

Jazz and disability



Django Reinhardt, New York City 1946. Photography by William P. Gottlieb, from the William P. Gottlieb Collection, Library of Congress. Classification no. LC-GLB23-0730. Public Domain

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George McKay

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What is jazz? Is it art, a disease, a manner, or a dance?

Bandleader Paul Whiteman, *New York Times*, 1927 (quoted in Watts *et al* 2008, 184)

Art or disease? This chapter both draws on and seeks to extend recent interdisciplinary scholarship in music and disability studies (DS) by looking at the case of jazz. Consider here a definition of the musical instruction *alla zoppa*, which is usually employed in western classical music to signal a physically impaired character: *zoppa* in Italian is 'lame', 'limping', and so it has been applied to music. But it can also mean 'syncopated'—and so the rhythmic feature at the heart of much jazz has a musical connection with a physical disability, a disability which is about moving differently. A small body of work has been exploring the relation between jazz and disability (Stras 2008 and 2009, Johnson 2011, Lubet 2011 and 2013, Rowden 2009, Pearl 2009); the approach has tended to be around a particular artist (Stras on Connie Boswell, Lubet on Oscar Peterson), or a specific period (Johnson and Stras on early jazz and dance music in the 1920s), or a particular disability (Rowden on visual impairment, Pearl on neurological issues). Some of this work is intersectional, in particular, unsurprisingly for jazz, around disability and race. I want to draw on that as well as extend it in order to make a case for jazz as a music of disability.

The chapter is in two parts, focusing first on discussing aspects of jazz as a music of disability, from its earliest days, even pre-history, in both the United States and Europe, on. I then look a small number of representative and contrasting major jazz figures who were disabled in some way (and there are many others). I have chosen to write about these not just because they are representative and contrasting, but also because of their foundational status in the development of the music, or because their creative practice—which is a facet of their life experience—has something particular to say about negotiating disability in the entertainment world. One can say, I think, that each of these artists explored what it meant to be (or to become) disabled through their music and performance, whether this exploration of self-hood and expressive representation was an intended or conscious one or not. I seek here to answer a question I raised largely in passing in *Shakin' All Over: Popular Music and Disability*: 'Shall we say ... that jazz music is predicated on disability?' (McKay 2013, 163).

Jazz as music of disability

In what ways has jazz been understood as such? In this section I want to approach the question in terms of both, in turn, the disabling and the enabling interpretations and capacities of the music. First I look at the early reception of the music, as the foundational historical and cultural context in its pathologising and disabling narrative. This is primarily a negative perspective on disability, related to disease, infection, fear. Then I widen out to the presentation and consideration of ways in which jazz can be thought of as a music of disability, of how the frame of DS can contribute fruitfully to the understanding of jazz (studies)—which offers more positive and inclusive perspectives.

Early jazz reception

The birth and early reception of jazz has been widely studied, and includes an increasing number of works looking at how the music was received, adopted, adapted, as well as rejected in different countries around the world in the first decades of the 20th century. These pivotal times set a template during which, as Russell L. Johnson puts it, ‘jazz was disabling’ (2011, 14). How was jazz in its early reception understood as disabled, in the ‘jazz-mad nation’ of 1920s USA? Johnson explains that the

disability argument against jazz started from the critics’ reaction to the fact that due to syncopation and polyrhythms, the music failed to follow “‘normal” rhythms.’ It was unrhythmical, discordant, and ultimately ‘defective’ music....
[J]azz dancing ... reminded critics of the movements of people with epilepsy or nervous disorders.... [J]azz [w]as an undesirable element behind the new American nervousness [of the times]. (2011, 17, 18, 21)

One early eugenicist perspective on jazz focused on what would become its primary novel instrument, the saxophone. Viewed as ‘a hybrid of reed and brass’, the saxophone figured therefore as a kind of ‘musical miscegenation’—and the eugenics view of miscegenation, of course, was that it was a route to racial and cultural degeneration (Johnson 2011, 29). That jazz’s creative proponents were usually African-American, with a significant presence of Jewish musicians and white southern Europeans, simply confirmed the cultural degeneracy viewpoint. (Douglas C. Baynton reminds us that ‘[t]he attribution of disease or disability to racial minorities has a long history’: quoted in Johnson 2011, 15.) Johnson continues:

