

ARTICLE

*Hospital,  
Asylum,  
Prison, Gallery:*

*Debility  
and Aesthetic  
Infrastructure*

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*Nombre d'artistes en situation de handicap ont recours à des images ou à des exemples concrets de technologies médicales ou paramédicales dans leurs œuvres, suscitant et évoquant une gamme de significations, de connotations et d'effets. En retour, l'antiesthétique aseptisée de l'hôpital, ainsi que d'autres espaces hygiéniques de détention à court ou long terme, trouve un écho sous diverses formes dans l'espace tout aussi neutre et institutionnel, mais fortement esthétisé, de la galerie ou du musée moderne et/ou contemporain. En établissant un lien, explicite ou implicite, entre l'hôpital et la galerie, les œuvres des artistes en situation de handicap s'inscrivent dans la tradition de la critique institutionnelle, avec des connotations profondes, mais encore peu explorées, abordant des notions de corporéité, d'exposition, d'imperfection et de contrôle. Les artistes en situation de handicap s'engagent, de diverses manières, dans une critique lucide des mécanismes par lesquels le handicap est à la fois occulté et omniprésent dans le paysage visuel, l'infrastructure physique et les sensibilités idéologiques de la modernité industrialisée.*

### VITAL INFRASTRUCTURE

In his 1888 treatise pleading for public investment in art museums, Thomas Greenwood laments that “the only adjuncts to a Municipality which are...looked upon as absolutely indispensable beyond street improvements, drainage, lighting, and waterworks, are a gaol and a workhouse, with their concomitants of police, magistrates, and a share in a lunatic asylum and the national hangman.”<sup>1</sup> Since this time, the utilitarian aesthetics of the infrastructure elements listed by Greenwood have influenced innumerable cultural artifacts,<sup>2</sup> including art and architecture. Many artists over the last century or so, recent disabled artists in particular, have framed museums as spaces that both represent and enact social functions of incapacitation, extraction, and erasure, as identified by Greenwood.

I will begin to argue for this claim by illustrating resonances between modernist architecture, institutional infrastructure, and modern art. After reviewing links between modernism and the architectural history of sanatoria, I will make a connection to prison architecture and to strategies of isolation, which relate in turn to the evolution of design in hospitals, as well as supermax prisons, and finally modernist “white cube” art galleries. In the second section I will show how the work of several specific disabled artists engages with the imagery of institutions, particularly hospitals, in order to represent a politics of space that critiques the carceral connotations of both art and health care. I use my concluding section to reflect more broadly on how art galleries and museums relate historically to the policing and confinement of disabled bodies, as well as their spectacular fetishization, and how disabled artists from a range of intersectional positions might want to represent and reject these ongoing practices of enclosure.

In the nineteenth century, design innovations in European asylums, social housing, and city infrastructure more generally were strategies for fighting disorder and unrest, as well as tuberculosis and other maladies.<sup>3</sup> These innovations were later aestheticized in sanatoria where wealthy elites went for recovery in the early twentieth century and whose buildings embraced a sleek functionalist style that connoted scientific expertise.<sup>4</sup> In 1929, modernist designer and architect Alvar Aalto described a streamlined sanatorium he designed as a “medical instrument.”<sup>5</sup> The normalization of spaces and bodies became literal for the arch-modernist Le Corbusier, who sought in his 1925 architectural manifesto to uphold “the laws of natural selection which inevitably produces the pure forms of standardized objects”<sup>6</sup> in designing structures for a “typical, standardized, normal man: two legs, two arms, a head. A man who perceives red, or blue, or yellow, or green.”<sup>7</sup>

Margaret Campbell summarizes this conjoined history of modernist architecture and public health, writing, “Architectural modernism, based on practical design requirements and supported by the exploration and exploitation of new materials and technologies, such as reinforced concrete

and steel-frame construction, was well suited to the fulfilment of a more hygienic lifestyle.”<sup>8</sup> Leslie Topp writes about turn-of-the-twentieth-century Austrian asylums that sought to project rationality through incorporating “strict and carefully proportioned axial geometry in the overall layout of the buildings, combined with an architectural geometry of clean lines and flat roofs,”<sup>9</sup> echoing the layout and features of prisons and hospitals. Topp identifies modernist influences in Josef Hoffman’s 1904 plan for Purkersdorf Sanatorium outside of Vienna,<sup>10</sup> as well as the Viennese asylum “am Steinhof,” also begun in 1904, a project of proto-modernist Otto Wagner.<sup>11</sup>

