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The University of Southern Mississippi

THE ODDITY AS COMMODITY: TELEVISION
AND THE MODERN DAY FREAK SHOW

by

Robin Marie Cecala

Abstract of a Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2011

ABSTRACT

THE ODDITY AS COMMODITY: TELEVISION AND THE MODERN DAY FREAK SHOW

By Robin Marie Cecala

May 2011

A new genre of documentary and reality program has appeared on cable television in recent years. Suddenly, little people, conjoined twins, the morbidly obese, Treeman and Mermaid Girl are the new stars of cable. This latest genre features people with medical conditions once exhibited in the turn of the century freak shows.

The goal of this dissertation is to argue that documentary programming on cable is becoming a modern version of the P.T. Barnum-style freak shows. The analysis uses both qualitative and quantitative methods to examine representations of race, culture and disability. The dissertation also discusses the history of the freak show, types of people exhibited, presentation methods used and how these elements are reflected in today's television programs. The study population includes 40 one-hour documentaries aired during the July 2009 sweeps period on The Learning Channel, Discovery Health Channel and The Science Channel.

A content analysis codes individual subjects' race, culture and disability status. The analysis also codes the documentaries for themes/frames present, disability stereotypes and freak show style. A critical analysis utilizes semiotics to uncover the dominant, negotiated and oppositional messages constructed through the composition and editing of the programs.

Hegemony was the foundation of the freak show. The results of the analysis reveal that the documentaries frame the stories from a hegemonic perspective by reinforcing stereotypes of race, culture and disability while also reflecting the exhibition techniques of the freak show. These results, the people featured and the sheer number of programs aired, supports the argument that these programs have created a modern day freak show.

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by

Robin Marie Cecala

A Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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May 2011

DEDICATION

To my daughter, Alexandra:

No matter what difficulties you may encounter in life, you can persevere with the love and support of others. Your sweet little face and loving hugs have been my motivation. Remember to always stay true to yourself and follow your dreams. I love you so much.

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TABLE OF CONTENTS

ABSTRACT ii

DEDICATION iv

ACKNOWLEDGMENTS v

LIST OF TABLES ix

CHAPTER

I. INTRODUCTION 1

II. LITERATURE REVIEW 4

 Freak Show Origins

 Documentary Roots

 Reality Television

 Theoretical Framework

 Research Questions

III. METHODOLOGY 41

 Sample Selection

 Coding

 Critical Analysis

IV. QUANTITATIVE RESULTS 45

 Reliability

 Themes and Frames

 Freak Show

 Race and Culture

 Disability

V. QUALITATIVE RESULTS 68

 Freak Show

 Race and Culture

 Disability

VI. CONCLUSION.....	122
Summary of Results	
Future Research	
APPENDIXES	132
REFERENCES	151

LIST OF TABLES

Table

1.	Frequency of Themes/Frames in Documentaries	46
2.	Specific Medical Conditions Depicted by Documentary.....	53
3.	General Medical Condition by Documentary	55
4.	Specific Medical Conditions Depicted by Subject	56
5.	General Medical Condition by Subject.....	57
6.	Subjects Similar to Those from the Freak Show	58
7.	Presentation of Race by Subject	59
8.	Presentation of Race by Documentary.....	59
9.	Presentation of Culture by Subject	60
10.	Presentation of Culture by Documentary.....	61
11.	Relationship between Race and Culture	61
12.	Subjects' Medical Conditions by Culture.....	63
13.	Subjects' Medical Conditions by Race	63
14.	Disability Level by Subject.....	65
15.	Disability level by Documentary	66

CHAPTER 1

INTRODUCTION

The explosion of cable television in recent years has resulted in the popularization of a once stagnant form of entertainment, the documentary. In the 1950s and early 1960s, the news documentary was a popular feature in network primetime. Edward R Murrow and Fred Friendly's *See It Now* was the cornerstone of the genre (Friendly, 1967; Simon, n.d.). Other popular network news documentaries included *Victory at Sea*, *The Twentieth Century*, *CBS Reports*, *Close Up!* and *White Paper*. Network competition as well as the social and political upheaval of the 1960s drastically reduced the presence of such features (Mascaro, n.d.). As a result, the documentary mostly remained limited to the realm of public television such as the 1973 PBS triumph *An American Family*. *An American Family*, arguably also the first reality television program, was a 12-hour series that followed the middle class Loud family for a period of seven months. The program drew an unprecedented audience of 10 million viewers as the story depicted divorce, conflict and homosexuality, images previously unseen in primetime family viewing in the 1970s. The success of the series hinted at the greater possibility of documentaries as entertainment for a mass audience. In 1990, Ken Burns achieved critical acclaim with the PBS documentary, *The Civil War*. He was also highly praised for *Baseball* (1994), *Jazz* (2001) and *The War* (2007) (Public Broadcasting Services). The 21st century brought remarkable blockbuster success with documentaries such as *Bowling for Columbine* (2002), *Spellbound* (2002), *Fahrenheit 9/11* (2004), *Supersize Me* (2004), *An Inconvenient Truth* (2006) and *Capitalism: A Love Story* (2009).

In recent years, a new type of documentary has become popular on cable television. These documentaries feature people with visible birth defects, mental diseases or other physical abnormalities. Frequently, medical professionals attempt to “cure” the subjects through some type of medical intervention. Documentaries of this nature have become a mainstay of many of the educational and science channels including The Learning Channel (TLC), Discovery Health (DHC) and The Science Channel (SCI). These same cable networks also air numerous documentary-reality series featuring the day-to-day lives of similar people. Both the reality programs and the stand-alone documentaries feature the medical conditions and varying aspects of the subjects’ lives. The difference is, the focus of the documentaries is on significant medical and life events whereas the reality series focus on the subjects’ daily lives, sometimes including life-changing events, sometimes not.

This popularization of medical conditions for a mass audience is not new. At the turn of the century, doctors began to use the new medium of film to document medical conditions. The intention of this technique, pioneered by Dr. Droyen, was to create instructional tools for medical experts. However, a cameraman involved in the production successfully sold and displayed the films at such venues as fairs and theaters where the shows attracted large audiences (Van Dijck, 2002). The films of the past and the documentaries on modern-day cable both hint at freak show roots. Yet, in today’s age of political correctness, the modern-day cable documentaries that display disabled and disfigured subjects in such a way seem startlingly out of place.

The intent of this dissertation is to discuss how the aforementioned documentaries on cable television are resurrecting the antiquated freak show, likened to managers such

as P.T. Barnum. Though scholars have chronicled the practice of the freak show from a historical perspective, there is little discussion of the influence on modern-day media. Furthermore, this dissertation will add to the discussion of portrayals of the disabled as those representations pertain to nonfiction media and the freak shows of the past.

While the age of the circus sideshow and freak shows officially ceases to exist, this dissertation will argue that the exhibition of people as freaks, particularly those with medical conditions, still exists under the guise of the documentary, particularly the documentaries and reality television programming that air on several cable channels. This dissertation will further argue that these documentaries serve as spectacles meant to entertain, rather than educate, the mass audience.

CHAPTER II

LITERATURE REVIEW

In order to conduct this study, several areas need to be discussed regarding the freak show, documentary studies and reality programming, disability studies and the applicable theoretical framework including media framing and semiotics. In terms of the freak show, the literature review will discuss the roots of the freak show, the types of people displayed, and the theories underlying the presentation of people in such shows as well as the modern-day freak show. The next portion will discuss the types of documentaries, applicable presentation techniques and a brief discussion of reality television. Finally, the theoretical section will include a discussion of framing theory, semiotics and a brief discussion of how the freak show and disability studies intersect.

Freak Show Origins

In order to begin the background discussion of the freak show era, an understanding of the definition of “freak show” is important. A freak show is the display of people who have physical deformities or abnormalities for profit (Bogdan 1988; Gerber, 1992). Bogdan (1988) further emphasizes that these were formal exhibitions. This differentiates them from earlier exhibits that included lone presentations of a single attraction not attached to any formal circus, carnival or museum. The freak show encompassed traveling companies in the United States and Europe, and dime museums as well as exhibitions at carnivals, fairs and circuses. Throughout its peak popularity from 1840 to the turn of the century, the freak show took different forms and bore different names; yet, the foundation was the same. The background discussion of the freak show will discuss the freak show beginnings, presentation styles, the most popular types of

exhibits and its eventual demise. The analysis portion of this dissertation will provide further details relevant to the discussion.

While scholars in the field often debate the definitive start of the era of the freak show, most credit P.T. Barnum. He began his show business career with the presentation of Joice Heth (Wallace, 1959). Heth was an African American slave woman rumored to be 161 years old and a nurse present at the birth of George Washington (Barnum, 1872; Bogdan, 1988; Harris, 1973; Wallace, 1959).

Joice Heth had been around for some time when Barnum acquired her in 1835. Included in her official papers was a bill of sale dated 1727 that listed her age as 54 years old. This and other documental evidence convinced Barnum of Heth's authenticity. He decided to sell his interest in the grocery trade and purchase her for one thousand dollars. Barnum (1872) referred to her as "a remarkable curiosity" (p. 74) and he credited her exhibition as the official start of his career as a showman.

Barnum himself managed both traveling shows and stationary ones. In the early 1840s, P.T. Barnum took over the American Museum in New York City. This venture would prove to be the most significant institution in the era of the freak show (Bogdan, 1988). The dime museums featuring freak exhibits came into popularity as traditional museums began to lose profitability and other amusements such as theaters, touring artists and circuses lost audiences. The strict Protestant ethic of the time meant that people wanted the appearance of propriety, yet still wanted to be entertained. Circuses and carnivals lacked the former but contained the latter. Traditional museums were proper, but not entertaining and as a result, profits shrank. Philadelphia museum administrator Rubens Peale recognized that his traditional museum needed to change or

risk going out of business. Slowly he began to display those people deemed “curiosities,” in favor of more traditional exhibits and the dime museum was born. These establishments thrived because the “museum” was an acceptable, and now enjoyable, diversion. The result was a surge in the popularity of the freak show (Harris, 1973).

P.T. Barnum’s American Museum was the most legendary of the dime freak show museums. During the peak popularity of his museum, Barnum exhibited a wide range of curiosities and made a considerable profit for Barnum. He did his best to ensure that people had an enjoyable visit to his museum. He constantly rotated attractions, personally sought out new and more exotic curiosities as well as brought in new gimmicks to get people in the door (Wallace, 1959).

A discussion of the meaning of the word “freak” in the era of the freak shows is important. The definition of a freak varies from author to author and across disciplines (Rosenberg, 1996). Grosz (1996) calls the freak an ambiguous person that violates the basic categories by which humans organize their lives; these people exist in a gray area between animal and human. In disability research, Conroy (2008) contends the freak does not have to be disabled. The freak is the result of a cultural construction that occurs when a spectator watches the person perform “as an unusual object on the basis of some sort of perceived oddity” (p. 342). Yet, freaks are all people who suffer from some type of societal marginalization. Generally, a precise definition of *what* a freak was during the freak show era is less important than *who* society labeled as a freak.

Consequently, P.T. Barnum, the most common name associated with the freak show, did not actually refer to the participants as freaks. He called them “curiosities” (Barnum, 1872, p. 73) and grouped people with physical and mental deformities with

exhibits such as the Joice Heth and the animal abnormalities (Fiedler, 1978). Other terms used included: oddities, malformations, abnormalities, anomalies, mutants, mistakes of nature, monsters, monstrosities, sports, strange people, and very special people (Fiedler, 1978). Yet, the most commonly used term when referring to those displayed was freak. In the capacity of this dissertation, the use is not meant to be derogatory, but to reflect the terminology of the era discussed.

Classification of Freaks

Much of the literature on freaks and the freak show categorizes people by body type, such as midget, giant, Siamese (conjoined) twins or the bearded lady. Bogdan (1988; 1996) argues that these physiological classifications are a form of labeling by historians, academics and other outsiders. The freak show itself had internal categories of identification that accompanied the physiological label; the born freaks, the made freaks and the novelty acts (Gresham, 1948). Hawkins (1996) refers to born and constructed freaks. Cassuto (1996) adds to the list the racial freaks, people of non-Western decent that would be “normal” within the structure of their own culture and society. These performers did not suffer from any birth defect; but they lived and took part in a culture vastly different from Western society. This difference generated a certain amount of interest and fascination and demonstrates the cultural hegemony in existence at the time.

Frequently, managers featured another category, the fake freaks. Known as gaffed freaks, these performers faked the phenomena commonly seen in the born freak and made freak categories. Although not all human-freak participants were real, many of the conditions performers suffered from were genuine. Since the gaffed freaks are not

actually disabled or disfigured, there will be no further discussion of this group. Despite the attempts at categorization in the literature, most freak displays were far more complex than the designations indicated (Bogdan, 1996; Thompson, 1996).

Over the years, the freak shows displayed many different human exhibits. The following section discusses the different types of people exhibited in the freak shows as well as their modern day documentary counterparts. Much of the terminology used during the freak show, and thus in the freak show literature, does not fit in with today's age of political correctness. Thus, the use of such terms in this dissertation is an attempt to remain consistent with the related literature.

Born Freaks

People of abnormal size were common exhibits in the freak shows. The display of little people was a common occurrence at most freak shows. Most frequently referred to as midgets or dwarfs, these terms for little people actually denoted two different kinds of people. Medically, the term dwarf refers to those little people who are not proportional. People with this condition have short legs, long trunks and oversized heads. Midgets are those little people that are proportional, just smaller than the norm (Bogdan, 1988; Fiedler, 1978; Gerber, 1996; Merish, 1996; Wallace, 1959). Freak shows featured midgets more frequently than dwarfs, though unaware of the differences, managers often misidentified them as dwarfs (Wallace, 1959).

At the other end of the height spectrum were the giants. The extremely tall were popular exhibits. Barnum had exceedingly strict requirements concerning whom he billed as a giant in his exhibitions; men needed to be a minimum of seven and a half feet and women needed to be at least seven feet (Fielder, 1978). Though there is much

evidence that many who fell short would pad their shoes and lie about their heights (Fielder, 1978).

Size issues in the freak show were not limited to issues of height. Images of the fat lady are synonymous with recollections of the freak show. Though less common, freak shows displayed obese men too. Exhibits also featured human skeletons; people that were so thin that their bodies appeared only to consist of skin and bones (Bogdan, 1988; Eisenmann, n.d.).

Another traditional freak show exhibit featured those with some kind of physical abnormality or deformity. Siamese, now known as conjoined, twins were extremely popular. The most popular displayed two fully-developed living people, such as Eng and Cheng, who were joined together and yet still managed to function. Less popular, but still prominent were those participants that had a parasitic twin. These parasitic twins never fully developed and left the living person with extra body parts, or in some cases, almost a full sized body attached to them (Bogdan, 1988; Fielder, 1978). Other popular types of deformities and abnormalities included those with missing or malformed limbs, small heads as well as those experiencing various levels of paralysis (Eisenmann, n.d.).

Closely related to this group of people were those with various skin and hair disorders. Jo-Jo the Dog-faced boy and Lionel the Lion-Faced Man (Fielder, 1978) had problems of excessive hair growth. Others had skin disorders that caused the texture to be rough and leather-like. Some had markings and hyper-pigmentation problems that caused their skin to resemble animal-like patterns. Others had visible tumors. On the other end of that scale were the people with little to no pigmentation in their skin, better known in the freak shows as the Albinos (Eisenmann, n.d.).

Freak shows also exhibited people that blurred the conventional lines of gender. Bearded ladies, like the fat ladies, were a staple of the freak show. Hermaphrodites were also popular displays at the time. Other freak show participants suffered from both physical and mental disabilities. The most commonly exhibited were those suffering microcephaly, a condition characterized by a small head and mental retardation (Bogdan, 1996). The impact was often compounded by the fact that the majority of those displayed were non-White and/or from non-Western cultures (Gerber, 1996). However, since medical science had not clearly designated or identified several of the mental disabilities that exist today, one can only render a guess at what illness or affliction some of the people displayed were suffering from.

Race Freaks

Though most commonly associated with the freak show, the “born freaks” were not the only type of people that freak shows exhibited. Proprietors often employed people of non-Western descent who were mentally and physically normal within their own society. But, when removed from their environment and displayed in a Western environment, these “race freaks” were extremely different. This type of ethnological show business drew on the natural curiosity people had for the unusual, particularly those of different cultures. The practice was particularly popular in Europe but grew in popularity in North America around the turn of the century. Popular non-Western participants included San women with steatopygia (an enlarged behind), men and women with lip plates and other permanent skin ornaments, those speaking in languages that featured clicking sounds and Zulu performance groups (Lindfors, 1996).

However, regardless of how promoters billed them, not all non-White freak show performers were from far off non-Western places, some were from Europe or even the United States. Native Americans often performed cultural rituals and Gypsy and Bohemian women played exotic beauties (Fretz, 1996). Several of the most popular performers, such as Jocie Heth, had once been slaves (Frost, 1996). Many of the Zulu performers were in fact African Americans (Lindfors, 1996).

Made Freaks

The Circassian Beauty began the era of the “made” freak. That is, a freak that is not born with a type of defect but has one created for them. The Circassian Beauties were White women with frizzy hair, exotic-sounding names and Middle Eastern dress. These women epitomized the Victorian beauty standard of the time (Bogdan, 1988). Some scholars also classify the morbidly obese and extremely skinny as made freaks (Dennett, 1996).

Other self-made freaks included those whose physical differences were not the result of a genetic or medical disease or defect. These people did something to their bodies that made them different enough to display (Thompson, 1996). The most common were people with excessive tattoos (both men and women), piercings, lip plates or other bodily ornaments; made freaks also included performance-centered displays such as snake charming, sword swallowing or fire eating. Often, the made freaks combined both aspects (Eisenmann, n.d).

Methods of Presentation

Gerber (1993) calls the freak show a display. Bogdan (1988) calls it a performance or stylized presentation (Gerber, 1993). Regardless of the definition, there

are certain collective practices, whether in a dime museum, carnival or circus, that all freak shows shared. More often than not, promoters positioned freak show participants as objects, rather than subjects (Merish, 1996). As this section will discuss, even genuine born freak exhibits included some level of deception or fraud, what Barnum referred to as “Humbug” in the construction of exhibits (Barnum, 1872; Bogdan, 1996; Harris, 1973). This tendency towards embellishment was central to the success of the freak show (Harris, 1973), and the practices will become apparent with the discussions of the different types of freak exhibits.

Freak exhibits and the related promotional materials promoted the extreme nature of a freak’s height or weight. Midgets and dwarfs would stand next to regular sized people and regular sized furniture to demonstrate their extremely small size. At times, the furniture would be slightly oversized to further exaggerate the differences (Bogdan, 1988). Much like the dwarfs and the midgets, managers exhibited giants in ways that illustrated their extreme size. Promotional and souvenir photographs featured them standing next to average sized people or furniture. For the maximum effect, midgets and giants would stand together to juxtapose their extreme height difference (Eisenmann, n.d).

Freak shows practiced the same principle with Fat Ladies and the Living Skeletons. Performers stood (or sat) in exhibits next to average sized people or next to each other to provide contrast. For all of those who were not of average size, promotional materials often added to these differences. Brochures added inches to the heights of giants and subtracted them from the heights of dwarfs and midgets. Fat Ladies

had pounds added to their weight and Living Skeletons had pounds subtracted (Dennett, 1996).

Other exhibited people with extreme size differences wore costumes or played character roles. Charles Stratton, a little person, often dressed up as Napoleon and Barnum billed him (falsely) as General Tom Thumb (Fielder, 1978; Harris, 1973, Wallace, 1957). Showmen promoted select obese women as “beautiful” or “magnificent” and dressed them in fashionably elegant clothing with expensive looking jewelry. Pamphlets compared the women to queens or other famous ladies of the time. Others wore child-like outfits and were given names like “Baby Ruth” or “Dolly Dimples” (Dennett, 1996). The term fat only described women; managers rarely imposed the term on men. They were billed as giants or the “World’s Heaviest Man” (Ostman, 1996).

Conjoined twins and those with missing or extra limbs would often sing, dance or otherwise perform (Bogdan, 1988). Often exhibitions entailed the duos performing basic acts of life such as eating, walking or running in unique ways. The twins were not necessarily exhibiting extraordinary talents or skills to audiences, but adaptations necessary for survival. Pamphlets of conjoined twins often depicted the twins as having more severe physiological attachment than was actually the case (Fielder, 1978).

Managers likened those with skin disorders to the animals that their skin resembled. Emmitt, the Alligator-Skinned Boy (Grosz, 1996), the Leopard Child (Yuan, 1996), Krao the Ape-Girl (Rothfels, 1996), the Elastic Skin Man, Rubber Skin Man and Elephant Skinned Girl (Eisenmann, n.d) were just some of the identities bestowed on such people. Most included pamphlets telling extraordinary tales of how managers discovered such curiosities. For example, the life stories of some Albinos discussed how

societies worshipped them like Gods or how the freak show proprietor “saved” them from becoming human sacrifices (Bogdan, 1996).

Like the fat lady, the bearded ladies wore fashionable dresses and jewelry and had their hair styled beautifully. Promoters bestowed used rhetorical designations such as “Madame,” “Lady” or “Princess” when identifying the women. Photographs featured bearded ladies in feminine poses such as brushing her hair in front of a mirror or surrounded by beautiful furniture. Frequently, bearded ladies married and would be exhibited or photographed with their husbands and children (Bogdan, 1988). The intent of these techniques was to demonstrate the dichotomy gender and beauty.

The challenge with other gendered displays, such as hermaphrodites, was the inability to display the most obvious manifestation of the condition, their genitalia. Managers gave hermaphrodites identities such as Roberta-Robert or Joseph-Josephine and billed them as half man/half woman. Freak Shows would also label freak exhibits as human enigmas and the people would dress one side of their body as a woman and the other side as a man or even dress in drag (Fielder, 1978).

The display of race freaks usually involved some kind of native clothing, cultural artifacts and jungle-like scenery. Like Joice Heth, some ethnographic exhibits billed participants as current or former slaves (Barnum, 1872; Fretz, 1996; Frost, 1996). Others identified participants as the missing link in the evolutionary chain of human-kind (Bogdan, 1988; Cook, 1996; Frost, 1996). Often, pamphlets depicting their life stories used phrases such as “savages” or “wild people.” Dances and rituals depicting the native customs of those exhibited were also popular (Vaughan, 1996).

Microcephalics were common displays in the freak show. Often exhibits mimicked the ethnographic displays common of people from non-Western cultures. One of the most frequently used terms associated with Microcephalics was “Aztec” (Rothfels, 1996). People with this condition had sloped heads that came to a small point. Managers emphasized the shape by shaving most of the participant’s hair except for a small tuft at the top which was tied together, making their head appear even more distorted (Ostman, 1996). These men and women had nicknames such as “Zip,” “Ash,” and “Koo-Koo” (Eisenmann, n.d). Microcephaly created a perpetual child-like appearance that made even adult Microcephalics popular with audiences (Fielder, 1978).

Managers displayed both tattooed men and women. At the time, much of society considered tattooing primitive and promoters emphasized this element in the displays. Exhibits also included booklets with elaborate tales of how the participants got their tattoos. One famous story told of a man’s capture by tribes that forcibly tattooed him over the course of six years. Whites were particularly popular as tattooed freaks. As time progressed, so did the expectation of the number and density of tattoos on a freak’s skin. For tattooed women, managers played to the dichotomy of what a woman was *supposed* to be and what the tattooed women portrayed (Bogdan, 1988). The tattooed women also wore dresses that allowed their tattoos to be displayed prominently without crossing the lines of propriety for the time (Eisenmann, n.d).

