

ON DISABILITY CULTURE, PERFORMING ARTS, SOCIAL THEATRE AND THE PRACTICE OF BEAUTY

Andrea Pagnes¹
<http://orcid.org/0000-0003-3696-2503>

Abstract

This paper discusses performing arts in general and Social theatre in particular as art practices that most promote disability culture. Few significant examples of differently able performance artists are considered before analyzing the principles of Social theatre and the experience of Isole Compresse Social Theatre School (Florence, IT). From the propositions of American psychologist James Hillman, the school founded its teaching method on the practice of beauty, also defined as a poetic device serving as an antidote to contrast preconceptions, prejudices, stereotypes and stigmatizations that disable people often suffer in society.

Keywords: *Social theatre; Performance; Disability; Beauty; Stigma.*

SOBRE A CULTURA DA DEFICIÊNCIA, ARTES CÊNICAS, TEATRO SOCIAL E A PRÁTICA DA BELEZA

Resumo

Este artigo discute as artes cênicas em geral e o teatro social em particular como as práticas artísticas que mais promovem a cultura da deficiência. Alguns poucos exemplos significativos de artistas da cena com habilidades diferenciadas são considerados antes de analisarmos os princípios do teatro social e a experiência da Escola de Teatro Social Isole Compresse (Florença, Itália). A partir das proposições do psicólogo estadunidense James Hillman, a escola fundou seu método de ensino pela prática da beleza, também definida como um dispositivo poético servindo de antidoto para contrastar preconceitos, pré-juízos, estereótipos e estigmatizações que pessoas com deficiência sofrem com frequência na sociedade.

Palavras-chave: *Teatro social, performance, deficiência, beleza, estigma.*

¹ **Andrea Pagnes** has been working with Verena Stenke as *Vest.AndPage* since 2006. They gained international reputation operating in performance art, filmmaking, social theatre, and art community projects. Their performance practice is contextual, conceived psycho-geographically in response to social situations, natural and historical surroundings, urban ruins. Through their live works, writings, and intensive workshops that they offer, *Vest.AndPage* explore themes such as pain sublimation, suffering, fragility, risk-taking, trust in change, union and endurance to merge from reality poetic elements to contrast the exercise of power and discrimination. Curators of the *Venice International Performance Art Week* since its inception, their last film *Plantain* received the best movie award at the *Berlin Independent Film Festival* (2018). Pagnes and Stenke have collaborated extensively with *Isole Compresse Social Theatre Company*: Pagnes as actor, performer, dramatist and set designer and together with Stenke as a co-tutor at *Isole Compresse Social Theater School* for social actors and operators. E-mail: pagnes@vest-and-page.de.



In loving memory to my teacher and friend Alessandro Fantechi

Disability Culture and Performance

One of the main challenges that contemporary art must face today is to reverse the concepts of difference and diversity hitherto understood into aesthetic tropes that allow us to gloss over different semantic and intellectual horizons.

Disabilities, diseases, illness, lack, physical impairments, deficiencies, and hardship are different, yet familiar, aspects of the human experience. They imply our otherness, fears, loss, mortality, beauty, ageing, love, anger and our longing to find each other within this shared fragility. *“Performances that address these topics are not always kind or comfortable, but never denigrated themselves as entertainment.”* (NEWMAN, 2017, p. 46).

Modern dance, Social theatre, experimental and experiential theatre, performance art and Live art are certainly inclusive practices concerning disabilities, engaging with differently able performers in the realization of a work of art. Although the resulting performances do not necessarily take on disability as their central theme all the times, they may come up as a political act, expression of cultural identity and self-identity, aiming at shaping a new sense of community and sensitize conscience, as in the way of celebrated Australian artist Mike Parr, born with a misshapen arm. The physical characteristics of his disability inform his extreme performances, but they often do not tackle disability as an issue. For example, when he nailed his only arm to the wall of an art gallery space for thirty hours (Figure 1), he did so to arise awareness about refugees' and asylum seekers' treatment in his country, at the same time criticising culture which is for the privileged but deeply uncaring at the same time: Physical endurance is paralleled by an ethical or moral endurance of the dilemma of a culture that is privileged and deeply uncaring at the same time. (JAMIESON, 2002)





Figure 1. Mike Parr. *Malevich [A Political Arm] Performance for as long as possible.* Artspace, Sydney, 2002. Photograph of the performance. Courtesy the artist and Anna Schwartz Gallery.

On art and disabilities, any type of artistic expression where disability is the core concept or whose context refers to it, belong to the category of disability arts. Even though they unfold ideas, analyse notions and disable people's everyday interactions with the realities they live, disability arts do not necessarily involve the differently able artist's active participation in the creative process. Just as, in the same way, a work of art does not fall within the category of disability arts if made by a differently able artist. Disability in the arts, on the other hand, requires the direct involvement of disabled people in the artistic process. After all, any artistic operation that has to do with disability, while remaining art in all respects, it can be described as a means to disseminate knowledge and raise public awareness on disability culture directly or indirectly.



Disability culture is the difference between being alone, isolated, and individuated with a physical, cognitive, emotional or sensory difference that in our society invites discrimination and reinforces that isolation – the difference between all that and being in community. Naming oneself part of a larger group, a social movement or a subject position in modernity can help to focus energy, and to understand that solidarity can be found – precariously, in improvisation, always on the verge of collapse. (KUPPERS, 2011, p. 109)

Inspired by the radical political activism of the sixties, in countries like Canada and the US much progress has been made in promoting disability culture, with movements and campaigns advocating civil rights for people with physical, sensory and cognitive impairments. In the UK, noteworthy to remember is *The Disability Arts Movement* that arose against the marginalization of disabled people in the arts and culture. It led to the passing of the *Disability Discrimination Act* (1995), which banned discrimination of disabled people in the labour market, employment, work environment, provision of goods, facilities and services. In 2010, it was replaced with the Equality Act. (ROCCO, 2019)

Still, the risk that what disability civil rights activists have painstakingly conquered overtime could remain episodic persists in many other countries. In Italy, for example, the continuous governmental cuts to public health and culture system brought to an increasing reluctance on the part of local political administrations to sustain the culture of disability with targeted and wide-ranging art projects and opportunities. Indeed, the from time to time meagre subsidies of a welfare nature are of too little benefit and do not sort out the problem. So, it is often the private initiative and the efforts of non-profit cultural organizations that, albeit intermittently, sustain diversely able artists and their activities.

Performing arts, in general, can function as a means of promoting active social participation on crucial civil issues in order to improve society itself, and change its mechanisms for the better. Nevertheless, what specific role do they play in building different communities? Furthermore, how do differently-abled people experience performing arts, as both audience members and performers?

