Text Matters, Number 9, 2019
http://dx.doi.org/10.18778/2083-2931.09.17

C O P E
Member since 2018
JM13714

Nicole Fayard
University of Leicester

Spaces of (Re)Connections: Performing Experiences of Disabling Gender Violence

Abstract

The article explores the potential "healing" role performance art can have when representing disabling trauma, and engaging, as part of the creative process, participants who have experienced in their lives significant trauma and physical, as well as mental health concerns arising from gender violence. It focuses on the show *cicatrix macula*, performed during the exhibition *Speaking Out: Women Healing from the Trauma of Violence* (Leicester, 2014). The exhibition involved disabled visual and creative artists, and engaged participants in the process of performance making. It was held at the Attenborough Arts Centre in Leicester (UK), a pioneering arts centre designed to be inclusive and accessible. The show *cicatrix macula* focused on social, cultural, mental, and physical representations of trauma and disability, using three lacerated life-size puppets to illustrate these depictions. Working under the direction of the audience, two artists attempted to "repair" the bodies. The creative process was a collaborative endeavour: the decision-making process rested with the audience, whose privileged positions of witness and meaning-maker were underscored. Fayard demonstrates the significance of *cicatrix macula* in debunking ablist gender norms, as well as in highlighting the role played by social and cultural enablers. She calls attention to its potential for mobilizing positive identity politics, including for viewers who had experienced trauma. For example, the environment of the participatory performance space offered some opportunities for the survivor to become the author or arbiter of her own recovery. In addition, the constant physical exchange of bodies within this space of debate was well-suited to the (re)connection with the self and with others.

Keywords: gender violence, performance art, disability, trauma, identity politics.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

Recent research on representations of the disabled body in museums and galleries has provided evidence of the fundamental social and political role played by cultural institutions in influencing public understanding of disability, as well as their responsibilities in encouraging both public and creative engagement. In the UK, increasing attempts are made nowadays to engage the audience in debates about human rights and social justice. Importantly, as institutions located in the public sphere in which different issues can be presented and debated, museums, art galleries, and theatres tend to be understood today as loci of active learning where the user constructs his or her own knowledge via direct engagement with such experiences (Sandell and Dodd 20). Combined research and activist practice in museal projects in the first decade of the millennium has drawn attention to the importance of focusing on both the individual voices and the lived experiences of disabled people in order to counter social stereotypes and facilitate new understandings (Sandell and Dodd 14–16). Awareness-raising about the mechanisms of exclusion and stigmatization, therefore, has to include the recognition that experiences of difference can be shared.

However, Richard Sandell and Jocelyn Dodd rightly warn that this knowledge will always be framed through the curation process:

> There is no neutral position. Just as visitors will create meaning out of the purposeful interpretations they encounter, they will also draw conclusions from the marked absences, awkward silences and skewed representations surrounding disability that they currently find in most museums. (20–21)

The resulting "politics of absence and presence" (Carden-Coyne 69) that this creates especially affects the representation of disabling traumatic memories. Williams, Hughes, and Zelizer have all drawn attention to the risks of memorialization of trauma narratives for political purposes, as well as to the dynamics between selective remembering and forgetting. When images of disabled people and wounded bodies are framed in terms of their difference and their distance from contemporary viewers (Boltanski 3–13), this induces in the viewers a sense of detachment, causing them to fail to question the social structures that make violence possible (Carden-Coyne 68). Such visual strategies also tend to revert to medicalized portrayals of disabled and wounded people as sick and passive victims (Borsay), and the objectified needy recipients of the pity of contemplative audiences (Kudlick 768).

One such silence surrounds gender-based violence against disabled people, which is an issue which rarely makes it to the top of the social

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

and political agendas, let alone museums and galleries. While UK crime statistics reveal that over 1.2 million British women are likely to suffer domestic violence every year, with two women killed by their partner every week, latest surveys estimate that disabled women are "twice as likely to experience gender-based violence than non-disabled women" (The Nia Project).[1] According to a 2015 Public Health England report on disability and domestic abuse, disabled women are more likely to experience higher and multiple forms of abuse, often disability-related, and over a longer period of time. The violence is more frequent and severe than that experienced by non-disabled people (Dockerty et al.). People with mental illness and PTSD are four or seven times more likely to experience domestic violence respectively. Women presenting with depression are also twice at risk of being abused than women who do not report a mental illness (Dockerty et al. 9). Existing scholarship has also shown that the patterns of abuse mirror those in the non-disabled population, with the majority of domestic and sexual violence perpetrators being men and those abused being usually women, and abuse also occurring in same sex relationships (see Pearson, Harwin and Hester; Cattalini; Nosek et al., "Abuse" and "Disability"; Hague et al.). Likewise in the US, where research into the abuse of disabled women is more widely available than in the UK, 83% of women disabled since childhood have declared being the victims of sexual assault, with half experiencing ten or more incidents. In one study, 40% of physically disabled women were estimated as having been sexually assaulted. Patients with a psychiatric illness are also twice as likely to be victims of sexual assault as the general population, with 45% of female psychiatric outpatients reporting having been sexually abused during childhood (Wisconsin Coalition against Sexual Assault). In addition, qualitative studies available on the subject have, in the main, been carried out by health practitioners, and therefore continue to situate disability-related abuse within the medical model of disability. This approach contributes to hiding the gendered nature of the abuse, as well as systemic inequalities (see Mays 148; Plummer and Findley 25–26).