In addition to the types of exhibits common to certain types of medical and physical conditions, shows often attracted audiences with staged events such as weddings and fights. Some of the most famous events involved Barnum’s Charles Stratton (Tom Thumb). He battled and won his true love in a struggle with another little person,

Commodore Nutt. Stratton's engagement and subsequent wedding to Lavinia, a little person, was a major public event at Grace church in New York City (Fielder, 1978).

Barnum frequently exhibited Tom and Lavinia Thumb with a "Little Thumb" though the couple remained childless (Bogdan, 1988). Promoters also publicized the dating and social lives of conjoined twins to show that the twins were "normal" (Bogdan, 1988).

Bogdan (1988) contends that freak shows shared certain techniques and methods when constructing identities for the freaks displayed. These techniques fell into two distinct, though not mutually exclusive modes of presentation, the exotic and aggrandized mode. Each mode is characterized by several common techniques.

Exhibits took on an exotic flare when promoters displayed participants from non-Western cultures. While an 8-foot tall White man might be displayed as some type of military hero, an 8-foot tall Black man would be displayed as a Zulu warrior. Bogdan (1988) referred to the exploitation of culture in these exhibits as the exotic presentation. The goal in this mode is to appeal to the audience's interest in different cultures. Promoters tell audiences that the people came from some far-off, typically non-Western, location and also created a life story to go with the fabrication. Participants wore clothes that furthered the stories and publicity photographs were taken against painted backdrops that resembled the promoted place of origin. The true origin of the people displayed in these exhibits varied. Some were from the lands depicted, some were from other non-Western locations and some were Americans. The notion of otherness is central to these displays (Frost, 1996) and this concept reflected the inherent racism that existed at the time (Bogdan, 1988).

P.T. Barnum's most famous application of ethnological "exotic" show business was in his "What is It?" exhibits. The exhibit, featured in the American Museum, placed the participant under a large banner with the phrase "What is It?" printed across. The non-didactic approach constructed the exhibit in such a way as to allow the audience to arrive at their own conclusions. The first such exhibit premiered three months after Darwin published his controversial *Origin of Species*. Barnum exhibited a dark-skinned male and challenged the audience to determine if this man was the "missing link" between man and animal (Cook, 1996).

Showmen exhibited those suffering mental disabilities in an extreme exotic mode. One exhibit billed two famous Microcephalics from Ohio, Tom and Hettie, as wild Australian children captured by a famous explorer (Bogdan, 1988, 1996). Other managers dubbed Microcephalics as "Aztec Children," despite the fact the performers were adults (Fiedler, 1978). To add authenticity to such displays, the life stories used were often adaptations of real stories familiar to the audience. Backgrounds of exhibits included jungle and other island scenes relevant to the tales. Promoters told audiences about tempering the "wild" or "savage" nature of the people through kind treatment and humane intervention (Bogdan, 1988).

The second style is the aggrandized mode of presentation. The idea is that a freak participant, outside the visible abnormality, is a person that possesses special skills, talents or traits. Promoters dubbed such freak participants with names, titles and identities that would elevate their stature. Men and women also wore nice clothes and jewelry. For example, Barnum promoted Charles Stratton as General Tom Thumb, a man of British ancestry, neither of which was true. Furthermore, in the aggrandized mode,

promoters bestowed prestigious educations, high-class skills such as poetry writing and painting and well-known connections to kings, queens and lords upon the people exhibited.

Within the aggrandized category, there were two types of display. The first involved the performance of basic tasks by those who suffered from some obvious mental or physical deformity. These performances, such as an armless man feeding himself with his feet, were necessary adaptations for the person's survival. The second type of entertainment-based performance involved such things as singing acting and dancing. In most cases, the construction of freaks in these categories also involved a presentation demonstrating that the performers were "normal." Literature accompanying the displays often included photographs of the exhibited person with their spouses and children taking part in 'normal' family activities (Bogdan, 1988).

Common freaks displayed using the aggrandized mode included many of the self-made freaks such as the tattooed man or the novelty acts like sword swallowing or snake charming (Bogdan, 1988; Dennett, 1996). Others included little people, conjoined twins, the fat lady, the bearded lady and giants. The exotic mode was most appropriate for those with mental disabilities and the ethnographic exhibits. However, exhibits frequently implemented more than one technique for the greatest possible audience appeal (Bogdan, 1988). For example, if a non-Western person also had a physical deformity such as missing or extra limbs, exhibitors may have displayed them in the exotic mode. The display modes were by no means mutually exclusive.

One of the barriers to the success of the freak show stemmed from the challenge of making the show palatable to audiences. In order to help audiences overcome some of

the moral issues of paying to gawk at people, managers decided to promote the educational value of the exhibits by using doctors, scientists, anthropologists and other credible people to authenticate the curiosities and provide “factual” information to the crowd (Bogdan, 1988). The convergence with science is also evident in the use of the term “museum” for the dime institutions that exhibited freaks (Miles, 2004), most notably Barnum’s American Museum. This convergence of medicine and popular culture was also evident in the medical articles the time. The authors often referred to these medical cases by the freak show title, rather than their real names or medical problems (Miles, 2004). The best evidence of this phenomenon was the public exhibition of the autopsy of Joice Heth as medicine attempted to fix her real age (Reiss, 1999).

The exact end of the Barnum era freak shows is a common point of contention amongst freak show scholars. The freak show was a popular form of mass entertainment from the 1840s to the 1940s (Bogdan, 1992, 1996). While this form of amusement lasted for approximately 100 years, the evidence seems to indicate that the turn of the century marked the end of the freak show as a respectable pastime (Thompson, 1996) despite a continued presence for another forty years. Most prominent freak show scholars attribute the demise, at least in part, to an increase in the medicalization of the diseases of the curiosities (Bogdan, 1988, 1996; Gerber, 1992, 1996; Miles, 2004).

In the first part of the twentieth century, the science and medical communities that had once verified the authenticity of the freak exhibits began to separate themselves from the practice. As the public viewed the freak shows as a less and less reputable institution, the freak show itself began to move from the museums, to traveling circus sideshow, to country fairs. Those who society once labeled as “freaks” were now people with

recognized medical conditions and disabilities. This was the medicalization of freaks and the freak show. The resulting paradigm shift assigned a scientific name to the conditions of the freak show participants (Bogdan, 1988; Miles, 2004; Thompson, 1996). This shift drastically diminished the acceptability of displaying such people for amusement and profit. In one particular case, a doctor published an unflattering article of a man nearly 9-foot tall. The article resulted in a lawsuit (though unsuccessful) and marked a general shift in empathy from the freak show proprietors to the freak show participants (Bogdan, 1988, 1996; Miles, 2004). Thompson (1996) suggests that the discourse of the freak show did not end at the turn of the century but morphed into medical fields such as genetics, anatomy or reconstructive surgery.

The medical community also began trying to cure people suffering from afflictions that would once have landed them in the freak show. Grosz (1996) believes that the medical intervention of such cases occurs because society views these people as being so different from the norm and medical intervention could help make them appear more “normal.” The basis for this idea is the assumption that the person wants to be “normal.”

Gerber (1996) calls the medical-centered explanation compelling, yet lacking. He argues that other issues were involved in the disappearance of the freak show in the 1940s. At the forefront was the growth of other forms of mass entertainment, growing social movements, and a general shift in ideologies where people began to explicitly reject the idea of the freak show. There is probably not one definitive answer to the freak show’s demise in the 1940s. More than likely, several of the aforementioned ideas as well as other mitigating factors led to the downfall.

The Freak Show, Ethnicity and the “Other”

The display of freak show participants, particularly the race freaks, often endeavored to exaggerate the differences between the freak on display and the audience viewing the exhibit.

These people had no birth defects, medical problems or physical abnormalities. The men and women were ordinary in their own culture. Yet, the native rituals and customs, style of dress, hairstyles, body art or language made them out of the ordinary in the Western cultures of Europe and the United States. Promoters relied on techniques that reinforced the differences between these freaks and the audience. Their “otherness,” rather than a birth defect, made the race freaks appropriate for exhibition in the freak show.

Though most common with the race freaks, the exaggeration of the differences between the Euro-American norm and the freaks was a central tenet of the freak show. For example, publicity photographs that depicted a “freak,” a non-Western woman in native dress, standing next to a “normal” person, such as a White European/American woman who epitomized the current beauty standard, illustrate this concept (Thompson, 1997). The freaks in the freak show are the embodiment of a person as the “other” based on physical differences. Thompson (1997) contends that, today, scholars would label this, “race,” “ethnicity,” and “disability” (p. 60).

The participants in the freak show “literally embody the antithesis of the acceptable bourgeois subject” (Cook, 2001, p. 535). The people exhibited helped to reinforce the hegemonic structure; a structure that depended on otherness in order to maintain the differences between the freaks and the affluent socioeconomic classes that came to see them. Thompson (1997) argues that the freak show’s intent was to make

audiences feel better about themselves. The shows helped to maintain the social order by reinforcing hegemonic structure and assuring the audience that the freak show participants were different, and that they, the audience, were normal. The idea was: “them” versus “us.”

Modern-Day Freak Show

While the freak show may not exist in the same form as in P.T. Barnum’s day, there are certainly some indications to suggest that the freak show has morphed into a new form. Several scholars from different fields raise this issue. In the past, managers, like Barnum, used medicine to lend credibility and authenticity to the freak shows (Bogdan, 1988; Miles, 2004). Recently, several scholars have recognized a resurgence in this trend on television (Dovey, 2000; Miles, 2004).

Dovey (2000) contends that highly sanitized personal news stories presented as human-interest segments provide an acceptable means of exhibiting people who would previously have been freak show exhibits. This form of television news promotion draws an audience and advertising revenues that mirror the ticket revenues from the days of the sideshow (Miles, 2004). Logically, this could also extend to the long-form of news, the documentary.

Van Dijck (2002) argues that today’s documentaries position medical doctors as heroes saving the “freak” subjects from their lives. Thought not specifically labeling the programs as a freak show, Van Dijck questions the intentions and educational purpose of such programs as well as whether the audience is legitimizing the practice just by watching.

Dennett (1996) contends that today's talk shows have "undeniably" become a modern-day freak show (p. 325). She specifically cites episodes that target and belittle the morbidly obese in features such as "You're Too Fat to Wear That" or features that depict a morbidly obese person with their skinny spouse or children.

David Koppel (2009), a surgeon featured in one of the cable documentaries, wrote an article about his experience. In it, he says that the tendency of the producers was to create scenarios that would obtain the best possible footage in order to create "great television" (p. 7). Koppel had to actively advocate for the individuals featured in the program and still, the program was originally entitled *Freak Family*. Koppel ultimately concludes that the production did not harm the participants and that some of them were actually better off for taking part in the documentary. Yet, he still believes there was a sensationalistic element that would appeal mainly to an audience that would have found the freak shows of the last century appealing (Koppel, 2009).

Fictional programming has also taken those with disabilities and labeled the characters as freaks. A study examining the disability representations in different primetime programs discusses an episode of the popular 1990s *X-Files* where agents Scully and Mulder investigate a murder set in a community of retired freak show performers. Several elements within the episode mimic the old freak shows and manage to reinforce the notions of the disabled person as a monster (Campbell & Hoem, 2001).

Documentary Roots

At the outset of the film industry, there was little distinction between a work of fiction and nonfiction. Many early films were nonfiction. The Lumière brothers' first exhibition in the late 19th century was a series of 10 two-minute nonfiction pieces, which

included such topics as people leaving the factory, feeding the baby, and a train arriving at the station. The camera was stationary and took an observational position.

One of the films most frequently credited with being the first feature-length documentary was *Nanook of the North* (1922) by Robert Flaherty. At the time of the movie's release, the line between fiction and reality in film was still unclear. Film scholars know that Flaherty directed much of the action in the film; some segments reflected the true traditions of the people, other segments just added drama. Flaherty distorts the story in *Nanook* to help construct a larger narrative that more readily reflected the story he wanted to convey (Rothman, 1998). Therefore, the question of the true nature of what is real, and what is fiction or manufactured, began with the earliest of documentary works. With the advent of reality television and the mass popularity of certain documentaries both in theaters and on cable, the intentions of the filmmaker, the level of authenticity, the construction of the narrative and the amount of manipulation that may or may not exist, are of even greater significance.

Mainstream documentaries share many components, including: the voiceover, expert interviews, witness testimony, opinion interviews, archival footage and live event footage. These conventions have evolved throughout the development of the documentary (Wise, 2002). The compositional techniques used when making any film, fiction or nonfiction, create certain kinds of meaning. Audiences and scholars must closely consider the connotations and denotations generated, especially in the realm of the documentary, in order to better analyze the messages the documentaries are sending. This is especially important when scrutinizing the impact of culture on cinematic style (Barbash & Taylor, 1997). The use of common compositional techniques including the

rule of thirds, noserroom, headroom, depth, angles, camera placement and the center of interest, as well as edit decisions, edit pacing and audio all convey specific meanings that are important to contemplate when deconstructing documentaries.

There are several styles of documentaries including observational (cinéma-vérité and direct), expository, interactive and reflexive (Barbash & Taylor, 1997; Nichols, 1992). The style most commonly associated with the documentaries relevant to this study is expository. This form of documentary directly addresses the audience, usually via a voiceover or onscreen narrator who comments on the situation rather than participates in the action. The stylistic elements employed are similar to that of a news feature. Producers edit the compositional elements to best illustrate the discussion and arguments made by the voiceover or other audio (Barbash & Taylor, 1997). Expository documentary pieces traditionally include archival footage, actuality recordings and interviews. A classic example of this style would be a PBS series such as, *The Civil War* (1990) or *Jazz* (2001), produced by Ken Burns. Editing normally focuses on an ongoing narrative and rhetorical construction rather than chronology, time and space (Nichols, 1992).

The nature of the documentary brings a certain expectation of accuracy and objectivity as well as an inherit expectation of educational significance. As a result, controversy has surrounded the documentary narrative from its early beginnings. The fact that documentaries have writers seems contrary to the nature of the film. To some scholars and audiences, this writing, scripting and editing, particularly in many of the documentaries that experienced theatrical success, can be troubling (White, 2006).

Another problem frequently associated with documentary films, particularly the expository style, is that the films tend to present an air of informed objectivity. Even though the answers in the interviews are not scripted, the editing and juxtaposition often reinforces the position put forth by the narrator. The style also allows for easy generalizations as well as attempts to provide solutions to the problems presented, no matter how complex.

Expository documentary construction presents a concise classic narrative storytelling technique common in fiction film. The documentary usually involves a problem, a telling of the events that follows a particular and consistent perspective and a solution that gives closure to the documentary. The audience expects the filmmaker to present the information in a cause/effect pairing. The films frequently draw on the use of repeated patterns and styles of footage; for example, war films often show montages of battles (Nichols, 1992). Some expository-style documentary films present an objective view while others may subtly (or overtly) implement propaganda-style methods. These elements, in conjunction with the didactic nature of documentaries (Barbash & Taylor, 1997), and the tendency of the style to be one-sided (Bruzzi, 2000) do create some controversy.

The roots of controversy in documentary films stem mostly from the creative process used to make documentary films. Thus, the search for reality is central to the documentary. The majority of documentary filmmakers hold to the belief that films should draw attention to issues potentially relevant to the audience (Kilborn, 2004) and attempt to make a difference (Brundige, 1998). In order to accomplish these goals, filmmakers need to apply the particular conventions associated with documentary

filmmaking. Filmmakers contend that despite the creative process, documentaries still embody a form of truth and reality (Wise, 2002).

White (2006) contends that documentaries do have scripts but the structure resembles an itinerary rather than the script of a fictional film. The documentary script provides a plan for the direction of the documentary, but the script itself does not dictate the type of experience that the audience will have getting there. In addition, television executives are dictating that documentaries make audiences laugh, cry, please sponsors and stay within a strict budget. These additional requirements present even more threats to a documentary's authenticity.

The issue of reenactments or reconstructions in documentaries is also an ethical issue associated with documentary films. A documentary is supposed to be comprised of actuality and reenacting the story adds an element of fiction to the story as filmmakers recreate incidents. A panel at Visible Evidence, a conference of documentary filmmakers discussed the issue of reenactments at a conference in 2003. The panel, constructed of several well-known filmmakers, concluded that films often manipulate facts, intentionally or unintentionally, in order to create a more dramatic and commercially successful narrative; thus, filmmakers should avoid the use of reenactments altogether in order to avoid the temptation (Kilborn, 2004).

Reality Television

Documentaries also exist in other forms on network and cable television. Many of today's most popular programs have roots in documentaries. During the 1990s, programs such as *The Real World* and *Road Rules* began to gain popularity. In the summer of 2000, *Survivor* and *Big Brother* aired for the first time and the reality

television genre exploded. Reality television appeals to producers and executives because of the comparably lower overhead, even when monetary prizes are involved (Excoffery, 2006).

There are many subgenres of reality television, but several types specifically follow the observational *cinéma vérité* style of documentary. These popular programs resemble the original 1973 PBS series *An American Family*. While the research questions in this dissertation do not specifically address this type of reality programming, a brief discussion is important because many of the people featured in these popular cable reality shows have the same medical conditions as those in the documentaries and the old freak shows. Furthermore, the cable documentaries and the cable reality programs have similar narrative structures. In one instance, the participants of a cable documentary, *Little Parents: Big Pregnancy*, actually went on to star in a reality program on TLC.

One of the problems with these reality shows, much like the documentaries, is in the images presented. Scholars debate many issues pertaining to reality television. The entire concept of transmitting “reality” is one issue. Biressi (2004) calls the term “reality television” an oxymoron. Johnston (2006) contends that audiences know reality television is not actually real. Viewers accept that a certain amount of staging, reenactments and setups occur within the genre. However, she asserts that there is still a problem when discussing the “characters” on reality television. The stars are in fact real people, not actors. Thus, the audience does feel there is a greater element of truth and reality to the stars’ personas; that the people themselves are still real even if the situation is not entirely real. Difficulties arise as the audience attempts to negotiate the truth

between the actual person and the image constructed through the production techniques of the show. Therefore, the images and messages sent can have a more detrimental impact to the audience. Arguably, this “real” issue could be an issue with standard documentaries too.

Theoretical Framework

Framing

Framing is a particular way of organizing and presenting a specific subject, event or group of people to an audience in an attempt to encourage the audience to arrive at a specific conclusion. Media framing organizes reality for the audience and provides a way of thinking about issues. This theory presents a particular version or interpretation of a subject, event, race or culture and continually reiterates the description. Frames become the structure that an audience uses to understand and interpret events and people in the world around them. Often, the frames used only represent a small part of that group’s actual identity (Entman, 1993).

Reis (1999) examined the framing of race in the exhibition of Joice Heth and in the spectacle that later surrounded her autopsy. Heth was an example of an exhibit that merged medicine and popular culture. The freak show often perpetuated the idea of white domination and reinforced race distinctions. Heth’s display exaggerated the differences between the biology of Whites and Blacks; that is, a hardworking slave woman living to be 161 years old versus the younger age that a less rugged White achieves.

This is not the only example. Elements of framing theory are apparent (though not explicitly identified) in many of the academic works considering freak shows

(Bogdan, 1988; Cook, 1996; Fiedler, 1978; Frost, 1996). Thus, framing theory becomes an essential tool in the discussion and understanding of whether these documentaries are similar to the old freak shows.

Applying elements of framing theory to the study of documentaries is not without precedent. Murphy (2008) discussed the frames that existed in several popular documentaries, including *Nanook*, in his essay about media ethnography and representation. Narayanamurthy (2007) examines the frames of representation in a documentary about outsourcing in India. Purdy (2005) examined the representations of residents created in two different Canadian films about a well-known housing project. All have effectively used framing theory to analyze specific representations; thus, the theory lends itself well to this dissertation.

Semiotics

The science of semiotics examines the meaning of a message through the close examination of the signs that construct the message. Every single image, graphic, text, sound, and piece of spoken dialogue in media serve as signifiers. Each of these signifiers represents a particular concept, ideal, or the signified. The signifier and the signified together form the semiotic concept of “the sign” (Seiter, 1993).

Seiter (1993) contends that signs have two meanings, the denotative and connotative meaning. The denotative meaning is the obvious interpretation. This reading is the most fundamental and literal meaning created by the sign. For example, the word “guppy” taken at the denotative level is a kind of fish. The connotative meaning of a sign is more complex. This interpretation involves associating meaning with the sign. For example, “guppy” taken at the connotative level could indicate someone who is young,

immature and/or inexperienced; or the term could be the name used to refer to a beginning swimmer at the local swimming pool. These signs then work together to form syntagmatic and paradigmatic relationships that provide greater meaning.

Stuart Hall (1980) identified three levels of meaning that an audience can decode when interpreting media texts. The preferred/dominant reading is the message that the creator of the text intended the audience to decode. Interpretation requires a shared frame of reference for the understanding to take place. A person who accepts some tenets of the preferred meaning but also rejects a part and interprets the message through their own frame of meaning has developed a negotiated meaning of the media text. The text is selectively understood based on their beliefs and values. An oppositional reading of the message subverts the dominant paradigm. The person decoding the text applies a completely different frame of understanding from the frames used to encode the message. As a result, the interpretation is the antithesis of the intended meaning.

Scholars have used semiotics, including Hall's (1980) levels of meaning, to analyze advertisements (Campbell, 2003; Ryan, 2007), news (Chouliaraki, 2006; Machin & Jaworski, 2006; Worthington, 2008), the Internet (Platt, 2004), television (Fiske, 1985; Kuruc, 2008) fiction film (Cooks, Cobe & Bruess, 1993), reality television (Brophy-Baermann, 2004; Manuel, 2009) and documentaries (Epstein & Steinberg, 2007). Thus, this method is appropriate to use in the critical analysis portion of this dissertation.

Disability Theory

People that society now recognizes as disabled were frequently the same people that society would label as a "freak" during the age of P.T. Barnum. For this study, the definition of who is disabled is important to consider. In a study examining the

presentation of disabilities on networks and PBS during primetime, a disabled person is defined as: “any character with a major difference from the average character portrayed on television other than racial and social-economic differences” (Elliot, Byrd, & Byrd, 1983, p. 40).

Scholarly articles from the last thirty years highlight the need to increase the frequency and accuracy of the disabled on television (Byrd, 1979; Byrd, Byrd & Allen, 1977; Byrd, McDaniel & Rhoden, 1980; Dillon, Byrd, & Byrd, 1980; Elliot, Byrd & Byrd, 1983; Hevey, 1993; Lattin, 1977, 1979; Wall, 1978). Portrayals, particularly fictional portrayals, of those who are disabled tend to follow a particular set of themes. The first, idiot savant, is a disabled person who succeeds in the “normal” world. Audiences view this group as highly intelligent in an aggrandized way. These people also have special skills that the average person does not have and this facilitates success in normal society (Whittington-Walsh, 2002).

Another common trait in disability representation is a sense of isolation. The character’s differences remove them from society, similar to Quasimodo in *Hunchback of Notre Dame*. Other common portrayals are pathology-related. Central to this tenet is the idea that those with disabilities are somehow sick and that medicine or other medical intervention may provide some type of miracle cure (Whittington-Walsh, 2002).

