The Opposite of People:

The Social Model of Disability as a Tool for Theatrical Storytelling

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According to the CDC, 26% of Americans, or one in four, have some sort of disability. This statistic is from 2018, and is considered to be accurate up to at least September 2020. I highly suspect that these numbers will have gone up in recent years, solely due to the amount of Americans who developed post-viral chronic illness as a result of contracting COVID-19 during that time, as 'long covid' is now recognized as a disability under the Americans with Disabilities Act.[1] This statistic makes the disabled community the largest, and following that likely the most *diverse* minority group in the United States.[2]

Different people need different forms of representation and artistic expression. The method of adaptation I outline in this essay is only one of those, and to say that it accurately covers the wealth of stories concerning disability that exist to be told is an insult to the amount of diversity found within my community. In order to make this paper as useful as possible, I have had to be specific; what this outlines is a method of adapting pre-existing plays written in a more realistic style to include cast members who are physically disabled and use a mobility aid, using the themes that already exist within the script. My hope for the information I have gathered here is that it may be used as a tool to help center and promote disabled voices in theatre, not that it is the only or the most correct way to do so.

A Note on Person-First v. Identity-First Language:

There is an ongoing conversation within the disabled community whether to use person-first or identity-first language when describing someone who is disabled. Person-first language places the person first in the description (e.g. "the person who is disabled"), while

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[1] "Post-COVID Conditions."
[2] "Disability Impacts All of Us."

identity-first language places the identity first (e.g. "the disabled person"). Person-first language is often intended as a sign of respect, by indicating that the person in question is more than their disability. Though used in good faith, it is a misguided attempt at empathy, as it separates the person in question from an inherent part of who they are and how they interact with the world around them.[3]

Describing a person as disabled is not a moral judgment; viewing it as such takes away the usefulness of the descriptor, and dismisses the reasons that someone might willingly apply it to themselves. In my personal experience, accepting that I was disabled was integral to accepting my own limits, and without that descriptor I would not have the language to advocate for myself and the accommodations I require. Using identity-first language for myself was a sign of respect *to* myself and my experiences, and for these reasons I am choosing to use it in this essay instead of person-first.

Introduction:

It is difficult to feel valued as a physically disabled performer. The pervasiveness of 'rise and grind' or 'hustle' culture[4], the ambiguousness of the idea of 'reasonable accommodation' (who decides what counts as *un*reasonable?), training that stresses and often requires extreme physicality and motion, and the expectation of total transformability from the actor, have created a culture in which it is beneficial for physically disabled performers to present themselves as able-bodied in order to get jobs. Those who can do so seriously endanger their physical and mental health, and those who can't are left out of the process altogether. This problem stems from the fact that the way we are used to defining disability presents it first and foremost as a

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[3] Jevon Okundaye, "Ask a Self-Advocate: The Pros and Cons of Person-First and Identity-First Language."

[4] Bryan E. Robinson, "The 'Rise and Grind' of Hustle Culture."

practical and dramaturgical obstacle, which prevents us from seeing the value it can have in a creative context. Nadia Nadarajah, a Deaf actress who played Guildenstern in the Globe's 2018 production of Hamlet, put it best: "It's important that the emphasis must be on it always being art and not on being access."[5]

Just as a good director knows how to use design elements to elaborate on the content of a script, making full use of theatre's multimedia nature, the existence of a physical disability should be taken as an opportunity to engage metatextually with the themes and commentary that already exist within the text. This is true even when the script in question contains no disabled characters. It is important to promote new works that do, and to support the disabled playwrights creating them, but it is also unfair to ask disabled theatre artists to create an entirely new theatrical canon in order for them to be allowed to participate in theatre at all. Not to mention the fact that the disabled community is so incredibly large and diverse that trying to find a role written for a specific person's exact situation of disability, especially when that is anything but 'full-time wheelchair user', is nigh-unto impossible.[6] It is for this reason that many disabled performers move towards more abstract performance opportunities, such as dance or reader's theatre.[7][8] Abstraction allows performers incredible creativity when it comes to the use of mobility aids as props and set pieces, but it is a double-edged sword, as it does this by allowing the audience to distance the performer's disability from the world of the story they are telling.

In order to truly make theatre more inclusive to disabled performers, we must learn to include them in more realistic pieces as well as abstract ones. Seeing disability as a dramaturgical asset over seeing it as a practical complication opens up the existing canon to

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[5] Michelle Terry, "Michelle Terry and Nadia Nadarajah in conversation."
[6] William E. Rickert, "Theatre *On* The Round: Physically Disabled Actors On Stage." p.37-8
[7] Bree Hadley, *Disability, Public Space Performance and Spectatorship: Unconscious Performers*, p.10
[8] Rickert, p.38

disabled performers, and also makes us more willing to deal with those practical complications as they come up, ultimately creating a rehearsal process that is kinder to all involved regardless of their level of ability. In order to achieve this, we must learn to root the existence of a disability within the world of the script; in order to achieve *this*, we must remove the preconceived notion that in order for a disability to exist in a story, it must be directly textually acknowledged. The first step to challenging this preconceived notion is to understand where it comes from: the unconscious way we define disability in our everyday lives.