Jazz in 1920s America brought to the forefront debates about disease, disability, noise, and rhythm. Attempting to de-legitimise jazz, newspapers, popular and academic magazines, church pulpits, lecture halls, and books were filled with descriptions of jazz as defective or disabled music.... (2011, 31-32)

In her own work on early jazz, drawing on both American and British examples, Laurie Stras has found that it ‘was condemned in explicitly pathological terms.... Clear associations between jazz and disability were expressed by sociologists, physicians, music critics and musicians, and were promulgated in both the specialist and the popular press’ (2009, 300). 1920s US newspaper headlines warned readers of the music’s disabling dangers, particularly for young women: ACTRESS SAYS JAZZ DEFORMS GIRLS’ LEGS, or, in the context of pregnancy, JAZZ LIFE MAY MEAN CRIPPLES

(i.e. lead to birth defects) (quoted in Stras 2009, 318 n.8, 319 n.9). Such ‘anti-jazz’ discourses produced a sort of culmination in the extraordinary public campaigns against jazz that were organised in the new Irish Republic in the 1920s and 1930s. The Irish anti-jazz movement could articulate its concerns in pathologising language, too, claiming that, as Eileen Hogan puts it, ‘jazz effected mental illness’ (Hogan 2010, 66). The *Irish Independent* reported in 1921 that a ‘number of scientific men who have been working on experiments in musico-therapy with the insane declare that ... the effect of jazz on the normal brain produces an atrophied condition on the brain cells.’ A decade later the same newspaper was lamenting that, its earlier warning seemingly unheeded, jazz ‘has made a terrible number of people abnormal, and ... these people, whom I might call jazz addicts, have lost control of themselves’ (both quoted in Hogan 2010, 66, 68-9).

Reading jazz through disability studies; or, crippling jazz

How convincing is the connection? It is worth briefly comparing jazz with DS work on other music types to begin to identify the space jazz may uniquely inhabit. Let us consider the classical orchestra, and then the blues, for each will throw some light on the claims of jazz.

Within studies of music and disability, Alex Lubet’s work stands out for its most committed championing of the specific practice of jazz. In his view, ‘[t]he interpretive latitudes of jazz—to arrange, improvise, and compose one’s parts’ (2011, 50), are a vital liberatory feature. Lubet sees the jazz cultural system in stark opposition to the western classical tradition. Even if jazz is ‘no utopia, [it nonetheless] provides expressive latitudes sufficient to accommodate the embodied variations of technique and style’ of differently-abled instrumental players. By contrast, the western classical tradition is largely a ‘crip-free’ zone, its orchestras ‘sonic Spartas that eliminate’ those unable (for whatever reason) to be good enough (Lubet 2011, 77). In the context of disability accommodation, for Lubet classical music is ‘a rigid, ungenerous cultural system’ which practices ‘a particular kind of psychological cruelty’ (2011, 33). ‘The protocols’ of jazz, on the other hand, ‘are shown to accommodate individual impairments far better, even allowing for unique approaches to virtuosity, thus providing an apt model for full participation of musicians with disabilities’ (Lubet 2011, 11). The contrast could hardly be clearer, nor more provocatively stated. Lubet cites the example of the disabled guitarist and jazz innovator Django Reinhardt, who will be discussed further later: ‘Brilliant as a jazz guitarist, with an idiosyncratic, self-adapted technique, *he would have been unable to play even the most basic classical repertoire*’ (Lubet 2011, 89; emphasis added).

There are other ways of looking at jazz through disabled music. In her work on disability and public culture, including of the street, Susan M. Schweik has argued that

[a]mong American arts traditions, blues is notable for claiming disability. It might even be argued that *to a significant extent impairment constituted the blues*. As [Stuart] Broomer puts it, ‘Jazz usually cultivated grandeur in its naming—King Oliver, Duke Ellington, Count Basie, the Pres’ Lester Young, Lady Day.... The blues, however, had an eye for the quickly noted disability. Apart from some early singers with regal titles ... the blues celebrated the infirm (Peg Leg Howell and Cripple Clarence Lofton).’ (2009, 199; emphasis added)

And of course, the African-American blind blues tradition was also one of naming and claiming: Blind Willie Johnson, Blind Willie McTell, Blind Lemon Jefferson, Blind Boy Fuller, and so on. (Elsewhere, Terry Rowden shows how for visually impaired African-American musicians ‘their blindness, like their blackness, has been a “difference that has made a difference” in both the music they produced and the ways that music has been received’: 2009, 1.) Of particular interest is that Schweik and Broome’s efforts at crippling the blues are performed specifically *in contrast with* jazz, which is viewed in this instance more narrowly and critically, as a form of music fantasising (or, arguably, possibly signifying) social privilege.

