

# Challenging Ableism: Caregiving and Healthcare in John Belluso's *Pyretown*

Engelli Bireylere Yönelik Ayrımcılıkla Mücadele:  
John Belluso'nun *Pyretown* Oyununda Sağlık Sistemi ve Bakım Verme

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## Abstract

John Belluso's play *Pyretown* depicts a single mother's struggle with the American healthcare system and portrays the destructive consequences of ableism existing in the neoliberal structures. Even though neoliberal ideology promises happiness, health and success through hard work and consumption, the characters in the play are victimized by highly valued autonomy, profit, and privatization. In such a system, disability is also thought to be an individual experience, yet the play shows that it is only a part of complex dynamics in daily life. On her journey to learn disability as a multifaceted experience, Lou engages in affective relationships with Harry and Rebecca whose lives are also jeopardized by the medical industrial complex. The realist portrayal of disability problematizes the job market, the healthcare and welfare system in the United States while promoting for a reform in the social, cultural, and political discourses. Within this context, this article argues that Belluso's *Pyretown* exposes and critiques neoliberal ableism as it exists in American society while portraying the complexities of caregiving, motherhood, and disability.

**Keywords:** American Drama, Disability, John Belluso, *Pyretown*, American healthcare

## Öz

John Belluso'nun *Pyretown* adlı oyunu bir annenin Amerikan sağlık sistemi ile olan mücadelesini ve neoliberal yapılanmada engelli bireylere karşı olan ayrımcılığın yıkıcı sonuçlarını ele alır. Neoliberalizm çok çalışma ve tüketim yoluyla mutluluk, sağlık ve başarı vadetse de, oyundaki karakterler özerklik, kar odaklılık, ve özelleştirme gibi fazlaca önemsenen değerlerin kurbanı olurlar. Böyle bir sistemde, engellilik de bireysel bir deneyim olarak görülse de, oyunda günlük hayattaki iç içe geçmiş ve karmaşık dinamiklerin bir parçası olarak betimlenir. Lou engelliliğinin çok yönlü bir deneyim olduğunu öğrenirken bir yandan da hayatları tıbbi-endüstriyel kompleks yüzünden dağılan Harry ve Rebecca ile onu değiştiren bir ilişki kurar. Bu bağlamda, oyun engellilik deneyimini gerçekçi bir şekilde yansıtır. Ayrıca, Amerika'daki iş piyasasını, sağlık ve sosyal yardım sistemini bir sorun olarak ele alırken, sosyal, kültürel ve siyasi söylemlerde yeniliği destekler. Bu makalede de tartışılacağı gibi, Belluso'nun *Pyretown* oyunu bir yandan bakım verme, annelik ve engelliliğinin karmaşıklığını ortaya koyarken diğer yandan da neoliberal sistemindeki engelli ayrımcılığını açığa çıkarır.

**Anahtar Kelimeler:** Amerikan Tiyatrosu, Engellilik, John Belluso, *Pyretown*, Amerikan Sağlık Sistemi

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## Introduction

John Belluso (1969-2006) was both a playwright and a disability rights activist who advocated for disability visibility in American theater. Although Belluso was advised to refrain from stories about disability at the beginning of his career, he insisted on writing about it because it was an experience that he knew best (Lewis, 2004, p. 40). As a disability rights activist, he argued that disability is a “multifaceted social network” rather than a biological and medical condition. In his own words, he wanted “to dramatize disability in a way which reveals something deeper than a simplistic illness narrative, all in an effort to create new stories, new myths, new ways of revealing the disabled body on stage” (2006, p. 163). As Victoria Ann Lewis (2006) states, “he crafted plays that were competitive with the best in American theatre, plays that have been and will continue to be produced throughout the country, created roles for disabled actors, and instituted a series of commissions” (p. 38). In this vein, Belluso’s plays explore such issues as economic oppression, the flaws of the healthcare system, intricacies of caregiving and the experience of disability.

Directed by Tim Farrell, Belluso’s 2003 play *Pyretown* had its premiere at Geva Theatre Center. Consisting of a prologue, two acts, eighteen scenes and an epilogue, the play portrays the complexities of care and dependency. The characters include Harry, a twenty-two-year-old man who uses a wheelchair; Louise (Lou), a single mother with three children; and Rebecca, a seven-months pregnant doctor, who works for a Health Maintenance Organization (HMO), approving or denying medical treatment for its clients. The three characters go through different affective states by connecting and disconnecting, moving towards and away from each other.

Harry became paraplegic after an accident and lost his mother, who was also his caregiver, to cancer. Blaming the healthcare system for his family’s sufferings, Harry’s only goal in life is to fight the capitalist system. Lou, on the other hand, is separated from her abusive husband and she is trying to take care of her three children, one of whom suffers from debilitating illnesses and requires full time care. Harry and Lou, both of whom need financial support to survive, are characterized in contrast to Rebecca, who represents dehumanized medical authority. Although indifferent to Lou’s circumstances at first, Rebecca later empathizes and understands her desperate circumstances.

