire *for* you?" he asks her (220). He thinks she is beautiful and has desire for her. Dr. Henry's attraction to Gretty confounds the myth that "People living with disabilities and chronic illnesses are not desirable," one of the myths about disability and sexuality that Miriam Kaufman, Cory Silverberg, and Fran Odette aim to shatter in their book (1). People are evaluated or influenced by dominant notions of sexual attractiveness, appropriate physicality, and beauty. Disabled people are frequently perceived to be unattractive, a result not of a physical condition but of a cultural perception. Their appearance is also "felt to be significantly affected by the use of that largest, most obvious and cumbersome prosthesis, the wheelchair" (Lonsdale 68). Profoundly disabled and dependent on a wheelchair, Gretty does not feel attractive to herself or others. Dr. Henry's words suggest to her that someone like him can, and does, see her beyond her disability and the wheelchair and, most importantly, that she should not only reject normative or stereotypical concepts of physical attractiveness and beauty, but also look at her body in a different way and look for beauty in difference.

The scenes with Gretty's sexual expression indicate that sexuality is not inappropriate, incongruous, or abnormal in disabled people; rather, sexuality and disability can exist in harmony. With desire, Gretty displays her disabled body as sexual, desirable, and different, subverting the medical power and cultural tendency not only to erase her sexuality but also to depreciate and objectify her body. In other words, desire deterritorializes the organism on Gretty's disabled body. As Margrit Shildrick states in elaborating on Deleuze's concept of desire in her *Dangerous Discourse of Disability, Subjectivity and Sexuality*, "Deleuzian desire is expansive, fluid, and connective, grounding sexuality itself as highly plastic and as no longer reliant on the terms of any binary opposition such as those of male/female, active/passive, human/animal" (134-35), whole/broken, or able-bodied/disabled. Desire further creates a line of flight for Gretty. As McCloud says to Gretty after telling her "the night of the greatest passion," she knows that Gretty does not really want to die "Because someone who *really* wanted to die would never get so excited by a story of passion and life like the one I just told you" (182). McCloud sees desire in Gretty and foresees that it will "save" her from the attempt on her life. At the moment Dr. Henry is determined and ready to give Gretty the injection she has requested, she thinks of the words Hideko's mother told her when she went to the beach to bury herself deep in the sea: "Even in your body, the way it is now, the way it always will be. Even in this body. The beautiful work of your life can still be done. So please not today" (197-98). Gretty changes her mind; she smiles lovingly at Dr. Henry, telling him "No. Not now. *No*. Not today" (224). Desire brings Gretty a new experience, which enables her to have a different view of her body and her life. Dr. Henry is surprised to see the change in Gretty. She humorously makes fun of him, saying that "You think it's because of your magic kiss? You 'woke me up' or something? Dream on, boy!" (228). It is not the object of desire that makes Gretty change, but desire itself.

"Dismantling the organism has never meant killing yourself, but rather opening

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the body to connections" (160), Deleuze and Guattari stress. Gretty dismantles the medical organism not by killing herself but with her desire to love and to live and connect with people and the world. She submits her application for the In-Home Supportive Services Program, hoping that she will be able to live independently. Independent living liberates disabled people from institutionalization or dependence on directly-provided services. With the care and practical assistance and support they need, people with disabilities can live an ordinary life, participate in the community and society, and have the rights and freedom they should have. Independent living signifies the self-determination of disabled people who are in control over their decisions, lives, and destinies. Gretty's determination, her desire, to experiment with leading an independent life deterritorializes the medical stratification and organization of her disabled body, the original territory. The deterritorialization frees a possible field of agency and thus produces a line of flight for Gretty.

