



The Body Politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy



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ABSTRACT

Bringing feminism into conversation with drama therapy, this article explores the relevance of an intersectional framework for therapeutic performance research. The author analyzes the relationship between intersectionality, health, and performance ethnography and then discusses a past performance from an intersectional lens to highlight the potential psychological, social, and political health benefits of performance research. The author concludes with a discussion of the implications of this analysis for a socially engaged, therapeutic, performance research practice in drama therapy.

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Shortly after September 11, I participated in an ethnographic performance project called *The Body Politic: Four Common Conversations on Gender and the Nation* in which I, together with four friends and drama therapists, performed monologues about moments that enunciated our gendered and national identities (Sajnani, 2003, 2004). The performance emerged from a series of conversations we had with one another in each other's homes. Sitting at one another's dinner tables, we shared memories of our immigration to Canada, described daily encounters that positioned and limited us as Iranians, Americans, South Asians, Polish-Canadians, and as women. Drawing on the ideas of cultural theorists and critical race feminists (Bhabha, 1994; Ng, 1995; Razack, 1998; Said, 1978; Walker, 2006), we sought to inhabit and question the tensions in our intersecting and variously hyphenated identities. We were intent about this interrogation for it was our gendered and racial identities that often came into focus in our most constraining yet almost mundane interactions with family members (Have you found Mr. Right yet?), border patrol officers (Was your father a terrorist?), religious leaders (Real Muslim women cover their heads!), and strangers (No really, where are you from?). Audiences groaned, laughed and, at the end of each performance, were usually brimming with questions and stories of their own.

While this performance was not intended as therapy, it was therapeutic in that it permitted our collective to become cognizant of the contradictions and paradox within and between our gendered and racialized roles. It was also therapeutic in that, like much performance in drama therapy, it empowered us to call these roles into question, to challenge stereotypes, and to be witnessed and affirmed by our audiences (Bailey, 2009; Emunah & Johnson, 1983;

Snow, D'Amico, & Tanguay, 2003). However, there was more at play in *The Body Politic* than has been accounted for in our current articulation of therapeutic theatre that may be answered, in part, through alternate theoretical frameworks.

Towards this end, I have been interested in how a critical race feminist paradigm, and specifically ideas about intersectionality, contribute to an understanding of health as involving an awareness of how the body is a site of political struggle expressed (and too often treated) as individual pathology (Sajnani, 2010, 2012a, 2012b; Sajnani & Nadeau, 2006). This is of particular relevance to drama therapists as our work involves an investigation into the impulses, images, roles, relationships, repetitions, and stories that expand and constrain experience. Thus, by incorporating an intersectional lens, we may be better able to notice and inquire about the social interactions that produce anxious experiences of 'otherness' in ourselves and among those with whom we work. In this paper, I will review prominent tenets of an intersectional framework and draw on this analysis in a discussion of *The Body Politic* as an example of socially engaged, therapeutic, performance research in drama therapy.

Intersectionality and health

In her chapter, "Escape unto myself: personal experience and public performance," pioneering drama therapist Sue Jennings (2009) recounts a memory of being diagnosed with breast cancer and the encounters she had in the hospital:

The most difficult part to manage in the hospital was the arrival of a 'cancer counsellor' who tried to force me to look at pictures of women with one breast embracing their husbands, and accused me of avoiding reality (I did not have a partner at the time). Asking her to leave made no avail so in sheer desperation

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I said, 'How dare you assume that I am heterosexual.' With a dainty shriek she took her wicker basket of pamphlets and fled from the room. (p. 3)

Her diagnosis led her back to her theatrical roots and prompted her decision to create a series of one-woman performances. She describes how immersing herself in the role of powerful women ("Allyson" a condemned midwife and a portrayal of Elizabeth Garrett Anderson, credited as the first female doctor) brought her into surprising discoveries about herself:

If the play about Allyson gave me courage, I realized that Elizabeth was giving me professional courage. How many times in my life had the doors been closed by men who were either threatened by successful women or who believed that women should be at home and have 'little hobbies'. The pioneering of drama therapy meant that I needed to talk with doctors and psychiatrists, the majority of whom were still male. . .How often the replies had been 'yes it sounds very interesting but it is not what you would call essential'. . .Looking back now I wonder how I managed to withstand the oft-time abuse and cynicism. (Jennings, 2010, p. 6)

These brief excerpts from Jennings' narrative reflect the central thrust of the feminist movement which has been to address the social contexts of women's lives and the need to change oppressive systems of power that subjugate women (Evans, Kincaide, & Seem, 2011). Her memories reflect one of the most enduring adages of the feminist movement, *the personal is political*, for each of her private encounters with authorities were symptoms of the misogynistic, reductionist, heterosexist social disease which has attempted to regulate women's bodies under the guise of morality, religion, and/or politics throughout history and to devastating effect.

