

The “Strange” Dis/ability Affects and Sexual Politics of Apichatpong Weerasethakul’s Transient Bodies

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Uncle Boonmee Who Can Recall His Past Lives

Bodies must remain within certain boundaries, and their “leakage” beyond such parameters violates social expectations of propriety (the appropriate self-mastery of one’s bodily functions, fluids, and abilities).

— Sharon L. Snyder and David T. Mitchell,
Cultural Locations of Disability

Following Sedgwick on queerness—we might say that disability refers to the open mesh of possibilities, gaps, overlaps, dissonances and resonances, lapses and excesses of meaning when the constituent elements of bodily, mental, or behavioral functioning aren’t made (or can’t be made) to signify monolithically.

— Robert McRuer, *Crip Theory*

Independent filmmaker Apichatpong Weerasethakul (born 1970 to ethnic-Chinese parents in the North East of Thailand) has composed seven critically acclaimed feature-length films and more than forty-five short films, videos, and photography installations since the early 1990s. He has won the *Un certain regard* prize (2002), *Prix du jury* (2004), and *Palme d’or* (2010) at the Cannes film festival. In 1999, he co-founded Kick the Machine, which has produced a significant number of important experimental films and videos and other Thai visual arts projects. The company has also served repeatedly as a co-organizer for the Bangkok Experimental Film festival. With this body of work, Apichatpong has come to be recognized as a leading figure in the Thai new wave as well as within contemporary global independent cinema and international arts and film festival circuits. In addition, his themes and ideas have made him an important voice in discussions of transnational queer cinema, ethnic-Chinese and north-Thai minority

arts, and human rights, humanitarian, and disaster relief filmmaking.

Critics have responded to Apichatpong’s works through several lenses, almost all focused on *border zone perceptions* of excess and exclusion—considering how he deploys such border zones and how we respond to his deployments. They have addressed his films and videos’ unconventional narrative structures and non-normative formal strategies. They have investigated their complex spatial and temporal relations and compositions constructed through repetition, fragmentation, and movement across proximity and distance and contiguity and convergence. They have analyzed their use of collage to render porous the borders between past, present, and future in order to question how we know and remember in relation to political, social, and collective history and memory. They have argued over the films’ deployments of nature and rural locations, the tensions between international and intranational sites, haptic ambient sound, Buddhist and other religious or mythological signifiers, queer embodiments and kinship structures, dream sequences, popular local cultures, and animist and post-humanist iconography and soundscapes. Most often, critics have focused on the foreign and domestic bodies displayed in Apichatpong’s cinema—bodies human and otherwise, bodies at work and in motion, bodies in various stages of undress and in various sensual and sexual positions.

With Apichatpong’s own insistent imagery of bodies in contact with one another and the natural world, these perceptions are most often filtered through critical lenses magnifying the corporeal aspects and affects of these films and the borders they violate. The embodied affects of Apichatpong’s border zone violations have been well documented: writers and thinkers have closely observed the sartorial arrangements, skin, hair, and fluids in Apichatpong’s films; the bodily encounters, movements, gestures, and exchanges they display between normate and nonnormate desires; and the liminal and central sexes and sexualities involved. Yet, critics have less attended to the deployment of nonnormate bodies in conjunction with these desires and corporealities in the context of ability and disability. Since at least five of Apichatpong’s films focus on the intersection between normate and nonnormate embodiments through their deployments of dis/abled bodies, they open curious spaces to further address the “strange” dis/ability affects and sexual politics of such transient bodies. (I write “dis/ability” to preserve the oscillation between “abled” and “disabled” I interpret to be part of the subversion involved in Apichatpong’s texts.)

Apichatpong Weerasethakul’s films and visual art are filled with malady, ailment, sickness, illness, disease, and impairment. Almost all his work alludes to nonnormate corporeality and the social interstices in play around these embodiments in ethical, political, and social contexts.

Here, in addressing these deployments, it is a question of the circulation of sex and disability in and through Apichatpong’s body of films in terms of the border zone perceptions they project. How do these films sex disability? How do they disable sex? In other words, how do they engage in *crip seduction*—the deployment of “leaking” bodily functions, fluids, and abilities that aren’t made (or *can’t be made*) to signify monolithically in order to complicate the expected relations among filmic narrative, desire, corporeality, and disability?