However, notwithstanding the blues, we can extend the discussion about jazz’s relation with disability. So far we have looked mostly negatively: at ways in which the early reception of jazz was seen as threatening and damaging to what was presented as normal, healthy society; jazz as disabling. But there are other perspectives, which can frequently be thought of as more enabling. Lubet identifies an ideal moment or situation, which is

when musicians have been able to craft a praxis around their impairments, to actually *perform their impairments* in a manner that yields something musically unique. The impairment either inspires a music that would simply never occur to an able-bodied performer or the impairment enables music that would be impossible for a more typically abled artist. Both of these scenarios have framed the careers of important jazz musicians. (Lubet 2011, 41)

Jazz is periodically a freaky, squeaky, leaky form, in which extended instrumental techniques produce novel sound, noise and effects. It has frequently been an oral/aural practice, not fixed on notation. Sonic abnormalities have been core aspects of its production. Improvisation and adjustment are core aspects of its creative process. All of these features speak to the lived experience and cultural articulation of disability. There is wide acceptance—even expectation—of unconventional technique towards instrumentalism, by which, for aspiring jazz musicians with disabilities, ‘necessity has been the mother of ... stylistic invention’ (Lubet 2011, 52). Also, as if to underline the music’s expressive lability, free improvised music, including the anti-technique turn of in particular second-generation European free players, has encouraged an accessibility to creativity and a less value-laden aesthetic sensibility.

Jazz’s generous inclusion of musicians with (physical) disabilities, and acceptance that that also involves supporting and facilitating their presence, should not be underestimated. There is also the intersectional argument. Frequently a music of or at the margins, jazz’s essential engagement with peripherality may have encouraged adjacent or overlapping identities and experiences. Thus we can begin to think of the enabling music of jazz, ‘whose essence is *the embrace of difference*’ (Lubet 2011, 65). Lubet tentatively suggests a ‘complex’ argument that, as music of black origin rooted in transatlantic slavery, jazz has a relation with disability which allows them—these overlapping constituencies of jazz musicians and people with disabilities—to function together as a kind of socio-cultural ‘coalition of the oppressed’. Such a reading rather assumes that one accepts the intersectional relationship; in my experience that is not always the case. (To understate the resistant position, let us simply say that, really, not

everyone wants their special identity touched by the crip.) But there may indeed be something in this particular ‘black music’s power to accommodate impairment’, as he suggests (Lubet 2011, 67).

Disabled jazz musicians

Before [pianist] Bud [Powell] went to Bellevue [psychiatric ward in 1946], everything he played had a wrinkle in it; there was always something different about the way the music came off. Man, after they bashed his head in and gave him some shock treatments, they would have done better cutting off his hands.
Miles Davis (1989, 202)

I want to turn now to consider the cases of a small number of important jazz musicians. It is not my purpose to replicate unproblematically here a jazz canon; it *is* my aim to illustrate something that DS scholars know very well from many critical discussions of other social and cultural contexts. The moment we begin to look for people with disabilities and aspects of disability itself we find them everywhere. Or, as Joseph Straus has put it in *Extraordinary Measures: Disability in Music*, ‘[d]isability has been so thoroughly stigmatized in our culture as to render it largely invisible in critical accounts. But it has been hiding in plain sight’ (2011, 102). For example, besides Connie Boswell, discussed below, the childhood contraction of polio in seasonal epidemics prior to the introduction of mass vaccinations in the 1950s was a significant formative experience for a set of notable jazz musicians—including Charlie Haden, Horace Parlan, Dave Liebman, David Sanborn. This is not simply a medical cluster: consideration of these musicians’ autoethnographies reveals an intimate relation between disability and musical creativity. So, for example, both Sanborn and Parlan were encouraged to take up their instruments in childhood as an element of their physiotherapy and recovery. For each musician, it is arguable that the successful musical career came about *because rather than in spite of* the childhood disease, musicality originating as a therapeutic response to the residual symptoms of the medical condition. Besides Roland Kirk, discussed below, jazz has frequently made a space for the visually impaired musician, from Art Tatum to George Shearing, Lennie Tristano, Tete Montoliu, Diane Schuur. At the very least this the fact that, as Rowden notes, ‘[f]or centuries, music has been one of the few respectable careers available for the blind (as it was for African Americans)’ (2009, 2).