Freak or Patient; The Medical Model of Disability in Storytelling

A model is a way of putting a definition into practice.[9] The most culturally pervasive definition of disability is the medical model of disability. The medical model is disability as defined in the way that will be most useful for the doctor treating it. Here, the word 'disability' refers to a specific physical or mental ailment of the brain or body.[10] Simply put, the medical model views disability and illness in purely medical terms; the thing that makes a person disabled is having a specific biological issue. The biggest problem with this is its specificity, as a definition that is only useful to a doctor does not have the range required to describe medical problems that continue once a patient leaves the consultation room. The medical model is rooted strongly in biological reductionism, the singular focus on biological problems when treating disease, which by definition is a reductive view of all that encompasses the experience of disability.[11] Many things that fall under the label of disability—long-term or chronic illness, terminal illness, neurodivergence, permanent injury or amputation, etc.—cannot be cured. The

[9] Tom Shakespeare, "The Social Model of Disability." p.197
[10] Pamela Fisher & Dan Goodley, "The linear medical model of disability: mothers of disabled babies resist with counter-narratives." p.66
[11] Arthur Kleinman, *The Illness Narratives*, p.5

disabled person has to learn what to change about their life in order to allow their disability space within it. It drastically affects their experience of the world; however, the medical model fails to include that lived experience in its definition.[12]

When we use the medical model to create stories that include disabled characters, its shortcomings become rapidly clear. Reducing a disabled person's life to strictly medical terms also restricts the roles they are qualified to play, down to a small and oftentimes problematic set of tropes. The oldest example of the medical model in storytelling is the freakshow; professor Bree Hadley describes its place in the canon as "a warning of what can happen when the human body goes awry."[13] The most modern is the ever-popular medical procedural, where "[t]he role of patients' own narratives has often tended to be reduced to a process of eliciting information regarding specific symptoms of disease or abnormality."[14] These are both forms of storytelling centered around a medical/biological issue, and especially when they are directed, designed, written, and produced by able-bodied artists, the roles left for disabled people to play in them become dehumanizing.

By and large, the options can be distilled down to two: the patient, or the freak. Either a puzzle to be solved and then put away, or if this is not possible, an example of the horrors of unsolvability. In addition, there are a whole host of smaller, though no less pervasive, tropes and caricatures. Hadley lists a selection of them in her book *Disability, Public Space Performance and Spectatorship*: "[t]he corrupt individual whose physical flaws are a sign of personality flaws, to the charity case, the stoic sufferer, and the 'supercrip' who overcomes their challenges and can even display superior insight into the world around them."[15]

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[12] Fisher & Goodley, p.67
[13] Hadley, p.4
[14] Fisher & Goodley, p.67
[15] Hadley, p.5

A disabled character, just like the disabled performer portraying them, will automatically face obstacles related to their disability. When attempting to create a thoughtful storyline that includes this disability, the question to ask is where those obstacles are coming from: within, or without. According to the medical model of disability, the obstacle comes from within. Because this model was created to assist medical professionals in the diagnosis, treatment, and cure of biological ailments, it states that the biological ailment in question must be the obstacle. However, this means a different thing for the doctor than it does for the patient, and in this situation it is not the doctor's character that we are interested in. If the obstacle is the biological ailment, this means that the problem the disabled character must overcome *is* their disability.

This leaves the storyteller with two options for narrative resolution; either they do somehow overcome their disability, or they don't. Both choices perpetuate what Kayla Brown of the DO-IT center at the University of Washington Seattle describes as "the idea that people with disabilities can only achieve happiness if they are 'normalized' or 'cured' of their disability."[16] When the obstacle is a character's *incurable* disability, chronic illness, or neurodivergence, choosing the latter leaves them longing and striving for something unachievable. The story either becomes a tragedy—an example of the horrors of failure and unsolvability—or gets stuck with no way to develop or resolve. Choosing the former by having them overcome it anyway results at best in a mildly uncomfortable example of 'inspiration porn'[17], and at worst in a dangerously incorrect presentation of how disability actually functions. This leaves both storyteller and audience with disabled characters whose worth is defined by the possibly unrealistic amount of effort they are able to put into functioning as though they were able-bodied, or in the more

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[16] Kayla Brown, "Dis-Course: Disability Representation and the Media, Part One."
[17] A form of objectification in which disabled people and their 'struggles' are reduced to a source of awe and inspiration for able-bodied audiences. This term was created by disability rights activist Stella Young in a 2012 editorial for the Australian Broadcasting Corporation, '*We're not here for your inspiration*.'

extreme cases where the disability is fully cured, with no disabled characters at all. Thus, we have returned to the choice of freak or patient.

Ability-Blind Casting; How Dismissal Does More Harm Than Good

Most of us are unaware that we are thinking about disability in this way, but bringing awareness to our thought processes is the first step to improving them. If we are unaware, we may unconsciously use those same thought processes to solve the problems those thought processes have created.

No member of a minority group is blocked from access because of some inherent aspect of their minority status. They are blocked from access because they live in a world that is discriminatory towards that minority status: a society that is racist, sexist, xenophobic, transphobic, ableist, etc. The problem is that their society is intolerant.[18] However, the cultural pervasiveness of the medical model means that it is not uncommon, when attempting to find solutions to this, to accidentally land on the inverse, and unconsciously perceive the problem as the fact that the minority group exists at all. This leads to inclusivity measures which attempt to solve the problems of discrimination and harmful representation by pretending as though that minority group doesn't actually exist. I am choosing to refer to this phenomenon as it appears in the casting process as 'identifier-blind' casting. This is the medical model in action; if you can 'cure' a person of their minority status by making a collective decision to ignore its existence, it

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[18] There is an important caveat to be made here when discussing the disabled community, which is that after a certain point, the marginalization of disabled people stops being caused by the society they live in, and starts being caused by the disabled person's actual physical or mental limitations. Moves for inclusivity cannot be effective unless those implementing them remain aware that there is no accommodation that can make a disabled person able-bodied. Any accommodation that could would be known as a *cure*.

will hypothetically be impossible to discriminate against them. Unfortunately, all this approach does is create new forms of discrimination.

