Virtuosic Performance: Rearticulating Disability in the Works of Lisa Bufano, Ron Athey, and Martin O'Brien

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This thesis titled
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ABSTRACT

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Virtuosic Performance: Rearticulating Disability in the Works of Lisa Bufano, Ron Athey, and Martin O'Brien

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The performance art practices of Lisa Bufano, Martin O’Brien, and Ron Athey articulate a virtuosic disability that operates in the spaces between representation, embodied experience, and material traces of the diseased or disabled body. Using Gilles Deleuze and Felix Guattari’s model of affective, relational bodies, this thesis analyzes Ron Athey’s Deliverance and Self-Obliteration cycle, Lisa Bufano’s performance work One Breath is an Ocean for a Wooden Heart, and Martin O’Brien’s durational performance of Mucus Factory, arguing that when virtuosity and disability are at play with one another in performance, all assumptions about the essential dysfunction of the disabled body become groundless. The disabled body becomes an affirmation of embodiment and possibility, performing a body that can be painful, erotic, sensual, sublime, knowable and unknowable at each turn, opening up the potential for a multiplicity of body knowledges and experiences.
For my families, blood-related and otherwise
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INTRODUCTION

The performance art practices of Lisa Bufano, Martin O’Brien, and Ron Athey articulate a virtuosic disability that operates in the spaces between representation, embodied experience, and material traces of the diseased or disabled body. These performers directly engage their status as living with disease and disability to question traditional notions of what constitutes the virtuosic able body in performance. Athey, Bufano, and O’Brien relocate and rework dominant representations of the disabled body that place emphasis on weakness, dysfunction, and marginalization, offering complex and multilayered revisions of virtuosity and what constitutes “technique” in performance. Through careful investigation and description of each of the artists’ creative processes and performances, this thesis attempts to illuminate the ways in which these artists practice and perform their disabilities virtuosically, paradoxically revealing disability to be a performable relationship with and against a set of physical and social conditions while de-skilling the able-bodied notion of the virtuoso performer. Through an analysis of Ron Athey’s Deliverance and Self-Obliteration cycle, Lisa Bufano’s performance work One Breath is an Ocean for a Wooden Heart, and Martin O’Brien’s durational performance of Mucus Factory, I argue that when virtuosity and disability are at play with one another in performance, all assumptions about the essential dysfunction of the disabled body become groundless. The disabled body becomes an affirmation of embodiment and possibility, performing a body that can be painful, erotic, sensual, sublime, knowable and unknowable at each turn, opening up the potential for a multiplicity of body knowledges and experiences.
I use the terms “disability” and “disabled” to refer to a broad spectrum of physical, mental, and emotional conditions including bodies with diseases, physical impairments, and emotional disorders. This broad definition is in line with recent scholarship on disability but is not without its problems; experiences of disability differ drastically depending on the type of impairment and factors such as age, sex, race, and location. The disabled body is defined as such via the societal structures that separate “normal” (“able”) bodies from those that differ in either appearance or function due to any temporary or permanent impairment. The term “ableist” as used in this thesis refers to the societal discriminatory practices that systematically disenfranchise people with disabilities, creating a bias in favor of those considered “normal.”

This project seeks to highlight the instability of the concepts of virtuosity and disability as they have been utilized thus far in analyses of performance works in order to open up a discourse of the performing body that is not reliant upon able-bodied structures. The basis for this discussion will be the theoretical framework set forth by philosopher Gilles Deleuze and psychoanalyst Félix Guattari, whose constructivist understanding of the body is useful in re-thinking the conditions of the terms “disability” and “virtuosity.” In their work *A Thousand Plateaus: Capitalism and Schizophrenia*, Deleuze and Guattari theorize a body understood as the sum of its capacities rather than a

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body reduced to its functions.\(^2\) I will utilize this model to theorize a virtuosic disability that is not predicated on ableist definitions of the body, but rather places emphasis on the body’s affective capacities. This relational approach focuses on the connections formed between performer, audience, and disability as lived in (and in-between) bodies. It frames the following discussions of Athey, O’Brien, and Bufano’s performance practices in terms of engagement; each performer engages and disengages with their disabilities, the cultural stereotypes constructed around disability, their audiences, and the material realities of their bodies to create virtuosities not contingent upon codified performance techniques.

The problematic nature of the terms “disability” and “virtuosity” as generally understood necessitates this shift in thinking. These terms are predicated on a norm, or standard set of abilities and appearances of an \textit{a priori} body. The presumption of a normative body leads to normalizing ideas about how a body \textit{should} function in society in order to be a productive member of that society. As disabilities specialist Lennard Davis states, “the normal…is a configuration that arises in a particular historical moment…of progress, of industrialization, and of ideological consolidation of the power of the bourgeoisie.”\(^3\) The concept of disability is an outgrowth of this systematic hegemony. The essentialist body has a set of functions that it \textit{should} be able to carry out on its own accord without the interference of or interaction with external agents, thus defining the body in terms of functionality. The qualifiers “disabled” and “virtuosic” are


deviations from normal functionality and refer to the physical lack or excess of this functionality. Disability is a lack of functionality, and virtuosity becomes the binary opposite, a hyper-functioning in excess of the norm.

When considering the relationship between the disabled body and artistic production, this normalization produces a misconception that the hyper-functioning body (the body that is more physically fit or mentally able than the norm) is the only body capable of virtuosic work, leading to an ableist notion that “anyone who creates a canonical work must be physically able.” Disability and virtuosity have similar social formulations developed within a framework of Enlightenment normativity within which the virtuosic disabled body exists only as a paradox. As theater historian Joseph Roach notes, the Enlightenment-era concept of the virtuoso uses the body as an instructional vehicle that “translates ideology into precisely elaborated exemplary behavior” under the gaze of the audience. This formulation of virtuosity contains an inherently able-bodied bias that mandates performing bodies to conform to and subsequently master a set of physical skills (including style and comportment). Enlightenment virtuosity is a “mastery of flesh,” while the disabled body is a deviant body out of control.

Petra Kuppers examines the ways in which freak shows and medical theatres regulated knowledge of disabled bodies while reinforcing social stereotypes of disabled people as “non-human…being only within the boundaries of difference [emphasis in

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4 Davis, Enforcing Normalcy, 7.
6 Ibid., 109.
original].” These historical performances enforced ways of looking at the disabled body that subjected disabled people to the controlling gaze of doctors and carnival-goers. The authoritative medical gaze and the gawking stares of audience members effectively “othered” the disabled body and mastered it. Medical theaters and freak shows form particular histories of disability performance that continue to dictate how disabled bodies are read. If the history of virtuoso performance credits virtuosos as “masters” of their bodies, the history of disabled performers reinforces the idea that disabled bodies must be mastered by structures and forces external to their bodies. In this configuration, the disabled artist could never be virtuosic. A revision of this formulation is necessary in order to acknowledge the space of the exceptional disabled performer whose physical dynamism and communicative abilities are sharpened through the use of individually crafted techniques and performance practices.

When discussing virtuosity in performance, the “norms,” or the functions that the body should be able to carry out, are usually determined by a codified performance technique (of dance, theater, vocal performance, etc) that offers a standard set of hierarchically organized actions. For instance, a ballet dancer learns basic steps, then progresses to more advanced dance vocabulary, reaching a “virtuosic” level through the perfect execution of the most difficult movements. Within this conception of virtuosity, what a performer does is as important, if not more so, than how a performer performs. Acceptable performing bodies are determined by their functionality— taking the example of the ballet dancer, only those bodies that are functionally able to carry out the most

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7 Petra Kuppers, Disability and Contemporary Performance: Bodies on Edge (New York: Routledge, 2003), 47.
advanced movements (kicking, turning, leaping) will be considered virtuosic. The terms of virtuosity considered within a framework of functionality leads to ableist assumptions of who should or should not participate in artistic production. But virtuosity understood instead as a mode of relational performance is not necessarily beholden to a certain body-type or technical practice in and of itself. To be clear, I am not interested in formulating a critique of codified structures of technique as such, but rather seek to expand notions of virtuosity to address performers whose practices fall outside of traditionally accepted structures. While it is possible to incorporate disabled bodies into established performing arts structures with varying degrees of success, my interest lies in the possible virtuosities that disabled performance artists present through the creation of new and alternative performance techniques that engage and mobilize their disabilities directly.⁸

**The Relational Body**

We know nothing about a body until we know what it can do, in other words, what its affects are, how they can or cannot enter into composition with other affects, with the affects of another body, either to destroy that body or to be destroyed by it, either to exchange actions and passions with it or to join with it in composing a more powerful body.⁹

Deleuze and Guattari take the Spinozist question of “what a body can do” as the basis for their articulation of the body’s capacities. More specifically, they are interested in the affective capabilities of a body, of the relations into which it can enter, and the intensities of these relations. “What can a body do?” is *not* a question of functionality or the ability to carry out physical tasks; it is not a matter of whether a body can walk, talk,

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⁸ For examples of dance and theater companies that integrate performers with and without disabilities, see Axis Dance Company, Dancing Wheels, Bilderwerfer, and Candoco.
jump, turn, dance, or sing. Instead, this question considers how bodies create relations with other bodies and objects and how relations are intensified. Relations can be thought of as “the virtual links between bodies that a body can form...[they] become actual when they are connected to a body, but they do not initiate anything themselves.” Relations must be acted upon in order for a body to realize the full potential of what it can do, otherwise these affective capacities will remain passive as mere potentialities. Delueze and Guattari state, “a body is not defined by the form that determines it nor as a determinate substance or subject nor by the organs it possesses or the functions it fulfills.” The form of the body (what a body is) does not determine whether or not a body is capable of forming relations – all bodies form relations. In this way, the binary of ability/disability ruptures. The disabled body, no longer defined by a lack of functioning, is productively understood in its specificity as “a relation of movement and rest, speed and slowness, by a combination of atoms, an emission of particles: haecceity.” Each body is particular to itself and to the relations in which it is engaged.

11 Deleuze and Guattari, A Thousand Plateaus, 260.
12 Deleuze and Guattari, A Thousand Plateaus, 277. In this section of A Thousand Plateaus, Deleuze and Guattari discuss the defining characteristics of the girl subject as “becoming-woman.” The idea of “becoming” allows Deleuze and Guattari to “get outside the dualisms” and to describe a multiplicity of being. This passage articulates “becoming” in a way that can be applied to modes of existence that characterize disability: “Thus girls do not belong to an age group, sex, order, or kingdom: they slip in everywhere, between orders, acts, ages, sexes; they produce n molecular sexes on the line of flight in relation to the dualism machines they cross right through.” Disabled bodies also perform this slippage between categories. Haecceity is the term Deleuze and Guattari use to describe “a mode of individuation very different from that of a person, subject, thing, or substance.” This term is useful because it locates specificity within the formation of relations that characterize the process of “becoming,” which easily can be misunderstood as a vague, overarching term for any transformative processes.
This definition of the body as an affecting and affected subject alters how notions of health are constituted, directly effecting how disability is conceived. Instead of speaking of healthy or unhealthy bodies, Deleuze and Guattari speak of healthy or unhealthy relations. Health is a state of perpetual production of relations between objects and bodies. The body is always in a state of flux, forming both productive and destructive relations. Philosopher Ian Buchanan describes Deleuze and Guattari’s understanding of health succinctly: “Health… is the happy union of a capacity to form new relations and the new relations themselves, which in turn permit the body to go on to form other new relations.”

This consideration emphasizes health as a continual process instead of a state of being that one has or does not have; health is always being achieved but will never be fulfilled, as relations are constantly being created and compounds continually destroyed. If health is a process, then it could not be a static or inherent lack; therefore, the impairments that lead to the disabling of a body should not be the defining factor of the body’s health.

Perceptions of health and the body influence how disability is read in performance. The impairment and subsequent disabling of the body are often understood as a lack or loss of function, ability, and ultimately of health (deviating negatively from the norm), which leads to a reading of disabled performance artists and their work as having to “overcome” physical or mental handicaps. Disabled artists become objects of

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14 For instance, paralysis is an impairment that can restrict a person’s ability to walk, leading to the disabling of their body as most social spaces are not designed to accommodate wheelchairs. This constructs a social identification of the body based on the perception of lack. For a full discussion on the topic of health and lack, see Buchanan, “The Problem of the Body in Deleuze and Guattari,” 80-84.
pity, inspiration, and fascination when defined by lack. Ann Cooper Albright critically reviews Dancing Wheels in her article “Strategic Abilities,” noting that the ethos of the tagline for the company, “A Victory of Spirit Over Body,” dominates much of the creation and reception of mixed-abilities dance. “This rhetoric is actually based on abili[es]t notions of overcoming physical handicaps (the ‘supercrip’ theory) in order to become a ‘real’ dancer, one whose ‘spirit’ doesn't let the limitations of her body get in the way. Given that dancers' bodies are generally on display in a performance, this commitment to ‘spirit over body’ risks covering over or erasing disabled bodies altogether.”