The play ends with Gretty in a state of becoming. "[B]ecoming is not about origins, progressions and ends. Rather, it is about lines and intensities, 'modes of expansion, propagation, occupation, contagion, peopling'" (Sotirin 100); becoming is always in the middle and in-between. While expecting a different life out of the nursing home, Gretty at the same time is very uncertain and anxious about it. "You're still frightened, the prospect of living on your own," Dr. Henry says to Gretty as he feels her fear (227). In the Epilogue, Gretty and Hideko once again soar through clouds together. This time, however, the wind is not backward but forward—it is not a travel returning to the past but a journey leading to the future. With a bright smile, Gretty says to Hideko: "It is a tricky, tricky path" (228). Gretty is on the path of becoming which moves beyond limits, boundaries, and constraints, and animates the possibilities of life. "The BwO is a component of passage" (158), so is Gretty's disabled body. Gretty's BwO, with intensities, flows, and desire, is on the threshold of producing and becoming a plateau of potentialities, possibilities, and transformations.

Conclusion

Belluso said that "There is a [literary] canon of disability, but it is always viewed through the lens (a lens smudged with fear and anxiety) of the non-disabled writer. I think it's like any other 'minority' group; when the tables are turned and the stories/myths are coming from within the group, old perceptions are shattered" (qtd. in *BENT*). In "We Are Not a Metaphor," a conversation among disabled playwrights and scholars, Belluso remarks that disabled artists "need to sort of frame it [work around disabilities] in a way that says to the world […], rather than penalizing the world for not letting us in sooner—which is not to say that we shouldn't also point out injustice. But we have a perspective on society that is fresh and new" (qtd. in Tolan 58). For Belluso, what distinguishes disabled playwrights from nondisabled ones is that they make a difference in theater by shattering old perceptions and providing "fresh and

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new" perspectives.

What Belluso endeavors to do with his plays can be described as "cripping," the term Carrie Sandahl uses in her analysis of the solo autobiographical work of four homosexual crippled performers. By "cripping" Sandahl means the act of coming out as a crip. In theater, "Cripping spins mainstream representations or practices to reveal able-bodied assumptions and exclusionary effects;" like queering, cripping exposes "the arbitrary delineation between normal and defective and the negative social ramifications of attempts to homogenize humanity (37). Cripping is employed to a great extent in *Gretty Good Time*. Gretty's impaired and sexualized body takes center stage under the spotlight of the gaze, stare, and scrutiny of audiences, bringing occluded aspects of the disabled body into visibility and making its difference on its own terms. The body gives witness to oppressive norms and normalizing laws, and yet challenges or destroys them at the same time. The ending of the play, Gretty's choosing life over death, independent living over institutionalization, renders Gretty neither a "heroic victim" nor a "heroic overcomer" and thus rewrites the conventional fate of the disabled figure.[9] Gretty's choice to live independently prevents the story from devolving into victimization or pathos; it also defeats the efforts to put the nondisabled at ease by hiding or minimizing the appearance and impact of disability. Moreover, the numerous scenes with Gretty and Hideko climbing onboard the flying wheelchair and soaring through clouds, in a surreal way, fantastically show how the demarcation between nondisabled and disabled is laid down arbitrarily and can be transgressed easily—disability identity is not a fixed category but fluid, ever-changing, and becoming.[10] Aspiring for bodily subjectivity, dignity, and freedom, Gretty acts out a provocative commentary on the oppression of the disabled body, be it in the 1950s or at the present time. *Gretty Good Time* resonates with the spirit of disability theater that Kirsty Johnston highlights in her book: "disability theatre is broadly connected to impulses for social justice in the face of ableist ideologies and practices as well as a profound recognition of disabled lives and experiences as inherently valuable" (25).

[9] As Lewis underlines in her "Introduction" to *Beyond Victims and Villains: Contemporary Plays by Disabled Playwrights*, "Under this so-called 'medical model' the disabled person must either be charitably removed from society (through institutionalization or in some cases death) or cure themselves (or at least 'pass' as cured). The 'medical model' of disability added two characters/scenarios to the disabled theatrical repertory: the heroic overcomer and the heroic suicide" (xxi-xxii).

