**Dana Scully and the Medical Model of Disability: Representations of Mental Illness in *The X-Files*.**

Twentieth Century Fox’s iconic television series *The X-Files* (1993-2002; 2016) followed two FBI agents investigating unexplained cases that appeared to contain elements of the paranormal. Part science fiction, part police procedural and part gothic fantasy, the epidodes were divided between “myth-arc” stories about government conspiracies facilitating alien invasion, and stand-alone “monster of the week” tales. In both kinds of episode, the often wild, paranormal-based theories of believer Fox Mulder (David Duchovny) were usually proven to be correct, while his partner Dana Scully (Gillian Anderson), a medical doctor, scientist and skeptic, consistently tried (and by her own admission, largely failed) to “debunk” his work.

Much has been made of the relationship between the two leads, from contradictory early reports that network executives loved “the chemistry” between the pair, to concerns about the “sexlessness” of their relationship; to ongoing rumours about their off-screen relationship, which was variously reported as everything between pure hatred and true love [refs]. But according to series creator Chris Carter, the most important decision that was made in terms of characterisation was the “reversal” of the then-dominant gender paradigm of woman-as-intuitive-believer, and man as rational-skeptic (Schulman, 2015). In this professional relationship, the male partner makes intutitive leaps and acts on hunches, whereas the female partner is rational, scientific, and determined to make her conclusions based only on the evidence at hand. In fact, “I’m a scientist *and* a medical doctor”—or variations of the same—has become something of a catch-cry of Scully’s over the past twenty-three years.

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The problem with this reversal of roles as it played out over ten seasons and two movies, however, was that Scully was usually wrong. As Steven Gil points out, the narratives presented did often bring scientific knowledge into question (Gil, 2015). Similarly, Scully often plays a damsel in distress

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(especially in earlier seasons), and as feminist critics have pointed out, by being wrong almost every week, Scully is placed in a less dominant position than Mulder (Schulman, 2015). The idea that Mulder was “the lead” was also reflected in the infamous disparity in pay between actors Duchovny and Anderson, which Anderson has noted in many media interviews, was even replicated in the initial offers for the 2016 reboot.

Rather than rehashing the gender debate or the science debate, however, what I wish to examine here are two competing models of disability, and how they are reflected in the attitudes of Mulder and Scully.

The medical model of disability is the traditional view of disability as an inability to do something that most others can do, as a result of “a specific impairment in physical, psychological, or intellectual functioning” (Gallagher, Connor, & Ferri, 2014, p. 1122). This model construes the impairment or diagnosis as both a medical problem that requires the individual to have treatment, and as a personal tragedy. It also promotes concerns in some quarters as advances in medical technology mean that more impairments can be screened for *in utero*, and be “treated” by selective termination. It has been suggested that “normal” is anything but a benign category, given that it prescribes who is located within and outside of its circle (Gallagher, Connor, & Ferri, 2014). Within the *X-Files* universe, this kind of controversy was dealt with a somewhat unusual manner, in the season 2 fan favourite episode, *Humbug*, to which I will return in some detail.

In recent years, disability advocates have argued that, in the interest of increasing agency and self-determination, the term “impairment” should more accurately be used to describe the condition which impacts on function, and that *disability* is “imposed on top of … impairment, by the way [people] are unnecessarily isolated and excluded from full participation in society” (UPIAS 1976, cited in Gallagher et al). Known as the social model of disability, this way of thinking suggests that “disability” is therefore not so much about treating or curing the individual with the impairment, so much as reducing the economic, institutional, and educational practices that impose restrictions” on those with said impairments (Gallagher, Connor, & Ferri, 2014, p. 1123).

Given that Scully is a medical doctor, it is perhaps unsurprising that she would be represented as perceiving disability in terms of the original model; often using medical diagnostic terms and symptoms to describe the behaviour of individuals, and taking these into consideration when determining who may or may not be a suspect in the cases they are investigating. Impairments seen throughout the series include cancer patients, people in comas, wheelchair users, people with sleep disorders, people with learning disabilities, people with diabetes, an entire town with Creutzfeldt-Jakob disease, electrolytic imbalances, and spinal deformities, as well as a vast array of mental health disorders. Scully shows a worrying tendency to quickly dismiss the the testimony of numerous witnesses over the years because they had mental health diagnoses—including schizophrenia, bipolar disorder, and seasonal affected disorder—regardless of whether or not they were symptomatic at the time of the events under investigation. Elsewhere, medical language is used to disguise something more paranormal, such as when a person whom Mulder believes is regressing and experiencing past lives is diagnosed by Scully as having multiple personality disorder;

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or, the case where a well-meaning psychologist sends her teenage patient with a self-confessed “eating disorder” to Overeaters’ Anonymous, apparently unaware that he actually has a genetic mutation that manifests as an insatiable desire to eat fresh human brains.

