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Setting the Stage for Bridging Disability and Trauma Studies: Reclaiming Narrative in *Amy and the Orphans*

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Abstract

Disability studies and critical trauma studies are both deeply concerned with the social construction of meaning and identity. However, these disciplines often remain mutually disengaged, inadvertently overlooking shared mechanisms of oppression that foster stigma. This article explores the novel depiction of disability and trauma in the play *Amy and the Orphans* by Lindsey Ferrentino. Amy, a character with Down Syndrome, challenges disability stereotypes by exercising autonomy; she is not solely defined by her disability or her experiences of abuse. The theatrical narrative is one of both disability and trauma, encouraging a nuanced reflection on the origins of stigma and revealing how theatre can be used as a tool of resistance to reclaim agency through performances that challenge conventional ‘disability’ stereotypes.

Keywords: *disability, trauma, representation, performance, narrative, intersectionality, Amy and the Orphans, Lindsey Ferrentino*

The fields of critical trauma studies and disability studies rarely engage with each other, despite similar concerns with overlapping personal experience/ narrative.¹ Disability studies and critical trauma studies are both deeply concerned with representation and social constructions of meaning and identity. However, these disciplines abstain from contributing to each other,² therefore perpetuating a cultural narrative that overlooks the shared mechanisms of oppression as articulated in narratives representing stigma.

Their isolated theoretical models can be enhanced through an interdisciplinary approach, thus creating an intersectional lens whereby the social justice component of the field of disability studies is bridged with the strengths of trauma-based theories that address issues of pain, denial, and loss.

This article explores how the depiction of Amy, a character with Down Syndrome, challenges stereotypes about both disability and trauma in Lindsey Ferrentino’s *Amy and the Orphans*.³ Amy exerts agency, she refuses to be reduced and defined by her disability or her experiences of abuse. This theatrical representation highlights the need for an interdisciplinary theoretical model that reveals how ‘trauma’

¹ See, for instance, Margaret Rose Torrell, ‘Interactions: Disability, Trauma, and the Autobiography’, *Life Writing* 13.1 (2016): 88. Hereafter cited as *IDTA*, with page numbers in the text.; James Berger, ‘Trauma Without Disability, Disability Without Trauma: A Disciplinary Divide’, *JAC* 24.3 (2004): 563. Hereafter cited as *TWD*, with page numbers in the text.

² See Antonio Traverso and Mick Broderick, ‘Interrogating Trauma: Towards a Critical Trauma Studies’, *Continuum* 24.1 (2010): 9 and *TWD*, 563. Hereafter cited as *ITTCTS*, with page numbers in the text.

³ Lindsey Ferrentino, ‘Amy and the Orphans’ Roundabout Theatre Company, January 01, 2018; available at <https://www.roundabouttheatre.org/Shows-Events/Amy-and-the-Orphans.aspx> [accessed 27 March 2018].

and ‘disability’ are often interrelated as a result of social and political conditions. *Amy and the Orphans* exemplifies how the stage can be used to depict a nuanced narrative that reclaims ‘the gaze’⁴ and engages the audience in critical, reflective process whereby the meaning of stigmatised groups can be rearticulated.

Defining Disability and Trauma through a Disciplinary Lens

The main theoretical model in trauma studies is often criticised for failing to address political or structural factors that shape the individual’s subjective experience and contribute to cultural trauma (*TWD*, 567). Trauma models often pathologize the individual, as their experience is understood in terms of symptoms and therefore treated in a medicalised fashion. Thus, these models exclude a social analysis that allows one to connect personal experience to that of a collective. Scholarship has been criticised for positing models that overstate social factors, limiting analysis and muting voices that bring attention to bodily pain or wounds that intersect with their lived experience as a person with a disability (*ITTCTS*, 7).⁵

Disability studies is a well-established discipline mainly centred around embodied differences as a result of social structures and not from a physical impairment (*DII*, 584).⁶ The social model is the main conceptual foundation for disability studies scholars, who emphasise the distinction between ‘impairment’ and ‘disability’.⁷ The social model of disability asserts the following reconceptualization that redefines the traditional definition and perception of disability:¹³ the physical or mental feature qualifying the individual as ‘disabled’ is a result of social attitudes and social institutions, the organization of the physical environment perpetuates the lack of access and participation of persons with disability and discrimination against persons with disability reflect social norms and values that position them as ‘less valuable’ than abled individuals, thus denying them equal rights and treatment.

Morrison and Casper, along with David Goodley, Gabel and Peters, Alison Kafer and Tom Shakespeare and others,⁸ have criticised the predominant view of conceptualising disability strictly through a social constructionist lens, for it excludes experiences that imply pain originating or associated with one’s impairment (*EAD*, 299). There is an overall avoidance of tying suffering to the body due to the potential for

⁴ Petra Kuppers, *Disability and Contemporary Performance: Bodies on the Edge* (New York: Routledge, 2013), 40. Hereafter cited as *DCP*, with page numbers in the text.

⁵ See also Julie Mulvany, ‘Disability, Impairment or Illness? The Relevance of the Social Model of Disability to the Study of Mental Disorder’, *Sociology of Health and Illness* 22.5 (2000): 591. Hereafter cited as *DII*, with page numbers in the text.

⁶ See also Mike Oliver, ‘The Social Model of Disability: Thirty Years on’, *Disability and Society* 28.7 (2013): 1025.

⁷ Daniel R Morrison and Monica J. Casper, ‘Intersections of Disability Studies and Critical Trauma Studies: A Provocation’, *Disability Studies Quarterly* 32.2 (2012): no pagination; available at <http://dsq-sds.org/article/view/3189/3073> [accessed 26 July 2018] and Julie E. Maybee, ‘Em“body”ment and Disability: On Taking the (Biological) “Body” out of Em“body”ment’, *Journal of Social Philosophy* 48.3 (2017): 299-300. Hereafter cited as *EAD*, with page numbers in the text.

⁸ See Tom Shakespeare, *Disability Rights and Wrongs Revisited* (London: Routledge, 2013); Davis, Lennard J., *The Disability Studies Reader* (New York: Routledge, 2016); Susan Gabel and Susan Peters, ‘Presage of a Paradigm Shift? Beyond the Social Model of Disability toward Resistance Theories of Disability’, *Disability and Society* 19.6 (2004): 585-600; Alison Kafer, ‘Un/Safe Disclosures’, *Journal of Literary and Cultural Disability Studies* 10.1 (2016): 7. Hereafter cited as *UD*, with page numbers in the text.

regressing back to the medical model; however, ignoring these experiences restricts the collective narrative. Furthermore, impairment itself is also a social construction (*EAD*, 300 and *DII*, 586). To shift the perspective on suffering can acknowledge how physical bodies are the products of their social context, thus providing a theoretical framework that no longer denies the corporeality of disability (*EAD*, 300-301). This shifting perspective reveals how visible and invisible wounds that may originate from trauma are marked by socio-political environments and oppression.

