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INTOLERABLE AMBIGUITY

Freaks as/at the Limit

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But, I that am not shap'd for sportive tricks,
Nor made to court an amorous looking-glass;
I, that am rudely stamp'd, and want love's majesty
To strut before a wanton ambling nymph;
I, that am curtail'd of this fair proportion,
Cheated of feature by dissembling nature,
Deform'd, unfinish'd, sent before my time
Into this breathing world scarce half made up,
and that so lamely and unfashionable
That dogs bark at me as I halt by them—

—Shakespeare, *King Richard III,* 1.1.14–23

ANY DISCUSSION OF FREAKS brings back into focus a topic that has had a largely underground existence in contemporary cultural and intellectual life, partly because it is considered below the refined sensibilities of "good taste" and "personal politeness" in a civilized and politically correct milieu, and partly because it has required a new set of intellectual tools, which are still in the process of development, to raise it above being an object of prurient speculation. I am interested in the question of human freaks not simply for voyeuristic reasons—although these must no doubt play a part—but also because I am interested in the psychical, physical, and conceptual *limits* of human subjectivity, that is, what the

nature and forms of subjectivity consist in and the degree to which social, political, and historical factors shape the forms of subjectivity with which we are familiar; and the degree to which these factors are able to tolerate anomalies, ambiguities, and borderline cases, marking the threshold, not of humanity in itself, but of acceptable, tolerable, knowable humanity. Closely related to the question of the psychical conditions of subjectivity (a field that psychoanalytic theory has tended to dominate) is a concern about the corporeal limits of subjectivity. The ways in which the body is lived and represented, the inputs and effects of the subject's corporeality on its identity, seem crucial if usually underestimated factors in any account of the subject.

I will explore some of the most severe and gross physical disorders afflicting those human beings who have been coarsely categorized as "freaks," "curiosities," "prodigies," and "monstrosities," poor suffering individuals with observably disturbing bodily disorders, stunted limbs, distorted figures: Siamese twins, dwarfs, giants, hunchbacks, humans with parasitic or autositic attachments, so-called legless or armless wonders, half-creatures, hermaphrodites, rubber men, and so on. The simultaneous horror and fascination with these people, and the fact that many exist in the world of entertainment and gain their livelihood from being commercially exhibited, need to be explained. In the so-called normal subjects who constitute the paying audience for freak shows, this fascination amounts to both willingness and shame. The sometimes overpowering need to look and a horror of and pity toward what is seen are important elements in understanding the psychologies and the body-images of "normal" subjects, attesting to what is and is not tolerable or incorporable into normality. Moreover, in attempting to understand the freak's own body-image and psychological structure—the kinds of social, interpersonal, and narcissistic images freaks internalize and the ways in which their bodies are inscribed and made socially meaningful, medicalized, and rendered into a typology—may also prove invaluable to understanding subjectivity and corporeality in their most general outlines, and in their most extreme forms.

First, however, it is necessary to specify what I mean by *freaks.* This is not an easy concept to define. I use this term in part, not as a description or a mode of moral evaluation, but as something of a political gesture. Like a series of other negative labels ("queer" comes most clearly to mind), it is a term whose use may function as an act of defiance, a political gesture of self-determination. For this reason I prefer it to euphemistic substitutes: it makes clear that there are very real and concrete political effects for those thus labeled, and a clear political reaction is implied by those who use it as a mode of self-definition. First, let me clarify what I do *not* mean by the term: I wish to exclude from my discussion the more commonplace bodily infirmities and deficiencies—those born with nonfunctional or improperly functional limbs and organs, the blind, those who are unable to walk, and those with cerebral palsy and other medical disorders. While these persons

may be as or more disabled than those categorized as freaks, they do not exert the same ambivalent appeal. Nor do I wish to include those with congenital abnormalities in internal organs (heart, lung, kidney, etc.). Nor do I include the accidental tragedies in which individuals are maimed or wounded (e.g., amputees, brain damage cases, orthopedic problems). The term *freaks* does not simply refer to disabilities of either a genetic, developmental, or contingent kind. Indeed, some classified as freaks (such as the bearded lady or the human skeleton) are not necessarily physically incapacitated at all, although, of course, many are. All suffer a certain social marginalization. I also do not refer to those particularly gifted with unusual aptitudes, such as the athlete or technically skilled performer, although many freaks do fall into this category. Freaks are not just unusual or atypical; more than this is necessary to characterize their unique social position. The freak is thus neither unusually gifted nor unusually disadvantaged. He or she is not an object of *simple* admiration or pity but is a being who is considered simultaneously and compulsively fascinating and repulsive, enticing and sickening.