Lou attempts to provide for her children on her own, yet her daughter Bea’s health problems will be costly, and she realizes that she cannot solve these problems alone. At the end, Lou decides to reunite with her abusive husband to meet their daughter’s needs. Harry retreats into isolation while Rebecca loses her job for helping patients. Within this context, this article argues that Belluso’s *Pyretown* exposes and critiques neoliberal ableism as it exists in American society while portraying the complexities of caregiving, motherhood, and disability.

## Victims of Cruel Optimism

When asked about the title of the play in an interview, Belluso explains that “[a] funeral pyre is something beautiful and sacred, but also a signifier of death. ... Philoctetes gained his archer’s bow from the lighting of Hercule’s funeral pyre” (Lewis, 2004, p. 40). In this regard, pyre in the title symbolizes the conflicting nature of the promises and realities of neoliberal ideology. On one hand, neoliberalism provides hope while promising happiness through hard work and consumption; on the other hand, it keeps the lives of individuals dependent on the dictates and interests of the market, and thus always at risk. The playwright shows that although the promises of neoliberalism are attractive, it eventually destroys subjects, like a

funeral pyre. Never having the chance to enjoy the promises of the neoliberal market, all of the characters in the play become victims of neoliberal interests, which value autonomy, maximizing profits, consumption, and privatization.

Although disability is usually thought to be an individual experience, it becomes a part of intricate relationship systems on a daily basis. Within this framework, moving away from old stereotypes of disability as a burden, *Pyretown* negotiates disability as experienced by disabled individuals themselves and their families in a complex and truthful manner. When one of the family members is disabled, issues such as caregiving, healthcare, or parenthood become inseparable, continuously (re)shaping the family structure. In her analysis of the play, Sandahl (2010) affirms that although everyone is dependent on others and needs care, these needs might be complicated by the American healthcare system when a person is disabled (p. 229). Once disability is involved, the family becomes a part of larger social and political systems; they enter various affective spaces, requiring the family members to adapt and change. Belluso explains why he explores such interconnections in *Pyretown* as follows:

I wanted to write a love story. At the same time, I was fascinated by HMOs, and the two seemed to come together in my mind. We think in terms of money, but what are the other ways that we pay for healthcare? What are the things we sacrifice? How does healthcare affect the way we love? How does it affect the way we share ourselves? (Lewis, 2004, p. 38)

As the quote reveals, intimate relationships are governed and shaped by social and political structures. Disability is traditionally considered within the medical context; however, as Belluso states, it is a multifaceted and intersectional experience, requiring individuals and their families to negotiate and exchange emotional states in various social and political contexts.

*Pyretown* underscores interdependence and connections among individuals, which are disregarded by neoliberal ideals that prioritize individual over community and autonomy over (inter)dependence. As a nondisabled single mother, Lou is trying to learn the different aspects of disability experience to help her daughter, yet she falls victim to cruel optimism as she cannot guarantee a livable future for her family. Her multilayered struggle with the healthcare system as a single mother is conveyed through her affective experiences with Harry and Rebecca. The affects circulating throughout the play seem to find their emotional representations on the reader/audience, yet all affective connections are reversed at the end as Harry and Lou's connection turns out to be the real problem in Lou's life, whereas a new female bond is formed between Rebecca and Lou.

In their book *Cruel Optimism*, Lauren Berlant explores how hopes and desires, or fantasies as they call it, turn out to be obstacles in a person's life.<sup>1</sup> According to Berlant (2011), at the center of cruel optimism lies a desire for a "good life," which comes with moral, intimate, and economic aspects (p. 2). Individuals develop an attachment to an object or a scene, believing it is essential to their well-being. Berlant (2011) argues that this attachment is affective by nature: "Whatever the *experience* of optimism is in particular, then, the *affective structure* of an optimistic attachment involves a sustaining inclination to return to the scene of fantasy that enables you to expect *this* time, nearness to *this* thing will help you or a world to become different in just the right way" (p. 2). For Berlant, optimistic attachments are not in essence

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<sup>1</sup> Lauren Berlant uses "they/them" as pronouns.

cruel. They become cruel “when the object/scene that ignites a sense of possibility actually makes it impossible to attain the expansive transformation.” What Berlant (2011) calls relations of cruel optimism, or fantasies that typically dissolve, include but are not limited to “upward mobility, job security, political and social equality, and lively, durable intimacy” (p. 3). These fantasies can be “embedded in a person, a thing, an institution, a text, a norm, a bunch of cells, smells, a food idea—whatever” (p. 23). Berlant (2011) also argues that cruel optimism creates a “precarious public sphere” where individuals “circulate scenarios of economic and intimate contingency and trade paradigms for how best to live on” (p. 3).<sup>2</sup>