The impact of domestic and sexual abuse on health, including serious physical injuries, trauma, depression, but also death, is well documented (Campbell; Humphreys and Joseph; Mezey et al.). It must be noted that it can be especially devastating for disabled women, preventing them from managing their primary physical disabilities, and also causing incapacitating secondary illnesses (Dockerty et al. 14). Therefore, while gender violence is

[1] It is estimated that in the UK today over 11 million people (19% of the overall population) have "a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities" (Burke et al. 61).

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

frequently "disabling" for victims, it tends to be doubly so for disabled people. Dockerty et al. report that "the severity of an impairment increases the risk of abuse," with people with a limiting disability being 2.3 times more likely to be abused than non-disabled people (10–11). Importantly, risks increase because of societal constructions of disability: threat factors increasing the likelihood of domestic abuse for disabled people include lower educational levels and unemployment. In addition, disabled women experience forms of multiple exclusion and discrimination, as they tend to participate less in the employment market than men (Nosek et al., "Abuse" and "Disability"), and have lower incomes than women free from abuse (Barrett et al.).

These patterns contribute to reinforcing social barriers and prejudices. When disabled people are unvalued, and perceived as dependent, passive, or unreliable, it makes it harder for them to seek help, escape, or be believed. They are also presumed to be asexual, which can prevent them from reporting the abuse, and contributes to the violence continuing. This is particularly the case for women living with mental illness or learning disabilities, whose perceived vulnerability may make them a particular target for perpetrators, especially when the abuser is a carer (The Nia Project). Such understandings also cause disabled people to receive less education about their sexuality and rights, and to be overprotected by family and social services, making them less able to identify abuse when it takes place. There is, therefore, a point to be made about the double discrimination experienced by disabled people on the grounds of gender violence. Social isolation and dependence are additional risk factors for domestic and sexual abuse. Evidence shows that perpetrators especially target victims who are socially isolated because they believe the abuse will not be reported. Abuse also takes the form of coercion, control, and power, ranging from humiliation and withdrawal of food, care or medication, to the destruction of medical equipment.

Violence against disabled women is therefore both a gendered and a political issue whereby the intersection of multiple forms of social oppression reinforce each other, causing disabled women to be "at greater risk of not having their needs addressed" (Mays 155). Disabled women have been increasingly contesting the perspectives which ignore the ways in which they have been represented, including by some of the feminist discourses which have defined disabled women and their sexuality according to the binaries of sameness and difference (see Fawcett; Rossiter, Prilleltensky and Walsh-Bowers; Fook). Crucially, these debates predominantly draw on notions of (self)representation and agency which, ultimately, need to be based on appraisals of the social reality. This includes discussing the impact of violence on bodies and minds. Recent British materialist/realist scholarship has attempted to bring the body back into the social model

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

of disability (French; Crow; Shakespeare). Thomas and Shakespeare have argued that separating the body from culture (i.e. impairment from disability) ignores the living reality of the disabled person, who may experience debilitating constraints caused by a biological or psychological impairment (Thomas; Shakespeare and Watson; Shakespeare).[2] Although problems remain with the realist model, which risks being absorbed within normative and medicalized theories of the disabled body, yet it permits the recognition of the lived experience of disabled people. Therefore, just as feminism has long called for approaches able to take account of women's lived experiences, as well as systemic social realities (Stanley and Wise), there is also an urgent need to take into account the material reality of disabled women's experiences of violence and their diversity.

Taking a close look at the performance of *cicatrix macula (restituo)* staged within the context of the project *Speaking Out: Women Healing from the Trauma of Violence* (Leicester, UK, 2014), this essay will explore the potential "healing" role performance art can have when representing disabling trauma, and engaging, as part of the creative process, participants who have experienced in their lives significant trauma and physical, as well as mental health concerns arising from gender violence. I argue that the performance provided powerful forms of dis-identification, suggesting new ways of understanding disabling trauma. I also suggest that *cicatrix macula (restituo)* might also have offered ways of gaining some control to the individuals within the audience that had experienced trauma. I conclude by asking whether the project was conducive to the projection of collective agency around this theme and beyond the performance space.

Speaking Out and Healing from Trauma

Over the last couple of decades, research on disability, trauma, and the creative arts has sought to establish a link between art and healing, identifying a therapeutic effect in engagement with the creative arts (Silverman; Stuckey

[2] In this essay I shall understand the term impairment to mean: "lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body" (UPIAS 1976 qtd. in Oliver, *The Politics of Disablement* 33–34). Disability will be understood as: "the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have . . . impairments and thus excludes them from the mainstream of social activities" (UPIAS 1976 qtd. in Oliver, *The Politics of Disablement* 33–34) Many disabled people tend to use the term disability when they actually mean impairment. A number of scholars, such as Carol Thomas, prefer to use the term "disablement," as well as "disablism" or "disablist" to refer to discrimination against disabled people.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

and Nobel). The museum or theatre as loci of memorialization have also been identified as particular sites for contemporary remembering and memorialization, in particular in relation to commemorations of histories of conflict and genocides (Coombes; Williams; Stone). Similar mechanisms are claimed to be at work in creative activities akin to autobiographical testimony addressing areas of women's experience (Fayard, "Faire parler" and "Rape, Trauma and Shame"). Importantly, such representations of the role of exposure to creative activities are framed within memory metanarratives, especially mobilizing global memory frameworks in situating the role and value of public testimony and recognition to deal with traumatic events. These tropes have therefore encountered considerable criticism, especially in cases when remembering is related to notions of recovery and reconciliation. Scholarship has also pointed to the erasure of disadvantaged and non-Western groups from these constructions (Silverman; Bracken and Petty; Summerfield; Fayard, "Faire parler").