To avoid this ableist pitfall, it is necessary, then, to read the disabled body in performance as materially specific, performed in its own terms as an affected and affecting body capable of forming relations rather than fundamentally lacking in health. By using Deleuze and Guattari’s emphasis on relations as the key to understanding bodies and health in general, the discourse on disability in performance is redirected away from the rhetoric of erasure, lack, or pity. A discourse of relations acknowledges not only the powerful specificity of disabled and diseased bodies but also the relations they can create and intensify in performance. The materiality of the body partially determines what relations can form and how they can be articulated in performance, opening up multiple possibilities of performing and reading disability.

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Recovering the Virtuosic

This relational conception of the body lays the groundwork for a new understanding of virtuosity that can fully incorporate the disabled performer. When considering the body as first and foremost a relational subject, what follows is an alternate understanding of performance as the creation of an environment that intensifies these relations. Virtuosic performance can be understood as a deliberate intensification of the body’s relational capacities through the mobilization of productive practices. In other words, virtuoso performers utilize or create techniques that intensify and multiply the affective capacities of their bodies. Virtuosic disability specifies a performing body that mobilizes disability to intensify these relational capacities: the disabled body is articulated in the material of the body (movement, fluid, skin, any number of indexes of the physical self) to communicate and create relations.

This formulation of relational virtuosity radically revises how exceptional bodies are read in performance. In her essay entitled “The Romance of Monsters: Theorizing the Virtuoso Body,” Judith Hamera calls for a revision of virtuosity as “one of the last attributes of the Enlightenment subject to survive largely untheorized in critical discussions of performance.” As discussed previously, the Enlightenment virtuoso is an ideal, unified subject endowed with full agency, a hero and master of the body. Hamera

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16 I use the term “productive practices” as articulated by Petra Kuppers to describe performance practices that open up “new alignments of power, individuality, and sociality.” These practices may reference or appropriate various codified or popular performance techniques, but are specific to the performer(s) who create them and ultimately create new ways of understanding difference. See Petra Kuppers, The Scar of Visibility: Medical Performances and Contemporary Art. (Minneapolis: University of Minnesota Press, 2007), 1-2.
argues that this particular “heroic master plot” oversimplifies the complex and uneasy relationship between performer and audience that attends the performance of the virtuoso. Describing virtuosity as a technology of looking and relating rather than a quality of heroic self-discipline given to an individual performer, Hamera attempts to elucidate the ways in which virtuosity “engag[es] corporeal and contextual difference” where “the power of the vicarious is activated by critical projections onto the screen of the exceptional laboring body.”18 This implies a deliberate relationship between the performer and an audience member.

To witness virtuosic performance is to read difference through an affective social relation between the performer and the audience, requiring identification to take place across the space of performance. The witness projects desire, fears, and fantasies onto the body of the performer, but this desire for incorporation with the performer is never fulfilled. As quickly as unifying impulses are created, they are destroyed by the performer’s multiplying and fragmenting of affect and relation—virtuosity is not the unification of a “whole” entity; it is not a demonstration of “The Body” as idealized and total subject, but rather, virtuosity elaborates on many bodies, many relations, tracing movements between bodies. Virtuosos heighten the elusive nature of performance because, as Hamera suggests, they are a kind of “sacred monster” capable of functioning “as a dialectical Other or third-term supplement… as an incorporation of the Outside, the Beyond— all of those loci that are rhetorically placed as distant…but originate

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Within.”¹⁹ The virtuoso has the communicative agency to expose and manipulate borders between the audience and performer, novice and master, fragment and whole, and thus performs relations that are always in flux.

Relationality is the crux of virtuosic disability. In the chapters that follow, I will analyze how Athey, Bufano, and O’Brien perform virtuosic disability through the creation of performance practices that intensify this relationality. While these practices vary among these performers, they all perform excessive materiality specific to their diseases or disabilities. These practices affirm the ways in which the disabled body creates relations with other bodies and objects rather than reactionary techniques that “triumph” over adversity or prove that they are “as good as” able-bodied performers. In my readings of each of the artists’ works, I will emphasize their performance practices and ground my analyses in the theoretical framework proposed above.

Chapter One looks at performance artist Lisa Bufano, whose work *One Breath is an Ocean for a Wooden Heart* is a choreographic work for Bufano and her performance partner Sonsheree Giles, who move together on prosthetic stilts. Bufano is an ex-gymnast, animator, and visual artist currently creating performance-based works in the Bay Area of California. After suffering from a bacterial infection, Bufano’s feet and fingers were amputated, limiting her mobility and fine motor capability. Since the amputation, she has explored movement-based works utilizing various apparatuses that both extend and restrict her mobility, performing her disability through further manipulation and extension of the body’s limits. Bufano questions the functional and

aesthetic purposes of prosthetics through the use of unusual and surprising apparatuses. She opens up new relationships that the body can have with prosthetics, specifically as they inform her movement choices.

Bufano’s work *One Breath is an Ocean...* is a revision of the virtuosic body of the dancer as it invokes animalistic imagery to enact physical transformation between two bodies constantly in flux. Forms shift and morph from one moment to the next, interacting through the spectrum of intimacy and aggressiveness. Moving on stilts formed from the legs of a Victorian table, the two performers interact precariously on all fours. Bufano performs a virtuosic disability that unravels throughout the work as she moves in partnership with Giles, an able-bodied and trained dancer, highlighting a relationship that is symbiotic and constantly shifting.

The second chapter focuses on two works by Ron Athey, *Deliverance* (1998) and the *Self-Obliteration* cycle (2008-2010). Athey has been a practicing performance artist since his collaborations with Rozz Williams in 1981. Athey is an HIV-positive, queer artist whose works are convergences of extreme bloodletting, theatrical tortures culled from S/M sexual practices, religious references, and medical imagery. In these multivalent performances, the diseased body acts as an entry point into the relations between dominant and underground cultural practices and disability. Athey’s background growing up in an extremely religious Pentecostal family and his subsequent involvement in the underground Los Angeles club scene serves to ground his theatrical practices. Within these contexts, Athey manipulates his body in extreme ways that are informed by his former drug abuse and daily life with HIV. *Deliverance* and the *Self-Obliteration*
cycle are two such performances that integrate the many aspects of Athey’s background through performances of self-torture.

The decade that separates the two pieces represents a shift in greater cultural understandings of the HIV/AIDS crisis as well as a change in Athey’s approach to performing his disease in front of an audience. By performing both pain and pleasure in the context of disability, Athey produces affective experiences of sensuality, eroticism, and abjectness that vary over time and venue. The differences between these performances represent not only the differences between the cultural reception of HIV/AIDS in the 1990s to that of the 2000s, but also of Athey’s personal relationship with his body and its materiality.

Martin O’Brien’s durational work *Mucus Factory* is the subject of chapter three. A queer performance artist living and studying in Great Britain at the University of Reading, O’Brien lives with cystic fibrosis (CF), a disease characterized by an overproduction of mucus that builds up in the respiratory, digestive, and reproductive systems. Being a young artist with a chronic disease, O’Brien manipulates senses of temporality in his works. Endurance, duration, and the unpredictability of the moment collide in *Mucus Factory*, a work that extends over twelve hours. The relationship of the diseased body to time offers a productive framework upon which O’Brien builds performative landscapes.

*Mucus Factory* is heavily informed by O’Brien’s experiences with his physiotherapy exercises designed to maintain physical health. By bringing medical practices into a gallery setting, O’Brien is unsettling the boundaries between so-called
“private” experience with disease (disability is often thought of as a singular experience dealt with not by the community at large but on an individual basis) and the public space of artistic exhibition. Actions such as hitting himself on the chest, jumping on a trampoline, and running to loosen up the excess mucus in his chest cavity are repeated over the course of twelve hours as the phlegm is collected in small jars. Situating itself alongside the works of Athey and Bob Flanagan, *Mucus Factory* is unsettling in its use of the material index of disease, foregrounding the complexity of living in and with a body marked “diseased.”

The second and third chapters of this thesis describe artists with diseases rather than visible, external impairments more traditionally thought of when considering disability. This inclusion draws attention to the overlap and interplay between visible, externally read impairments and less visible, internal impairments of the body. Disease and disability experientially overlap, such that the functioning of organs, muscles, fluids, and bones directly effect the external indexes of movement, form, shape, and comportment. Moreover, the virtuosity of Bufano, Athey, and O’Brien develops in part because of their ability to articulate the complex interplay of the body with itself, performing bodies that defy separation between “internal” and “external” segments. These performances consider complete sensory experiences, which, while visually driven, affectively stimulate kinesthetic, auditory, and (arguably) olfactory senses that traverse the range of physical experiences including those of disease and disability.

Particular to this thesis is a theory of virtuosic disability that does not ignore the specificities of the disabled performing body, specificities that often are hidden from
view or “worked out” when placed within the structure of codified performance technique. Instead, the performance artists included in this thesis utilize techniques and processes particular to their own bodies. They are techniques that are informed by dance, theater, body art, and physiotherapy, but are ultimately specific to the physical materiality of the individual performer. Although the scope of this thesis is limited to the works of Athey, Bufano, and O’Brien, there are many other artists in all media, visual and performative, whose works could be described as containing elements of virtuosic disability. By focusing on these three performers, I attempt to formulate an answer to the question of what new understandings of embodiment, performance, and subjectivity are opened up when the reference system of virtuosity and disability and their constructed reality is destabilized. I argue that the within the possibility of a virtuosic disability there lies the creation of performance practices that can subvert the heroic master plot of traditional performance and produce new knowledges of embodiment through the engagement and exploration of physical difference.
CHAPTER 1: LISA BUFANO

Lisa Bufano redefines the relationship between form and function through the use of prosthetic devices in her movement-based works. She exercises ingenuity in the creation of prosthetics that modify and extend her body’s form, which was altered by a bacterial infection at the age of 21, resulting in the amputation of her lower legs and fingers (Fig.1). Bufano’s prostheses alter her body to the extreme, but have been created with a sensibility about shape and material that allow for seemingly organic movement. She performs the virtuosic disability of a shape-shifter, transforming her body into a multiplicity of forms. Just as the prosthetic devices partially determine the movement vocabulary Bufano utilizes, her choreography informs the creation and disruption of relations that materialize and dissolve throughout her performances.

Although little has been written about Bufano’s visual or performance work, she maintains a steady presence in the world of disability art. She has performed internationally in Zagreb in the Extravagant Bodies festival, received a Franklin Furnace Fund for Performance Art, participated in residencies at the Alaska Center in Boise and the Contemporary Artists Center in Massachusetts, and toured internationally with Axis Dance Company and choreographer Heidi Latsky. 20 This chapter seeks to highlight Bufano’s innovative performance practices and analyze her artistic methods, which are deserving of critical attention. I will be paying particular attention to her work One Breath is an Ocean for a Wooden Heart (2007), as it exemplifies her artistic practices and processes.

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Her approach to performing disability is recognizably different from most other disabled artists who perform movement-based works. Her virtuosity lies in the manipulation of visual forms rather than the execution of movement skills that derive from traditional dance technique. Although the use of prosthetics necessitates a certain amount of physical skill, Bufano does not emphasize the perfect execution of a movement style but rather focuses on the relationship between internal and external forms that produce such movements. In short, Bufano sculpts movement. She manipulates the multifaceted nature of her body’s materiality, form, and kinetic potential: all of these elements are both internally felt and externally performed, informed by internal impulses to move and visual considerations such as shaping and line. The sculptural quality of her movement develops in part because of the shifting relationship between her self-designed prosthetics, which can be considered sculptural objects in themselves, and her body’s physical signature, including posture, range of motion, shape, and inclinations toward a variety of movement qualities. Bufano considers the connective spaces between her prosthetics and her body and sculpts this connection to reconfigure and perform these relations.

Before beginning her choreographic career, she studied stop-motion animation and sculpture at the School of the Museum of Fine Arts in Boston.  