Additionally, overstating the origins of limitations in social structures may invalidate others' experiences related to their corporeality, such as pain or wounds, which are meaningful to one's narrative. Kafer argues that the acknowledgment of loss, grief or trauma is essential to critical theories of disability, for the denial or rejection of seeing disability as tragedy, or as traumatic can be restricting to the progression of the social justice movement as a whole (*UD*, 7). To entirely ignore the ways trauma coexists with disability can be as problematic as ableist arguments that view disability as consistently being a tragic misfortune. I argue that a multidisciplinary, pluralistic approach is vital to enrich both the fields of trauma and disability studies. The theoretical foundation of traditional disability studies is rooted in the medical and social model, yet such theoretical paradigms are often reductionist, failing to provide a comprehensive lens to study one's experience living with a disability. The adoption of an interdisciplinary approach would strengthen and enrich the scholarship of disability studies as well as the encounters of tangential academic fields — offering deeper insight, expanding the definition of disability and therefore increasing inclusivity.

Critical trauma studies originated from the larger discipline of trauma studies, which was influenced by medicalised models from psychiatry and psychology that pathologise trauma and the way it impacts individuals (*ITTCTS*, 5). The contribution of critical trauma studies is to contextualising the relationship between culture and the individual through adopting interdisciplinary approaches that address head-on social and political aspects of analysis of trauma (*ITTCTS*, 9). The theoretical models rooted in critical trauma studies continue to echo conventional medicalised discourses, limiting the analysis to symptomology or an individual's experience, often expressed through metaphor (*TWD*, 567).

In her work, *Screening the Body*, Lisa Cartwright traces the way science has used cinema as a technological tool in discerning 'healthy' from 'nonhealthy' bodies in order to validate and affirm previous forms of medical knowledge.⁹ Cartwright provides additional historical context by providing a deeper understanding of Foucault's concepts of the 'clinical' and 'medical gaze'.¹⁰ Foucault introduced the idea of 'the gaze' in his 1973 *The Birth of the Clinic: An Archaeology of Medical Perception*. Overall, the 'gaze' is associated with the power of seeing, particularly with respect to the use of medical knowledge as an oppressive force to control and regulate bodies. 'The gaze' utilizes medical discourse to separate out 'deviant' bodies through the medicalisation of human experience and the exercise of power.¹¹ The 'clinical gaze' refers to the process by which by his/her doctor no longer views an individual as a whole person, but rather sees them as their disease or condition (or disability, 'product' of their trauma). In contrast,

⁹ Lisa Cartwright, *Screening the Body: Tracing Medicine's Visual Culture* (Minneapolis: University of Minnesota Press, 2006), 1-16.

¹⁰ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Pantheon Books, 1973), 100.

¹¹ Foucault, 89 and 168.

the ‘medical gaze’ characterises the individual’s experience of feeling dehumanized as a result of being an object of analysis rooted in medical knowledge informed by optical instruments.

Generally speaking, the field of trauma studies is primarily informed by psychoanalytical theories and therefore employs medicalised language, as the theoretical foundation is rooted in the discipline of psychology and psychiatry.¹² The main critique of the primary theories within trauma studies is that they rely too heavily on medical discourse and therefore perpetuate ‘otherness’ and stigma (*TWD*, 576), mainly through viewing disability and trauma through the lens of a ‘medical gaze’. The ‘gaze’ fosters a power dynamic that positions the ‘clinician’ as possessing power in the form of knowledge of one’s body or access to treatment and, therefore, that individual becomes submissive to or compliant with the clinicians to regain agency.¹³ Consequently, the patient-doctor relationship is inherently structured such that a person with a disability or a person seeking treatment after a trauma does not have equal power to that who she or he is relying upon as their primary source of care or support, thus presenting the potential for abuse of power.

Despite the critique of the field of trauma studies, scholars have also claimed that the emergence of this discipline has contributed to the rise in published autobiographical accounts of the lives of previously unheard voices (*TWD*, 571 and 577; *IDTA*, 90). The autobiographical narratives are then placed within a theoretical framework that validates one’s experience of physical pain and suffering as well as acknowledging the role of social stigma. Although conceptualisation of trauma may provide validation to one’s personal experience of suffering, this also positions trauma outside a socio-political context, which conflicts with the primary aims of disability studies (*DII*, 585; *TWD*, 569). However, the recent shift to critical trauma studies has begun to draw attention to the relationships between social and political forces and trauma, which reinforce oppression among marginalized groups (*ITTCTS*, 9).

Critical trauma studies differs from traditional trauma studies, shifting away from a restrictive, psychoanalytical paradigm to a pluralistic approach that positions trauma within a larger social, political and economic context, which dialogically shapes the meaning and practices inherent in traumatic experiences.¹⁴ By synthesizing conceptual models that address trauma studies’ ‘political inadequacy’ (*TWD*, 577), this addresses the fear that inclusion of trauma would undermine the overall aim of challenging powerful forces that perpetuate inequality (social, political and economic institutions).

Trauma/Disability Narratives

Cathy Caruth defines trauma as the psychological and physical response to an ‘unexpected or overwhelming violent event or events’, whereby one has yet to process the experience fully.¹⁵ Ruth Leys discusses trauma regarding its effects on memory,

¹² See Colin A. Ross, *The Trauma Model: A Solution to the Problem of Comorbidity in Psychiatry* (Richardson, TX: Manitou Communications, 2007), 377; Sonya Andermahr, ‘Decolonizing Trauma Studies: Trauma and Postcolonialism – Introduction’, *Humanities* 4 (2015): 503; *IDTA*, 98.

¹³ Foucault, 146.

¹⁴ Michelle Balaev, ‘Literary Trauma Theory Reconsidered’, in *Contemporary Approaches in Literary Trauma Theory*, ed. Michelle Balaev (New York: Palgrave, 2014), 1-14.

¹⁵ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 2016), 94.

since it produces a subject with an ‘incapacity to retrieve the past, or to speak truth about it’.¹⁶ To discuss trauma in relation to capacity is to define it as a disability, since ‘disability’ represents the social ramifications surrounding an individual’s mental or physical impairment (*DII*, 591). Situating mental disability with trauma not only warrants fusing theoretical models of trauma and disability, but calls for collective solidarity among those who have experienced either/or, as well as both/and. Thus, this intersectional approach draws attention to nuanced narratives and experiences of disability integral to traumatic experience.

