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A Technology of the Self and the Other : A Case Study on Disabled Body Politics among University Students

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ABSTRACT

People have different ways of developing knowledge about their 'selves', what has come to be called 'technologies'. Apart from technologies of production, of sign systems, and of power, the 'technology of the self' enables individuals to effect certain operations on their bodies, thoughts, behaviour, feelings and other ways of being. Such technologies involve the application of certain modes of training by individuals not only for the sake of acquiring skills but also for effecting change in their values, attitudes and beliefs. This paper argues that applied theatre practice involves not only the technology of the self but also of the other. Using the case study of a practice based project that was carried out among disabled students at the University of Zimbabwe, the paper examines how disabled students not only subverted ableist discourses of hopelessness but also acted upon their own bodies to assert their own agency, power and authority. Thus the focus will be specifically on the politics of the disabled body as a site of ableist perceptions that construct the disabled body in terms of lack, incapacity, pathology, deformity and deficiency.

Introduction

The French social scientist, Foucault (1988), argues that people have different ways of developing knowledge about their selves, what he calls 'technologies'. Apart from technologies of production, of sign systems, and of power, the 'technology of the self' can enable individuals to effect certain operations on their bodies, thoughts, behaviour, feelings and other ways of being. This is done in order to transform themselves into certain states of happiness, wisdom and hope. However, such 'technologies' involve the application of certain modes of training and modification by the individuals not only for the sake of acquiring skills but also for effecting change in values, attitudes and beliefs.

This paper argues that applied theatre practice involves not only the technology of the self but also of the other. Using the case study of a practice based project that was carried out among disabled students at the University of Zimbabwe (henceforth referred to as the UZ Project), the paper examines how disabled students not only managed to subvert ableist discourses of hopelessness but also acted upon their own bodies to assert their agency, power and authority. The paper focuses on the discursive strategies that are

deployed by applied theatre in order to engage with the technology of the self and instil the spirit of hope and resistance. The paper focuses specifically on the politics of the disabled body as a site of ableist perceptions that construct the disabled body in terms of lack, incapacity, pathology, deformity and deficiency.

The Politics of the Disabled Body

In order to understand the politics of the disabled body, one needs to examine the nature of ableist perceptions that are often manifested in constructing barriers to the participation of the disabled. When the UZ Project began, the intention was to explore the interest of disabled students to participate in university theatre productions. At that time, disabled students were not even coming to watch theatre productions that were premiered at the university, either as performers or as spectators. Initially a few students agreed to participate in short theatre productions that were available as students' practical projects in the Department of Theatre Arts. However, these initial plans were changed through further interactions with disabled students most of whom preferred to engage in theatre productions that reflected the experiences of disabled people. When they collectively agreed to follow this idea, the students eventually decided to engage in a form of theatre that would explore perceptions and myths on disabled bodies. Such theatre could open up spaces in which young people could problematise and expand their perspectives on the politics of the disabled body in ways that could empower both able bodied and disabled students. Through these interactive moments, it became clear that it was important to acknowledge the reality of disabled bodies as 'different' but capable of resisting socially-constructed and normative 'standards'. Resistance implies the 'refusal' of impaired bodies to suit socio-culturally constructed 'norms,' 'standards' or 'ideals'. Thus difference of bodily form comes to be understood not in the sense of the superior–inferior binary, but in terms of physical variation where all bodies have different capacities and limitations (Kuppers, 2003).

Prior to the UZ Project, disabled students had remained a marginalised community in all the applied theatre projects that were carried out at the university. This neglect suggests that the university was also complicit in perpetuating ableist biases, perceptions and practices. If we take the assumption that the theatre reflects a community's cultural values, norms and beliefs, it means negative perceptions against the disabled body are indicative of its marginalisation and subordination. By extension, if the university community is taken as a microcosm of broader ableist attitudes, the marginalisation of disabled students from the public space could represent what Zimbabwean society does not wish to acknowledge. As Brettell (2013) succinctly observes;

> Mainstream representations of the collective identity of a nation not only represent what a society or country wishes to acknowledge and celebrate, but in their silences, they also reveal what a particular society wishes to forget, erase or disfigure (p. 6).