Many freaks are the result of genetic or hereditary factors: abnormal elasticity of the skin, albinism, the growth of human horns, microcephaly (pinheads), dwarfism or gigantism, multiple births, and so on are commonly observed in disproportionate numbers in certain families. Others, it seems, are the result of embryological or histological conditions, in which fetal development is hindered or altered in utero (e.g., conjoined twins and hermaphrodites). Others are the result of medical factors that emerge after birth: dwarfism is commonly the result of tumors on the pituitary gland; obesity and extraordinary thinness are usually the result of overeating or disgust of food. Some freaks are the result of conscious efforts on the part of individuals to maim, cripple, or distort the human body (there are many cases where limbs have been amputated by unscrupulous individuals, commonly parents, for profit or pity). Perhaps more alarmingly, some within the medical and veterinary sciences seem to have had a passion for experimentation in controlled mutation, cross-breeding, and genetic engineering in which, like Dr. Moreau, they create two-headed creatures, hermaphroditic cattle, freemartins,[1] and interspecies hybrids for (pseudo)scientific or perverse reasons.[2]

The freak is an object of simultaneous horror and fascination because, in addition to whatever infirmities or abilities he or she exhibits, the freak is an *ambiguous* being whose existence imperils categories and oppositions dominant in social life. Freaks are those human beings who exist outside and in defiance of the structure of binary oppositions that govern our basic concepts and modes of self-definition. They occupy the impossible middle ground between the oppositions dividing the human from the animal (Jo-Jo, the dog-faced boy; Percilla, the monkey girl; Emmitt, the alligator-skinned boy; the "wild man" or "geek"), one being from another (conjoined twins, "double-bodied wonders," two-headed or multiple-limbed beings), nature from culture (feral children, the "wild men of Borneo"), one sex from the other (the bearded lady, hermaphrodites, Joseph–Josephines or Victor–Victorias), adults and children (dwarfs and midgets), humans and gods (giants), and the living and the dead (human skeletons). Freaks cross the borders that divide the subject from all ambiguities, interconnections, and reciprocal classifications, outside of or beyond the human. They imperil the very definitions we rely on to classify humans, identities, and sexes—our most fundamental categories of self-definition and boundaries dividing self from otherness.

The study of monstrosities, whether human or animal, has long preoccupied physicians, magicians, sages, and soothsayers. *Teratology,* the science of monsters, is almost as old as our culture itself, and the study of monstrosities has produced all sorts of peculiar associated knowledges, including fetomancy and teratoscopy, which regard monstrous births as omens or predictions of the future. The Greeks regarded minor and major terata with the greatest curiosity, holding them to be divine warnings of the future and/or symptoms of past indiscretions. Greek mythology abounds in representations of monsters, combinations of human and animal, centaurs and minotaurs, the cyclops, giants, and hermaphrodites. Empedocles, Democritus, Hippocrates, Aristotle, Galen, and Pliny all describe in considerable detail various human and animal deformities. Indeed, stories of double-monsters, individuals with two heads, and mixtures of animals and humans seem to litter the (pre)history of every race. Speculation that monstrosities were the result of carnal indulgences, and particularly of bestiality, was rife in the Middle Ages, when freaks and human monsters were regarded as divinations, forebodings, and examples of the wrath of God, as well as forms of glorification of God's might and power. These were usually seen as forms of divine punishment meted out to individuals, communities, or even nations.