In a striking example of historical irony, this modern idealism of aesthetically purified design to serve the elite had its roots in structures and spaces intended to isolate, hide, and reform members of groups considered socially undesirable. Yvonne Jewkes and Helen Johnston write about the use of a formidable unadorned façade in creating “an architectural shield” for the late eighteenth-century prison to convey a sense of “real terror,” while reflecting an urgent public health need to protect the general population from diseases that spread in the close quarters of the prison.<sup>12</sup> Along with containing epidemics, strategies of separation and supervision installed the idea of a prison as an orderly space of penitence in the early development of the “penitentiary.”<sup>13</sup> Similarly, isolation, oversight, and classification directed the management of care and rehabilitation for social productivity in the eighteenth-century workhouse<sup>14</sup> and the nineteenth-century asylum,<sup>15</sup> just as elite modernist sanatoria were noted for being spaces in which individuals spent their time alone and in silence.<sup>16</sup>

Isolation and classification as fundamental strategies of containing and treating illness similarly shaped the architectural development of modern hospitals, with the sprawling pavilion plans and group wards of the so-called “Florence Nightingale model” of the 1860s giving way a century later to individual and double rooms in vertical hospitals with specialized floors.<sup>17</sup>

- 1 Thomas Greenwood, *Museums and Art Galleries* (London: Simpkin, Marshall, & Co., 1888), 2, [https://www.google.com/books/edition/Museums\\_and\\_art\\_galleries/IgIPAAAAQAAJ?hl=en&gbpv=1](https://www.google.com/books/edition/Museums_and_art_galleries/IgIPAAAAQAAJ?hl=en&gbpv=1).
- 2 Michael Truscello, *Infrastructural Brutalism: Art and the Necropolitics of Infrastructure* (Cambridge, MA: The MIT Press, 2020).
- 3 Peter Hall, *Cities of Tomorrow: An Intellectual History of Urban Planning and Design Since 1880*, 4<sup>th</sup> ed. (Chichester, UK: John Wiley & Sons, 2014); Thomas Hall, *Planning Europe's Capital Cities: Aspects of Nineteenth-Century Urban Development* (London: E. & F.N. Spon, 1997); Martin V. Melosi, *The Sanitary City: Urban Infrastructure in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 2000); Dorothy Porter, *Health, Civilization, and the State: A History of Public Health From Ancient to Modern Times* (New York: Routledge, 1999).
- 4 Tim Altenhof, “Inhabiting the Atmosphere: The Architecture of the Queen Alexandra Sanatorium,” *Journal of the Society of Architectural Historians* 82, no. 3 (2023): 314–34; Margaret Campbell, “What Tuberculosis Did for Modernism: The Influence of a Curative Environment on Modernist Design and Architecture,” *Medical History* 49, no. 4 (2005): 463–88; Kathryn E. O'Rourke, “Guardians of Their Own Health: Tuberculosis, Rationalism, and Reform in Modern Mexico,” *Journal of the Society of Architectural Historians* 71, no. 1 (2012): 60–77; Leslie Topp, *Architecture and Truth in Fin-de-Siècle Vienna* (Cambridge: Cambridge University Press, 2004).
- 5 Cited in Juhani Pallasmaa, “Empathy, Design, and Care – Intention, Knowledge, and Intuition: The Example of Alvar Aalto,” in *Care and Design: Bodies, Buildings, Cities*, ed. Charlotte Bates, Rob Imrie, and Kim Kullman (West Sussex: Wiley Blackwell, 2017), 142.