[10] In her review of the revival of the play in 2010, Debbie Minter Jackson describes how she was impressed by the presentation of the wheelchair: "In the playwright's hands and ably commanded by the director, the wheelchair often seen as an instrument of weakness for the infirm becomes a vehicle of freedom and strength. It was an eye-opening revelation for me and worth attending to bear witness."

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「無器官身體即是慾望」：約翰・貝魯索之《美好時光》中的失能和情慾

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本論文擬運用德勒茲與瓜塔利之「無器官身體」的理論，來探討美國失能劇作家約翰・貝魯索（1969-2006）之《美好時光》（1999）中失能者的情慾議題。全文主要有兩部份：第一部份闡釋德勒茲與瓜塔利在《千高原：資本主義與精神分裂》(1987)中對「無器官身體」的論述。「無器官身體」抗拒對身體器官的組織和建構，它是充滿慾望的場域；慾望打破組織、建構身體器官的力量，產生逃逸路線，進而帶來流變。第二部份首先說明劇中女主角葛蕾蒂的失能狀況。三十二歲的葛蕾蒂，因小兒麻痺症致使全身癱瘓，僅右手手臂有些許活動能力，長期住在一家安養院。在醫學論述和文化想像中，重殘如葛蕾蒂，不具情慾。該部份繼之探索葛蕾蒂內在壓抑的情慾，著重於她對醫生亨利的愛慕，以及兩人相處時，她的情慾表露和展現。葛蕾蒂情慾流動的演繹，揭示在失能者身上，情慾未曾匱乏，顛覆了失能者不具性慾的迷思。該部份最後指出，因爲慾望，葛蕾蒂有了新的經驗和體悟，最後放棄自殺，接受醫生亨利的建議，申請居家治療，期待不同的生活和生命。一如無器官身體，葛蕾蒂的失能身體因慾望而擺脫對其建構和限制的力量，激發新的契機，帶來改變。透過對《美好時光》的分析，本論文希望改變對失能者情慾的既有看法，賦予失能身體不同的意涵。

關鍵字：約翰・貝魯索　德勒茲與瓜塔利　無器官身體　失能　情慾

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"The BwO is desire": Disability and Sexuality in John Belluso's *Gretty Good Time*

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This paper will attempt to employ Gilles Deleuze and Félix Guattari's notion of the Body without Organs (BwO) to explore the representation of disabled sexuality in *Gretty Good Time* (1999) by the American disabled playwright John Belluso (1969-2006). The first part will expound Deleuze and Guattari's conceptualization of the BwO in *A Thousand Plateaus: Capitalism and Schizophrenia* (1987): the BwO is opposed to the stratification or organization of the body; it is a field for the production, circulation, and intensification of desire, the locus of the immanence of desire; it is a medium of becoming as its desire, flows, and intensities create deterritorializations, lines of flight, and reterritorializations. The second part will first consider the disability of Gretty, the main female character in the play. Gretty, 32 years old, suffers from post-polio paralysis, and has been living in a nursing home. In medical discourse and in cultural imaginary, disabled people like Gretty are regarded as asexual, or lack of sexual potentiality. Then this part will look at Gretty's sexual expression, with a focus on her desire for Dr. Henry and the scenes in which he touches and kisses her. Showing that desire in her disabled body, her Body without Organs, is not a lack or flaw, but a fundamental, free flow, Gretty subverts the medical authority and shatters the cultural myth. Finally, this part will point out how Gretty's desire moves her out of her confines—at the critical moment she abandons her long-held plan to commit suicide and accepts Dr. Henry's suggestion to apply for the new In-Home Supportive Services Program; she becomes a different person and looks forward to a new life. Gretty's desire eventually produces a trajectory of deterritorialization and a line of flight, a process of becoming. In conclusion, the paper will manifest that, by cripping mainstream representations of sexuality, that is, by presenting the disabled body as sexual, as positive, fluid becoming, *Gretty Good Time* problematizes the issue of disability and sexuality and opens up differences and possibilities.

Keywords: John Belluso　Deleuze and Guattari　the Body without Organs　disability　sexuality

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