'Identifier-blind' casting refers to the choice to view certain social identifiers, such as race, gender, or ability level, as unimportant to the casting process. A form that has recently gained both praise and criticism in Western theatre is colorblind casting, the practice of casting without taking the race or ethnicity of the auditioner into account.[19] The central goal is an admirable one; by ignoring the race of the auditioner, it attempts to avoid any unconscious biases about 'what kind of person *should* play what kind of role', and therefore open up more opportunities for non-white performers to be cast in roles that are historically played by white people. It is an attempt to create what director Justin Emeka refers to as a "race-less or color-blind reality… where racial distinctions bare [sic] no biological or cultural significance".[20]

However, any form of identifier-blind casting makes the dangerous assumption that most scripts deal with 'universal' themes, when in reality what is often viewed as the 'universal human experience' is actually only reflecting the experience of the majority. In the case of colorblind casting, in a culture that is dominated by whiteness, the 'universal experience' is actually a white cultural experience, but it isn't recognized as such when the people creating the framework for the story—playwrights, directors, producers, designers, etc.—are white themselves. They will choose a script that they believe is 'universal', without the objectivity necessary to recognize its specificity to white culture, and then require that their non-white performers comply with that supposed universality. The performers will be asked during the rehearsal process to abandon their own cultural experience, and to, in a sense, 'play white'. Instead of discarding race altogether, the production team has only discarded the races and

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[19] Maya Phillips, "'Hamilton,' 'The Simpsons' and the Problem With Colorblind Casting."
[20] Justin Emeka, "Seeing Shakespeare through Brown Eyes." p.64

cultural experiences of their non-white performers. The end product of this approach is, as Emeka puts it, "a White cultural experience using Black and Brown actors."[21] While this request to 'play white' may be completely unconscious and therefore unintentional, is not only a massive failure of the original intention but a disservice to the skills and experience of non-white performers.

In this essay, I am referring to the dismissal specifically of ability level in the casting process as 'ability-blind' casting. I bring up colorblind casting here because it is a fairly well-known phenomenon, and because understanding the problems with colorblind casting will help in understanding the problems with ability-blind casting, as the experiences of different minority groups within the theatre industry often overlap. In the same way that a black actor may be unconsciously asked by their white director to 'play white', a disabled actor may be unconsciously asked by their able-bodied director to 'play able-bodied'. This blocks both minority groups from using their unique skills and unique life experiences to enrich a performance.

With ability-blind casting, there is the added issue that choosing to ignore a company member's disability may put them in physical distress while leaving them with no openings to communicate this. A request, even an unintentional one, to 'play able-bodied', may ask the performer in question to do something that would cause them pain, or even to put themselves in physical danger that is not recognized as such by an able-bodied rehearsal staff. In some cases, it may ask them to do something that is a physical impossibility. The rehearsal space that has been created is one that views itself as very progressive and inclusive while not being either of those things. In fact, it has the very real capability of becoming actively hostile. This kind of cognitive dissonance creates an environment where open communication of boundaries is prohibitively

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[21] Emeka, p.94

difficult. The attempt to be more inclusive by 'not seeing' a performer's disability has directly

led to that performer feeling unwelcome and in fact unsafe in the space.

In casting a disabled performer, you cast their disability as well. Any attempt to ignore it

or 'leave it outside' the rehearsal space will ultimately fail, and will harm the performers in the

process. Ability level is unlike other social identifiers in that there is a hard line to what a

performer can do; for example, it is not unknown for actors to portray characters written as a

different gender identity, but a disabled person is physically incapable of portraying a character

that does not have their disability.[22] That hard line *must* be respected during the rehearsal process.

Their disability must be incorporated as a part of their character, and therefore as a part of the

play overall. In order to do this, we have to change the way we think about what disability

means.

The Social Model of Disability and Naturalism in Theatre

The social model of disability was created by and for disabled people, as a tool to

describe that lived experience which the medical model excludes. The British organization

UPIAS, or the Union of Physically Impaired Against Segregation, established this model in the

document *Fundamental Principles of Disability*, a summary of and collection of commentary

from their 1975 discussion with the Disability Alliance. They define 'disability' as: "the

disadvantage or restriction of activity caused by a contemporary social organisation [sic] which

takes little to no account of people who have physical impairments and thus excludes them from

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[22] Something important to note here is that many disabled people have the ability in real life to portray themselves as able-bodied, at least to those not looking too closely. The fluidity of an invisible disability can be a great asset in theatre. For example, one would be able to cast an actual disabled performer in a role which requires the use of a wheelchair, but also requires the performer to get up at some point in the show, such as Nessarose in the musical *Wicked*. The grey spaces can be incredibly useful, as long as the same rules of constant communication of boundaries and consent are followed when navigating them.

the mainstream of social activities."[23] Instead of referring to a medical issue, they define disability as referring to a society's failure to accommodate that issue. In other words, the social model defines disability as the experience of marginalization that comes from living in a world that is not built to fit an individual's specific needs.