*Meticulous Abstract Part 1 and 2* demonstrates the interplay between unusual forms and kinetic relationships that characterize her performances (Fig 2). Comprising this two-minute stop-motion animation are humanoid forms built from antique boxes, toys,  

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textiles, and decorations, as well as hand-sculpted pieces shaped into disparate body parts such as large ears that cover a faceless head, a pair of lips inserted into a metal frame, or blinking eyes peering out from two flower-shaped lamps. Creative manipulation of forms makes possible intimate interactions between these uncanny, life-like simulations. For instance, one form comprised of a metal cage, tulle, and curling irons spins wildly while Edith Piaf’s *Smoke Gets in Your Eyes* plays over the animation. The curling iron “arms” of this headless figure become “legs” as the torso unhangs itself, turning upside-down to reveal a decrepit blinking-eye doll head enclosed in a jewelry box. A close-up of the doll head exposes two blurry, in-set eyes that are able to open, but cannot actually see the other forms in space. Bufano creates a world comprised entirely of prosthetics: forms that engage in human-like movement but cannot truly function or fulfill their capacity as body parts as such. Put another way, these non-normative forms demonstrate the complex relationship between aesthetics (all of Bufano’s “bodies” exhibit sophisticated use of color, texture, shape, and composition) and the tendency to anthropomorphize inanimate objects according to the normative ideals of human physicality and function. The differences between “functional” art objects and decorative art objects collapse within this world of kinetic, prosthetic sculptures. All of the objects in Bufano’s animated work function prosthetically, yearning to produce the full range of human function, but always falling short. Within this alternative functioning, these objects form unexpected relationships and produce uncanny kinesthetic gestures.

This initial interplay between prosthetics and movement is not fully realized in *Meticulous Abstract Part 1 and 2* as Bufano is only able to explore a limited spectrum of
movement potential in her stop-motion animation. The relations between form and function remain relatively static, contained within a controlled structure. Bufano’s more recent performance work takes the initial premise of her stop-motion videos and extends it, using her own body and its relationship with prosthetics as the kinetic canvas.

Bufano’s One Breath is an Ocean for a Wooden Heart is a duet first performed at the Extravagant Bodies festival in Zagreb in 2007 by Bufano and Sonsheree Giles, a non-disabled dancer. Both performers have 28-inch, Queen Anne style wooden stilts attached to their hands and legs and wear lightweight, backless jumpers made of layers of ruffled white fabric, emulating the texture of lambs’ wool. The sound score, created by Jerry Smith, is comprised of multiple tracks including a percussive repetition of breath sounds, plucking guitar strings, a high-pitched monotone drone, and a short narrative text. The documentation I will be using for the following analysis of the piece was taken from a 2007 performance at Art Workshop Lazareti in Croatia, where it was performed and videotaped in its entirety.23 After a detailed discussion of One Heart…, I examine Bufano’s shape-shifting ability within the context of Deleuze and Guattari’s notions of becoming-animal/becoming-other, which describe potential being-states that are processual rather than static. I will also discuss Bufano’s performance of amputation and prosthesis as it relates to and acts against current discourse on disability and prosthetics.

23 “LISA BUFANO Za drveno srce jedan dah je čitavo more / One Breath is an Ocean for a Wooden Heart” <http://www.youtube.com/watch?v=R3hhozVPTio> (1 August 2012).
As the audience settles in to the performance space to find their seats, *One Breath is an Ocean for a Wooden Heart* has already begun. Lisa Bufano and Sonsheree Giles are already performing as they lay on the ground with the backs of their torsos towards the audience. Settled in spooning pike positions, they barely move but for the slight expansion and contraction of their ribcages as they breathe. After letting the audience meditate on the visual image of two bare spines for an almost uncomfortable period of time, Giles and Bufano begin to undulate across the floor, using the musculature of their sides and backs to crawl slowly while maintaining the orientation of their spines to the audience. This serpentine action emphasizes the sensuality of the back; Bufano and Giles take the form of bodies comprised only of torsos and heads oscillating between moments of elongation and compression. For the moment, the bodies are legless and armless but sensuous and connected in unison movement.

The action progresses as Giles and Bufano slowly unfold and refold their bodies along the floor, hinging at the hips and pushing out into horizontal space with their heads and legs. Throughout this action, they maintain constant but gentle physical contact with one another, touching at least one body part at all times. They no longer move in unison, becoming two separate but connected bodies in space. The movement draws the audiences’ eyes towards the long wooden stilts attached to the ends of their legs and arms that accentuate the extension of the performer’s bodies. Line becomes prominent in this sequence as their torsos lengthen into curvilinear forms that have seemingly endless limbs. The performers continue to fold and unfold until their bodies are fully extended.
across the floor, stilts reaching long into space. Bufano positions her stomach against the ground and Giles splays out on her side with her back towards the audience to create a long, continuous line emphasizing horizontality. From this position, they refold and lift their torsos from the ground, beginning an ascent to their hands and knees with the tops of their heads gently pressing into one another.

Slippages and adjustments disrupt the slow, steady quality of the movement as Bufano and Giles precariously shift themselves up onto the rubber stoppers at the end of the stilts. The two bodies falter their way onto their eight legs, becoming a newborn fawn attempting to stand for the first time. Alternating between pushing their weight downward into the floor and forward into their partner’s head, each performer slowly begins to master undulation on four legs. Bufano and Giles create a continuously rippling line that begins at the tailbone of one performer and moves through the spine and into the torso of the other performer, invoking the motion of inchworms, waves, and caterpillars. This action demands a constant kinesthetic dialogue between the performers as they rely on one another for support and balance; their movement transforms and progresses through subtle communication via one point of contact. The two bodies enact the oscillation of separation and connection that characterizes the relationships between disabled or amputee bodies and prosthetics. The performers are not always successful in maintaining balance and fluidity as the relationships between their bodies, the prosthetic stilts, and each other must be recalibrated with each movement. At this tenuous juncture, stillness is not an option. The audience’s awareness of each subtle shift in weight lends a
sense of intimacy and suspense to the performance: how will they continue to maintain contact; will they fall?

After finding their balance on eight stilts, Bufano and Giles begin to locomote, playing a game of balance and uncertainty. They travel toward stage left with short, slow, gentle steps that then become larger, more aggressive walks toward stage right. Heads still connected, they pause after every few steps to find equilibrium (Fig. 3). Quick, alternating strikes at one another’s stilts interrupt these moments of stillness to initiate locomotion once again. When Bufano slowly picks up her front stilt to suddenly knock Giles’ stilt out from underneath her body, she intensifies the suspense, tension, and rhythm of the otherwise fluid movement pattern.

The performers’ more aggressive use of their prosthetics heightens the sense of danger that attends their disconnection from the ground. In Bufano’s description of the piece, she mentions Sonsheree’s “experience of being disconnected to the ground (by the 28” distance of the stilts)” that “affirmed Lisa's experience as a 15-year prosthetic user; someone who performs tasks using tools that prevent 'feeling what she's doing.'”

One Breath… takes this phenomenological experience of the prosthetic user and pushes it to its extreme; the development of the piece depends upon the performers’ manipulation of connections and disconnections with one another, their prosthetics, and the space they inhabit. While prosthetics are normally thought of as replacements for a body part that is missing both in form and function, Bufano highlights an experiential problem set that the use of prosthetics introduces, namely that prosthetic devices, while enabling some

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physical functions, may prevent certain physical sensations and, to a certain extent, hinder the kinesthetic awareness of its user. In this sense, prosthetics create a different kind of “disabled moment” that Bufano and Giles perform through the manipulation of the form and function of their prosthetics.25

As the piece progresses, disconnection becomes more dramatic. During a brief moment of rest while Bufano and Giles stand momentarily still with their heads pressed together, the two bodies separate for the first time, shifting ever so slightly backward onto their back stilts to create space between the tops of their heads. This small yet impactful movement shifts the piece’s dynamic, opening up the possibility for the retreat of bodies and the acknowledgement of negative space as an active force in the creation of new shapes and relationships. Bufano and Giles’ bodies are now separated into two distinct forms that have the potential to retreat into general space or intrude upon one another’s personal space.

Bufano and Giles’ physical manipulations climax in a prolonged moment of almost complete stillness. Bufano, assuming a straight-backed tabletop position, stabilizes herself as Giles slowly walks backwards under Bufano’s frame, reaching behind herself with her rear prosthetic legs (Fig 4). She then steadies herself and reaches back with her front prosthetic arms to assume the form of a chair resting under Bufano’s table. The two performers remain still but for Giles’ head slowly panning towards the audience. Bufano peers sideways at Giles while this simple action is taking place, as if

25 Lennard Davis, Enforcing Normalcy: Disability, Deafness, and the Body (New York: Verso, 1995), 4. Davis introduces the idea of a “disabled moment” as a modality of experience that can be accessed by any body and separates the defining characteristic of a “disability” from individual narrative and time frame.
recognizing that the solid, stable forms they have assumed will not last long. They break their stillness with a slow rotation of their shapes in space, maintaining their orientation to one another until Giles’ initiates a forward motion under Bufano’s body. Instead of creating additional distance between the two bodies, they become stuck together, shuffling the newly materialized arachnid form backwards on eight legs.

The piece comes to an end after Giles and Bufano attempt to assist one another through the space in various ways – a precarious task when one cannot “feel what they’re doing” with all parts of their body.26 The performers utilize both prosthetics and “real” body parts to carry, prod, push, lift, and roll one another through the entirety of the space. Morphing into strange and alien configurations, Bufano and Giles’ relationship oscillates between gentle assistance and domination. They become mother and cub, predator and prey, symbiotic forms attached as one unit. The relationship with their prosthetics continues to change as well, as they perform this weight sharing with sure-footed ease, seamlessly moving into low levels and lifting off of the floor and onto their stilts. The incorporation of the prosthetics into their bodies is complete, although the performers do not stay incorporated as a single form. The piece ends with Bufano and Giles separated at the far upstage and downstage corners after another tandem rotation. Bufano continues her rotation on the tops of all four stilts while Giles hangs silently in her chair position floating above the ground.

_Becoming_

Becoming is always of a different order than filiation. It concerns alliance… Becoming is involu-tionary, involution is creative. To regress is to move in the

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direction of something less differentiated. But to involve is to form a block that runs its own line “between” the terms in play and beneath assignable relations.\(^\text{27}\)

Prosthetic devices function at the pivot point of disability in Bufano’s work, simultaneously enabling and disabling the body in fantastical ways but with an earnestness that never disavows or deliberately conceals the “natural” form of her body. Her interest in prosthetics is not the techno-fetishism of artists who aim to manipulate the human form through technological extension, nor is it simply extreme costuming or innovative prop use. It evolves from her everyday relationship with prosthetics and the phenomenological experience of disability that connects inanimate objects to her physical, mobile form. To borrow terms from Deleuze and Guattari, Bufano *involutes* the form and function of the prosthetic into her own body, creating what can be considered a *symbiotic* relationship between the prosthesis and her human form – Bufano brings vitality to the device while it enables an additional range of movement (albeit with certain limitations).\(^\text{28}\) This involution of the form and function of the prosthetic into the form and function of the body allows for a new consideration of the amputee body. In Bufano’s work, the amputee body involves a multiplicity of forms and functions rather than a lack or loss.

Lack and loss, often reinterpreted as motifs of wholeness, hybridity, and fragmentation, dominate much discourse on disability and prosthetics. These themes describe both physical formations and lived experiences, but often are unilaterally applied to disabled and amputee bodies without considering the multiplicity of experiences into

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\(^{28}\) Ibid., 238.
which prosthetic users enter. For instance, in her essay, “A Leg to Stand On: Prosthetics, Metaphor, and Materiality,” Vivian Sobchack critiques the use the idea of “the prosthetic” as a descriptive metaphor for experiences of technological extension of the “human” experience.29 This metaphorical mobilization of prosthetics, although emerging from an “interrogation that is meant to disrupt the traditional notion of the body as whole,” is often “predicated on a naturalized sense of the body’s previous and privileged ‘wholeness’… constituted in purely objective and visible terms; body ‘parts’ are seen (from an ‘observer’s’ point of view) as missing or limited and some ‘thing’ other (or some ‘other’ thing) is substituted or added on to take their place.”30 Bufano’s performance contradicts the idea that prosthetics can produce “wholeness” where there once was lack, and instead serves as an example of a processual relationship between her body and her prosthetic devices.

Even Sobchack’s discussion of prosthetics reverts back to an either/or relationship of fragment to whole that she attempts to resist. To refute the claim that prosthetic devices exist as separate objects that operate in contradiction to the “organic” body, Sobchack argues that “the prosthetic as lived in use is usually transparent; that is, it is as ‘absent’ (to use Drew Leder’s term) as is the rest of our body when we’re focused outward to the world and successfully engaged in the various projects of our daily life.”31 And yet, Bufano’s statement that her prosthetic inhibits her ability to “feel” what she’s doing as well as her performance of One Breath… testifies against the transparency of

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30 Ibid., 210. Emphasis in original.
31 Ibid., 211. Emphasis in original.
prosthetics. Why should prostheses (or the rest of the body, for that matter), need to be rendered “absent” in order to successfully engage in the world? To render a prosthetic absent in experience is to once again give prominence to a false sense of wholeness that denies the possible involution of terms. In contrast to Sobchack’s formulation, Bufano’s phenomenological experiences of complex and processual relationships with her prosthetics provide multiple engagements with the world around her that are specific to her body and rich in affect. To paraphrase Deleuze and Guattari, Bufano performs the line that runs “between” the two terms (and between two bodies), allowing the form and function of the prosthetics to disappear and reappear in relationship to her and Giles’ bodies.