In civil, intercultural and disability debates, performing arts become indispensable. It is because they are practices that favour the encounter between



different individualities and subjectivities which, through artistic mediation, come into contact, get to know each other and contribute to a mutual, cultural growth of the people who inhabit them. “Artistic performance, specifically theatre, becomes a tool for investigation” (TOSCANO, 2008, p. 202), and influence the sensitization and development of a collective conscience about differences, fragility and human hardships. Performative art practices that focus on the presentation of the self, have the potential to blur the edges between social inquiry and artistic analysis. They highlight the importance of human social interactions, for instance how individuals appear to one another and behave in a face-to-face approach that may cause or may not cause conflicts, negative or positive feelings, embarrassment, or joy. (GOFFMAN, 1956)

Disability is not a concept. It is a world that floats invisibly beside us, perhaps elusive, unseizable. To understand it we must be open to it, forgetting the clichés, the sentences made, the rivers of rhetoric, everything clumsily associated with that strange syndrome or disability that we often do not even remember or know its name.

All scenic arts have the potential to tackle a social theme directly or indirectly and deliver it effectively, touching emotional strings and stimulate in-depth reflection. As containers of anxieties, struggles and hopes transformed into art, they function as a mediator between worlds that in reality are often separated, inquiring what happens to those who are in daily contact with these worlds. Thus, they can propose alternatives to people inhabiting different realities, offering them chance meeting and confrontation on a common ground beyond the threshold of division and indifference. To this point, as Jerzy Grotowski already envisioned in a broader sense, it is not precisely to perform that is needed. Or at least not just that. It is also about something else. It is about crossing the borders between people, reduce distances, get closer to each other, so as not to get lost between words, statements, or nicely defined ideas. It is to erase the fear and shame when two or more persons show to each other who they are, un-hiding their genuine self. Eventually, to find a place where being together is possible. (GROTOWSKI, 2002)

In a time when to be healthy is almost a duty, in a world where everything is possible, and everything can be bought, what more could one wish? Then one day, we discover that we are not perfect, to fight against an incurable disease, to grow old.



(FANTECHI, 2011, p. 47) We discover that all our certitudes have suddenly collapsed because of an insidious, invisible virus that proves we are unfit to fight it. We discover to tremble and shiver. We realize that others decide upon our lives: how, when and where to go. It is how a person with a disability often feels: alienated. From reality and common sense.

Casually passing by a group of teens in wheelchairs, it may happen we mumble about misfortune and bad luck, empty words well prepared, skewed and re-chewed to reassure ourselves that it was their fate and not ours.

When we are intact, we feel to be part of this world, but we are healthy, normal. So, what can the different, the diverse, the sick, the disabled tell us?

Performers who possess full cognitive abilities, but suffer a condition of reduced mobility, share a common motivation to improve ability and autonomy of movement, regardless of the specificity of their physical condition. They also share the same concern about the gaze of the others, of a society that looks at disability with indulgent pietism too often.

Late American award-winning dancer and performance artist Lisa Bufano (Figure 2 and 3), as a kid she was a competitive gymnast. Later she worked as a club-dancer. When she was 21, she became seriously ill from a bacterial infection that led to the amputation of both legs below the knee, her fingers and thumbs. She writes:

After acclimating to life as a prosthetic-wearer, and my physicality and abilities had changed, my interest in movement deepened... I have begun to discover new approaches that are exciting and terrifying. I am using my own body as a way to explore issues of physicality and difference. Despite my own terror and discomfort in being watched (or, maybe, because of it), I am finding that being in front of viewers as a performer with deformity can produce a magnetic tension that could be developed into a strength. In my visual and performing work, the dominating theme is the visceral experience of alienation, embodied by creatures, real and imagined. (BUFANO, 2006)





Figure 2 and 3. Lisa Bufano and Sonshérée Giles. *One Breath is an Ocean for a Wooden Heart*. 2002. Stills from the video. Courtesy K-027 — Extravagant Bodies, Zagreb, the artist's family and Sonshérée Giles.



Italian performance artist Nicola Fornoni (Figure 4) is affected by scleroderma, an autoimmune, rheumatic and chronic disease that affects the body by hardening connective tissue. When he performs, he contextualizes his stigma to bring the viewer to consider a broader dimension of existence. His constrained body transformed into an organic poetic membrane through which one sees that something may happen or will happen and that somehow has already happened also to him/her/them: fear and courage, struggle, care versus un-care.

I started doing performances five years ago, when I was 23 years old, to explore social issues about a humiliating society that alienates those who have different anatomical potentials. Performance art could be said to be a practice that allows redeeming oneself, somehow, from the daily hardships and life itself, thus not only. I chose to express myself through performance art because it was not enough to create just energy and beauty. I needed to trigger most profound reflections—how to heal the world, and if we can really do it. The first performance I did was about the notion of rebirth and how it can be applied in an apparent stasis situation until the body starts to produce movements through effort and fatigue. Many life events make us realize that we need a breakthrough; therefore, I realize that performance art was a necessary tool to express my ideas, their potential and their force. The mutation of the body throughout life is already a unique and incredible performance. Thus, many times I wondered if I had even performed without having had health problems—the acute lymphoblastic leukaemia when I was five years old, with all its course, and the relapse when I was eight. Then I underwent the transplantation of the bone marrow to heal from leukaemia, followed by another transplantation of stem cells. Ultimately the scleroderma, autoimmune disease as a result of everything, and that from the standing position constrained me to the sitting one. All this characterizes my artistic research based on body art, love, body limit, the transformation and the relationship between bodies and personalities, in short, on life itself and its transcendence. I always act and put myself on the line. I always dealt with living on my skin what I have passed through hospitals. I do not hide anything. I do not run away from the events. So then, during the third year at the academy, I understood that performance art was the way to demonstrate my value to people, undertaking a dialogue that also winds through intense social activism. My rebellion takes stance through this kind of art. (FORNONI, 2017)





Figure 4. Nicola Fornoni. *Diventa ciò che sei (A mia madre) / Become what you are (To my mother)*. 2016. Long durational performance. Photo Lorenza Cini. Courtesy the artist and the Venice International Performance Art Week.

Performance artists like Bufano and Fornoni perform from their real self, not to represent their condition. Their live works objectify themselves as a subject that counteracts the spectacularization of the disability and the disease. They operate a clear distinction between what is real and what is not. They put into question at which degree the discourse on disability depends on common standards of “the industrial culture of our times with its penchant for passing fads and glamorization” (PROFETTI, 2009, p.193) that subordinates all that is not functional to its credo.

In Lisa Bufano’s performances, her body is feverish. It unleashes itself in space, threatening to erupt from the edges of her prosthetics, un-contained within established anthropometrical norms. Her body hurls through the performance space, bursting through its delimitations. Her stamina and wondrous, extreme physicality make the audience live a dreamlike vertiginous experience.