- 6 Cited in Rob Imrie, “The Body, Disability and Le Corbusier’s Conception of the Radiant Environment,” in *Disability, Space, Architecture: A Reader*, ed. Jos Boys (Abingdon: Routledge, Taylor & Francis Group, 2017), 24.
- 7 Cited in Imrie, “The Body,” 25.
- 8 Campbell, “What Tuberculosis Did for Modernism,” 465.
- 9 Leslie Topp, “The Modern Mental Hospital in Late Nineteenth-Century Germany and Austria: Psychiatric Space and Images of Freedom and Control,” in *Madness, Architecture, and the Built Environment: Psychiatric Spaces in Historical Context*, ed. Leslie Topp, James E. Moran, and Jonathan Andrews (Abingdon: Routledge, 2007), 251.
- 10 Topp, *Architecture and Truth in Fin-de-Siècle Vienna*.
- 11 Leslie Topp, *Freedom and the Cage: Modern Architecture and Psychiatry in Central Europe, 1890–1914* (Philadelphia: University of Pennsylvania Press, 2017), 11.
- 12 Yvonne Jewkes and Helen Johnston, “The Evolution of Prison Architecture,” in *Handbook on Prisons*, ed. Yvonne Jewkes (London: Willan Publishing, 2007), 178–79.
- 13 Randall McGowen, “The Well-Ordered Prison: England 1780–1865,” in *The Oxford History of the Prison: The Practice of Punishment in Western Society*, ed. Norval Morris and David J. Rothman (Oxford: Oxford University Press, 1995), 79–110.
- 14 Susannah Ottaway, “A Very Bad Presidente in the House: Workhouse Masters, Care, and Discipline in the Eighteenth-Century Workhouse,” *Journal of Social History* 54, no. 4 (2021): 1091–1119; Samantha Williams, “Paupers Behaving Badly: Punishment in the Victorian Workhouse,” *The Journal of British Studies* 59, no. 4 (2020): 764–92.
- 15 Leonard Smith, “The Architecture of Confinement: Urban Public Asylums in England, 1750–1820,” in *Madness, Architecture, and the Built Environment: Psychiatric Spaces in Historical Context*, ed. Leslie Topp, James E. Moran, and Jonathan Andrews (Abingdon: Routledge, 2007), 41–62.
- 16 Campbell, “What Tuberculosis Did for Modernism,” 464.
- 17 Jeanne Kisacky, “Restructuring Isolation: Hospital Architecture, Medicine, and Disease Prevention,” *Bulletin of the History of Medicine* 79, no. 1 (2005): 1–49, <https://doi.org/10.1353/bhm.2005.0029>; Isadore Rosenfield and Zachary Rosenfield, *Hospital Architecture and Beyond* (New York: Van Nostrand Reinhold Company, 1969); John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven: Yale University Press, 1975).



/fig. 1/ Chloe Pascal Crawford, *For the 12 Disabled People in Lebenshilfe Haus (Area of Refuge)*, 2021. Installation, mural, convex mirror, dimensions variable. Courtesy of the artist.

But the architecture of hygienic hyper-isolation reached an apogee in “control unit” or “supermax” prisons, built in the US at the end of the twentieth century, first in an effort to restore carceral order following the prison uprisings and wider social unrest of the 1970s, and later in response to the general explosion of American incarceration that followed in the 1980s.<sup>18</sup> With the advent of full-isolation prisons, Stephen Dillon states that “carceral space...began to target the feelings, senses, and affects of imprisoned people...in the name of counter-insurgency.”<sup>19</sup> No light, air, or sound penetrated the blank walls of the enclosure. According to Dillon, “hallucinations, memory loss, blindness, and other forms of mental and physical debility and incapacity”<sup>20</sup> were the results of these extended coerced experiments in long-term sensory deprivation.