Bufano’s performances emphasize transformation and variation. In her artist’s statement, she describes “the dominating theme” of her visual and performance work as “the visceral experience of alienation, embodied by creatures, real and imagined.”³² The concept of embodiment of creatures mirrors the idea of “becoming” that Deleuze and Guattari articulate in A Thousand Plateaus. They use the terms “involution” and “symbioses” to describe the process of becoming-other that, as Nick Fox states, is “opposed to an essentialist being-body” and is comprised of external “forces – of biology, of environment, of culture and reflexivity and of the aspirational potential” that act upon the body as well as resistances that continuously define the body.³³ For Deleuze and Guattari, all “becomings” can be considered becomings-animal that offer lines of flight away from hierarchical classifications and binaries, such as the able-bodied/disabled

binary that classifies some bodies as malformed or dysfunctional, although all physical forms and functions exist in variation. For Bufano, Deleuze, and Guattari, embodying “creatures, real and imagined” is a way to understand heterogeneous objects (such as a wasp and an orchid, or a prosthesis and a body) that form specific relationships, but that cannot be reduced to mere resemblance of form or function. For instance, a prosthetic looks and functions similarly to a body part, but it only exists as such in relation to a body as well as the social, cultural, and environmental forces that dictate the relationships that can be formed between a body and a prosthetic device. Through the process of becoming-animal, Bufano’s prostheses become more than mere tools used to mitigate her disability or normalize her body. Likewise, Bufano’s body becomes filled with rich relationality as she embodies the characteristics of creatures that do not exist within the confinement of the able-bodied/disabled binary, but that exist when she performs with her prosthetic devices. She becomes-other/becomes-animal with her prosthetics, which do not need to function normatively (according to human capability) in order to serve specific and important roles to the becoming-other. To apply Deleuze and Guattari’s question “what can a body do” to Bufano’s performance work, we see that the form of her body allows the entrance into multiple relations, multiple relational capacities that exist beyond the term “disabled.” Lack, resemblance, and replacement have no place in becoming-animal; involution, creation, and symbiosis instead characterize Bufano’s virtuosic becoming.
CHAPTER 2: RON ATHEY

Ron Athey is a virtuoso of pain. Incorporating sadomasochism, religious imagery, and queer erotics into his performances, Athey’s practices of self-torture explode the boundaries of the physical and social body. His status as HIV-positive not only heightens the impact and controversy of his work, but also opens the door for the potential interplay between the diseased body and virtuosic performance. Athey emphasizes live pain in real time, insisting on transgressing both the boundaries of skin and flesh and the imposed boundaries that separate audience and performer and the diseased and the able-body that traditionally guard against the exchange of true vulnerabilities between performer and witness. In analyzing the virtuosic elements in this work, vulnerability, pain, and ecstasy are important as experiences and concepts that deconstruct the notion of virtuosity as inherently able-bodied.

Although previous assessments of Athey’s work have addressed his HIV-positive status, his disease is couched often within discussions of AIDS-related art, body art, or queer art.\(^34\) I will discuss his works, in particular Deliverance (1997) and the Self-Obliteration series (2008-2011), in an attempt to situate Athey in relation to disability

\(^34\) Many texts on Athey’s work use as their starting point the infamous Star Tribune incident in Minneapolis during a 1994 showing of Four Scenes in a Harsh Life at the Walker Arts Center. Inflammatory journalism created controversy when the Tribune printed a review stating that audience members were directly exposed to HIV-positive blood - a claim that was both inaccurate and threw Athey into the middle of a national debate over federal funding for the arts. While this controversy did manage to increase Athey’s visibility in the art world, fruitful engagements of Athey’s work that operate beyond the scandal of his early career can be found. For in-depth investigations of Athey’s body of work, see Amelia Jones, “Holy Body: Erotic Ethics in Ron Athey and Juliana Snapper’s ‘Judas Cradle.’” TDR: The Drama Review, 50, Issue 1, (2006): 159-169, Dominic Johnson, “Perverse Martyrologies: An Interview with Ron Athey,” Contemporary Theatre Review 18, no. 4 (Autumn 2008): 503-513, and McGrath, John Edward. “Trusting in Rubber: Performing boundaries during the AIDS epidemic.” TDR: The Drama Review, 39, Issue 2, (1995): 21-38.
studies. An analysis of the formal elements in Athey’s work will show that themes and motifs of disability are embedded in *Deliverance* and *Self-Obliterations*, although the term is not often used in discussions of his work. It is my contention that Athey articulates a virtuosic disabled body that goes beyond any singular theoretical framework to support, rather than nullify, the queer complexity of his performance as reification of the disabled body. By applying the term “disabled” to such a performer is not to suggest that all disabled artists should engage in such extreme practices in order to fully address their disability, or that Athey would use the term to describe himself, sadomasochistic practices, or queer art in general. On the contrary, when one considers the explicitly sexual and intensely torturous nature of his practice as an articulation of a *specific* disabled body, we see an affirmation of an embodiment that surpasses the normative labels that regulate ability: an embodiment that does not shy away from the painful, erotic, sensual, and sublime.

Amelia Jones describes Athey’s performance practices as acts of “dehabituation” that queer the techniques of hyperdiscipline that traditional performing artists utilize to attain virtuosic ideals in performance. Jones sees the generative potential of dehabituation in Athey’s work as a way to “slough off the shackles of the naturalizing gestures and patterns through which our bodies are encouraged to perform in normative ways.” In this case the “normative” performer is a thoroughly trained, self-mastered virtuosic body that then becomes the ideal figure of physical health and the “proper” vehicle for artistic expression. Athey upsets these operations of normativity by excessively and erotically

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torturing his diseased body. He experiments with his own blood as the material for his works without covering up the pain he feels as a result. Jones describes her experience witnessing an Athey performance succinctly and poetically: “I absorb…an explosion of uncontainable, shrieking embodiment. There is, really, no containing it. I become porous as the thing unrolls.”\textsuperscript{36} The anti-technique of dehabitation is Athey’s way of inverting virtuosity to the means of exploding the containment of the body.

Techniques of dehabitation are disabling acts that also serve (perhaps paradoxically) as occasions of extension of the body’s affective capacities. Deleuze and Guattari describe this intensification of movement towards excess as the \textit{Body without Organs} (BwO).\textsuperscript{37} Athey uses masochistic dehabituating practices in an attempt to achieve this BwO. In \textit{A Thousand Plateaus: Capitalism and Schizophrenia}, Deleuze and Guattari describe the masochist body as enacting processes of becoming a BwO and a ground upon which the BwO travels:

What is certain is that the masochist has made himself a BwO under such conditions that the BwO can no longer be populated by anything but intensities of pain, \textit{pain waves}. It is false to say that the masochist is looking for pain but just as false to say that he is looking for pleasure in a particularly suspenseful or roundabout way. The masochist is looking for a type of BwO that only pain can fill, or travel over, due to the very conditions under which that BwO was constituted. Pains are populations, packs, modes of king-masochist-in-the-desert that he engenders and augments.\textsuperscript{38}

Pain, as a dehabituating performance practice and a “mode” of masochism, serves as both the means and the ends of Athey’s work. It also embraces a mode of disability that most

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\item[36] Ibid., 162.
\item[38] Ibid., 152.
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Virtuosic performers deny; pain, labor, and struggle are not normally acknowledged and preference is given to performances that maintain effortless qualities. Throughout this chapter, I will analyze the elements of pain and disability that run through Athey’s performances, taking into account Jones’ theory of dehabituation as well as a consideration of the BwO to guide my readings of Deliverance and the Self-Obliteration series.

The analysis of these two works separated by twelve years will also illuminate the cultural shifts in understanding the HIV/AIDS body from a state of contagion paranoia and fear in the 1980’s and 90’s to the “post-AIDS reality” of the new millennium as well as Athey’s shift in thinking about and performing his body. Athey, diagnosed as HIV-positive in 1986, is now a part of an aging population surviving with a disease that was once considered a death sentence. The differences and similarities between Deliverance and the Self-Obliteration series then trace the changing relationship between Athey and his disease, his physical practice, and the reception of his work in a more general sense. Issues of disability and virtuosity become even more complex when time and “survival” are considered: How does one’s relationship to pain, especially as a performance practice, change over time? How does one reconcile the emotional and physical impact of being diagnosed with a fatal disease with the process of aging? How does one address the inevitability of death that lingers over life with disease? I will attempt to unpack these questions through an examination of the formal and conceptual elements of Athey’s works.

Deliverance\textsuperscript{40}

As the final work in Ron Athey’s “Torture Trilogy,” Deliverance is an elaborate yet deeply intimate exposition of Athey’s experience with HIV, its medical and social consequences and its lived processes.\textsuperscript{41} This visual spectacle includes set pieces, an entire cast of performers, a sound score, text, movement, and of course Athey’s trademark use of sadomasochistic practices intermingled with religious imagery. For this analysis I will focus on specific scenes that help create the narrative arc of the piece rather than detailing each component, as there are many, with multiple elements comprising each scene.

Deliverance is a dramatic attempt to reveal the connections between religion, disease, healing, and death. To achieve this, Athey creates physical and temporal spaces within which the performers engage religious, medical, and sexual practices. These spaces link together to produce a theatrical event that explores the ethical dimensions of living with HIV/AIDS and the interconnectivity of medical and religious practices that govern the body and its physical and spiritual health. This performance articulates virtuosic disability by enacting, subverting, and denying these spaces and practices of intervention that seek to correct the sick body by pushing these practices to their limits.

Athey presents religion and medicine as two spaces intrinsically linked by a desire to eradicate abjectness, a desire that becomes internalized by the HIV-positive person as a quest for a “cure.” Deliverance unpacks this trope of disability and the self-imposed

\textsuperscript{40} This formal analysis of Deliverance is based on the documentation of the 1997 performance of the work in Zagreb, Croatia as included in Catherine Saalfield Gund’s documentary about Athey entitled Hallelujah! Ron Athey: A Story of Deliverance. The performance is not shown in its entirety, but clearly documents most scenes, from which I am pulling my reading of the work.

\textsuperscript{41} Athey’s “Torture Trilogy” consists of 4 Scenes in a Harsh Life, Martyrs and Saints, and Deliverance all created in the 1990’s.
shame that fuels it. In his essay entitled “Seeing the AIDS Patient,” Sander Gilman traces the history of representations of people living with sexually transmitted diseases, concluding, “the AIDS patient remains the suffering, hopeless male, both the victim and source of his own pollution.” This description is the jumping off point for Deliverance’s queering of the narrative of the HIV/AIDS patient. Medicine and religion demonize the diseased body by emphasizing the moral and physical superiority of the able-body. In this work, disease is stigmatized as a symptom of immorality that is driven by uncontrolled physical indulgence – namely the indulgence of acts of homosexuality. Deliverance exposes the spaces of medicine and religion as having one in the same objective, equally propelled by ableist, heteronormative institutions, to be cleansed of a physical and spiritual defect. Deliverance does not offer solutions to the ethical questions of healing and death for the HIV/AIDS patient, but rather pulls apart representations of this disease until the structures that create these representations are exposed.

The piece begins with an overlapping of references to spiritual practices of life and death. A bare-chested woman kneels before a large mound of dirt. She crawls swiftly over the pile, pushing around the fertile soil until finding a spot where she begins to dig a hole. Settling the crown of her head into the dirt, the woman begins the process of burying her head and face in the soil, flinging it over her skin. She packs the rich brown dirt up to her neck. This action is deliberate and methodical as if she were planting herself into the ground. Meanwhile, three naked men (including Athey) lurch slowly into the scene carrying large bundles of wooden crutches on their backs and encircle the

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woman engaged in ritual. Powdery white dust covers their bodies. In the midst of their circle around the mound they each fall to their knees under the weight of their crutches, and struggle to right themselves to continue the path. Athey carries a microphone into which he pleads a prayer of deliverance from evil, elaborating on the shame he feels in his life. Throughout the work Athey uses these prayer-monologues to weave together religious invocations of salvation and recollections of personal experiences. Athey concludes his opening prayer with the rhetorical question, “Could I ever have imagined such a beautiful place to die?” With this starkly composed scene Athey establishes the inevitable death of the Sick Men, clearly stating that this is the beginning of the end for these men who wear the signifiers of disability on their backs.