In Nicola Fornoni’s durational performances, his body becomes a porous, visceral contaminant. It wages a battle against spurious conceptualizations of the disabled body, inherent impediments, and alleged passivity.



Both artists dis-ease and un-house the viewers, un-settling their role. In a time where nothing is stable, and fiction continuously filters into reality, differently able performers like Bufano and Fornoni challenges the boundaries of performance. The idea of discipline crumbles. The gap between audience and performer shrinks. New spatial materiality makes its way, bringing us to realize that we need the others, not a spectacle, to understand who we are.

Performances like those by Bufano and Fornoni actualize Jerzy Grotowski's idea of the total act: not a recreation of a situation, or another's action, but rather a process of cognition and experience realized dramatically. (GROTOWSKI Inst. 2012) It is an act of self-sacrifice, of giving "ourselves nakedly to something which is impossible to define but which contains Eros and Caritas." (GROTOWSKI, 2002, p. 34) It is something "*incomparably higher than us, which exceeds us, which is beyond and above us (...)* An act of transgression in which the 'actual' doer is no longer a performer." (GROTOWSKI Inst., 2012)

This kind of performances has a double impact, a double shifting effect, albeit temporary, which is breathtaking and cathartic at the same time. The spectator is taken aback, witnessing a process where the performer overcomes any resistance to pain, or surrenders to pain, to become pain itself and transgress it. At last, the performer redeems the spectators from the idea (and fear) of pain they may have, however withstanding indescribable stresses: "*To feel and have great pain is a certainty, but to see (or hear) the pain of the other is to have doubt, and the doubt of who hasn't pain amplifies the suffering of those already in pain.*" (SCARRY, 1987, p. 7)

Here the notions of difference, diversity and disability imply an organic coherence with life itself mirroring the dialectic coexistence of dualisms— good and evil, right and wrong, light and shadow, beautiful and ugly, joy and sorrow, health and disease. Within this perspective, art surge as a tool for social change: "*Art is the social within us (...)* The social also exists where there is only one person with his individual experiences and tribulations." (VYGOTSKY, 1971, p. 17)

Indeed, diversely able performers of undisputed talent are many. To cite a few examples, late French Michel Petrucciani, born with osteogenesis imperfecta, known as glass-bone disease, overcame his physical disabilities to become a celebrated world-renowned pianist, hailed as an example for everyone and a symbol of the combat of



the human being (CHILTON, 2019). British legless dancer and actor David Tool in the last 25 years has worked with some of the most cutting-edge physical theatre and dance companies such as DV8, playing the leading role in their production *The Cost of Living* (2004), and recently in *Enormous Room* (2017) by Stopgap Dance Company. La Compagnie de L'Oiseau-Musch (France), Mind the Gap and its Academy (UK), Italian Compagnia Pippo Delbono, Accademia Della Follia and Isole Compresse Teatro with are among Europe's leading learning disability and experiential theatre companies. Internationally renowned Societas Raffaello Sanzio pioneered in staging divers-abled actors and with anorexia, as well as Teatro Nucleo, founded in 1974 in Buenos Aires by Cora Herrendorf and Horacio Czertok. The international theatre festival *Madness and Arts* (2003-2012), organized by German theatre directors Paula Artkamp and Manfred Kerklau (Sycorax theatre), has made history in this sense. Its four editions took place in Toronto, Münster, Haarlem, Nanjing and Shanghai to celebrate and honour the artistic achievements of practitioners and performers who have experienced or are affected by mental illness and physical disabilities, and those whose work explores these themes and conditions.

No Limits Festival that takes place in Berlin since the early 2000s is still operating successfully, showcasing performances in the best avant-garde theatre spaces in the city, such as Ballhaus Ost, Maschinenhaus, Hau Hebbel am Hufer, Sophiensæle, Theater Thikwa. *Okkupation* international theatre festival took place for the first time in spring 2007 in Zürich, literally occupying mainstream venues of culture in the city to display works from the margins of society. In performance art, Australian Mike Parr is among the most esteemed artists worldwide, and not because he is one-armed. Same Finnish Pekka Lutha, deaf British performance artist Aaron Williamson, performers and disability culture activists German Petra Kuppers and late British Kathrine Araniello. Following Araniello's death in 2019, Live Art UK Development Agency (LADA) has established a yearly bursary award in her memory for two radical, politicized live artists who identify as disabled people. Noteworthy are the works of younger performers such as Italian Chiara Bersani, recipient of the prestigious Ubu prize (2018). Other example is the Brazilian Felipe Monteiro, who uses the term differentiated body in respect to diversely-abled performers and is affected by a progressive spinal amyotrophy, similarly to French-Algerian Kamil Guenatri:



How can I perform when I'm limited in all everyday life gestures? I play with limits from immobility to movement, constraint to freedom, impossible to initiation. I also use my body to distort some common social/psychological prejudices regarding disability. Using my fragile condition, I try to go beyond pain and suffering representations to show situations of beauty, desire and life... Proposed images also become a way to deconstruct my own, then mental and physical spaces. Actions cause in this case, not only meaning but also an enlightened silence. A ritual time when the body becomes a voice, devoid of all its other organs entirely. (GUENATRI, 2014)

Social theatre

For us, the body is much more than an instrument or a means; it is our expression in the world, the visible form of our intentions. Even our most secret affective movements, those most deeply tied to the humoral infrastructure, help to shape our perception of things. (MERLEAU-PONTY, 1964, p. 5)

The term Social theatre was probably used for the first time by Claudio Bernardi in 1995. He defined it as a new frontier of theatre that resumes and renews practices at the core of the Western theatre tradition for the emancipation of people and communities. (BERNARDI & CANTARELLI, 1995)

Social theatre deals with any form of social malaise and hardship. More precisely, it is a performative practice that places at the centre of the artistic process those whose body is “socially denied” (DOBUSCH, 2019a, p. 77) rejected by society or even considered “culturally insignificant.” (DOBUSCH, 2019b, p. 78)

However, to say that Social theatre is a form of theatre specialised in staging human dramas of those who live at the margins of society would be too simplistic.

What Social theatre aims, above all, is personal fulfilment and well-being of the socially marginalized in society, which improve when the social network between people and public institutions is functioning. However, the old public institutions of solidarity and social care are in perennial crisis. So, on the one hand, Social theatre began to take place for the urgency to invent a new culture of inclusion, access and participation (BERNARDI, 2004). On the other, to find and create new spaces of



encounters outside institutional settings, implement communication on experiences of social hardships and disability through art, thus, to give visibility and value to different communities' forms of expression. (CONTI, 2012).