Such invisibility implies that narratives of disabled students, their aspirations, pleasures and pains remain unrecognised and unacknowledged.

The absence of disabled bodies from participation in the theatrical performance space is a reflection of the ableist notion that anyone who needs to participate in artistic productions should be able-bodied and 'fit' (Davis, 1995). In other words, the

marginalisation of disabled people from the performance space is based on the assumption that the arts and theatre in particular are only relevant to able-bodied people (Goodley & Runswick-Cole, 2011; Saur & Johanssen, 2013). The lack of participation by disabled students in theatre performances also explains the negative representations of disabled bodies in most devised university theatre productions that usually feature disabled characters whose major role is to sensationalise impaired parts of the body. Moreover, such disabled characters are often played by able bodied students, making the disabled characters mere metaphors for ableist perceptions.

Perspectives from Critical Disability Theory

To date, critical disability theory has made a significant contribution towards understanding the politics of the disabled body. For instance, Foucault's (1988) views on what he terms 'biopower' show how modern forms of governance affect individuals by managing and monitoring their bodily activities through enabling and restrictive strategies. For this reason, identity becomes a product of discursive formations that define what should be deemed 'normal' or 'abnormal', implying that most identities are not necessarily 'natural'. By implication, it can be argued that disabled bodies are not necessarily 'natural', but products of particular power relations. In this way, what may be taken for granted as 'truth' can be challenged. Such 'truth' include concepts such as normal, abnormal, rehabilitation, impairment, disfigurement, crippled, blind and invalid (Tremain, 2005). These terms are embedded in discourses and practices which invalidate disabled bodies. The discourses tend to govern and subjugate affected groups and need to be regarded as promoting taken for granted 'truths' about disabled bodies.

Apparently, so much knowledge has been deployed on the nature of the disabled body that institutions like rehabilitation centres often classify, regulate and rank disabled bodies into groups such as the handicapped, mentally retarded, invalid and impaired. In Zimbabwe, there are a plethora of schools for the deaf, the blind and the mentally and physically impaired. Similarly, universities have also established disability resource centres for 'improving' the life of disabled students. All these institutions are both directly and indirectly embedded in biopower which deploys rationalised schemes, programs and techniques that work in shaping the body. The institutions become sites of perpetuating the domination and subordination of disabled people. All these processes are associated with the 'normalizing' function of biopower. In the pursuit of normalisation, 'normal' or 'able-bodied' identities are associated with fullness of life while disabled bodies are viewed as tragic and deformed. The body becomes the battleground of power where knowledge from several disciplines and institutions can be dispatched in order to integrate the body into an 'efficient social system' (Lunn, 1997).

Foucault (1988) also argues that subordinated individuals and groups tend to reproduce the discourses and practices that subjugate them. This happens because power is most insidious and effective when it is 'normalized'. The process of normalisation is a complex network of words, actions and practices that are performed repeatedly by institutions. As a result, subjugated individuals and groups internalise such normalising practices and discourses. Institutions of power have judges of normality such as lawyers, doctors, teachers and social workers who produce and maintain the normalising criteria. These judges of normality come up with hierarchies that categorise the nature of the

'deviant' other. In the context of the politics of the disabled body, a normalising society is intolerant of difference to the extent that disciplinary knowledge from the fields of psychiatry, medicine and sociology are deployed to transform and rehabilitate physical, mental and emotional 'deviance' (Anders, 2013). Thus normalisation involves repression and exclusion which results in the stigmatisation, denigration and devaluation of disabled bodies.

However, the most insidious 'normalisations' often involve invasion of the private lives of individuals through rehabilitation, health and recreation programmes. These programmes seemingly appear inclusive and beneficial but eventually function to normalise their subjects. More often than not, the subjects follow the dictates of such technologies of normalisation in the belief that they have bodily 'defects' which require correction, yet, as Tremain, 2005, p. 598) has noted, body impairments are not necessarily intrinsic defects that demand to be corrected or eliminated, but rather, they are created by political and socio-economic conditions.