In “Body Genres and Disability Sensations: The Challenge of the New Disability Documentary Cinema,” from *Cultural Locations of Disability*, Sharon L. Snyder and David T. Mitchell establish the terms of our discussion of crip seduction in relation to functional structures across cinematic “body genres”:

To a significant degree, film produces interest in its objects through the promise of providing bodily differences as an exotic spectacle. What can “normally be seen” or “what is normally veiled or hidden from sight” secures a privileged position for disabled bodies on film because they promise an opportunity to practice a form of objectifying ethnography. That which is created as off-limits in public spaces garners the capital of the unfamiliar. Film promotes its status as a desirable cultural product partly through its willingness to recirculate bodies typically concealed from view. In this way, the closeting of disabled people from public observation exacts a double marginality: *disability extracts one from participation while also turning that palpable absence into the terms of one’s exoticism*. Film spectators arrive at the screen prepared to glimpse the extraordinary body displayed for moments of uninterrupted visual access—a practice shared by clinical assessment rituals associated with the medical gaze. Consequently, the “normative” viewing instance is conceived as that which is readily available for observation in culture. To a great extent, film’s seduction hinges on securing audience interest through the address of that which is constructed as “outside” a common visual field. (157-8)

The relationship between dis/ability and normate film seduction is founded in the play of the game of fort/da: absence/presence. Within specific cinematic traditions of “body genres,” the display of (visible) disability functions through the “closeting of disabled people.” These films do not simply “represent” or depict disabled bodies but profit from the institution of keeping “strange bodies” out of sight until extraordinarily exposing them on screen. The cinematographic spectacle is seductive because of its spectacular display of exotic bodies—especially

disabled ones—in order to corporeally affect spectators, who weep, shudder, or laugh, for example, in response to experiencing them cinematically. In terms of the extraordinary bodies of disability cinema, the crip closet provides the “blank” backdrop against which to project disabled bodies as spectacles. In addition, filmgoers, also invested in this system of the fort/da affect of the dis/abling regime are offered the seduction of spectacular uninterrupted visible access to bodies medicalized by their projection on screen. In contrast to the social norm of keeping these “strange” bodies invisible, then, these projected “strange” bodies evoke a spectatorial queer ambivalence when screened, a play between desire and disgust, not because they *are* “strange” but because their “outing” marks them *as strange* in contrast to the normal act of closeting them. If disabling them extracts them from the visible realm, then exposing this disabling exoticizes them.

Apichatpong Weerasethakul’s films resist both aspects of exacting this “double marginality.” My argument is that Apichatpong’s films engage in crip seduction, are seductive *and* crip, because they interrupt the normate closeting that provides the “blank” backdrop on which to project such estranged, exoticized bodies *and* because their interruption counters the conditions of medicalized surveillance by putting that very surveillance under examination. Furthermore, ultimately, Apichatpong’s crip seduction, by associating disability and desire (rather than disability and disgust), provokes us to think the condition of the cinema in terms of such an association—to think the dis/abled condition that marks all of cinema.

First, since there are many disabled bodies in Apichatpong’s films, and since this display of disability is mundane and this deployment of disabled bodies the quotidian in his cinema, they interrupt the tradition of “closeting” before it begins. Apichatpong’s films deploy the most ordinary of disabled bodies and, thus, resist the estrangement that conditions body genres. Furthermore, because his bodies are marked as ordinary yet transient, they interrupt visual access and challenge the medical gaze’s investment in static presentation. This is not to say his films deny “the medical gaze”; rather, they depict a number of doctors involved in multiple examination scenes. In fact, one might argue that Apichatpong’s cinema is invested in putting medical examination on display. Yet, this abundance of displays alters the normate paradigm precisely because it displays the medical gaze rather than only collaborating with it; thus, these scenes throughout Apichatpong’s films ethically divert medical looks away from epistemological access and pathological diagnosis and direct them toward an ethics of regard—an ethics of looking at and caring for—that marks these bodies in their transience between looking and caring. Thus, oscillating between looking and caring—rather than hiding and revealing—Apichatpong’s bodies

interrupt the conditions of the disability closet that make normate seduction possible.

Second, because the ethics of regard projected through Apichatpong’s films interrupt participation in the body genres’ practice of closeting/exposing, it marks these dis/abled bodies with excess and desire. The looks Apichatpong deploys through his camera and his characters are not examining or diagnosing ones but attending and desiring ones, providing not visual access but provoking a desire for the return of desire. His films seduce spectators because they are invested in the idea that being sick in love is desirous and that desire leaves us ill. Their crip seduction interrupts the normate disgust associated with disabled bodies and effects instead a desire for disabled bodies, for being disabled by desire. Apichatpong’s images are not opened to the epistemological gaze but openings to ethical gazing, to regarding. In this way, they seduce and then crip their seduction. By conflating disability and desire, Apichatpong not only shows us bodies typically concealed from view, but also shows us bodies interacting in ways typically concealed from view to elicit not our disability sympathies or pity but our desires for a crip excess—the deployment of leaking bodily functions, fluids, and abilities that aren’t made (or *can’t be made*) to signify monolithically.