Social theatre is a theatre of research, multifaceted, experimental and experiential. It questions the role of theatre and performance in terms of civil and social responsibility. It has a socio-political derivation and orientation and is not about a mere imitation of the reality or representation of characters. In the performance space, the performers mainly expose and play who they are in real life. The performances are often site-specific and not staged to amaze, entertain or amuse. They aim to probe the faults, flaws and fallacies in the social system. They address the prevailing mentality to reveal its superficiality, lack of thoroughness and crippled hypocrisies. In this sense, they function likewise an intruder who uses a crowbar to bust open a lock. They are radically inclusive. They bring together normally-abled performers who operate jointly with others indelibly marked by congenital or contracted diseases or signed by challenging life experiences. Its *materia prima* consists of all those people whose provenance belongs to the elsewhere called disadvantaged social categories: psychic patients, Down syndrome, wheelchair-bound, blind and deaf-mute people, inmates, former drug addicts, street sex workers, refugees forcibly displaced. (Figure 5 and 6)



Figure 5. Isole Comprese Teatro. *Fondamenti di Difettologia / Fundamentals of Defectology*. Maschinenhaus Theater, Berlin, 2007. Photo Simone Donati. Courtesy Isole Courtesy the Estate of Isole Comprese Teatro and VestAndPage.





Figure 6. Luigi Pandolfini (leading actor of Isole Comprese Teatro, affected by Down syndrome). *Corpo 1 Prologo*. Teatro Cantieri Florida, Florence, 2005.
Photo Simone Donati. Courtesy the Estate of Isole Comprese Teatro.

Social theatre main conceptual focus is the notion of the stigma: the sign or mark that connotes a person and raises strong feeling of disapproval that most people in a society have about something that does not respond to what they assume to be the normalcy.

In a performance, the presence of performers who carry stigma is at the same time unequivocally fragile but perturbing. It shakes misconceptions. It is iconoclastic and desecrating to values and beliefs that society takes into great account.



After all, performance is often hypertrophy by its very nature, an exaggeration of social, political and ritual habits. At the same time, it is also an opportunity to come to term with our human too human variables. It is an occasion that holds onto something that has to do with the sacred mythical character proper to a religious act, at times “*involving sacrifice and self-sacrifice.*” (TURNER, 1982, p. 81)

With all this in mind, Social theatre becomes a constitutional part of the existing anthropological commitment on which social dynamics are the strong points. It puts in discussion in which measure the norms influence the construction of the identity of the person, interpersonal relationships, community structures and social forms of a smaller scale.

Despite radical experimentation designed to occur in the absence of the performer(s), to perform always implies the exposure of one or more bodies in front of other bodies. Both subjects — performers and viewers — are directly involved in respect to their capacity of acting independently from each other. In this way, the autonomy of decision-making and free choice in a given environment are preserved. On this wise, Social theatre performances generate a shared process of knowledge and an exchange of information between the performer and the audience with no reciprocal obligation. Bodies vibrate, and energy flows. Throughout the unfolding of this process in the performative space, precisely the presence of performers with disabilities crumbles fictitious ideals of perfection, myths and assumptions that affect people’s way of thinking and perception of the reality. Their whispers of pain and suffering are real. Their wounds are mercilessly visible, disturbing, and terrific for someone, but also poetic for some others.

The reactions of the audience in seeing people with disabilities performing on stage, challenging and overcoming the boundaries of their disability, however, are often empathic. The dimension of the theatre naturally helps to create a facilitated relationship and sharing. Despite that in Social theatre, disability is not resolved and remain an evident, complex topic to tackle, the limits of disability as a condition break down.

Seizing the performance space — any space — with their bodies, the performers endowed with a disability open a confrontational dialogue with the outside. New meanings spring from disquieting living images, shreds of altruism, evidence of



compassion but also missing fairness— the socially denied body, culturally insignificant, a vessel of humanity as a whole.

Albeit in the ephemerality of the performance, a transformation occurs. A poetics carved into daily struggles, acceptance and endurance breaches within clichés, eventually reinforcing the concept that to perform is a cultural, anthropological fact that implicates actively who is acting and who is watching. “Differently-able performers likewise are signs of their times: a point in the modernity when extraordinary bodies have a currency as lifestyle accessories when any shock or alienation value is eroded by the ubiquity of difference that is consumed and repackaged.” (KUPPERS, 2003, p. 3)

Social theatre coaches and facilitators are required wide-ranging skills to apply specific propaedeutic, learning methods and operate accordingly to different types of suffered disability. To identify a specific set of exercises for each case is often necessary.

Practitioners affected by Down syndrome or mental diseases respond to the same task differently, depending on how severe their disability is and on the degree of their cognitive capacity. Equally fundamental is the investigation of their emotional sphere. The work requires extreme patience and care, guiding the practitioners gently to transform their often-negative feelings towards society, the others and themselves into something creative, so to establish positive relationships with everything around.

Social theatre companies like RambaZamba Theater (Berlin), Theater HORA (Zürich), Isole Compresse Teatro (Florence) among others, have successfully dealt with Down syndrome practitioners that usually show great shyness and closure. They gradually implemented and refined communication skills, build self-esteem and enhance social confidence also to interact with others in their everyday life. When persons affected by DS feel welcomed inside a group and perceive that the group members understand their diversity as a unique quality of their being rather than a weakness, they overcome their anger, frustration and fears and free their creative potential.

The liberation from despair, loneliness, rejection, sense of personal defeat, which is often due to external agents, can be reached entwining solace and *Begeisterung*, the Hegelian glowing enthusiasm necessary to the realization of a work of art.



When possible, the work on one's memory is also crucial to the creative process. Life experiences leave inside all people something valuable. Memories are what make a person unique. They are the inextinguishable, magmatic subject-matter that continually shaped individuals' identities. The task of the facilitator is to find the right ways to access, re-awaken and channel DS and mental illness practitioners' memories proactively, creatively, bearing in mind, as a last resort, that "remembering is an ethical act, has ethical value in and of itself." (SONTAG, 2003, p. 115)

Social theatre is not to be confused with theatre-therapy. Nevertheless, it has proved to be indirectly beneficial to a wide range of practitioners presenting different disabilities. One of the main reasons is probably because Social theatre attributes value to the possibility of building a group identity which, in many cases, favours a positive image of oneself reflected in the positivity of the group.

Social theatre employs several performative practices in its training process. For example, it can be beneficial for practitioners affected by autism to soften agitation and insecurity and improve peace and readiness of mind, to the point of internalizing and managing the learned elements independently.