Hence normalising technologies work on the body to produce specific identities that become the sites for intense and invasive interventions. There are evaluations, rankings and assessment standards to which individuals and groups aspire in order to qualify as 'normal'. Interestingly, Foucault (1988) has noted that these normalising strategies also apply to so-called normal identities. To an extent therefore, impairments are constructions of normalising techniques which provide the framework upon which individuals and groups should define themselves.

While biopower and normalisation are seem to function as totalising strategies, Foucault (1988) realised that every instance of power is simultaneously pregnant with possibilities and opportunities for hope and resistance. As a result, he argued that subjects can self-define themselves with possibilities of radical transformation. Individuals and groups can make deliberate and systematic efforts to unsettle or subvert dominant meanings. This is also made possible by the fact that there is no single discourse operating in any given context, but multiple discourses tend to compete for discursive space. Such technologies of the self are processes where individuals and groups engage in self-definition and self-transformation by producing and reproducing counter-truths. The ability to self-define and self-constitute has resonances with the kind of agency that is perceived in applied theatre practice. As a technology of both the self and the other, applied theatre also operates on the body, thought and feelings of participants to affect and effect transformation.

Subverting Ableist Discourse

Applied theatre operates as a technology of the self and the other by providing space for self-reflection, self-construction and self-reflexivity in research and devising processes. By participating in devising processes during the UZ Project, for instance, disabled students were actively involved in selecting, drafting and shaping dramatic material in ways that had potential to enhance their self-worth, agency and action. A case in point was the UZ Project's autobiographical performance narrative entitled, *Dawn* which was based on the personal life of Samanyanga (not his real name). Samanyanga had sustained a leg injury in a competitive soccer match that led to his permanent disability. His testimony was converted into an autobiographical performance that became the site for public

performances that were held at the University of Zimbabwe in April, 2011. Although the focus of *Dawn* was on accident-induced impairment, the themes that emerged from the play are applicable to a variety of other contexts that include workplace injury, disease-induced disability, neo-colonial violence and other related body injuries. *Dawn* also explores how modern biomedical technology can cause body injuries that result in permanent impairment. This is also linked to the assertion that Western biomedical technology does not always sit well with local socio-cultural dynamics. Specifically the play shows how local doctors trained in conventional Western medical practice may inadvertently cause body impairments.

In autobiographical performance narratives, individual private stories are presented for public consumption (Govan, Nicholson, & Normington, 2007, p. 54). In the case of theatre performance, such narratives are performed by the teller of the story where to emphasis is not so much on acting skills but the telling of the story for critical engagement. As a form of self-representation, an autobiographical narrative seeks to authenticate the self, especially if that self is under threat of misrecognition.

In such narratives, reality and fiction intermingle because the material presented is not necessarily authentic history, but selected memory. The fiction-reality dynamic is anchored on the argument that the personal is necessarily political. The implication is that autobiographical narratives use personal experience in order to advance ideological and socio-political perspectives. These narratives are not simply reproductions, but create liminal spaces that can signal and foster alternative possibilities for human interaction and existence. By means of aesthetic ambiguity, such performances can reconfigure and shape the bodies and minds of performers and spectators to politicise bodily impairments while simultaneously celebrating disabled identities. This is important in order to challenge hegemonic notions of disability without necessarily degenerating into discourses that construct disabled people in terms of lack, deficiency and abnormal.