On a larger scale, it can be used to describe any way that the community a disabled person lives in responds to their access needs, be it positive or negative. English sociologist and bioethicist Tom Shakespeare describes this model as a "structural analysis of disabled people's social exclusion."[24] Hadley describes it as seeing disability as "a minority experience that is marginalized by the images, discourses, institutions and architecture of the mainstream."[25] The social model defines a disability by describing the effect it has on a person's lived experience—the opposite of the definition provided by the medical model. In fact, I would argue that instead of addressing a disability, the social model addresses the disabling *factor*. The thing which makes a person disabled—the thing which *disables* them—is the fact that they are not being accommodated for. In the case of the social model, the disabling factor is not the fact or even the reason that a person cannot climb stairs, but the lack of an elevator.

Using the social model in storytelling changes where we put the obstacle; not within the character, but *without*. This shift in perspective leads us away from the harmful tropes and storylines discussed earlier. When we structure a story using the medical model, the existence of a disability means that the character in question *is* an obstacle, a problem that must be solved; using the social model, they are a full person, with a life that *is influenced by* the existence of their disability but is not devoted to trying to cure it. This means that when working with

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[23] "The Union of the Physically Impaired Against Segregation and The Disability Alliance discuss Fundamental Principles of Disability." 1975
[24] Tom Shakespeare, p.195
[25] Hadley, p.8

pre-existing plays, there does not have to be any medical content within the script for a disabled character to exist, or in fact any textual acknowledgement of their disability. By definition, a marginalized identity lives within the margins; the place to look for representation is between the lines of the script, in the themes and overarching storylines.

As mentioned before, many theatre companies that employ disabled performers tend to gravitate towards abstraction[26]; however, the social model of disability contains within its definition instructions for the inclusion of disabled people in more realistic works. Émile Zola, in his seminal text on naturalism in theatre, *Naturalism on the Stage*, provides a model of this form of theatre that actually sounds very similar to the definition set out by the social model. Naturalism is an artistic movement, mainly literary, which split off from its parent movement of realism in search of a more strictly scientific philosophy based on Darwinism; though naturalism is more intense and specific than realism, in theatrical texts the two are often used interchangeably, as their differences are less pronounced when their principles are being applied through this medium.[27] The central principle is very similar to that of the social model of disability—that people's behaviors and desires are inherently influenced by the environment in which they are socialized.[28] In theatre this becomes more specific; a character's motivations, and therefore their actions, should be informed by their physical and social environment.[29] Zola instructs future theatre artists that the creation of well-rounded, engaging, realistic characters requires that they "put [a character] in his proper surroundings, and *analyze all the physical and social causes which make him the way he is*."[30]

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[26] Hadley, p.10
[27] M.H. Abrams, *A Glossary of Literary Terms, 5th Edition*, p.152
[28] Alvin B. Kernan, *Classics of the Modern Theater: Realism and After*, p.3
[29] Émile Zola, "Naturalism on the Stage."
[30] Zola, "Naturalism on the Stage."

There is enough information on the connection between the social model of disability and the history of naturalism in theatre to fill a whole other essay, so I am only including a portion of that research here. Two other points of note are naturalism's historical association with professive movements such as anarchism and feminism, which both have ties to the disability rights movement, and that the idealist criticism of naturalism often mentioned disgust at the portrayal of those deemed aesthetically and morally unfit for polite society.[31] However, the most useful aspect of naturalism we can apply to disability representation in theatre is the multi-layered way it uses metaphors and symbolism, as it encourages technical elements to be working on multiple levels at once. Professor Alvin B. Kernan describes how "the realistic set, and the realistic style in general, has been used to symbolize the solidity of the material and social worlds in which the modern man is isolated".[32]

It is in this specific use of symbolism that we find the best opportunities for the representation of visible disabilities onstage. This is because it gives space for a character's disability to be an unquestioned part of the world of the play, while at the same time allowing it to be used as a visual representation of the metatextual themes of the script. It succeeds in both respecting the reality of the actor's, and therefore their character's, physical limitations, and in using the existence of that disability as a tool for telling the story, just like any other medium that is active in a theatrical production. The naturalistic style's employment of design and technical elements is the proverbial Goldilocks Zone between the extremes of the medical model; the habitable zone between the desire to rewrite a story to be 'about' a character's disability, and the desire to ignore its entire existence and hope that fixes all the problems.

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[31] Toril Moi, *Henrik Ibsen and the Birth of Modernism: Art, Theater, Philosophy*, p.90
[32] Kernan, p.13

The social model was created to describe the personal experience of disability; using the social model to look for examples of disability in theatre means we are looking not for a textually acknowledged diagnosis, but at the actual experiences of a character. After all, what is an obstacle if not for a disabling factor? There is no medical diagnosis required to have the experience of disability.[33] However, as we discussed earlier, it is almost impossible to create a truly 'universal' experience—but this is because it is not the *experience* of something that is universal, but the emotions that accompany it. You do not have to be disabled to, for example, be frustrated when something you need is withheld from you. You do not have to be disabled to feel or be ostracized. You do not have to be disabled to feel invisible, or to feel uncomfortably visible, or to feel relief or joy at finding a community of others like yourself, or fear that you won't be believed, or grief and uncertainty when having to look for unconventional ways to live the life you want.

These are all experiences that are specific (though not limited to) the experience of disability, but they are *emotions* that many people will be able to relate to regardless of their level of ability; they are, in fact, themes you can find at least one of in any given play. Themes of accessibility, accommodation, alienation and social exclusion, unconscious performance, adaptability, power, visibility, morality, community, etc. exist all around us. Once you can see those themes in relation to the experience of disability, you can use them without having to alter the text at all; everything is already there. Casting a disabled performer in roles that deal with these and others highlights, supports, and adds new depth and dynamics to the text.