Deploying psychic isolation to different ends, artist and critic Brian O’Doherty’s 1976 treatise on the genealogy of the modernist gallery as a white cube documents the evolution of exhibition spaces from jam-packed salon-style displays to judiciously spaced artifacts hung at the eye level of a purportedly average standing adult viewer. Thomas McEvelley brings debilitation into the discussion, observing in his 1986 introduction to O’Doherty’s work: “In classical modernist galleries, as in churches, one does not speak in a normal voice; *one does not get ill, go mad*, sing, dance, or make love.”<sup>21</sup> For his part, O’Doherty makes passing reference to Edward Kienholz’s 1966 gallery recreation of an asylum in his work *State Hospital (INTERIOR)*,<sup>22</sup> and describes a room designed by Piet Mondrian as a space in which “the grossness of the body seems inappropriate.”<sup>23</sup> Additionally, in his own artwork, O’Doherty, who studied medicine, makes ample use of medical imagery.<sup>24</sup> In doing so, he draws on countless preceding modern artworks that, as the critical disability theorist Tobin Siebers says, “register as wounded or disabled bodies, representations of irrationality or cognitive disability, or effects of warfare, disease, or accidents.”<sup>25</sup>

The tendency Siebers identifies was pronounced in Surrealism,<sup>26</sup> but can also be seen in the modernist preoccupations with artists perceived as psychologically abnormal,<sup>27</sup> as well as in explicit aesthetic flirtations with sensory deprivation.<sup>28</sup> But although McEvelley praises him for his critique of “the sterilized operating room of the white cube,”<sup>29</sup> O’Doherty’s history of the gallery falls short of drawing the sort of intuitive connections between modernist galleries and museums and asylums, hospitals, and prisons that have manifested for decades in the work of modern and contemporary artists, particularly those with disabilities. The next section will review the work of several disabled artists in order to illustrate my claim that conceptually oriented disabled artists are bringing to light the myriad forms of hygienic bodily disarticulation that are implicit in modern institutions of display, incapacitation, and rehabilitation.

18 Elizabeth Kai Hinton, *From the War on Poverty to the War on Crime: The Making of Mass Incarceration in America* (Cambridge, MA: Harvard University Press, 2016); Jarrod Shanahan and Zhandarka Kurti, *States of Incarceration: Rebellion, Reform, and America’s Punishment System* (London: Reaktion Books, 2022); Franklin E. Zimring, *The Insidious Momentum of American Mass Incarceration* (New York: Oxford University Press, 2020).

19 Stephen Dillon, “‘Nothing Stirred in the Air’: Affect, Sexuality, and the Architectural Terror of the Racial State,” in *Paths to Prison: On the Architectures of Carcerality*, ed. Isabelle Kirkham-Lewitt (New York: Columbia Books on Architecture and the City, 2020), 271.

20 Dillon, “‘Nothing Stirred in the Air,’” 282.

21 Thomas McEvelley, “Introduction,” in *Inside the White Cube: The Ideology of the Gallery Space*, by Brian O’Doherty (Santa Monica and San Francisco: The Lapis Press, 1986), 10, italics mine.

22 Brian O’Doherty, *Inside the White Cube: The Ideology of the Gallery Space*, 49.

23 O’Doherty, *Inside the White Cube*, 85.

24 Astrid Mania, “Brian O’ Doherty at Galerie Thomas Fischer” (review), trans. Oliver E. Dryfuss, *Artforum* 50, no. 10 (2012): 111, <https://www.artforum.com/print/reviews/201206/brian-o-doherty-38966>.

25 Tobin Siebers, *Disability Aesthetics* (Ann Arbor: University of Michigan Press, 2010), 2.

26 Edward Juler, “Man’s Dark Interior: Surrealism, Viscera, and the Anatomical Imaginary,” in *The Edinburgh Companion to the Critical Medical Humanities*, ed. Anne Whitehead (Edinburgh: Edinburgh University Press, 2016), 356–76.

27 Hal Foster, “Blinded Insights: On the Modernist Reception of the Art of the Mentally Ill,” *October* 97 (2001): 16, <https://doi.org/10.1162/octo.2001.97.1.3>.

28 Dawna Schuld, “Lost in Space: Consciousness and Experiment in the Work of Irwin and Turrell,” in *Beyond Mimesis and Convention: Representation in Art and Science* (Dordrecht: Springer Netherlands, 2010), 221–44; Craig E. Adcock and James Turrell, *James Turrell: The Art of Light and Space* (Berkeley: University of California Press, 1990), 62–76.