Another common fictional portrayal entails the disabled savants sacrificing themselves to save regular people. Yet, nobody can save the savant. For them, sacrifice often means further isolation. Issues of sexuality also surround disabled representations. Disabled males are often sexually undesirable unless medicine is able to “cure” them. If sexuality is included, often the depictions are child-like or the main character is in

competition with a normal character that ultimately wins out. Finally, television often depicts disabled characters as violent. Sometimes acts of violence help the character to be the hero; other times result in a greater sense of isolation (Whittington-Walsh, 2002).

There is a substantial amount of academic research that studies disabled characters in fictional media. While this research is valid in its own right, with rare exception, the studies focus on disabled characters played by able-bodied people, rather than those who are actually disabled. Rarely does a disabled actor play a disabled character in a fictional medium. Thus, the applicability to this dissertation is limited but still important. However, there may be some crossover of categories into nonfiction media and this makes the aspect worth exploring.

Thompson (2001) discusses several presentation styles, used in popular photography that could prove applicable to documentary video. Photographs construct the object represented through certain conventions of presentation and culture. The reality represented is subject to the conventions of photography and interpretations of culture. The roots of images of the disabled are in medical photography but Thompson says interpreting photographs based in popular culture provides an understanding of the cultural meanings created through manipulation. These types of photographs construct the images of the disabled for the public. Photography, like documentary film, places the viewer at a distance from the subject, creating a space between the viewer and the subject. Likewise, the technique frames the subject or object from a *specific* point of view and forces the viewer to take the same position.

Thompson (2001) further discusses four forms of visual rhetoric apparent in popular culture photographs of the disabled. The first rhetoric is the wondrous. The

viewer is in the position of the ordinary person looking upon the different person in awe. The audience reveres the subject and gazes in wonder as the disabled subject commit amazing feats. Thompson likens this to the “supercrip” notion. The goal is to make the disabled seem extraordinary.

The second rhetorical is the sentimental. In this type of image, the viewer looks down at the disabled person who the photograph depicts as a helpless or sympathetic victim; this view induces pity. By looking down on the disabled person, the subject becomes the “spectacle of suffering” (Thompson, 2001, p. 341) that needs to be saved. This places the viewer in a position of authority over the disabled person (Thompson, 2001).

The third is the exotic. The viewer may be looking up or down on the subject. The goal of the photograph is to establish distance and present their differences as alien, erotic or entertaining. The photographs are ethnographic and dominated by notions of imperialism. Audiences are able to gawk and objectify the people in the images from a safe distance (Thompson, 2001).

The final visual rhetoric is the realistic. Unlike the first three styles, these photographs encourage the viewer to identify with the subject and “normalize” them. The goal is to diminish the perceived space between the viewer and the subject, partly by reducing the visibility of the subject’s disability. Yet, the photograph still sends a warning to the audience about not becoming disabled. Despite the distinctions, the four categories are not mutually exclusive and often appear together in photographs (Thompson, 2001).

Scholars need to conduct more research on disability representations in the nonfictional realm because the inherent “realness” of a documentary could conceivably have a greater influence on an audience’s perception of disability since the programs are portraying a real person rather than a fictional character. The majority of audiences do understand when watching dramas and sitcoms that the programs are not real, but viewers tend to ascribe a certain level of truth to documentaries. Little research exists that focuses on disability and the freak show. Most previous research relates to the debate of whether managers exploited the freak show performers (Gerber, 1992, 1996) or whether the people displayed were willing participants in the deception, actors playing a part (Bogdan, 1988, 1993, 1996).

A handful of studies discuss the film *Freaks* (1932). The film, set in the freak show, depicts the story of seduction, revenge and betrayal set in a traveling circus. The difference between this film and many others that featured disabled characters was that the actors in *Freaks* actually had the disabilities, though the film exaggerated some characters. Reoccurring debates about the film include the depiction of two common disability stereotypes including the tendency towards violence and the depiction of the disabled as innocent. Other common themes include the depiction of the freak as the “other” and the director’s casting of actors that were actually disabled (Larsen & Haller, 2002; McRoy & Crucianelli, 2009; Nordin & Cahill, 1998). This is one of the few times where disability theory intersects with the freak show.

Research Questions

Based on the literature review, several topics are not adequately addressed.

Therefore, the research questions in this dissertation will break new ground and begin to establish a basis for further research. RQ #1 – RQ #7 will be quantitative.

One specific area that is lacking is research pertaining to the ever-present growth of cable documentaries that feature people that were once the main attractions of the freak show era. Understanding what types of themes/frames reoccur throughout these documentaries is important to establishing the framework of the discussion in relation to race, culture and disability. Therefore, establishing the prevalence of specific themes can begin the discussion of portrayals within the cable documentaries.

RQ 1: Which Themes/Frames are Most Prevalent in the Documentaries?

The relationship between cable documentaries and the freak show era is another area that this dissertation will address. The existing research includes multiple studies that document the types of medical conditions that existed during the freak show era. However, the presence of such conditions in modern day media is not well researched in the field of mass communication. Thus, scrutinizing which medical conditions exist in the cable documentaries as well as which of the conditions were present in the freak show is important. Answering these questions will ultimately help to determine whether today's documentaries are masquerading as the modern day freak show. RQ #2 and RQ #3 address these needs.

RQ 2: Which Medical Conditions did the Documentaries Depict Most Frequently?

RQ 3: What Percentage of the Medical Conditions were Conditions Presented During the Freak Show Era?

There is a multitude of existing communication research that examines portrayals of race and culture in the modern media. As the literature suggests, those that reflect the dominant ideal, White and Western subjects, tend to be portrayed more frequently than those who are non-White and from non-Western cultures. The documentaries must be examined to see the trends reflected.

RQ 4: What Percentage of the Subjects were White/Non-White?

RQ 5: What Percentage of the Subjects were from Western/Non-Western Cultures?

However, the research needs to move a step beyond the presence of race and culture. Analyzing how race and culture relate to the subjects' medical conditions is also important because of the larger implications that the documentaries may create. If the cable documentaries depict a particular medical category, such as malformed limbs, more frequently in one race or culture, the shows may create the false impression for the audience that culture and race are mitigating factors in the occurrence and severity of some medical conditions. RQ #6 addresses this issue.

RQ 6: What is the Correlation Between Medical Conditions Depicted and Race? Culture?

The final quantitative question addresses disability portrayals in the documentaries. Research does exist that examines the frequency of portrayals of disabled persons in fictional media. However, in nonfiction media, the research is sparse. Therefore, this dissertation will examine the instances of disability portrayals within the cable documentaries studied. This question is undertaken with the understanding that conclusions about the prevalence are limited to the realm of this study and will not be applicable to all cable documentaries. The findings will establish which of the subjects

are disabled and the results will help guide the discussion of stereotypes of the disabled in RQ #12.

RQ 7: How Frequently were Disabled Subjects Presented?

While frequencies, percentages and other statistical calculations can provide certain kinds of information, delving deeper to try to bring greater meaning to the cable documentaries as the modern-day freak shows is important as well. Thus, this dissertation will examine some issues in greater depth in a qualitative analysis.

Scholarly research does exist that examines the presentation styles and techniques employed during the freak show era and this research is well established in communication and disability research. Yet, there is little discussion of the portrayals of similar people in the context of the modern media. RQ #8 and RQ #9 will use the guidelines and framework established in this existing literature to uncover parallels between the freak shows of the turn of the century and today's cable documentaries. The adaptation of established existing research will provide more credible support for the argument than the creation of a new freak show framework. The discussion from these research questions will also address the overall argument of cable documentaries as the modern day freak show.

RQ 8: How Does the Rhetoric Used in the Modern Day Documentaries Reflect the Rhetoric Used During the Freak Show Era?

RQ 9: How Does the Content and Video Composition of the Documentaries Reflect the Aggrandized and Exotic Presentation Techniques of the Turn of the Century Freak Shows?

It is central to the overall understanding of race/culture to determine how documentary techniques construct and/or reinforce specific stereotypes in order to make larger conclusions. The quantitative portion of this dissertation addresses the prevalence of certain themes and the presence of White and non-White subjects and Western and non-Western subjects. The numbers generated in RQ #1, RQ #4 and RQ #5 only provide a portion of the information needed. As the literature review demonstrates, in order to provide a true understanding of overall portrayals and how the images relate to hegemony, the discussion needs to extend beyond numbers and analyze the relationship between the categories. Several studies demonstrate how analyzing the themes or frames within a particular medium can denote trends in media portrayals. These studies span different media forms such as reality television (Bruce, 2009), documentaries (Van den Bulck & Van Gorp, 2008), television news (Brewer & Macafee, 2007), online newspapers (LeDuff & Kauth 2011) and advertising (Shiv, Edell & Payne, 1997). The likelihood of discovering specific trends in the documentaries in this study necessitates this research question.

RQ 10: How are the Frames and Themes Different in the Documentaries Featuring White and Non-White Subjects? Western Versus Non-Western Subjects?

Television is a visual medium. Therefore, this dissertation must include some discussion of how the visual rhetoric in television reflects certain ideals. There is a lack of this visual aesthetic research in relation to disability and television. Therefore, RQ #11 will attempt to apply the photography principles to the medium of television. The similarities between the two media make this comparison ideal, as only minimal adaptations will be necessary when applying the visual rhetoric.

RQ 11: How are the Four Forms of Visual Rhetoric from Disability Photography Reflected in the Cable Documentaries? What Other Visual Trends are Evident?

Lastly, this dissertation must examine how the documentaries reflect recognized disability stereotypes or how the programs create new ones. Scholarly research does exist about disability stereotypes. However, much of the communication related research addresses stereotypes in fictional media such as novels, television and film. There is a lack of research focusing on nonfictional media. Therefore, examining nonfictional media for the existing frames, as well as possible new ones, will help establish new ground to further disability research.

RQ 12: How are Common Disability Stereotypes, Typically Present in Fictional Media, Conveyed in the Documentaries?

CHAPTER III

METHODOLOGY

Sample Selection

In order to answer the proposed research questions, this dissertation will study several documentaries that aired on cable channels The Learning Channel (TLC), Discovery Health Channel (DHC) and The Science Channel (SCI). These channels regularly air programs about people similar to those exhibited in the freak shows. The population for this study is all documentaries aired on the four cable channels during the sweeps month of July 2009, specifically July 2 through July 29. The sample was derived from qualified documentaries airing from 6pm-10pm Monday through Friday and 12pm-10pm on Saturdays and Sundays. The reason such an extended period was chosen for the weekends is that the cable networks would often run marathons of the relevant programs. Each documentary will serve as a study unit.

A qualified documentary is any documentary 30 minutes to 2 hours in length that featured a person with a condition that had been exhibited during the era of the freak show or who has a medical condition, disease or birth defect that results in being visibly different from society's definition of normal. Relevance was determined based on the program descriptions found in various places including *TV Guide*, the local television guide and the cable channel websites. If the description was unclear, the program was filmed and its relevance will be determined during the coding process.

Despite the fact that the subjects of many reality series resemble the participants of the freak shows, filmed programs did not include reoccurring reality programs. This simplified the structure of the analysis. The study could extend to reality programs in the

future. In total, 43 one-hour programs were recorded during the July 2009 sweeps period.

The intent is to use content analysis to answer quantitative RQ #1-7 and provide a framework for the discussion of qualitative RQ #8-12. Frequency calculations and percentages will be used for all quantitative questions. Chi Square will be used when the data permits. This study will utilize SPSS for all statistical calculations.

Two coders will conduct the content analysis. Holsti's formula will be used to calculate intercoder reliability and a reliability of at least 85% will be established before the results are considered acceptable. Coders will be trained and will receive coding sheets and a codebook defining all operational terms for the study (see Appendix A).

Coding

The first area of coding will be the basic television programming information. Items #1 - items #6 will include: program title, program length, channel aired on, date aired, time aired and day aired. These items will provide basic identifying information for the programs. Items #7 -#9 code for the subject's name, gender and age. Presently, these are for identification purposes, but coding the details is important in the event that the study finds a correlation between gender, age and other coding items.

The remaining sections of coding will address the subject or subjects featured in the documentaries and provide answers to the quantitative questions. Items #10-#12 will code for race, culture and country of origin. These will answer RQ #4 and #5. Items #13-#16 code for the medical conditions experienced by the subjects and this data will be used to answer freak show related questions RQ #2 and #3. RQ #3 will also utilize the images in the Becker Collection from the Syracuse University Archive. This collection

features both publicity and candid photographs of numerous freak show performers, including the most famous such as Tom Thumb, Jo-Jo the Dog-Faced Boy and the Circassian Women. In addition, items #10-#16 will work together to answer RQ #6. Items #13, #14 and #17 address the medical conditions and disability level of the subjects, and together the items will answer RQ #7. Item #18 codes for the themes/frames and will provide the data for RQ #1.

Critical Analysis

For RQ #8- #12, this dissertation will use the results of the content analysis in conjunction with critical analysis to dissect the documentaries and provide an in-depth discussion that the quantitative analysis cannot accomplish. The goal is to discover how creators are telling these stories, how the stories mimic the techniques used in the freak shows and how the participants of the documentaries are similar to the participants of the freak shows. To better understand the meaning generated by the presence of various frames and how the themes relate to culture, disability and race, several of the qualitative research questions, particularly RQ #10, will utilize elements of semiotics in the analysis including Hall's (1980) three levels of meaning.

Items #18 and #19 will help to answer freak show-related question, RQ #8, by highlighting the themes and frames of the specific documentaries as well as identifying the presentation modes. Together, these will provide the framework to discuss the similarity/dissimilarity between today's modern day documentaries and the freak shows of the past in terms of themes/frames, presentation styles and rhetoric used. These items will also help to frame the discussion for the final freak show question, RQ #9, on how the composition of the documentary mimics the specific aspects of the aggrandized and

exotic presentation modes as established by Bogdan (1988). Both research questions will reference the denotative and connotative meanings of the messages created. However, the freak show literature will remain the primary framework for the discussion in RQ #8 and RQ #9. The Becker Collection will also aid in the discussion of several questions. The coding items that address race (#10) and culture (#12) will be used in conjunction with the frames/themes coding items (#18) to frame the discussion for the race/culture question, RQ #10. Semiotics will be the primary framework for the critical analysis in this research question. The disability-related questions, RQ #11 and RQ #12, will be addressed by the final coding items (#20 and #21) in conjunction with coding item #17 which establishes whether the person is considered disabled. These items establish what, if any, visual rhetoric(s) are present in the documentaries as well as any fictional disability stereotypes that exist in the documentaries. While disability theory is the primary framework for the last two research questions, the denotative and connotative meanings of the messages will also be discussed when relevant.

CHAPTER IV

QUANTITATIVE RESULTS

Research questions #1- #7 address the quantitative portion of this dissertation. The goal is to develop an overall understanding of the themes/frames present, the types of medical conditions depicted, the disability status of the subjects and the prevalence of subjects in terms of race and culture and the disability level. The numerical results discussed in this chapter will help guide the critical analysis in Chapter V.

The content analysis for this portion of the study took place over a 30-day period. The study began with 43 documentaries recorded from TLC, DHC and SCI. After the analysis was completed, 40 documentaries remained (see Appendix B). The analysis dictated the elimination of the three remaining documentaries because the documentaries' stories did not fit into the parameters of the study.

Reliability

In order to ensure the fidelity of the coding system, a second coder coded 10% of the documentaries. Using Holsti's formula, intercoder reliability was calculated for the ten categories where disagreement was a possibility. Five categories including age, race, culture, abnormality category and general abnormality category achieved 100% agreement. Three of the categories achieved acceptable results including, disability level (92.0%), type of freak display (85.7%) and fictional stereotypes (93.9%). Disability themes (84.1%) and frames/themes (74.8%) initially fell below the goal of 85% agreement. The results necessitated a revision of the codebook and coding items for the aforementioned categories. After the revision, coders coded the documentaries a second time. Using Holsti's formula, reliability was recalculated for the two categories. The

results were 92.1% and 88.9% respectively. The coding of the remaining documentaries employed the revised coding system.

Themes and Frames

RQ 1: Which Themes/Frames are Most Prevalent in the Documentaries?

Multiple themes were present in each documentary. For these items, coding occurred for the documentary as a whole rather than by the individual subjects. The average number of themes that appeared in each documentary was between seven and eight. However, the range was as low as three in *Autism x6*, to as high as 11 in *A New Face for Marlie*, *Treeman: Search for the Cure* and *The World's Heaviest Man*. The most important issue is not how many themes/frames were present but the implications of the relationships between the frames (see Table 1).

Table 1

Frequency of Themes/Frames in Documentaries

Themes/Frames	Frequency N=40	Percentage
Religion/legend	4	10.0%
Religion/Hope	22	55.0%
Death	24	60.0%
Surgery	19	47.5%
Ostracized	22	55.0%
Accepted	14	35.0%
Doctors-positive	36	90.0%

Table 1 (continued).

Themes/Frames	Frequency N=40	Percentage
Doctors-negative	8	20.0%
Medical autonomy	28	70.0%
Medical Dependence	2	5.0%
Medical Centered	16	40.0%
Life-centered	24	60.0%
Western vs. Eastern Medicine	7	17.5%
Politics	4	10.0%
Commercialism	4	10.0%
Media Coverage	12	30.0%
Quest for Normalcy	27	67.5%
Outcome, life improved	18	45.0%
Outcome, life made worse	0	0.0%
Home video/pictures	31	77.5%

The theme that appeared most frequently was the doctors-positive theme. This theme appeared in 90% (n=36) of the documentaries coded. Conversely, the doctors-negative theme appeared in 20% (n=8) of the documentaries. The numbers appear to contradict each other since the data adds up to more than 40, but in the majority of the documentaries, more than one doctor is present. A documentary may depict one doctor as complacent or incompetent while another appears to be heroic. For example, in

Dwarfs Standing Tall, several doctors are featured examining children with varying forms of dwarfism and discussing care options with their parents. The documentary portrays these doctors as compassionate and helpful. In contrast, the same documentary features a doctor pioneering a controversial leg lengthening surgery. After his interview, the documentary includes several interviews with little people and other doctors who say the surgery is unnecessary and extremely painful for the minimal results the procedure achieves. These contrasting interviews convey the image of a glory-seeking doctor that is attempting to pursue his own interests and “normalize” patients using a procedure that is unlikely to ever achieve an average height. Thus, within the context of one documentary, filmmakers portray doctors as negative and positive

Another doctor-related theme is Western vs. Eastern medicine. This theme occurs in 17.5% (n=7) of documentaries and pits the tenets of Western medicine against the tenets of Eastern medicine. This category typically features the subject traveling to the United States or the UK for surgery or American and European doctors flying to the subject’s country for evaluation and treatment. For example, the documentary *A New Face* follows Marlie as she travels from Haiti, where she faces “certain death,” to the United States for life saving/life altering surgery.

The majority of the documentaries, 70% (n=38), featured subjects that were able to make decisions about medical care, while only 5% (*Treeman* and *Saving Baby Mili*) featured people that were subject to the will of others, the medical dependence category. While there were only two, the latter category is more troubling. In *Treeman*, the Indonesian government forcibly took Dede, a man suffering from a severe case of HPV induced warts, to be treated by state-sponsored doctors. The man was already under the

care of American physicians whose treatment plan he preferred. The second documentary featured a baby born with Sirenomelia, a condition that fuses the legs together. A celebrity doctor took over her care and aired her surgery live on national television. Her parents had little say over her care.

Religion/hope appeared in 55% (n=22) of the documentaries. These documentaries featured people praying before surgery or in some way referencing God (or gods) as a part of their lives. The religion/legend theme featured an oppositional perspective of religion. In these documentaries, gods or some legendary evil force was the cause of the subject's medical problems. *Vanished Twin* features a boy with a growth that gives him the appearance of being pregnant. Interviews with villagers say the mother must have brought a curse on herself to birth such a child. This theme occurred in only 10% (n=4) of the documentaries.

The death theme was prevalent in over half, 60%, of the documentaries. Each of these 24 documentaries discussed the probable or eminent death of the subjects without the proper intervention or care. In some cases, even with the care, doctors discussed death as a possibility. This occurred most frequently in the documentaries featuring extreme surgeries and documentaries about the super morbidly obese or children with primordial dwarfism.

For example, the entire focus of the documentary *I Eat 33,000 Calories a Day* was to discuss how the four men and women featured were so large that they were going to die without surgery, medication and other treatment for their obesity. *The Tiniest Toddlers* discussed the importance of regular medical care and MRI screenings to detect deadly aneurisms in the Primordial Dwarf children featured in the documentary. Without

screening, the children could die unexpectedly from undetected brain aneurisms. On an interesting note, none of the primary subjects died in the course of the documentaries. There was one instance where a postscript graphic mentioned the death of a subject who had appeared briefly at the start of the documentary from an unrelated condition. Considering the low survival rates of some of the medical conditions and procedures featured, this was a rather interesting revelation.

Closely related is the surgery theme. This appeared in just under half (n=19) of the documentaries. The graphic nature of the surgery and the amount of time devoted to the surgery differed greatly across the documentaries. Some, despite the true length of the procedure, featured just a few minutes composed primarily of sanitized long shots or images of families waiting for results. This occurred in documentaries such as *Conjoined Twins: Sister Bond*, a documentary that featured the lives and separation surgery of twins Maliyah and Kendra Herrin. The procedure took over 16 hours, but the documentary devoted less than two minutes to the procedure. The rest focused on the girls before and after the surgery.

Others featured surgery in graphic detail that seemed designed to shock the audience. *We Lost 800lbs, Robin & Jackie*, featured several weight-loss oriented surgeries. Scenes in the documentary featured graphic images of the doctors cutting into the skin and removing chunks of fat. Later, this dissertation will address these finding and how the presentation of surgery relates to culture and the medical condition featured.

Life-centered and medical centered themes are also important themes that emerged in this study. Sixty percent (n=24) of the documentaries focus on the lives of the subject. These documentaries may feature treatments and surgeries, but the focus of

the program is more about the subjects' day-to-day lives. *Mermaid Girl* and *Extreme Aging: Hayley's Story* are prime examples of this type of documentary. The remaining 40% of the documentaries focus more on the treatment and surgical procedures rather than the lives of the subject. This is not to say that the documentaries omit the personal element, but the personal is secondary to the treatment and surgical side. Documentaries such as *Half Ton Teen* and *Humanology: Octopus Man* illustrate this style. These documentaries featured interviews with doctors and other medical personnel more than the subject or families. Furthermore, the discussion and voiceovers focus more on medically related issues such as treatment, surgery or manifestations of the condition. RQ #10 will discuss how these themes relate to the medical condition featured and the cultural ties of the subject.

One final theme that stands out is quest for normalcy. The theme occurs in 67.5% (n=27) of the documentaries featured. Interviews reveal that the subjects often seek treatment to be "normal" or "like everyone else." Of the documentaries studied, 45% (n=18) showed some definitive evidence that the subject's life did in fact improve over the course of the documentary (outcome, life improved category). Interestingly enough, none of the documentaries conveyed the idea that a subject was worse off for having received treatment (outcome, life made worse), even in the documentaries that featured subjects who did not have control over their medical care.

Thirty percent (n=12) of the documentaries showed media coverage of the particular subject(s). In *A New Face*, Marlie's face is so disfigured that just her presence generates attention. Her benefactors also use the media to their advantage by soliciting donations for her medical care and her family's expenses.