Comparable to the ‘supercrip’ accounts of individuals that take form in the narrative of ‘survivors to thrivers’, medicalised discourse in trauma studies is problematic for emphasising a ‘cure’ or ‘fix’.¹⁷ Such rhetoric is reductionist as it pathologizes traumatic experiences, which may result in the individual feeling as if one is ‘broken’ or ‘diseased’.¹⁸ Like persons with a disability, those who have gone through a trauma may feel pressured to serve as ‘inspiration porn’¹⁹ for the public.²⁰ Some trauma-recovery narrative entail being strong enough to transform their pain so that they become a hero to themselves and others.²¹ Sehgal’s piece, ‘The Forced Heroism of the “Survivor”’, published in *New York Times Magazine* further explored the disconcerting nature of framing individuals who have experienced acts of violence or other forms of trauma, as heroic or inspirational. She poignantly states:

It’s ‘looking-glass shame’ all over again — that terror of facing your vulnerability — a treasonous thought in a society that is desperately optimistic and addicted to recovery narratives... And so, the pendulum swings from one extreme to another: from casting rape as insurmountable pain to casting the survivor as possessing superhuman strength. (*FHS*, 13)

¹⁶ Patricia Ticineto Clough, ‘Introduction’, in *The Affected Turn: Theorizing the Social*, eds Patricia Ticineto Clough and Jean O’Malley Halley (Durham, NC: Duke University Press, 2007), 6.

¹⁷ Angela M. Carter, ‘Teaching with Trauma: Disability Pedagogy, Feminism, and the Trigger Warnings Debate’, *Disability Studies Quarterly* 35.2 (2015): no pagination; available at <http://dsq-sds.org/article/view/4652/3935> [accessed 26 July 2018]. Kelly McKinney, “‘Breaking the Conspiracy of Silence’: Testimony, Traumatic Memory, and Psychotherapy with Survivors of Political Violence”, *Ethos* 35.3 (2007): 292.

¹⁸ Paige L. Sweet, ‘Chronic Victims, Risky Women: Domestic Violence Advocacy and the Medicalization of Abuse’, *Signs: Journal of Women in Culture and Society* 41.1 (2015): 82. Hereafter cited as *CVRW*, with page numbers in the text.

¹⁹ Stella Young, ‘We’re Not Here for Your Inspiration’, *The Drum* (2 July 2012); available at <http://www.abc.net.au/news/2012-07-03/young-inspiration-porn/4107006> [accessed 26 July 2018].

²⁰ Parul Sehgal, ‘The Forced Heroism of the “Survivor”’, *The New York Times* (3 May 2016): 13; available at <https://www.nytimes.com/2016/05/08/magazine/the-forced-heroism-of-the-survivor.html> [accessed 30 March 2018], hereafter cited as *FHS*, with page numbers in the text. Regarding Wagatwe Wanjuki, a sexual-violence activist and author, who published an article on transforming the survivor of trauma into a hero, she states: ‘[y]ou’re best known for enduring the worst experiences of your life.’ Similar to arguments made among disability scholars and activists, trauma survivors do not want to be defined by one trait, the trauma, nor do they made to be a one-dimensional character consumed for the public’s inspiration of the day. For Sehgal, ‘[t]rauma is a visible wound — suffering we can see — but it is also suffering made public, calcified into identity and, inevitably, simplified [...] Those who have faced sexual violence are so commonly sentimentalized or stigmatized, cast as uniquely heroic or uniquely broken. Everything can be projected upon them, it seems — everything but the powers and vulnerabilities of ordinary personhood’.

²¹ See for instance, Edward St. Aubyn’s Patrick Melrose’s novels, Hanya Yanagihara’s *A Little Life* and Raymond M. Douglas’s memoir *On Being Raped* for resistance to this survivor-victim dichotomy.

The narrative of victim-to-survivor-to-thriver is beyond semantics, it is an ideological shift. The rise of medical discourses in the context of trauma and ‘treatment of trauma’ shifts how one classifies one’s experiences and seeks guidance or care following exposure to a traumatic event.

The push to identify as a survivor or ‘thriver’ (instead of victim) is comparable to Barbara Ehrenreich’s discussion on the problematic discourse surrounding ‘victims of cancer’ in her book *Bright-sided: How Positive Thinking Is Undermining America*, in which she argues that America’s obsession with positive thinking has constructed an unhealthy survivorship narrative based upon and perpetuating certain expectations for individuals.²² As such, this narrative is one whereby the value of individual survivors is based on whether they participate in certain or expected acts (e.g. receive chemotherapy, go to therapy, require or reject trigger warnings, attempt to ‘correct’ an impairment). This in turn suggests that certain individuals are more deserving or trying harder more than others to ‘survive’, and thus should be honoured for their dedication and strength. Whereas those who do not live up to one’s expectation or resist mainstream treatment are seen as deserving of the consequences, whether in the form of social stigma or physical suffering.

Dana Bolger, a director of a sexual violence education training school in New York City, expressed a similar frustration, referring to the prevalent trauma narrative as ‘[c]ompulsory survivorship’ that ‘depoliticizes’ society’s understanding of the consequences and impact of violence (*FHS*, 13). ‘Compulsory survivorship’, and the restrictive binary script in which trauma is often placed, further individualizes and isolates the individual. As a result, individuals enduring the aftermath of the trauma feel responsible for having survived unlike the others and for their healing ‘while comfortably erasing the systems and structures that make surviving hard, harder for some than for others’ (*FHS*, 13). Prior to the late 1960s, it was not common for there to be public discussion or even a consideration of certain events as traumatic (e.g. war, physical violence, sexual assault, psychological abuse). These tended to be disregarded or seen as insignificant events in a person’s life.²³ War veterans, holocaust survivors, feminist scholars and activists contributed to shifting the public’s perception of the consequences of enduring a traumatic experience.²⁴ Furthermore, the recognition of one’s trauma was common among groups.²⁵ As such, the shared experience was often coupled with advocating for a social-political cause. For instance, ‘rap groups’ popular among members of the Vietnam Veterans Against the War, frequently gathered to share the psychological disturbances they experienced after returning to the United States after combat in Vietnam.²⁶ They then advocated for a revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM). In 1980, the veterans shared their stories before members of the American Psychological Association as a form of activism to

²² Barbara Ehrenreich, *Bright-sided: How Positive Thinking Is Undermining America* (New York: Picador, 2010).

²³ Joseph E. Davis, *Accounts of Innocence: Sexual Abuse, Trauma, and the Self* (Chicago: University of Chicago Press, 2005), 31.

²⁴ Judith Lewis Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror* (London: Pandora, 2001), 19.

²⁵ Jeffrey C. Alexander, ‘Toward a Theory of Cultural Trauma’, *Cultural Trauma and Collective Identity* (2004): 1-30.