Within this framework, *Pyretown* shows how neoliberalist politics dissipate the lives of Harry, Lou, and Rebecca. Their affective attachments, which they hope would pave the way for a good life, eventually create a sense of displacement and wear the characters out. Harry's obsession with fighting and demolishing capitalism, Lou's desire to build an independent life as a single mother away from her husband, and Rebecca's strong belief that she needs her job at the HMO so she can provide a better future to her unborn child turn out to have devastating effects in their lives. Haunted by his family's struggle with the healthcare system, Harry is obsessed with living an anti-capitalist life. Although he has the skills, he refuses to work for a company that serves capitalism, and he confines himself to an affectless and lonely life. His attachment to fighting the system prevents him from understanding Lou's circumstances and leaves him alone. Lou, on the other hand, leaves her abusive husband with hopes of a better life, yet neoliberalist structures set barriers against attaining a good life. Without sufficient finances, or the necessary education and skills to have a job, her single-parent family cannot survive in the capitalist normative culture. Rebecca too is a victim of her optimistic attachment because she clings to the belief that her family depends on her job at the HMO, which in return alienates her from society by stripping her of empathy and care. She can liberate herself from that system only when she quits her job. Yet, her financial future and that of her family are now shaky and unstable.

### **Interdependence and Care against Neoliberal Ableism**

Harry and Lou meet at the hospital when Harry offers to switch places on the waiting list to help her. Having separated, Lou lives on welfare, and spends all her time with the children, one of whom requires constant care. As a new single mother who is also new to disability experience, she is frustrated with the cold bureaucracy of the healthcare system and needs emotional support. Throughout Act One, the reader/audience witnesses the gradual development of a romance between the two characters as they go in and out of affective states together. Sandahl (2010) explains that “[t]heir sameness allows them to empathize with one another, and their differences provide them with resources that the other needs” (p. 231). Harry and Lou's connection results in a reciprocal care relationship, reducing anxiety and stress while allowing the couple to recognize their circumstances and priorities. Harry helps Lou to be more self-confident while familiarizing her with how to navigate the healthcare system whereas Lou meets Harry's social needs in addition to giving him a ride or helping with shopping.

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<sup>2</sup> Butler (2009) states that precarity is “a politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death. Such populations are at heightened risk of disease, poverty, starvation, displacement, and of exposure to violence without protection” (p. ii). Isabel Lorey also defines precarity “as a category of order that denotes social positionings of insecurity and hierarchization, which accompanies processes of Othering (Puar, 2012, p. 165).

In Act One, Belluso avoids conflict between the couple and focuses on their personal stories, which affect their future relationship. In the first scene of the play, both Harry and Lou accept their flaws: Lou admits she needs to do many things, such as taking classes from the Community College, to become more independent, but her responsibilities as a mother and financial concerns slow her down. Harry admits his isolation, as he always desires to stick to the familiar, or to remain in his comfort zone. In their short-term relationship, Lou and Harry try to overcome their problems, and push their limits to escape their circumstances, but neither succeeds in the end because of neoliberal ableism. Both Harry and Lou resist transformation; as a result, they (re)embrace their flaws and retreat into their comfort zones.

Although ableism forces both characters to retreat, their situations are not completely equal. Harry can earn money using his web design skills, but he chooses to retreat, whereas Lou ends up reuniting with her husband because she cannot afford healthcare alone. Lou's decision is related to survival rather than being a so-called good mother. She must return to her husband because neoliberal ableism pushes single mothers with disabled children out of social and professional lives. Even if Lou had found a job, it would have been a low wage posting with insufficient health and childcare benefits. As Berlant (2011) articulates:

There is a global capitalist culture manifested in the absence of affordable medicine that tries to control how poor and sexually non normative people experience privacy (i.e., as having no safety net) and publicness (i.e., as a responsibility to state public health requirements and social conventions). There is the ordinary life luck—luck that is both made and an effect of inherited privilege—of some privileged subjects to have insurance and flexible work, which makes their survival exigencies somewhat more medical than economic. All of the struggles are political. There is an urgency to make work that makes worlds, that subtends art and politics for communicating the proliferating urgencies and techniques of survival. (p. 60)

As Berlant shows, Lou's struggle raises political and ethical questions. As a single mother, Lou is not lucky enough to have access to affordable healthcare and is forced into precarity by neoliberal work ethics, which only prioritizes profit. She is stripped of the chance to create a life for herself and her children and hands her future to an abusive man.