Teratology was largely a mystic and superstitious doctrine until it was linked more closely to the medicalization of bodily regulation in the sixteenth century and became a *category* of illness for the first time. The management of teratology by medicine seems to have had a mysterious power to render what is horrifying and fascinating about such individuals into "neutral" facts, described in scientific terminology, as part of a meticulous classificatory system that explains anomalies and renders them more "normal," or at least places them within a broad continuum containing the "normal" as its ideal. Ambroise Paré classified and organized the monstrous in (pseudo)scientific form according to the (presumed) causes of terata. He postulated three major categories of monstrosities: anomalies of excess, of default, and of duplicity. This classificatory schema, with its impulse for tables, categories, forms, and order, was refined and augmented with medical descriptions only in the eighteenth century, and reached its pinnacle toward the end of the nineteenth century. In *Anomalies and Curiosities of Medicine* (1897), George M. Gould and Walter L. Pyle date the emergence of "modern" teratology in the nineteenth century from the work of Isidore Geoffroy Saint-Hilaire, who

was committed not only to advancing a methodological study of human deformities but also to combating what he believed were the naive and superstitious myths surrounding them.[3]

Space permits me to concentrate on only two forms of monstrosity here, though I would have liked to discuss others. Nor can I direct adequate attention to the implications of medical discourse and practice in the simultaneous normalization and pathologization of the corporeally unclassifiable. I focus on those two examples of monstrosity that most tangibly present the human subject as ambiguously one identity and two, or one sex and the other: conjoined twins and hermaphrodites. Both are relatively regular occurrences today[4] and therefore are the continuing objects of medical investigation and surgical intervention. They are not usually subject to infantile euthanasia, as commonly occurs in other cases of gross deformity (which may explain the increasing rarity of so-called limbless wonders and other severely damaged individuals). And they continue to hold a place of public fascination, even if they are no longer exhibited in sideshows and as forms of public entertainment. This can be seen by the extensive coverage granted in the popular press to the birth of Siamese twins and hermaphrodites. In the last few years, for example, there have been detailed, globally circulated reports in newspapers on the birth or separation of conjoined twins, as well as on the medical interventions into the sexual typology of hermaphrodites.

Hermaphrodites have long been recorded in Western history and are referred to frequently in classical literature. Herodotus, for example, refers to the "Scythians," a race of soothsayers and prophets, comprising women-like men who predicted the future by reading the inner bark of the linden tree. Plato, by contrast, attributes no mythical or religious powers to an ambisexual tribe but regards them instead as the (mythical) origins of our own race. In *The Symposium,* he states, "The original human nature was not like the present, but different. In the first place the sexes were originally three in number, not as they are now; there was man, woman and the union of the two having a double nature; they once had a real existence, but it is now lost, and the name only is preserved as a term of reproach."[5]

The hermaphrodite was the child of Hermes (the god of invention, athletics, secret or occult philosophy) and Aphrodite (the goddess of love). In about 60 B.C.E., Diodorus speaks of Hermaphroditus "who was born of Hermes and Aphrodite, and received the name which was a combination of his parents. Some say that Hermaphroditus is a god . . . [who] has a body which is beautiful and delicate like that of a woman, but has the masculine quality and vigor of a man, but some declare that such creatures of two sexes are monstrosities."[6] It seems clear from these and other accounts that ambisexual or intersexual individuals were a recognized, if not accepted, part of Greek and Roman life.

But it seems likely, given that there are many forms of hermaphroditism, that the Greeks and Romans were familiar with only one or two types, those in which the genitalia of one sex are coupled with the secondary sexual characteristics of the other in a visible, observable mismatch (Klinefelter's syndrome and testicular feminization). In the light of development in Mendelian genetics, and in view of more detailed studies of the nature of the sex chromosomes, it has become apparent that there are far more abnormalities of the sex chromosomes than are manifested in external sexual characteristics. It is now commonly accepted that the category of sex can be determined by at least six different criteria, which so-called normal subjects exist in agreement but intersexes or hermaphrodites exist in conflict with each other. There is genetic sex, which is the sex exhibited by the sexual chromosomes (XX in the case of females, XY in the case of males); gonadal structure (i.e., whether the organs of generation are testes, ovaries, or some other alternative, such as an ovotestis or a "streaklike" gonad); the morphology of external genitalia (which, incidentally, is the most common criterion for assigning sex to the newborn infant); the morphology of the internal genitalia (i.e., whether the wolffian ducts predominate as in males, or the müllerian ducts, as in females); hormonal constitution (in which the predominance of androgens, testosterone, or estrogen dictates secondary sexual characteristics); and the sex of rearing (which may confirm or conflict with the anatomical, hormonal, and functional aspects of the individual). John Money's various researches into intersexuality and sex change indicate that, paradoxically, the most difficult aspect of the individual's sexuality to change is the sex of rearing, and his advice to doctors and intersexed individuals is, where possible, to use surgical and hormonal procedures to approximate the sex of rearing rather than, as one would expect, change the sex of rearing to conform to the child's anatomical form or chromosomal structure—a point to which I will return later.[7] Wherever there is some discordance between any of these criteria, we are justified in talking about an intersexed subject, one who is anomalous in terms of our everyday conceptions of the clear-cut, binarily opposed notions of male and female.