In response, feminist scholars fought back with elegant theories about the social construction of gender and sexuality and direct action in support of women's safety and freedom (Brown, 1994; Butler, 1990; Mander & Rush, 1974; Worrell & Remer, 2003). Feminist psychologists critiqued prevailing paradigms and documented how internalized sexism can manifest as anxiety, depression, apathy and, in some cases, lead to death (Brown, 1994; Buhle, 1998). They pressed for therapies that legitimized women's memories and lived experiences, and that linked women's individual experiences to their experiences of gender socialization within a context of transparent, egalitarian relationships (Evans et al., 2011). While this analysis has not been fully integrated in the creative arts therapies, it arose with the same sense of urgency (Hadley, 2006; Hogan, 1997). As art therapist Susan Hogan (1997) observes:

Whatever the techniques used, the art-therapeutic process must be capable of enabling women to understand, question, challenge the social and cultural conditions that are responsible for her definition as 'mad' or 'deviant'. What constitutes reality and how it is perceived can mean for the client the difference between incarceration and liberty; the difference between ongoing torment or emotional release. (p. 38).

However, while the gains were significant, the struggle did not end there. Feminism, as a movement, was critiqued not only by those who were invested in maintaining the status quo but by women of color (Hooks, 1984; Walker, 2009), lesbian, indigenous, and transgendered women (Yee, 2011). Critical race feminism challenged the erasure of race in the feminist movement calling for a politic that did not reproduce the very oppressions it sought to disrupt by holding the values and concerns of white able-bodied, middle class women over the realities of others (Hua, 2003; Sajnani, 2012a). Alice Walker (1983) exemplifies this critique in the following passage:

Virginia Woolf, in her book *A Room of One's Own*, wrote that in order for a woman to write fiction she must have two things, certainly: A room of her own (with key and lock) and enough money to support herself. What then are we to make of Phillis Wheatley, a slave, who owned not even herself? This sickly, frail, Black girl who required a servant of her own at times—her health was so precarious—and who, had she been white, would have been easily considered the intellectual superior of all the women and most of the men in the society of her day. (p. 235)

Critical race feminism emerged alongside critical race theory (CRT) which originally evolved from the need for alternative interpretations of legal doctrine (Bell, 2008) and by legitimizing storytelling in order to present a different interpretation of how the law has been used to justify an ideology of racism against people of color (Delgado, 1989). This is important because, in the words of Parker and Lynn (2002):

CRT narratives and storytelling provide readers with a challenging account of preconceived notions of race, and the stories are sometimes integral to developing cases that consist of legal narratives of racial discrimination. The thick descriptions and interviews, characteristic of case study research, not only serve illuminative purposes but also can be used to document institutional as well as overt racism. (p. 11)

CRT discourse presents race, like gender, as a social construction in that its definition is continually being shaped and reshaped by social interactions and political pressures (Calmore, 1992). It also helped to raise up the value of storytelling in legal practice and qualitative inquiry.

CRT expanded into theories about the intersections of difference between race and gender (Crenshaw, 1989; Crenshaw, 1991; Razack et al., 2010) as well as broader approaches to addressing multiple inequalities in race, gender, age, ability, sexual orientation, ethnicity, and religion (Walby, 2007). Intersectionality is about the ways that various forms of discrimination occur simultaneously rather than hierarchically. Fellows and Razack (1998) give a succinct analysis of intersectionality and contend that our strategies and practice must account for the relationships among hierarchical systems:

. . .Systems of oppression (capitalism, imperialism, and patriarchy) rely on each other in complex ways. This "interlocking" effect means that the systems of oppression come into existence in and through each other so that class exploitation could not be accomplished without gender and racial hierarchies, imperialism could not function without class exploitation, sexism and heterosexism, and so on. Because the systems rely on each other in these complex ways. It is ultimately futile to attempt to disrupt one system without simultaneously disrupting others. (p. 335)

On an individual level, thinking about intersectionality invites one to question the meaning and consequences of belonging to multiple social groups. This perspective also asks that one consider how the shifting and fluid nature of identity allows us at different times to experience a measure of power and privilege in respect to some other group. Proponents of intersectionality also challenge homogeneous and essentialist notions of difference (*all women, all white people, or all gay people are the same*) which has immediate bearing on how we, as therapists may think about 'populations'. By adopting a reductive approach, we risk ignoring the significance of their individual experience of gender, race, sexual orientation, faith, age, ability, and class.

At the broader level, intersectionality permits a more complex analysis of how multiple systems of oppression interlock to

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