²⁶ Wilbur J. Scott, ‘PTSD in the DSM-III: A Case in the Politics of Diagnosis and Disease’, *Social Problems* 37 (1990): 294-310.

ensure that the newest DSM included post-traumatic stress disorder as a billable code, as means of receiving relief from their suffering.²⁷

Comparably, during the same time, feminist scholars and activists advocated and raised awareness of the traumatic experiences common among women such as rape and domestic violence.²⁸ Many campaigns brought attention to the ways in which individuals were adversely impacted by such traumas as childhood sexual abuse, psychological abuse or other forms of abuse.²⁹ The overall sentiment that the ‘personal is the political’ reflects the initial approach to trauma survivors including veterans, holocaust survivors, and women at risk or who have had a history of sexual or physical trauma.³⁰ Although contemporary advocacy groups and resources for trauma ‘survivors’ may also have a socio-political aspect to their organization, there has been a rise in the medicalisation of trauma and abuse and thus the process of healing is most often highly individualized and depoliticised (CVRW, 88-92).³¹ Again, this is reflected in the individualized routinized treatment for trauma such as one-on-one therapy and the tendency of the media to construct heroic survivors, creating a hierarchy of legitimate and illegitimate ‘survivors’ of trauma (FHS, 13; CVRW, 88).³²

Moreover, a central critique of trauma studies is that it depoliticises trauma (TWD, 577), and the public perception of trauma has shifted to reflect an individualized healing process, whereby treatment may entail being isolated from others who have endured trauma. Therefore, it becomes increasingly difficult to identify social factors contributing to one’s experience, which is problematic considering the trauma may be a result of war or gender-based violence – a systemic problem in need of a collective, public response or efforts to remedy (TWD, 577; CVRW, 86).

Critical trauma studies emphasise that pathologizing trauma or promoting such models has the potential to perpetuate mass violence against marginalised groups around the world, as this conceptual framework overlooks critical macro-level factors that would provide insight necessary to develop social or political interventions to prevent future systemic acts of abuse. Margaret Price suggests that if we are to understand trauma in terms of disability, or recognise the intersection, we must then call for a conceptualisation outside the medical model of disability; this reconceptualization will lead to reclaiming power from the medical community that fundamentally pathologizes suffering.³³ Cvetkovich³⁴ and Kafer (UD, 4) aim to re-conceptualise trauma and, in turn, redefine disability. Kafer argues for a political/relational model within the field of disability studies, further supporting the critique that the predominant framework is problematic because it fails to recognise the physical pain and struggle of those who have different ways of being and experiencing (UD, 3) the world, whether that be due to a trauma directly or indirectly to an individual’s impairment. Advocating

²⁷ Scott, 300-2.

²⁸ Herman, 19.

²⁹ Davis, 79.

³⁰ Herman, 246

³¹ See also McKinney, 270.

³² See also Jennifer M. Gómez, Jenn K. Lewis, Laura K. Noll, Alec M. Smidt, and Pamela J. Birrell, ‘Shifting the Focus: Nonpathologizing Approaches to Healing from Betrayal Trauma through an Emphasis on Relational Care’, *Journal of Trauma and Dissociation* 17.2 (2016): 168.

³³ Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: The University of Michigan Press, 2001), 33-7; Carter.

³⁴ Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham: Duke University Press, 2003), 164-8.

an integrative theoretical model brings to the surface more narratives that reveal how accidental, isolated traumatic experiences are the minority. In fact, the majority of traumatic events are the result of institutional forces of oppression in the form of racism, sexism, ableism and homophobia.³⁵

Depiction of Disability and Trauma in the Arts

Representation of Disability

What can the representation of disability in the media tell us about societal beliefs and values concerning persons with disability? Portrayals of disabled persons have changed over time, both reflecting and influencing society's understanding of disability. Societal beliefs and values concerning persons with disability have been heavily influenced by medical insights and knowledge of the body.³⁶ Research has shown that the representation of disability continues to be a narrative shaped by the 'medical gaze'.

Though nearly 20% of the US population report having a disability, only 2% of fictional film and television characters have a disability. A Ruderman Foundation study found that among the small percentage of characters that do have a disability, 95% of the roles are given to non-disabled individuals.³⁷ Further, much of the media formats are inaccessible for persons with disability, thus preventing them from participating in the production and viewership of material. Therefore, it is critical that actors with disabilities continue to fight for self-representation.

Traditionally, film, television and theatre have depicted disabled persons in a negative light by positioning the disabled character as either an object of 'cultural fascination' or a 'charity case'.³⁸ Persons with disability are rarely the protagonist, and the narratives lead the spectator to identify with the non-disabled character, reducing disabled characters to 'objects of spectacle' (*CI*, 22). Arthur Campbell Jr, a disability rights activist with cerebral palsy, states that '[m]ost filmmakers want to make us either some sympathetic poor little character that no one could have mature normal relations with or some kind of monster who has to be kept away and watch for the safety of society or themselves' (*CI*, 24). To reduce the disabled individual on film to mere spectacle or to construct him or her as 'the Other' is reflective of society's understanding of disability.

Hunt's study conducted in 1991 identified the ten primary media stereotypes used to portray disabled people as: pathetic, mysterious, sinister, supercrip (overcoming all 'impairments' to be like able-bodied individuals), clown, a prop, self-destructive,

³⁵ Samantha C. Holmes, Vanessa C. Facemire, and Alexis M. DaFonseca, 'Expanding Criterion A for Posttraumatic Stress Disorder: Considering the Deleterious Impact of Oppression', *Traumatology* 22.4 (2016): 314-21; Carter.

³⁶ Cartwright, 4.

³⁷ Tari Hartman Squire, Kristina Kopic and Daryl 'Chill' Mitchell, 'On the Challenge to Create More Authentic Disability Casting and Representation on TV'. Ruderman Family Foundation. September 2017; available at https://rudermanfoundation.org/white_papers/the-ruderman-white-paper-on-the-challenge-to-create-more-authentic-disability-casting-and-representation-on-tv/ [accessed 30 July 2018].

³⁸ Thomas Richard Fahy and Kimball King, *Peering behind the Curtain: Disability, Illness, and the Extraordinary Body in Contemporary Theater* (New York, NY: Routledge, 2016), 48; Martin F. Norden, *The Cinema of Isolation: A History of Physical Disability in the Movies* (Toronto: CNIB, 2006), 2. Hereafter cites as *CI*, with page numbers in the text.

asexual, a burden, and unable to participate in daily life/as a death sentence.³⁹ All of these tropes are present in the cult-classic film *Freaks*,⁴⁰ one of the first films to cast people with disabilities as opposed to non-disabled individuals acting as persons with disability. Though it may have cast people with disability, the plot plays on exploitative stereotypes. Many disability rights' activists critique this film, arguing it to be the 'pornography of disability', given that the plot centres around circus performers with disabilities that become unrestrained monsters seeking to destroy their non-disabled peers.⁴¹

Current mass media depictions do not portray people 'living with' disability but rather convey disabled persons as 'overcoming' their disability. As mentioned above, this is the 'supercrip' narrative.⁴² This type of narrative sends a message that living with a disability is so horrific and devoid of value, that one must go to any length to heroically 'overcome' the disability.⁴³ Furthermore, conventional narratives position characters with disability as 'the Other' or merely helpless or confined without the help of an 'able-bodied' individual (*CI*, 22). This discourse represents ability as a binary, with 'disabled' individuals reliant on others to fulfil their human potential, unable to reach their dreams without the assistance of 'able-bodied' individuals.⁴⁴ Disabled people lack agency in such representations, even when the author's intention may be to demonstrate a survival story with a disabled individual at the centre.