This prologue to the Sick Men’s’ journey begins with reference to the Catholic devotion of the Signs of the Cross (which begin with Jesus’ condemnation and end with the laying of his body in the tomb). Instead of crosses, they bear the burden of disability in the literal form of bundles of crutches. Just as Christ was condemned to die and forced to bear the physical and symbolic burden of sacrifice, the Sick Men’s disease is a death sentence that is ever present in the body and becomes externalized on their backs. The devotion of the Signs of the Cross is meant to reenact the torture, shame, and eventual death of Christ before his resurrection, which completes the heroic narrative in an act of transcendence over the physical world. Within the context of Deliverance, this religious narrative serves multiple purposes: to foreshadow the inevitable death of the Sick Men, to act as a counterpoint to the commonplace narrative of the AIDS patient at the time (as

43 The Stations of the Cross are made up of fourteen “stations” depicted often in low relief sculptures lining the naves of Roman Catholic churches. The term refers to both the devotional service during which the narrative is remembered and the artworks that structure the reenactment.
one of shame and death), and to question the possibility of triumph – will these men find deliverance or not?

Alongside this Christian reference to death and sacrifice is the woman channeling the yogic practice of burying one’s head in the earth to demonstrate pranayama, or control of the life force in the body.\textsuperscript{44} This practice emphasizes breath, earth, and the material body. This is not an act of deliberate avoidance (as the saying goes, “burying one’s head in the sand”); it is a virtuosic engagement with the body and its need for air, breathing as an act of ensuring life becomes an act of death-defiance. The woman’s flirtation with life and death is precarious but engaged, unlike the ominous journey of the Sick Men whose path seems much more suffocating and laborious in contrast. This act also foreshadows the burial that will take place at the end of the work. In this scene Athey posits the questions with which \textit{Deliverance} is concerned: When faced with terminal illness, how do the beliefs and definitions of healing, of being cured, change?\textsuperscript{45} Furthermore, to what belief systems do we subscribe (religious, medical, or otherwise faith-based) and why? Which institutions have the power to define moral and physical health and to what institutions or acts do we turn when we are in need of solace – should they be one in the same?

A narrative of disease inevitably entails medical mediation. In an early scene in \textit{Deliverance}, Athey offers a dark satire on medicine by creating a space of curative torture. “Psychic Surgeons” perform medical interventions. These surgeons perform brutal treatments on the Sick Men that seem as likely to cure their diseases as the

\textsuperscript{44} Robert Arnett, \textit{India Unveiled} (Columbus, Georgia: Atman Press, 1996), 101.

religious rituals they will endure later in the work. These “medical” tortures include suspension from meat hooks for physical inspection, the removal of a string of pink flags from Athey’s rectum, the administering of enemas, and most symbolically, the castration of the men with the use of surgical staples to secure their genitals in a “tucked” position. It is obvious that these medical interventions are not going to heal the bodies they treat; they are practices that turn the subjects’ bodies inside out as if the disease could be summoned forth from the body through material extraction and manipulation. “Torture and execution” make the Sick Men’s bodies “signif[y] both the guilt of the condemned and the ideological potency of the sovereign power that could inscribe such vivid lessons on living flesh.”

In this case, it is the medical institution that inscribes this guilt and subordination onto the diseased body.

Castration in this scene is an act of dehabitation that conjoins disability and virtuosity. The Sick Men’s masculinity is quite literally disabled in an act that symbolizes the stripping of power from the male body. They become sterile eunuchs, virtuoso castrati, and hermaphroditic all at once through the regulative power of medical intervention. Using Amelia Jones’ terms, castration “sloughs off” the signifier of male virility and thus undermines the possibility of healthy reproduction and normative sexuality. However, Joseph Roach’s work on the 18th century operatic castrati points to castration as a ritual of virtuosity. For Roach, “virtuosity…means subjection.”

It is a ceremonial rite of passage that dehabituates and disables masculinity as the means to

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control the performance and physical expression of the body. Athey reenacts castration to reference this multilayered act of enforced self-mastery that operates through a disabling act.

Although this castration could be read as merely a “subjection” to power, Athey extends the act to “dismantle the organization” of the heteronormative able-body. In other words, this neutering does not foreclose the possibility of eroticism in Deliverance. The stapling up of the genitals constitutes a delayed gratification of eroticism that will eventually be fulfilled in the scenes following. Deleuze and Guattari describe the relationship between the masochist and desire as a process: “The masochist uses suffering as a way of constituting a body without organs and bringing forth a plane of consistency of desire.” While the castrati experience a disabling act of the body to enforce a cultural form of virtuosity, Athey’s masochistic stapling both undermines and extends the virtuosic potential in the emasculating process. To be sewn up in such a way as to sterilize oneself also generates alternative eroticisms.

Two men kiss in front of a large projection screen. They are on their hands and knees, touching only lips and tongues. Behind them, images of white muscular gay men circulate onscreen. These naked body builders are not overtly sexualized but instead convey heroic homosociality implicitly suggesting gayness. Loud rhythmic club music blares, filling the space. Athey and his partner then begin a homoerotic sex act with a double-sided dildo that penetrates their bodies simultaneously. Their positions change

48 Deleuze and Guattari, A Thousand Plateaus, 161.
49 Ibid., 155.
50 In this scene (referred to as “Rod ‘n’ Bob: A Post AIDS Boy-Boy Show”), Athey’s partner is Brian Murphy.
fluidly and the two men kiss, lick, thrust, and play eagerly with one another. Athey, again with microphone in hand, is calmly intoning a story in the midst of this explicit sex but does not strain to be heard over the blaring rhythms of the music. In this scene, the performers are engaged in joyous and explicit eroticism alternative to the conventional sexual tropes of top/bottom, penetrator/penetrated and the gendered binary that attends them.

Much has been written about the subversive nature of the anus and its power to evoke homophobic disgust.\(^{51}\) Athey states that the representational power of the anus is significant in his work because “this particular hole garners more phobias for its symbolic potency as a receptacle for disease.”\(^{52}\) It is possible to read his repertoire as an exploration of the liminality of the anus and its ability to signify disease and disability. The phallus and the act of penetration are privileged erotic objects of heterosexuality but Athey dismantles this hierarchy in favor of the anus as “receptacle” for pain, pleasure, and excessive queerness. Penetration does occur in this scene, but it is double penetration that becomes a subversive disavowal of traditional power relations through the simultaneous giving and receiving of pleasure via the dildo. Athey mocks the masculinist assumption that “to be penetrated is to abdicate power” and its corollary that the penetrator alone performs power.\(^{53}\) This act demonstrates an erotic relational flow from one orifice to the other through the use of a prop residing outside of the body. The penetrating object is a satirically large phallic dildo – a toy that is ritualistically cut in half.

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\(^{52}\) Johnson, “Perverse Martyrologies,” 509.

\(^{53}\) Bersani, “Is the Rectum a Grave?,” 318.
with pruning shears to signal the end of the scene. The dildo serves as something with which to play rather than an object to which they submit.

This scene is particularly important as it stands as the singularly blissful section of the entire work. In the documentary *Hallelujah!*, Brian Murphy describes it as a moment when even “as much pain as is involved in the show…this is one part where we actually look like we’re having a good time, and [the audience members] freak out hard.”\(^\text{54}\) In an evening-length work that focuses on how and where to find salvation in a life of suffering, abject eroticism provides the singular moment of affirmation.

The virtue of kink is foregrounded in contradiction to the projected images of whitewashed, sanitized homosexuality in the background. This sexuality is anything but mainstream and absolutely un-sanitized: a queering of anal sex, which in the decade of the initial AIDS crisis, was understood as a one-way street to HIV infection. The turn that Athey is able to accomplish with this “dirty sex” is that it is, ironically, a version of *safe sex*. Athey unpacks the mainstream media’s fear of disease and exposes it as thinly veiled institutionalized homophobia and racism – if only one could be whiter, straighter, less abject to begin with, then one’s chances of contamination would be slimmer.\(^\text{55}\) The discourse around gay fitness in the 1990’s provides the backdrop for the ethical implications of this scene. As Michelangelo Signorile suggests of the gay body-building community, “being healthy and disease-free also began to mean having muscles and a strong, sturdy body. As the 1990s raced on, we were out to prove we were supermen


\(^{55}\) Homosexual acts have often been conflated with ‘unsafe’ sexual practices. “Attention is turned away from the kinds of sex people practice to a moralistic discourse of promiscuity.” Bersani, “Is the Rectum a Grave?,” 310.
despite AIDS.” Health, fitness, and beauty are all constructs couched within the matrix of what constitutes the able body, and by extension also constitute the “clean” homosexual who has successfully mastered the body and won the battle against HIV/AIDS.

In attempting an answer to the question posed above, *to what institutions or acts do we turn when we are in need of solace*, Athey provocatively offers kink as a space of meaningful, if fleeting, solace. This space, however, is once again *not* a space of distance from disease, but one that initiates dialogue with the acts, indexes, and outcomes of disease. Athey is not enacting body-builder gay machismo but rather engages in a dehabituated version of “dirty” anal sex that opens up onto safe sex practices.

*Deliverance* ends with death. The three Sick Men are suspended from their ankles, laid out on vertical platforms (Fig. 5). Their bodies are limp. As sorrowful sounds of violins hover over the scene, three nurses wearing mining hats prepare the bodies for their burial. Three small lamps dangle over the bodies, shedding cold, sterile light onto the dead men. The nurses then cover the bodies with white sheets and enclose them in black body bags. The image is straightforwardly medical, unapologetically morbid. The journey of the Sick Men, during which medical, sexual, and religious interventions were sought, has ended. Their bodies are taken down from the platforms and placed in large mounds of dirt. They are buried. Three topless bull dykes arrive on the scene to grieve over the graves in slow, simple gestures of mourning. They kneel over the dirt, letting their bodies fall forward to embrace the graves. As the stage lights dim and the music

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changes to the beat of industrial pounding, the women begin to cry out with strained voices. The piece ends.

This cathartic moment is anything but metaphorical and raises problematic questions about the possibility of virtuosic death as the outcome of disease and disability. In speaking of living through the initial period of the AIDS epidemic, Athey states in *Hallelujah!* “when someone died I would always think of my own infection, my own mortality…that I would never finish my own body of work.”\(^{57}\) Athey is rehearsing his own death in the final act of *Deliverance* and through identification with the mourning women is also rehearsing his own experiences of grief and loss. This death is also literally an act of being *buried alive* in front of an audience, an extreme exercise of enclosing ones living body and experiencing burial without real death. If one understands *Deliverance* as simply a theatrical narrative, then surely the end is a simple and final conclusion (the narrative is wrapped up with the bodies inside the bags). But if one looks beyond the simple narrative to the lived experiences of the performers in the moments contained within the work, Athey’s articulation of disease, death, and healing never reach a neat conclusion. In John Edward McGrath’s discussion of theatrical space in Athey’s work, he proposes that Athey creates a “space of death” that “suggests the opening up of death into a practice.”\(^{58}\) This is a *productive practice* that, despite being a literal portrayal of what death *looks like*, is able to mediate and interact with death as a performative gesture. This final scene is in dialogue with the opening image of the practice of


pranayama that initiated the narrative arc of oscillation between life and death, disease and health. The implications of performing death will be discussed below with Self-Obliteration serving as a counterpoint to the death performed in Deliverance.

**Self-Obliteration(s)**

In a darkened room furnished with one simple platform, Ron Athey poses on all fours in between two panes of glass standing upright at his head and feet (Fig 6). The only source of light is a singular white spotlight that exposes the surfaces of his naked body, highlighting the solidity and stability of his form. A shimmering yellow-blonde wig obscures his face, sending a waterfall of thin threads down to the platform. The juxtaposition of his tattooed masculine body and the hyper-femme blonde hair reads immediately as a question of vanity: what really are the differences between various modes of external self-decoration? The twofold operation of the panes of glass supports this line of questioning while presenting an additional dualism. Depending on the location of a spectator in the space, they are both reflective (mirror-like) and transparent. Their reflective surfaces suggest the relationship between the external and internal, as one

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59 *Self-Obliteration* is actually an ongoing series of constantly changing solo works, sometimes re-imagined as a duet that Athey has been recreating in various spaces since 2008. As this work is constantly in flux, it is often cited in texts by various names (*Self-Obliteration* #1 and #2, *Resonate/Obliterate*), depending on the location, time duration, and performers involved. For the following analysis, I have viewed documentation of two separate performances: *Self-Obliteration #1: Ecstatic* performed in 2009 and *Resonate/Obliterate*, his most recent U.S. iteration with Julie Tolentino at Allen Street Studios in New York City in 2011. When appropriate, I will delineate between the two performances, although the two share more similarities in the actions being performed than differences. See Ron Athey, “Self-Obliteration #1: Ecstatic,” *Vimeo* video, 10:42, August 2009, http://vimeo.com/2890288, and Ron Athey and Julie Tolentino, “Resonate/Obliterate/Ron Athey/Julie Tolentino 12.16.11,” *Vimeo* video, 09:41, December 16, 2011, http://vimeo.com/33845331.