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Mulder’s own headaches and memories of his sister’s abduction are explained away by Scully as Gerschwind syndrome.

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What is more surprising is some of the dismissive vernacular used, using words such as “madman,” “demented,” “crazy,” “disturbed” and “deluded” based purely on an individual’s diagnosis of impairment, as opposed to the behaviour they are currently displaying. Indeed, in Season 5’s *Folie a Deux* she uses these very terms about a suspect, only to have Mulder tell her that he saw the same things and ask how she views *his* sanity; a position that will be reversed, this time surrounding a physical ailment, in the episode I want to discuss in detail today.

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First, however, I would like to turn to an early fan favourite episode, Season 2’s *Humbug.*

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This episode was well-received, largely because of the charismatic performances of circus performers Jim Rose and The Enigma as Dr Blockhead and the Conundrum, respectively, as well as its status as one of the first episodes to feature a plot based on dark humour, and because it is one of the episodes wherein Scully is inclined to believe a more fanciful explanation for the crimes, prompting derision from local law enforcement, and allowing Mulder to utter the immortal line: “Now you know how I feel.” It’s also one of a a very small number of episodes to be converted to Young Adult fiction.

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Mulder and Scully investigate a string of murders in a town populated by retired circus folk, where a contortionist named “Dr” Blockhead and his friend, a geek named the Conundrum, are considered to be the prime suspect for the serial murders of an alligator-skinned man, the proprietor of the local carnival funhouse—or, as he prefers to call it, a “tabernacle of terror,” and a little person. The most recent murder match another 45 completed over a period of fifty years, all over the country, and with no clear victim profile: all ages, all races, and both genders are represented. When profiler Mulder asks Scully her first thoughts on the case, she cannot get past the skin condition of the Alligator-Man, Jerald Glazebrook, musing: “Imagine going through your whole life looking like this.”

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When the agents arrive in town, they confer with the local Sheriff, later revealed to be a former circus performer himself. Subtle ideas about difference and discrimination are insinuated into the plot, such as when the Sheriff notes that Glazebrook was the best escape artist since Houdini and should have been “headlining Vegas, but his skin condition kept him on the sideshow circuit.” When Scully begins pathologising disability, arguing that a sideshow performer’s “isolation from everyday society” might manifest as murderous intent, the Sheriff corrects her, saying: “[a]around here, we call them very special people. … it’s been my experience that other people have a harder time accepting these people’s deformities than they do themselves.”

A history lesson on the deaths of the world’s most famous conjoined twins, Chang and Eng, provides the key to solving the murders. Scully learns that Eng woke one morning to learn that Chang had died during the night; and then had to wait, knowing that “half [his] body was dead … and being able to do nothing about it.” At the van park in which they are staying, Mulder and Scully make the acquaintance of Lanny, a retired circus performer with a tendency to take discreet sips from his hip flask, and a small deformed body attached to his torso.

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Lanny’s act was the “best work [he] ever had—all [he] had to do was stand there,” and occasionally introduce his “shy” brother, Leonard. The van park owner convinced him that such “enslavement” was lacking in dignity, and he notes ironically, “now I carry other peoples’ luggage.” Scully puts together the clues—that there was blood smeared on the outside of an entry point, before any attack had taken place; that all the entry points were too small for a human being to enter, and inspects a drunken Lanny’s semi-comatose body in the police station, finding an open pit where the twin-appendage would normally be. Scully tells Mulder and the Sheriff that the twin must have extracted itself, pointing out that the wound is the same size and shape as the ones found on the murder victims, except that it is not bleeding.

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She posits that an internal anomaly has allowed the conjoined twin to disjoin, and that it might be seeking a new host. Mulder reassures her that he believes her wild theory, since she is, as we know, “the medical expert,” but despite a farcical chase through a hall of mirrors, they are unable to locate the missing twin. The following morning, the search continues, fruitlessly—as it turns out, since unbeknownst to any of the characters, Leonard had attempted to jump aboard the Conundrum and instead ended up as a post-dinner snack—and Scully has a conversation with the Blockhead, who still believes that Leonard will return to Lanny. Scully announces that Lanny died overnight from advance cirrhosis—a condition that would have killed both conjoined twins—and that when she performed the autopsy she saw things she had never seen before. Blockhead tells her that she never will again; lamenting that advancing medicine will bring about the demise of anyone different; that “twenty-first century genetic engineering will not only eradicate the Siamese twins and the alligator-skinned people, but you’re gonna be hard pressed to find a slight overbite or a not-so-high-cheekbone.”