29 McEvelley, “Introduction,” 12.

## UNSAFE SPACE

There are many Contemporary disabled artists who have been creating work that acknowledges the specific parameters of working at the crux of the museum and the hospital as systemic sites of oppression. This section will look at several projects that seek to challenge the dynamics of the relationships that take place in these spaces and that contest the structure of the spaces themselves. While the group of artists here is not exhaustive, they do represent multiple strategies that attend to the ways that bodies and buildings are perceived and shaped through the hostile methods and architecture of the museum/hospital.<sup>30</sup>

One of the first disabled conceptual artists to merge the body with the environment of the performer, Alvin Lucier explicitly addressed his stutter in a 1969 work, *The Only Talking Machine of its Kind in the World*, which he dedicated to “any stutterer, stammerer, lisper, person with faulty or halting speech, regional dialect or foreign accent or any other anxious speaker who believes in the healing power of sound.”<sup>31</sup> For his most well-known sound composition, *I Am Sitting in a Room*, also from 1969, Lucier recorded himself reading aloud from a script. He played it back and recorded the audio of the playback, after which he played back and recorded that second recording, continuing this cycle until his words were buried in hiss and echo. The words he speaks are a description of this process, with one addendum: “I regard this activity not so much as a demonstration of a physical fact, but more as a way to smooth out any irregularities my speech might have.”<sup>32</sup> Experimental sound artist Christof Migone amends Lucier’s stated intention, reflecting, “What this work performs is the transfer and inscription of the stutter onto the reverberant walls of the room rather than a genuine smoothing out... what results is a heightened stutter, one where the mouth which utters it is completely exteriorized.”<sup>33</sup> Lucier anticipates this reading, saying of his piece in a 1977 interview that “the work exists almost entirely on a spatial plane.”<sup>34</sup>

This connection between disabled bodies and disabling spaces has remained relevant. Challenging the frictionless spatial navigability presumed by able-bodied viewers is an approach often undertaken by disabled artists. Amanda Cachia<sup>35</sup> writes about the crippling of formalism in the installation works of Corban Walker and Wendy Jacob, who respectively depict experiences of unconventional height and autistic neurodiversity. Many artists confronted space in *Crip Time*, a 2021 exhibition of work by disabled artists at the Museum für Moderne Kunst in Frankfurt, Germany. Above a flight of steps leading to a small room, the artist Finnegan Shannon posted these words, in English and German: “This room is not accessible.” The text indicated that the room could not be visited by people in wheelchairs, nor some other mobility aids, thereby maintaining the sterile void of the museum, echoed in both Shannon’s clean sans-serif wall text and the room itself, which remained empty as part of this show.

Chloe Pascal Crawford, who uses a wheelchair, created a site-specific project in *Crip Time* entitled *For the 12 disabled people in Lebenshilfe Haus (Area of Refuge)*. As the title implies, the piece is a memorial to twelve mobility-impaired adults who died in a flooded German nursing home in July of 2021 while awaiting rescue. In a 2023 interview with me, Crawford suggested the piece evoked “a public swimming pool,” which “could just as easily be a wonderful

30 Many other disabled artists use medical materials and imagery to offer viewers a primarily phenomenological and formal encounter with disability, including Dominic Quagliozi, Jesse Darling, Berenice Olmedo, Sharon Madanes, and Carly Mandel.

31 Christoph Cox, *Sonic Flux: Sound, Art, and Metaphysics* (Chicago: University of Chicago Press, 2018), 100.

32 Christof Migone, *Sonic Somatic: Performances of the Unsound Body* (Berlin: Errant Bodies Press, 2012), 137.

33 Migone, *Sonic Somatic*, 137–38.

34 Cited in Migone, *Sonic Somatic*, 138.

35 Amanda Cachia, “Along Disabled Lines: Claiming Spatial Agency Through Installation Art,” in *Disability, Space, Architecture: A Reader*, ed. Jos Boys (Abingdon: Routledge, Taylor & Francis Group, 2017), 241–54.