For an event to be experienced as traumatic, it has to involve more than a threat of violence. It also has to entail a betrayal of trust, either from an individual, or from a larger entity such as a family, a community, or the State. This breakdown of trust shatters the victim's worldview, causing her or him to experience a sense of fragmentation of the self, as well as a breakdown in communication with others. In order for the social order to be restored, the channels of communication between the self and the wider community need to be rebuilt. Thus, psychiatrist Judith Herman states that "remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order, and for the healing of individual victims" (1). In order to be heard, the survivor-witness has to take an active role in the narration of her or his story. The act of bearing witness depends on the ability to find a listener—a witness—when no one existed before. Being able to engage with another has crucial consequences: it grounds the survivor's discourse within reality. It also restores the survivor's agency by endowing her or his words with the quality of a "truth"—the truth of the witness at the moment of articulation. Therefore via the power of public recognition, testifying can act as an instrument of recognition and agency for survivors. At the same time, bearing witness to traumatic acts of violence, can also serve as an instrument of political awareness, as they expose the role performed by relations of power in maintaining the social order.

Bearing witness thus leads to the creation of collective knowledge about trauma, a crucial stage of reconnection of the traumatized self with others, according to Herman. Importantly, in the cases of historical or social trauma, such as the Holocaust or violence against women and children, it also leads to the obligation of memorializing past and current events. This then enables both individual and collective understanding

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

about traumatic practices. Such a collective obligation similarly resides with witnesses who have not necessarily had any first-hand experience in the trauma processes under discussion. The public and political nature of art, museums, and performance spaces, therefore, comes into its own by providing opportunities for people to move through these stages of healing from trauma, as described by Herman, and provide instruments of recognition. Such an opportunity was provided by the project *Speaking Out: Women Healing from the Trauma of Violence*, which I created and co-curated with Stella Couloutbanis at the Leicester Attenborough Arts centre, in the UK in 2014.

My aim in designing *Speaking Out: Women Healing from the Trauma of Violence* (thereafter *Speaking Out*) was to bring together a number of feminist perspectives on the intersection of disability and the traumas arising from gender violence.[3] The project involved seventeen modern day visual and creative artists creating a diverse body of work, including painting, visual and multimedia art, sculpture, creative writing, music, ceramics, textile installations, as well as performance art. Overall, with the project *Speaking Out*, I put together an exhibition, a symposium, the performance of *cicatrix macula (restituo)*, and an online exhibition.[4] The show was exhibited at the University of Leicester's Attenborough Arts Centre, a pioneering UK arts centre designed to be fully accessible. The arts centre is especially renowned internationally for supporting emerging talent, disability-led artists, and inclusive work, with a strong commitment to collaborating with local artists and the local community. But with this project I was taking the gallery into new territory by also collaborating with the University of Leicester School of Medicine, University of Leicester Hospitals, the Leicestershire police, and victim support groups. The project also involved the participation—as artists, speakers, staff and members of the public—of disabled survivors from the trauma arising from domestic violence and abuse, and/or sexual violence and abuse.[5] This also especially entailed the presence throughout the performance of the Leicester charity *FreeVA* (*Free from Violence and Abuse*), who were on hand to provide support to participants who might have felt affected by the show.

The inclusion of the term "healing" in the title of project was directly linked to the aim to introduce a political dimension to the project. There was no intention on my part to conceptualize the exhibition from

[3] Information about the arts centre can be found here: www2.le.ac.uk/hosted/attenborougharts/about.

[4] Details of the show, as well as the online exhibition can be accessed at www.speaking-out.co.uk.

[5] No further details can be provided for reasons of confidentiality.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

perspectives of reparation or reconciliation between victims and aggressors. Such perspectives would have returned the viewers to individualized interpretations of disabling trauma which erase the point of view of disabled people—especially women. Instead, my overall aim was to build positive cultural identities (see Dodd et al. 16) in response to the cultural erasure of disabling trauma from gender violence in the public sphere. I also wanted disabled and traumatized people to build their own (self-) representations that would place their own voices in public contexts. The idea was that this public manifestation might help challenge reductionist understandings of gender violence and of the disabling traumas arising from it, including social exclusion and political forgetting. It was particularly important to do this in a city such as Leicester, which is one of the cities in the UK where the police and other professionals work with the charity Karma Nirvana to gain a better understanding of forced marriage and other so-called "honour crimes."

The aim of the project was therefore to locate some of the specific ways in which artistic activities enable particular forms of agency in relation to traumas resulting from gender violence. The point was to address lived experience, as well as to challenge perceptions of lived experience. The use of the keyword "speaking out" in the title of the exhibition was thus instrumental in attempting to fulfil this objective, on the understanding that its interpretation was determined by each artist's individual reading of the term. One of the aims of the project was to shift the focus of representations of disabling trauma from the problematic binaries that codify wounded and disabled women into either passive victims or heroic survivors. Instead, the main focus of *Speaking Out* was on creators of traumatic memories shifting from serving as the objects of voyeuristic and pitying discourses to gaining agency and voicing their new autonomous selves in ways that confront the normative gaze. *Speaking Out*, therefore, was as much about self-recognition as it was about recognition by others that disabled and traumatized women have a self in a constant state of flux. It was about thinking about forms of empowerment.