Regarding the portrayal of developmental disabilities, adults with Down syndrome typically get cast in roles for Public Service Announcements advocating for a disability or raising money, perpetuating the 'pity' and 'charity' stigma.⁴⁵ Studies show that when the media uses negative, ableist language, this fosters a negative self-image for people with the disability as it impacts the use of such terminology in society.⁴⁶

Concerning casting, *Born This Way*, a reality-based US television series, cast multiple adults with Down syndrome. The show depicts a variety of issues and illustrates the diversity within a group stereotyped as being all the same. The show constructs a multi-dimensional narrative, whereby the individual(s) are independent, sexual, and face challenges that resonate with the majority of able-bodied viewers.⁴⁷ However, this is just one media portrayal among many, and the major networks

³⁹ Paul Hunt, 'Media Representation of Disabled People', in *Media Representation of Disabled People: A Critical Analysis* (January 1991): no pagination; available at <http://www.disabilityplanet.co.uk/critical-analysis.html> [accessed March 28, 2018].

⁴⁰ *Freaks*, dir. Tod Browning, 1932 (Burbank, CA: Warner Brothers, 2009, DVD).

⁴¹ Angela M. Smith, *Hideous Progeny: Disability, Eugenics, and Classic Horror Cinema* (New York: Columbia University Press, 2011).

⁴² Suzanne Levine, 'Disability and the Media: Prescriptions for Change', *Disability Studies Quarterly* 26.1 (2006); no pagination; available at <http://dsq-sds.org/article/view/670> [accessed 26 July 2018].

⁴³ Paul K. Longmore, *Why I Burned My Book and Other Essays on Disability* (Philadelphia: Temple University Press, 2003), 133. Hereafter cited as *WIBMB*, with page numbers in the text.

⁴⁴ Levine.

⁴⁵ Lingling Zhang and Beth Haller, 'Consuming Image: How Mass Media Impact the Identity of People with Disabilities', *Communication Quarterly* 61.3 (2013): 320.

⁴⁶ Zhang and Haller, 322; Beth Haller, Bruce Dorries, and Jessica Rahn, 'Media Labeling versus the US Disability Community Identity: A Study of Shifting Cultural Language', *Disability and Society* 21.1 (2006): 62-6.

⁴⁷ Matt Grobar, "'BTW' EP Jonathan Murray Discusses Reality TV Journey & Focus on 'The Ability within the Disability'", *Deadline Hollywood* (2017); available at <http://deadline.com/2017/08/born-this-way-jonathan-murray-emmys-reality-interview-1202146289/> [accessed 26 July 2018].

continue to portray the vast majority of persons with disability as ‘charity cases’ at one end or ‘supercrips’ at the other.⁴⁸

Among theatrical performances, themes reflect the construction of disability through the medical model, which views disability as a deviation or as a marked but otherwise able body (*DCP*, 15). The medical discourse is prevalent in early depictions of disability in theatre as far back as 400 years ago.⁴⁹ For instance, in William Shakespeare’s *The Tragedy of Richard the III*, the protagonist Richard III is described as ‘deform’d, unfinish’d’ (1.1.20) and, more directly, ‘elvish-mark’d’ (1.3.228).⁵⁰ Richard III’s narrative is not a display of powerlessness, but rather a claim to power.⁵¹ The character illuminates the transformation of the disability narrative throughout time; during the Renaissance, when the play was written, disability was conceived of as a result of one’s moral character, thereby becoming intertwined with the medicalized/medical model of disability.⁵² As such, this informed modern representations, framing disability as a disease in need of modern medicine’s ‘cure’.

In the majority of mainstream theatrical performances of disability, these characters are isolated, infantilised, and pitied. Furthermore, a person with disability rarely appears on stage alone; a doctor or a caregiver frequently accompanies them as it is understood that s/he is incapable to care for or speak for themselves. In this regard, in this article I argue that the play *Amy and the Orphans* does not entirely depart from this prevailing plot, reflecting that disability is still often understood as a pathology in need of medical treatment or a cure. The fact that the main character, Amy, has Down syndrome is a central plot piece. However, unlike other representations of disability, especially those set in the pre-modern era (*WIBMB*, 150), disability today is not always seen as a death sentence, and her disability does not define Amy, as she exhibits far more qualities than any other character on-stage.⁵³ Later I consider the ways that the play reinforces certain stereotypes while challenging others, especially in relation to the intersection of disability and trauma narratives.

Representations of Trauma/Narrative

According to predominant theoretical models of trauma, a traumatic experience is a severe psychological disturbance often unable to be fully processed in one’s memory, therefore posing a difficulty for the integration of a cohesive autobiographical narrative. Freud’s study of trauma profoundly influenced the pathologization of trauma, thus isolating individuals who endured or exhibited any ‘symptoms’ or change in behaviour after a specific event.

⁴⁸ Hunt.

⁴⁹ Katherine Schaap Williams, ‘Enabling Richard: The Rhetoric of Disability in *Richard III*’, *Disability Studies Quarterly* 29.4, (2009); available at <http://dsq-sds.org> [accessed 24 April 2018].

⁵⁰ William Shakespeare, *The Tragedy of King Richard the Third*, in *Complete Works*, ed. and Glossary by W. J. Craig (London and New York: Oxford University Press, 1910).

⁵¹ Schaap Williams.

⁵² Linda P. Ware, ‘A Moral Conversation on Disability: Risking the Personal in Educational Contexts’, *Hypatia* 17.3 (2002): 151.

⁵³ Unlike many mainstream theatrical performance and narratives surrounding disability, Amy does not exhibit self-pity. Further, Amy is not defined by her disability or her trauma. Finally, Ferrentino appears to intentionally further develop Amy’s character more than her siblings’ to challenge the audience’s preconceptions of disability.