Within the medical literature, sexual disorders are usually attributed to one or more of three possible causes: (1) errors present in the parents prior to conception (chromosomal anomalies); (2) errors that occur subsequent to conception, from the first division of cells to postnatal life (hormonal or gonadal anomalies); (3) errors in which sex determination is normal and sexual differentiation is abnormal (as in testicular feminization or gonadal dysgenesis). This leads to a variety of different types of intersexuality:

1. *Turner's syndrome,* in which the subject is chromosomally female but has primitive "streaklike" gonads in place of the ovaries. Here the subject is

generally of short stature, has neck webbing and immature development of breasts and genitals, and is infertile.

2. *Klinefelter's syndrome,* in which the subject is chromosomally male but may have undersized or nonfunctional testes. In this case as well, the subject is infertile. Occasionally there is also gynecomastia, meaning that breasts develop after puberty. This type is most commonly represented in popular images of the hermaphrodite—the subject who has both a penis and breasts.
3. *Chromosomal mosaics,* in which there is a shortfall in the number or quality of chromosomes (the normal complement is forty-six). Where the subject has forty-five chromosomes in some cells and forty-seven in others, we can speak of a mosaicism (XO/XXX). Here the subject's sexual phenotype is female, yet the external genitalia are undeveloped, the vagina is absent, and there is no breast development. (This type comes closest to an anatomical equivalent of the celibate—a "sexless" subject.)
4. *Testicular feminization,* in which genotypic males develop into female phenotypes. Here the chromosomal sex is female, but the subject has male gonads and, consequently, with the onset of puberty, becomes masculinized through increases in circulating male hormones, developing hirsutism and a deeper voice, with little or no breast development.
5. *Gonadal dysgenesis,* in which the subject is chromosomally female but the gonads are neither male nor female, instead exhibiting the streaklike characteristic already mentioned. The subject in this category is described as a tall, eunuchoid female, with primary amenorrhea and underdeveloped breasts and genitalia.
6. *"True" hermaphroditism,* in which the chromosomal sex is usually female but the subject has both testicular and ovarian tissue. Here there are a number of possibilities: the subject may have an ovary on one side of the body and a testis on the other. The testis may be undescended and undetected or may take up its place in the scrotal sac. Or the subject may have a combined ovotestis on one or both sides, or an ovotestis on one side and a primitive gonadal streak on the other.

In addition to these quite distinct types of hermaphroditism, there are also various gradations of intersexuality—depending on the strength, degree, and effectivity of hormonal, gonadal, and chromosomal anomalies—leading to a number of variations from "normal" sexual identity.

This has been an extremely brief overview of a complex set of categories common in the current medical literature, categories that are not without problems of their own. The effects of taxonomic schema on the groupings and regroupings of individual bodies is capable of catastrophic effects such as those outlined in Foucault's account of the reclassification of the hermaphrodite, Herculine Barbin: such reclassification has massive personal effects on the ways individuals live their bodies and their lives. Nevertheless, there are a number of points of interest

I would like to draw out of the various scientific and historical data available on the question of intersexuality.