Cicatrix Macula (*Restituo*)

One strategy for creating such a space of connection and reconnection within the gallery was offered via the show *cicatrix macula (restituo)*, which was performed on the official opening night of the exhibition with a view to engaging the audience as participants in the process of performance making. *cicatrix macula (restituo)* was created and performed by two UK female performance artists working together as the collective SSoCiaL.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

The show was born out of a desire to urge viewers to reflect on the nature of control over a body. This performance was the second part in a series of participatory events, and must therefore be viewed in a continuum in time and space (i.e. Bristol in 2013, and Leicester in 2014). SSoCiaL described the diptych as follows:

> In April 2013 in Bristol, three bodies attached to mobile trolleys were alternately slashed and repaired at the whim and fancy of the audience. Two women worked silently, directed by the audience, sometimes cutting, sometimes repairing with differently coloured materials; the path of conflict and resolution in *cicatrix macula (paratus)* was shown directly upon the bodies as scars. In January 2014, for *cicatrix macula (restituo)* the two women will work together in an attempt to restore the damaged bodies to some semblance of normality under the direction of the audience. (Fayard, *Speaking Out* 56)

The first performance in Bristol in 2013 involved the audience inflicting wounds on the puppets' intact bodies. The shock factor of the show relied on the participants being encouraged by social/cultural enablers to mutilate human body shapes. In Leicester in 2014, we focused on attempting to repair the physically and—presumably—psychologically impaired bodies. While we were very careful to establish safeguards to protect the spectators, audiences in both Bristol and Leicester included disabled and non-disabled victims and survivors of domestic and/ or violence, confidents and witnesses, and, undoubtedly, perpetrators.

The Leicester performance was based on the presence of three life-size puppets whose bodies wore signs of significant cuts and lacerations. At the beginning of the performance, the two artists, dressed in mock surgical scrubs, wheeled the three puppets on hospital trolleys into the middle of the performance space and arranged them in a prone position on a blanket on the floor. The audience looked on these preparations, sitting or standing in a circle around the space. The artists worked in silence, providing no explanations as to what was going on. The puppets were made of identical plastic covering and all three were devoid of facial features and other identifiers of gender, age, ethnicity, social class, or sexual orientation. Their individuality and identity was, however, clearly marked as each was stuffed with a distinct material: feathers, sand, and sawdust. For the performance in Leicester, the gaping wounds on the puppets' plastic skin were held together with emergency tape. They were constructed as motionless, mute, and helpless—in a nutshell, constricted by their circumstances and excluded in ways that rendered them disabled.

During the rest of the performance, the artists invited the audience to assist them in repairing the severely maimed bodies. The audience was

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

invited to join the artists at a table to record their private hopes and wishes on pieces of paper. Colourful blankets were cut up into strips into which the piece of paper was inserted and made into a neat parcel. The spectator then used the parcel to refill the bodies by inserting it inside a scar of her or his choosing. Following this, and under the direction of the audience, the artists used surgical needles and thread to close the scar. The process was individually photographed, and carbon copies of the wishes were kept in a book, unless the spectators requested them to remain private. At the end of the performance, again with the participation of the audience, the recovered bodies were then installed in the *Speaking Out* exhibition as a reminder of how violence can be overcome with collaborative care (see discussion below). It must however be noted that, at the end of the performance and throughout the rest of the exhibition, the wounds were still visible, with those left unsutured continuing to ooze their contents out.

The interaction between the cuts scoring the bodies of the puppets, and their live suturing was essential to the performance. Carol Thomas has drawn attention to the need to redefine the social model of disability, which she claims, views disability exclusively in the abstract. Instead, the "social relational model of disability" (*Female Forms* and *Sociologies*) characterizes disability as "a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being" (*Female Forms* 3). Thomas makes the point that some of the restrictions experienced by people with an impairment do not exclusively originate from social structures. She refers to these limitations as "impairment effects," defined as the consequences of physical, emotional, or psychological conditions on people's day to day routine. For Thomas, their effect cannot be ignored, especially as they combine with "disablism" (the oppression of disabled people caused by attitudes and social barriers). The psycho-emotional dimension of impairment effects is no less oppressive, as it becomes internalized, thus reinforcing the feelings of worthlessness created by disablism (Thomas, "How is Disability Understood?").