The ways Belluso depicts disability subvert associations attached to Harry's disabled body, identity, and his wheelchair. As a result, they turn into positive affects in the play as disability provides a site where connection/bonding between a nondisabled and disabled subject is now both possible and transformative. That is, Harry's disability opens new affective possibilities as it dissociates the disabled body from negative meanings. In her analysis of Guillermo Gómez-Peña's performance with a wheelchair, Petra Kuppers (2007) explains that the performance transforms the meanings attached to disability: "The wheelchair no longer means tragic immobility but instead stands for the paralyzing effects of colonizing fantasies" (p. 84). Similarly, Harry's disabled body and his wheelchair become constructive because they carry an affective power and embody happiness, hope and desire.

In "Affective Economies," Sara Ahmed (2004) explains that negative emotions such as fear "[do] not come from within the subject, nor does it reside in its object" (p. 127). Rather, the signs of fear which circulate among subjects and objects turn something into fearsome (Ahmed, 2004, p. 127). Similarly, the dominant ideologies regarding ableism, which reinforce so-called normalcy on subjects, control affective responses to impairment. As a result, the affect of disability is associated with negative feelings such as hate, fear, or disgust. Showing

that it is not the disabled body that is disturbing, but the circulating affects controlled by dominant ideologies, Belluso offers new affective registers of disability through Harry and Lou's relationship.

Harry began using a wheelchair after he tried a shallow dive and hit his head, which caused a spinal cord injury. His single mother became his only caregiver until she herself needed care due to cancer. Harry and his mother had to switch roles in their family dyad as Harry assumed the role of the caregiver until his mother died of pancreatic cancer when Harry was twenty years old, a time when he "did not even know what a pancreas was, or what it did" (Belluso, 2004, p. 46). His own experience with disability and his mother's struggle with the healthcare system resulted in social and emotional isolation: "I don't know why I don't have a girlfriend. I haven't had one in a very long time. Haven't tried to have one in a very long time. These last few years, they've been very difficult" (Belluso, 2004, p. 46). As Harry explains, he has been avoiding human contact for years, for reasons that are multiple and complicated. Sandahl (2010) asserts that it is not the impairment that causes Harry's social isolation, but the distress triggered by the healthcare system (p. 231). However, the social stigma attached to disability in American culture should also be taken into consideration when discussing Harry's seclusion from the social world.

When tutoring Lou on the evolution of species, Harry asserts that Social Darwinists misinterpreted and distorted the concept of the survival of the fittest. According to Harry, the fittest means the most adaptive, not the strongest (Belluso, 2004, p. 50). Even though Harry has adapted to living with his impairment, American society denied him the chance to be a part of the social and economic world. To avoid discrimination and stigma—ideological responses to disability—Harry has retreated into an isolated world where he only forms online friendships. Yet, his affective communication with Lou has reminded Harry of who he really is and what he is capable of. Rejecting the designated emotional states of passivity and asexuality, Harry subverts notions of normality and disability with the following remarks:

[W]hen I see a beautiful woman like you, Louise, it's then that I remember, that I still feel desire, still, even now. That's how I can still fit into Nature, because I still feel desire, I still want to kiss a woman like you, and touch her breasts, and feel the way that the shape of her breasts change when I touch them with my fingers. I want to put my mouth close to them and I want to feel alive. I don't want to fly around in circles. I want to feel close to people; desire. That's how I fit into Nature. I never feel cracked or broken, when I feel desire. Those are the moments, when I feel fine. [...] There's some things I can't do anymore. Just so you know. But there's some things I can still do, a lot of things. And I want to do those things with you. (Belluso, 2004, p. 50)<sup>3</sup>

The excerpt comments on the intersection of disability and asexuality as Harry denies the equation of the two concepts. Michael Chemers (2015) suggests that Belluso destabilizes notions that perceive people with disabilities less than human by portraying them as affective and connected individuals with needs, hopes, and desires like every human being (p. 218). Belluso also demonstrates that Harry has been coerced into isolation by social norms that strip him of his individuality by labeling him "cracked," "broken," or disaffected.

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<sup>3</sup> The playwright frequently uses ellipses in the play. Therefore, when words, sentences, or lines are omitted from quotations, ellipses in square brackets will be used to avoid confusion.

Rather than upsetting Lou and causing feelings of dislocatedness, Harry's disability generates abundant positive meanings for her. As Carolyn Pedwell (2012) posits, an "empathetic identification" makes it possible to "open oneself up to different ways of knowing and new forms of intersubjectivity with the potential to dislodge and rearticulate dominant assumptions, truths, boundaries" (p. 164). Touching Harry's legs, inquiring about his disability and engaging with Harry's wheelchair (pushing it, putting in and taking it out of the car) opens room for sympathy, desire, understanding and connectivity:

LOUISE (Staring at his legs): No feeling at all?

HARRY: No, I mean, I can kind of feel, like pressure, in some parts, but not really any sort of—

LOUISE: So, if I poke your legs, (*Poking*) like this, you really can't feel at all?

HARRY (Smiling): Well, I can see that you're poking my legs, so in a way that's sort of like feeling it. Don't poke my legs.