Autism spectrum disorder (ASD) is one of the most complex and mysterious forms of disability. It manifests itself through many symptoms. At the base, it has a common factor: to struggle every day to adapt to the world. In some cases of high functioning autism, rapid changes and unpredictability of the situation usually generate anxiety and frustration. The refusal of physical contact, a relational obstacle in this type of disorder, was overcome through exercises inferred from modern dance. (TAKAHASHI, 2019)

In the specific, contact improvisation, a dance practice where the points of physical contact between at least two bodies in motion become the jumping-off to explore improvised and expanded micro-movements, has proved to be very useful for people who have autism. It is because, beyond the simple points of physical contact, a more extensive contact comes into play: auditory, kinetic, perceptive, energetic among dancer partners. Through contact improvisation jams, a relationship of solidarity and confidence can be gradually established based on mutual knowledge, non-verbal reciprocal assistance and support, working in pairs and then within the whole group.



Improvements have also been detected in cases of motor difficulties and hyperactivity. Working on aspects such as body control, attention and concentration, practitioners developed significant skills in spatial coordination, attention, listening, cognition, reasoning and response to requests. These achievements are a confirmation that with commitment, passion, seriousness, professionalism and competence, integration and inclusion made of facts and fewer words are possible.

Like all performing arts, also Social theatre carries its risks. However, an artistic experience if it does not include risks, does not carry out its task. The socially denied body pushes the audience into the territory of risk through its dramaturgical devices.

Stories and autobiographies of marginalized people are transformed into metaphors which tell of great humanity and also of a little secret: the performers on stage have learnt what they know not in theatre academies, but at the school of pain and suffering, discrimination, insane asylum. These are cruel but great schools, as Antonin Artaud and Sylvia Plath recounted.

In the territory of risk, art is provocative by nature. Poetry becomes the expression of the painful feeling of living, of the human inability to be perfect. The socially denied body is a vehicle to convey such feelings. It does not do as if. It does not imitate. It slips like a blade into the grease of commonplace certitudes and fears.

When real-life experiences of such kind are at the centre of the work, to perform always demands renewal of language, disobedience to its rules because what is going to be performed is somehow un-precedent. Complications of life are in the place of fiction. Experiences of hardship turn into incisive, at times unpleasant living images: *“Each one shuts himself up in the barrel of self, in the self-fermentation he dives to the bottom, with the self-bung he seals it hermetically, and seasons the staves in the well of self. No one has tears for the other’s woes; no one has mind for the other’s ideas. We’re our very selves, both in thought and tone.”* (IBSEN, 2003, p. 93)

Eventually, time present everything contains. It becomes the knot of the performative event, bridging the work of the marginalized with the reality itself, the viewers watching an anti-simulation.

Disability culture has the exceptional potential to bring back theatre, dance, performance there where they originated. Necessity and emergency, not entertainment.



The medium for, not an end. The differently-abled performers are at the forefront of the vast scene: not the stage, but the world, where everyone owns the absolute right to life. Their works are nothing but the terrible made sublime, the manifestation of poetry in hopeless places, visible and invisible spaces. It springs from bodies numbed by pain, segregated by suffering. It filters from the insurmountable cracks of a side-walk that the normally-abled bodies tread effortlessly every day. It pours from the mouldy fissures in the wall of an old hospital that we pray to visit never. It is a silent cry that emerges from the wounded, bleeding womb of history, like a spore near the opening, a still alive pray clutched by a snake curled in its coils.

Performers endowed with disabilities are not born interpreters of perfected ideas. They do not engage in mimetic, confessional narratives. They are living archives that manifest what they bear: not a ghostlike social status but their endurance and resilience, their *“witness, in the manner of an ethical or political act for today and for tomorrow.”* (DERRIDA, 1996, p. 35)

Indeed, the difficulties in realizing performative projects involving the participation of differently able performers are many. They can be technical-qualitative: for example, it is more complicated to work with patients affected with severe Down syndrome, than with others presenting physical disabilities in the limbs. The learning process of severe Down syndrome patients is long and laborious.

Moreover, other difficulties can be of ethical and moral nature, about disabled bodies' exploitation for artistic purposes. Here, the purpose and objective of the performance process and its final restitution (the performance) should be clear that is to honour and put the focus on disability culture, whatever the artistic operation.

What the ethical-moral question crucially raises is that of the audience. Some spectators struggle in keeping an objective, concentrated, but passionate eyes in front of the difference and remain crystallized in their comfort zone of passive observers. In front of strong stimuli that shock the gaze, a psychological defence mechanism, even unconscious, is triggered. That is that the ego clams up to protect itself from excessive requests of a too intense drive. In the best cases, to work with diversely abled performers can forward further developments in the performative turn. For directors with consolidated experience in the field of performing arts and disability, such as Jérôme Bel, the physical asymmetries of differently able performers' bodies are highly



inspirational, as well as are all the artificial devices that replace missing body parts. (BEL, 2013)

As a theatre practice, Social theatre has made consistent strides in treating disability as a creative resource, but in reality, things need patience and perseverance to make something new familiar.

However, disability exists and cannot disappear, and neither the performer nor the spectator can deny its existence. In performance, it can also disappear but to reappear again reversing roles and social representations linked to the presence of an existential threat that can strike everyone without distinction. The reversal comes to the point where it is difficult to say who has and who has no disabilities. Who is healthier? Who is the sane and who is insane?

It is somehow a paradox: “Can you be simultaneously ‘mad’ and rational’, a ‘sufferer’ and an ‘observer’? (...) What if the observer is mad and who is on stage is not? (...) Is mental illness (‘madness’) really incompatible with rational or (perhaps less stigmatizing) productive behaviour?” (GILMAN, 2014, p. 54) Certainly to ask these questions is licit, at least for their anthropological implication.

In this regard, what should not be underestimated is that people affected by mental illness or physical disabilities are challenged doubly. On the one hand, they struggle with the symptoms of the condition they forcibly live. On the other, with the stereotypes and prejudices that result from misconceptions about their disability. As a result “people with mental illness and affected by disabilities are robbed of the opportunities that define a quality life.” (CORRIGAN and WATSON, 2002, p. 16)

History teaches us how long and laborious it is to break down the mental patterns and closures that play out the creation of stereotypes and nurture prejudices, which is fundamentally a cognitive and affective response that leads to discrimination. Prejudices endorse, even involuntarily, negative narratives, which in turn generate negative emotions and distrust.

Prejudicial attitudes involve an evaluative, generally, contemptuous behavioural component typical of a society that widely flies over stigmatizing and disqualifying ideas. To feel less appreciated by others is detrimental to the individual conception of oneself. Self-esteem suffers, as does deteriorate one’s trust and confidence in the



future. The low self-esteem that often afflicts people with disabilities also involves the increase of discouragement towards the world, reality and life. It is described scientifically as “a fundamental paradox in self-stigma.” (CORRIGAN and WATSON, 2002, p. 17)

Among the characterizing aspects of Social theatre is to not isolate people with disabilities in their being together, thus to promote acceptance and valuing each one’s different abilities equally. Social theatre infers that people with experience of disability are, a fortiori, subjects of active citizenship and not objects of assistance and that, as the theatre of and for diversities, in all sense, it is an opportunity for social and personal reciprocal enriching exchanges.