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[33] Saying that there is ignores the multitude of reasons a disabled person may never be diagnosed. This is a complicated discussion, and too much to fit in one footnote, though it does need to be at least acknowledged; suffice it to say that at the intersection of racism, sexism, fatphobia, financial instability and inaccessibility, a medical system based in capitalism, plain old ableism, and many other factors lies a difficult decision for many disabled people. Some may choose to not go through the often traumatic process of seeking a diagnosis, while others' disabilities may be misdiagnosed or even missed completely.

<u>Agency, Accommodation, and Control in</u> *Rosencrantz and Guildenstern are Dead*

For the performance section of my thesis, I chose the play *Rosencrantz and Guildenstern are Dead* by Tom Stoppard. Rosencrantz and Guildenstern are two minor characters from Shakespeare's *Hamlet*: the titular character's childhood friends, who are summoned to Elsinore by Claudius and Gertrude in the hope that Hamlet will be willing to talk to them about his mental state, as he refuses to speak plainly to his mother and new stepfather. They aren't able to help their friend as much as they want to, as Hamlet knows that Claudius and Gertrude have ulterior motives and are simply using them, and therefore gives them the linguistic runaround before finally confronting them about being "sponges" for the king. After Polonius' murder, Rosencrantz and Guildenstern are sent on a ship to England to deliver Hamlet to the English king, along with a letter from Claudius that they are unaware requests Hamlet's execution. Along the way they are attacked by pirates, who help Hamlet escape, and he arrives back to Denmark and the events of the play alone, with neither of his friends in sight. In the very last scene, we learn that Rosencrantz and Guildenstern did successfully land in England, but that Hamlet had altered the letter, and upon their arrival they were executed in his place. This information is delivered to the audience in one line from an unnamed ambassador traveling with Fortinbras: "The sight is dismal; and our affairs from England come too late: the ears are senseless that should give us hearing, to tell him his commandment is fulfill'd, that Rosencrantz and Guildenstern are dead: where should we have our thanks?"

The play *Rosencrantz and Guildenstern are Dead* tells the story of *Hamlet* as experienced by Rosencrantz and Guildenstern. Because they are such minor characters in *Hamlet*, in this play they spend most of their time in a metatextual, metatheatrical space, except for the few times

they interact with other characters from *Hamlet*. They have no prior knowledge who they are, where they have come from, where they are going, or what they are supposed to be doing; the only information they start the play with is that they have received a royal summons and must get wherever they are going as soon as possible. Any narratively superfluous information—such as, for example, which one of them is Guildenstern and which one is Rosencrantz—is unimportant, and therefore not given to them. These two characters have such little effect on the plot of *Hamlet* that restructuring the story to be from their perspective merely highlights how little agency they have. The reason I chose this play for my thesis is because of those themes of agency and accommodation; despite not being given the tools to understand their place and purpose in the story, Rosencrantz and Guildenstern are still required to perform to text and carry out their narrative duties. A story that deals with accommodation, agency, the lack thereof, and the emotional reactions to that lack, lends itself well to being performed by disabled actors.

The interesting thing is that in the end they do succeed, but not because of any particular action taken on their part. They are simply drawn along by the narrative until it concludes in the way that it is written; unfortunately for them, the way it is written is that both Rosencrantz and Guildenstern will die. Even when they discover this, they find they have no way to prevent it. They are given no power, and are simply exploited for their narrative usefulness. It may seem counterintuitive to seek for positive representation in a play that does not end on a positive note. However, 'positive' does not, in this case, refer to an optimistic or happy story; it means well-executed and not harmful. There is a difference between a character failing to overcome an obstacle as it is structured by the medical model, and a character failing to overcome an obstacle as it is structured by the social model. *Rosencrantz and Guildenstern are Dead* is an example of the latter. The fact that in this production Guildenstern has a visible physical disability is not an

obstacle in and of itself, but simply a narrative tool serving to highlight those themes of agency and accommodation. The tragedy remains intact; keeping Guildenstern's disability metatextual means that he and Rosencrantz failing to gain agency does not cause the play to regress to those harmful tropes we discussed earlier.

The way Guildenstern's attempts to understand his situation come up against the other characters in the play is another central reason I chose it for my performance. Rosencrantz and Guildenstern repeatedly come across the troupe of traveling actors that Hamlet, in *Hamlet*, hires to perform *The Murder of Gonzago*, the play wherein he will catch the conscience of the king. It is from the leader of the troupe, the Player, that we learn of the cyclic nature of the narrative, as he makes repeated cryptic remarks implying not only that the story is pre-written and cannot be changed, but that he and his group of actors have performed it many times before. This implies that the tragedians were once in the same situation as Rosencrantz and Guildenstern, dropped into the story with no assistance in finding their way, but by now they have been through it so many times that they have learned to play their parts perfectly simply by trial and error. They have apparently successfully done what Guildenstern is still attempting to do: used logic and reason and experimentation to understand their world, and therefore gained the ability to function in it. The Player takes great pleasure in teasing Rosencrantz and Guildenstern for their ignorance, and refuses to give them any straight answers or assistance, much to Guildenstern's distress. Their attempts to one-up each other often end in threats, and once in real physical violence.