/fig. 2/ Panteha Abareshi, *A Pound of Flesh*, 2022. Mixed media.  
Courtesy of the artist and TORUS, Los Angeles. Photo: Ruben Diaz. (previous page)



/fig. 3/ Carolyn Lazard, *Support System (for Park, Tina, and Bob)*, 2016.  
Performance and sculpture, twenty-four bouquets. Courtesy of the artist.



place for disabled people.” But she also described the space she transformed as feeling “institutional. It looks like a hospital, an industrial staircase with one railing and concrete everywhere...It feels very modern, and cold.” In this work the lower portions of white walls flanking a long, turning staircase were painted blue, encompassing an area reaching from about a foot above the ground at the top of the stairwell to over five feet above the ground at the bottom. A hospital-style convex mirror was installed to allow sighted viewers at the height of a seated wheelchair user to see the bottom of the wheelchair-inaccessible staircase while at the top, and to clearly envision the fate of those who were abandoned. The museum stands in here for other purported spaces of public hygiene, in which minds and bodies disavowed by expert authorities are consigned to elimination. In other works, Crawford has documented her conflict with health insurance providers, which call to mind prints made by British wheelchair user and artist Christopher Samuel, documenting his email exchanges with civil servants and his daily interactions with caretakers.

Spatial isolation is violated sonically by another work in *Crip Time*, wheelchair user Jillian Crochet’s 2018 video *Does this feel normal?*, which records the image and the hypnotic booming of a medical reflex hammer repeatedly hitting a stone on a table. Crochet told me that “people have critiques of it taking up too much space...it’s just another white box kind of mentality where it needs to be light and sterile and void of humans.” She continued, “I think those are white supremacist ways of how thinking about how space should be taken and up, and how a space should see, look, sound, smell.”<sup>36</sup> This experience mirrors a protracted conflict Crochet had with another museum regarding her interactive work *Resting Rocks* (2022), a collection of sensory sandbags that spilled sand on to the gallery floor when repeatedly handled roughly by viewers. These experiences reinforced Crochet’s determination “to not (edit) out the humanness...not (edit) out the messiness” in her counter-hygienic work.

The chronically ill queer Black artist Panteha Abareshi, also part of the *Crip Time* show, focuses – as do the aforementioned artists – on the spectacular potential of medical space and technology, but with a heightened attention to embodiment, eroticism, and affect. Creating performance videos, assemblages, and prints that rely on medical hardware and technology, mobility devices, prosthetics, and hospital ephemera, Abareshi creates experiences in which sickness mingles pain with enjoyment. The dissecting gaze they turn on to their own body, however, as well as the artificial body parts they expose, bind, and pierce (as seen in fig. 2), go beyond asserting transgressive desire. Rather, they amount to a critical illustration of what Black feminist scholar Hortense Spillers calls “pornotroping,” in which gender and eroticism are mutated and distorted through the Black historical experience of captivity during and beyond slavery.<sup>37</sup> In an interview regarding the artist’s recent exhibition *THIS IS NOT A BODY*, Abareshi explains: “In my work, I’m exercising a very specific type of control over my body in the use of it as object and material – ‘objectifying’ my own body and tearing it away from any sort of corporeal definition, refusing to allow my body to even be identified as a body and taking away the validity of it.”<sup>38</sup> Abareshi effectively depicts their experience of medical objectification as an extension of a transformation Spillers describes in which, beginning with slavery, Black women have been denied the status of gendered subjects and constituted simply as flesh.

A chronically ill artist who has made vivid connections between the

36 Zoom interview with the author, July 7, 2023.

37 Hortense Spillers, “Mama’s Baby, Papa’s Maybe: An American Grammar Book,” *Diacritics* 17 no. 2 (1987): 65–81.

38 Caroline E. Liou, “The Body is a Bundle of Chaos. Their Art Was Designed to Make You Feel Discomfort,” *Los Angeles Times*, March 1, 2023, para. 13., <https://www.latimes.com/lifestyle/image/story/2023-03-01/panteha-abareshi-their-art-was-designed-to-make-you-feel-discomfort>.