Dawn involved Samanyanga as the central figure who was both teller and participant in his own story. The initial stages of preparing for the performance involved listening to Samanyanga's personal testimony. The basic outline of his life story can be summarised as follows:

> Samanyanga was born in the Marondera district of Zimbabwe. He was the second born in a family of three children. He developed a strong passion to play professional soccer at the age of five. He was injured in a local match. A terrible tackle from a rival soccer player fractured his leg. Several doctors failed to manage the fracture. Due to a combination of negligence and incompetence, doctors proffered different and contradicting versions of the extent of the injury. This resulted in Samanyanga having one of his legs becoming shorter than the other. Although initially the injury caused tension in his family, Samanyanga got support from both nuclear and extended family members which enabled him to secure a place at the University of Zimbabwe in Harare. The support from family members was also critical in preparing him to negotiate several challenges that he faced as a teenager in an ableist community that devalued his disability.

After three months of research and discussions, participants identified themes from Samanyanga's life history. The major themes that emerged include disappointment, negligence, interdependence, acceptance and dreams. The unfulfilled dream of a professional soccer career and the incompetence of the doctors became the central focus of the play. The theme of teenage love was deliberately included to enhance the

human interest of the story. The quasi-fictional narrative that emerged from extensive discussions was as follows:

> Kudzi (alias Samanyanga) is an energetic and exuberant young boy who develops a burning passion to become a professional soccer player in Europe. He works extremely hard to prepare for this dream. He impresses in local and provincial tournaments until he attracts the attention of scouts who act on behalf of foreign European clubs to identify young boys who are then taken to Europe for trials. A week before the representative of a European club comes; Kudzi is injured in a match that is meant to guide the final selection of four young boys who had been identified. The representative of the European club ignores Kudzi and looks for others who are not injured and simply hopes that once he recovers they will then consider him. Meanwhile doctors fail to treat Kudzi's injured leg which develops into a permanent impairment. After struggling to come to terms with his new identity, Kudzi's family members mobilise social, material and psychological resources to encourage him to pursue his education until he enrols for a University degree. After University, Kudzi goes into a business partnership to form a successful construction company. He meets a former girlfriend who ditched him under pressure from peers and relatives who perceived that she was courting trouble by dating an 'invalid'. This storyline was structured into loose scenarios which left room for further dialogue and improvisation.

The dialogic engagements that were held before, during and after rehearsals inspired Samanyanga and made him feel that his life was valid. He was happy that it attracted the kind of attention that is not normally available in his everyday experiences (Samanyanga personal communication with Chivandikwa, 2013). In addition, the dialogic encounters offered opportunities for Samanyanga to reveal otherwise hidden personal attributes that had political significance in his life. For example, he had not disclosed that he beat a young boy who had mocked his 'deviant' gait caused by his acquired impairment. The rehearsal space also unravelled other hidden competences such as dexterous dance movements which later became useful in other subsequent performances. All this exposure boosted Samanyanga's confidence and the realisation that he could do something that was seen as worthwhile and significant by the university community and beyond. This sense of achievement was critical to the enrichment and success of Samanyanga's autobiographical narrative.

While useful and beneficial, *Dawn* also reveals how modern biomedical technology is rooted in the belief that bodily impairments can be 'fixed' (Campbell, 2003). Western scholarship has noted that neoliberal capitalism has created disability (social oppression of people with bodily impairments); yet, few studies recognise the extent to which modern biomedical technology has created impairments. Samanyanga's autobiographical performance brings out this paradox. *Dawn* alerted the audience to the reality that there could be so many body complications that have been occasioned by the failures and limitations of biomedical practices by unveiling how such practices are not only implicated in rendering impaired bodies docile, but also in the creation of such impairments.

For instance, the hospital scenes are dominated by the image of Mai Kudzi, Samanyanga's mother, seating beside her struggling son who has been confined to his hospital bed. She is deep in thought and always speaking to herself. Initially she is still hopeful that Kudzi will be treated to enable him to go overseas and realise his dream of playing professional soccer. In the scene a doctor comes who gives Kudzi some antibiotics and pain killers to relieve pain. It is at this point that the doctor advises Mai Kudzi why they

removed the weights because they perceived that it was just a small fracture. The second doctor interrupts this conversation by accusing the first doctor of negligence. The second doctor argues that by removing the weights, Kudzi's leg ceased to stretch up and this caused the development of pus in his pelvic bone. The conversation degenerates into a personalised attack and Mai Kudzi is confused by the alienating medical jargon that the two doctors use in trying to outwit each other. Both exit and a third doctor comes and requests for equipment such as test tubes to drain the pus, but he fails to locate the vein and he does not reach the bone. Before he has finished, he hands over to the fourth doctor who proffers yet another contradicting view. He says the leg is not fractured.