60 In both documentations I am using for my analysis, the performance was viewed in the round with audience members on all sides of the platform.
pane reflects the blonde cascade of hair and the other, Athey’s exposed ass. Their transparency allows audience members to gaze directly at the wig or his ass, but at a “safe” distance mediated by glass. This juxtaposition also queers the image of the porn star glamour-puss ready for (heterosexual) action, encasing a solo gay man’s body between glass slabs, faceless but crowned with garish yellow hair. Attention to the queer diseased body is heightened through the physical surfaces erected around him.

Athey then begins brushing the wig with long, exaggerated strokes. As this action continues, his muscular effort increases. He tugs at the strands, pounding the floor loudly with the brush as it reaches the end of each stroke. This violent sound contrasts with the score playing throughout the piece, a hypnotic drone that stretches time interminably. His head jerks to oppose the force of the brushing and the hair bounces playfully in response. This deliberate yet uneasy movement does not lead smoothly into Athey’s next action. He picks up a section of hair and begins to tease it into a messy pile on top of his head, his posture changing from horizontal to upright. Athey continues to amass a volume of yellow tangles out of material that was once flat, shiny, brushed out. The inverse action of pulling hair in also allows for the first glimpse of Athey’s face, eyes half closed and mouth agape. Beauty is pain, as the saying goes, and vanity demands practice and self-sacrifice.

Athey then proceeds unceremoniously to take the wig off by extracting hairpins from his skin that have been holding the wig in place for the entire duration of the performance. The blonde wig, a symbol for unachievable feminine glamour, literally

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61 The order of actions here differs slightly in the two versions cited. In the 2009 solo Self-Obliteration #1: Ecstatic, Athey alternates teasing his hair with pulling out pins, placing one pane
penetrates Athey’s skin. Beauty and masochism are intimately related in Athey’s work and the result is often abject. The audience becomes aware of the extreme nature of this prosthesis as such, a prosthetic intimately related to disease rather than simply a statement of feminine identification. The wig becomes an accessory of disability and an apparatus with which Athey practices pain, thus emphasizing the visual and visceral relationship between the external and internal body that are intrinsically inseparable.

The blood comes quickly once the pins are removed. Thin red streams line his face. Before the blood hits the floor, Athey moves the pane of glass onto the ground beneath his body. The blood collects on the pane, recalling blood samples pressed between flint glass slides in a medical test. He tips his head forward in a “downward dog” position, creating an inverted “V” shape with his body. The blood flows even more quickly from the wounds. He alternates sending his weight backward and forward from downward dog into deep lunges, encouraging the free flow of fluid that collects in a large red pool underneath his body. This movement is even in its rhythm and follows a calm natural pulse, contrasted by the surging quality of the blood flow. He turns around to face the second pane of glass and, moving this second pane to the ground, repeats this series of actions. Using his blood to animate the once translucent and mirror-like surfaces, Athey effectively spills the index of his disease – his HIV-positive blood – to obscure reflection and transparency.

of glass on the ground in front of his body before completely removing the wig. In the 2011 duet, Athey completes each series of actions before moving on to the next: first teasing the hair, then pulling out pins, then rearranging the pane of glass.

Hair prosthetics for cancer patients commonly necessitate the use medical glue, tape adhesives, and suction cups to keep them in place (to create a more “natural” look). The removal of these prosthetics is often painful and requires professional assistance.
He then carefully lifts the second pane of glass and places it directly on top of the first. This moment of layering brings attention to the material heft of the glass. The thickness and weight of the panes becomes apparent as Athey uses muscular force to transport them across space. It is at this time that Athey’s breathing becomes heavier, the physical strain shows on his face, and the intensity of the blood drain becomes evident. Thin washes of red have spread across every surface: glass, skin, ground, and even in exhausted ecstasy Athey continues his task to externalize that which is contained under his skin.

Athey lies down on his back and awkwardly places the sheets of glass over his torso and face.\textsuperscript{63} He pushes the top pane down to cover his legs and pulls the bottom sheet from under the top one, fighting the sticky wet blood and the bulk of the glass. It rubs against his chest and face with noticeable friction. He continues this under/over pattern, pulling the glass over his body and letting it hit loudly against the second pane as it slides down to his feet. This percussive play of glass on glass recalls the sound of Athey’s brush hitting the ground, but instead of a brush gliding through flaxen hair, these sticky panes of glass rub uneasily against Athey’s skin in exhausting repetition. Bright red blood permeates the scene as surfaces that were once clear, reflecting light, are now thoroughly saturated in color. The panes of glass are put back in their upright place, this time obscuring the view of the audience members who must look through Athey’s bodily

\textsuperscript{63} The sequence of actions in the two versions used for this analysis differs during this transition. In the 2009 performance, Athey comes to standing before transitioning to the ground, a process which entails significant physical struggle and manipulation of the sheets of glass. This additional effort intensifies the sense of drama in the descent to the ground; the audience craves relief in the form of a restful position, but soon realizes that even though he is lying on the ground, Athey’s ecstatic struggle continues.
markings (Fig. 7). The aesthetic beauty of the pure red of Athey’s blood cuts through the grotesqueness of the scene. Blood so thick it resembles paint, yet so thin it washes the body like water, red becomes the color of the body and our vision. Contrasting the garish yellow color of the wig, this red blood is emphatically alive and vibrant.

Athey eviscerates himself to the point of excess, but always with an emphasis on the material body as an index of disease. The blonde wig and panes of glass act as apparatuses that become, through his pain and because of his blood, extensions of his disease. They are, along with Athey’s flesh and blood itself, symbols and material indexes of queerness and disability, of boundaries between the internal and external that must be obliterated in order to open up “new alignments of power, individuality, and sociality.”

The piece ends with Athey putting the wig back on and brushing the locks of hair around his face and neck (Fig. 8). The hair becomes wet with blood and clings tightly to his face, which is once again obscured. In a final act of ecstatic self-obliteration, Athey sodomizes himself with his fist in a trance-like state of exhaustion using a mixture of blood and lubricant to facilitate the action. This gesture could be seen as an inversion of the sex act that ostensibly inflicted Athey with HIV. By penetrating himself with his own blood, Athey is enacting a self-contamination in excess of itself; the pleasure gained through this act and the absurdity of re-contaminating a body already diseasedobliterates the disease as such. Jouissance and virtuous masochism destroy the notion of disease as a

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65 This act of sodomy was performed at the 2009 iteration of Obliterations but is not always included in other performances of the work.
mark of “otherness” and instead posits this mark as a source of pleasure and fulfillment. This boundary of disease as a wall keeping the disabled body from enacting virtuosity is literally and metaphorically penetrated and punctured.

Ron Athey is Not Dead

Or rather, he has performed his death many, many times over. Or, alternatively, he is a “living corpse.” In a 2008 interview with Dominic Johnson, Athey describes the Self-Obliteration series as “not literally about suicide, and also not a metaphor for destroying the ego, but creat[ing] an aggravated, suspended state… A brand of shame is applied to didactic self-destructions, but I’ve experienced a fuller range of revelation within that dark place.” In both Deliverance and the Self-Obliterations cycle, Athey performs this “dark place,” allowing others to witness and empathetically die with him.

As an articulation of the disabled/diseased body, Athey is transgressing the boundary between the able and disabled body (in this case, audience and performer) and replacing it with a “dark place” where a shared experience of pain creates what Petra Kuppers sees as “the generative potential of oscillation.” In this oscillating place, “disgust meets curiosity, drawing into the self meets expansion toward an other.” This back-and-forth motion, repeated over the span of a performance, works itself into frenzy in Athey’s performances until self and other are incorporated into one another. At the very least, the uncomfortable situation of self and other as always already intertwined is

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66 Martin O’Brien. “A Dialogue with Ron Athey.” By calling himself a “living corpse,” Athey is attempting to reverse the “survivor” mentality of people living with disease. Rather, for Athey, his work centers on a body that is already decomposing.
68 Ibid, 96.
highlighted and pushed into confrontation. Athey achieves this through making his pain viewable and available, inspiring kinesthetic and sensorial empathy in the spectators (for instance, when I see Athey’s skin being punctured, I flinch in response). Athey’s performance, through imposing pain on himself, forces the audience to be visually and viscerally engaged in the work as both the performer and spectator experience vulnerability.

Performing death is nothing if not problematic. It evokes ideas of disappearance, withdrawal, and fatalism that traditionally plague narratives of disability. The disabled person commonly operates as a tragic figure over which able-bodied characters mourn. Death in Athey’s work takes the form of burials and obliterations and mourners both inside and outside of the work provide witness. However, the difference between Athey’s burial in *Deliverance* and his self-annihilation in the *Self-Obliteration* series is ultimately the difference between the fatalism of the early AIDS crisis and the survivalist mentality of living with HIV in the 2000s. Excessive materiality, flesh, and fluid replace the disappearance of the body, but disease is never denied its function as a platform for virtuosic performance.
CHAPTER 3: MARTIN O’BRIEN

Martin O’Brien performs multiples. In his performance of cystic fibrosis, temporalities and materialities multiply, describing a version of “health” that is a non-linear process in and out of time. His relational virtuosity splinters, dissects, and rearranges normative ideas of health, fitness, and beauty that are inscribed upon his body to highlight the conflation of medical and aesthetic institutions in his durational “performance-installations.” O’Brien queers the tropes of disease and sickness that have territorialized his body while creating new relations between his body, his disease, and time. O’Brien explores the materiality of mucus over long periods of time, which disrupts any unifying impulse the viewer may have to codify or label his body. This recurring disruption creates seemingly paradoxical viewing experiences for the witnesses of his work that bring together ideas of fitness and disease, beauty and disgust.

O’Brien lives with cystic fibrosis (CF), a congenital disease characterized by an over-production of mucus that obstructs the airways and clogs the lungs and digestive track. Integral to the health of patients with CF is the repetitive execution of physiotherapy exercises designed to loosen and expel mucus from the body. O’Brien uses this repetitive action to question the ways in which the “healthy” body is defined. O’Brien’s experiences with the physiotherapy lay the foundation for his durational performances that can stretch up to twelve consecutive hours. During these performances, O’Brien executes various actions that range from pounding his chest with his hands,

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69 Martin O’Brien, “Mucus Factory” in Access All Areas: Live Art and Disability catalog, Lois Keidan ed (London: Live Art Development Agency, 2012) 77. O’Brien uses the term “performance-installation” to describe his work, highlighting the nature of his practice as subverting the boundaries between the art object and the performing body. The term also implies that he “installs” himself in the space as an art object for the duration of the work.
jumping on a trampoline, inverting his body upside-down, and other activities that tax the respiratory system. He then collects the mucus expelled from his body and uses it as artistic material to subvert normative ideas of health, beauty, sexuality, and fitness.

Although CF constantly compromises his ability to breathe, the ways in which he must cope with this reality have led to the development of performance techniques that aestheticize sickness to undermine the tropes of victimhood and survival given to people living with chronic illness. By exhausting the physical capacity of his body through repetitive action over long periods of time and using his own mucus as artistic material and product, O’Brien calls to question definitions of health and fitness (and the associated concepts of beauty and sexuality) that are based on a normative “able” body. This virtuosic disability shifts the basic assumption that the disabled body is fixed into a position in the either/or binary of health and sickness, offering instead a performance of disability that is many embodiments of health: sick, fit, durable, precarious, unfixed.

Medical and aesthetic institutions (such as healthcare systems and art museums) often have a hand in determining how the disabled body is read, understood, and treated, especially in terms of health and beauty. In his work, O’Brien attempts to deterritorialize his body from dominating cultural forces that dictate how others read his body. Deleuze and Guattari’s concept of territorialization and the attendant concepts of reterritorialization and deterritorialization are helpful in understanding the constantly shifting forces that act on an object (such as the body). Sociologist Nick J. Fox describes these terms in his essay “Refracting health” that utilizes Deleuze and Guattari’s

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notions of embodied subjectivity to re-think health and health care: “territorialization provides an explanatory framework for how the forces of the social impinge on individuals or cultures, from the stratification of class, gender and ethnicity through to the construction of subjectivities.”\textsuperscript{71} These forces are constantly shifting and active, but can be resisted and manipulated through acts of deterritorialization and reterritorialization. Although social forces inscribe disability onto the body through various and powerful means, this inscription is not necessarily fixed, because the “relation between a person and her environment is dynamic and challenging.”\textsuperscript{72} At stake in O’Brien’s performance is this dynamic relation between his body and medical and aesthetic institutions to which he calls attention through acts of deterritorialization and reterritorialization, in other words, through actions that repeat, reject, and reinvent cystic fibrosis as it has been inscribed onto his body.