Mysterious Object at Noon (2000) documents the excessive stories told about a disabled boy and his teacher, Dogfah, through the many perspectives of the numerous people who take up the narrative thread, refusing to settle on a singular combination of story and discourse to make their bodies signify monolithically. *Blissfully Yours* (2002) imagines the story of a foreign worker who has contracted a mysterious, painful rash that covers the upper part of his body and the women who desire and treat him. While the Thai title of *Tropical Malady* (2004) literally translates as “monster,” emphasizing the link between disability and monstrosity, the English title’s emphasis of “Malady” echoes the conflation of love sickness and the pathological link between homosexuality and disability—excessive significations drawn out between the men and animals in this film. As elusive as it is, *Syndromes and a Century* (2006) may be the film that best situates the crip seduction of the rest of Apichatpong’s work through its eroticized narrative of doctors and hospitals and its narrativized erotics of medicine. Finally, in *Uncle Boonmee Who Can Recall His Past Lives* (2010) Apichatpong refuses to retain his bodies within borders—natural, supernatural, human, or inhuman—in his deployment of old age and dis/figurement set against the excesses of jungles, memories, kinship structures, and death. With all these films, one could be expected to turn to metaphorical readings of disability as a signifier of something social, cultural, religious, political, institutional, or ethical. Yet, Apichatpong’s address of such embodiment resists such allegorical readings by emphasizing the literal relation between desire and corporeality in play and linking that

relation back to our cinematographic desires in general.

Apichatpong describes his own “feverish attraction to” abnormal images, excessive embodiment, and monstrosity in his essay “Anomalies and Curiosities,” written to accompany the images of Bangkok composed by Swiss photographer Leo Fabrizio in the book *Dreamworld*. In the essay, Apichatpong recalls his desire for sanctuary within the monstrous edifice of the local cinema and the manner in which the “freaky wonders” he saw there provoked the creation of “our own films,” filled with the unnatural. He remembers,

When I was a boy, there was a newly built cinema near our family home. This monster building, with what seemed to me thousands of seats, became my sanctuary. I would patiently wait for weekends when I could see the giant crocodile, the woman with her hair full of snakes, the flying ghost, and nature, in a bad mood, destroying everything, temples, palaces, and lovers. My feverish attraction to such films worried my mother so much that she once hit me for seeing the same film twice. Sometimes, my best friend and I would come home and try to build replicas of the freaky wonders we had seen. We constructed a large papier-mâché crocodile swallowing up a papier-mâché pagoda. In this way we made our own films, sometimes with ants as extras, who occasionally sacrificed their lives for our passion. In those days, my parents, both doctors, had settled the family in a hospital housing unit. Our friends were the children of other doctors. Around these wooden houses were gardens and little ponds. My mother even had her own orchid arbor, which I loved more for its coolness than its flowers. We children thus had a huge playing area full of beetles and dragonflies, not far from the morgue. I would say that I grew up in a pretty natural setting, which might explain why I was naturally attracted by the unnatural, and why, to grow up properly, I had to have my regular fix of monsters and other freaks on the screen.

Thus, he speculates a possible genesis of his cravings for “freaks on the screen” and intimately links dis/abled experiences and cinematic experiences. (One could hazard, of course, that his interest in depictions of ailment arises from both his parents being medical doctors and his having grown up residing in a medical compound.) In this passage, Apichatpong traces a line connecting cinema and disability, where the disabled is always already cinematic and the cinematic always already disabled. To display the fantastic oscillations between spectacularly excessive/lacking bodies is the condition of the cinema for Apichatpong. Composing

such bodies is the condition for composing film, and such acts are always already a type of malady founded in a “feverish attraction.” Thus, bodymaking *is* filmmaking, filmmaking *is* bodymaking, and a certain decomposition enables a certain composition. In this way, crip seduction is the ill condition (*male habitus*) of film. In this recollection, Apichatpong lists the topics most associated with his own filmmaking: lovers, nature (in a bad mood), freaks, abnormal time, ghosts, doctors and medicine, death, monsters and the unnatural in contact with nature. Throughout, Apichatpong discusses other anomalies, curiosities, freaks and neo-freaks, monsters, and deformed, disfigured hybrids that compose the malady, the ill condition (*male habitus*) of the ethics of the cinema.