Commercialism and politics only occurred in 12.5% (n=5) of the documentaries. Though the frequency of each was not high, the instances where the themes did appear were significant. For example, politics appeared in *Conjoined Twins: Amazing Separation* when doctors had to seek approval from the Islamic authorities before separating twins Mohamed and Ahmed. Documentaries previously mentioned, such as *Baby Mili* and *The World's Heaviest Man Gets Married* illustrate the theme commercialism. In the latter, an entire (profit-making) media event is generated around the marriage of a super morbidly obese Manuel Uribe.

Freak Show

RQ 2: Which Medical Conditions did the Documentaries Depict Most Frequently?

Table 2 addresses the frequency of the specific medical conditions by documentary. Three conditions clearly dominate the documentaries. The highest frequency, 30% (n=12), of documentaries featured issues relating to weight. All but one of these documentaries focused on subjects that were super morbidly obese; a normal person has 18.5-24.9% body fat, super morbidly obese people have over 50% body fat. The other documentary featured a toddler with Momo syndrome, a condition that caused him to be excessively large despite his limited consumption of food.

The second most frequent medical condition depicted was related to being a twin, 17.5% (n=7). Four of the documentaries featured conjoined twins, one featured a man with a parasitic twin, one featured a boy with an internal parasitic twin (fetus in fetu) and the last featured two women who were Chimeras. Chimeras absorbed their fraternal twin in utero and their bodies possess two entire sets of DNA. Often both sets of DNA are visible, including male and female characteristics or characteristics of two races.

Table 2
Specific Medical Conditions Depicted by Documentary

Category	Frequency N=40	Percentage
Weight	12	30.0%
Twin Concern	7	17.5%
Little Person	6	15.0%
Skin/Hair	3	7.5%
Mental Disorder	3	7.5%
Other	3	7.5%
Tumor/Mass	2	5.0%
Skeletal/Limb	2	5.0%
Excessive Height	1	2.5%
Mix of conditions	1	2.5%
Gender Issue	0	0.0%

The third most frequent category features subjects with varying forms of dwarfism, 15% (n=6). More than half of the subjects featured had forms of Primordial Dwarfism. Other forms included Achondroplasia, Pseudoachondroplasia and Spondyloepiphyseal Dysplasia.

The remaining 15 documentaries featured a variety of conditions. Three of the documentaries featured subjects with skin or hair disorders. Skin issues included warts, Neurofibromatosis Type I and Ichthyosis. The second results in tumors on the nerve

tissues and the latter in severely dry scale-like skin. Hair issues include Congenital Hypertrichosis, a condition that results in excessive body and facial hair. The documentary in this study features this condition in two young children, a boy and a girl. Three documentaries also feature subjects with varying mental disorders including Savant and Mega Savant Syndrome as well as Autism.

Two documentaries feature people with large mass tumors. One features a woman with a large growth in her abdomen that turns out to be the calcified body of her child from 46 years earlier. The second features a girl with Fibrous Dysplasia, a condition that results in an extremely large disfiguring facial tumor.

Two documentaries feature skeletal and limb-related issues, specifically Sirenomelia, a condition also called Mermaid Syndrome. One documentary presents several people with different disorders, three of which are skeletal and limb-related. Two subjects have forms of Pseudohypoparathyroidism, a condition that calcifies muscles, essentially turning soft tissue into bone. The third person in that particular documentary is an Ectrodactyly; she has shortened limbs and her hands and feet that resemble lobster claws.

One documentary features very tall children. Six of the eight children have extremely tall parents, so the kids' extreme height is logical. The other two have medical conditions that result in seemingly unstoppable growth. Three of the documentaries feature conditions that do not fit into established categories. One is a toddler with a myostatin deficiency that makes him uncharacteristically strong. The second features people who have the ability to generate electricity and the third features a girl with Progeria, a condition that causes expedited aging.

Classifying these conditions into general medical categories (see Table 3), a rather striking trend emerges. Half of the documentaries (n=20) feature medical conditions related to stature. This category includes issues related to weight, excessive height or diminutive height. The next category, physical deformity, is also high at 32.5% (n=13). This features the conjoined twins, parasitic twins, skin/hair disorders, visible tumors/masses and skeletal-related problems. The remaining general categories are not as large. Mental disorders and other unclassified conditions make up 7.5% (n=3) each and the documentary featuring multiple subjects is the lone documentary in the mix category.

Table 3

General Medical Condition by Documentary

Category	Frequency N=40	Percentage
Stature	20	50.0%
Physical Deformity	13	32.5%
Mental Disorder	3	7.5%
Other	3	7.5%
Mix	1	2.5%

Table 4 classifies the specific medical conditions by subject rather than documentary. For this category, coders also coded the subjects individually. There were a total of 93 subjects featured across the 40 documentaries. Occasionally, documentaries

featured adults and children that coders did not analyze because the programs did not provide enough identifying information to conduct a proper analysis.

Table 4

Specific Medical Conditions Depicted by Subject

Category	Frequency N=93	Percentage
Weight	24	25.8%
Little Person	22	23.7%
Twin Concern	12	12.9%
Mental Disorder	9	9.7%
Excessive Height	8	8.6%
Skin/Hair	7	7.5%
Skeletal/Limb	5	5.4%
Other	4	4.3%
Tumor/Mass	2	2.2%
Gender Issue	0	0.0%

The highest numbers of subjects still fall into the weight category, 25.8% (n=24). However, the classification of conditions by subject instead of documentary (as depicted in Table 2) changes the second most frequent category from twin concern to little person. In this case, little people appear 23.7% (n=22) of the time. The difference between these

two categories is much less dramatic at the subject level than it was at the documentary level (30% for weight and 15% for little people).

The third category in the frequency table is twin concern; 12.9% (n=12) fall into this category. Mental conditions accounted for 9.5% (n=9) of the subjects and excessive height for 8.6% (n=8). Skeletal/limb issues and tumor/mass issues account for 5.4% (n=5) and 2.2% (n=2) respectively. The “other” category makes up the remaining 4.3%. Again, there were no gender issues present. Overall, the dwarfism category demonstrates the most dramatic change when examining the results by subject versus documentary.

The breakdown of general medical condition by subject (see Table 5) produces results similar to the documentary breakdown from Table 3. Stature is still the top category at 59.1% (n=55). Physical deformity is second at 25.8% (n=24) and mental disorder is at 9.7% (n=9). The “other” category makes up the remaining 5%. The category rankings are the same by subject and by documentary. Only slight variations in the percentages occur.

Table 5

General Medical Condition by Subject

Category	Frequency N=93	Percentage
Stature	55	59.1%
Physical Deformity	24	25.8%
Mental Disorder	9	9.7%
Other	5	5.4%

RQ 3: What Percentage of the Medical Conditions were Conditions Presented During the Freak Show Era?

To address this question, the Becker Collection at Syracuse University was consulted in addition to several books featuring collections of freak show and side show photographs. Subjects were classified as either having conditions present during the freak show era, or unable to determine (see Table 6). The results are striking. More than 77% (n=72) have conditions analogous to those from the turn of the century freak shows. For the remaining 22.6% (n=21), there is no definitive evidence to say the subjects had conditions from the freak show. There is also no definitive evidence to say that freak shows did not feature people with these conditions. Thus, there is no category to classify subject as “not present” in freak shows. This will be discussed further in the conclusion.

Table 6
Subjects Similar to Those from the Freak Show

Category	Frequency N=93	Percentage
Found in Freak Show	72	77.4%
Undetermined	21	22.6%

Race and Culture

RQ 4: What Percentage of the Subjects were White/Non-White?

Table 7 provides a breakdown of race by subject. Beginning with the subject database, the results clearly show that the majority of the subjects, 76.3% (n=71), are

White and 23.7% (n=22) are non-White. Examining the documentary database (see Table 8), documentaries that feature White subjects account for 60% (n=24), documentaries that feature non-White subjects account for 27.5% (n=11) and documentaries that feature both White and non-White subjects account for 12.5% (n=5). Clearly, more of the documentaries feature White subjects than non-White subjects. As a whole, White subjects outnumber non-White subjects by more than three to one.

Table 7

Presentation of Race by Subject

Category	Frequency N=93	Percentage
White	71	76.3%
Non-White	22	23.7%

Table 8

Presentation of Race by Documentary

Category	Frequency N=40	Percentage
White	24	60.0%
Non-White	11	27.5%
Both	5	12.5%

RQ 5: What Percentage of the Subjects were from Western/Non-Western Cultures?

In the subject database, the results demonstrate that Western subjects far out number the non-Western subjects (see Table 9). Of the 93 subjects, 79.6% (n=74) are from Western nations such as the United States, the United Kingdom or Canada. Subjects from non-Western countries, such as Indonesia, Haiti or the Philippines, constitute the remaining 20.4% (n=19). Using the documentary database (see Table 10), 67.5% (n=27) of the documentaries are from Western nations, 27.5% (n=11) of the documentaries are from non-Western nations and 5% (n=2) of the documentaries feature people from both Western and non-Western countries.

Table 9

Presentation of Culture by Subject

Category	Frequency N=93	Percentage
Western	74	79.6%
Non-Western	19	20.4%

What cannot be ignored is the relationship between the Western/non-Western cultures and the race of the subjects (see Table 11). Of the White subjects, 100% (n=71) are from Western cultures. This means that not one White subject is from a non-Western culture. Conversely, 86.4% (n=19) of the non-White subjects are from non-Western countries. This leaves only three non-White subjects that are from Western cultures.

When running a Chi-Square test, $X^2(1, 93)=77.062$, $p < .001$, therefore the relationship is significant.

Table 10

Presentation of Culture by Documentary

Category	Frequency N=40	Percentage
Western	27	67.5%
Non-Western	11	27.5%
Both	2	5.0%

Table 11

Relationship between Race and Culture

	White	Non-White
Western	71	3
Non-Western	0	19

RQ 6: What is the Correlation Between Medical Conditions Depicted and Race? Culture?

Using SPSS, four Chi-Square calculations were run between culture and general medical conditions, culture and specific medical conditions, race and general medical

conditions and race and specific medical conditions. The database that coded each subject (rather than each documentary) was used for these calculations.

For the first test, culture and specific medical condition, Chi-square was calculated as, $X^2(8, 93)=46.556$, $p < .001$ and was therefore significant. The result of the second test of culture and the general medical conditions was, $X^2(3, 93)=29.379$, $p < .001$, also a significant relationship. The relationship between race and the specific medical conditions and race and the general medical conditions yielded similar results, $X^2(8, 93)=39.428$, $p < .001$ for the former, and $X^2(3, 93)=22.444$, $p < .001$ for the latter; both strongly significant relationships. Markedly, some cells had values of less than five and this must be factored when evaluating the value of the Chi-Square tests in RQ #5 and #6. However, the strong significance in all the equations, of $p < .001$, should be weighed against that factor.

These results suggest that the medical conditions depicted do relate strongly to culture. Just a quick glance at the breakdown of culture, race and medical condition supports this (see Table 12 and Table 13). For example, all of the little people featured were White and from Western nations. In addition, there was only one subject in the weight category from a non-Western country. That was Manuel Uribe, a man featured in two documentaries. The only Western non-Whites ($n=3$) were present in this category; the remaining subjects were all White ($n=19$). Furthermore, all of the skin and hair disorder category subjects were non-White and from non-Western cultures. The only category that had any kind of balance was the twin category.

Table 12

Subjects' Medical Conditions by Culture

Category	Western	Non-Western
Weight	22	2
Little Person	22	0
Mental Disorder	9	0
Twin Concern	8	4
Excessive Height	6	2
Skeletal/Limb	4	1
Other	3	1
Skin/Hair	0	7
Tumor/Mass	0	2
Gender Issue	0	0

Table 13

Subjects' Medical Conditions by Race

Category	White	Non-White
Little Person	22	0
Weight	19	5
Mental Disorder	9	0

Table 13 (continued).

Category	White	Non-White
Twin Concern	8	4
Excessive Height	6	2
Skeletal/Limb	4	1
Other	3	1
Skin/Hair	0	7
Tumor/Mass	0	2
Gender Issue	0	0

Disability

RQ 7: How Frequently were Disabled Subjects Presented?

The final quantitative-based question examines the frequency that the documentaries presented disabled subjects. There are three classifications in the disability category. The first category contains disabled subjects such as Nicolette Half, a little girl with dwarfism and Emma and Taylor Bailey, a set of conjoined twins. The second group features the nondisabled subjects, like Liam, the super strong toddler and Lydia Fairchild, the woman who is a Chimera. The third category features people who were once disabled, but by the end of the documentary are no longer disabled. An example of people in this group includes those who were once immobile due to their obesity and, through extreme weight-loss, can now lead normal lives. Another example

would be Zahra, the woman who had a large stomach mass removed that allowed her to return to normal living.

When examining disability using the subject database (see Table 14), the data shows that the majority of subjects featured in the documentaries are in fact disabled. Of the 93 subjects, 77.4% (n=72) are disabled, 12.9% (n=12) are not disabled and 9.7% (n=9) are no longer disabled. The numbers for the documentary database share some similar characteristics (see Table 15).

Table 14

Disability Level by Subject

Category	Frequency N=93	Percentage
Disabled	72	77.4%
Not Disabled	12	12.9%
No longer disabled	9	9.7%

Of the 40 documentaries, 75% (n=30) feature people that are disabled, similar to the overall percentage of disabled subjects. However, when examining the documentaries, the no longer disabled category, 15% (n=6), is ranked second; when examining by subject that category is ranked third. In turn, when examining by documentary, the not disabled category is ranked third at 7.5% (n=3). One documentary featured a mix of disabled and nondisabled subjects.

Table 15
Disability Level by Documentary

Category	Frequency N=40	Percentage
Disabled	30	75.0%
Not Disabled	3	7.5%
No Longer disabled	6	15.0%
Mix	1	2.5%

When examining the numbers and data that address RQ #1-RQ #7, the perspective that the results are examined from (documentary versus subject) clearly can affect the results. This was particularly noticeable when examining the specific categories of medical conditions; but also factored in to a lesser extent when examining the race, culture and level of disability.

There are several general conclusions one can render from the results. These conclusions will frame the discussion in the next chapter. To begin, a trend is clearly emerging that suggests that race and culture influence the style and structure of the documentary, and thus will have an influence on the themes/frames discussion. Second, the results show that the majority of the subjects (n=83) are or were once disabled. This necessitates the discussion of the visual rhetoric of disability in the documentaries as well as the discussion of the stereotypes employed. Finally, the high percentage of subjects that have conditions known to have once been in the freak show compels further analysis

into the composition and style of the documentaries to see how closely the visual and rhetorical elements reflect the old freak shows.

CHAPTER V

QUALITATIVE RESULTS

The numbers and statistical calculations in chapter four allude to some interesting trends. Yet, those numbers tell just a part of the story. The goal of critical analysis in this chapter is to put the numbers into context and further elaborate on trends that have become apparent in the documentaries. In order to address these questions and provide examples of specific instances that elaborate the trends discussed, this dissertation will draw on the entire population of documentaries in this dissertation. Limiting the documentaries would ultimately constrain the strength of the arguments promulgated in this chapter. The discussion includes some documentaries more because certain programs more clearly demonstrate the studied trends. The overall goal of this chapter is to answer the remaining research questions and to provide a picture of the most striking and alarming trends.

Freak Show

As stated in the previous chapter, there is definitive proof that approximately 77% of the subjects in these documentaries have medical conditions similar to those displayed in the freak shows. RQ #8 and RQ #9 will address how the documentaries themselves mimic the freak show and ultimately provide more evidence of these documentaries masquerading as a modern day freak show. Furthermore, the questions will also briefly discuss how aspects of the rhetoric and composition work to construct connotative meanings for the audience.

RQ 8: How Does the Rhetoric Used in the Modern Day Documentaries Reflect the Rhetoric Used During the Freak Show Era?

There are several methods employed by the filmmakers in the documentaries, whether consciously or unconsciously, that reflect rhetoric of the freak show era including the titles, the names and adjectives used when describing the subjects, the narrators' dialogue and use of the word "freak." Freak shows survived by drawing in paying customers and the performers' titles were a part of the equation to generate revenue. Many freak show titles drew on animal or object comparisons. Some popular names from that era include Jo-Jo the Dog-Faced Boy, the Camel Girl, the Human Telescope and the Pretzel Boy (Hartzman, 2005). Documentaries directly reflect this style with nomenclature such as *Treeman*, *Octopus Man*, *Electric Human*, *Wolf Kids* and *Mermaid Girl*. These titles not only conjure images of the old freak shows, the association the phrasing makes with animals sends a connotative message to the audience that the subjects are less than human.

Another common freak show technique was to use titles with superlatives such as "World's _____." This technique is demonstrated in such titles as: *World's Smallest Kids*, *World's Smallest Mom*, *World's Tallest Children*, *World's Strongest Toddler*, *The World's Heaviest Man* and *The World's Heaviest Man Gets Married*. Another take on this style is the title *Tiniest Toddlers*. Actual freak show examples include World's Tallest Married Couple, World's Smallest Man and World's Homeliest Woman (Hartzman, 2005).

Other titles employed bizarre descriptive phrases designed to make the person appear more interesting. The Living Half Boy, the Big Foot Girl and the Armless, Legless Girl Wonder (Hartzman, 2005) are freak show titles that reflect this practice. Documentary titles that reflect this trend are: *Half Ton Teen*, *Super Obese*, *Extreme*

Aging and Unbelievable Skin. Titles such as the Four Legged Woman, Darwin's Missing Link and the Man with Two Noses and Three Eyes (Hartzman, 2005) made shocking statements designed to draw in audiences. Documentary titles such as *Pregnant for 46 Years*, *The Girl Who Never Grew*, *650lb Virgin*, *I Eat 33,000 Calories a Day* and *I am My Own Twin*, reflect this technique.

In some instances, the dialogue of the narrator was reminiscent of the claims made by the talkers or signage in the freak shows. In the introduction, the narrator in *Mermaid Girl* says, "Shiloh Pipin is the world's only living mermaid." The film makes this announcement before doctors even identify her condition. In *Octopus Man*, the narrator employs superlatives such as "extraordinary," "mystery" and "baffling." A doctor quoted says, "This is one of the most bizarre examples of human reproduction gone wrong." The narrator and others repeatedly call him Octopus Man, even though the documentary narrator states that his name is Rudy Santos.

The "World's _____" claims, the superlatives, and the other elaborate assertions send a connotative message to the audience that the manifestations of these subjects' medical conditions are the most important part of their persona. By focusing on the physical deformity, the documentary moves away from any personal associations and sends the message to the audience that the subjects are only important as medical cases - not as people. Arguably, this dehumanization of the subjects makes relating to the subjects more difficult for the audience and creates the emotional distance that was central to the success of the freak shows.

The majority of this freak show-like rhetoric occurs in the introduction portion of the documentaries. The goal of the introduction in a documentary is to get people to

watch so the channel can build an audience. To do this, the documentaries present the more extraordinary claims and facts in an effort to intrigue the audience into watching. This technique is comparable to the talkers that freak shows used to draw people into the paid exhibits. Though the freak show talkers were often promoting an entire array of freaks rather than just one, the styles were similar.

The narrator of *World's Smallest Mom* reflects this immediately. "Christie Ann Ray is 20 years old and 2 feet 9 inches tall. She is the world's smallest mother." There is a clear dramatic emphasis on her height. Then the narrator goes on to emphasize the size of her fiancé, "six feet 4 inches," with more dramatic emphasis. Adjectives used in her story include, "astounding" and "extraordinary."

Saving Baby Mili is a documentary about a Peruvian baby girl born with Sirenomelia. The introductory sentences use phrases such as, "mysterious condition," "bizarre birth abnormality," "anomaly" and "one in a million baby girl." Again, this practice reflects the phrasing used by talkers and titles in the freak shows. The documentary includes a comment from a witnesses to the little girl's birth who said, "it was just like a fish."

This practice occurs in many of the documentaries. The narrator describes Dede as "Half Man Half Tree" in *Treeman*. Other terms in this documentary include "unique" and "shocking." The two documentaries featuring Manuel Uribe, repeatedly use the phrase "world's heaviest man." At one time, an interviewee refers to him as an "elephant." *Tallest Children* uses phrases such as: "a child trapped in the body of a giant," "the boy who can't stop growing," "tallest family in Britain," "tallest girl on earth," "13-year-old Giant" and "the most extraordinary young people on the planet." All of

these phrases illustrate the same rhetorical characteristics of the titles and phrasings from the freak shows.

As previously discussed, the purpose of these titles and the introductory rhetoric at the denotative level is merely to serve as a tool to promote intrigue and generate audience interest in the programs. However, the use of such rhetorical techniques creates labels for the subjects that focus on one small facet of their character, rather than the whole person. Furthermore, these identifiers focus on an aspect of their lives that the subjects have no control over, such as being extremely short, very tall, excessively hairy or physically disfigured. This makes the people featured appear even more different.

The word “freak” does appear in the documentaries. The majority of the time the subject speaks the phrase. For example, in the documentary *I am My Own Twin*, Lydia states that she does not believe she is a freak. However, chances are this was not just a random comment. The interviewer probably asked if she thought she was a freak. Though subtle, the filmmakers are still drawing attention to freakery and sending the connotative message to the audience that the subject is in fact a freak. This was not the only time a subject stated some kind of denial to being a freak, meaning filmmakers probably asked this question often.

Occasionally the negative context of the word is overt. In *Amazing Separation*, one of the doctors refers to the twins’ connection as “freaky.” As a whole, the narrator and interviewees do not use the word frequently, but other comments imply the concept of freak. For example, in *A New Face*, after her surgery a woman comments, “she is now a human being.” If the surgery made her human, what was she before? Again, the connotative message here is that Marlie is (or was) a freak.

The titles of the documentaries, the terminology used by the narrators and the comments by those interviewed demonstrate a marked similarity with the freak shows. The similarity does not end there. The next research question addresses the documentary production elements that reflect the freak shows as well as the denotative and connotative messages.

RQ 9: How Does the Content and Video Composition of the Documentaries Reflect the Aggrandized and Exotic Presentation Techniques of the Turn of the Century Freak Shows?

Beginning with composition, the choices made by the filmmakers in the documentaries reflect the freak shows on multiple levels. The denotative message of these cable documentaries is factual; the goal is to educate the audience about the subjects' conditions in order to promote understanding. Yet, the connotative message associates the subjects with the freak show and emphasizes their differences in a negative way that counteracts the goal of the denotative message.

Before examining specific examples of the aggrandized and exotic presentation modes in the documentaries, one shared trait needs discussing. From the early days of the freak shows, managers like P.T. Barnum sought to "authenticate" exhibits and thus sell more tickets. Doctors or scientists (or people pretending to be doctors and scientists) would validate the "diagnosis" so that the audience would believe that the condition really existed and pay to see the person. For several decades, medicine actually fueled the freak show since doctors verified the value of exhibits. Yet, as the literature review indicated, medicine ultimately ended the freak show by giving scientific names to many of the conditions. However, the documentaries have brought this medical authentication

full circle. Now the documentaries feature the medical condition, no matter how rare, as a valuable entertainment commodity to sell to the audience. The scientific community that at one time ended the freak show has now brought the same people back to the forefront by promoting their medical and scientific value. The difference is now these medical conditions have recognized names, where at the turn of the century many did not.

Of the 40 documentaries in this study, 29 reflected the aggrandized mode, eight reflected the exotic mode, one featured both modes and two did not clearly fit into either mode. However, this information does not mean much unless examined in the context of culture. All of the documentaries featuring Western cultures exhibited the aggrandized mode and eight of the eleven non-Western documentaries featured the exotic mode. Clearly, the non-Western documentaries dominated the exotic production mode and Western documentaries dominated the aggrandized mode.