First, what is normally seen as a sexual polarity, with the female at one extreme and the male at the other, could, based upon medical evidence and the existence of ambisexual subjects, be represented differently. Rather than presuming two binarily opposed sexes, sexed subjects could be seen to occupy a position within a sexual continuum. This spectrum would contain a broad range of different forms of sexuality, some located at the male and some at the female poles, with others occupying intermediary positions with varying mixtures of male and female attributes. Perhaps more accurately, rather than a continuum (which implies the smooth transition between intermediate categories), the sexes can be regarded as a (relatively discontinuous) *series.* There are *n*-sexes rather than two, but these *n*-sexes have only ever been defined relative to the two. Indeed, the series is established as such only *between* male and female, which continue to function as the limits within which anomaly is to be mapped.

Second, medically oriented studies of hermaphroditism have indicated that the primacy given to the visible or manifest differences between the sexes is biologically unwarranted. The morphology of external genitalia does not provide a clear-cut delineation of the differences between the sexes, even if it does provide the usual criterion for determining sex in the neonate. Sex is a multilayered phenomenon, in which a variety of different levels coalesce: these include organic, genetic, and somatic but also behavioral and psychological factors. Sex is thus a much more complicated matter than the information afforded by vision; yet our lived (as opposed to scientific) understanding of sexual difference is focused on the presence (or absence) of visible genitalia.

Third, there has been a remarkable medicalization of the hermaphrodite, so that today virtually the only discourses available on intersexuality are those provided by clinical and scientific disciplines. The mythical, religious, dramatic, and exhibitionistic context in which hermaphroditism has been positioned is a thing of the past. The awe and horror, the special privilege (in some cultures), and the very real dangers (in other cultures) facing the hermaphrodite are today neutralized and normalized through the processes of medicalization. In so positioning hermaphroditism, the question of medical intervention, "correction," is rendered predictable and necessary, and specific treatments can be prescribed.

It is therefore ironic, given the primacy accorded to medical discourses, and given medicine's recognition of the complex factors constituting a subject's sexuality, that nevertheless the primary concern of surgeons, pediatricians, endocrinologists, cytologists, and psychiatrists has been the surgical correction of the subject's nonconforming sexuality so that it comes to approximate one or the other category of sexual identity. Underneath its manifest or latent complexity, it is presumed that there is a true sexuality, which is simply inadequately formed,

rather than an anomalous, nonconformist, or multiformed sexuality. One quote from recognized authorities on intersexuality will illustrate this:

> To visualise individuals who properly belong neither to one sex nor to the other is to imagine freaks, misfits, curiosities, rejected by society and condemned to a solitary existence of neglect and frustration. Few of these unfortunate people meet with tolerance and understanding from their fellows, and fewer still find even a limited acceptance in a small section of society: all are constantly confronted with reminders of their unhappy situation. The tragedy of their lives is the greater since it may be remediable; with suitable management and treatment, especially if this is begun soon after birth, many of these people can be helped to live happy well-adjusted lives, and some may even be fertile and be enabled to enjoy a normal family life.[8]

Finally, it is significant that there remains a wide schism between medical understandings and popularized representations of hermaphroditism: the most common sideshow and carnival images present a graphic, nongenital, lateral hermaphroditism by splitting the subject down the middle and dressing one-half as male and the other as female. The Victor–Victoria, John–Jane image has no known medical correlate: these individuals have probably had plastic surgery or wear implants on the one side (to create the impression of breasts) or have had one breast removed.[9] In other words, in popular, nonmedical discourses, there seems to be something intolerable, not about sexual profusion (a biological bisexuality that is fascinating and considered worth paying for by audiences), but about sexual *indeterminacy*: the subject who has clear-cut male and female parts seems more acceptable than the subject whose genitalia are neither male nor female. These subjects imperil the very constitution of subjectivity according to sexual categories. I will return to this.

I would like now to turn briefly to that category of monstrosity that is today named after its most famous examples, "Siamese" (or conjoined) twins, after Chang and Eng (who, incidentally, were Chinese, not Siamese). Born in Siam in 1811 of Chinese parents, the pair was discovered by the merchant Robert Hunter in 1824, who obtained the permission of their parents and the king to take them to the United States and Europe for exhibitions. Significantly, they were first exhibited before doctors (at Harvard University in 1829), legitimized and authenticated, and then exhibited before the general public. When they were forty-two, they took the name "Bunker," married two sisters, English women aged twenty-six and twenty-eight, and for a number of years lived together in one house. When their families became too large, they moved into separate residences, the twins spending three days with one woman then three with the other in alternation until

their deaths. Between them, they had twenty-two children and more than two hundred grandchildren. Apparently their descendants now number several thousand, many of whom live in the same region today as the twins did.