LOUISE (Embarrassed): Oh, I'm sorry, I didn't mean to ... I guess I was just really curious and I, the pot, I haven't smoked pot in so long, I guess I just. . .

HARRY: It's okay. (Taking the hand that she poked him with, smiling) It's okay. Relax. (Belluso, 2004, p. 45)

The stage directions also indicate the affective connection that gradually develops between the characters: Lou stares; pokes; feels embarrassed that she disturbed Harry while he smiles because Lou's attempt to really understand Harry has a positive impact on him. Nevertheless, Lou initially avoids any physical contact with Harry. Belluso unfolds her dilemma through stage directions at the end of Act One, Scene Four as follows:

*Beat. He stares into her eyes, he wants to kiss her. She puts the joint in an ashtray—she looks at him. He moves across the bed, using his arms to move his body toward her, then moves his legs, adjusting them. He moves in close, kisses her, she pulls away.*

LOUISE (*Staring at his legs, a look of discomfort*): No. I'm too old for you. (*Quickly looking away from his legs, then looking to him*) No. Okay? But we will be friends. (Belluso, 2004, p. 46)

Belluso's meticulous depiction of Harry's movements paves the way for a realistic presentation of disability experience and challenges the ableist gaze. Moreover, this scene is followed by Lou overcoming her hesitations and initiating sexual intercourse. These scenes open up new affective spaces by going against the audience's expectations. That is, deconstructing the myth of asexuality attributed to the disabled people and humanizing Harry as an individual with desires create a sense of disaffectedness.

Garland Thomson discusses the politics of looking and staring in *Staring: How We Look* where she explains people tend to stare when they see bodies that do not conform to the standards they know of. The stare becomes a power exercise between the starrer and staree, Garland Thomson (2009) argues, and is also a method of communication that is rich in meaning, including "domination, adoration, curiosity, surprise, allegiance, disgust, wonder, befuddlement, openness, hostility, [and] reverence" (p. 39). She notes that staring has the power to both "sustain" and "demolish" the object of the stare. While an individual may experience "judgment, appropriation, or abrupt dismissal" through staring, which exposes vulnerabilities, staring also validates this person's being (p. 59).

In this context, staring is both political and affective. Lou's stare results in understanding, identification, and transformation whereas the ableist stare in society causes differentiation,

which alienates the disabled body and renders it invisible in the social world. As a result, Harry has lived in isolation and Sandahl (2010) argues, although he is capable enough to improve his circumstances, he has waged a battle against the capitalist system, which does not and cannot change anything (p. 232). When Harry is stared at with derision, it is because he is subject to neoliberal ableism and is seen as “useless” within a society that only values people for their functionary quality.

Yet, dilemmas are not solved just because Harry and Louise have initiated a sexual relationship. The cruel optimism of Harry and Lou's desperate struggle leads the couple to go into other affective states. Harry fails to see Lou's concerns and anxieties because he is too obsessed with the idea of fighting the healthcare system and capitalism. Harry wants to fight the neoliberal ableism together, whereas Lou just hopes Harry would help her navigate through the complexities of the system. That is, although they are oppressed by the same forces—gender expectations, class, and healthcare—their motives to stand up against them differ considerably. Sandahl (2010) elaborates on the reasons that draw Harry and Lou apart and states, “Harry's choices are a form of privilege that he fails to acknowledge. Lou must prioritize getting food on the table and health care for her children over romance, pot smoking, political grandstanding, and intellectual debate” (p. 232). This does not mean that Harry's problems are insignificant in comparison to Lou's, but Lou is below Harry in the social ladder as an uneducated single mother who is not qualified enough to find a job and provide for her family.

As a single mother, Lou is stigmatized by gender and class oppression. She feels ashamed of living on welfare and receiving Medicaid:

LOUISE: What makes you think I'm poor?

HARRY: You have the same shitty Medicaid HMO coverage that I have, can't even get a doctor appointment when you need one, have to go to the emergency room for treatment. Are you on welfare?

LOUISE (*Pauses for a moment*): Yes, I am. It's only for a little while, my ex-husband, he's out of work so he can't pay child support.

HARRY: You don't have to make excuses, I collect Social Security Disability, I don't care if you're on—

LOUISE: Yeah, okay. (Belluso, 2004, p. 43)

Neither the welfare money, nor the Medicaid is enough to sustain a life with three children in need of care. Being dependent on government aid and her ex-husband makes Lou feel insufficient and desperate as a mother since she cannot solve her daughter's worsening health problems, nor can she meet her family's financial needs. Lou is in such a financially desperate situation that she cannot afford to buy the things she wants and needs. Once she “impulse shops” to feel normal and it results in an embarrassing situation at the counter:

I was going to write a check, but I knew I only had ninety-seven dollars in the bank, and my kids were getting fussy and cranky, and I'm looking at the people waiting behind me, and they all got fussy kids, too. (*Beat*) And the number kept going up, past the amount I had, I'm sweating, watching the numbers go up. And the checkout girl turned and looked at me and the number was like, 120-something dollars, and she looked at me and in that moment, she looked all fucked-up, like she had sharp fangs instead of teeth and these really huge hands, and she could tell by the look on my face that I didn't have enough because I was all sweating and panicked, and I just told her,



softly, like I whispered, “I gotta put some things back.” I felt shitty, stupid, (*Short beat*) like a pig. (Belluso, 2004, p. 49)

Lou falls victim to the ideological norms that equate happiness and personal fulfillment with consumption as she attempts to feel normal. As Berlant (2011) explains, “[t]he intensity of the need to feel normal is created by economic conditions of nonreciprocity that are mimetically reproduced in households that try to maintain the affective forms of middle-class exchange while having an entirely different context of anxiety and economy to manage” (p. 180). As a woman who is oppressed both in private and public spheres of everyday life, Lou attempts to become the woman and mother she desires, but she is restrained from having a good life.

As the play moves into Act Two, the tone drastically changes. Throughout Act One, Harry and Lou are supportive of one another, and their affectivity relieves the stress in their lives. However, the more Lou is absorbed into the healthcare system, the more she feels desperate and stressed. In contrast to the optimistic mood of Act One, the distance between the couple increases and they go through several negative affective states as Lou’s anxiety intensifies due to Bea’s deteriorating health condition. Lou’s affective responses to the emerging crisis are revealed through negative reactions such as outbursts. The conflict begins when Bea begins coughing up blood and reaches the climax in the scene where Harry interrupts Lou and Rebecca’s conversation on the phone inappropriately in an outburst of anger, causing Rebecca’s refusal to help Bea.

When Lou calls the HMO center and talks to Rebecca about Bea’s condition, Rebecca underestimates the situation and hangs up. Lou believes she is treated harshly because she is on Medicaid and attacks Harry:

Oh, you’re going to tell me what I would benefit from? You, who has this really valuable skill to work with computers and who could be out having a great career and making money, but instead you choose to keep yourself locked away in places like this stupid college; reading the same books over and over, taking the same classes over and over. [. . .] all the while what you’re really doing is just hiding behind these stupid, politically correct beliefs that no one gives a shit about anymore, because you’re afraid to go out and live in the World. Well personally, I would fucking love to go out and be able to get a good job and make money, even if it is at some ‘evil capitalist’ corporation! Right now that sounds like a fucking idea. (Belluso, 2004, p. 55)

People like Lou are useless, disposable, and invisible in the capitalist system. As Butler states, institutions that are supposed to guarantee equality so that all citizens can claim existence in the public sphere actually “structured in such a way that certain populations become disposable, are interpellated as disposable, deprived of a future, of education, of stable and fulfilling work” (Puar, 2012, p. 168). As a single mother in the welfare system, Lou is a burden on the economy since she does not contribute to the market economy. Therefore, Lou resents Harry because he is qualified enough to earn money whereas she is denied the opportunity to earn a living.

Harry goes through a similar affective state when helping Lou, resulting in a loss of control and outburst. Harry tells her that “[i]f you want her [Bea] to get the tests, you have to work the system. You have to be tough, strong, and hard like steel. (*Short beat, softly*) My mom, she wasn’t strong [. . .] she came from this whole generation where you didn’t doubt your doctor’s wisdom, but we can’t be that way anymore” (Belluso, 2004, pp. 54-55). Lou’s situation brings

back the memories of his mother's cancer treatment and eventual death, for which Harry blames the HMO system. Harry's trauma resurfaces while Lou talks to Rebecca, causing him to become aggressive and interrupt their conversation to attack her. His rage aggravates the situation and Rebecca refuses to help after she is subjected to Harry's hostile behavior. Shaking with anger, Harry does not realize his inappropriate behavior has denied Bea the treatment she needs. Not being able to cope with stress, Lou goes into a negative affective state, and she throws Harry out of the house during the rain, stating her indifference about his commute back home:

HARRY: This is just like what happened with my mother, the American Health-Care System, it's fucked, this is just like what happened to my mother. . .

LOUISE: No, it's not. I'm not your mother. (*Softly, coldly*) Get out of my house. (*A little louder*) Get out of my house.

HARRY (Smiling): It's raining.

LOUISE: I don't care. I don't care how you get home. Just—get out. Now. (Belluso, 2004, p. 57)

As the excerpt shows, Harry is traumatized by his experiences as his mother's caregiver. This prevents him from prioritizing Bea's critical condition and what Lou needs. His unresolved issues with the past cost him a future with Lou who never promised him to fight the healthcare system together in the first place. Rather than relieving Lou's stress by serving as a mediator, Harry causes further problems. Moreover, complicated by financial predicaments, her struggle with the healthcare system places intolerable pressure on Lou's life as a single mother. As a result, she cuts off emotionally and distances herself from Harry.