The discussion will start with the exotic mode of production. One of the key components of the exotic mode of production in the freak show was emphasizing how different the participant's culture was from Western culture. This technique is visible in the documentaries set in non-Western countries. For example, at the start of *A New Face*, a documentary about a girl from Haiti, there is a montage depicting market places, women with baskets on their heads, run-down vehicles and a sea of dark non-White faces. This montage clearly emphasizes the differences between Marlie's culture, and the Western audiences viewing the documentary. *Pregnant for 46 Years* begins with city scenes of Morocco, women wearing headscarves and small clusters of huts and shacks. The story of Alamjan in *Vanished Twins* also begins with footage of the village and large

families crowded together in small spaces. Other shots focused on clothing style, a reflection of the “native” clothing exotic subjects wore in the freak shows.

These montages appeared in every documentary featuring subjects from non-Western cultures. Denotatively, the montage appears to the audience as a depiction of the local culture. However, the connotative message clearly differentiates between Western and non-Western cultures and in most cases creates a negative image of the non-Western culture that looks down upon the differences.

A second reflection of the exotic mode has to do with the stories of the actual subjects. Most of the freak show characters featured background “stories” that explained how the people came to the freak shows. Often the tales were about how managers “discovered” and “saved” them. This was especially important for the freaks displayed from other cultures. In all of the documentaries there are, of course, back-stories for the people featured. However, just like those displayed in the freak shows, many of these stories feature dramatic license to make the tales more interesting to the audience.

In *Baby Mili*, there is particular emphasis on a legend that locals and many in the hospital believed to be the source of baby Mili’s Sirenomelia. The narrator says, “there’s a myth in these parts...” then he goes on to describe the story of “the lake.” The locals say an evil spirit inhabits the lake and curses women and deforms babies. Legend also says that a mermaid in the lake may have caused Mili’s condition. As the narrator relates this story, there are establishing shots of water in the darkness along with shaded fuzzy-looking figures. Undoubtedly, the shot choices embroider the story to make the tale more compelling for the audience.

Pregnant for 46 Years references the myth of *El Roc* when discussing the calcified baby found in Zahra. Zahra believed that her baby was sleeping (in the womb) and that he would one day wake up to be born. Another story suggests she was the victim of black magic. Again, as the narrator tells this story, the video shows several long shots of the barren land with dark clouds hanging over the vacant fields; all shots designed to exaggerate the story.

The two documentaries are not unique. *Vanished Twins* discusses the mythical nature of Alamjan's condition and how the growth reflects upon his mother's behavior. *A New Face*, also tells a dramatic story that describes Marlie's disfiguring facial condition as the result of a curse or some kind of voodoo. The telling of these legends provides a dramatic backdrop that recalls the theatrical stories spun about the performers in the freak shows.

On the denotative level, these stories provide a framework to help the audience understand the culture of the subjects featured. On the connotative level, the overly dramatic storytelling and video make the stories unrealistic and the style mocks the beliefs of the subjects. This conveys an air of condescension and puts the audience in a superior position that looks down on the subjects for their "strange" beliefs.

The documentaries in the aggrandized mode also reflect freak show techniques. One of the central features of this mode was the performance attribute. In the freak show, this could include performance of basic tasks, singing, dancing and staged events. In the documentaries, these performance elements take a similar form.

This performance aspect occurred frequently in the documentaries that featured people of different statures. Documentaries featuring little people show how the subjects

have adapted to live in a world designed for people who are at least 5 feet tall. In *Dwarfs Standing Tall*, one of the segments shows how little person Annette, drives her car and gets around at work. *Little Parents* shows the adaptations the little person couple has to make to live in a standardized apartment including standing on chairs and stools to cook and reach into the cabinets. In *Smallest Mom*, the documentary shows Christie Ann's unique way of getting around; her fiancé carries her or pushes her in a shopping cart. This type of display also occurs in *Tallest Children*. The footage shows how the children featured have to approach shopping and even waking through school differently.

Medical Incredible shows Cathy, a woman with shortened lobster claw-like limbs, vacuuming her house and preparing dinner, tasks that seem impossible for her. The same documentary also demonstrates how Sarah and Damien, young people suffering from a crippling disease that turns their muscles into bone, live life. Sarah demonstrates her adapted wheelchair that allows her to get around and attend college, despite the fact she cannot move her head or any of her limbs. Damien demonstrates a gripping device he invented that allows him to get dressed on his own despite the fact that he cannot bend his arms or legs. He then "performs" a demonstration of how he puts on his socks and shoes.

Another medical condition featured where this type of display was commonplace was in the documentaries featuring conjoined twins. *Joined for Life: Abby & Brittany Turn 16* depicts two girls inhabit one body. The girls share two legs and two arms, but Abby and Brittany only have feeling on one side of their shared body. Yet, the girls walk, drive and play softball with no problem. The other documentaries featuring conjoined twins also show the children walk, bathe and eat. To these kids and their

families, this is normal life; to an audience, these children demonstrate an outstanding display of teamwork, a performance not to be forgotten.

These types of displays closely resemble the exhibits and demonstrations from the freak shows. For example, Charles Tripp, an armless man, would demonstrate for audiences how he ate, wrote, made woodcarvings and painted, using just his feet (Hartzman, 2005). During the freak shows, conjoined twins would often sing, dance or even ride a bicycle for audiences. Displays reminiscent of these freak show performances occurred in all of the documentaries featuring little people, and in the majority of the documentaries featuring people with physical deformities. Even documentaries featuring the super morbidly obese demonstrated this kind of performance.

On the denotative level, the portrayal of these basic acts by little people, very tall people and people with skeletal deformities sends the message to the audience that the subjects can participate in normal day-to-day activities. However, the tendency to dwell on these performances within the documentaries creates a different message. On the connotative level, the performances make the subjects into spectacles of entertainment. If a documentary featured a subject without a disability, for example someone that won the lottery, chances are the storyline would not include basic life tasks such as vacuuming, getting dressed and walking. This action would be boring to the audience. Yet, much of the video footage in these documentaries dwells on these tasks, drawing more attention than is necessary. If the primary goal is to show how the subjects adapt, three or four shots could accomplish this goal. Instead, the documentaries spend a great deal of time with these exhibitions. One scene featuring the Van Ness family, the tallest family in the

United Kingdom, conjures images of a clown car as the family tries to fit two tall parent and four tall children into an average-sized SUV. There is no doubt that the filmmakers shot this segment intentionally. This type of scene underscores the subjects' differences to the audience.

Other documentaries showed subjects performing skills developed as a result of their medical conditions. This was prevalent in the documentaries featuring people with savant syndrome. In *Flo & Kay: Twin Savants*, the women demonstrated their incredible memories for dates, celebrities and Dick Clark. In *The Real Rain Man*, Kim Peek, a mega savant constantly demonstrates his amazing photographic memory. The documentary even shows him performing at Ivy League universities and answering the students' questions. The documentary *Electric Human* depicts two people who seemingly have the ability to control electricity. One of the subjects constantly exposes himself to deadly electric shocks to demonstrate to people that the voltage does not hurt him.

Strongest Toddler includes elements of performance as the filmmakers attempt to uncover what makes Liam so strong for his age. In the beginning of the documentary, Liam is at home with his family. As the parents are discussing him, you see him doing several things that are abnormal for his age. He is pulling himself up on a jungle gym, his bunk beds and even his sister. His muscle definition is clear as he pulls himself up, a truly unusual trait for a toddler. The documentary also shows him at gymnastics climbing the rope and using the parallel bars. Later, the documentary features Liam and another three-year-old performing strength tests that exhibit Liam's strength compared to his friend. The majority of the documentary is dedicated to demonstration of his strength.

Again, these scenes reflect the performances during the freak show era and the filmmakers relegate the subjects to the role of performer. This reinforces the connotative message that the subjects' intrinsic value is as an entertainer, performing the life skills developed as an adaptation to their medical condition. Furthermore, the composition puts the audience in the position of control. If the viewer did not want to watch the performance, the documentary would not take place.

Another characteristic of the aggrandized mode of production was publicity events, staged and real. One of the most famous events, promoted by P.T. Barnum, was the wedding of Lavinia Warren and Charles Stratton, better known as General Tom Thumb. The documentary *Heaviest Man Gets Married* certainly reflects this kind of event. Manuel Uribe, in an elaborately publicized event, marries his fiancée. The story involves the construction of a special wedding vehicle to transport Manuel (who cannot get out of bed) and then follows his journey to the wedding in a tickertape parade style. The documentary then shows the ultimate spectacle as Manuel takes part in the entire wedding, including the ceremony and first dance, from the comfort of his bed.

The denotative message promotes a love that exists despite outward appearances. Yet, the documentary, particularly when discussing the construction of his wedding bed, the yards of material needed for his suit and the logistics of transporting him to the event, has an undercurrent of ridicule. The documentary puts the audience in a dominant position that looks down on Manuel and his fiancé as amusing clown-like spectacles to be laughed at rather than accepted.

Another reflection of the freak show occurs in the compositional style of the documentaries. When examining the publicity photographs and promotional material

from the freak show era, certain composition techniques are apparent. One method was to take little people and photograph them next to average sized people and average sized objects. The documentaries featuring little people regularly utilize this technique. The intro to *Dwarfs Standing Tall* follows a little person man as he walks the streets of a city. The camera frames him in the same way an average sized person would be framed. Since he is so much smaller than the average person is, the people around him are only visible from about the waist down. There are also perspective camera shots that are seemingly from the height of a little person as they interact with the average sized world. These shots show the backs of legs of average sized people and distorted views of the fronts of cars and a semi truck.

The same concept works in reverse in *Tallest Children*. Marlie, a girl judged by Guinness within the course of the documentary to be the World's Tallest Girl, towers at an amazing 208 centimeters, or 6 feet 10 inches tall. One shot shown multiple times in the course of the documentary is a wide shot that shows her walking through the streets of her village surrounded by a crowd. She towers above the entire crowd, almost as if she is on stilts.

The documentaries *Tiniest Toddlers*, *Smallest Kids* and *Tallest Children* make a point of contrasting the children with their peers who are of average height. In *Tallest Children*, the documentary includes a profile of the Van Nesses, a family with four children, all exceedingly tall. As the documentary profiles the family, a tracking shot shows each child in a lineup with other kids in the same grade. In every instance, the featured sibling tower over their peers, usually by a full head and shoulder. *Tiniest Toddlers* and *Smallest Kids* also show the documentary subjects interacting with other

children their age to emphasize their extremely small size. Showing these kids against children who the audience knows to be the exact same age has a more dramatic effect than showing them in a general crowd of people or amongst adults.

The denotative message of the documentaries featuring people with dramatic height difference conveys a basic admiration for the adaptations the subjects make to live life in an average-sized world. Like the previous discussions, the shots that contrast the subjects' heights with the heights of normal people serve to draw even more attention to their differences. Again, the problem is not with the inclusion of such a shot in these documentaries; these shots serve a purpose by providing context for the audience to observe the subjects' size. The problem is the connotative message created by the frequency with which these shots are included. Time after time, the documentaries use shots that illustrate the subjects' extreme height or diminutive stature. This reinforces their acute differences to the audience. The greater this disparity, the bigger the challenge will be for the filmmakers to create a common ground and generate acceptance from the audience.

Often the documentaries used contrasting composition style with the super morbidly obese subjects as well. In *Obese at 16: A Life in the Balance*, Brandon is a high school student and many of the shots feature him walking down the hallways of his school where his size compared to his peers is most prominent. *Half Ton Teen* takes the same approach. *33,00 Calories* follows four different super morbidly obese adults. These documentaries also use comparison shots by contrasting the participants to average sized family and friends. By showing these contrasting shots of the subjects' family and

peers, the documentary sends a connotative message that shames the subject for their size, especially when their family and friends are “normal” sized.

The documentaries also employ these comparison shots with subjects who have other visible physical conditions. In *Mermaid Girl*, there is a scene where Shiloh and her father are out taking a walk. He is pushing her in her wheelchair. She is wearing a dress so her fused leg is not prominent, but still visible. The narrator is describing the physiology of how her legs are fused and Shiloh states that “some people have two legs, I don’t.” The documentary and narration sends a denotative message that conveys that Shiloh, despite her fused leg, is just like any other young girl.

However, while the two are taking a walk, the camera is often at Shiloh’s level, an angle that clearly shows other pedestrians from the waist down (most of whom are wearing shorts), flaunting healthy legs. These shots are no accident. Filmmakers often frame Shiloh to the left or right of the frame so that pedestrians fit into the shot. This subtle comparison sends a clear connotative message that contradicts the narration and illustrates to viewers that Shiloh is in fact, far from normal.

Real Wolf Kids features two children with Congenital Hypertrichosis. These children, both under 12, and have thick dark hair on their face and body. Again, filmmakers show the subjects with normal-looking peers so audiences can see just how different Nat and Prithvi are from other children. *Extreme Aging* features this technique as well. Eight-year old Hayley resembles an elderly woman and shots of her with her family and her friends show just how badly Progeria is ravaging her body. One montage shows several shots of Hayley, then a series of shots of elderly men and women to reinforce how much more she looks like an elderly woman instead of a child. These

documentaries create connotative messages that focus on the kids' differences instead of focusing on how, despite physical differences, the girls and boys are just like their friends.

While messages range from subtle to overt, these cases illustrate how documentaries, using modern filmmaking techniques, achieve the same meaning as the photographs of freak show performers from the beginning of the twentieth century. Admittedly, video is a different medium than photography; but shared compositional and stylistic elements legitimize the comparison. The repeated use of this compositional style throughout the documentaries creates salient connotative messages by continually reinforcing how different the subjects are from an average person. The key to the success of the old freak show was highlighting the inherent oddity of performers and the documentaries employ this technique time after time.

Race and Culture

RQ 10: How are the Frames and Themes Different in the Documentaries Featuring White and Non-White Subjects? Western Versus Non-Western Subjects?

As the data in RQ #5 revealed, every White subject was from a Western culture and all but three of the non-White subjects were from non-Western cultures. Therefore, the critical analysis about non-Western culture in this research question will also apply to the non-White subjects and the discussion pertaining to the Western cultures will apply to the White subjects. Discussing race and culture separately would result in redundant arguments.

Several categories of themes/frames demonstrated a relationship with culture. The critical analysis in RQ #10 will utilize semiotics as the framework for the discussion.

As stated in the methods section of this discussion, semiotics permits the best tool for dissecting messages constructed by the documentaries. The preferred, negotiated and oppositional levels of meaning identified by Hall (1980) are particularly useful when analyzing the documentaries' denotative and connotative messages.

The politics theme occurred in any documentary where a governing body of some kind interfered with subjects' medical care. This appeared exclusively in non-Western documentaries. For instance, the Indonesian government intervened and began medical treatment in *Treeman* and Egyptian religious authorities had to approve separation surgery in *Amazing Separation*. There was not a single instance of this type of interference in Western documentaries.

A preferred reading portrays the interference as a simple barrier to overcome in order for subjects to receive the medical treatment that doctors are offering. The connotative messages that Hall (1980) would identify as negotiated and oppositional are much different. A negotiated reading of the documentary recognizes the important role that the particular groups play in the lives of the subjects, but this interpretation also challenges these organizations' true intentions. For example, in *Amazing Separation*, religious authorities did not intervene until the surgeons had already planned and scheduled the surgery. Through editing, the documentary suggests that the religious interference was not just to consider the implications for the family in terms of their Islamic beliefs, but a self-serving attempt to associate themselves with the boys' care, an issue authorities had previously ignored. *Treeman*, *Baby Mili* and *Heaviest Man Gets Married* created similar denotative and connotative messages. The dominant interpretation is that the benefactors are a caring group that wanted what was best for the

subjects while a negotiated message implies that these groups also wanted to promote their own interests. An oppositional reading further suggests that these organizations were detrimental to the subjects because the interference exposed subjects to unnecessary and dangerous treatment in some instances and drastically delayed treatment in other cases. A reading at the oppositional level also suggests that the interference had nothing to do with the subjects' welfare and was completely self-serving at the expense of those needing medical treatment.

The commercialism theme had similar cultural implications. Again, the theme did not appear in any Western documentaries. The most overt example is the doctor in *Baby Mili* who took control of her medical care and aired her leg separation surgery live on television. A preferred reading of the documentary depicts an altruistic doctor that is helping Mili to receive medical care she would not otherwise be able to receive. Denotatively, Dr. Rubio is seen as Mili's savior. The parents even tell the audience that "doctor" was Mili's first word.

A negotiated reading elaborates on the preferred reading. The shots of Dr. Rubio in all white clothing, footage of him surrounded by an entourage of assistants and television coverage of the surgery all depict the doctor as a self promoter that is using his treatment of Mili to promote and raise money for his chain of hospitals. This view acknowledges that he is saving her life, but seriously questions the means. An oppositional reading goes even further. A significant amount of footage in the documentary shows Dr. Rubio interacting with media personnel and his medical staff. There is very little interaction between the doctor and Mili or her parents. This reading

suggests that the wealthy doctor is the most important figure in this documentary and that Mili, the child suffering from the rare medical condition, is insignificant.

A close reading finds Hall's (1980) levels of meaning in *Heaviest Man* as well. When Manuel's problem goes national, many doctors and organizations, including The Zone Diet, offer him help. A dominant reading of the documentary depicts these organizations as caring groups that want to help him. A negotiated reading concedes that these groups do want to help Manuel but recognizes that the diet companies and doctors also want to use Manuel's success to promote their services. Whoever succeeds in helping the World's Heaviest Man lose weight will clearly have bragging rights. An oppositional reading finds that these groups, particularly the doctors who want to perform risky surgery, are acting only in their best interest with little to no regard for Manuel's well being. The medical professionals just want to use him to help their organizations, perhaps at the expense of Manuel's life. Just like the doctor in *Baby Mili*, they are thoughtlessly promoting their own concerns.

On the preferred level, the documentaries that feature commercial and political themes are educational programs that teach viewers about people struggling with unusual medical conditions. On the negotiated level, these documentaries establish that individuals, organizations and even governing bodies will help those in need but only when the aid can also help their respective organizations. The assistance is never for purely altruistic motives. An oppositional reading highlights an important cultural difference between Western and non-Western documentaries. These documentaries send the message that only governing bodies and organizations in non-Western cultures would put their interests above the well being of their people. Furthermore, the reading

generates the message that in Eastern cultures, the manipulation and exploitation of the weak, sick and/or poor is acceptable. There is no discussion dedicated to possible mistreatment of the documentary subjects and this lack of coverage implies that maltreatment is not an important issue. The oppositional reading also insinuates that people from Western cultures would not let others exploit them whether for medical care or other reasons. This tells the audience that the lives of people from non-Western countries are not as valuable.

Another theme that deserves brief discussion pertains to the use of home videos and family pictures. This occurs most frequently in Western documentaries. For example, storylines featuring children show home videos and pictures from their birth or early life. *Dwarfs Standing Tall* frequently shows family pictures of the subjects as babies and with their mostly average-sized parents and siblings. The documentaries featuring stories of the obese show pictures from earlier in their lives to illustrate either how subjects have always had weight problems or were once thin.

A denotative reading of these segments is that the footage and pictures make the subjects seem real to the audience. Just like the viewer, the people featured have loved ones and participate in all the normal rites and passages of life such as proms, weddings and holiday gatherings. Examining this phenomenon from the perspective of Hall's (1980) negotiated or oppositional levels of meaning, the lack of personal photographs of non-White non-Western subjects says that the personal lives of these subjects are not important. This thought conveys a clear lack of interest in their families and lives outside of their medical condition. To an audience, this creates emotional distance and allows

viewers to disassociate with the subjects, emphasizing their differences rather than just educating the audience about the conditions.

Another interesting trend emerged when examining the medical centered and life-centered themes in correlation with culture. All but one of the non-Western documentaries featured medically centered stories. Consequently, the only life-centered documentary featuring a non-Western culture was *Heaviest Man Gets Married*. This documentary was a continuation of *Heaviest Man*, which featured a medical theme. This means that the medical aspect of this documentary needed to be minimal or the plot would be redundant. Therefore, except in rare instances, the logical conclusion is that non-Western documentaries depict medically themed stories and avoid life-centered stories.

The opposite is true with Western cultures. In these documentaries, the majority of the stories are life-centered. The rare exception occurs with a selection of the excessive weight documentaries. One type of weight documentary features people who lost extraordinary amounts of weight through dieting, exercise, surgery or other life changing means. A second type features people who do not lose weight. These subjects are often in denial, have surgery and do not follow the post-op programs and/or they do not take diet and exercise programs seriously. Consequently, this group does not lose a significant amount of weight. The first type follows the prototypical Western, life-centered theme. The second type is different. These documentaries reflect the themes typically depicted in the non-Western documentaries. All of the Western documentaries that featured medically centered, rather than life-centered stories, were documentaries from this latter category.

This discussion is an indicator of the oppositional messages conveyed in the documentaries and the implication that non-Western cultures are inherently inferior to the Western cultures. This division is a sign of a disconcerting undercurrent in the documentaries: hegemony. Marxist theorist Antonio Gramsci describes hegemony as the “general predominance of particular class, political and ideological interests within a given society” (White, 1992, p. 167). The composition of society includes many different people from different backgrounds. Yet, despite the variety of people, the interests and interpretations of the ruling class are dominant. The following discussion will illustrate how aspects of the documentaries reflect and reinforce a connotative message that emphasizes hegemonic structure.

One facet of the documentaries that reflects hegemony is the composition. In the non-Western documentaries, the disfigurement, rather than the person, becomes the focus. Close-ups of tumors, skin lesions and limb disfigurements occur with greater frequency in non-Western documentaries versus Western documentaries. Most of the physically disfiguring conditions occur in non-Western documentaries. The composition in these documentaries features many shots that just show parts of the subject, rather than their whole bodies or even their faces. In *Treeman*, many close-ups show his branch-like hands or warts on parts of his face. In *Octopus Man*, many of the shots of Rudy are close-ups of his extra limbs. One shot is a close-up of what appears to be a hairy ear growing from his stomach. In the shot, his wife is stroking the hair. Shots of Marlie in *A New Face* just show the tumor on her face. While the mass encompasses most of her face, few of the shots feature a standard close-up. Most use an extreme close-up that fills

the screen with the disfiguring tumor. This style is apparent in *Baby Mili* and *Unbelievable Skin* as well.

On the denotative level, the documentaries are educational works designed to teach the audience about a specific medical condition as well as tell some of the personal stories of the subjects. By humanizing the subjects, the audience can better understand the subjects' problems and the documentaries can encourage understanding and acceptance. To Hall (1980), this would be preferred reading, the meaning that the filmmakers intended to send to the audience. However, an oppositional reading suggests that the filmmakers are really trying to emphasize the subjects' differences in an effort to make audiences uncomfortable with the disabilities. The focus on the disfigurements through extreme close-ups, showing just parts, rather than their whole body or face, makes the person into more of an object than a subject. These techniques dehumanize the subjects, thus, the audience is less likely to identify with or understand them and ultimately the composition and edit choices separate the audience and the subject even more.