For Thomas, therefore, there is a need to develop an understanding of the social oppression experienced by people with an impairment, and especially the lived reality of its impact in everyday life ("Theorising Disability"). The representation of gender violence explicitly and graphically *as* violence in *cicatrix macula (restituo)* was part of this understanding. It was instrumental in confronting the audience with the reality of gender violence and its physical, emotional and psychological consequences on disabled and non-disabled bodies, which, as explained earlier, include trauma, shame, loss of self-esteem, depression and anxiety, physical pain, chronic illness, other severe impairments, and death. Death and pain are not systematically

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

accounted for in traditional representations of trauma and victimhood based on "care and control" frameworks (Oliver, *Social Work*, *The Politics*, *Understanding*; Barnes, *Cabbage Syndrome*, "A Legacy of Oppression"; Swain et al.; Barton), which prefer to focus on the relationship between the victim and the perpetrator. By contrast, *cicatrix macula (restituo)* confronted us with the materiality of the body in pain with oozing, gaping wounds. It showed that although wounds can be sewn back, permanently visible scars remain. I was surprised to see many audience members flinch when inserting their messages into the bodies' gaping wounds and watching the artists sew the puppets back together, as if the spectacle of pain was "real" and painful to witness. In this respect, it is possible to argue that *cicatrix macula (restituo)* successfully accounted for the social reality and discomfort of the impaired and traumatized body and mind.

The anonymous physical representation of the puppets played a further role in renegotiating stabilized identities. The audience was reminded of two crucial positions: firstly, images construct rather than merely represent; secondly, the space of the body is also a discursive space. This is also where the representation of the body in its factual, natural, and performative dimensions played a crucial part in challenging representational norms. The featurelessness of the puppets acted as a useful reminder that violence and impairment can affect everyone, irrespective of age and background. Also, as theatre props, the puppets were necessarily objectified—in the same way as violence, rape, or an impairment are used to objectify and discriminate against people. Similarly, their lack of personal agency also implied that they could not take personal responsibility for the wounds lacerating their bodies. But each had been individually filled either with sawdust, feathers, or sand which spilled out of their wounds. The representation of the impaired or wounded body as a leaky vessel aptly symbolized the puppets' inherent difference. This deliberate process of othering challenged any attempt at self-identification, with the puppets destabilizing dominant norms of organicity, femininity, and ablism. The decisions made by the audience during the performance, such as choosing to become involved or not, asked further questions about who has agency in constructing understandings of disability and gender violence. The spectators were both viewers and social agents, imbued with the power either to hurt or repair, to speak out or remain silent. As mentioned above, some of them were disabled, and lived with gender violence themselves. All of them, including those who chose to remain passive viewers, had to acknowledge their voyeuristic position and, more broadly, assess their social responsibility. Thus, the performance provided opportunities to reflect on the ways in which institutions, power, and language construct social relations and frame identity and (self)-definitions.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

Thus, *cicatrix macula (restituo)* offered an approach whereby the impaired, traumatized body can be performed in its lived reality rather than as deviant. It also provided a focus on the effect of the physical manifestations of impairment on witnesses and confidents, thus laying foundations for interactions. This motivation explains SSoCiaL's desire to adopt a decentred, multi-vocal approach, and making the creative process dependent on audience participation. This is important as it means that the theatre and gallery, as well as the artists and curators, were no longer solely responsible for affixing constraining labels onto people (see Dodd et al.), especially within the context of *Speaking Out* which dealt with both physical and mental impairments arising from trauma. Debates around the act of professional "labelling" focus on the negative impact on disabled people of reductionist categorizations and differentiations (Edgerton; Walmsley). By contrast, in *cicatrix macula (restituo)* the decision-making process became a personal act of providing disabled and non-disabled members of the audience with opportunities for personal responsibility and self-representations. This included having to make deliberate choices, such as: whether to participate in the performance or not; whether to write into the book of wishes; whether to reveal their thoughts to others; whether to help repair the bodies. Ultimately, the decision of whether the performance would take place rested entirely in the hands of the participants. Thus, the creative process in *cicatrix macula (restituo)* was a collaborative endeavour, with agency located in the viewer. While, by the end of the show, some of the audience might continue to think in terms of fixed categories, it is also likely that a number of spectators returned home that night with a more positive understanding of the power mechanisms at work in understanding of gender violence, impairment effects, and disability.

So far, two highly significant features in the performance of *cicatrix macula (restituo)* have been highlighted which succeeded in making the wounded disabled body present in performance, both physically and symbolically. On the one hand, the role played by the materiality of the puppets' bodies in debunking ablist gender norms; and on the other hand, audience participation highlighting the importance of social and cultural enablers. Both features are important for mobilizing positive identity politics and encouraging social change.

(Re)Connecting Bodies

Postconventionalist perspectives on the body (Braidotti; Shildrick) propose that bodies are always in a state of becoming through their interactions with others. Similarly to the above, this suggestion allows us

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

to move away from normative and dominant subject position, offering positive subjective and organic possibilities for the Other. Braidotti argues that the postconventional body is "a multilayered subject that is embodied, but dynamic, corporeal and in-process. It has to be built up over and over again and its expression is therefore concomitant with the constitution of the social field." She adds that dislodging dominant subject positions and fixed labels can enable the self to learn to reinvent itself. In this process of transformation, it desires interconnections with others, all similarly in a constant state of flux (Braidotti).

This interpretation, which goes against the normative, unified, same body with fixed boundaries (Shildrick 25), removes the stigma against the leaky, different body: we are all, always, different to ourselves and each other. Equally importantly, it also removes repressive anxieties about the dangerous significations of intercorporeality—sexual or otherwise—as well as collective action, and has therefore profound political potential. By requiring participants physically to interact with and touch bodies constructed as impaired victims of violent acts, *cicatric macula (restituo)* confronted the audience with constructions of trauma, violence, and disability in three-dimensional terms. This embodiment and intercorporeality played an important role. Firstly, I would argue that it came across as radically different from traditional narratives of gender violence which are constructed in binary terms, opposing the powerless victim to the heroic survivor (see Fayard, *Speaking Out*). By contrast, the puppets' lifeless bodies incarnated the stark reality of violence. Importantly, in *cicatrix macula (restituo)*, trauma could also be materially experienced by the viewer though physical contact with the mutilated bodies.