Similarly, in the catalog he composed for an exhibition of his work at the Irish Museum of Modern Art, entitled *For Tomorrow For Tonight*, Apichatpong returns to this concern for the relation between disability and cinema as the condition for film through the prominent citation of a medical piece from an early twentieth-century newspaper article. On the inside back cover of the catalog, Apichatpong reproduces an article from the 24 December 1910 *Poverty Bay Herald* entitled “Moving Picture Eye.” The article begins:

HOW IT IS CAUSED AND WHAT IT MEANS.

Sydney, December 7.

A statement has been published that 75 per cent. of the recruits offering for the Canadian forces are afflicted with tobacco heart and “moving-picture eye.” One of these disabilities is pretty well known; the other sounds novel—and strange as well. But it seems that it is something tangible and to be feared more and more as the flickergraph becomes increasingly popular.

The piece describes two “disabilities” afflicting contemporary Canadian military candidates: *tobacco heart* and *moving-picture eye*. Due to the familiarity of the former, the focus will be on the latter impairment. According to Mr. J. A. Barraclough, cited in the article, “cinemat-ophthalmia” is the condition that makes the experience of the cinema possible. As Barraclough describes it, “The sensation produced by the cinematograph is explained by the persistence of luminous impressions on the retina. The duration of the impression varies according to the intensity of illumination, the frequency of interruption, and various other conditions.” What Barraclough is describing, came to be known as the “persistence of vision”—an early explanation of what makes us perceive the illusion of movement when still images are projected in quick succession—as in analog motion pictures. “This series of rapid and brief excitations [caused by the luminous impressions left on the eye] produces in time a

certain fatigue of the eyes, and more or less persistent ocular troubles.”

According to the report, the cinematic experience is directly related to this “malady” of luminous impressions that may range from mild and temporary “lachrymation (watering of eyes) and photophobia (dread and intolerance of light)” to “a true conjunctivitis” with long-term effects traceable to the “defective ocular muscles” of some film viewers. These defects or impairments then, are brought to light by the disabling effects of the cinematic experience. As Barraclough claims, “Bright and strongly illuminated images are more fatiguing than others, and most fatiguing of all is the abrupt transmission from black to white and from dark to light.” This “retinal fatigue” is exacerbated by older prints with worn sprocket holes and poor projection techniques. Here, in the cinematic experience, as examined by this article and highlighted by Apichatpong’s display of the article, is the confluence of disability and film brought together in the cinematic experience, where “In most of the cases treated, however, it was found that there were muscular defects in the eyes which the action of the cinematograph accentuated.” What better way to describe the experience of the cinema than as fatiguing? What better way to describe the address of that fatigue brought about through Apichatpong’s own films? This is not just to say, then, that Apichatpong makes disability a theme of his films or that his films reveal authentic images of disability on screen. Rather, it is to offer the thesis that Apichatpong’s films engage in crip seduction to frame (rather than shun) the play between “ability” and “disability” as the ill condition that makes cinema possible.

Mysterious Object at Noon

“Once upon a time ...” This early title appearing on screen links *Mysterious Object at Noon* to fairy tales and Thai radio soap operas. The film’s opening credits presented over the sequence of a car and then truck driving through the countryside connects the film to road stories and travel narratives. Eventually, the vehicles stop, and we hear a heart-rending confession by a woman in the back of the truck, shifting our focus to the affects of trauma narratives. She tells of her family selling her to a produce dealer because they could not afford to keep her. She relays the abuse and humiliation she has suffered as property. She cries.

Then, an off-screen voice, the filmmaker’s, in a flat tone, asks,

“Now, do you have any other stories to tell us? It can be a real or fiction.”

The daughter replies, “What else can I tell you, real or fake?”

“Any story... from a book or something.”

“A book?”



Whether any of the previous story is real or fake, we do not know, and, as the narrative develops, through story after story about a boy in a wheelchair, told by people from throughout Thailand, the boundary between reality and fakery becomes evermore porous. In this way, as Apichatpong deploys the standard disability narrative practice of the “spectacular confession,” where the disabled character reveals the particular trauma that led her to be disabled under a certain institutional regime, he interrupts it and, in so doing, instead puts the practice and its narrative structures on display, exposing it to our diagnosis.