In the subsequent scene, Kudzi's relatives come to perform traditional rituals. They are led by Sekuru Samanyanga who walks in rhythmically holding a walking stick. The hospital is suddenly immersed into a spiritual-ritualistic atmosphere, as the large number of Kudzi's relatives dance, sing and chant totemic praises in order to evoke their ancestral spirits. This spectacle attracts all the doctors who try in vain to chase them away. The most senior doctor tries desperately to convince the relatives that only two close relatives are allowed. The ritual performances overwhelm all the doctors and they stand helplessly until Sekuru Samanyanga orders the relatives to surround Kudzi's bed. Eventually Kudzi is taken home by the relatives.

Two issues emerge from the hospital scenes. First, the confusion among the doctors epitomises the failures and limitations of biomedical technology in neo-colonial contexts. To begin with, the doctors do not have up to date biomedical equipment to deal with an apparently minor challenge. It is important to note that in as much as biomedical technology has mitigated body suffering among disabled people, *Dawn* shows the negative effects of over-relying on medical technology that 'rubbishes' indigenous medicine to the point of jeopardising Kudzi's health. The irony is that the modern biomedical technology proves to be equally fallible, if not dangerous. Kudzi's family brings a somewhat holistic approach to healing that includes care, love, affection and spirituality. This is in sharp contrast to the hospital confinement to which Kudzi has been subjected.

In all the performances of the play, this dynamic did not escape the attention of the audience. As the big family surrounds Kudzi and starts to dance, sing and perform libations, the audience notices Kudzi's broad smile for the first time since he came to the hospital. As they carry him home, it is the beginning of a new 'dawn' for Kudzi. For him, it is a new life that is offered in the spirit of *ubuntu/ukama* where love, affection, interdependence, fellowship, mutuality and sharing are the key determinants for human interaction. In all the performances of the play, the audience cheered as the family ritualistically and rhythmically took Kudzi out of the hospital. The doctors in their white regalia, medical equipment and instruments are left stunned as the whole atmosphere is filled the rhythms of African spirituality. The words, images, sounds and rhythm of the performance transform both the spatiality and history of the narrative. Significantly, Samanyanga says this scene was one of his best:

> It made me feel high. The atmosphere was beyond this earth. It felt both real and unreal. It's almost like a trance but no, you also feel the warmth. And listening and seeing the audience going hysterical just made me feel great. (Samanyanga personal communication, 2013).

From the foregoing, it appears as if autobiographical performance narratives can transform and magnify corporeal experiences. The performance helped to heighten

Samanyanga's sense of self. He saw himself as a new person, facing new possibilities. He felt loved, valuable and elevated in spirit, thought and physicality.

The whole scenario was a symbolic validation of the impaired body, not only as a medical site, but also as a subject as opposed to an object of medical inquiry and scrutiny. Thus the performance space acted as a site for affirming and celebrating hope. Modern medical practices were shown to be also complicit in the perpetuation of ableist discourse. From an African perspective therefore, *Dawn* provided an alternative cultural and spiritual outlet to challenge of negating, devaluing and denigrating the disabled body. The same body was used to reclaim its lost spiritual and cultural space.