Secondly, this experience took place within public contexts, with traumatized bodies being exposed to public view within that space. Direct and public interaction between the audience and traumatized bodies means that, like disability, violence and trauma can no longer be considered as abstractions, or as belonging to the private domain. Therefore, as shown above, three types of collective bodies were introduced into the performance: the body impaired through violence; the disabled body; and the collective body as witness and constructing agent. All three bodies had the opportunity to tell their own story and communicate with each other. Crucially, all three discourses were grounded in reality.

In the first part of this essay, I referred to the need for bodies to take an active part in the narration of their story in the here and now in order to be heard. According to Flax, justice and citizenship should be seen as a process that is negotiated between interconnected groups, implying that all are involved, irrespective of gender and disability (445–63). This inclusive, if somewhat utopian, vision of justice and citizenship therefore

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

posits the subject as agent. *cicatrix macula (restituo)* highlights that, like remembering and memorialization, social justice is a collective process. There was no performance without public participation and negotiation between the audience, the artists, and the puppets in a constant process of to-ing and fro-ing. And, similarly to the process of memorialization, (self-)inclusions, (self-)exclusions, and forgetting were also part of these negotiations.

These are fundamental realizations as they draw attention to the importance of individual action in the mechanisms of both social awareness and social protest. In *cicatrix macula (restituo)* the audience was faced with three clear choices. It could choose to watch the action only and remain passive; it could choose to speak out by taking an active part in the performance; or it could ignore the evidence and leave the auditorium. These gradations between passive acceptance, on the one hand, and active engagement, on the other, represented a microcosm of the broader social arena regarding social and political attitudes toward both violence towards disabled and non-disabled women. Individual members of the audience were forced at some point to position themselves in at least one category, as either: a witness; a disabled or non-disabled person; a gendered member of society; a victim or survivor of violence and trauma; or a confidante. These self-definitions were difficult for all viewers, including those amongst us who might have been victims—or perpetrators. Therefore, *cicatrix macula (restituo)* raised the issue of both individual and collective responsibility in the processes that normalize responses to gender violence and disability.

The space of the art gallery is well-suited to the projection of collective agency around this theme. The physical shape of the gallery and its function as a public space dedicated to the gathering of visitors around specific themes also makes it comparable to an organic body where corporal functions, including walking, thinking, listening, and talking take place. One of the specific functions of bodies where public debates take place, such as galleries, museums, and theatres, is to memorialize discussion. This includes exhibits and performances about the dead and the sacrificial haunting the living with a view to spurring them to collective action. But the process of memorialization is all the stronger when the visitors are invited to participate directly in the process of meaning-making. In *cicatrix macula (restituo)*, the contributions of artists and viewers likewise meant that a multiplicity of connected bodies from the past and in the future can keep the memory and the act of witnessing alive. This might offer possibilities of forming a community of fellow-protestors, making real change possible. In addition, it also suggests that through its legacy, the artwork looks to the future and therefore has political potential.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

I shall conclude with two final observations on the artistic memory of *cicatrix macula (restituo)*. To me, one of the main achievements of the production was its ability to resist constructions of trauma and disability as personal tragedies, and instead demonstrating their social and political nature. As long as this message is successfully transmitted, then the performance can fulfil its potential as a vehicle for social change. Secondly, the design of the show as a collective endeavour literally involving the two artists and the audience working together also worked as a strong instrument for potential change, maybe suggesting that it is through collective action that participants can gain control, however momentarily.

The aim of *cicatrix macula (restituo)* was therefore to open up a dialogue with the audience as witness and make that presence felt in order to challenge difficult understandings of disabling violence. I would also argue that one secondary aim that the performance achieved was to confront participants (museums, artists, and audiences) with new ways of looking at the themes by moving away from clichéd representations of disability, and trauma victims. By presenting the voices and memories of survivors, the artwork provided physical bodies (witnesses) with which to counter society's abstraction of gender violence and disability. Violence is objectified in the artists' representations, permitting the survivor to be reborn as a subject. The artistic memory evoked by the show therefore restores survivor agency.

Works Cited

Barnes, Colin. "A Legacy of Oppression: A History of Disability in Western Culture." *Disability Studies: Past, Present and Future*. Ed. Len Barton and Michael Oliver. Leeds: Disability, 1997. 3–24. Print.

---. *Cabbage Syndrome: The Social Construction of Dependency*. London: Faber, 1990. Print.

Barrett, Kirsten A., et al. "Intimate Partner Violence, Health Status, and Health Care Access among Women with Disabilities." *Women's Health Issues* 19.2 (2009): n. pag. Web. 15 Jan. 2016.

Barton, Len, ed. *Disability and Society: Emerging Issues and Insights*. London: Longman, 1996. Print.

Boltanski, Luc. *Distant Suffering: Morality, Media and Politics*. Cambridge: Cambridge UP, 1999. Print.

Borsay, Anne. "Personal Trouble or Public Issue." *Disability Studies: Past, Present and Future*. Ed. Len Barton and Michael Oliver. Leeds: Disability, 1997. 115–37. Print.