Ultimately, making the scenic arts accessible to differently able people allows aggregative and socializing experiences usually precluded to them. At the same time, it implements awareness, team spirit, cooperation and openness among the non-disabled performers to the difficulties that their peers encounter in their everyday life.

Isole Compresse Social Theatre School and The Practice of Beauty

This assumption that beauty is an accessory, and dispensable, shows that we don’t understand the importance of giving the soul what it needs. The soul is nurtured by beauty (...) craves beauty and, in its absence, suffers. (MOORE, 1992, p. 278)

Some play freedom through their madness, or by falling and regaining balance on their crutches, modern jesters and holy fools. Others do wheelies on streets greatly traffic-congested, boosting their wheelchairs on steep descents. Some remove their prosthetic implants and stick their severed arms into clay blocks, leaving imprints of voids and solids. Others ask the passers-by to write a dream on their immobilized backs. Some perform regardless of their blindness, and with formidable stage presence, they open new ways of communication with their body. They did not attend institutional training in performance techniques, only for the fact that those places of education were not accessible to them. (CHRISTAKIS, 2016)



Isole Compresse Social Theatre School for social theatre actors and operators was established in 2005 in Florence by psychoanalyst and theatre director Elena Turchi, and her partner, actor and theatre director Alessandro Fantechi. They honed their artistic competence working alongside directors such as Liliana Cavani, Derek Jarman and theatre masters such as Danio Manfredini, Judith Malina, Rena Mirecka, among others. The school remained operational until 2018, when Fantechi passed away.

The school learning method resumed Eugenio Barba's and Nicola Savarese's studies on theatre and anthropology. The revolutionary approach to theatre and happenings by Tadeusz Kantor. Jerzy Grotowski's precepts, precisely to eradicate the internal blocks. Peter Brook's empty space theory. The physical theatre training by Ryszard Cieślak and Philippe Radice. The theatre of cruelty by Antonin Artaud, considered by Fantechi and Turchi a predecessor of Social theatre.

Pivotal to the theoretical framework was the study of the embodied cognition. The theory of embodied cognition originates from the philosophical investigation on being and time (HEIDEGGER, 1962) and the essence of reason as a principle of being (HEIDEGGER, 1969). From the phenomenology of perception that spells out how the body plays a crucial role not only in perception but in speech and in the relation to others (MERLEAU-PONTY, 1962) to the analysis of the structure and signification of human behaviour and consciousness, undertaking the Gestalt psychology notion of a whole being greater than its parts (MERLEAU-PONTY, 1963). From the radical empiricism by William James, who, in his essay "The Meaning of Truth" (1909), postulated that "the only things that shall be debatable among philosophers shall be things definable in terms drawn from experience" (JAMES, 1987, p. 826). Eventually, from John Dewey's pragmatic account of social practice, emphasising the importance of habits in organised human life, the role of philosophy as a means of improving daily life (CAMPBELL, 2019), at the same time recognising the social nature of the self (DEWEY, 1958). To analyse and explain how the human body shapes what the mind can do (GALLAGHER, 2005) is a primary characteristic of the embodied cognition and approach:



Western scientific culture requires that we see our bodies both as physical structures and as lived, experiential structures-in short, as both “outer” and “inner,” biological and phenomenological. These two sides of embodiment are obviously not opposed. Instead, we continuously circulate back and forth between them. Merleau-Ponty recognised that we cannot understand this circulation without a detailed investigation of its fundamental axis, namely, the embodiment of knowledge, cognition, and experience. For Merleau-Ponty, as for us, embodiment has this double sense: it encompasses both the body as a lived, experiential structure and the body as the context or milieu of cognitive mechanisms. (VARELA, THOMPSON and ROSCH, 1991, pp. XV-XVI)

For example, excelling in dance skills can be understood as tangible proof that the characteristic of the body of the dancers are not accidental to their mental abilities, but define them in various intrinsic ways. The information processes that carry out our intelligent functions are regulated and distributed by the physical, chemical and biological compound that implements them (SHAPIRO, 2011). However, the methods and effectiveness of practical intelligence mainly depend on the perception that one has of the environment, from the level of familiarity he/she/they have with it and from the personal and interpersonal experiences conducted within it. In other words, the interactions between body, environment and social context act on the sensorimotor capacity of the individual, while defining action opportunities, which the individual undertakes through perceptive, sensorial and motor engagement (RIETVELD, 2008). To note, in the field of radical embodied cognitive science, “cognition is to be described in terms of agent-environment dynamics rather than computation and representation” (CHEMERO, 2009, p. X).

Embodiment is the surprisingly radical hypothesis that the brain is not the sole cognitive resource we have available to us to solve problems. Our bodies and their perceptually guided motions through the world do much of the work required to achieve our goals, replacing the need for complex internal mental representations. (WILSON and GOLONKA, 2013, p. 1)

Social theatre operators who apply elements of embodied cognition in their teaching methods usually based their propaedeutic on a pedagogy of action in a given environment to produce experience, sourcing elements from the biomechanical and



physical theatre traditions. The aim is that each participant can experience themselves as a performer in the workshop space through interaction with others, exploring new individual and collective physical composition and sound scores to develop cognition-kinetics. In this way, each participant partakes in a performative system-environment and generate mutual knowledge, thus assuming an active role. In this sense, embodied cognition becomes very effectual in educational and rehabilitative contexts. Implying that the body acts on the cognitive level and plays a fundamental role in learning new skills, the embodied approach in Social theatre provides that quality of movement, kinetics, action, sounds and rituality become the founding nuclei to activate transformation processes. To this, Fantechi and Turchi conceived a teaching method as a learning path of embodied practices to implement body perception, relationship with the other and operate on the self to qualify that same relationship. They aimed to inspire greater self-acceptance, thus a more positive psycho-corporeal and emotional awareness, respecting the psycho-physical possibilities and limits of each participant. They valued with loving-kindness, radical tenderness and consideration the signs and stigmas connoting the body, precisely because the body shapes the process of acquiring understanding not only through thought, experience and the senses but also through what afflicts it.

Affliction comprises physical pain, suffering, mental distress, depression, aching sensations of uselessness, social inadequacy, and apprehension to fail altogether, and shapes the social factor. “The social factor is essential. There is not really affliction where there is not social degradation or the fear of it in some form or another... There is no real affliction unless the event which has sized and uprooted a life attacks it, directly or indirectly, in all its parts, social, psychological and physical” (WEIL, 2010, p. 39).