On the other hand, *Dawn* served to activate the audience to become intimate witnesses to Samanyanga's story. The intimate sharing of Samanyanga's story was not a mere sentimental and emotional experience, but also a political platform. For example, to the degree that the audience is paying attention to a story from someone who is conscious of their marginal status, the audience is simultaneously compelled to recognise what is being signified by the teller (Cohen-Cruz & Schutzman, 2006, p. 108). At the same time, sharing a story to a wider audience is equally self-fulfilling to the teller who apart from developing a bond with the audience can also strengthen their sense of self and belonging. Samanyanga was delighted to have his body seen, spoken of and heard within the public space. This filled him with an elevated sense of self. As Samanyanga personally remarked:

> Yaa. You feel big. You feel great. Telling the audience who I am using my own experience. It was fantastic. I thought I was becoming a real celebrity. I am a Paralympics emperor, so I am a celebrity already (chuckles). But with theatre, having the audience listen to you, see you and getting close to them is huge (Samanyanga, personal interview with Chivandikwa, 2013).

These words resonate with the recognition that sharing a personal narrative in a performance context is an imaginative journey in which the teller of the story collaborates with the audience to explore new possibilities (Govan et al., 2007, p. 58). Samanyanga's image deepened this witnessing through the blending of joy, delight, pain and sorrow that was being played out on stage. For instance, in one of his monologues, Samanyanga provokes the audience by saying, 'Why do you look at me like that? Of course, you are right. Don't be silly. You are looking at a cripple. Right?' By deploying such improvised strategies, Samanyanga got the audience immersed in his narrative as co-creators. The direct addresses to the audience, for example, invited short answers and responses. The significance of all these strategies was that bodily impairment ceased to be a merely private issue. *Dawn* made Samanyanga's impairment a visible public, political and moral site. For instance, in the most popular monologue on his dreams, he had this to say:

> Hie good people (pause). (Smiles). Dreams! Dreams are the substance of human life. Martin Luther King had a dream. Malcom X had a dream. Che Guevara had a dream. Cecil John Rhodes had a dream (laughs). I had my own dream. Ladies and Gentlemen, watch my dream (Samanyanga, monologue recorded by Chivandikwa, 2013).

The witnessing audience are given a broader perspective for engaging with the reality of bodily impairment. This is a tactical strategy to dissuade the audience from gazing at disability with the usual stereotypical perspective of associating it with evil spirits,

misfortune and witchcraft. As one audience member remarked during one of the performances:

> Are you blaming your dreams? Or are you celebrating your dream? Is it that you are angry with society for encouraging the dreams? I am not sure (Audience member, recorded by Chivandikwa, 2013).

Samanyanga's response was, 'I am not sure too. I need your help. What do you prefer me to do?' With such wittical responses, Samanyanga was inviting the audience to go beyond passive witnessing and become partners in his subversive journey. Such partnership was evident during the same performance when a third year disabled student challenged Samanyanga to be more assertive and uncompromising, saying:

> We do not want pathetic performances for the crippled. The audience should not feel sorry for you. You should be articulate where you need to be. My friend, be articulate and apply tonal variation effectively. You should know that you are representing some of us who are too timid to expose our impairments for public scrutiny (Third year disabled student, recorded by Chivandikwa).

No wonder why Samanyanga perceived the UZ Project to have earned him many able-bodied and disabled friends among the university student body. He even developed a group of close friends whom he nicknamed the 'musketeers'. This was perhaps a fitting demonstration of the technology of the other, what Chivandikwa calls, 'audience witnessing'. The audience became collaborators, co-creators and critics of the narrative in ways that validated Samanyanga's disabled body while inadvertently challenging ableist discourse. The interactions between the audience and the ensemble transcended the usual politics of the disabled body to embrace, celebrate, cooperate and create mutual fellowship between both the able-bodied and disabled student body.

Conclusion

This paper has demonstrated how an autobiographical performance narrative can strike a balance between the politics of the disabled body as a social construct and the need to embrace and validate bodily impairment. Even if ableist discourse continues to politicise the disabled body, *Dawn* showed how the same body can be a potent site for subverting and invalidating such 'normalising' practices. By going beyond the power politics of ableism, the paper has shown how applied theatre can become a technology of both the self and the other. In the process, the 'aesthetic space' can create mutual human relationships by recognising and validating the corporeal worth of the disabled body.

Acknowledgments

Disclosure Statement

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