As a formal discipline, trauma studies is heavily informed by psychoanalytic theories and is criticized for pathologizing human experience, best exemplified by the relatively recent development of trauma-related diagnoses such as post-traumatic stress disorder (PTSD).⁵⁴

Media scholar Suzanne Little argues that there is an ‘obsession’ with the real, seen for instance, in the depiction of trauma that is often in the form of a testimonial, using words to describe the trauma or visual imagery in the form of documentaries concerning torture, abuse, and war.⁵⁵ This is illustrated within the arts through written testimony, cinematic style to emulate flashbacks, fragmented memories through non-linear narratives and character-driven plots repeat scenes of the traumatic events as a means to communicate a desire to ‘recover and reprocess’⁵⁶ through repetition.

The arts often use the audience’s memory or previous knowledge of history to affirm the witness role that is needed to establish meaning and shape the trauma narrative.⁵⁷ Among theatrical representation of trauma, ‘the real’ relies even more so on the audience’s ‘gaze’⁵⁸ and ‘collective memory’ of a shared historical past (*ITTCTS*, 6-7).⁵⁹

Within the sphere of theatrical representation, the audience rarely see a character experience trauma, but instead meets the character before or during the aftermath of a traumatising event. The award-winning off-Broadway show *Indecent* which follows a predominantly Jewish theatre group as they find venues in which to perform a controversial play in Europe, never depicts actual death or violence, despite taking place during the Holocaust during the Second World War.⁶⁰ The group has the opportunity to perform in New York City just before the horrors of the Second World War begin in Europe.

Indecent is a portrayal of intimacy, the building of relationships, and the protection of the stigmatized Jewish identity amidst the terror and trauma of the Second World War. Director Vogel’s juxtaposition of the past and the present weaves poetry and beauty into a nuanced and honest depiction of what it may have been like to try to survive the trauma of wartime, specifically when the war is waged against one’s personal identity. Thus, the theatrical performances explored Jewish, political and queer identity through an intersectional lens, since expressing terror and trauma necessitates such a theoretical frame to capture the nuanced experience. Such an intersectional approach uses theatre as a site to reclaim power through a narrative that re-politicises trauma to build solidarity through shared experience (*DGP*, 4).⁶¹

The opening scene exemplifies finding unity and agency through the collective trauma, which is depicted as a stream of ashes falls from the sleeves of the actors’ jackets, while beautiful music plays. In the background in Yiddish and English, the

⁵⁴ Derek Summerfield, ‘The Invention of Post-traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category’, *British Medical Journal*. 322.7278 (2001): 97.

⁵⁵ Suzanne Little, ‘Repeating Repetition: Trauma and Performance’, *Performance Research* 20.5 (2015): 44 and 46.

⁵⁶ Little, 46.

⁵⁷ Andrew Sofer, *Dark Matter: Invisibility in Drama, Theater, and Performance* (Ann Arbor: University of Michigan Press, 2013), 14; Little, 47.

⁵⁸ Fahy, xiii.

⁵⁹ See also Ruth Leys, ‘Death Masks: Kardiner and Ferenczi on Psychic Trauma’, *Representations* 53.1 (1996): 47.

⁶⁰ Paula Vogel, *Indecent* (Guthrie Theatre, New York, January 2018).

⁶¹ See also Sofer, 119.

audience reads ‘through the ashes we rise.’ Given that the play opens with this scene, this specific depiction of trauma is both foreshadowing and a haunting memory associated with the lives lost during the Holocaust. Throughout the production, there is minimal dialogue about the increasing horrors the Jewish community was facing in that historical moment; death and physical violence are not portrayed. Instead, the characters repeatedly rise, allowing the ashes to depict this cultural trauma. The ashes serve as ‘as tantalizing proof of “real” experience’ of a trauma many audience members know of only indirectly. As with *Amy and the Orphans*, this theatrical performance becomes a space for the ‘historical recovery’ of systemic abuse and violence against those deemed ‘less than’ human.⁶²

Turning the Gaze: Intersecting Trauma and Disability

This article explores the theatrical representation of the disability narrative of the play’s main character Amy, a woman with Down syndrome, who is shaped by both disability and trauma. The Off-Broadway show, *Amy and the Orphans* is one of the few that casts a lead actor with Down syndrome.⁶³ Amy was placed in the State-run facility Willowbrook in Staten Island, New York, where she endured many traumas. Her sense of autonomy, despite her past and her disability, challenges conventional stereotypes of persons with disability.

Furthermore, the abuse she was subjected to reveals ways in which disability and trauma interconnect through institutionalised violence against marginalized groups. As such, this theatrical performance depicts a narrative of disability and trauma that necessitates an intersectional theoretical approach, encouraging an exchange between the two disciplines of ‘disability’ and ‘critical trauma studies’.

Amy and The Orphans

Written by Lindsey Ferrentino and directed by Scott Ellis, the play *Amy and the Orphans* premiered at Roundabout Theatre in early 2018. The show continues to gain media attention due to the lead role being played by Jamie Brewer, who has Down syndrome.⁶⁴ Her male understudy is Edward Barbanell, who also has Down syndrome.

Amy’s narrative is inspired by the real-life experience of the playwright’s aunt, illustrating how traumatic experience intersects with disability off-stage. Ferrentino describes her aunt as ‘not of a high-functioning level, not because of Down syndrome, but because she was abused her whole life’.⁶⁵ Like Amy, Ferrentino’s aunt resided in Willowbrook in Staten Island, New York.

Amy is a film-loving, middle-aged adult who must spend a few days with her distant siblings as they take a road trip from Queens, NY to Long Island, NY to bury

⁶² David T. Mitchell and Sharon L. Snyder, ‘The Eugenic Atlantic: Race, Disability, and the Making of an International Eugenic Science, 1800–1945’, *Disability and Society* 18.7 (2003): 844.

⁶³ Lindsey Ferrentino, *Amy and The Orphans* (Roundabout Theatre, New York, February 2, 2018).

⁶⁴ Brewer’s casting in the lead role increased attention to the play, as she has a strong fan following from being the first model with Down Syndrome to appear on the runway at New York Fashion Week. She was also a favourite character on the US television series, *American Horror Story*.

⁶⁵ Olivia Clement, ‘Lindsey Ferrentino Tells Another Underrepresented Story in *Amy and the Orphans*’, *Playbill* (3 March 2018); available at <http://www.playbill.com/article/lindsey-ferrentino-tells-another-underrepresented-story-in-amy-and-the-orphans> [accessed 26 July 2018].

their father. Amy refuses to be defined by her disability, while her two ‘able-bodied’ and ‘neuro-typical’ siblings continuously and foolishly undermine Amy’s self-agency out of guilt.⁶⁶

The Role of Theatre in Shifting the Gaze

Theatrical performances have the potential to provide a space for the audience to engage in reflexivity about assumptions and meaning associated with disability (*DCP*, 11). Amy’s performance challenges the conventional stereotype of people with disability through self-assertion and expression of understanding beyond the expectations of the other characters (and most audience members). Performing is a form of representation that allows for marginalized groups to reclaim power and control; meanings of disability can then be re-articulated (*DCP*, 9). The ‘gaze’ is shifted onto the audience, altering their perspectives of disability. Since the performer has Down syndrome, rather than being a non-disabled person, the audience is made increasingly aware of their cultural assumptions of bodily difference (*DCP*, 12).