Bracken, Patrick, and Christopher Petty, eds. *Rethinking the Trauma of War*. London: Free Association, 1998. Print.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

Braidotti, Rosi. "Affirming the Affirmative: On Nomadic Affectivity." *Rhizomes* 11/12 (2006): n. pag. Web. 30 Apr. 2016.

Burke, Donncha, et al., eds. *Family Resources Survey 2013/14*. Department for Work and Pensions 2015. Web. 10 Jan. 2016.

Campbell, Jacquelyn C. "Health Consequences of Intimate Partner Violence." *The Lancet* 359.9314 (2002): 1331–36. Web. 30 Apr. 2016.

Carden-Coyne, Ana. "Ghosts in the War Museum." *Re-presenting Disability. Activism and Agency in the Museum*. Ed. Richard Sandell, Jocelyn Dodd and Rosemarie Garland-Thomson. Abingdon: Routledge, 2010. 64–78. Print.

Cattalini, Helen. *Access to Services for Women with Disabilities who Are Subjected to Violence*. Canberra: AGPS, 1993. Print.

Coombes, Annie. *History after Apartheid: Visual Culture and Public Memory in a Democratic South Africa*. Johannesburg: Wits UP, 2003. Print.

Crow, Liz. "Renewing the Social Model of Disability." *Coalition* (Jul. 1992): 5–9. Print.

Dockerty, Colleen, Justin Varney, and Rachel Jay-Webster. "Disability and Domestic Abuse. Risks, Impacts and Response." *Public Health England* (Nov. 2015): 1–25. Web. 20 Apr. 2016.

Dodd, Jocelyn, et al. *Buried in the Footnotes: The Representation of Disabled People in Museums and Gallery Collections*. Leicester: Research Centre for Museums and Galleries/ U of Leicester Research Archive, 2004. Web. 10 Jan. 2016.

Edgerton, Robert. *The Cloak of Competence: Stigma in the Lives of the Mentally Retarded*. Berkeley: U of California P, 1967. Print.

Fawcett, Barbara. *Theorising Postmodern Feminism and Disability: A Qualitative and Deconstructive Study of Disability amongst Disabled People*. Manchester: Manchester UP, 1999. Print.

Fayard, Nicole. "'Faire parler ces femmes, [. . .] les libérer. Parce que dans les quartiers, on ne dit rien:' Alienation, Sexual Violence and Textual Survival in the Work of Jamila Aït-Abbas, Samira Bellil, Leila and Loubna Méliane." *Alienation and Alterity: Otherness in Modern and Contemporary Francophone Contexts.* Ed. Helen Vassalo and Paul Cooke. Oxford: Peter Lang, 2009. 181–200. Print.

---. "Rape, Trauma and Shame in Samira Bellil's *Dans l'enfer des tournantes*." *The Female Face of Shame*. Ed. Erica Jonson and Patricia Moran. Bloomington: Indiana UP, 2013. 34–47. Print.

---. *Speaking Out. Women Healing from the Trauma of Violence*. Leicester: U of Leicester P, 2014. Print.

Flax, Jane. "The End of Innocence." *Feminists Theorize the Political*. Ed. Judith Butler and Joan Scott. London: Routledge, 1992. 445–63. Print.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

Fook, Jan. "Deconstructing and Reconstructing Professional Expertise." *Researching and Practising in Social Work: Postmodern Feminist Perspectives*. Ed. Barbara Fawcett et al. London: Routledge, 1999. 104–19. Print.

French, Sally. "Disability, Impairment, or Something in Between." *Disabling Barriers—Enabling Environments.* Ed. John Swain et al. London: Sage, 2014. 17–25. Print.

Hague, Gill, et al., eds. *Making the Links Disabled Women and Domestic Violence Final Report*. 2008. Web. 1 Feb. 2016.

Herman, Judith. *Trauma and Recovery: From Domestic Abuse to Political Terror*. New York: Basic, 1992. Print.

Hughes, Rachel. "Nationalism and Memory at the Tuol Sleng Museum of Genocide Crimes, Cambodia." *Contested Pasts: The Politics of Memory*. Ed. Katharine Hodgkin and Susannah Radstone. London: Routledge, 2003. 175–92. Print.

Humphreys, Cathy, and Stephen Joseph. "Domestic Violence and the Politics of Trauma." *Women's Studies International Forum* 27.5–6 (2004): 559–70. Web. 10 Jan. 2016.

Kudlick, Catherine. "Disability History: Why We Need Another 'Other.'" *American Historical Review* 108.3 (2003): 763–93. Web. 10 Jan. 2016.

Mays, Jennifer. "Feminist Disability Theory: Domestic Violence against Women with a Disability." *Disablity & Society* 21.2 (2006): 147–58. Web. 10 Jan. 2016.

Mezey, Gillian, et al. "Domestic Violence, Lifetime Trauma and Psychological Health of Childbearing Women." *BJOG: An International Journal of Obstetrics & Gynaecology* 112 (2005): 197–204. Web. 10 Dec. 2016.

Nosek, Margaret, et al. "Abuse of Women with Disabilities: Policy Implications." *Journal of Disability Policy Studies* 8 (1997): 157–76. Print.

---. "Disability, Psychosocial, and Demographic Characteristics of Abused Women with Physical Disabilities." *Violence Against Women* 12.9 (2006): 838–50. Print.