As the woman begins the next story, the film cuts to an interior shot of a boy sitting in a wheelchair at a table. His tutor/teacher, Dogfahr, stands to his right, attends to him, showing him several photographs. The storyteller explains his condition: he cannot leave this space, so his tutor brings him pictures of the world outside his house. Here, in Apichatpong’s first feature film, traumatized and disabled bodies are deployed and despectacularized from the start. The film evokes no pity, no inspiration, no story “despite,” no narrative of overcoming. Instead, the film depicts people creating rather than only consuming their own pop-media “radio soap opera” as they tell stories about this boy and Dogfahr. The stories regard the relation between the boy and the young woman and interrupt cripple and super-crip narratives. They replace such narratives with stories of the itinerancy of their embodiments and the itinerant situatedness of disability in its relation to dependency and heteronomy. Rather than dwelling on the boy’s separation and isolation, the film deploys the boy’s use of the wheelchair as the link between him and Dogfahr, as the prosthetic device that conditions their relation. Thus, the film imagines the

human relation as dependent upon the situation of the boy’s impairment and its location within the *habitus* of the house, as the ill condition (*male habitus*) for his relation with Dogfahr and the other children who visit him at home.

In one way, this focus connects with David Teh’s analysis of *Mysterious Object at Noon* in “Itinerant Cinema,” where he argues, “For all the dreaminess of his films, the unconscious that Apichatpong taps—or that taps him—is as much *collective* as it is individual” (604). It is linked more to Bataille’s social “vague orientation,” according to Teh because it also breaks with prioritizing individualism. *Mysterious Object at Noon* focuses on collective narration and characterization. Multiple voices narrate the central story, the story of a relation made possible through this “vague orientation” of crip seduction—relations conditioned by dis/abled bodies—emphasizing the heteronomy of such situations as the ill condition (*male habitus*) that connect rather than separate people. Furthermore, Teh finds Apichatpong’s work “deliberately inscrutable and equivocal,” his “stance irreducible,” with a “non-committal position,” “unfixed perspective,” and “a logic of itinerancy,” which aligns it closely with Thai traditions of *nirat* or travel poetry (605). The filmmaker within the film travels across Thailand, asking each participant to extend the story of Dogfahr and the boy. These are itinerant moving images. They evoke, according to Teh, a “psychology of displacement” and “melancholy of separation” (606). They provoke a cinematic encounter effused with “longing,” “displacement,” and “yearning” (607). Yet, they deny fixing that yearning, binding it to any monocular embodiment. Here, the film traces a line between not only visible disability and the “retinal fatigue” of the cinematic experience but also

between disability and this cinema of itinerancy, these improper bodies and their depictions on screen. In the end, Teh stresses this relation between conditions.

And it is in *this* history of resistance—resistance to fixity and certitude—that Apichatpong’s work may finally come to rest. A history without dates, a map without place-names, a documentary without facts, *Dogfahr* dramatizes this condition, prompting a reconsideration of the epistemological status not just of film, but of narrative per se. (609)

However, it is possible to suggest, that it is not Dogfahr alone who dramatizes this condition but, rather, the relation between Dogfahr and the boy—their connection through the excessive prosthesis of the wheelchair and the impairment that provokes it—that conditions this epistemological leakage that signals as well ethical, disability, and sexual linkages.

Blissfully Yours

Made mildly infamous by its full frontal male nudity and vivid (if somewhat obscured) sex scenes, this film deploys longing shots of a male body as seen from the points of view of a female doctor, female lovers and male admirers, and positioned spectators. Additionally, this male body and its illness are exposed to desire and regard from the beginning, establishing the film’s overall interruption of the regimes of traditional body genres.

Min has illegally crossed the Burmese border into Thailand to seek work, but he has developed a skin ailment that forces him to seek medical advice, along with a medical certificate for employment. Roong has brought Min in for his medical consultation. She dislikes her husband and looks after and *at* Min. After the consultation, Min sits in a waiting area where a man caresses his leg while asking him to stay for lunch. Later, he speaks with Orn, his girlfriend who has paid Roong to help keep his illegal status a secret. Orn and Min drive into the jungle, where he strips to his boxer shorts to cool off, and they share an intimate picnic. Min remains in his boxers throughout the rest of the film. Roong and her clandestine lover appear in an adjacent part of the forest, where someone steals their motorbike while they make love. A short while later, Orn performs oral on Min, while Roong watches from afar. Eventually, the two women swim in the jungle pool they have been sitting beside.