The rub is that the tragedians do not actually have any more agency than Rosencrantz and Guildenstern. Only one thing needs to go wrong, and they can no longer rely on experience to see them through; in this case, Rosencrantz and Guildenstern accidentally wander off during their show, and they discover that they have been performing to no one. All of a sudden, their

entire basis of existence has been compromised. The intense fear with which the Player reacts to this reflects an aspect of my experience not just as a disabled person, but as a member of multiple minority groups that experience discrimination on a structural level; often, when problems are built into the way that a society functions and are therefore too large and complex for any single individual to fix, the people affected by them end up turning their anger and fear out on others in the same situation as a way of gaining some amount of control, even if that control is an illusion. Rosencrantz and Guildenstern only wandered off because they didn't know what to do. The problem stems from the fact that *nobody* is receiving the accommodations they need. However, because none of the characters have the ability to change this, they end up taking their distress out on each other.

Guildenstern as a Cane User; Mobility Aids Onstage

I knew that it was unlikely, based on the demographic of Brandeis students, that there would be many other visibly disabled auditioners. Because of this, I had to plan for only one of the cast—myself—being visibly disabled. This did end up being the case. I chose Guildenstern because his character has more of a relationship with these themes of agency and control; as Rosencrantz is less concerned with their situation, more content and compliant, him being the *only* visibly disabled character would be poor representation. Guildenstern, on the other hand, is constantly trying to gain some semblance of control over the narrative. He does this by trying to understand their situation. The ways he goes about this suggest that just like Hamlet and Horatio, he is a student of philosophy; he puzzles it out with logic, or describes it with poetic language, or interrogates other characters who seem to understand more than he does. Guildenstern's scientific approach to problem-solving, short fuse when anxious, and hyper-awareness of his

own agency and place in the larger narrative all fit perfectly with our interpretation of him as a mobility aid user, especially a younger one like myself.

William Rickert, one of the founders of the Rolling Stock Company, an integrated reader's theatre troupe established at Wright State University in 1978, writes in his essay *Theatre On The Round: Physically Disabled Actors Onstage*:

> "When wheelchairs, crutches, guide dogs or other elements are present on stage they automatically become contributing dimensions of the performance. When—along with the disabled performers who use them—they are engaged as integral parts of that performance, the implements become aesthetically viable. *Staging succeeds when the director not only adapts to but also capitalizes on the uniqueness of the disabled performer, their equipment, and their capacity for physical and personal interaction*."[34]

In other words, there is no way to make the audience forget about the existence of a mobility aid. If an element exists onstage, it must be used. As mobility aids are extensions of the actor's body, they therefore have the capability to be just as expressive as the actor's body; let characters creep across the stage by hiding behind their friend's wheelchair, or brandish their cane as a weapon, or use their crutches to block someone's path, or express silent annoyance by rolling over someone's foot as they pass. In the case of this show, I wanted to learn to use Guildenstern's cane—dubbed 'Cane-eth Branagh'[35] by our dramaturg—as easily as I would use my own limbs. It also gave us opportunities to play with levels on an otherwise flat and empty stage, as we were more aware of who was sitting and who was standing at any given moment;

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[34] Rickert, p.45-6

[35] After actor Kenneth Branagh, who once played the titular character in a filmed version of *Hamlet*. Our dramaturg does not like his version of *Hamlet*, which is the main reason why we kept the name.

for example, there were times where I was the only one sitting or kneeling, but where Guildenstern still held power over the other characters in the scene, such as in the coin-toss game against the Player. This was an intentional inversion of the power dynamic one might expect when one character is physically lower than all the rest.

A mobility aid is a key to agency; because Guildenstern's central concern *is* his own agency, I decided to use the way he interacts with his mobility aid as a visible representation of his reactions to his agency being threatened. This manifests in several different ways. When feeling secure, he plays with it, which happens especially when he feels that he has one-upped the Player. When he is uncomfortable or worried, such as during Rosencrantz's monologue about whether it would be more preferable to be alive or dead if you found yourself trapped in an inescapable situation, Guildenstern uses his cane as a comfort item, holding it tight and close. As a mobility aid is an extension of the body of the person using it, having someone touch a mobility aid without permission can cause the same reaction as having someone touch *you* without permission, and I was especially excited to incorporate this fact into the staging.[36] There is a stage direction which reads: *'GUIL smashes THE PLAYER across the face';* in our production, this interaction consists of the Player getting very close and invading Guildenstern's personal space, and when Guildenstern holds up his cane as a warning for him to back away, he reaches out and runs a hand down the handle without invitation. This violation of Guildenstern's boundaries makes sense for the Player as a character, as it is in a similar vein to the sexually and violently innapropriate offers he makes. In response, Guildenstern uses his cane to physically attack the Player as a way of defending himself.

This interaction is in direct contrast to his last interaction with Rosencrantz, the very last thing that happens in our cut of the play. Guildenstern is not, all told, very kind to Rosencrantz;

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[36] Harry Low, "Spikes—and other ways disabled people combat unwanted touching."

he is upset by Rosencrantz's apparent unconcern with their situation, and repeatedly loses his temper at him when he fails to keep up with Guildenstern's experiments, or when he expresses his own distress in a way that accidentally heightens Guildenstern's as well. Towards the end of the play, Guildenstern makes one last attempt to gain back control by deciding to disengage and not comply with what he is being asked to do, and actually tries to abandon Rosencrantz, though he finds he can't in good conscience leave him alone to face whatever is coming next. His last attempt is to cast his cane aside and refuse to move, in the hope that doing nothing will prevent the inevitable outcome. However, Rosencrantz picks it up to give it back to him, encouraging him to exit the stage for the first time, and they do so together, holding hands. As discussed earlier, this is not a play with a happy ending, and it is important that the tragedy remains intact, otherwise the central conceit upon which the plot is built—that they are destined to die—is compromised. The important thing is not that they are somehow going to be able to break out of the story or change their fates, as that is impossible; the important thing is that despite being in a situation that seems designed to turn people against each other, they have managed to grow a friendship. There is enough trust between them that Guildenstern is not upset by Rosencrantz holding his cane. Guildenstern chooses to take it and go with him, as he has recognized that he can't do it alone.