Although they were examined by dozens of doctors, and in spite of the fact that as they grew older, they fought more and more bitterly, it was decided not to attempt to separate them. Conjoined twins had been successfully separated as early as 1690, when two Swiss sisters joined belly to belly were separated by ligature and a simple operation.[10] In Chang and Eng's case, however, it was decided that surgery would endanger the survival of both. Moreover, Chang and Eng were so dispirited by the idea of separation that, at least in the first forty years of their lives, they would weep if it was even mentioned. It is significant that today the lives of conjoined twins are considered tragic if the operation to separate them is not feasible. This does not always accord with the feelings of the conjoined twins themselves.

Conjoined twins are relatively rare, and first-person (singular or plural) accounts are even rarer, so it is difficult to know what the experience of a permanent coupling is like. There are now, in the late twentieth century, usually only two possible fates for conjoined twins: separation, with the attendant dangers it poses for the children's physical and emotional well-being, or isolation from society, either through institutionalization or through a kind of self-imposed segregation. Probably the most famous adult conjoined twins in recent times are the McCarther twins, Yvonne and Yvette, who were born in 1949 joined at the top of the head, and who died in 1992. Their story made newspaper headlines worldwide when they emerged from thirty-eight years of being housebound—as they put it "just (lying) around the house all day, watching TV and being worthless"—to enroll in college in Los Angeles.

The Siamese twins and the McCarther twins are the only conjoined twins I know of who have given some public indications of their psychical states of being. There are a number of striking similarities between them. It is clear for both sets of conjoined twins that they are two separate subjects, in the sense that they have different personalities, preferences, and styles. Yet it also seems evident that the usual hard-and-fast distinction between the boundaries of one subject and another are continually blurred: speech patterns and even sentences are shared; all their experiences are shared; they do not need to consult over decisions but make them in unison automatically. Chang and Eng, for example, even wrote their letters in the first-person singular, using "I" where others would have presumed a "we" was appropriate, and signing themselves in the joint name "ChangEng."

It seems to be an affront to the common sense of identity that two individuals, even identical twins, should submerge themselves so completely in an identification with another person as to lose all trace of their singularity. However, in the case of both of these sets of twins, every attempt to individuate them in terms

of dress, appearance, and behavior was frustrated. It seems that both sets were more than happy to wear the same clothes, eat the same food, and do whatever they could to act and appear the same. Chang and Eng always bought their clothes at the same time, having two suits made in identical styles from the same materials. Admittedly, it would have been difficult for them not to at least shop at the same time, but their refusal, for example, to use up material that would have made a suit for one but not for two indicated that even where it may have been more convenient and cheaper to dress differently, they refused to do so. A *Los Angeles Times* article indicates that the same voluntary identification occurred with Yvonne and Yvette: "As usual, they dressed identically, from head to toe. Even their purses contain matching sets of everything from vitamin jars to wallets with exactly the same family photos." Ironically, the linkages between conjoined twins, which seem so pitiable and horrifying to us, are not considered problematic by the twins themselves. A contemporary report on Chang and Eng, from London's *Examiner,* succinctly puts the tragedy of their existence into words:

> It is a mournful sight, to behold two fellow-creatures thus fated to endure all the common evils of life, while they must necessarily be debarred from the enjoyment of many of its chief delights. The link which unites them is more durable than that of the marriage tie—no separation can take place, legal or illegal—no Act of Parliament can divorce them, nor can all the power of Doctors' Commons give them a release even from bed and board.[11]

However, the twins themselves seemed far more content than this, being limited more by the social necessity of their economic survival in a culture puzzled and horrified by them, and aware of their peculiarity only from others.