Blockhead’s argument is part of a much larger one around disability, eugenics, and trans-humanism (Fletcher, 2014). Headlines about genetic engineering, often sensationalized as “designer babies” have become common place (Venosa, 2016), and as recently as last week the national debate in Australia turned to whether or not people with Down’s Syndrome have the right to decide to become parents, or whether their own parents should have the final say in the matter (Murray, 2016). For Blockhead, the idea of disability or difference being “fixed” is condemning the world to a fate he finds truly horrifying: “I’ve seen the future, and it looks like him [Mulder].”

In the remainder of this paper, I’m going to consider the dynamics of the medical model in relation to the invisible disabilities and mental health disorders within *The X-Files*, through examination of the Season 4 episode *Elegy*,

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written by Chris Carter and John Shiban. *Elegy*, is, broadly speaking, a “Monster of the Week” episode; but it also has a place within series mythology, as it deals with Scully’s cancer diagnosis. Carter’s original idea was to set a ghost story in a bowling alley, which he felt would be especially creepy. The suspect in this episode is a middle-aged man with a mild form of autism.

Three young women have been found dead, their throats cut. In each case, an apparition of the girl, throat slit, has appeared to a person near to the scene of the death; in one case, a call was made to emergency services requesting help, and claiming that the victim’s last words were “She is me.” This lead is dismissed by the police as a false lead when it is discovered that the victim had her larynx cut, and therefore could not have spoken to anyone. Mulder believes it to be significant, however, when he finds the same words carved into the wax of a bowling alley floor where a victim’s wraith had been seen by the proprieter, Angie Pintaro (Alex Bruhanski).

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Enter the suspect, Harold Spuller (Steven M. Porter), who works part time for Mr Pintaro, organising bowling shoes with a precision that is a sight to behold.

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Harold lives as a permanent in-patient in the New Horizons Psychiatric Centre, and is described as having lived in and out of mental institutions all his life; the viewer is also told that he is heavily medicated and has had electroconvulsive (shock) therapy. He is casually referred to as “crazy” by his boss, as being an “ugly toad” and a “retard” by his nurse, and as having a pronounced mental illness by Mulder. Except, arguably, none of these things is technically correct. Harold Spuller, we are told, has what used to be termed pervasive developmental disorder, a kind of atypical autism. Although included in the *Diagnostic and Statistical Manual of Mental Disorders*, autism is more of a social and communicative disability than a mental illness or psychosis, a distinction that one would think a medical doctor might be able to make. Harold displays a couple of common symptoms of classic autism—stimming, and taking comfort in sequences of numbers—but these are constructed as being part of a comorbid diagnosis, egodystonic obsessive compulsive disorder. While OCD *is* commonly considered to be a mental health disorder or mental illness—to borrow from the crude terminology of the episode, a form of “craziness”—it is not a diagnosis that would typically lead to psychosis, violence, or the serial murder that he is suspected of commiting. Even Scully, when explaining the condition to Mulder, sounds a note of caution: “it’s not ordinarily something that leads to a murderous impulse.”

Pervasive developmental disorder (not otherwise specified) is an older category of Autism, and would have been current at the time this episode aired, but has since been subsumed into a single category of Autism Spectrum Disorder (ASD) with the publication of the fifth edition of the *Diagnostic Manual* in 2013. It was typically diagnosed later (often in adulthood) and considered to be a milder form of autism, so one wonders at the likelihood of Harold Spuller having been instituionalised over it—or indeed, over OCD, which is generally considered to be rather mild and something that many people live with, in the community.

We are also shown that Harold has been prescribed Temazepam (a powerful sedative) and Clozapine (an atypical anti-psychotic that is used only when two other antipyschotics have failed, and which is usually used by patients with schizophrenia). In a very small number of cases indeed, it may be used to manage behavioural outbursts in individuals on the spectrum, so this is not necessarily an inaccurate representation. It transpires, however, that Harold has not been taking his medication, which his nurse has been stealing and using to self-medicate for her own depressive tendencies, with disastrous results. One wonders how intense Harold’s outbursts could possibly have been, if the trained staff of a residential institution were unable to notice whether or not he was even taking the medication that supposedly ameliorated its worst excesses.

Harold, it transpires, has had contact with all of the girls, via the bowling alley. Further, he has some kind of crush on all of them, a fact of which Nurse Innes and his roommate, Chuck, are both aware. When interrogated by Mulder and the local investigating officer, Harold becomes agitated and starts repeating sequences of numbers. It is Mulder who intuits that these are the girls’ bowling scores. The lead detective is convinced that this is proof that Harold stalked and killed the girls. Mulder, who had been sure from the outset that Harold had made the 911 call, but less certain as to whether he was the killer, insists on an excursion to the bowling alley, believing it will somehow exonerate Harold, a notion at which the detective sneers. Mr Pintaro is similarly disbelieving that anyone could suspect Harold, acknowledging: “[h]e might be crazy, but he couldn’t hurt anyone.”Above the bowling alley, Harold is stimming with his hands and repeating, “She is Me” over and over. He has pasted the results of a multitude of bowling matches, not just those featuring the victims, which somewhat undercuts the “stalking” theory.