Documentaries featuring Western subjects who have unusual physical disfigurements use a different compositional style. Shots typically are standard medium shots and close-ups; the composition does not feature repetitive or extreme close-ups of subjects' physical disfigurements. For example, in *Medical Incredible*, Cathy has shortened limbs and her hands and feet resemble lobster claws. There are just a handful of close-ups of her hands as the narrator discusses the condition. The remaining shots feature her seated giving an interview or going about her day-to-day tasks. The

composition does not include repeated extreme close-ups of her disfigured limbs so prevalent in non-Western documentaries.

In *Joined for Life*, there are never any close-ups of the girls' physical connections as conjoined twins. The composition features typical long shots and medium shots in interviews and other segments about the subjects' day-to-day activities. Other conjoined twin documentaries featuring children from the United States follow this style. In contrast, *Amazing Separation* features numerous close-ups of the connection between the heads of the Egyptian boys featured in the story.

While *Real Wolf Kids* does show standard close-ups of the children's faces, their faces are the source of their abnormality. Often, footage occurs outside where the children's excessive facial hair is blowing in the breeze. Other shots show the children standing next to a normal-looking friend. A preferred reading is that the documentaries are merely showing the children's disfigurement, the stories are not trying to overemphasize the malformations in any way. A negotiated reading acknowledges that to be educational, the documentary does have to show shots of the children's hairy faces. Yet, this reading also contends that the filmmakers are using the composition, particularly the comparisons between the kids and their peers, to highlight the bizarre nature of the abnormality.

An oppositional reading of the documentary not only draws attention to the children's excessive hair, but also implies that the children are ugly. One scene shows a little girl, Nat, getting ready for the first day of school. Her mother is trimming her facial hair, as seen via several close-ups and extreme close-ups. She then asks Nat to look in a mirror and see if she is pretty. Though the mother's comment is probably not scripted,

the decision by the filmmakers to include this “pretty” comment is indicative of the underlying connotative hegemonic message; by “normal” standards, Nat, a little girl with excessive facial hair, is not pretty.

This cultural contrast between the portrayals of physical disfigurements supports the negotiated and oppositional readings that suggest that the subjects from Western countries are more important than those from non-Western countries. By focusing on physical manifestations of the diseases and the scientific aspects of the medical conditions rather than the subjects and their lives, the non-Western documentaries transform the human subjects into objects. In contrast, the Western documentaries focus on the subject as a person, rather than as a medical case.

Furthermore, the documentaries are sending the audience a connotative message regarding the value of the subjects’ lives. The filming style in Western documentaries is less intrusive and demonstrates more deference for the subjects. The approach in the non-Western documentaries is invasive and reinforces an oppositional reading that the filmmakers do not respect the subjects as human beings. They think of them only as faceless objects. Through composition and editing, the filmmakers demonstrate more respect for the White Western subjects than the non-White non-Western subjects. This is a reflection of a greater hegemonic structure that promotes the beliefs and values of Western society.

Another distinction between Western and non-Western documentaries relates to the surgery theme. While the theme is present in both cultures of documentaries, video coverage of the surgeries varies dramatically. In non-Western documentaries, surgery portions are lengthy, graphic and feature predominantly in the storyline. In Western

documentaries, surgeries are considerably less graphic and the stories do not revolve around the procedures.

Treeman includes multiple surgical segments. There are close-ups of scalpels cutting away his warts, shots of saws cutting through the branch-like structures growing out of his hands and extreme close-ups of the pieces of skin and flesh removed from his body. *Baby Mili* also features graphic surgery. The images cut between those filmed by the documentarians and the images filmed by the television crew that was airing the surgery live. The most graphic images include the surgical scissors cutting the skin between her fused legs. In *Vanished Twins*, Alamjan has a “fetus in fetu” removed from his belly. The surgery itself was a recreation since cameras did not arrive until four months later. However, the documentary becomes graphic when doctors perform an on camera dissection of the fetus removed from the boy’s belly.

This contrast becomes more evident when directly comparing Western and non-Western documentaries featuring the separation of conjoined twins. In *Amazing Separation*, a non-Western documentary featuring Mohamed and Ahmed Ibrahim, the surgery is the focus. In *Sister Bond*, the Western girls’ lives are the focus. In the first documentary, the surgery began 24 minutes in and ended 38 minutes in, crossing a commercial break. In the second, the documentary showed less than two minutes of surgery. The portions of the procedure that the documentary showed did not even fill one segment between commercial breaks. Furthermore, in the course of the two minutes, more time was spent interviewing the doctors than showing the actual surgery. The boys’ surgery was incredibly graphic, including close-ups of the incisions, open wounds, flaps of skin, fragments of bone and lots of blood. The surgery segment included close-ups of

the girls' faces, the surgeons' eyes above their hospital masks, handles of the surgical instruments and long shots where details were difficult to discern. The pivotal moment occurred when doctors moved one girl onto a separate table; the filmmakers did not show this critical milestone in the boys' documentary.

The dominant reading of both conveys the life saving nature of the surgery and how the procedure is in attempt to help the children live more normal lives. A negotiated reading suggests that, for subjects of both cultures, surgical intervention is the *only* means for these people to lead normal lives and that the doctors are the heroic lifesavers. An oppositional reading of the documentaries suggests that, for non-Western subjects, the value of the story exists only in their medical condition and subsequent surgery, not in their personal lives.

These differences in the surgery portions in the non-Western documentaries reinforce the connotative messages of hegemony apparent in the documentaries. By spending more time on the surgery, showing images that are more graphic and avoiding the faces of the subjects, the filmmakers are reinforcing the idea of the subjects as objects, rather than as people. The Western documentaries feature shorter surgical portions and few, if any, graphic images. By preserving a much stronger human element in *Sister Bond*, the filmmakers clearly indicate a preference for the White Western girls rather than the non-White non-Western boys, a reflection of racial and cultural hegemony. These are the negotiated or oppositional readings as articulated by Hall (1980).

Other components that are different between Western and non-Western documentaries include the interviews. In the Western documentaries, interviews feature

the subjects (if they are old enough), family and friends. The interviewees discuss the subjects' day-to-day lives and their achievements despite their medical condition. The documentaries feature interviews with medical professionals but these segments are typically not the focus. Additionally, these interviews discuss the subject more than the condition. In contrast, the non-Western documentaries focus on interviews with the doctors and other hospital staff. The medical professionals discuss the disease and/or condition rather than the actual patient and affects the condition has on their life.

A dominant reading of the documentary implies that both Western and non-Western documentaries are providing interviews with people capable of giving them. The Western documentaries regularly feature English-speaking subjects and doctors. In the non-Western documentaries, the doctors speak English and the subjects often do not. Therefore, the preferred reading would suggest that the doctors appear more readily in interviews since they speak the same language as the audience. Moreover, the medical professionals are more capable of providing the factual details for the educational component of the documentaries.

However, on the negotiated level of meaning, the selection of interviewees suggests that the Western subjects are better versed on their medical conditions and can speak about the problem as well as the doctors. The absence of in-depth interviews with the non-Western subjects creates an oppositional reading that implies that the reason the subjects do not speak for themselves is because the non-Westerners are not as intelligent or as versed in their own medical conditions, hence, others must speak for them. This editing choice ends the message to the audience that Westerners are inherently smarter and more educated than non-Westerners. This reinforces hegemony because the

filmmakers are assuming that a lack of Western schooling makes the non-Western subjects unintelligent.

The discussion of the medically centered versus life-centered theme also demonstrates a connotative message of hegemony evident by examining the negotiated and oppositional meanings generated. The Western documentaries tell the story of the subjects' lives. The non-Western stories discuss their medical conditions.

On the denotative level, the documentary is a factual account of the medical condition or subject's life, depending on the storyline. However, the filmmakers' choice of story creates Hall's (1980) negotiated and oppositional levels of meaning. The inclusion of only minimal personal information about the non-Western subjects sends the message that their intrinsic value subsists in their disease, not their life. In contrast, the message of the Western documentaries is that the subjects' lives are of predominant importance and the disease is secondary. This reinforces hegemony because the filmmakers are consciously choosing to limit the personal stories of the non-Western subjects. They presume the audience would only be interested in learning about people who are like them, aka other Westerners, so they choose to tell only about the medical conditions of the non-Western subjects.

There are other subtle attempts by the filmmakers to reinforce hegemony in the documentaries that become apparent when examining the documentaries' negotiated and oppositional levels of meaning. The earlier discussion focusing on the legends and myths in non-Western documentaries also illustrates the differences between the cultures. The discussion of such legends, such as in *Baby Mili* or *Pregnant for 46 Years*, illustrates how different the belief system is from those in Western cultures. Furthermore, the tone in the

narrator's voice has an air of condescension when discussing these myths; this creates an oppositional message that conveys skepticism about the subjects' belief systems and questions how the subjects could possibly have faith in them. This presents beliefs that do not fit into the Western Christian norm as suspect. Again, hegemony is apparent as filmmakers send the message to the audience that anything outside the Western culture of ideas is wrong.

Other illustrations of cultural difference arise when discussing the futures of children in the documentaries. In Western documentaries, narrators focus on a child's ability to have a fulfilling future and to be happy. In the non-Western documentaries, the discussion of a child's future focuses more on the parents rather than the actual child. In *Real Wolf Kids*, the narrator specifically mentions how girls with excessive hair would not be desirable wives, meaning the girls could become a burden on their parents. A negotiated reading of the segments suggests that parental relationships depend on culture. The Western documentaries depict caring parents that love their children and want them to be happy. The non-Western documentaries do depict the parents as compassionate, but this reading acknowledges that other matters, particularly financial implications, factor into the relationships. An oppositional reading of these documentaries suggests that parents in non-Western cultures do not love their children as much as parents do in Western cultures. This reading demonstrates how the filmmakers are portraying the subjects using a Western definition of the parent/child relationship rather than considering the different economic, social and cultural factors that may be at work.

Another example of negotiated and oppositional meanings that illustrate cultural difference occurs in *Vanishing Twin*. The documentary discusses how Alamjan's

medical condition, if genetic, could affect his parents' marriage. In his culture, a husband has the right to divorce his wife if doctors say she cannot provide him with healthy children. The preferred reading of the documentary presents this as an interesting cultural fact. An oppositional reading, drawn from the slight change in the narrator's tone, conveys an attitude of outrage at this revelation. This reading uncovers a message that condemns the husband and the culture for possibly rejecting the wife for something she has no control over. Reading from this oppositional level of meaning, many non-Western documentaries use subtle vocal cues that pass judgments about the subjects, framing these assertions from a Western hegemonic perspective rather than the frame of the subject's own culture.

Documentaries featuring the Eastern vs. Western medicine category also create connotative undertones that generate negotiated and oppositional levels of meaning that perpetuate hegemony. The dominant message of the documentaries is that these people are suffering from conditions doctors in their country cannot treat. A negotiated and oppositional reading finds that the documentary promotes the superiority of Western medicine by demeaning Eastern doctors and blaming them for the subjects' medical conditions.

The documentaries that feature this theme convey the idea that the subjects featured suffer because of a lack of access to Western medicine. Furthermore, all of the documentaries that feature this theme feature subjects who receive some kind of care from Western doctors, though the subjects live in non-Western nations. In *Amazing Separation*, the boys featured flew to the United States for treatment. In other documentaries, such as *Baby Mili* or *Vanishing Twins*, the subjects travel to the closest

major city and European or American doctors come to them. The clearest example shows Western doctors traversing dirt roads and hiking through the brush to consult with patients in small shack-like homes, such as in *Treeman*. It generates a sense of heroism with Western doctors at the center.

The dominant reading presents a triumph over adversity story. The subjects have a debilitating medical condition and now doctors are providing needed treatment to better the people's lives. The oppositional message blames Eastern medicine for the subjects' current state and presents Western medicine as the solution that will "save" them. This heroic view of Western medicine is evident in several documentaries such as *A New Face*. The narrator inequitably states that Haitian doctors cannot even identify her condition, let alone treat her. The connotative message is clear; without Western culture, Marlie would die.

In *Pregnant for 46 Years*, the narrator describes how the inadequate maternity care in Morocco led Zahra to flee the hospital after she saw another woman die during a caesarean. The documentary shows a reenactment during the narrator's voice over. The scene features shadowy images of doctors and women in a dirty, poorly equipped hospital room. The goal of these images is to underscore the poor care in her local hospital, especially when compared to Western hospitals. The negotiated reading acknowledges the triumph over adversity story but also sees the culpability of the hospital for Zahra's current medical state. However, these production techniques work together to create an oppositional message that blames the entire Eastern medical community, rather than just the hospital. The interpretation further implies that this could never happen in Western

culture. Again, the documentaries are conveying Western medicine as superior to Eastern medicine.

In *Vanishing Twin*, the doctor tells how she yelled at the mother for allowing such a thing (the huge growth in his belly) to happen to her son. She also forced the mother to see the fetus in fetu the medical staff removed from the boy's belly. The Eastern doctor said showing the mother how she failed to properly care for her son was important. On the denotative level, the inclusion of such a comment serves to merely recount the moments when the mother learned what had been ailing her son since his birth. Using Hall's (1980) negotiated and oppositional levels, the documentary is emphasizing how different the Eastern doctors are from their Western counterparts. It is hard to imagine a Western doctor berating a patient in such a way, at least not without the narrator discussing the ensuing lawsuit! By including this portion of the interview, the filmmakers are emphasizing the doctor's unsympathetic approach and further implying that this is characteristic of non-Western doctors and non-Western cultures.

In *Treeman*, the oppositional and negotiated meanings present in other documentaries become the preferred meaning. The Eastern doctors want to perform radical surgery to cut off Dede's warts, the visible manifestation of his disease. The Western doctors want to try drug therapy to deal with the HPV virus causing his warts, curing the disease from the inside. The Eastern treatment provides immediate results and relief; the Western is a slower long-term therapy. The dominant message of the documentary portrays the doctors as adversaries rather than two groups of people working towards the same goal.

One segment features the Western doctors failing to contact the Eastern doctors via phone. The next series of shots feature the Eastern doctors complaining about how their hospital staff has not heard from the Western doctors. A later segment features the Western doctor discussing the dangers of the Eastern approach to the surgery and the following scene shows the Eastern doctors performing the surgery. All of these reinforce the preferred reading of two medical communities in opposition to one another. This perpetuates an ethnocentric assumption that medicine in non-Western countries is inadequate because it is not like medicine in the west.

However, a closer examination suggests a negotiated reading that implies that the Eastern doctors resent the Western doctors presence and are deliberately making access to Dede difficult. A close examination yields an oppositional meaning that directly contradicts the preferred meaning of a humane Western doctor trying to help a poor sick man from Indonesia. This interpretation portrays the Western doctor as arrogant, interfering and self-serving, rejecting the dominant interpretation of him as a humanitarian. This reading rejects the hegemonic framework that the filmmakers are using.

Before concluding the discussion of hegemony, a discussion of the second category of obese subjects, those that did not lose weight, is necessary. As the life-centered/medical centered theme suggests, the Western documentaries with subjects that are super morbidly obese that do not lose weight treat the subjects differently. Just like the non-Western, non-White subjects, the obese, do not fit the ideal of normalcy perpetuated by hegemony. Interestingly enough, two of the three non-Whites that appear in Western documentaries are in this category.

The composition of the subjects in these documentaries reflects the non-Western documentaries more than the Western documentaries. The shots focus primarily on the subject's size. The montages of fat rolls, bed sores and subjects jiggling their bellies or arm fat send the same message as close-ups of physical deformations in non-Western subjects. The surgeries also reflect the non-Western documentaries more than the Western documentaries. There are graphic images of surgeons cutting and removing fat and tumors, nurses holding up large chunks of body fat and other medical professionals dropping pieces of fat, with the slurping sounds magnified, onto scales and into dishes.

On the preferred level, these documentaries are a warning of the perils of being super morbidly obese and the trials that the subjects face. A negotiated reading of the documentaries finds a judgmental tone that subtly questioning the obese subjects' eating habits, life style as well as the enabling family members that allowed it to happen. The fat montages suggest an oppositional reading that creates the same effect for the audience as the disfigurement shots in the non-Western documentaries. The images the filmmakers construct suggest that these people are worthless masses of fat, not people with real feelings. The subjects in these documentaries do not fit into the Western definition of attractiveness; therefore, the documentaries do not treat attempt to them with respect, reinforcing hegemony.

In contrast, the documentaries featuring the super morbidly obese that do lose weight send a different connotative message. These documentaries avoid the fat montages and eating shots. The programs continually emphasize how subjects lost weight and the amounts lost. Ultimately, these documentaries compel the audience to

admire the subjects rather than objectify them. In the end, these people fit into the hegemonic ideal. Therefore, the filmmakers treated the subjects with respect.

It is important to note that despite differences in culture, Western and non-Western documentaries did share some themes/frames. Yet, filmmakers still managed to perpetuate certain hegemonic ideals in non-Western documentaries that were not present in Western documentaries. One of these shared themes was medical autonomy. The majority of the subjects had control over their own care and the documentaries depict subjects, Western and non-Western, willingly seeking treatment. There were exceptions. The government forced *Treeman's Dede* to receive government sanctioned medical care and the doctor in *Saving Baby Mili* gave Mili's parents little say in her care. While this does demonstrate that a lack of medical autonomy can occur, forcible care is not typical.

However, some non-Western documentaries featuring medical autonomy still send hegemonic messages about non-Western subjects. Despite the threat to his health, *Octopus Man's* Rudy Santos ultimately refuses surgical intervention to remove his parasitic twin's limbs. He believes God made him that way and he feels a bond with his twin that he was not willing to sever. The dominant message appreciates Rudy's independence and his willingness to stay true to himself. Yet, a closer reading of the tone of the narrator's voice and the editing of Rudy's comments about God conveys a sense of foolhardiness in his decision. This oppositional message advises the viewer that Rudy is a simple uneducated man from a primitive culture. He cannot possibly understand that his decision is unwise and will probably bring on his own death. Subtle connotations also imply that the doctors should not allow Rudy to make this decision himself but intervene on his behalf.

The medical autonomy category featured several other documentaries where people refused treatment. In *Unbelievable Skin*, Sakim, a man with Neurofibromatosis, decided that he would not receive any treatment because his family was not supportive of the idea. The mother's refusal to seek treatment for Alamjan in *Vanishing Twins* is another example. Both of these were non-Western documentaries and just like *Treeman*, the connotative message portrays the subjects as incapable of making the decision that is in their own best interest.

Mermaid Girl was the only Western documentary that showed a subject refusing treatment. The doctor suggested that Shiloh may need to have part or all of her fused leg separated and/or amputated. Shiloh and her parents mutually decided that the family was not going proceed with such a course of action. In this situation, the filmmaker's message is different. The narrator's comments and the footage of Shiloh crying suggest a general concern over her family's decision; but the patronizing undertone present in the non-Western documentaries does not exist. The filmmaker respects the parents' decision while in *Octopus Man*, *Vanishing Twins* and *Unbelievable Skin* the connotative undertones portray the subjects' choices as uneducated and imprudent. Using a hegemonic mindset, the oppositional readings of these non-Western documentaries assume that these people cannot possibly be as intelligent.

The quest for normalcy is another shared theme across both cultures. In *Wolf Kids*, Nat and Prithvi express a desire to look more like their friends, the parents of conjoined twins Kendra and Maliyah dream of the day where their girls will have a normal life, Mili's parents, yearn for the day when their daughter will run and be able to wear pants. Several of the documentaries featuring obesity discuss normalcy too.

Brandon in *Obese at 16: A Life in the Balance*, tells how he wants to be able to walk the halls at school without becoming winded and sit at a normal desk, rather than the special table and chair his excessive weight necessitates.

The denotative messages of these documentaries educate the audience about the subjects' medical conditions in an attempt to promote acceptance and make the subjects seem more normal. An oppositional reading of these documentaries suggests that filmmakers actually draw negative attention to the medical conditions and make the subjects appear more different. In part, the freak show was successful because the displayed freaks made the audience feel comparatively normal. Freak exhibits created this sense of superiority for the audience and reinforced hegemony. By focusing on the reoccurring theme of quest for normalcy, the filmmakers achieve the same feelings as the old freak shows. The editing makes the subjects' abnormalities more prominent and ultimately makes the audience feel better about their lives because they do not have the same deformities or weight issues. This counters the preferred message of educating about difference and ultimately promotes more issues of hegemony by reinforcing how these people do not fit into the Western definition of normal.

Another shared theme between the documentaries relates to whether the subjects were accepted or ostracized. These themes appeared equally amongst Western non-Western documentaries. However, coverage of these topics in the documentaries is itself compelling. The preferred message of the documentaries is that the audience should accept the subjects as people rather than ostracize them for being different and that the people shown in the documentaries staring or making fun of the subjects are callous. Conversely, an oppositional reading of the programs finds examples, such as mocking

legends and montages of physical deformities, which ostracize the documentary participants in the same way. The same documentaries that advocate tolerance have become the perpetrators of the mockery.

The final themes present that are worth discussing are the two outcome themes. Not one documentary, even the documentaries where subjects lacked control over their medical care, showed subjects' worse off in the end. Some experienced no significant change such as Rudy from *Octopus Man* or the super morbidly obese patients that did not lose weight. But others did experience a positive life change throughout the course of the documentaries. This is not surprising. The documentaries would not be successful if the stories depicted subjects who died or were worse off because of surgical intervention or treatment. The shows would not generate the same audience interest. The overall message here is less about the subjects and more about the self-preservation of the documentaries themselves.

Interestingly enough, the greatest number of documentaries that had the life improved theme accomplished this improvement via surgery. The separation of the Herrin girls and the Ibrahim boys, the removal of many of Dede's warts, the removal of Marley and Sahi's skin tumors, the separation of Mili's legs and the different weight loss surgeries, all improved the subjects' quality of life. Though not every surgical intervention resulted in an improved life, such as in *Half Ton Teen* where the two teenage boys' refusal to actively participate in post-op treatment plans inhibited their weight loss, most did. This creates an oppositional reading that suggests that surgery is the best answer no matter what a person's culture or medical problem. Although drastic medical intervention does not work for everyone and for some the risks are extremely high,

documentaries still promote this solution. Undoubtedly, surgery makes for more compelling television than noninvasive treatments so it is not a surprise that the filmmakers promote this idea.

The documentaries' concentration on the characteristics that make these subjects different from the audience sends a connotative message of inferiority that perpetuates hegemony. By only showing the medical aspect of the documentaries, rather than a personal element the audience could relate to, the filmmakers are portraying the documentary participants as lesser people. This puts the audience in the dominant position because they do not have a disfiguring medical condition or suffer from super morbid obesity. Taken as a whole, these documentaries reinforce the dominant white Western ideals perpetuated by hegemony.

Disability

As the results in RQ #7 indicated, 87% of subjects in the documentaries were disabled. Thus, including disability theory in this dissertation is reasonable. RQ #11 and RQ #12 address aspects of how the documentaries represented disabled subjects. This discussion is investigational in nature and applies constructions applicable to photography and fictional media to nonfiction documentary video. Therefore, application of the categories may vary slightly from the original context. These modifications are necessary in order to utilize the constructions within the current medium. This discussion will include 80 of the 93 subjects analyzed. These were the subjects that were disabled and that exhibited some reflection of the disability stereotypes. Only *Pregnant for 46 Years* featured a person, once disabled, without using any of the stereotypes.

RQ 11: How are the Four Forms of Visual Rhetoric from Disability Photography Reflected in the Cable Documentaries? What Other Visual Trends are Evident?