The conjunction of twins is made more stark, and the divisions between one existence and another more blurred, in the case of parasitic twins, where only one of the twins is fully formed and organically functional and the other is embedded in the body of the first. In such cases, it is exceedingly rare that the head of the parasitic twin is developed or formed; more commonly, the limbs exist in atrophied form, so that either a torso protrudes from the torso of the fully formed twin, or she or he has extra limbs in unexpected places. In such cases, it is no longer clear that there are two identities, even if the bodily functions of the parasitic twin occur independently of the will or awareness of the other. In such cases, is there one subject or two? If the subject is considered a single being, what kind of body-space does he or she occupy? Given that the sensations of the parasitic twin are not always perceived by the autositic twin, does the body-image include the parasitic body? What kind of body-image must it be if the body is to include sensations and experiences the subject cannot experience in the first person?

The presence of conjoined twins raises a number of points of interest, some of which are similar to those raised by hermaphrodites. First, just as sexuality is

best regarded in terms of a series of sexual morphologies and positions, so, too, in the case of conjoined twins, there seems to be a continuum of identities, ranging from the so-called normal, individuated singular subject to a nonindividuated, collectivized multiple subject.

Second, the subject is not given an identity independent of his or her bodily morphology—either sexual or more broadly corporeal—but acquires an identity in the relation to the body. The range of peculiarities and biological anomalies to which the body is liable clearly make a difference to the kind of body-image and consequently to the kind of identity the subject (or subjects) attributes and finds others attributing to itself. If it is uncertain where one body ends and another begins, the subject's identity too must remain undecidably singular and plural, individual and collective.

Third, as in the case of hermaphroditism, it is significant that, in spite of the state of health of conjoined twins, there appears to be a medical imperative for surgical intervention and normalization, even if surgery may actually endanger lives that may otherwise remain healthy. It seems that the permanent conjunction of individuals is socially intolerable, and that it is unimaginable to others that these subjects themselves would not wish to be able to lead "normal" lives. Surgery, it is argued, provides the only hope of such a normality, and surgical intervention clearly functions more successfully the earlier it occurs: the younger the children are, the less formed their body-image is.

Finally, the existence of conjoined twins, whether autositic or parasitic, raises the question of the nature of bodily boundaries and the distinctions that separate one being from another. While psychologically distinct individuals, conjoined twins are nevertheless far closer than any other two beings ever could be, and while there are two identities, they are not sharply distinguished from each other. In separating conjoined twins, one does not thereby create two autonomous beings, only as close as identical twins; conjoined twins are bonded through the psychical inscription of their historical, even if not current, corporeal links. Those who have shared organs, a common blood circulation, and every minute detail of everyday life can never have this corporeal link effaced.

In conclusion, I would like to return to one of the concerns I mentioned at the beginning of this chapter: not to so-called freaks themselves but to what is freakish among those who are not freaks—that is, the dual horror and fascination others have toward those they label freaks. This mixture of reactions is a peculiar one that requires some kind of explanation. Why are people horrified at seeing deformities and human anomalies? Why do they classify such anomalies as freaks? What is so unsettling about freaks? I suggest that it is not gross deformity alone that is so unsettling and fascinating. Rather, there are other reasons for this

curiosity and horror. First, it seems to me that the initial reaction to the freakish and the monstrous is a perverse kind of sexual curiosity. People think to themselves, "How do they do *it*?" What kind of sex lives are available to Siamese twins, hermaphrodites, bearded ladies, and midgets? There is a certain morbid speculation about what it would be like to be with such persons, or worse, to be them. It is not altogether surprising that a very large percentage of freaks I have researched were married or involved in sexual liaisons. As Victor Hugo writes in *The Man Who Laughs,* "You are not only ugly, but hideous. Ugliness is insignificant, deformity is grand. Ugliness is a devil's grin behind beauty; deformity is akin to sublimity."

The perverse pleasure of voyeurism and identification is counterbalanced by horror at the blurring of identities (sexual, corporeal, personal) that witness our chaotic and insecure identities. Freaks traverse the very boundaries that secure the "normal" subject in its given identity and sexuality. Monsters involve all kinds of doubling of the human form, a duplication of the body or some of its parts. The major terata recognized throughout history are largely monsters of excess, with two or more heads, bodies, or limbs, or with duplicated sexual organs. One might ponder why the excess of bodily parts is more discomforting than a shortage or diminution of limbs or organs. Perhaps our fear of the immersion or loss of identity with another is greater or more pervasive than our fear of bodily incompletion. This fear, like the fear and horror of ghostly doubles or *Doppelgänger,* is a horror at the possibility of our own imperfect duplication, a horror of submersion in an alien otherness, an incorporation in and by another.