Buddy Bolden

That’s Buddy Bolden. He’s gonna blow his brains out someday because he plays too loud.

New Orleans drummer Paul Barbarin’s mother, to the young Paul
(quoted in Marquis 2005, 70)

Charles ‘Buddy’ Bolden (1877-1931), was an innovative New Orleans cornetist and bandleader active around the turn of the century. He is not only frequently acknowledged as an ‘important pivotal figure in early jazz history’ (Marquis 2005, 82), but indeed ‘often cited as the first jazz musician’, while his band is ‘the most important unrecorded ensemble in the history of jazz’ (Gioia 2011, 33, 199). Though a brass player

himself, Bolden's main work was not with brass parade bands, but with the string bands of dances and parties—the only surviving photograph of him shows (six of) his seven-piece band with double bass and guitar, for instance. Ted Gioia sees his embrace of 'the blues sensibility and structure' as Bolden's major achievement in his decade or so of active playing, going on to observe that, 'even if he did not invent jazz, he had mastered the recipe for it, which combined the rhythms of ragtime, the bent notes and chord patterns of the blues, and an instrumentation drawn from New Orleans brass bands and string ensembles' (Gioia 2011, 34). Bolden was effectively playing 'the music that became jazz', in Alyn Shipton's neat phrase (2002, 83). He developed his band's music into a sound that would appeal to 'a liberated, post-Civil War generation of young blacks' (Marquis 2005, 43). The 'daring lyrics' to his wonderfully-entitled signature song, 'Funky Butt', were 'symbolic of the more outspoken attitude of the younger black men of his day' (Gioia 2011, 34). Of 'Funky Butt's incendiary potential, none other than Sidney Bechet recalled that 'the police put you in jail if they heard you singing that song' (quoted in Marquis 2005, 111). Bolden and his band set New Orleans alight.

But, although he lived until 1931, Bolden's sonic, performative and attitudinal innovations lasted only roughly from 1894 to 1906, for in that year he experienced a series of mental health crises, variously described by Donald M. Marquis as 'depression', 'dementia', 'fits of insanity' (2005, chapter 9), and he became prone to violence. The following year, very swiftly by now 'a derelict, a drunk ... impoverished and incoherent', he was declared insane and committed to the Louisiana asylum at Jackson, not yet aged 30, for the rest of his life. There exists no known recorded trace of Bolden's playing. Yet what is remarkable is the way Bolden's cornet tone, sound, choice of notes and arrangements, and the impact of these on listeners, audiences and fellow musicians, is described. His sister-in-law Dora Bass said Bolden 'broke his heart when he played'—not *her* heart, but his own. A local musician described how 'He played like he didn't care', while another said 'With all the notes he'd throw in and out of nowhere, you never heard anything like it' (each quoted in Marquis 2005, 99, 101, 101). Most resonant, perhaps, is the memory of trombonist Bill Matthews:

... on those old slow blues, that boy could make the women jump out the window. On those old, slow, low down blues he had a moan in his cornet that went all through you.... Everybody was crazy about Bolden.

Also, he influenced other musicians strongly: on hearing Bolden once only, George Baquet remembered that 'After that I didn't play legitimate so much', and violinist Paul Dominguez also recalled his deligitimating impact, which we can think of as the power to make you play wrong: Bolden 'cause[d] those younger Creole men like Bechet and [Freddie] Keppard to have a different style all together' (each quoted in Marquis 2005, 100, 99, 100). This new sound that Bolden played, that would come to be called jazz, was powerful and life-changing.