The school learning principles founded on the practice of beauty, inspired by American psychoanalyst James Hillman’s propositions and the archetypal psychology by Carl G. Jung. More extensively, the practice of beauty is a way of life for community building, all-inclusive; and a tool to counter criticism, moralistic judgments and quibbling, baseless distinction, even disguised as the best intentions, that often insinuates in considering the difference between able- and differently able bodies.



Emphasizing the non-negativity of any-body and the inherent radiance of every being (HILLMAN, 1998), the main aim of the practice of beauty is to unveil the expressive potential contained in every-body, however, not to outsource skills and represent them. It deploys ability and disability as dramaturgical devices of hybridization, since the organic nature of life that the scene reveals, it resides in the dialectical relationship and co-presence of the opposites: good and evil; light and shadow; ugly and beautiful; health and disease. The pietism of the gaze to the pain of others is a way of looking but not of seeing. It measures a distance rather than seeking involvement with the subject (the object of the gaze). The practice of beauty, instead, relies on the Latin *pietas* to stimulate the conscience to a feeling of respect for the scandalous diversity of the other's body in pain (SONTAG, 2003). Beauty is the result (artistic and social at the same time) obtained by rebelling against the pietism of the gaze. It is an act of intellectual revenge that stems from the dualism between beliefs of what is just and unjust. It shies away from the notion of normalcy hitherto understood to clash with the norm that considers an anomaly as a cultural phenomenon. (TURCHI, 2011)

Thus, also the categorical subdivisions of theatre and handicap, theatre and prison, theatre and therapy are just functional to social management. They do not concern the ethical-aesthetic objectives of theatre and performance. If anything, those objectives are embedded in the possibilities and values present in each of these partitions.

Pain, suffering, isolation, solitude, rejection, discrimination, social malaise are the main elements for the artistic operation, explored with an Artaudian approach to cruelty, at times winged and light so as not to be crushed by the gravity of the human drama and rarefies its ruthlessness.

The psyche struggles continually to welcome the new and the different. Precisely for this reason, given that a poetics of the disability exists, its complications come up again as soon as disability becomes the subject-matter of artistic creation. In this sense, the practice of beauty denies the autonomous completeness of the form, for it considers disability, not a fixed prerogative, but something flexible, liquid, ever-changing, like our identities.



About human relationships and personal needs of compensation and redemption from pain and suffering, the practice of beauty does not view their threatening side. It encourages empathy, as the aesthetic nature of disability pertains to that of human existence. In this respect, disability is a powerful tool to question the presence of the human being in the world, which is always beyond whatsoever human condition, distinctions and side-effect comparisons that are by-products of social constructs.

Society overtime has always established canons about physical and moral perfection, from the platonic *kalokagathia* (the ideal of aristocratic physical beauty and moral perfection), up to the conditioning standards of today advertising campaigns. In the space of performing arts, when ideals of perfection collide with something that differs entirely from them but is equally considered and put in the same category, those ideals shattered, demonstrating their conceptual inconsistency. Furthermore, “that can be said of many perfectly clear ideas... To set up a standard of public morality a notion which can neither be defined nor conceived is to open the door to every kind of tyranny.” (WEIL, 1986, p. 51)

At some point, it would also be fair to ask if the practice of beauty is too relative a concept to take on disability correctly, for the notion of beauty may sound controversial or antiquated. There is a risk of philosophizing by clichés and short cuts and assume the practice of beauty as an abstract principle or a mere manifestation of intent.

Instead, what is interesting to note is how the psychological component and elements of both philosophical and sociological derivation intertwine in practice, privileging a phenomenological approach to consciousness and personal experience to stimulate imagination in a sociological sense.

Indeed, something beautiful is different from merely liking it, which is an act that depends on subjective, idiosyncratic tastes, personal opinions and moral judgments that brings no cognition about the thing itself. (KANT, 1987) Nevertheless, about disability, beauty cannot be resolved as a Kantian selfless contemplation either.

Within the practice, beauty is understood as an organism overflowing with opportunities for communication, new encounters, henceforth artistic achievements. Like so, to exercise the practice of beauty within the culture of disability means, first



and foremost, to figure out, learn from and interact with the tensions, worries and feelings of the differently able person. The possibilities of artistic collaborations that follow within and after the training with differently able practitioners will hopefully lead to the realization of artistic works, which may be said beautiful because their themes are unequivocally unsettling, unordinary, unusual, extraordinary. “What interest us is theatrical creation, not looking for ways to heal (...) For somebody with an ability deficit, the achievement of this can be linked to doing a complete simple forward roll, but this is the equivalent of a gymnast doing a triple somersault.” (CZERTOK, 2015, p. 49)

In late stance, it is a beauty unpretentious, to be found in the humbleness of the soul, convinced of its value, authentic at last. To performance, it refers to performers’ innate ability to be by performing: “The capacity to perform, to play, to be, seems to be a ‘given’ in human life, in a way which has nothing to do with intellectual differences. One sees this with infants, one sees it with the senile, and one sees it, most poignantly, with the Rebeccas of this world.” (SACKS, 1998, p. 186)

It is a beauty limited in its needs, moderates in its desires, that moves discreetly, without provoking, between the things of everyday life to which is paid less attention. It helps the soul to open up and renew all sorts of relationships with everything around more easily. It is not about the ecstatic, but the ephemeral, the impermanent, the fragile: human body in action, emotional fact, radical tenderness, melancholy, missing parts. Conversely, its absence would dull our receptive abilities and make us insensitive. This anaesthesia would lead us to withdraw into ourselves, waste, disrespect, self-entitle, thus to lose the ability to engage with the world (HILLMAN, 1989).

“At the centre of the human heart, is the longing for an absolute good, a longing which is always there and is never appeased by any object in this world.” (WEIL, 1986, p. 202) After all, the soul always has to do with beauty. “Beauty is something everybody is longing for, needs, and tries to obtain in some way – whether through nature, or a man or a woman, or whatever. The soul yearns for it.” (LONDON, 1998)



The practice of beauty: a balm for the stigma

Do you know what it means to find yourselves face to face with a madman – with one who shakes the foundations of all you have built up in yourselves, your logic, the logic of all your constructions. (PIRANDELLO, 1957, p. 192)

Besides understanding their afflictions, social theatre operators must help the differently able practitioner to cope with their stigma, placing them on par and abandon the sometimes subordinate or welfare attitude when being and working together with them.