This chapter will focus on O’Brien’s recent performance \textit{Mucus Factory}, which was shown at the Access All Areas: Live Art and Disability symposium held in London in 2011 through the Live Art Development Agency.\textsuperscript{73} I will perform a close formal analysis of O’Brien’s durational work \textit{Mucus Factory} in order to expand upon the relational virtuosity of his performance practices. I will also briefly situate O’Brien’s

\textsuperscript{72} Ibid., 353.
\textsuperscript{73} The multiple facets of temporality in O’Brien’s performances are heightened within the context of this symposium, as it is among the first of its kind to emphasize the interconnectedness of medical discourse surrounding the disabled body and the performance of disability as an artistic project. The symposium brought together many generations of disabled artists, exposing the breadth and depth of performance art practices informed by disability.
work within a discussion of Bob Flanagan and Sherree Rose’s collaborative works involving sadomasochistic eroticism and cystic fibrosis during the 1980s and 90s. I will consider the relationship between O’Brien, Flanagan, and Rose as an example of how O’Brien references various definitions of cystic fibrosis in performance, including those created by Flanagan’s legacy, only to revise and multiply these singular definitions.

Legacies

In the 1980s and 90s, performance artist Bob Flanagan notoriously blurred the boundaries between art and every day life by combining sadomasochism and his experiences living with cystic fibrosis in performance works with Sheree Rose. Flanagan and Rose’s legacy lays the groundwork for a discussion of O’Brien’s performance practices as they pertain to cystic fibrosis and the stereotypes of impotence, abjectness, and weakness that often attend life with chronic illness. In interviews, artist statements, and even directly within performance pieces, O’Brien acknowledges the influence of Flanagan’s work. Engaging with this particular history of disability and performance, O’Brien recently collaborated with Sheree Rose, Flanagan’s former partner and mistress. A brief discussion of Flanagan’s work is necessary in order to clarify the nature of O’Brien’s practices, if only to highlight the ways in which O’Brien revises Flanagan’s performance of illness away from autobiographical narratives of death and dying to more materially focused practices. By directly referencing Flanagan and Rose’s

74 Rose and O’Brien collaborated on a piece commissioned by the Live Arts Development Agency entitled Action for the Access All Areas Symposium in 2011 and most recently collaborated for O’Brien’s residency at performance space in London, Regimes of Hardship.
work within his repertory, O’Brien also manipulates the temporality of disease, extending histories of cystic fibrosis performance through to the present.

In one of Flanagan’s most well known exhibitions, *Visiting Hours* (1993-1995), Flanagan created an exact replica of a hospital room where he lived every day during gallery hours for the duration of the show (which sometimes lasted months at a time).\(^75\) Gallery-goers could interact with Flanagan and Rose and with other pieces included in *Visiting Hours* such as *Video Casket*, a life-size coffin within which sat a video monitor showing Flanagan’s face that would shift to reflect the face of the viewer upon close encounter. *Visiting Hours* included a performance of suspension bondage entitled *Ascension*, during which Rose suspended Flanagan above his hospital room walls by the ankles. Flanagan’s poetry lined the gallery walls and was threaded through the art objects to create a textual narrative of his life. Medical equipment, bondage gear, and children’s toys created an autobiographical landscape of Flanagan’s personal relationship to CF, a relationship mediated by masochism and medicine.

Themes of pain, death, and sex were particularly emphasized in Flanagan’s approach to understanding and representing illness, effectively bringing together three cultural taboos. The promotional poster for the *Visiting Hours* exhibition at the New Museum in 1994 shows Flanagan bound by leather straps and ropes to a wheelchair. The text above him reads, “Fight Sickness with Sickness,” a tagline that was both a personal

philosophy and the mechanism Flanagan used to endure CF. Self-disclosure defined much of his artistic practice, particularly concerning the purposeful infliction of pain onto his body to overcome the pain of cystic fibrosis. Flanagan conflated deviant sexual acts (sexual perversion as “sickness”) and the medically-defined sickness (disease) that existed in his body to push the boundaries and visibility of disease, confronting viewers with a more intimate and personal presentation of disease that deflected responses of pity or sympathy – possibly preferring to elicit responses of disgust.

Martin O’Brien’s performance practices pick up where Flanagan’s left off, revisiting mechanisms of endurance that characterize life with CF. But instead of presenting art objects and performances that are intimately self-reflexive and autobiographically driven, O’Brien takes facets of his life with illness and distills them into formally motivated performances. Time and mucus become the materials for artistic production into which issues such as pain, sexuality, endurance, and health are enfolded. These formalist concerns can be seen in a recent collaborative performance with Sheree Rose entitled Action (2011) during which Rose spanks O’Brien’s ass one hundred times with a hard paddle (Fig. 10). After each paddling, O’Brien must say the number they have reached and the phrase, ‘Thank you Mam, may I have another?’ If he does not say the correct number, Rose begins the action again at number one. This work, an obvious nod to Flanagan and Rose’s previous collaborations, demonstrates a performance more informed by formal investigation than personal sexual preferences. The structure contains a strict set of rules dictating possible actions. While the action exists within a context of

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specific sexual proclivities, the subject of the work is not really about sexuality, nor is it about disease necessarily, but rather about enduring a structure that is physically and emotionally demanding in time, space, and energy. In his work, O’Brien formalizes CF. An analysis of *Mucus Factory* will elaborate on this claim.

*Mucus Factory*[^77]

The installation space of *Mucus Factory* is clinically straightforward: sixteen rows of small plastic cups placed perfectly under one inclined cot, a small trampoline, a nebulizer sitting on a long black table, half a dozen plastic cups filled with glitter almost hidden from view on a high ledge, and six white shelves mounted on one of the gallery’s clean white walls. This is the space that Martin O’Brien will endure for twelve hours. The audience will wander in and out of the intimately scaled space at their own leisure, unobtrusively standing along the walls to bear witness O’Brien’s queer medical rituals.

The setting for the performance highlights the similarities between environments constructed within medical institutions and institutions of art, both being spaces for unfettered observation of form. White walls, modular construction, and an emphasis on clean, uncluttered negative space characterize the framework of both art galleries and medical facilities. The ostensibly objective spatial template and the sterility of the surroundings lay the foundation for the presentation and study of the body as art object and medical specimen, which are conflated within O’Brien’s installation. The space suggests that the audience will learn something about O’Brien’s body through focused

[^77]: The formal analysis of this work was pulled from video documentation included in the *Access All Areas: Live Art and Disability* catalog, Lois Keidan ed (London: Live Art Development Agency, 2012).
observation of his repetitive actions. Sleek and geometric, the space evokes the feeling of both a minimalist gallery and scientific laboratory. O’Brien’s landscape shifts between medical theater and art gallery inasmuch as it sets up expectations that the audience will gain specific knowledge about how O’Brien’s body looks, functions, or performs. The continual shifting of institutional references jumpstarts the process of deflection that will characterize Mucus Factory. The production of any singular knowledge within the space of the performance is never fulfilled, emphasizing the multiplicity that is the disabled body as it transitions through the concurrently unknowable and knowable states of “health.”

The piece begins with O’Brien straightforwardly entering the room to lie down on the inclined cot. His lithe frame shows no visible signs of sickness or weakness; he is young, attractive, and fit. He begins beating the entirety of his chest and torso vigorously with cupped hands (Fig. 11). This first physiotherapy session sets the tone for the pseudo-violent events that O’Brien will endure over the subsequent twelve hours.⁷⁸ O’Brien, bare-chested and wearing bright red sweatpants, strikes his chest forcefully in a quick rhythm until his skin begins to turn bright pink. Each purposeful strike sounds loudly on his chest cavity and echoes off the bare gallery walls. It is a sound that references emptiness, despite CF’s categorization as a disease of excess and overproduction. The beating continues until coughs finally erupt from O’Brien’s body and he expels the mucus into one of the small plastic cups arranged beneath the cot. He then places the cup

⁷⁸ CF patients commonly use chest percussion as a technique to clear airways and can perform this type of physiotherapy multiple times per day for anywhere between ten and sixty minutes per session. “Physiotherapy,” Cystic fibrosis in Australia, <http://www.cysticfibrosis.org.au/treatment/Physiotherapy/> (7 June 2012).
on a shelf, a trophy of sorts commemorating a successful physiotherapy session. This trophy, however, a mere glob of mucus, barely covers the bottom of the tiny clear cup.

The ejection of the mucus material serves as the first sign of organic abjectness in an otherwise sterile setting. In the initial stages of the performance, the small collection of mucus suggests the potential of disarray, but ultimately remains contained within the physical structure of the space. The small cup of phlegm could be a medical sample ready for testing or an artists’ material waiting to be utilized in artistic production. Eventually O’Brien will playfully manipulate this material to sexual and aesthetic ends, but until then, the audience must sit with the image of mucus-filled jars waiting to be opened. The structure that O’Brien sets up with this first iteration of strenuous physical activity and successive collection is two-pronged: the actions he performs will be patterned, repetitive, and consistent while the materiality of the collected mucus will hold multiple manipulative potentialities, contrasting the regularity of actions. The audience knows generally what types of activities O’Brien will perform as far as his physiotherapy is concerned, however; the mucus obscures the audiences’ knowledge of its use-value.

The next physiotherapy session consists of O’Brien jumping continuously on a small trampoline. This form of exercise encourages cardiopulmonary health, and like chest percussion, aids in the loosening and expelling of mucus from the body. The brisk rhythm of the jumping imitates the quick, short strikes of the chest percussion. O’Brien does not vary this action even as long stretches of time pass. He remains upright and expressionless, focusing on the exercise at hand. As O’Brien continues to jump, he becomes visibly winded. His face and chest flush bright red. After almost twenty minutes
of jumping, his breathing becomes audible through short bursts of coughing, sounding loudly against the squeaking springs of the trampoline. The perceived duration of the trampoline exercise extends well beyond that of the chest percussion to create an environment of monotony. An act such as chest percussion that resides outside of most individual’s common experience engenders initial fascination; an act such as jumping on a trampoline rehearsed commonplace physical activity.

Again O’Brien gathers the mucus material coughed up during this physiotherapy session in a small plastic cup. It is important to note that the amount and severity of the coughing and resultant dejecta fluctuates throughout the performance. O’Brien’s body does, in fact, produce a large amount of mucus, but this only becomes apparent over the entire duration of the work. Cystic fibrosis produces mucus slowly but consistently within the body, lending itself to a performance of disease and health that unfolds unevenly over time. By declaring his body a “mucus factory,” O’Brien is emphasizing the mechanisms of cystic fibrosis that never cease in the production of material. And yet, the body is not a machine; the timing and efficiency of bodily production denies predictability.

In another action in the cycle of events, O’Brien has an assistant, Becky Beyts, perform hourly chest percussion physiotherapy on his body. This assisted therapy session is the only time O’Brien directly interacts with anyone during his performance, and the only action that relies on an external force to induce coughing. Beyts slaps O’Brien’s chest in a syncopated, irregular rhythm that borders on lighthearted. Her presence also serves as a temporal checkpoint. As Beyts points out, “[O’Brien] would have no sense of
time except these intervals to know that an hour had passed. This was his only ‘respite’ from the continuous cycle he had put himself through; someone else pummeling his chest for a change.”

This ‘respite’ is nothing if not laborious, meant to incite the material excess that is the product of Mucus Factory. The labor of the physiotherapy is re-formulated as both “percussionist” and patient labor together.

Interspersed throughout the physiotherapy sessions, O’Brien begins to manipulate the mucus material he has collected, further disrupting any potential unifying impulse the viewer may read in the work. If O’Brien were to perform only physiotherapy during the multi-hour performance, the relations between fitness, illness, and the mucus as the material index of CF would remain fixed in a consistent pattern: “health” is gained when O’Brien performs physiotherapy exercises because mucus is removed from the body. Instead, O’Brien virtuosically multiplies the relations between these objects and concepts through actions that deterritorialize the authoritative force of medical institutions, which create a linear trajectory towards “health.” To accomplish this, O’Brien queers the materiality of mucus.

After O’Brien performs enough iterations of physiotherapy to obtain multiple samples of mucus, he utilizes the mucus towards sexual and aesthetic purposes. In one such moment, O’Brien retrieves a cup of mucus from a shelf where it had been on display and proceeds to climb onto the table positioned against a bare wall. Standing upright, he straightforwardly takes the sticky substance out of the cup with his fingers and rubs it into his chest and torso. By smearing a thick layer of mucus on his body, O’Brien

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reiterates the externalization of disease that the physiotherapy provided, only this time instead of collecting it in medical cups, it becomes material for a sensual experience, sticky, wet, and warm on the canvas of his bare skin. He then reaches up to obtain small cups of glitter from off of a high ledge of the wall. Dusting his chest in gold and red glitter, he performs a defiant moment of queer beauty. O’Brien leaves the empty cups upturned and scattered on the table and floor after having been displaced from the uniform rows.