Throughout the film, everyone stares at Min. Many of the characters touch him or caress his skin. His transient, foreign body is exoticized politically and sexually. Yet, with all its emphasis on liminality and fantasy, the film ends with a prosaic statement linking it to the narrative interruptions and complications of Apichatpong’s



Blissfully Yours



Tropical Malady



Syndromes and a Century

other films: “December 2001. Min is in Bangkok while waiting for work at a casino on the Thai-Cambodian border. Roong got back together with her boyfriend and they sell noodles in a town not far from Bangkok. Orn continues working as an extra in Thai movies.” Again, it can be a real or fiction.

Directly connecting disability (or, at least, ailment) and sex, *Blissfully Yours* opens with the scene of a medical examination that invokes political and carnal inspections as well. Three women—Orn, the doctor, and her assistant—survey the body and health of a Burmese man with psoriasis. He does not speak; he rarely speaks throughout the film. He is a body to be examined, yet, this examination and its ill condition are never separated from the ethics of crip seduction deployed. After his diagnosis is complete, Min remains under medical, political, and carnal examination as the women and men in the film look after/at him—often combining bashful admiration for his physique with concerned caregiving for his medical and political condition. Orn repeatedly asks the doctor for the medical certificate that would allow Min to work at a local factory. And, Orn’s request turns the doctor’s look from one of medical supervision to political surveillance. The doctor must see proper identification to verify his status or she cannot issue the certificate. As well, in the middle of this conversation, Orn asks if she might become addicted to the sedatives the doctor has prescribed her. Orn wants to have a baby, but the medication makes her sleepy and greatly diminishes her libido. The doctor seems surprised that Orn, a middle-aged woman, would still want to have a baby, but assures her that if she follows the instructions, she will not become addicted to the medications. In this scene, the doctor associates age and (sexual) ability to Min while associating age and (sexual) disability to Orn, while the film connects medicine to (procreative) sexual activity. Further, against assumed narratives of desexualized disability, *Blissfully Yours* connects the salve/lotion for Min’s psoriasis to his sexuality when Min and Roong are driving in the car. Medication is seductive here. As Roong rubs the lotion on his skin she becomes titillated, and her arousal is directly linked to attending to Min’s condition. Rather than showing her desire despite Min’s psoriasis, his ill condition becomes the condition of desire, of

the open mesh of possibilities, of lapses and excesses of meaning leaking across borders of desire and disgust.

Tropical Malady

This ill condition, this love sickness is particularly evoked in *Tropical Malady*—a film focused on the disabling effects of desire. A young soldier, Keng (Banlop Lomnoi), becomes obsessed with a young man from the country, Tong (Sadka Kaewbuadee). Through the first half of the movie, their relationship develops around simple, well-lighted meetings in town, sharing and trading everyday objects, the singing of Thai pop songs, and small gestures and embraces that navigate among their passions, their uncertainties, and their bodies. At one point the two enjoy a quiet moment sitting on a *sala* in the forest. Keng asks Tong if he can rest his head in his lap. Tong says, “No ...” Keng is disappointed and pulls away. Tong continues by explaining he was about to say “No problem,” but he hesitated. As Keng rests his head in Tong’s lap, he tells Tong that when he gave him that Clash cassette, he forgot also to give Tong his heart, so now he is sending it to him. He reaches to touch Tong’s shoulder. After a moment, Tong says he can feel the gift of Keng’s heart coming to him. Soon, a woman appears and asks if they want to buy flowers. In another scene, we see the two young men watching a movie in a theater. We never see the images they are watching but hear the soundtrack while the camera cuts between different views of the theater audience. As Keng and Tong begin to relax and enjoy the film, Keng puts his hand on Tong’s knee and slides it up his inner thigh. Tong responds by trapping Keng’s hand between his legs. They laugh quietly as they tussle erotically until Tong puts his arm around Keng’s shoulders and Keng grabs his hand. The scene cuts to Tong in the men’s room, flirting with another man. In a third scene, Keng watches Tong urinate on the side of the road, and when Tong walks back to him, Keng grabs his hand and begins smelling and kissing it. Tong protests that he has not washed his hands, but Keng continues. Then, Tong takes Keng’s hand and begins kissing and licking it. He stops, lets Keng’s hand fall, smiles, turns, and walks away. While not engaging visible

disability directly, *Malady* assays the excessive embodiment associating disability and sexuality throughout these films.