This question endeavors to take Thompson's (2001) visual rhetoric categories, derived from popular photography, and apply the classifications to nonfiction documentaries. The difficulty arises in adapting categories designed for one single photograph to a 1-hour documentary constructed of hundreds of shots. Yet, in spite of this, the documentaries still exhibited aspects of the visual rhetoric categories; some documentaries shifted between rhetorics, using whatever was most appropriate for the moment.

The most visible rhetoric was realistic. According to Thomson (2001), this portrayal minimizes the subject's disability, normalizes the subject as much as possible and, in part, warns viewers against becoming disabled. This normalization is quite apparent. The documentaries exhibiting this style focused primarily on the life of subjects. There was some discussion of their medical condition, but their personal lives, despite the disability, were central to the story.

For example, in *Conjoined Twins: Sisterhood Bond*, the goal of the documentary was to show how the girls lived a "normal" life after separation. The documentary showed Kendra and Maliyah in school, playing with friends and on vacation with family. While the documentary showed a small portion of the separation surgery, the procedure was not the focus. Like Thompson (2001) predicted, there is a warning. The documentary seems to emphasize that despite how normal these girls are, they will always have medical problems and that could affect their quality of life. The

documentary is certainly not saying the parents never should have brought the girls into the world, but the tone does seem to qualify their miraculous survival.

Little Parents, Big Pregnancy also illustrated this real rhetoric. The documentary features the story of a couple about to become parents for the first time. This could have been any episode of *A Baby Story*. The only difference is the documentary depicted some areas where their stature presented challenges. For example, the couple had difficulty silencing the smoke detector when something in the oven burned and getting in and out of their car was a challenge. The rest of the story followed the same formula as any other birth-themed documentary. Nevertheless, this documentary contains a caveat that warns the audience of the dangers of people with genetic conditions having children that could also be afflicted with the same disease.

Though the realistic rhetoric appears in documentaries featuring a variety of medical conditions, the greatest presence is in documentaries that feature subjects with excessive weight loss. Notably, the realistic rhetoric does *not* appear in the documentaries that feature obese subjects that *do not* lose weight. The discussion will address this rhetoric at a later point.

Excessive weight loss documentaries tend to include stories of people who, usually due to some kind of stressor or a life of unhealthy eating, finally decided to lose weight. Methods of weight loss differ. Some had surgery, some dieted and others made drastic life changes. In each case, the subject lost an astonishing amount of weight. Yet, they appear ordinary; each of the participants could be the audience's next-door neighbor. The documentary does not attempt to make the people into super heroes or convey the idea that the viewer should feel sorry for them. The show is a simple story of working

hard to earn a reward. Yet, just like the other realistic documentaries, there is a clear message that warns the audience against becoming so overweight.

The second most visible rhetoric was sentimental. This rhetoric appeared in every documentary featuring children with life threatening conditions. In *Conjoined Twins: Sisterhood Bond*, the dominant rhetoric may have been realistic, but in the early portion of the documentary, before the girls were separated, sentimental was the dominant rhetoric. The most prominent scene was the goodbye scene between the parents and the girls as medical personnel wheeled them in for surgery. Leading up to this moment, the fact was clear that the girls' chances of survival were less than 10% and that the girls, at four-years-old, understood what was happening to them. The close-ups on the girls' faces, their parents' faces and the lack of narration at the critical moment, clearly focus the audience on the emotional scene.

In the case of the documentaries, narration helped set the mood for the images that generated the sentimental rhetoric. In *Extreme Aging*, the opening segment describes Progeria and the disease's impact on the body. The next scene shows Hayley and her mother writing a card and putting various items in an envelope. The narration then tells you Hayley's 11-year-old best friend, who also had Progeria, just died of a heart attack. Hayley reads what she wrote concluding with "I'll see you in heaven." The remaining shots in the segment show the family getting ready for the funeral. Emotion fills the scene with several close-ups of the parents exchanging poignant looks, clearly thinking that this could have been Hayley.

While this type of rhetoric is most prevalent in the documentaries featuring children, the concept does occasionally appear in documentaries featuring adults. In

Treeman, Dede discussed his inability to care for, or even touch his children. Several shots showed him sitting next to or observing his kids. Editors then intercut these shots with shots of his tree branch-like hands and his grieved face, illustrating his sorrow. Other documentaries feature similar scenes. The subject is discussing a part of their life that is somehow lacking and the editing reiterates the point.

The third most prevalent rhetoric is wondrous. The wondrous rhetoric generates a sense of awe about the subject. While prevalent in several documentaries, wondrous was widespread in documentaries featuring conjoined twins and those with other physical deformities.

In *Joined for Life*, the documentary follows Abby and Brittany through a typical day at school and other normal activities. Parts of the documentary, previously mentioned when discussing the aggrandized mode of production, feature Abby and Brittany doing normal day-to-day activities. Yet, the accomplishment is wondrous because these girls share a body and still manage to walk, drive, play softball and get ready for school with no effort. Other documentaries featuring younger sets of conjoined twins show the children walking and crawling despite connections that make such a simple task seem impossible.

Several of the weight loss documentaries also feature the wondrous rhetoric. While the realistic rhetoric dominates these documentaries, the segments discussing the actual amount of weight lost, reflect elements of this rhetoric. Typically, the narrator tells the audience the subject's highest weight, their current weight and then the actual number of pounds lost. The accompanying video shows dramatic before and after shots. For example, the narrator in *650lb Virgin* discusses David Smith's dramatic weight loss.

At the same time, the documentary shows home video of David at his largest and then cuts to video of him exercising without his shirt on, clearly emphasizing his biceps and six-pack. While the majority of the documentary portrays the subjects in a way that is relatable to the audience (realistic rhetoric), the filmmakers clearly employ the wondrous rhetoric in order to maximize the impact for the audience.

The final rhetoric is the exotic. This rhetoric distances the subject from the audience. This rhetoric appeared across several different medical conditions. However, only documentaries featuring non-Western subjects employed this rhetoric. *Octopus Man* established this distance. The documentary frequently uses close-ups of his extra limbs that clearly illustrate that he is not “normal,” and in other words, exotic. *Marlie* does the same thing. The close-ups of the large growth consuming her face are so prevalent that the images border on making the audience uncomfortable. The same compositional style flourishes in *Unbelievable Skin*. The camera frequently shoots close-ups of the deformations in the subjects’ faces and the tumors covering their bodies.

As noted, the exotic rhetoric only featured non-Western subjects. The realistic was equally as exclusive. Only Manuel Uribe’s second documentary, *World’s Heaviest Man Gets Married*, presented any realistic characteristics. However, the first documentary, *World’s Heaviest Man*, reflected more of the exotic technique. The remaining two rhetorics were comparable for Western and non-Western subjects.

Throughout the coding process, a fifth rhetoric began to emerge. For some subjects, the portrayals did not align with the existing visual rhetorics. These documentaries showed subjects as apathetic, whiny, indignant, defensive and/or unlikable. The tentative label for this new rhetoric is “unflattering.” Like sentimental,

the unflattering rhetoric looks down at the subject; although not in a way that makes the audience feel sorry for them, or feel like the person must be saved. This rhetoric makes the subject and/or their behavior seem objectionable and even offensive. The intensity of this ranged from mere dislike to complete abhorrence.

The most palpable examples of this appeared in the documentaries featuring the super morbidly obese. As previously mentioned, there were two types of documentaries featuring the obese, those that lost significant amounts of weight, and those that did not. The latter are the group that falls into this unflattering rhetoric.

For example, in *33,000 Calories a Day*, the documentary follows four people who are already super morbidly obese. The participants in this documentary eat astronomical amounts of food each day. The majority of the subjects deny that their excessive food consumption impacts their lives. Multiple shots feature the subjects eating, often these are extreme close-ups of their mouths as they take large bites and chew with their mouths open. Other scenes show close-ups of rolls of belly fat, leg fat and back fat. In some scenes, the subjects are jiggling that fat. At one point, filmmakers sit each subject before a table of food that represents their daily consumption of saturated fat, salt and calories. In three of the four cases, the participants deny that the food represents their caloric intake. All four people said the food made them hungry. The largest of the men said he could eat all the food in one sitting. In these cases, there are clearly no traces of the sentimental, wondrous or other rhetorics; the subjects' behavior comes across as appalling.

Jacqui, at 364 pounds, is the smallest of the four subjects featured in the documentary. Therefore, the fat jiggling shots, prevalent in the segments of the other

three subjects, would not work as well. Thus, the filmmakers decided to shoot her in her bra and underwear. In addition, instead of the typical medium shot, the crew often puts the camera below her, and shoots straight up, an angle unflattering to the skinniest of people. Clearly, the filmmakers were trying to find other ways to make her appear repellent since she did not weigh as much as the other subjects featured.

This unflattering rhetoric was not exclusive to the weight-centered documentaries. *Littlest Mom* features Christie Ann whining about something in almost every scene; whining for her fiancé to pick her up, bring her something, that she could not reach something etc. There was also a scene where she described her dislike of other little people and how she did not like to be around them. The scenes are anything but sympathetic. This storyline presents an interesting parallel to *Little Parents, Big Pregnancy* where both subjects are little people. The couple is in a similar situation, but the documentary never shows them whining or complaining. While the presence of this rhetoric is more likely in video than in photography, a study attempting to find unflattering in disability photography may be productive.

The documentaries suggest that this unflattering rhetoric appears in one of two ways. The actions of the subject can make them unlikable to the audience, as with Christie Ann or the subjects of *33,000 Calories a Day*. In this case, the filmmakers already have the video to suggest their behavior is abhorrent. The editors then take the video and assemble the footage to have the maximum impact. In other cases, such as with Jacqui; the filmmakers' composition and content choices construct the unflattering rhetoric. Stylistically, this rhetoric appears to be the result of a combination of the intentions of the filmmaker and the actions of the subject.

RQ 12: How are Common Disability Stereotypes, Typically Present in Fictional Media, Conveyed in the Documentaries?

These stereotypes are normally present in works such as film, literature or television, so discussing the categories in nonfiction media is an uncommon approach. Each of the six categories: isolated, supercrip, sinister, better off dead, burden, pitiable and unfulfilled, appeared at least once when coding the documentary subjects. However, some categories, such as isolated and pitiable, occurred in more than half of the documentaries featuring people with disabilities. Unfulfilled, burden and supercrip had a presence; but better off dead and sinister were rare.

The most prevalent fictional stereotype that occurred was isolation. The stereotype was most prominent in the excessive weight and physical deformity categories. This is not surprising since these categories demonstrate highly visible outward manifestations of the subjects' diseases. Furthermore, these categories, particularly excessive weight, create physical limitations that could prevent people from leaving home.

In *Half Ton Teen*, Billy Robbins's weight prevented him from leaving his house. This meant he could not socialize or even attend school. His weight induced isolation. In *The Real Rain Man*, *Autism x6* and *Twin Savants*, the subjects' mental conditions often meant isolation, usually due to lack of social skills. The documentaries reinforced the isolation by frequently showing the subjects by themselves and contrasting their solitude with the social interaction people nearby were enjoying. In *Autism x6*, Emma cannot handle too much chaos, so she often goes to a special room at school to read alone. The documentary also shows her sister Sarah experiencing a different form of isolation. She

is on the playground wandering by herself while her peers are enjoying themselves right in front of her.

In *Marlie*, the young girl actually hides from other people. Her physical deformity creates so much attention that she would rather sit alone. The documentary reinforces this notion by repeatedly showing her sitting in a darkened room and sometimes just showing a closed curtain separating her from everyone else, including her family. Other shots show the documentary subjects watching family members or community members through windows or doorways while maintaining a certain distance. The fact that some people only gain acceptance by exhibiting themselves in freak shows, such as Octopus Man and the subjects from *Unbelievable Skin*, reinforces these notions of isolation.

Assuming minimal directorial interference, the filmmakers are not creating the isolation. The subjects are in fact isolated because of their various medical conditions and the documentaries reflect this aspect of their lives. However, this is not to say that in some cases the documentaries are not exaggerating the level of isolation or continually reinforcing the stereotype. Possibly, Marlie was hiding from the cameras rather than her family members as the documentary seemed to suggest. In *Autism x6*, maybe the cameras sparked the extra chaos in Emma's classroom that prompted her retreat to a safe room. Possibly, the cameras added to her anxiety. Whether the level of isolation depicted in the documentaries was a true representation of the subjects' day-to-day lives is hard to ascertain. While the documentaries did not create the seclusion, the program segments dwelled on the matter more than was necessary to convey the sense of isolation.

Arguably, this technique helps to reinforce the isolation stereotype that exists in fictional media.

Another widespread fictional stereotype seen in the documentaries was pitiable. This is closely linked to the sentimental rhetoric discussed in the previous question. Music, shot choice and editing created pathos driven scenes designed to generate sympathy in the audience. The introduction of *Extreme Aging* features slow, heavy music and shots of Hayley by herself on the beach. The narration then says she has Progeria, and the camera cuts to a close-up where the ravages of her disease are clear. The music continues as a narrator discusses the recent death of her close friend who also had Progeria.

This type of introduction with music and dramatic statements about the medical condition are present in many documentaries featuring the sentimental stereotype. Frequently the music begins to swell whenever a dramatic moment is eminent. In several of the documentaries featuring children, the music begins to swell when the narrator mentions a child's upcoming birthday, "a milestone the parents never thought they would see." Other times this type of music begins when the parents or doctors discuss the uncertainty of the children's future.

Other scenes feature interviews with subjects, or their families, where someone begins to get emotional. Often the camera holds these shots even though the interviewees are no longer speaking. In many of the documentaries featuring children with life threatening conditions, this type of scene is commonplace. These scenes are clearly designed to generate the maximum amount of audience sympathy.

650lb Virgin exploits the lack of cutaway to such an extent as to not only generate pity for the subject, but also make the audience uncomfortable. David Smith lost 400 pounds, a loss inspired by the death of his mother. He was obese through his teen years and the majority of his 20s. As a result, he has a serious lack of social skills. As the title of the documentary suggests, he is inexperienced with women on all levels. Part of his story shows him meeting with a matchmaker, practicing dating skills and going out on several first dates. His ongoing ineptness and social mishaps not only make the audience pity him, but his actions make him especially awkward to watch. The editors clearly dwell on these scenes. He makes a comment or misstep, and a long uncomfortable silence follows. These scenes would not have generated the same feelings if the shots had been more succinct.

What is interesting is that the pitiable theme that interweaves itself into these documentaries seems counterpointed by the interviews with subjects. While the construction of the documentary may want you to feel sorry for the person, often the subjects do not feel that way. This is particularly true of the little people interviewed. Many of the subjects are happy in their lives, knowing life only with the medical condition. Pitiable works for the filmmakers because the “normal” audience experiences life differently. The viewer cannot imagine being happy in the situation and thus, feels sympathy for the subjects. Ultimately, the filmmakers style in these documentaries shows an inclination to reinforce the stereotype that people with disabilities are only worthy of pity.

Smallest Kids illustrates this idea. Taylor declares that she likes her small size and that she would not want to be taller. This suggests that unlike isolation, which is

something many subjects did experience, the pitiable stereotype does not fit, despite the filmmakers' intentions.

The burden and unfulfilled stereotypes were also visible, though not to the same extent as the former stereotypes. Generally, these two stereotypes appeared together. Usually when discussing how an adult experiencing some kind of medical problem, like Dede in *Treeman* or Rudy in *Octopus Man*, had difficulty providing for and taking care of their families. The documentary showed other members of the family, like Dede's sister, caring for their families. The subjects often stated that they felt useless because they could not take care of themselves or their families.

Unfulfilled is not a desire that the documentaries, through editing or composition, generate. Usually, the subjects voice these feelings. Yet, just like isolation, the editing and composition reinforces the stereotype by dwelling on particular shots. While filmmakers do not create the burden stereotype in the documentaries, composition and edit decisions often underscore the inconvenience the subject presents to family and friends. Montages in some documentaries depict family or other people cooking, cleaning and/or caring for children while the subject sat by and watched or lay in bed watching television.

Supercrip appeared in just a handful of the documentaries, mostly in documentaries featuring those with savant or mega savant syndrome. A large portion of these documentaries feature memory performances by the subjects. These are people with severe mental deficiencies performing amazing cognitive feats. This idea typifies the fictional supercrip notion. Yet, these people do have a stupendous ability; so, whether these particular documentaries are reinforcing a stereotype or just exhibiting

amazing abilities is subject for debate. In this case, unlike the over exaggerated Hollywood fictional supercrip notion, these people actually have these abilities. The other categories, sinister and better off dead, had a minimal presence.

The perpetuation of disability stereotypes in the documentaries is an important issue. The pervasiveness of issues of isolation raises the issue of whether the stereotype really is a fictional creation or whether there is a foundation in the experiences of actual disabled persons. This does not deny the level of exaggeration and dramatic license used when creating fictional characters, but the reoccurring presence of isolation in the documentaries shows that this stereotype does have some basis in reality. Conversely, the fictional themes that were infrequent in the documentaries, sinister, better off dead and supercrip, demonstrate that the themes are likely constructions of fictional media. There is little basis to back up these portrayals in the documentaries. Taken together, this suggests that some fictional portrayals, such as isolation, do in fact have underlying evidentiary support while others exist only to create a more dramatic story.

CHAPTER VI

CONCLUSION

The content analysis and critical analysis in this dissertation have uncovered several trends in the documentaries airing on The Learning Channel (TLC), Discovery Health (DHC) and the Science Channel (SCI). Through the 12 research questions, the goal of this dissertation was to examine how culture, disability and composition worked together to create a modern day freak show. The findings suggest that this hypothesis is in fact true.

Summary of Results

RQ #8 and RQ #9 specifically addressed how the rhetoric, composition, editing and content of the documentaries reflected the aggrandized and exotic modes of production from the turn of the century freak shows. A preponderance of evidence suggested that these documentaries do exhibit elements of the freak show. Some evidence, such as nicknames for subjects and documentary titles, directly reflected characteristics of the freak shows from almost 100 years ago. Other evidence, such as the composition, reflected a modern depiction of evidence evident in freak show photography. For example, some documentaries had video that showed the very tall and very small contrasted with normal people and normal sized objects. Other similarities included the tendency to depict non-White, non-Western subjects as exotic and to take people with physical deformities and have them “perform” for the camera. The montages of shots depicting the “foreign” nature of the subjects’ home cultures illustrate this idea. Together, the stylistic elements bring forth shades of the freak show. The connotative messages in these documentaries continually reinforced the idea that the documentary

subjects are less than human. This encourages the audience to disassociate from the subjects making acceptance and understanding even harder to promote.

During the freak show era, the majority of the born freaks displayed were disabled. As RQ #7 found, this was also the case in the documentaries where nearly 80% of subjects were disabled. Moreover, the documentaries reinforce several stereotypes about the disabled. The majority of audiences understand to some extent that images, such as pitiable or wondrous, in fictional programming may not be entirely realistic. However, the same images presented in an “educational” form, such as a documentary, could be more damaging since the programs have the illusion of authenticity.

The number of people featured in the documentaries that had the same conditions as those in the turn of the century freak show also provides further support of the documentaries as the modern day freak show. RQ #2 established the frequencies of different diseases. In terms of specific medical categories, evidence showed that the majority of subjects fell into categories of excessive weight, little people or twin concerns. Mental disorders, excessive height, skin/hair issues and skeletal issues all appeared multiple times but not with the same frequency as the previous categories. The general medical condition category grouped the conditions together. Subjects with stature issues, such as little people, tall people and the excessively overweight made up more than half of the medical conditions presented. Physical deformities appeared approximately 25% of the time. Mental issues and other disorders made up the remaining frequencies.

RQ #3 used the data from RQ #2 to establish that there was definitive evidence to prove that 77% of the subjects in the documentaries had freak show counterparts. The

remaining 23% are questionable. Due to the lack of record keeping, the number of sideshows and freak shows and their proliferation throughout the United States and Europe, it is impossible to say definitively that the freak shows did not feature any particular condition classified in the undetermined category. Furthermore, many of the subjects featured in these documentaries would not have survived their medical conditions in the era of the freak show. The participants are alive today because of advancements in modern medicine. Hence, the number of subjects that would once have been in the freak show is probably even greater than the 77% suggests. There is no definitive way to prove that the remaining 23% were not present or would not be present if the freak shows existed today.

One of the most overwhelming allusions to the freak show was the continual reinforcement of cultural hegemony. RQ #4 and RQ #5 establish the frequencies of subjects by race and culture. Predictably, the White subjects far outnumbered non-White subjects and Western subjects outnumbered non-Western subjects. RQ #6 used the data from RQ #4 and RQ #5 and applied the results to data from RQ #2. This research question found that when examining the medical conditions in terms of race and culture, specific trends emerged; trends that support the notion of hegemony. The documentaries depicted some of the most disfiguring conditions, such as the tumors/masses or skin/hair disorders, only in programs that featured non-White non-Western subjects. This conveys to the audience the idea that the most grotesque and disfiguring conditions occur outside of “normal” society. The documentaries make the subjects appear more exotic and far removed from the audience. The freak shows used the same approach when displaying non-Western people in the exotic mode. The goal was to clearly establish their

differences. The documentaries achieve the same separation between the audience and the subject, ultimately reinforcing hegemony.

Hegemony is also evident when discussing the frames/themes within the documentaries. RQ #1 established the frequencies of the different frames within the documentaries. To understand how the frames worked to establish hegemony, RQ #10 utilized semiotics to discuss the meanings the documentaries generates in terms of race and culture.

The division of themes/frames in the documentaries clearly established a connotative message that presents non-Western subjects as different, and less important than Western subjects. The Western obese subjects that did not lose weight fell victim to this as well. These participants did not fit the ultra thin beauty ideal so prevalent in Western society. The freak shows thrived on difference. As already stated, the goal was to make customers paying for the freak shows feel better about their relative “normality” in comparison to those that the freak shows displayed. Connotatively, the documentaries presented these same ideas. In today’s politically correct society, the idea of a documentary creating an overtly negative denotative message about non-Western cultures by showing a subject jumping around and grunting as performers did during the freak show era would be abhorrent. Audiences would rebel against such a message. Yet, audiences continue to tune into the subtle connotative messages that frame non-Western culture from the perspective of Western culture. Using this hegemonic frame, the documentaries disparage non-Western cultures in understated ways such as questioning belief systems, highlighting poor living conditions and criticizing medical care. The difference between the old freak show presentations and the documentaries on cable is

that the filmmakers modernized and updated the depictions so the representations are acceptable by today's standards.

Hegemony in the documentaries is not limited to depictions of race and culture. The concept is also evident in the representations of disability, as established by RQ #11 and RQ #12. The visual rhetoric discussed in RQ #11 often created a perspective where the audience was looking down on the subjects or established a distance between the subjects and themselves. This reinforces hegemony by putting the audience in the superior position and judges the disabled subjects as inferior because they do not fit into the Western ideal.

RQ #12 also demonstrated hegemony by reinforcing stereotypes of people with disabilities. While the purpose of a documentary is to educate the audience, these documentaries do more to perpetuate stereotypes than dispel them. In the end, this distances the subjects from the audience and puts the subject in the position of the "other." Similar to the freak show era, the presentation of disabilities, race and culture by the documentaries perpetuates the notion of hegemony. The difference is that now instead of taking a trip to a dime museum, the fair or the local circus, the spectacle takes place in audience's living rooms, making the hegemonic images even more accessible.

While the content of these documentaries in itself is problematic, the frequency of these programs compounds the issue. The overall frequency of these programs during the entire sweeps period will be discussed, as well as the frequency of these programs during the heaviest viewing hours, 6pm-midnight.