Lou attempts to reduce her anxiety using two affective practices. First, believing she can convince Rebecca to authorize the necessary tests, she visits Rebecca in person to reverse her position as the "distant other." Although Rebecca was unresponsive to the situation with Lou on the phone, a face-to-face communication creates an affective intimacy, and she finally empathizes with Lou's desperate situation. Sandahl (2010) states that two women immediately connect thanks to "epistemic experiences of motherhood" (p. 233). The affects of the female bond emerge, and Rebecca goes against the system, risking her job by authorizing the tests that reveal Bea's serious condition. Despite all the transformation she goes through due to affective encounters with Rebecca and Harry, knowing that she will need money throughout this process, Lou reunites with her ex-husband. She explains her desperate situation to Harry as follows:

He's doing good right now, he's making good money at his new job. I'm not stupid, I know what he did to me. But I can't keep doing this by myself and he loves the kids and I need money and I need help. And you, you don't have any money. And you're not going to do anything to get money. (*Short beat, softly*) I'm not stupid, but I know, I really don't have a choice. (Belluso, 2004, p. 59)

The quote reveals that the solutions Harry has offered such as getting an education and finding the weaknesses of the system to manipulate it will not solve Lou's immediate problems of caring for a child with a debilitating illness. Reuniting with her abusive ex-husband is the most practical solution for Lou, since this option allows her to focus on taking care of Bea. However, it is uncertain whether this will work out well for Lou considering her husband's nature. As Chemers (2015) states, Lou has to "debase herself, prostrate herself, and subjugate herself both to begging for the care to which she is entitled and to her

disgusting ex-husband” (p. 221). Her socioeconomic conditions and neoliberal ableism render Lou vulnerable. This is a point where the play diverges from other depictions that have shown heroic mothers grappling with disability and evokes the social model of disability as Bea and Lou are subject to the ways in which disability is not accommodated or supported.

### **Challenging the Medical Industrial Complex**

The medical institutions constitute an important place in *Pyretown* as the play exposes the politics of the healthcare system. At the beginning of the play, Lou is at a hospital trying to convince the receptionist that her daughter needs to be examined by a doctor immediately. The way she describes her desperate situation demonstrates the fact that single mothers must almost always juggle a lot:

I’m really not a cranky person, I swear I’m not, but I have two kids with me who have not had naps, I have another kid who I need to pick up from daycare in . . . (*looks at her watch*) seventeen minutes, and I have a Yankee pot roast which I need to cook and slice into little pieces for my kids to eat, and eventually for me to eat as well. I am tired of waiting. I want to see a doctor, NOW! (Belluso, 2004, p. 42)

As the excerpt clarifies, Lou has been waiting for a long time for a simple examination. The bureaucracy in the healthcare system contributes to the anxiety that comes with Lou’s responsibilities as a single mother: “I already gave you our card, yes I did, I gave it to that nurse, that one over there. [. . .] No ma’am, I definitely filled that form out already, yes I’m sure I did, no, she took both the white and the pink copies of the form. I don’t have any copies at all” (Belluso, 2004, p. 41). Although Lou has done everything properly and followed the rules, the hospital requires her to confirm each step repeatedly, costing her time and energy.

Meanwhile, Harry watches Lou struggling with the receptionist, and he offers to switch places in the waiting list so that she can see the doctor before him. Harry knows the system well and explains to Lou that if she annoys the nurses, they will make her wait longer: “You have to make them like you, compliment their nail polish, or something like that” (Belluso, 2004, p. 42). Although their job is to treat people in need of medical care, the cold and detached medical personnel do not care whether or not the patients have urgent needs. On the contrary, they are so insensitive to patients’ problems that they deliberately make people wait if they cause any problems.

This pattern—of medical personnel—can be explained by what Arlie Hochschild termed “emotional labor” in her 1983 book, *The Managed Heart: Commercialization of Human Feeling*. Describing a flight attendant’s work, Hochschild (2012) explains that in addition to mental and physical labor, a flight attendant’s job requires emotional labor, which basically means controlling emotions at work (p. 7). In her preface to the 2012 edition of the book, Hochschild expands the list and explains that whether reluctant or not and whether successful or not, people working in “[d]ay-care centers, nursing homes, hospitals, airports, stores, call centers, classrooms, social welfare offices, dental offices” do emotional labor by suppressing their feelings and emotions and managing those of others (p. ix). Hochschild blames the neoliberal politics of labor for fostering emotional labor in the name of a competitive market. She claims that with the rapid privatization of hospitals and the healthcare system, medical personnel are forced to detach themselves from the patients and suppress such emotions as care and empathy (i.e., detached concern). Moreover, assigned to tasks which make them “float” from one unit to the other, those who work in medical centers

are prevented from enacting care: “Encouraging a patient to eat, listening to a patient story, making a joke, patting an arm—such acts lost importance. They were absent from the medical charts. And these days ‘if something isn’t on the charts [...] it didn’t happen’” (Hochschild, 2012, p. xii).