gallery, the prison, and the hospital is Carolyn Lazard, whose work exudes a more minimalist, stoic, and enigmatic sensibility than the artists previously mentioned. Often making use of unaltered technological devices, their installations depict and enact their experience as a queer Black disabled person, wary of and dependent on medical institutions and technologies with fraught relationships to race. For an apartment-based residency in 2016, Lazard performed a day of public convalescence entitled *Support System (for Park, Tina, and Bob)*, in which individuals signed up to visit and converse with the artist one at a time, bringing bouquets of flowers. A literally embodied representation of Lazard's medical experience, the work echoed bed-based performances by other chronically ill artists, including Bob Flanagan, Park McArthur, and Constantina Zavitsanos, each of whom are named in the performance's title. In Lazard's work, the trappings of medicine are not merely transposed onto a primarily artistic space, but the passivity traditionally adopted by the art viewer is appropriated by the Black disabled artist, a figure from whom both care and rest are customarily withheld.

Most of the artists mentioned above exploit the uncanniness linked with prostheses, which, as extensions of both the body and of the hospital, provide a link between bodies and institutions. The word "uncanny" translates an idea that Sigmund Freud (who relied on a prosthetic palate) used to describe an unsettling experience in which distinctions are blurred between subject and object;<sup>39</sup> psychoanalytic theorist Julia Kristeva articulates this general unease in detail through her discussion of the abject.<sup>40</sup> Freud and Kristeva frame this alienating or horrifying experience as an unavoidable outcome of early human psychic development, related to a disavowed awareness of our incompleteness and vulnerability, hovering between death and life. In the specific case of prosthetics, this disquiet emerges from contemplating a natural body and its purportedly artificial replacement or extension. Accordingly, disabilities have operated as a synecdoche of all human frailty and difference, with prostheses specifically coming to stand in rhetorically for all forms of technology.<sup>41</sup> The anxieties that disabled people have long manifested, primarily but not solely among non-disabled people, can be linked to uncanniness and abjection, and the difficulty of acknowledging and overcoming these anxieties is an ongoing source of harm to disabled and chronically ill people.<sup>42</sup> Through recalling histories of abandonment and death, work by many of these artists I've discussed, especially those by Crawford, Lazard, and Abareshi, also strongly evoke Achille Mbembe's discussions of colonial necropolitics.<sup>43</sup> Mbembe's formulation extends and supplements Foucault's concept of biopolitics, illuminating Europe's dependence on the brutal plundering of the colonized world.<sup>44</sup> Mbembe's demographic politics of death describes and analyzes the extractive deprivation of subjugated populations brought about by imperial expansion – within as well as beyond the boundaries of industrialized metropolises.

39 Sigmund Freud, "The Uncanny," in *Writings on Art and Literature*, ed. James Strachey, trans. Alix Strachey (Stanford: Stanford University Press, 1997), 193–233.

40 Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982).

41 Sarah S. Jain, "The Prosthetic Imagination: Enabling and Disabling the Prosthesis Trope," *Science, Technology, & Human Values* 24, no. 1 (1999): 31–54.

42 For these reasons, disability theorists have critiqued treatments of abjection that insufficiently acknowledge disabled people's lived experience. For example, the prosthesis is the focus of Amanda Cachia's critique of the use of disability as metaphor in art, wherein she critically compares the uses of literal prostheses by contemporary disabled and non-disabled artists in "The Narrative Prosthesis Re-Fitted: Finding Support for New and Imagined Differences in Contemporary Art," in *Contemporary Art and Disability Studies*, ed. Alice Wexler and John K. Derby (Abingdon: Routledge, 2020), 101–14. Cachia's

critiques of abjection are worthwhile, but risk flattening structural and unconscious dimensions of impairment in seeking to delineate acceptable discussions of disability, set apart from metaphor and unconscious ableist investments. By insisting on a vocabulary of access that eschews the category of the grotesque, liberal (and predominantly white) disability critiques may inadvertently presume a homogenous disabled experience apart from other vectors of deprivation and violence, rather than recognizing strategies that "portray disabled subjects in a way that re-narrates disability, making it legible in new ways." Rosemarie Garland-Thomson, "Picturing People with Disabilities: Classical Portraiture as Reconstructive Narrative," in *Re-Presenting Disability: Activism and Agency in the Museum*, ed. Richard Sandell, Jocelyn Dodd, and Rosemarie Garland-Thomson (Abingdon: Routledge, 2010), 24.