The programming occurred with varying frequencies across the three cable channels. The Science Channel (SCI) had the smallest amount of programming. During

July 2009 sweeps, SCI aired 29 hours of relevant programming. This comprised only 4.3% of the total programming schedule. TLC aired 35 hours of documentaries relative to the study, 10.7% of the total channel's programming for period. As a side note, TLC went off the air from 3am-6am every weekday and from 3am-9am on weekends so there broadcasting day was not 24 hours. DHC had the highest number of hours; 74 hours of programming, a total of 11% of the programming schedule.

What exactly is a high percentage of programming? What is too much? The debate over this topic could go on forever. These numbers are limited only to the documentaries in the study. Several reality programs feature people with the same medical conditions. For simplicity, this dissertation did not include the reality programs in the content or critical analyses. Yet, these reality programs are relevant to understand the larger picture of the number of programs featuring disabled subjects that were once in the freak show. Some of these programs include *The Little Couple*, *Little People Big World*, *Big Medicine* and *The Little Parents* (a spin off of *Little Parents*, *Big Pregnancy*). On TLC, 42 hours of reality programming featured people similar to those in the documentaries. Combining those hours with the hours of documentaries, there is a total of 77 hours of programming. This constitutes 13.7% of the total programming for the entire sweeps period. On DHC, 28 hours of reality programming featured similar subjects. This equals 102 hours of programming, 15.2% of the overall programming. SCI did not feature reality program of this nature.

There were other types of people featured in the freak show and if this dissertation is going to argue that the programming on TLC and DHC has become the modern day freak show, these performers must be briefly included in this portion of the discussion.

This category includes the made freaks and other people that did not experience medical problems, yet evidence shows were still in the freak shows. These people include: families with multiples (triplets, quads, quints etc.), tattooed people, sword swallows, snake charmers and other similar people and performers. Several reality programs exist featuring these groups; programs include *LA Ink*, *Taboo*, *Multiples and Mayhem*, *Jon & Kate Plus 8* and *Table for 12*. DHC aired 20 hours of this type of reality programming, a total of 122 hours when combined with the documentaries and reality shows. Thus, the freak show programming on DHC was 18.2% of the overall schedule during the July 2009 sweeps. On TLC, 54 hours of programming aired featuring this type of freak show participant. This brings TLC's total number of hours of programming that features people from the freak shows to 131 hours, 23.2% of the overall programming. Again, SCI does not feature this type of reality program.

These programming frequencies constitute the entire day, including the morning and daytime hours where a large number of people are at work. If the analysis only includes the programming from 6pm-midnight, most viewed day parts, the frequencies make a noticeable jump. On TLC, the overall percentage including the documentaries and both types of reality shows is 25%. On DHC the combined result is 28.6%. In other words, at least one in every four programs in the evening, features a person or persons once exhibited in the freak shows.

Taken as a whole, the program frequencies, the prevalence of disabled subjects, the prevalence of subjects that are contemporaries of the freak shows as well as the similarities in presentation styles and the presence of hegemony, suggest that a significant portion of TLC and DHC's programming have become the modern day freak show. In

today's politically correct society, openly gawking at people with physical malformations or those who are from different cultures would be distasteful. These documentaries adapt, modernize and rebrand the freak show into an acceptable and palatable form by labeling it as an educational program. Unlike the freak shows, audiences view these shows from home whenever they want. This means that the consumption of such entertainment is private and does not necessitate an explanation to others, as attendance at a public freak show might. This may assuage the potential guilt generated by watching those with disabling medical conditions displayed in such a way. Regardless, these documentaries are still disseminating distorted messages that promote hegemonic ideals and stereotypes associated with race, culture and disability, much like the turn of the century freak shows.

So what does this mean for the overall picture of television? While not all cable and network television is poor in quality, the prevalence and popularity of these documentaries and reality shows that mimic freak shows as well as other types of reality programs that encourage people to make spectacles of themselves, signifies a decline in the overall quality of television programming. The need to maintain lower costs and gain maximum advertising dollars has meant a serious decline in the drive to commit to solid programming. Arguably, television does go through cycles where programming quality fluctuates. However, since the explosion of reality programming, the integrity of television appears to be on a downward decline and the trend seems only to be getting worse. Audiences seem to enjoy watching the spectacle of suffering that these cable documentaries and reality programs offer. As the number of channels continues to rise, the struggle to appeal to audiences will increase, competition for advertisers will become

more important and the bottom line will become even more critical. The resulting effect is a climate that will be ideal for these programs to grow and flourish even more than now.

In order to prevent a significant decline in quality programming, media producers need to reevaluate their operating procedures and figure a way to adapt the inexpensive model of reality programming into a model that allows the companies to continue to produce lower costs shows without sacrificing quality. Conceivably, if cable networks are already producing documentaries and reality programs within the given model, there would not be a greater expense associated with creating a story that informs while entertaining rather than one that entertains while reinforcing disability stereotypes and hegemonic ideas of culture and race. Maybe then television will be able to promote more in-depth, diverse and enlightening images of race, culture and disability.

Future Research

The over abundance of reality programs provides many opportunities to continue using the framework established within this dissertation. Reality series such as *The Little Couple* and *Little People, Big World* could be examined in depth for the portrayals of little people. *Little People, Big World* is ending in the spring of 2011. The complete series could present an interesting case study to determine whether the representations of the little people and the disabled changed over the course of the series. Issues of gender and height could also present a framework for analysis since some members of the family are little people and some are average height.

In addition, the channels studied in this dissertation continue to air new documentaries. An update of this study could take place in the future to determine if the

frequencies of such programs increase or the representations of culture, race and disability shift or if new frames and stereotypes appear. The channels have aired updates on some of the subjects featured and these programs present opportunities for follow-up studies.

Future studies could focus on more in-depth analysis of the various frames. One particular frame, Western vs. Eastern medicine, presents several opportunities. One idea would be to show some of the documentaries exhibiting this theme to doctors currently practicing Eastern and Western medicine to see if their observations reflect the dominant, negotiated and/or oppositional readings. Another possibility would be to reexamine several of the frames in the documentaries from a patriarchal viewpoint. As a whole, this dissertation presents several possibilities for future research on many different levels.

APPENDIX A
CODE BOOK: CODING ITEMS

Program Information

1. Program Title
 1. (nominal value)

2. Program length
 1. 30 minutes
 2. 60 minutes

3. Channel
 1. The Learning Channel (TLC)
 2. Discovery Health (DHC)
 3. The Science Channel (SCI)

4. Date aired
(nominal value)

5. Time aired
 1. (nominal value)

6. Day aired
 1. Weekday
 2. Weekend

Main Subject(s)

7. Name
 1. (nominal value)

8. Gender
 1. Male
 2. Female
 3. Other

9. Age

1. Young child/baby (under 12)
2. Teenager (13-19)
3. Young Adult (20-29)
4. Mid-aged adult (30-64)
5. Older adult (65+)

10. Race

1. White
2. Non-White

11. Country of Origin

- (nominal value)

12. Culture

1. Western Country
2. Non-Western Country

13. Specific Medical Condition

- (nominal value)

14. Abnormality Category

1. Excessive height
2. Little person
3. Weight
4. Twin concern
5. Skin/hair disorder
6. Missing/malformed limbs
7. Mental disorder
8. Gender
9. Tumor/Growth
10. Other

15. General Category

1. Stature
2. Physical Deformity
3. Mental disorder
4. Other

16. Medical Condition's preset in freak show

1. Yes
2. No
99. Unable to determine

17. Disability

1. Yes
2. No
3. No longer disabled
99. Unable to determine

Freak Show

18. Themes/Frames

1. Religion/legend
2. Religion/Hope
3. Death
4. Surgery
5. Ostracized
6. Accepted
7. Doctors-Positive
8. Doctors-Negative
9. Medical autonomy
10. Medical dependence
11. Medical Centered
12. Life-centered
13. Western vs. Eastern medicine
14. Politics
15. Commercialization
16. Media Coverage
17. Quest for Normalcy
18. Outcome, Life improved
19. Outcome, Life made worse
20. Home video/pictures
21. Other

Type of 'Freak'

19. Type of 'Freak' display (Bogdan, 1988)

1. Aggrandized
2. Exotic
3. Unable to Determine

Disability Theory

20. Disability Themes: Visual rhetoric (Thompson, 2001)

1. Wondrous
2. Sentimental
3. Exotic
4. Realistic
5. Other
6. 99. Unable to determine

21. Fictional Disability Stereotypes

1. Isolated
2. Supercrip
3. Sinister
4. Better of dead
5. Pitiably
6. Burden
7. Unfulfilled

CODE BOOK: OPERATIONAL DEFINITIONS

Program Information

1. Program Title: The name of the program that the coder is coding. This is the title obtained from the actual episode (usually at the start) rather than *TV Guide* or the local television listing. Often, these sources abbreviate titles and it is important that the full program title be coded for this study.
2. Program length: The total running time of the program rounded to fit the standard block scheduling of cable television. The programs will be coded as 30 minutes or 60 minutes increments.
3. Channel: The program that the channel aired on. The channel can be identified from the logo on the bottom right corner of the television screen while the program is on. The information can also be obtained from watching the promotional advertisements during the commercial breaks. The information is also written on the DVD on which the program is recorded.
4. Date aired: The airdate of the episode being coded. Many of the episodes were aired multiple times during the recording period. The date for this coding item is the date the program was actually aired (the first airing during the sweeps period). This

information is written on the DVD on which the program is recorded and is also located in the various programming guides.

5. Time aired: This is the actual time the program aired. Many of the episodes were aired multiple times during the recording period. The time for this coding item is the time the program was actually aired (the first airing during the sweeps period). This information is written on the DVD on which the program is recorded and is also listed in the programming guides.
6. Day aired: This is the actual day of the week the program aired. If the program aired anytime Monday through Friday the program will be coded as “weekday.” If the program is aired on Saturday or Sunday, it will be coded as “weekend.”

Main Subjects

If a documentary features more than one primary subject the entire Main Subject section will be coded for each person.

7. Name: This is the name of the primary subject featured in the documentary. The proper spelling can be obtained from the computer graphic that appears when the person is interviewed.
8. Gender: Code the subject for male or female. If the episode deals with a person who has gender issues the person should be labeled as “other.”

9. Age: This coding item will separate the main subjects by their age. For those under the age of 12 the person should be coded as “young child/baby.” Those subjects that are 13-19 should be coded as “teenager,” those 20-29 should be coded as “young adult,” those 30-64 should be coded as “Mid-age adults” and those 65 and older should be labeled as “older adult.” If the person’s age is not specifically stated through the narration or other program information, the coder should make an educated guess. Please note the specific age of the subject (in parentheses) if it is provided.

10. Race: For ease of coding, subjects will be separated into two groups. Subjects with white skin should be coded as “White.” All other subjects should be coded as “non-White.”

11. Country of origin: This is a nominal value that identifies where the subject currently resides or originates from.

12. Culture: If the person is from the United States, Canada, Australia, New Zealand or Western Europe the culture should be coded as “Western country.” Any other country not considered “1st world” should be coded as “non-Western country.” If a specific cultural element is mentioned such as, Muslim, Protestant, Catholic, Hindu etc., please notate it in parentheses.

13. Specific Medical Condition: This is a nominal category where the subject's specific medical condition is identified.
14. Abnormality category: This is the category that the person's medical condition falls into. All of those people who are very tall should be classified as "excessive height." All people who are shorter than the average person should be identified as "little person." Those persons classified as obese or excessively overweight should be identified as "weight." Those suffering from a condition dealing with parasitic twins or conjoined twins should be identified as "twin concern." Those with skin issues such as texture problems, hyper pigmentation, lack of pigmentation, surface tumors or other issues and people who have excessive or abnormal hair growth should be identified as "skin/hair disorder." Subjects who are missing or have malformed limbs that are not a result of a parasitic twin should be identified as "missing/malformed limbs." Those who have mental rather than physical problems should be identified as "mental disorder." Those with gender related issues such as transgendered, hermaphrodite or other gender-related issues should be identified as "gender." Those that have large tumors, growths or masses that would not fall into the skin/hair disorder category should be identified as "tumor/growth." Any person that does not fit into any of the aforementioned categories should be identified as "other."
15. General Category: This category will be based on the previous coding category. If in coding category #14 the person was identified as excessive height, little person or weight the subject should be coded as "stature." For those that were identified as

- twin concern, skin/hair disorder, missing/malformed limbs or gender they should be identified as “physical deformity.” Those with other brain/mental areas should be identified as “mental disorder.” If those classified as other in the previous category fit into the stature, physical deformity or mental disorder they should be classified as such. Otherwise they should be classified as “other.”
16. To code this question, the archive at Syracuse University and other freak show literature will be used. If the person’s condition was present during the freak show era, code the documentary as “yes.” Over the course of the freak show’s popularity, thousands of freak shows existed with no clear records. There is no way to determine with any certainty that a particular condition was not featured at one time. Therefore, if no evidence is found, code the documentary as “unable to determine.”
17. Disability: If the person is disabled based on the definition used in the study: “any character with a major difference from the average character portrayed on television other than racial and social-economic differences” (Elliot, Byrd, & Byrd, 1983, p. 40) then they should be coded as “yes.” If not then they should be coded as “no.” If the subject is disabled at the beginning of the documentary, but not considered disabled by the end of the documentary, they should be coded as “no longer disabled.” For example, subjects that lose a great amount of weight and are no longer immobile or subjects that have surgeries that correct their problems would fall into this category. If there is no clear indication one way or the other, the person should be classified as “unable to determine.”

Freak Show

18. Themes/Frames: The television programs can be coded as multiple items in this category. If community or family members of the subject associate the person's medical condition with some type of religion or legend, such as a curse, the documentary should be coded as "religion/legend." If religion is portrayed as a supportive structure for the subject or medical community, subjects are seen praying, attending worship services or other similar activities, it should be coded as "religion/hope." If the documentary discusses the mortality of the subject, whether it is imminent as a direct result of their condition, probable without medical intervention or the condition is the cause of potential life altering complications or a shortened life expectancy, then the documentary should be categorized as "death." If the documentary conveys the idea that the subject's life could be normal or greatly improved if they have surgery and the program features the surgical procedures, whether minor or major, it should be coded as "surgery;" death does not need to be a factor. If the subject's social life has been negatively impacted, the documentary should be labeled "ostracized." If their social life has been positively impacted or they do not suffer as a result of their condition, it should be labeled as "accepted." If there are doctors in the documentary and they are portrayed by the documentary as the heroes or saviors of the subject, having a positive influence on the subject, the documentary should be coded as "doctors-positive." If the medical intervention is portrayed by the documentary in a negative light or as unwanted, it should be identified as "doctors-negative." If the subject is able to make their own medical decisions or if a parent/guardian is making them on their behalf and in their best

interest, it should be coded as “medical autonomy.” If others are making the decision for an adult or a parent is making the decision without the child’s best interest the documentary should be coded as “medical dependence.” If the majority of the documentary is dedicated to discussing the subject’s disease, surgeries and treatment, as well as showing detailed surgical procedures (rather than just a few shots that are not as graphic) code the documentary as “medical centered.” For example, the subject and their family and/or friends may be interviewed, but the majority of the interview footage features doctors, nurses and other medical personnel discussing aspects of the medical condition and treatment. If the documentary focuses more on the life of the subject, including the adaptations they have made to live with their particular problems, code the documentary as “life-centered.” These documentaries may include medical treatments, consultations and/or surgeries, but it is secondary to the storyline of the person’s life. More footage in these documentaries will show people going to school or work, hanging out with friends, playing sports etc. Furthermore, the surgical portions are not as lengthy, graphic or as detailed. They include more interviews with the subjects and their family and friends rather than the doctors or other medical professionals. The documentaries cannot be both treatment centered and life-centered; it is one or the other. If the documentary portrays Eastern medicine as lesser to Western medicine, whether it be implied or explicitly stated, code the documentary as “Western vs. Eastern medicine.” These documentaries may feature subjects from underdeveloped countries flying to Europe or the United States for treatment or they may show medical professionals from other countries flying to the subject’s country to evaluate them. If the documentary mentions politics, the

government or other administrative bodies, such as cleric or imperial leaders, influencing the person's treatment, code the documentary as "politics." If the doctors or others are directly profiting from the subject or the medical intervention of the subject identify the documentary as "commercialization." Just because news cameras are there, does not mean it is commercialized. An example may be a doctor who sells the rights to videos of the surgery or does publicity speaking tours about the case. For the purposes of this study, do not include the documentary itself as a commercial entity. If, in the course of the documentary, the news media was present or was shown following or profiling the subject, their surgery or attending a press conference, the documentary should be coded as "media coverage." If the documentary portrays the subject as seeking a better or more normal life, whatever the cost, rather than just living with their disease or disability, code the documentary as "quest for normalcy." This should be a more direct claim rather than just implied by the fact the person is receiving medical care. There should be some direct discussion or statements that mention leading a normal life, being live everyone else etc. At the conclusion of the documentary, if the program indicates that the person is now better off, or their life is improved, code it as "outcome, life improved." If the documentary shows the person suffering irreparable harm, death or other complication that actually causes the person's life to deteriorate rather to be improved, code it as "outcome, life made worse." If the documentary showed old home video footage of the subjects or pictures that they provided, the documentary should be coded as "home video/pictures." Any other reoccurring themes should be specifically notated and identified as "other."

19. Type of freak display: For this category, it is important to examine how the documentary portrays the subject aesthetically. The narrative structure and compositional techniques of the documentaries should be factored in when coding this category. Using Bogdan's method (1988), this will indicate the type of freak display. Documentaries featuring staged events, performances or shows or attempts to normalize the subject by showing them performing every day tasks such as eating, cooking, driving etc. should be identified as "aggrandized." There is an attempt in these documentaries to show how "normal" the subjects can be, despite their disability, physical or mental challenges. Documentaries featuring unfamiliar and different societies, foreign cultures, exotic dress in an attempt to generate audience interest should be identified as "exotic." There is often a great deal of focus on the subject's culture and country of origin, usually a non-Western location. Both may be present. If none of Bogdan's elements are present the documentary should be identified as "unable to determine."

Disability Theory

Category #20 should be coded once for each documentary as a whole, rather than each individual subject. More than one category may be present. If more than one person is featured in the documentary, each person should be coded by category #21.

20. Disability Themes: Using the criteria established by Thompson (2001), this identifies what themes present in popular photography are present in the documentaries. Based on the compositional elements of the documentary, if it the documentary looks upon

the subject with awe, highlighting the amazing feats of the person and making them appear extraordinary than the documentary should be coded as “wondrous.” In this style, the documentary creates a sense of awe for the normal audience. If the documentary portrays them as a vulnerable victim or person that needs protection, then the documentary should be identified as “sentimental.” These images create an elevated position for the audience to view the subject. If the video establishes a certain emotional or physical distance from the viewer, focusing on the subject’s cultural differences, constructing them as alien or foreign, the documentary should be identified as “exotic.” These documentaries may focus on the cultural differences in an attempt to distinguish the audience from the subject using an ethnological perspective. If the documentary attempts to reduce the distance between the subject and the viewer, making them appear otherwise normal, then the documentary should be identified as “realistic.” Often, the video will try to minimize the subject’s disability so it becomes less noticeable or the video will show how similar their lives are to “normal” people, other than their disability.

21. Fictional Stereotypes: For this category, it is important to examine how the documentary portrays the subject. This should include the narration, compositional elements, narrative structure and editing. For example, just because the subject says “I feel isolated” does not mean the documentary’s structure conveys this point. Isolation should be inferred from shots of the person sitting alone, staring out windows at other people etc. Thus, if the documentary portrays the person as separated from society or as a recluse, they should be coded as “isolated.” If the

person is portrayed as having higher than average intelligence or special gifts that allow them to survive in the “normal” world, they should be coded as “supercrip.” This would include the subject demonstrations of their adaptations to the world, performances of special skills etc. If the documentary portrays the person as having violent tendencies or a violent temper, it should be coded as “sinister.” This often portrays the person as bitter about their predicament and angry at the normal part of society. This may include footage of the person having outbursts of temper where they throw things or yell at acquaintances or discussions where they talk of violence or resentments towards others. If the documentary portrays the subject’s life as miserable, dependent and not worth living, the subject should be identified as “better off dead.” This could include montages of the person getting help from others, the subject struggling and failing to perform basic tasks or shots of them looking despondent while others are happy. If the documentary portrays the person as an object of pity, someone who relies on others, incompetent, innocent, child-like or simple-minded they should be coded as “pitiable.” Telethons often present this type of image. If the documentary focuses on the family and caregivers, rather than the subjects, and the sacrifice that they make to care for the person, the documentary should be coded as “burden.” This would include footage of people helping the subject, but it would be portrayed from their perspective, possibly over their own interview narration describing the impact on their life. If the documentary portrays the subject as unable to live a normal life, hold a job, socialize etc., the documentary should be coded as “unfulfilled.” This may be accomplished when the documentary focuses on the disability rather than the personality of the person.

CODE BOOK: CODING SHEET

<u>Program Information</u> *code once for each documentary		
Program Title		
Program Length		
Channel		
Date Aired		
Time Aired		
Day Aired		
<u>Main Subject(s)</u> *code for <u>each</u> featured subject		
Name		
Gender		
Age (#-if available)		
Race Category		
Country of Origin		
Culture		
Culture Notes		
Specific Medical Condition		
Abnormality Category		
General Category		

Code Book: Coding Sheet (continued)

<u>Freak Show</u> *code once for each documentary		
Themes/Frames		
Type of Freak Display		
<u>Disability Theory</u> *code for <u>each</u> featured subject		
Disability Themes		
Fictional Stereotypes		

APPENDIX B

LIST OF DOCUMENTARIES

Documentary	Channel
627 lb. Woman: Jackie's Story	DHC
650 lb. Virgin	TLC
A New Face for Marlie	DHC
Autism x6	DHC
Big Baby: Deadly Condition	DHC
Conjoined Twins: Amazing Separation	DHC
Conjoined Twins: Sister Bond	TLC
Dwarfs: Standing Tall	TLC
Extreme Aging: Hayley's Story	TLC
Flo & Kay: Twin Savants	TLC
Half Ton Teen	DHC
Humanology: Electric Human	SCI
Humanology: Octopus Man	SCI
Humanology: Real Wolf Kids	SCI
Humanology: Unbelievable Skin	SCI
I Am My Own Twin	DHC
I Eat 33,000 Calories a Day	TLC
Joined for Life: Abby & Brittany Turn 16	DHC
Kathy's Story: Escaping Obesity	DHC
Little Parents, Big Pregnancy	DHC

LIST OF DOCUMENTARIES (continued)

Documentary	Channel
Medical Incredible	DHC
Mermaid Girl	DHC
My Shocking Story: World's Smallest Kids	DHC
My Shocking Story: World's Smallest Mom	DHC
Obese at 16: A Life in the Balance	DHC
Pregnant for 46 Years	TLC
Saving Baby Mili	DHC
Super Obese	DHC
The Girl Who Never Grew	TLC
The Real Rain Man	SCI
The Tiniest Toddlers	TLC
Treeman: Search for the Cure	SCI
Two Sisters, One Heart	DHC
Vanished Twins	DHC
We Lost 800 lbs: Robin & Jackie	DHC
World's Heaviest Man	DHC
World's Heaviest Man Gets Married	DHC
World's Strongest Toddler	TLC
World's Tallest Children	TLC
XXX-Treme Weight Loss	DHC

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