There is profound potential to evoke social and political change through theatrical visibility among stigmatized individuals. Theatre performances offer a space for the audience to engage in an interplay and exchange of meaning. Amy’s assertion of self-agency, coupled with the complexity of her life experiences of being abused due to her disability, exemplifies how narratives can shift ‘the gaze’ on to the audience, altering their perspectives of disability.

Another way the play has used their platform to raise awareness concerning disability issues is through the presence of *Spread the Word to End the Word*, an organization that campaigns against the word ‘retard’ at each performance. Viewers were asked to sign a large board that was in the lobby pledging not use the word ‘retard’, considering its negative and belittling connotation. Signing the petition is another aspect of the overall experience of attending a viewing of *Amy and the Orphans* that contributed to reshaping the meaning of disability.⁶⁷

The campaign engaged the audience members, providing an opportunity to educate and shift their perceptions of disability before and after the play. Since 2009, millions have signed similar petition banners, pledging to end the use of the R-word (retarded), in support of Intellectual Developmental Disability (IDD) communities throughout the world. People with Down syndrome are classified as having an IDD, which is the reason that *Spread the Word to End the Word* had requested to be present for each theatrical performance of *Amy and the Orphans*.

Similar to the multiple people-first, disability rights organizations that came before, *Spread the Word to End the Word* advocates on behalf of people with IDD, emphasizing inclusion and reducing stigma. The word being used to describe any

⁶⁶ The siblings find out the institution Amy was placed in was shut down due to inhumane acts.

⁶⁷ In 2010 Rosa’s Law was signed into United States law by President Barack Obama, requiring that the terms ‘mental retardation’ and ‘mentally retarded’ be prohibited from any federal record. Such terms were to be replaced with ‘intellectual disability’. Rosa’s Law was a success families and people with IDD have been fighting to obtain since the late 1970’s. This law is a testament to the dedication of activists and families as advocates and active participants in the IDD-rights movement. See Charles Edmund Degeneffe and Jacylou Terciano, ‘Rosa’s Law and the Language of Disability: Implications for Rehabilitation Counseling’, *Rehabilitation Research, Policy and Education* 25 (2011): 167.

population identified with IDD must be replaced to ensure ‘respect, dignity, acceptance and inclusion’ for all.⁶⁸

The production of *Amy and the Orphans*, as well as the community of fans that seeks to involve audience members in advocacy on behalf of people with IDD, can be further contextualised by Snyder and Mitchell’s cultural model of disability. This model is useful for it extends beyond the social model, integrating the importance of arts and culture as ‘a political act of renaming that designates disability as a site of resistance and a source of cultural agency.’⁶⁹ Snyder and Mitchell posit an interdisciplinary theoretical model, integrating concepts from cultural studies and disability studies. Similarly, this paper seeks to provide support for the use of pluralistic approaches to bring insight to ‘cultural locations of disability’, commonly referred to as the ‘sites of violence, restriction, confinement, and absence of liberty for people with disabilities’.⁷⁰

Throughout the play, Amy refers to her home in Staten Island, despite living in a group home in Queens for the last 15 years. An aide who is required to accompany Amy during the trip to their father’s funeral reveals to the unknowing siblings that Amy was moved to Willowbrook as a small child. The audience then realises the opening scene of the two parents arguing was about moving Amy from their home to an institution described to them as a beautiful college campus, fully staffed to care for their young daughter with special needs.

In reality, Willowbrook State School was a state-supported hospital and school for people with mental retardation, which was located in Staten Island, New York (*WIBMB*, 41-52).⁷¹ There was an investigative study conducted in the 1960s due to suspicion of unethical and abusive treatment of the inmates. Some of the horrors found were overcrowding, insufficient sanitary facilities, and physical and sexual abuse by the staff. During the 1970s, more abuses were revealed, and new human rights legislation forced the institution to close in 1984 (*WIBMB*, 41-52).

The aide explains to the siblings that Amy is highly functional and many of her limitations are a result of the trauma she endured and have very little to do directly with Down syndrome. The audience initially are likely to attribute Amy’s behaviours (e.g., eating fast) or physical marks of the body (e.g., dentures, ‘deformed’ leg) to Down syndrome, however, in light of the information about the abuse she endured at Willowbrook, this conceptualisation of her disability is challenged.

For example, Amy does not eat quickly as a result of her intellectual disability. In fact, it is a survival habit she learned from life at Willowbrook. Her food would be taken away if she did not eat quickly enough; and she did not know the next time she would eat at all. Another example of the consequence of institutionalised abuse attributed to Amy having Down syndrome is that her legs are disproportional because at Willowbrook she was left outside during a winter blizzard, which resulted in the flesh on her legs deteriorating from frostbite. Also, she has dentures because she was fed dog

⁶⁸ ‘Resources’, R-Word Main, January 2013; available at <https://www.r-word.org/r-word-resources.aspx> [accessed 26 July 2018].

⁶⁹ Sharon L. Snyder and David T. Mitchell, *Cultural Locations of Disability* (Chicago: University of Chicago Press, 2006), 10.

⁷⁰ See Snyder and Mitchell, 10 for a detailed overview and Dan Goodley, *Dis/ability Studies: Theorising Disablism and Ableism* (London and New York: Routledge, 2014) for a comprehensive text that explores disability as a ‘cultural trope’ and the theoretical applications of a ‘cultural model of disability’.

⁷¹ See also Nancy J. Hirschmann, *Civil Disabilities: Citizenship, Membership, and Belonging* (Philadelphia: University of Pennsylvania Press, 2015), 5.

food for a year. Again, her physical state is the result of the wounds and trauma embedded within the system in place to 'care' for her.

When it is disclosed to the siblings that Amy was severely abused at Willowbrook, she is talked about as though she is not there. However, she can hear everything with her headphones on, and in response to her sister asking if she remembers the abuse, she reasserts her identification with her traumatic past by restating that Staten Island is her home. She follows this statement, as she frequently does, by boasting to her siblings about her current new boyfriend and job at the movie theatre. Amy does not exhibit shame of her traumatic past or hide any grief from the current loss. She continues to assert agency over the life she has built for herself throughout the years.

Theatre provides a space for the audience to re-examine their cultural assumptions concerning disability. As a result of the presence of an alternative narrative that challenges conventional stereotype, the gaze is turned back to the audience in a non-threatening manner. Accordingly, the audience begins to question their misconceptions and role in perpetuating the stigma and discrimination of marginalised and stigmatised groups.