Apparently from an edge, the edge of sound mental health or a normal life itself, Buddy Bolden, 'the most mysterious figure in the annals of New Orleans music' (Gioia 2011, 33), seems to have had a mind that let him hear and create a new music, even as his cognitive function could not bear the weight of what he was making. Or are we already entering the 'overblown' (Whyton 2010, 4) myth-making world of jazz legend, of *jazz madness*? Bolden's tantalizing as well as desperate story, his achievements and

influence, which is shrouded in silence, is also one of cognitive impairment at the heart of the jazz tradition. There is no music, and it is everywhere. Bolden seems to confirm from the very start of the music (I appreciate the problematic underlying that formulation) what Stras has found in her work, that, '[m]ost commonly, jazz and its consumption were seen as both the origin and the product of mental or "nervous" disorder' (2009, 300). There may be something else though with Bolden the instrumentalist and jazz, which is a wider point about music; in discussing the relation, we can see 'the advantages in working with a nonverbal medium. Music can represent mental states directly, including those classified as illnesses or disabilities, without the mediation of language' (Lerner and Straus 2006, 8).

Django Reinhardt

The Belgian-born French guitarist Jean Baptiste 'Django' Reinhardt (1910-1953) can be thought of as 'a perfect case study of adaptive virtuosity.' Lubet is in no doubt about Reinhardt's significance and achievement, which are in his view profoundly connected: he was 'arguably the single most important jazz guitarist of all time and the first great jazz innovator from beyond African American roots [who] developed both a technique and style that emanated from a seriously impaired fretting hand' (2011, 45, 50-51). With violinist Stéphane Grappelli Reinhardt founded the Quintette du Hot Club de France in 1934, featuring also two rhythm guitars and double bass. The band drew on Gypsy traditions, folk music, jazz improvisation and repertoire, classical composition, within the French music scene to become 'pioneers of European jazz' (Gioia 2011, 160). Reinhardt had been something of a child star, playing in Parisian dance bands as a teenager, but a caravan fire aged 18 caused major burns over the left side of his body and resulted in two years of treatment and rehabilitation, in which he learned to walk again, as well as play his instrument once more, though his left hand was permanently damaged. During his rehabilitation, as he taught himself to play again (he was self-taught, and did not read music) Reinhardt also changed instruments, switching from a six-string banjo-guitar to a six-string steel-strung acoustic guitar. Benjamin Givan cites various explanations for this switch, related to his concurrent physical transformation: the guitar required a lighter touch than the banjo and so was easier to play, or the sound of the guitar was mellower and so 'better suited to the hospital ward' (Givan 2010, 8).

Within his extensive analysis of Reinhardt's repertoire, Givan includes a comparison between two versions of the tune 'A little love, a little kiss', one by Reinhardt and the other, earlier, by US guitarist Eddie Lang. He concludes that, '[f]rom a technical standpoint, Lang's version serves as a stark reminder that Reinhardt's disability was, despite his adaptability, considerable.... [His injury] represented a colossal challenge, imposing considerable limitations on his instrumental technique (2010, 18, 24). As for Django's adaptability, '[a]lthough his left hand clearly was disfigured, the view of some authors that two of his fingers were "useless" or "paralyzed" is misleading' (Givan 2010, 10). He had some capacity with the impaired third finger for playing chords, and, for barré chords, he could employ his left thumb over the top of the fingerboard to hold the bottom E-string note.

So influential was Reinhardt that it is common enough today to see in the legion of able-bodied guitarists who play in the Hot Club / Gypsy / manouche jazz style the conscious restriction to using only two fingers of the fretting hand, 'as both an act of

reverence and an attempt to approximate their idol's sound' (Lubet 2011, 47). We should pause here and consider further this deliberate act of halving oneself (from four to two fretting fingers). Within an entire genre of improvised music-making, with generations of followers playing in the Gypsy jazz idiom, there are many lead instrumentalists who consciously restrict their left-hand capacity, in order to attempt to imitate the special sound or quality of his chord voicings, arpeggios, runs. By such players, the authentic Django guitar sound is viewed as a crip technique and they are, we can say, self-(pseudo-)cripping in the attempt to capture that form of jazz's expressive possibilities.