As *Tropical Malady* “drifts” through a minute-long fade to black at the half-way point, it shifts from this difficult courtship tale to further its assessment through a fantastic conceptualization of the lovesickness it has already deployed. In “Spirit’s Path,” the title of the second half of the film, the soldier (Banlop Lomnoi) pursues the shaman/tiger (Sadka Kaewbuadee) who has been killing cows and terrorizing local farmers. (We are never quite certain if these two characters are or are not Keng and Tong again, but the two stories reflexively comment upon one another.) As the soldier struggles to catch the tiger/spirit, he loses communication with headquarters, runs out of provisions, and becomes evermore frustrated and agitated. Eventually, a baboon cautions the soldier over the complexity of this malady, warning him that the shaman/tiger considers the soldier his “companion” and his “prey.” The baboon continues to explain there are two outcomes possible in this situation. If the soldier kills the tiger/shaman, the soldier will free him. If the soldier lets the shaman/tiger eat him, the soldier will join him. One night, as the soldier becomes more frenzied, he encounters the tiger/spirit again in a tree above him. They stare at one another. The soldier brandishes his knife. The spirit/tiger speaks to him:

And now. ... I see myself here. My mother. My father. Fear. Sadness. It was all so real ... so real that ... they brought me to life. Once I’ve devoured your soul, we are neither animal nor human. Stop breathing. I miss you ... soldier.

The camera pans the dark jungle and cuts to a drawn image of a tiger in a tree, his exceptionally long tongue reaching to a soldier on the ground below him. We hear the soldier’s voice on the soundtrack: “Monster, I give you my spirit, my flesh, and my memories.” The film cuts to a close-up of the soldier’s face. Tears stream down his cheeks. The voiceover continues, “Every drop of my blood sings our song. A song of happiness.” The film cuts to a shot of trees blown in the wind. “There. ... Do you hear it?” asks the soldier’s voice.

Here, seduction is crippling, interrupts social expectations of propriety, and exposes bodies to border zone perceptions—the leakages between human/animal, self/other, and ability/disability. Constituent elements of bodily, mental, and behavioral functioning violate the parameters of signification as desire dis/ables and the only situation allowing for perception is the very border zone of excess, the ill condition (*male habitus*) of bodily functions, fluids, and abilities out of control. This is the malady of the concurrence of excessive desire and corporeality.

Syndromes and a Century

A *syndrome* is a set of medical signs and symptoms that are correlated with each other and, often, with a specific disease. The word derives from the Greek *σύνδρομον*, meaning *concurrency*. *Syndromes and a Century* is a film where the first and second halves mirror one another and sometimes echo or reflect each other word-for-word and situation-for-situation. The two main characters—Dr. Toey and Dr. Nohng—recall Apichatpong's parents, who met while working in a hospital. The first half of the film focuses on Dr. Toey and her position in a rural clinic not unlike where Apichatpong was born and raised. The second half follows Dr. Nohng through an urban medical center and rehabilitation center. With this film again, Apichatpong associates medicine and erotics, disease and desire, disability and seduction as the ill condition of the cinema by complicating the epistemological authority of medical inspection and interrupting the closeting/exposing relevant to body genres.

In part one, Dr. Toey interviews Dr. Nohng, who studied pharmacy but switched to medicine so he could spend more time interacting with patients. Toey assigns Nohng to new duties in the emergency ward and then proceeds with her day. She attends to an elder monk with joint pain and sleepless nights, who tries to talk her into giving him medicine for his companions and the community. In another scene, she inquires after some money she has loaned. Later, she negotiates the gifts, amorous pleas, and marriage proposal of Toa, to whom she recounts her past experience of unrequited love with an orchid expert named Noom and her encounter with Pa Jane, whom she meets at the orchid farm. Elsewhere, a dentist, Dr. Ple—who sings Thai Western songs—develops an attraction to his patient Sakda—a younger monk who wants to be a DJ. After meeting again at an outdoor night concert where Ple is singing, the two talk of death, love, and their past lives as Ple tries to give Sakda several tokens of his affection which the monk gently refuses at the moment.

In part two, Dr. Toey interviews Dr. Nohng, who left his pharmacy studies so he could have more direct interaction with patients. Afterwards, Toa offers Toey a gift as a sign of his affection but she only politely accepts it and continues with her day. Nohng walks through the hospital and talks with a friend who is a colleague. They descend to the lower-level army/rehabilitation ward where Nohng meets Dr. Nant, a hematologist who sells shirts for the Red Cross, Dr. Wan, who does television appearances and produces a bottle of liquor for them to share, and Dr. Neng who is treating a young patient, Off. At the end of the day, Nohng and his girlfriend Joy meet in a hospital laboratory, make out, and discuss moving to a new development area outside the city.