Depicting Autonomy

Full of guilt, the day after the siblings find out about Amy enduring so many traumas at Willowbrook, they ignorantly invite her to live with one of them, as if they are doing her a favour. As a result of this, Amy storms out and attempts to cross the highway, screaming out why they would even think to take her away from her friends, boyfriend, and job. It is in this scene that the audience begins to understand that 'the orphans' in the title refers to how she was never part of the family in the same way as her siblings. Her life was the consequence not of being born with particular chromosomes, but the result of an agreement made by her parents, long before she had a voice of her own. Luckily, that voice was not taken away from her at Willowbrook.

Amy's character is multidimensional, capturing the complexity and nuance needed to challenge prevailing, negative notions of disability that often position the individual as weak or dehumanized. The performance includes a disability narrative that challenges the stereotype of one-dimensional 'charity case' or 'super-crip' characters; the character displays vulnerability, strength and, most of all, resilience. The aide treats Amy as an equal.

However, the two siblings treat Amy as extremely fragile, almost like an infant. Each time they approach her to inform of her vital information, it appears not only that Amy already knows, but it is the siblings who seemingly need extra care. There are several humorous scenes of the siblings being flustered over how much Amy knows and remains unfazed, whereas the siblings cannot manage their emotions.

Amy is the only sibling of the family that displays the ability to accept and grieve the loss of their parents. She does not overcome any obstacles but rather lives through them. Amy's character is multidimensional, exhibiting the need for increased attention to the intersection between 'critical trauma studies and 'disability studies' to establish a stronger theoretical frame. An interdisciplinary approach is critical to enriching our understanding of how trauma becomes intertwined with a disability, as a result of institutional abuse.

The need to reshape one's understanding of disability is felt most in scenes where Amy reclaiming and justifying her life choices is juxtaposed with scenes of her parents fighting over whether to have Amy live at a facility. Amy's voice becomes stronger as she illustrates that a person with disabilities can both acknowledge the trauma, grief, and loss associated with a disability, without compromising one's political voice in resistance to stigma or self-worth. Amy's radical, total acceptance that fosters her overall ability to exercise self-agency, despite others' ignorance, illustrating how empowerment can be fostered not hindered by the intersection of trauma and disability.

Using the narrative in the play *Amy and the Orphans*, this article sought to deconstruct the narratives and symbolic boundaries that create trauma and disability as separate categories. The deconstruction of these categories can redirect the focus to the connection between disability and trauma, revealing how the lived experience is at risk of oppression and social control through medicalization of the human condition. In doing so, the analysis of representation shifts the perspective to enable identification of what social forces determine the meaning and hierarchy of trauma, explicitly revealing the importance of visibility of a marked body in determining disability. Traumatized bodies are understood as disabled, also broadening the definition to be more inclusive of unseen disabilities that are the result of structural forms of violence (e.g., war, poverty, abuse). However, these 'disabilities' are often not visible. In Amy's case, her traumas are visible on her physical person as well, as in her use of dentures.

An analysis of this production reveals how 'trauma' and 'disability' are often interrelated as a result of social and political conditions, providing deeper insight into how these categories are experienced. The stage offers a platform to rearticulate meanings of stigmatised groups and promote social change. The theatre serves as a space to challenge stereotypes, through presenting an alternative representation. It also allows for the reclamation of 'the gaze' by providing a space for the audience to engage in a critical, reflective process on the construction of meaning and social factors that foster stigmatization of certain groups.

The show closes with Amy performing a monologue. She stands alone onstage, reciting movie quotes. The last few quotes remind the audience of the discrimination and abuse that individuals living with a disability continue to face, not because of the disability itself, but because of stigma which significantly impacts one's sense of self-worth. She recites the following:

I'm a human being, goddamnit.
 MY LIFE HAS VALUE.
 You don't understand.
 I coulda been a contender.
 I coulda been somebody.
 I coulda been somebody.
 I coulda been somebody.
 I coulda been somebody.
 Go ahead.
 Make.
 My.
 Day.⁷²

The lines she quotes beg the question – what would life be like without the stigma and abuse associated with disability? A few years back, the question may have been –

⁷² Ferrentino.

what would life have been like without disability? But Amy's story is told from her perspective and thus her performance is a reclamation of agency in the representation narrative, one that reveals the intersection between disability, trauma, and stigma without the loss of personal or political aspects of identity.

Closing Thoughts as the Curtain Closes

Until now, critical trauma studies and disability studies have remained largely mutually exclusive and disengaged from one another, despite both fields' examination of similar populations through different theoretical frames (*TWD*, 577; *DII*, 584). An analysis of the theatrical representation of the disability and trauma narrative in *Amy and the Orphans* illustrates that disability and trauma not only coexist but often intertwine. The portrayal of the integration of disability and trauma in the theatrical representation warrants a fusion of theories rooted in disability and trauma studies. An intersectional, interdisciplinary approach broadens the scope of understanding the oppressive forces contributing to systemic abuse and, therefore, advancing disability rights and social justice movements.

This article sought to deconstruct the symbolic boundaries that create trauma and disability as separate categories. By challenging the separation of disability and trauma, the analysis shifts the perspective to enable identification of what social forces are at play that determine the meaning and hierarchy of trauma, explicitly revealing the importance of visibility of a marked body in determining the value and labelling of disability. Understanding narratives of traumatised bodies as also disabled is instrumental in increasing solidarity and strengthening collective identities.

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Pregătirea scenei pentru întâlnirea dintre studii ale dizabilității și studii ale traumei. Revalorificarea narațiunii din *Amy and the Orphans*

Rezumat

Studiile dizabilității și studiile critice despre traumă sunt ambele angajate profund în construcția socială a înțelesului și a identității. Însă, aceste discipline rămân adesea în afara unui dialog, neglijându-și reciproc modul în care abordează mecanismele pe care le folosesc în mod comun pentru a analiza opresiunea care produce stigmatizarea. Acest articol explorează o posibilă nouă descriere a dizabilității și a traumei în piesa de teatru *Amy and the Orphans* scrisă de Lindsey Ferrentino. Amy, un personaj care suferă de sindrom Down, revendică stereotipiile studiilor dizabilităților prin exercitarea unei autonomii, definindu-se nu doar prin dizabilitatea sa, ci și prin experiența sa trăită în urma unor abuzuri. Narațiunea teatrală este atât una a dizabilității cât și una a traumei, încurajând o reflecție nuanțată asupra originii stigmatizării și revelând faptul că teatrul poate fi folosit ca mijloc de rezistență care revendică mijlocirea acestuia prin intermediul spectacolului și care provoacă stereotipiile convenționale despre „dizabilitate”.