The freak illustrates our so-called normal pleasure and fascination with our mirror images, a fascination with the limits of our own identities as they are witnessed from the outside. This is a narcissistic delight at the shape of our own externality, which is always inaccessible to us by direct means and is achievable only if we can occupy the perspective others have on us. The relation we bear to images of ourselves is drawn from this simultaneous and ambivalent reaction: the mirror image threatens to draw us into its spell of spectral doubling, annihilating the self that wants to see itself reflected. At the same time, it gains pleasure from the access it gives to the subject's exteriority, from an illusory mastery over its image. Fascination with the monstrous is testimony to our tenuous hold on the image of perfection. The freak confirms the viewer as bounded, belonging to a "proper" social category. The viewer's horror lies in the recognition that this monstrous being is at the heart of his or her own identity, for it is all that must be ejected or abjected from self-image to make the bounded, category-obeying self possible. In other words, what is at stake in the subject's dual reaction to the freakish or bizarre individual is its own narcissism, the pleasures and boundaries of its own identity, and the integrity of its received images of self.

Notes

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1. A freemartin is a sterile twin in cattle, sheep, goats, and pigs, in which the female twin is masculinized when the male hormones secreted by the male twin enter the female twin through common blood circulation. See Ursula Mittwoch, *Genetics of Sexual Differentiation* (London: Academic Press, 1973), 60ff.

2. I was recently alarmed to read in my local newspaper a report on the experiments of scientists who, as part of the human genome project, are trying to map the genes relevant to sight. They have, through gene splicing, been able to induce the development of up to fourteen eyes on a single fly, in unlikely and dysfunctional sites (e.g., on the ends of antennae, on legs, on the thorax or back). Sadly, it seems, the more information about genetics and genetic manipulation is developed, the more bizarre and extreme are its experimental implications.

3. Geoffroy Saint-Hilaire's teratological classifications were as follows: CLASS I—Union of several fetuses. CLASS 2—Union of two distinct fetuses by a connecting band. CLASS 3—Union of two distinct fetuses by an osseous junction of cranial bones. CLASS 4—Union of two distinct fetuses in which one or more parts are eliminated by the junction. CLASS 5—Union of two fetuses by a bony union of the ischii. CLASS 6—Fusion of two fetuses below the umbilicus into a common lower extremity. CLASS 7—Bicephalic monsters. CLASS 8—Parasitic monsters. CLASS 9—Monsters with a single body and double lower extremities. CLASS 10—Diphallic terata. CLASS 11—Fetus in fetu, and dermoid cysts. CLASS 12—Hermaphrodites. Quoted in George M. Gould and Walter L. Pyle, *Anomalies and Curiosities of Medicine* (Philadelphia: W. B. Saunders, 1897), 167.

4. An estimated three hundred conjoined twins have survived beyond a few months of age in recorded history, although the success rate in separating conjoined twins is increasing with advances in the techniques of microsurgery. In the case of intersexuality, however, the rate is much more frequent, perhaps being one in two thousand.

5. Quoted in Howard W. Jones and William W. Scott, *Hermaphrodites, Genital Anomalies and Related Endocrine Disorders* (Baltimore: Williams and Wilkins, 1971), 3.

6. Quoted in Jones and Scott, 4.

7. See John Money, *Sex Errors of the Body: Dilemmas, Education, Counselling* (Baltimore: Johns Hopkins University Press, 1968).

8. Christopher J. Dewhurst and Ronald R. Gordon, *The Intersexual Disorders* (London: Baillière Tindall/Cassell, 1969), vii.

9. Significantly, probably the most striking mass culture representation of the hermaphrodite, in Federico Fellini's *Satyricon,* in which there is a closer correspondence with medicalized images, was played by a sexually immature boy who, through the help of makeup, was given the appearance of breasts.

10. Gould and Pyle, *Anomalies and Curiosities of Medicine,* 172.

11. Irving Wallace and Amy Wallace, *The Two* (London: Cassell, 1976), 80.