Connie Boswell

Connie Boswell (1907-76) was a white southern singer from New Orleans, first with two family members in a close harmony vocal trio as the Boswell Sisters in the 1930s, when they were major radio stars across the US, and then as a solo artist, and in an enduring set of duets with singer and film star Bing Crosby. Her deep voice, blues-inflected and sometimes scat-oriented singing style, unique arrangements, and sense of vocal playfulness made her a 'key figure ... in the development of the voice as a carrier for jazz' (Stras 2009, 317); she was a significant influence on the likes of Ella Fitzgerald, who recalled that Connie 'was doing things that no-one else was doing at the time' (quoted in Stras 2008, 259). According to Laurie Stras, Boswell holds 'a unique position as the only visibly disabled "A-list" female popular entertainer for most of the twentieth century' (2009, 298): she was a wheelchair user as a result of contracting poliomyelitis ('infantile paralysis') in childhood. In an indication of the multiple roles that members of bands and ensembles can play—both musicians and facilitators, thus the ensemble is also a support network (see McKay 2013, 191)—in their early years on the vaudeville circuit in the late 1920s, the three would arrive at a small town theatre and her sisters Vet and Martha would carry Connie in a fireman's lift to the door (Stras 2008, 256). On stage she would be positioned *in situ*, at a piano or seated, before the curtain came up, or use a disguised adapted wheelchair, or, later, a fitted lower body brace over a voluminous dress to give the appearance of standing autonomously.

While primarily a radio star, listening audiences could not always tell whether Connie was black or white (Stras 2007), let alone have an inkling that she was physically disabled. But, while 'her story remains untold in most histories of jazz' (Stras 2008, 251), it is in Boswell's solo turn and its concurrence with the media shift from aural (radio) to visual (film, television) delivery that her disability became more of a (public career) issue. Decades later she remembered how '[p]roducers who knew me only from radio or recordings would call and ask me to audition for the show. I'd go over and as soon as they saw me in a wheelchair they'd freeze. It hurt. Really hurt' (quoted in Stras 2008, 261). For a while she tried opening up about her impairment, possibly inspired by her work for polio survivor President Roosevelt's new March of Dimes campaign to eradicate polio, at least until the bookings began to dry up. So, feature articles appeared with headlines such as 'She Has Made A Good Thing of Life in a Wheel Chair' (*New York Post*), and 'Boswell Would Refuse Cure for Paralyzed Legs to Help Economic Cripples!' (*Down Beat*) (Stras 2008, 261, n. 56, n. 57). Looking back on what Stras calls her 'post-confession career' (2008, 264), Boswell recalled her normalising strategies.

When for a time I wasn't getting booked, I wanted to know why. I found out that the getting on and offstage was a pretty painful-looking procedure. People came to night clubs to enjoy themselves, to have fun. They wanted to get away from trouble. I could understand that well enough and that's why I went to work to smooth out my entrances and exits.... That's how I dreamed up the skirt-covered wheelchair I use for my appearances. (quoted in Stras 2008, 264).

The intersection of gender and disability is present in the case of disabled singer Connie Boswell, who interrogated the extent to which a (female) public figure could negotiate her disability, on stage, on screen, in print. Boswell was after all the A-list musical star who *tried coming out* about her disability in the same period as the wartime POTUS was engaged in his 'splendid deception' aimed at hiding his own polio-derived impairment from the American public.

Rahsaan Roland Kirk

African-American saxophonist and multi-instrumentalist Rahsaan Roland Kirk (1935-1977) is a compelling jazz figure in the context of disability, starting most obviously with his visual impairment, which was iatrogenic as a result of hospital error during childhood. In Terry Rowden's view, 'more than any other African American blind artist, [Kirk] was both self-consciously black and self-consciously blind' (2009, 94). Relatively unusually for disabled artists, Kirk regularly explored what it meant to be disabled in his own music-making. The title track of his 1968 album *The Inflated Tear* is a musical and vocal narrativisation of his experience of being blinded as a child. Interrupting alternating childlike percussion, ballad and dissonant multi-sax sections, Kirk's voice shouts in panic the words of the nurse who was treating him: 'Help him! Help him! Please! I don't know what's happened.... I'm sorry' (Kirk 1968). Kirk often explained to sighted listeners: 'Sound is to me what sight is to you' (quoted in Rowden 2009, 95). He used the phrase 'audio color' in one album title, 1975's *The Case of the 3 Sided Dream in Audio Color*. This was a double-album, a kind of a concept album which contained a mostly silent—that is, empty—final fourth side in original LP form. We can think of this extraordinary gesture in disability cultural terms as a presentation and interrogation of aurality and its lack, from the visionary blind musician. According to Josh Kun, Kirk 'talked about sound ... through visual grammars' (2005, 117). On 1971's *Blacknuss*—featuring music played using only the black notes of the piano—'[t]he difference between the "e" [of blackness] and the "u" is the difference between sight and sound' (Kun 2005, 133)—it is also an intersectional creation by Kirk that confirms his understanding of the relation between race and disability.