In a more explicitly sexual action, O’Brien inserts a small ventilator tube lubricated with his own mucus into his anus (Fig 12). CF patients commonly use ventilators to mechanically move air into and out of the lungs, but O’Brien queers this medical equipment to perform an erotic function. To accomplish this task, O’Brien positions himself in an inverted tripod position that strains his breathing and puts pressure on his already taxed body. As he turns the ventilator on, a loud whirring sound accentuates the absurdity of the action, although O’Brien performs this eroticism with the same straightforwardness as his physiotherapy exercises.

The abject stickiness of the mucus used for erotic pleasure and the burst of colorful glitter break down the sterility of the space. Any absolute knowledge of O’Brien’s form and function that was to be gained in this conflated medical and artistic space has been interrupted. These queer gestures, while simple and somewhat absurd, inscribe new meanings of health onto his body. O’Brien articulates an affection for his own body, and importantly, for his own mucus, and an affirmation of health that exists through disease rather than despite it. He reterritorializes the inscriptions of cystic
fibrosis on his body through manipulation of the characteristics of the disease that most people find repellent and displays them within a context of endurance and beauty. Mucus becomes a versatile material as O’Brien describes it: “I plastered it onto my chest - the perfect adhesive for decorating my red chest with glitter – ideal for styling – and felt its warm presence on the interior of my rectum ready to demonstrate its versatility, this time as lubrication.”80 The interplay of physiotherapy, eroticism, and self-styling affirm that fitness, health, beauty, and sexuality are indeed embedded in the diseased and disabled body in materially manifold ways.

Temporalities and Intensities

The intensity of the actions, whether they be jumping on a trampoline or dusting himself with glitter, wears O’Brien’s body down with each cycle. O’Brien’s performance fluctuates between slow, fatigued moments and extended stretches of indulgent pleasure and pain. The paradoxical characteristic of this durational performance is that the more the actions are iterated, the more they seem to fracture against one another, denying the formation of a coherent whole. None of these actions are able to define O’Brien or his disease but instead offer long, drawn out panoramas into what could be called the “reality” of living with CF, a reality that one endures “with” and not “despite” the disease.81

O’Brien performs a complex relationship with time in his durational performance. The chronic nature of cystic fibrosis constitutes the starting point of this relationship.

80 Ibid., 90.
Patients with cystic fibrosis, an incurable congenital disease, often do not live past the age of thirty. By performing durational works comprised of patterned and repetitive actions, O’Brien parallels the continuous and constant presence of illness in his body. In an interview with Ron Athey, O’Brien states, [Mucus Factory] is about enduring on a simple level. Of course illness is bound within this- it’s written on the body and becomes visible in endurance so it becomes about enduring and enduring with illness.”82 Although CF is always present in the body, this is not to say that CF presents itself in predictably unilateral fashions in O’Brien’s daily life – relations between disease, the body, and external forces continuously fluctuate between states of formation and disintegration. And yet it is precisely this fluctuation that O’Brien highlights in works such as Mucus Factory that gives consideration to all of the moments that comprise daily life with CF, both the routine and the unpredictable. O’Brien does not edit the temporality of disease down to “manageable” snapshots, but rather indulges the multiple temporalities of his body.

O’Brien articulates a virtuosic disability specific to cystic fibrosis as a durational process of health constantly in flux. He uses time to create a performance landscape capable of encapsulating multiple intensities and relations through manipulations of his body and its secretions. In O’Brien’s words, “The self-inflicted suffering of endurance-based performance is a form of pathological resistance to illness, the existential is aestheticised and the aesthetic becomes existential.”83 In this case, resistance entails

indulgence, exposure, and active reterritorializations of illness as affirmatively self-defined. Relations between health and the body are produced, extended, inverted, and reclaimed in O’Brien’s virtuosic performances of endurance.
CONCLUSION

An essentialist view of the body lingers over much of the current discourse on and production of disability and performance, particularly regarding the more traditional performing arts of dance, music, and opera. In a critique of the practices of physically integrated dance companies, Ann Cooper Albright describes the form that this essentialist body takes in much of the work of these companies as a “fetishization of control mark[ing] the disabled body as the antithesis of the ideal body,” reinforcing “the cultural anxiety that the grotesque body will erupt (unexpectedly) through the image of the classical body, shattering the illusion of ease and grace by the disruptive presence of fleshy experience—heavy breathing, sweat, technical mistakes, physical injury, even evidence of a dancer's age or mortality.” 84 While attempting to reframe which bodies are acceptable as performing bodies, these companies may inadvertently reinforce the binary that separates and gives merit to the “classical” body over the “grotesque” body. 85 As a trained modern dancer and choreographer, I concur with her formulation. I find that while articulation and deep kinesthetic knowledge of the physical form are necessary to any successful performance practice, an emphasis on rote memorization and performance of skill sets reinforces ableist expectations that performers must look and function according to conventional (classical) standards. In the early stages of the research process, I had

85 When Cooper Albright references the “grotesque” body, she is calling upon the Bakhtinian construct of a radically transgressive form that has the ability to revise how we see and read bodies in dance performances. This term is used as a trope rather than a descriptor of actual disabled bodies.
hoped to incorporate an analysis of a work of physically integrated contemporary dance, but soon realized that the scope of this thesis was far too narrow to tackle the complex and problematic history that attends dance and disability.\[^{86}\] I found that much of the writing about and creation of physically integrated dance still operates within an essentialist paradigm, and intend to open up new critical responses to disability in performance by introducing a discourse of virtuosity and disability using Deleuze and Guattari’s model of relational, affective bodies. While Athey, Bufano, and O’Brien offer alternative examples of practices of virtuosic disability, there is much more research and analysis to be done, especially with regards to the burgeoning visibility of physically integrated dance and movement-based theater companies.

While conducting the initial research for this thesis, I attended a performance of Heidi Latsky’s *GIMP Project* at the August Wilson Center in Pittsburgh, Pennsylvania. *GIMP* is one such work of physically integrated dance that, although rich with the potential for articulating disability in innovative ways, serves as an example of work that ultimately “reinstates classical conceptions of grace, speed, agility, and control within the disabled body.”\[^{87}\] Before attending the show, I read a review in *Dance Magazine* calling it “a gleaming milestone in the progress of contemporary dance and theater, proving that the term ‘disabled dancer’ is an oxymoron.”\[^{88}\] The review itself seemed to point to the often-problematic relationship that exists between the dance world and non-normative

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\[^{86}\] The term “physically integrated” refers to groups that include persons with and without disabilities.
\[^{87}\] Ann Cooper Albright. “Strategic Abilities” url: http://hdl.handle.net/2027/spo.act2080.0037.313.
bodies – that there has been a need for “progress” towards the inclusion of a variety of dancing bodies that had been previously excluded. And yet, it was unclear to me what Theodore Bale meant when he declared the term “disabled dancer” oxymoronic, and that GIMP was able to prove such a claim to be true. Did he mean to argue that the two words were contradictory, unable to coexist (that there is no such thing as a disabled dancer), or that this was a paradoxical term, seemingly contradictory but surprisingly true? Alternatively, did he mean that the word “disabled” was an unnecessary descriptor, that all dancers are moving bodies first and foremost, regardless of how they are labeled outside of the performance context? In any case, Bale seemed to unwittingly disclose uneasiness toward the bodies performing in GIMP through his use of laudatory but vague language. The distinct lack of description of the bodies onstage, save for a quick detail of one dancer “whose arm finishes in a smooth point rather than a set of five splayed fingers” made me question what would make a reviewer, clearly used to writing about moving bodies, shy away from articulating this particular experience.  

GIMP is an evening-length choreographed work for up to nine dancers with and without disabilities. In the five years that Latsky has been showing the work, many different performers with various disabilities have been cast, although the choreography has generally remained the same. The piece includes a prologue consisting of a sensual aerial duet between two performers, one female dancer with no legs and one non-disabled male dancer, who become intertwined in two strips of long red fabric (Fig. 13). The main body of the work is a patchwork of duets, trios, and group sections through which text,  

89 Ibid.  
90 The version performed at the August Wilson Center included eight dancers, four with disabilities and four without. It has been re-created with as few as six dancers.
video projections, and a variety of music samplings weave. The aerial duet is the highlight of the performance, although it does not directly relate to the central choreographic work. The two performers swing, spin, embrace, and detach fluidly through space, the intimacy of their movement never being overshadowed by the technical virtuosity necessary to execute the movement. The aerialists absorb all of the energy in the theater and channel it into an intense focus on one another. As the rest of the piece continues, the mood shifts from concentrated and intimate to detached and expository.

Reiteration across bodies structures the composition. All of the dancers share much of the movement vocabulary, which is manipulated and translated from one section to another, from one body to the next. The use of mimicked text establishes a confrontational tone as one dancer, Lawrence Carter-Long, echoes what could have been the commentary of a former audience member directed at him, “I’ve been watching you…I think you’re beautiful. I think you’re really beautiful…I thought that this was going to be strange. I thought you were going to be, weird, but you’re not! It’s been an honor and a privilege to have the time and space to stop, and really look at you.” Carter-Long speaks these words, which obviously express the perspective of a non-disabled person, with a mixture of sarcasm and honesty. This structure of echo, appropriation, and translation of text and movement runs throughout the piece as dancers “try on” movement with their own bodies, often within the context of duets or trios. During a duet for two female dancers, one disabled and one non-disabled, large, circular arm movements create visual patterns that frame the entirety of their bodies (Fig. 14). The
dancers continuously shift forward in space, as if constantly trying to get in front of the other person. The circles expand in dimension, past the range of motion for the disabled dancer, until she uses her crutch to draw a massive, encompassing circle that causes her to become unstable. During the circular gestures, the non-disabled dancer assists her partner into and out of the ground.

Latsky uses a strategy of shared movement and spatial relationships to form an alliance between the disabled and non-disabled dancers. Unfortunately this strategy backfires because it depends upon the separation of the dancers into these two categories before the “integration” begins – the piece starts with the visibly disabled dancers walking onstage and performing gestural, stationary movements. When the other dancers enter the stage and mimic these movements in an attempt to join together in a shared experience, it comes off as a rather overbearing gesture, as if the inclusion of trained dancers legitimates not only the presence of disabled dancers but their movement vocabulary as well. In the next section, the limping gait of one dancer is recreated by a non-disabled dancer and is then abstracted and added on to until the movement has been “developed” into a short solo. This short trajectory of movement from one dancer’s body to another speaks volumes about the process of legitimation that disabled dancers go through, even within of physically integrated dance companies. Disabled dancers in GIMP are given a certain amount of visibility, but only because of their performed relationships with non-disabled, highly trained dancers.

Artists and writers who choose to perform and read disability in performance are constantly subject to the complex cultural and social structures that influence how we
form relations with all bodies, disabled or otherwise. But there are possibilities for the revising and reformation of these relations, possibilities that are often articulated onstage and in critical response. Through an analysis of the works of Lisa Bufano, Ron Athey, and Martin O’Brien, I hoped to illuminate artistic practices that revise traditional notions of both virtuosity and disability in performance. While these artists are given the label “disabled” even within the structure of this thesis, it was my intention to question the assumptions that attend this label, paying particular attention to what it means to perform disability in a complex and multifaceted manner. To say that the works of Bufano, Athey, and O’Brien are “about” disability is reductive and false. Instead I hoped to emphasize their virtuosic performance practices, which utilize the specificity and particularity of their bodies that contain and create unique relations with other objects and bodies in the world. This is neither a denial of disability as a lived reality with social meaning, nor an exoticizing and exalting of already “othered” bodies, but rather an attempt to reconsider what bodies society deems capable of virtuosity and why.

I believe that there are many more examples of artists who articulate what I have called “virtuosic disability,” and many more variations of performance practices that redefine the relationship between the disabled and virtuosic body. The discourse on performances of virtuosity and disability, which converge at the point of heightened relationality, is ready for new analyses. Ableist structures and institutions still dictate much of how we read and understand bodies; my research is a part of an urgent call to revise and reformulate the discourse of bodies and performance, which can and should
open up onto new critical responses informed by the possibility of alternative embodiments and understandings of ability.
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Figure 10: Sheree Rose and Martin O’Brien, *Action*, performance still, 2011

Figure 11: Martin O’Brien, *Mucus Factory*, performance still, 2011
Figure 12: Martín O’Brien, *Mucus Factory*, performance still, 2011