43 Achille Mbembe, *Necropolitics*, trans. Steve Corcoran (Durham, NC: Duke University Press, 2019).

44 Mbembe, *Necropolitics*.

## CRIPPING METAPHOR

It's worth noting that artists do not solely criticize Western medicine through representing it; moving explorations of herbal remedies in works by Simone Leigh (*The Waiting Room*, 2016) and Alex Dolores Salerno (*Arranged With Care*, 2022) gesture at resisting the violence that Western medicine has visited on Black and Indigenous populations. The Black composer and poet JJJJerome Ellis reflects expansively on his stutter in a text entitled "The Clearing," which links the irregular crip time of his dysfluency to spatial openings for escape that have long permeated Black thought and culture. He quotes a mentor, Milta Vega-Cardona, who wrote to him that "your so called stutter is the space where you transcend the limitation of lineal (white time)..."<sup>45</sup> Throughout his video work, Ellis pairs vocal and instrumental music, often performed in irregular rhythms, with footage of open and wild spaces to accompany poetic and historical reflections on debility, colonialism, and slavery, read aloud in often-stammering speech, and expressively captioned. In many ways, this work, with its spatial performance of liberated disabled communication, offers a warm didactic counterpoint to the sublimely congested asemic rumble of Lucier's "I Am Sitting in a Room."

Nonetheless, the gallery and the museum, along with the prison, the hospital, and the asylum, still constitute uncanny and ubiquitous architectural infrastructure that intends to arrest and erase disease, disability, debility, and deformity. Following Frantz Fanon, Achille Mbembe identifies the colonial utility of abjection, asserting that "the primary function of the medical gesture was not the absolute eradication of illness...(t)he ill human was the human with no family, no love, no human relations, and no communion with a community."<sup>46</sup> To the extent disabled people want to be recognized as a family and a community, a coherent minority group requiring visibility to make political demands, the art gallery and the art museum can accommodate expressions of struggle and solidarity. But it is important to recognize that these are compromised spaces that infect the culture they simultaneously contain and exclude, allowing only for forms of solidarity constrained by the limited scope of a liberal politics of access.<sup>47</sup>

And yet one thing that makes the gallery or museum a fecund venue to represent disability or debility is its semantic instability, a commercial yet (post-)spiritual environment that evokes the biopolitics of the hospital and the necropolitics of the prison. As disabled Black poet and artist Joselia Hughes told me, "the word 'able' really just means 'to hold'... Has a hold ever been a physical space?... The hold of the ship was a space of ability making, right? It's the ability of colony... It's the ability making of murder and violence." Art viewers psychically depend on both images of beauty and debilitated populations to imagine themselves healthy and human, while at the same time galleries and museums have historically refused to physically and symbolically accommodate the unwieldy bodyminds of disabled visitors.<sup>48</sup> The more disorganized and helpless its occupants, the more necessary and inevitable the regularity of functional architecture comes to appear. But artists, disabled or otherwise, can expose the vulnerability that debilitation represents. Institutional critiques may advocate for access and promote community and care and they may reveal fear and cruelty. Museums and galleries might not ultimately distance themselves from the exclusions they embody and enact, but artists can manipulate and redefine art contexts, both inside and outside of white cubes.

45 JJJJerome Ellis, "The Clearing: Music, Dysfluency, Blackness, and Time," *Journal of Interdisciplinary Voice Studies*, 5, no. 2 (2020): 228.

46 Mbembe, *Necropolitics*, 6.

47 J. Logan Smilges, *Crip Negativity* (Minneapolis: University of Minnesota Press, 2023).

48 Elizabeth Guffey, "The Disabling Art Museum," *The Journal of Visual Culture* 14, no. 1 (2015): 61–73.