It is well-known that Kirk constructed and adapted his own instruments. The stritch and the manzello were two of his own wind instruments (each a kind of modified saxophone), and a third one was what he called 'black mystery pipes', which, rather wonderfully, consisted of a piece of bamboo and some hosepipe. He also played flutes and recorders, whistles, and sometimes introduced alarm clocks and sirens into the music. Most of these would be hanging round his neck during shows. (There may have been a pragmatic rationale for this: as a blind man on stage he would always know where each was, and that it was within reach.) The overt presence of the body would be displayed in his solos via techniques including overblowing with his voice on flute, and circular breathing on saxophone. He would play three instruments at once, effectively

functioning as his own horn section. And he dressed in eccentric and arresting style. But such experimentation came at a price, and Kirk was frequently dismissed as a carny act, a clown (see McKay 2005, 196 n.8)—a ‘freak for the festival’ (Kirk 1975)—at best a showman. In *Bright Moments*, his biographer John Kruth describes Kirk in full flight. Note the emphasis on both specularity or visual display, and the choice of words which speak the discourse of enfreakment.

He was truly a sight to behold, with this nostrils flaring like a *mad* bull and his cheeks puffed out like a *monstrous* chipmunk, pumping air continuously into a *strange* array of instruments that hung from his body like *crazy* plumbing or *tangled* octopus tentacles, all stuck together with masking tape. (quoted in Rowden 2009, 93; emphasis added)

It’s the ‘masking tape’ Kruth mentions in particular that should further interest us too. In 1975 Kirk had a major stroke, which significantly paralysed the right side of his body. But he kept playing, recording, and touring. Those two previous decades of adapting and modifying instruments, his pleasure in the exploration of freaky noises and effects, and his openness to other sources of sound and music, meant that Kirk had the experience and skills to draw on to find new ways of making music. Also, he had *always* been a disabled musician; now he was simply (...) a multiply disabled one. If he could no longer play three instruments simultaneously, he could at least (still) play two or even only one. Adapted and modified technologies of acoustic music-making were his life’s effort, and, with new self-designed prosthetic efforts and refingerings, they would keep him going a while longer.

Oscar Peterson

The prodigious Canadian pianist Oscar Peterson (1925-2007), renowned for a relentless technicality and velocity in playing, had a stroke in 1993, undertook extensive physiotherapy, and managed to return to the recording studio and the concert stage late the following year. His touring schedule was reduced (though he still appeared internationally), and there were longer gaps between shows for recuperation. He continued to play publicly until a few months before his death. The stroke affected his left side and arm, resulting in a significantly diminished capacity for his left hand at the piano. According to Alex Lubet he ‘regained only extremely limited use of his left hand in his playing, almost always playing only the occasional bass note or [dyad].... He was thus, post-stroke, practically a one-handed pianist’ (Lubet 2013, 153, 156). For Peterson, whose reputation had rested on extraordinary technical prowess, and who was often thought of as carrying on the mantle of his hero the earlier jazz piano pyrotechnicist Art Tatum, his playing post-stroke is ‘re-imagined, not simply an impaired version of his older style’ (Lubet 2013, 162). While the odd reviewer of concerts following his return was negative (‘frankly, embarrassing’—quoted in Lubet 2013, 153), Lubet finds most willing to look for the positive in both the narrative of rehabilitation, and in the revisions to his own playing and those of his band-mates. The consensus Lubet finds is that in Peterson’s post-stroke playing there is ‘a new aesthetic sensibility born of technical limitations [and perhaps also] a new reflectiveness as an aesthetic maturing in response to loss’ (2013, 163). Peterson discussed his musical adjustment in 2002:

I still don't have the dexterity I had before.... It's a matter of reactions. If I've got an idea in my head, certain things have to happen if I'm going to play it. If that trigger isn't there, I'm going to be late. If I have to question myself in any way, if I have doubts, I don't go there.... I am trying to play in a more lyrical way now.
(quoted in Lubet 2002, 153)

The wider point is that jazz is a music form and practice that permits and accepts such adjustments—even from as wide a shift as Oscar Peterson's diminished pianism encapsulated. Lubet presents a theorisation of the kind of facilitative musical support of his band-mates as a form of 'performative prosthesis' for Peterson—the technical prowess of his chosen guitarists and double bassists partly chosen with that in mind, to supplement the lack of such prowess now from Peterson himself. Alternatively, on two of his post-stroke albums he is accompanied by another pianist. Thus, for Peterson as a disabled musician, 'the prosthetic function is performed not by devices, but by people' (Lubet 2013, 158, 157).

In thinking about the likes of Rahsaan Roland Kirk and Peterson, it is useful to draw on Straus's argument, from *Extraordinary Measures*, that "late style" is usually better understood as "disability style." Though writing specifically of Western classical composers, his acute observation stands also for improvising musicians: 'Music written [or played] in an apparently "late style" usually has more to do with the physical and mental condition of the composer [or improviser] than with chronological age [or] proximity to death' (Straus 2011, 82, 83). To be able to play or sing in one's late or disability style, *and* to have an audience willing to listen to what one has (still or newly) to say, is a commendable feature of jazz music, and one which confirms its enabling capacity.

Conclusion: the Jazz Cripples

At its best, we can think of jazz as a generous, inclusive form which has wanted and been able to accommodate the differently embodied or minded, because jazz was capable of flexibility and sought novelty, and because jazz was a music forged in the experience of oppression, resistance and liberation. In its concern with the individual voice of expression, its fetish of the desire for the musically unique in tone or approach, jazz was open and welcoming to those who could, as Laurie Stras has put it, 'sing a song of difference' (2009). This embrace of its inner crip was there in the fundamentals of the music—its freak noises and effects, its syncopated rhythms that are *alla zoppa*, its out-of-control dancing body, its acceptance of alternate techniques or voices. The embrace is also there in the music's history and innovation, from the very start, in the United States (Buddy Bolden) as well as in Europe (Django Reinhardt). And, as its musicians have aged or transformed, experiencing diminished or different physical capacities, say, jazz has offered ways to keep them playing and hear and enjoy their 'late' (in Straus's meaning) wisdom. As Alex Lubet, jazz's strongest advocate in terms of disability (and a disabled jazz musician himself—I am guessing that these are not unrelated), argues,

it is clear that jazz is a musical social confluence within which artists with physical disabilities are able to pursue or continue their careers. This owes to the

nature of jazz virtuosity, which does not simply permit but demands personal idiosyncrasy. (2013, 154)

The field of jazz studies, new or otherwise, is somewhat behind the curve in thinking about the relation between music and disability—a surprise in some ways, for the scholarship of a music of (apparent) spontaneity and improvisation that likes to think of itself as culturally *and* socially liberatory. The ‘incorporation of disability studies into musicology’ that has in recent years led to significant development of ‘models for how the hermeneutics of disability studies can be applied to music’ (Stras 2009, 299) has faltered or even been absent in jazz studies. (It is I think notable that little of the scholarship cited about music and disability in this chapter is by researchers recognisably associated with jazz studies—we have currently to look elsewhere for ideas on how to crip jazz.) There is much further work to be undertaken here in this field, which is after all rich in disability achievement and presence and ripe for such work. Yet in some ways—in enough ways already—surely we can see and hear that jazz is a form of music founded on disability; it is a form of music *sounded* on disability; it is a socio-cultural practice made by and making space for disability. If you look in your local listings for clubs and gigs, you will note that the Jazz Cripples are playing near you, very soon. Go and see them. They are a great band. Doing the ‘Funky butt.’

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