Rebecca’s scenes are also significant because the reader/audience witnesses how her affected state gradually changes due to the emotional labor she has to perform. The play opens with a prologue where she addresses the audience to introduce the first scene and the theme of interconnectedness of individuals:

There are slivers of something inside of our bodies. Fragile strings of us, slivers, thin, like the most delicate of veins. But they are not veins, they are made of a different Substance.

They are contained within each body, but they also break outward; breaking out of the skin, connecting themselves, to other bodies. Tight, taut, radiant threads of Interconnection, threads constructed of Power and Desire. [...] I do believe in these *connections*, I truly believe these slivers exist. And I see them. They reveal themselves in small moments, small exchanges. (Belluso, 2004, p. 41)

Showing a state of affectedness, the monologue introduces Rebecca’s emotional connection to her environment. She believes that affects circulate among individuals, and they find their emotional representations in small but pleasant exchanges in daily life. This is exemplified when Harry and Lou are introduced to the scene: Harry is in a supermarket and struggling to reach a shelf, but it is impossible to get what he wants from his sitting position. Lou helps him, they exchange smiles and continue their shopping separately. The scene shows, to borrow from Greenwald Smith (2015), the “unpredictability of affective connections” (p. 2) because it introduces an unfamiliar affect, which finds its representation in interdependence. As Sandahl (2010) states, there is neither fanfare nor pity, just a sense of reality (p. 230). Rebecca is moved by mutual dependence and affective connectivity as she describes this moment as a moment of connection and “a beautiful moment of Power and Desire” (Belluso, 2004, p. 41).

Rebecca’s job requires her to decide whether the patients need medical treatment over the phone without even actually seeing them. At first, she is in a moral and ethical dilemma between her desire to help people and her company’s instructions to cut the budget, an implication that medical authorities favor finances more than individuals’ health. Yet, barred from face-to-face communication, which has an affective potential, Rebecca cuts off emotionality. The HMO, a profit-driven company, forces her to slowly transform from an affectively connected individual into a detached, insensitive, and cruel doctor who scolds patients and denies them treatment depending on her whims. Trapped in the medical-industrial complex as a doctor who wants to keep her job, Rebecca begins acting cruelly because of the emotional labor she has to perform. She underestimates the concerns of a woman whose husband has had a stroke before and draws pleasure from exerting power over her. Rebecca keeps the woman on hold while she gets creamer for her coffee and lies to her by stating that she has been looking at her husband’s file (Belluso, 2004, pp. 47-48). Although she was sensitive and had warm conversations with the patients when she first started her job as a Utilization Review Physician at the HMO, she has become cruel in time as the following scene also demonstrates:

REBECCA: [...] What you need to do is to settle down, hang up the phone and put him to bed. Your request is denied.

*Back to the audience Rebecca is a bit stunned at her own anger, then a smile; a note of pride in her voice.*

REBECCA: Denied. (Belluso, 2004, p. 48)

As a part of the system, the more Rebecca detaches herself from the patients and pushes her affective self away, the more she feels successful at her job. Lou breaks this cycle when she visits Rebecca and reminds her of the human aspect of her job.

## Conclusion

*Pyretown* portrays the social, cultural, and political problems existing in American society in such a realistic manner that some critics label it as didactic. Andrea Stevans (2005), for instance, states in her review published in *The New York Times* that the conversations, especially those toward the end of the play, are more like a part of a lecture than a play. Nevertheless, it problematizes social and political institutions, which oppress individuals and erect barriers that hinder liberty and equality. Through the characters who are in conflict with institutions, such as the healthcare and welfare system, restricting their choices in life, *Pyretown* calls for a redefinition and reorganization of social order. The play avoids using disability as a metaphor and explores its intersections with gender, sexuality, social class, and the healthcare system. Belluso illustrates that Harry's tragedy results from his struggle with the HMO, not from his disability. Similarly, Lou suffers due to insufficient government support for her sick child. The neoliberal ableism in the public sphere renders her more vulnerable as a single mother. Rebecca's life is governed by precarity as she is trapped by profit-driven medical institutions, and capitalist work ethics that threaten her with unemployment unless she complies to the strict rules. The villain, or the problem, in *Pyretown* is not disabled individuals, but the neoliberal politics and the unjust medical approach to disability. Unlike traditional narratives that eventually remove or cure disability, *Pyretown* leaves "the problem of disability" unsolved at the end to emphasize that the main issue that needs to be addressed in the United States is the dysfunction in the healthcare system and the established status quo, which cause citizens to suffer financially, emotionally, and socially.

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