Oliver, Michael. *Social Work with Disabled People*. Basingstoke: Macmillan, 1983. Print.

---. *The Politics of Disablement*. Basingstoke: Macmillan, 1990. Print.

---. *Understanding Disability: From Theory to Practice*. Basingstoke: Macmillan, 1996. Print.

Pearson, Chris, Nicola Harwin, and Marianne Hester, eds. *Making an Impact: Children and Domestic Violence. A Reader*. London: Jessica Kingsley, 2007. Print.

Plummer, Sara-Beth, and Patricia Findley. "Women with Disabilities' Experience with Physical and Sexual Abuse: A Review of the Literature and Implications for the Field." *Trauma, Violence, & Abuse* 13.1 (2012): 15–29. Web. 10 Jan. 2016.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

Rossiter, Amy, Issac Prilleltensky, and Richard Walsh-Bowers. "A Postmodern Perspective on Professional Ethics." *Researching and Practising in Social Work: Postmodern Feminist Perspectives*. Ed. Barbara Fawcett et al. London: Routledge, 1999. 83–103. Print.

Sandell, Richard, and Jocelyn Dodd. "Activist Practice." *Re-presenting Disability. Activism and Agency in the Museum*. Ed. Richard Sandell, Jocelyn Dodd and Rosemarie Garland-Thomson. Abingdon: Routledge, 2010. 1–22. Print.

Shakespeare, Tom. *Disability Rights and Wrongs*. London: Routledge, 2006. Print.

---, and Nicholas Watson. "The Social Model of Disability: An Outdated Ideology?" *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need to Go*. Ed. Sharon N. Barnartt and Barbara M. Altman. Amsterdam: JAI, 2002. 2–28. Print.

Shildrick, Margrit. *Dangerous Discourses of Disability, Subjectivity and Sexuality*. London: Palgrave Macmillan, 2009. Print.

Silverman, Lois. "The Therapeutic Potential of Museums as Pathways to Inclusion." *Museums, Society, Inequality*. Ed. Richard Sandell. London: Routledge, 2002. 69–83. Print.

Stanley, Liz, and Sue Wise. *Breaking Out Again: Feminist Ontology and Epistemology*. London: Routledge, 1993. Web. 8 Jan. 2016.

Stone, Philip. "A Dark Tourism Spectrum: Towards a Typology of Death and Macabre Related Tourist Sites, Attractions and Exhibitions." *Tourism: An Interdisciplinary International Journal* 52.2 (2006): 145–60. Web. 12 Jan. 2016.

Stuckey, Heather, and Jeremy Nobel. "The Connection between Art, Healing and Public Health: A Review of Current Literature." *American Journal of Public Health* 100.2 (2010): 254–63. Web. 11 Jun. 2016.

Summerfield, Derek. "Effects of War: Moral Knowledge, Revenge, Reconciliation, and Medicalised Concepts of 'Recovery.'" *British Medical Journal* 322 (2002): 95–98. Print.

Swain, John, et al., eds. *Disabling Barriers—Enabling Environments.* London: Sage, 2014. Print.

The Nia Project. *Double Oppression: Violence against Disabled Women*. 2008. Web. 11 Jun. 2012.

Thomas, Carol. *Female Forms: Experiencing and Understanding Disability*. Buckingham: Open UP, 1999. Print.

---. "How is Disability Understood? An Examination of Sociological Approaches." *Disability & Society* 19.6 (2004): 569–83. Print.

---. *Sociologies of Disability and Illness: Contested Ideas in Disability Studies and Medical Sociology*. Basingstoke: Palgrave Macmillan, 2007. Print.

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0

---. "Theorising Disability and Chronic Illness: Where Next for Perspectives in Medical Sociology?" *Social Theory & Health* 10.3 (2012): 209–28. Print.

Walmsley, Jan. "Including People with Learning Difficulties: Theory and Practice." *Disability Studies: Past, Present and Future*. Ed. Len Barton and Michael Oliver. Leeds: Disability, 1997. 82–77. Print.

Williams, Paul. *Memorial Museums: The Global Rush to Commemorate Atrocities*. Munich: Prestel-Verlag/New York Jewish Museum, 2007. Print.

Wisconsin Coalition against Sexual Assault. "People with Disabilities and Sexual Assault." 2011. Web. 10 May 2016.

Zelizer, Barbie. *Remembering to Forget: Holocaust Memory through the Camera's Eye*. Chicago: Chicago UP, 1998. Print.

Nicole Fayard is Associate Professor in French and Translation Studies at the University of Leicester. Her research focuses on the history and politics of gender violence, trauma and feminist activism in France. She has written widely on the subject, including *Speaking Out. Women Healing From the Trauma of Violence* (2014). Fayard's other research interests include the politics of the performance, translation and adaptation of Shakespeare in France and Europe, with particular reference to cultural memory and transnational identities. Editor or co-editor of *Comparative Drama: Over His Dead Body* (2016) and *Multicultural Shakespeare: Shakespeare in/ out of Europe*: *Connecting Voices* (2019), she is also the author of *The Performance of Shakespeare in France since the Second World War: Re-Imagining Shakespeare* (2006).

nf11@le.ac.uk

© by the author, licensee Łódź University – Łódź University Press, Łódź, Poland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution license CC-BY-NC-ND 4.0