The Unexpected and Uncontrollable in Rehearsal

A collaborative rehearsal process is necessary in order to deal with the unpredictable nature of disability. I hypothesize that the reason most of the literature on practices to accommodate disabled stage actors is tailored specifically to full-time wheelchair users, is that in that specific situation there is very little fluctuation in ability level. This makes it easier to plan

for how the rehearsal process is going to function. Unfortunately, the nature of disability is that after a certain point, it becomes uncontrollable and unpredictable; if we want to include disabled, chronically ill, and neurodivergent people in theatre, we have to accept that we cannot plan for everything. From my experiences during this rehearsal process, I would conclude that the key to including disabled people in theatre is reducing the number of those uncontrollable factors as much as possible, and being able to deal with them as they come up in the moment. In order to do this, all people involved have to be able to communicate effectively, and there must be an expectation set within the rehearsal space that there will be no penalties for communicating, especially in regards to physical and emotional boundaries.

Adding new factors to a rehearsal room means more opportunities for new things to go wrong. Motorized wheelchairs make noise when they move; canes fall over; batteries die; actors with mobility aids will have to choose between propelling themselves and holding their scripts. It was important that we budget ourselves the time for these new problems to come to light, and to devise solutions or compromises for them. Being prepared for unexpected problems to present themselves also meant that we were more prepared to deal with unforeseen circumstances that had nothing to do with anyone's disability. As we are still very much in the midst of the COVID pandemic, several of my cast and crew had to go into temporary quarantine due to a potential exposure, or were actually diagnosed with COVID, during this rehearsal process. Several people got sick in completely unrelated ways. My stage manager experienced a family emergency halfway through the rehearsal process, and had to step out for several weeks. Though all of these presented challenges and possible setbacks, we were prepared for them because we were prepared for the unexpected.

The production team of our show knew from the get-go that I have a physical disability which impacts my stamina and range of motion, and that I would be using a cane both in rehearsal and onstage. These were the accommodations implemented at the very start, both in order to accommodate my physical limitations and to create a space where open communication of boundaries would be possible.

- ❖ All rehearsals began with check-ins and a group warm up.
- ❖ Chairs and tables were available at the sides of the room that actors could take to use if needed while we were working scenes.
- ❖ We took scheduled breaks, and actors were able to request one at any time.
- ❖ Masks were mandatory, and would only come off if everyone in the room was comfortable.[37]
- ❖ If an exercise was suggested that would be detrimental to participate in, we were free to suggest either a change to how the exercise worked, or that we do something else entirely.

What ended up being particularly helpful for me was having a failsafe in place in case I could not participate at all that day. My ability levels change day to day, sometimes severely; for example, during this rehearsal process I experienced an intense flare-up of chronic fatigue, which greatly impacted my ability to participate in rehearsals. When I did have to miss rehearsal, my stage manager sent me an overview of the things we covered so that I could stay caught up on my own time. Having this in place meant I was able to step out of rehearsals I could not participate in safely, without the fear of falling behind and becoming a detriment to the show as a

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[37] We did not remove our masks until our dress rehearsal.

whole. It kept me emotionally and physically safe throughout the process, reduced my own anxiety and shame about having to miss rehearsals, and also meant I wasn't left behind by the rest of the cast and that the production did not suffer.

There were some problems that we did not find perfect solutions for; for example, the challenge of using a cane while also holding a script. During rehearsals, I would take out only the pages we were working with at that moment, and the rehearsal staff made sure we had time between running scenes for me to sit on the side and make notes, as I had no hands to do so while we actually ran things. The problem was that I would often end up slowing down the rehearsal by dropping pages of the script, accidentally putting them in the wrong order and having to shuffle them around mid-scene, or accidentally swapping which hand I had things in and thus rendering myself temporarily unable to move.[38] As our goal is to reduce the number of uncontrollable factors in the room, the easiest solution to this would be to project the script on the wall, so that even before the actors are required to be off-book, they would not have to hold the physical script in their hands.

Another suggestion I would make would be to have a rehearsal mobility aid which would allow an actor to work while sitting, even if they are not using that specific type of aid in the performance; for example, having a walker or a wheelchair available for an actor who may only use a cane or crutches. I suggest this because during a rehearsal, while specific sections are being worked, an actor may need to stand in place for longer than they would during a performance, or to repeat segments of the show multiple times. These things actually require more stamina than a full run. Having a seated mobility aid for rehearsals gives the actors the ability to work the show

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[38] When using a cane for a specific injury, it should be held with the hand on the uninjured side. I hold my cane in my non-dominant hand, and therefore would be holding my script in my dominant hand. However, my instinct during rehearsals was to have my dominant hand free to gesture with, and I am quite used to gesturing with my cane, so I would often unconsciously switch which hand was holding what and not notice until I actually needed to move, by which point it was too late.

without having to repeatedly get up and down off the floor, or drag chairs out only to have to put them back at any moment. Then, when it is time to run the section in full without stopping, the actor can swap out the seated mobility aid for the standing one they will be using during the performance. I would especially suggest this being implemented during a technical rehearsal, where there are suddenly many more elements to be dealt with, and the need to stop, start, go back, or repeat is increased. Again, anything that reduces the amount of uncontrolled factors will make the entire process run smoother.