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These moments are taken as showing that Harold *is* crazy, but it is Mulder who is able to see past these medical symptoms. He is the one who realises that Harold can cite the score of *any* person listed as having played, and tells Harold in interview that “there are people who think you murdered those women. I’m not one of them.” He posits to Scully that Harold is able to see the apparitions of the dead women because of

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“something to do with his autism … [that] because of his disability he was unable to express the depth of power of those relationships, so somehow a psychic or preconscious bond was formed that went beyond the temporal”—a speech that makes his in-narrative nickname of “Spooky” seem apt.

Mulder further theorises that the people who have seen apparitions were all, themselves, dying—of emphysema, cancer, or in the case of the unlucky Angie Pintaro, of a heart attack while detectives and FBI agents were combing his bowling alley for evidence of Harold’s supposed guilt.

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He earnestly tells Scully that he needs her “medical opinion”—he needs her to examine Harold to discover if he, too, is dying, and prove Mulder’s theory. With a recent cancer diagnosis, of which Mulder is aware,

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and having seen the fourth victim at the moment of her death—a fact of which he is *not* aware—Scully is noticeably and perhaps understandably reluctant, on this occasion, to turn to science and medical evidence.

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Scully arrives just as an altercation has taken place between Harold and Nurse Innes. Nurse Innes tells Scully that Harold “just went whacko … he just went beserk. He jumps me, he starts pounding me like he wants to kill me …. Screaming like a lunatic. Something’s gone wrong with him. He’s lost it for good.” Later she confides: “Working with these people starts driving you crazy, too.” This is obviously not the accepted language used between a doctor and a nurse to discuss a patient’s symptomatic behaviour, yet it does highlight that mental illness is seen as a deficit and as something located within the individual. The nurse conveniently omits the social or environment factors that precipitated the incident—namely, that she was baiting Harold, telling him that the victims would have despised him and thought he was an “ugly toad” and a “retard.” Harold may also have realised that it was she who killed the women and framed him, given that he seems to be more aware of what is actually happening than any of the other characters, despite the accusations of “craziness” and “retardation” that are not typical of his diagnosed conditions, and are not really supported by the storyline.

Mulder suggests that Scully interview Harold’s roommate, Chuck. Chuck tells her that Harold is convinced that Nurse Innes is trying to poison him. Scully’s alarm when she realises that Harold has not been taking his prescribed medication is greater than when she has her spine cut open and a sentient Messianic bug inserted into it by religious radicals several seasons later.

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Scully goes to speak with Innes, and when Innes drops the medication in her hand, Scully surmises that she has been stealing Harold’s medication, and is then attacked with the scalpel that was the murder weapon. It is not working with “these people” that has driven Nurse Innes to violent and psychotic behaviour,

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but loneliness, bitterness, and the liberal ingestion of powerful antipsychotic medication that was not prescribed for her. The effects were, in Scully’s medical opinion, “violence and unpredictable behaviour,” before noting that “in some drug-addled way. She was trying to kill …. Harold’s happiness.” Mulder notes that this is explains the “she is me” message.

Throughout this episode, we see Scully being called on for her medical expertise and medical opinion, and within that frame, she subscribes to the medical model of disability—locating the disability within an individual, and being insistent that it should be treated. Mulder, with his more intuitive outlook, is consistently seen to consider the bigger picture, which could be read as leaning more towards the social model of disability. Certainly, within the series’ broader narrative arc, the medical model view of mental illness is consistently disproven; the deluded patients really *were* abducted by aliens; the apparent “alter” ego really *did* have historical information that would suggest a past-life memory over dissociative identity disorder; and the adolescent employee in the fast food joint, owing to a bizarre (and thankfully, rare) physiological mutation, really wasn’t imagining his hankering for human brains, but needed them to survive. Scully’s rational explanations are overturned in favour of Mulder’s intuition at every turn, as per Chris Carter’s original vision. And, as Anne Simon, the science advisor on the show has pointed out, narratively, there was rarely any other way that the stories could play out: without the paranormal at its heart, *The X-Files* would not be *The X-Files*.

So, is it ultimately fair to judge a program whose heyday was in the 1990s by today’s standards? Surely, over the period of some 23 years, Scully will have adjusted her thinking; the intervening decades and her good work doing reconstructive paediatric surgery on young patients in a Catholic hospital, will have helped her to move away from victim-blaming and patient-shaming, made her more aware of socio-economic factors, given her a greater awareness of context? Or at least mediated some of the language she uses, in keeping with these more enlightened times?

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