A stigma increases social distance and refusal in everyday life. Who possess full cognitive faculties may talk about these unpleasant situations, but too often they self-isolate themselves. In an unpublished letter to his mother dated March 23, 1942, Artaud writes: “I’m no more than a dead man walking who wants to survive himself, and I’m living in fear of death. I wrote to ask for your help in easing this hellish suffering of mine and I see from your letters that you haven’t at all understood the horror.” (LOTRINGER, 2015, p. 22) Even though Artaud recovered, for the horror of his hellish suffering “he was forever stigmatized.” (LOTRINGER, 2015, p. 130)

The word ‘stigma’ refers to an identifying mark or characteristic of disgrace associated with a particular circumstance, quality or person. In science, it is a diagnostic sign of a disease. It can raise feelings of disapproval, refusal, repulsion, devaluation. The term is borrowed from Latin *stigma* that means mark, brand, deriving from the old Greek *stizein*, a mark tattooed on people to identify their position in the social structure and to indicate that they were of less value. “The Greeks (...) originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor: a blemished person (...) to be avoided, especially in public places.” (GOFFMAN, 1963, p. 1)

To carry a stigma can permeate the social status of a person so strongly to paint it often in a negative light. Applied to a person’s disgrace with or without tangible evidence of it, it can arouse further negative concerns about the kind of disgrace (GOFFMAN, 1963).



Stigma is a tainted label, “especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap.” (GOFFMAN, 1963, p. 3) It is an anomalous gap between “an imputation made in potential retrospect, a characterization ‘in effect,’ a virtual social identity, and the actual social identity” (GOFFMAN, 1963, p. 2) of the individual.

The impact of stigma is twofold. Public stigma is about the reaction that people have towards those who carry a stigma. Self-stigma is a prejudicial devaluation which people turn against themselves when they suffer one or more of those conditions. (CORRIGAN and WATSON, 2002)

Stigma can cause lack of human relationships, humiliations, derision, mockery, even if involuntary, made out of ignorance. “Stigmatized people are those that do not have full social acceptance and are constantly striving to adjust their social identities” (CROSSMAN, 2020)

Social workers and operators, activists, and the disabled themselves always struggle to implement strategies to raise public awareness of what disabilities entail. A handicap, a disability, an illness and the stigmas that characterize them are only a sometimes small, sometimes not so small, part of the individual. Between ability and disability, there is no clear break, but to be stigmatized is an experience that can happen to each person. However, to eliminate the mechanisms that push the collective mentality to exploit the stigma, even if unconsciously, as a mark of inferiority, is a task among the most difficult, and not just in disability culture. (PERROTTA, 2009)

The emotional reactions caused by the stigmas often depend on their definitions. When definitions change, emotional reactions and behaviours also change. The same stigma, reaction, situation, can be defined in many ways. What one culture despises can be appreciated in another. A stigma associated with a disgrace causing dismay could, later on, be seen under another light and elicit other reactions.

The disrepute associated with a stigma does not arise from the stigma. It follows that the emotional reactions to it are also manifold. Changing attitude towards a situation favours an emotional turn. Disability in itself and the stigmas associated with it do not exist. They are the result of definitions. The attribution of the stigma depends on the observer, the beholder. The definition of the stigma is consequential but does not stem from the individual who carries the stigma. It stems from the observer who



identifies a specific particularity of the individual that escapes the standards of normalcy. (GOFFMAN, 1963)

Social relationships and human interactions shape definitions. The individual does not passively assimilate the definitions coming from the outside but interprets them, and can also criticize, modify or reject them.

Definitions change over time and space, but critical skills and discernment are not the same for everyone. There are socialization processes that favour the manifestation of critical thinking, and there are situations in which, instead, this ability does not develop. In rigid-minded education, individuals do not question the obvious and interpret reality based on clichés and prejudices. (BLUMER, 1969) On the contrary, looking at reality through the eyes of those that are at the margins, it fosters knowledge. It undermines many definitions that appear undisputed but that in the end have not an objective basis.

In the past, severe disabilities or the effects of fatal diseases could even take on positive connotations. In ancient Greece, for example, epilepsy was considered a sign of communication with the gods (PERROTTA, 2009). Tuberculosis, in the nineteenth and early twentieth centuries, embodied the ideal of romantic beauty, symbolizing sensuality and seductive vulnerability. It was a scourge but was also considered an index of high feelings, sensitivity and “aristocratic looks (...) a matter of image” (SONTAG, 1978, p. 28). On the other hand, the sign of an injury, a deep scar, can also be a motif of pride, strength and courage if a social group attributes value to it.

How epochs and cultures interpret the same disease or disability differently, makes us understand that “definitions uncritically assimilated in socialization processes, they tend to look natural. The unequal = deformed, and ugly = bad equation, common in our culture, seems obvious to us because it has roots in images known since early childhood.” (PERROTTA, 2009, p. 92)

The consequence of harmful, derogative definitions towards disability can cause more suffering than the disability itself. As well as, is not recommended to encourage paroxysmal, unrealistic aspirations when embarking in a learning or working situation with differently-abled people, in particular with those affected by mental illnesses, because they can bring disappointments and project a further halo of inadequacy.



In essence, the practice of beauty serves on building a positive self-image, sense of dignity, self-esteem, self-confidence, shrewdness, perspicacity, the capacity of choice, sense of time and space, positive orientation towards the future.

To achieve those results, at least partially, and explore different narratives around stigmatization, there are several useful exercises. Non-directive interviews. Storytelling. Application and elaboration of different forms of linguistic and gestural communication to define things and interpret reality in multiple ways. Observations of the behaviour of others in different environments. Intervention and occupation of public spaces (guerrilla acts), when possible and under unarmful circumstances.

Conclusion

The practice of beauty does not confuse disability with an exception. It sizes it as one relevant side complemented with the whole and as such it should not be denied.

To make art on behalf of disability culture and do justice to the culture of diversity and inclusion means to shed light on realities mostly known through stereotypes, prejudice and discrimination.

Particularly theatre and performance art, have proved that testimonies and real-life stories of people living at the margins of society have the potential to polarize attention, provided to present them to the audience not as parallel events to normalcy but as part of the kaleidoscope of existence formed by all people and without distinction.

Within and next to disability exists rare treasures to share and from which to learn that perhaps the meaning of life dwells in the pain of the others, that suffering is inherently meaningful, constitutional to life.

Suffering can enable people to empathize with each other but a lot of suffering is also unfair and indifference makes it infinitely worse. So, we have to take responsibility and act to get out of it or at least reduce it, to reconcile with the idea that life is all evidence of nature and compassion.



Although the idea of beauty is always shifting, it is deep-rooted in that of compassion, which means deep bond with one's self and the others, therefore, in essence, beauty is mostly inclusive.

To this end, the higher the significance differently-abled performers assume in the eyes of the audience, the higher the significance of what they communicate.

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Received on April 23, 2020
Accepted on July 8, 2020