Conclusion:

Though the medical model of disability has in many ways been built into the foundations of society, it is the social model of disability that holds the key to including disabled people in theatre, both in performance and in the rehearsal room. Defining disability through the social model—viewing disability as an externalized force that is put onto a person when they are not being accommodated for—is the first step to this inclusion. When a disabled performer is cast in a role that is not written as disabled, there is no need to change the text of a play to acknowledge their disability. The fact that we feel the need to do this comes from the social pervasiveness of the medical model, which, as it was built with an eye to diagnosis and cure, focuses on the medical or biological itself as being the 'obstacle', the thing that needs to be overcome. While this is useful in a medical setting, identifying the obstacle as being a character's disability while structuring a story leads to a restrictive set of tropes and stereotypes, many of them incredibly harmful.

The social model encourages the use of the visual existence of a disability to engage with the themes of the play, as it views the obstacle as coming from without. This not only opens up

many existing roles within the theatrical canon to disabled performers, but shows that many actually lend themselves to being played by disabled performers. Naturalism as employed in theatre guides us to the goal; respecting an actor's physical limitations by rooting the existence of their disability within the world of the play, while also allowing the existence of their disability to be used as a way to bring the audience's attention to certain themes and storylines. In this way, disability becomes a theatrical asset; a useful tool for storytelling.

In the summer of 2019, I suffered an unidentified injury to my right knee that was never properly diagnosed or treated, which caused me to require crutches, and then later on a cane, to walk, especially for long distances. About eight months later I was diagnosed with a connective tissue disorder, which was most likely the cause. Though I've dealt with chronic pain and various minor health issues for most of my life—most likely due to my connective tissue disorder—I had never experienced something quite that disabling. Before, I had been mostly able to hide my invisible disabilities; all at once they had become incredibly visible. I returned to school terrified that I wouldn't be able to finish my theatre degree due to my reduced mobility, and that I would never again be cast in any production, student or department sponsored, because I was no longer able to perform to the physical standards required. I remember telling my friends, 'no one is going to cast someone who needs accommodations when they could just cast someone who doesn't and save themselves the energy'.

Though I am now several years out from this experience and in a much better place, the most painful part of this is knowing that my fear was, and still is, justified, and will continue to be justified as long as we are operating within a commercial theatre industry influenced by capitalism which values the production of art *more* than the physical, mental, and emotional health of the people making it. A 2017 survey by the Actors' Equity Association recorded that

only 219 out of the 50,920 of their members who participated reported themselves as identifying as disabled. This comes out to *0.0043 percent*, an absurdly small statistic that even the Association admits may be skewed by the many reasons a performer may have for keeping their disability invisible.[39]

Measures to implement diversity in the arts often fall flat because they are coming from the desire to simply make the arts more diverse, but we have to understand that diversity occurs as a side effect of *making good art*. Perceiving the obstacle as being the fact that disability exists in the world means that this nuance is missed. Accessibility and inclusion are exciting opportunities for theatrical invention, not burdens to be borne in service of the greater good of the intangible concept of diversity. By being open to the casting of disabled performers, you end not just with a production that is more dramaturgically interesting, but with a highly resilient rehearsal process based in creative collaboration that is more equipped to deal with unexpected setbacks. I would like to bring up the same quote from the beginning of this paper: "It's important that the emphasis must be on it always being art and not on being access."

In conclusion, this is a list of the most important instructions we discovered during the rehearsal process. Disabled performers such as myself are a valuable and underutilized theatrical resource, and understanding that has changed how I think about disability—my own, others', and the concept as a whole—in everyday life as well. But this is not where it ends; theatre will never be fully accessible until we begin making the necessary structural changes to include disabled people in every part of it, from the audience to the production team to the technical experts, onstage and backstage in every capacity. This is only one choice for a first step.

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[39] "Looking at Hiring Biases by the Numbers."

- ❖ Many disabled performers hide their disabilities; our goal is to create an industry where this is not necessary, as there is nothing beneficial about this.

- ❖ 'Disabled' is not a slur nor an insult. Ignoring a disability is not a compliment, and in fact can be actively harmful.

- ❖ The existence of a disability within your cast is first and foremost an opportunity.

- ❖ No textual acknowledgment of disability is required for the casting of a disabled actor.

- ❖ If a cast member is disabled, their character will also be disabled.

- ❖ Make all interactions with tropes and stereotypes intentional.

- ❖ Always be aware of where the 'obstacle' is; make sure you are never unintentionally trying to cure someone's disability.

- ❖ Mobility aids are extensions of the actor's body; treating them as such opens up opportunities while staging.

- ❖ Your disabled performers will be your most valuable dramaturgical resource.

- ❖ Limits and boundaries may change day to day; consent is a *constant* conversation.

- ❖ Building an ensemble is vital for open communication of boundaries to occur.

- ❖ Require equal participation from both able-bodied and disabled performers; be aware that equal participation will look different based on level of ability.

- ❖ Work together with your disabled performers to mitigate the number of uncontrolled, unpredictable factors during rehearsals and in performances.

- ❖ Accept that problems will arise that you may not have planned for, and be ready to deal with them as they present themselves.

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