Although the first half does not focus as overly on disability, it does address the embodied concurrence among health and occupation in the initial job interview. While inquiring about Nohng's medical training, Toey

also asks about his personality and his sports interests and athletic abilities. She then asks him to demonstrate his manual stability. Thus, her examination confuses the line between medical examination and job interview, interrupting the supposed exceptionality of medicine, marking the physicality of medical practice, and gesturing toward the historicity of disability as a product of labor practices. At the same time, the elder Monk's joint pain and Pa Jane's limp make direct reference to physical impairment, with Pa Jane's legs framed in a way which conflates medical inspection and erotic look in the scene beside the lake where she rubs mud on her skin. Finally, Toa's confession to Toey of his love sickness—"I feel as if my heart's on fire. I can't eat. I can't sleep. ... I'm not feeling so good, Doctor."—recalls the lovesickness, tropical malady, ill condition of Apichatpong's other films. Disability and disabled bodies become more overt in the second half, especially in the rehabilitation ward, where an amputee crosses the hall, the doctors walk through a therapy session for several characters wearing various prosthetic devices, and Dr. Wan produces her bottle of alcohol from a prosthetic leg lying in a pile of similar devices in a prosthetics workshop. Nohng discusses his sister's Alpha Thalassemia, and the doctors consult on treating Off's carbon monoxide poisoning, a discussion which leads to Nohng and Off's intimate conversation in the hallway—a conversation that lends a certain ambiguity to Nohng's detachment and erection in the final scene with Joy. Throughout this portion of the film, Apichatpong eschews any spectacular revelation of disability. These images and situations are mundane, quotidian, and it is through such deployment of the concurrence of disability and arousal that the film most engages in its crip seduction.

Uncle Boonmee Who Can Recall His Past Lives

Although *Uncle Boonmee Who Can Recall His Past Lives*, produced and directed by Apichatpong, does not address disabled embodiment in the manner of the earlier films, it does depict chronic pain, terminal illness, and scarification in a related manner. Like *Tropical Malady*, particularly, *Uncle Boonmee* assays the regimes of body genres and the response of crip seduction through a reconsideration of corporeality and desire. Uncle Boonmee is a widower who is dying and returns to northeast Thailand to prepare for death. He is joined in his preparations by his sister-in-law Jen, his cousin Tong, his Laotian medical assistant Jaai, the ghost of his deceased wife, Huay, who has returned to help him through the transition from life to death, and an ape-like being who is Boonsong, his long-lost son who has become a monkey spirit. Halfway through, the film cuts to a fantasy about a princess who wears a veil to cover her facial scars. Beside a tidal pool, she has an intimate conversation with one of her footmen. They appear to be in love. Staring into the



Uncle Boonmee Who Can Recall His Past Lives

pool, she sees her face transform, for a moment, so the scars are smoothed over. Then, she wades into the tidal pool and offers herself to a catfish, with which she shares in a sexual epiphany.

As with the other films considered here, *Boonmee* deploys an alternative possibility for imagining embodied experience through its association of disability and desire and its renegotiation of current film narratives that would pathologize such associations. Its display of disability and medical surveillance again resist the closeting/revealing dynamics, and its focusing on age and intimacy as well as polyvalent desire interrupt monological signification fixing images for inspection. In both these gestures, *Boonmee* returns us to *Cultural Locations of Disability*:

In the case of disability, we exist in our bodies by negotiating a cultural repertoire of images that threaten to mire us in debilitating narratives of dysfunction and pathology. By contesting and expanding a representational repertoire of images in culture (even by virtue of shoring up the inadequacies of our current narrative possibilities), we also create space for alternative possibilities for imagining embodied experience itself. (169)

Despite their never directly addressing films such as Apichatpong's, Snyder and Mitchell describe in detail what such crip seduction brings into play. They argue for a certain interruption of the spectacle of the display of disability when they assert, an interruption through excess, through desire, which functions,

to leave a permanent mark upon "normative" modes of embodiment; to mar the sleek surface of normativity. ... A competition of image and

metaphor [that] refuses to distance audiences from the recognition that representation and embodiment are conjoined in a meaningful dependency that disability studies should not sever but deepen. (169)

Apichatpong's crip seduction mars the sleek surface of normativity by recalling the ill condition fundamental to it. Our encounter with such cinema remains always already heteronomous—neither bound nor monological. The point is not in narratives of overcoming, trajectories beginning with "despite," or inspirational stories. Rather, as Apichatpong shows us, the condition of the cinema is always already nonnormate, one founded on illness, ailments, impairments, defects. What we need do is attend to this dis/abling, regard this border zone perception that is strange, transient, and always already arousing.

All images courtesy of Kick the Machine Films.

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