

**In Sickness and in Health:
“Performativity” and “Autopoiesis” in US Feminist Theater¹**

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Introduction

In 1973, John Wilson described the methods of persuasion used by contemporary social movements as “more often than not, unorthodox, *dramatic*” (227 emphasis added). In the same year, Richard Schechner identified seven areas where performance theory and the social sciences coincided:

- 1) Performance of everyday life, including *gatherings of every kind*.
- 2) The structure of sports, ritual, play, and *public political behaviors*.
- 3) Analysis of various modes of communication (other than the written word); semiotics.
- 4) Connections between human and animal behavior patterns with an emphasis on play and ritualized behavior.
- 5) Aspects of psychotherapy that emphasize person-to-person interaction, acting out, and *body awareness*.
- 6) Ethnography and prehistory—both of exotic and familiar cultures (from the Western perspective).
- 7) Constitution of unified *theories of performance*, which are, in fact, *theories of behavior*. (16 emphasis added)²

More recently (2007), Snow, Soule and Kriesi have described political protest as a way of *dramatizing* the vindications of social movements (3),

1 This is a revised version of the paper presented at the 34th International ASAT Conference, in Alanya, Turkey, November 2010.

2 In his 2006 volume referenced here he mentions the 1973 special issue of *TDR* entitled “Performance and the Social Sciences,” which he edited.

reinforcing the presence of the theatrical metaphor in the study of conflict, political struggle, and public interactions. The focus of this article is placed on the intersection between the Women's Health Movement (WHM) in the United States of America, and feminist theater and performance in that country.

As a theatre analyst, I am more than conscious about the debates that have been developed throughout the last decades about the definition of feminist theatre in the Anglophone context. As Patricia Schroeder has pointed out,

[d]efining exactly what feminist drama is . . . has become an increasingly difficult problem despite some recent landmark studies of plays, playwrights, theatres and issues involved. For a few commentators, content alone can be the central defining quality.

Other students of the "phenomenon" . . . look more to structure and performance as the crucial defining elements of feminist drama . . . and a large number of those exploring feminist drama focus exclusively on the experimental plays and productions of certain feminist theatres, whose ensemble strategies emerged . . . from women's consciousness-raising groups of the 1960s. (155-6)

Taking into account the evolution of an alternative, women-focused dramatic canon that has been made visible and dissected by well known critics such as Helene Keyssar, Sue-Ellen Case, Elaine Aston, June Schlueter, and many others, I will conceptualize "feminist theater" for the purposes of this paper as a public endeavour that uses dramatic and/or performative strategies to raise consciousness about, discuss, and/or actively promote equal rights and opportunities between men and women. Female authorship clearly tends to be associated with this kind of aesthetic and political project—my selected corpus will in fact contain women-made plays and shows only—but it does not have to be a *sine qua non* condition: a gender-conscious, progressive man may write a feminist play, just as many biological females create theatrical scripts with no egalitarian intentionality whatsoever.

For the discussion of the specific texts and performative events chosen here in connection with the Women's Health Movement (WHM), I will also be assuming the idea that unconventional political strategies, including cultural events like theater and performance, are "the fundamental feature that distinguishes social movements from routine political actors" (Taylor and Van Dyke 263). Through my presentation of several scripts and shows that reflect and support the vindications of the Movement with theatrical strategies obviously selected with the aim of consciousness-raising (c-r) in mind, I will be drawing a line that demarcates a productive continuum of complicity between feminist activists and artists, and which points at the need for grassroots activism even today, half a century after the first women's c-r groups began to meet in the US. In a moment when too many people have been willing or forced to abdicate responsible citizenship within a post-9/11, fear-driven, globalized world, it is my contention that we must continue to look for unconventional strategies to wake people up to the issues of our times (including equality, health and sickness); and in combination with others, theater and performance have proved to be effective strategies.³

The seed of the WHM was planted within the c-r collectives of women that met in Boston, Chicago, Los Angeles and other cities at the end of the sixties in order to discuss, among other things, issues of physical and mental health, and female care of self and others. As Nancy Tuana argues, and as the extreme relevance of the book *Our Bodies, Ourselves* by the Boston Women's Health Book Collective attests to,⁴ the WHM was not

3 As this article is being written, the "May 15th Movement" (*Movimiento 15M*) is highly active in Spain, with echoes in other countries including the US and Turkey, as these news items from the Spanish newspaper *El País* show: <http://internacional.elpais.com/internacional/2011/10/15/actualidad/1318703601_087774.html>, <www.elpais.com/articulo/internacional/indignados/turcos/movilizan/dias/elecciones/generales/elpepuint/20110608elpepuint_8/Tes>. The 15M demonstrators have become living evidence of the arguments presented in this introduction by repeatedly using masks, chants, costumes, and other elements of performance in their street action, as seen in the images included in the following URLs: <www.ideal.es/jaen/20110527/local/jaen/jovenes-entierran-futuro-ante-201105271325.html> (a symbolic burial); <www.periodistadigital.com/economia/empresas/2011/06/03/blair-comerciantes-indignadospuerta-acampada-sol-decretan-rubalcaba-cierre-patronal.shtml> (guitar players, and a demonstrator disguised as Francisco Franco); <www.diagonalperiodico.net/El-15-M-lleva-su-indignacion-al.html> (masks). The future of the movement is still uncertain, but it has come as a breath of fresh air into a stale socio-political panorama marked by stasis, silence, and complicity with an unfair financial system that collapsed in 2008, causing the most serious crisis seen since the Great Depression.

4 First ed. 1973; latest ed. 2005.

only a political initiative, but also a movement of epistemological resistance, since its members were demanding first-hand access to information about their bodies and alternative ways of constructing knowledge about the female biopolitical condition:

The women's health movement developed hand-in-hand with the wider women's movement, but was focused on women's bodies and women's health, with the goal not only of providing women with knowledge, but also of developing new knowledge. . . . These feminist health activists were committed to uncovering the ways women's bodies had been ignored, to examining knowledge that had been withheld from women and certain groups of men, to reclaiming knowledges [sic.] that had been denied or suppressed, and to developing new knowledge freed from the confines of traditional frameworks. (Tuana 1-2)

Since its inception in 1969, the WHM has been using dramatic strategies during street action, and the world of feminist performance has been permeated by the Movement's ideas, in a flux of very productive mutual influences. This paper has been conceived as a critical approach to a selection of items from the feminist dramatic/performative corpus of the last four decades in relation to topics addressed by the WHM, focusing on verbal and body languages as tools to produce "autopoietic" events; i.e., events that are at the same time producers and products, and which generate a constant feedback loop between performers and audiences (Carlson 7).

The concepts of "performativity" and "autopoiesis" used in my title have been borrowed from Erika Fischer-Lichte's 2008 volume *The Transformative Power of Performance*, where she explores the connections between John Austin's linguistic theory about performative utterances and Judith Butler's phenomenological approach to gender as a performative act. A performative utterance, according to Austin, is a speech act in which, by saying something, you actually *do* it (e.g. "I take you to be my wedded wife" in a marriage ceremony). Butler, in turn, has analyzed gender identity as

performative, since it is produced, she says, through a repetition of stylized acts. Gender, in Butler's conceptualization, does not exist prior to the individual's production of those acts: "the various acts of gender create the idea of gender, and without those acts there would be no gender at all" (157).

Merging these two theories under the lenses of Fischer-Lichte's recent proposals about the power of performance, I will try to prove that the theatrical texts and events chosen as corpus for this paper are both performative and autopoietic, foregrounding *gender acts* in connection to health and illness (*doing* gender on stage or in the streets), while at the same time creating aesthetic products which are, in turn, *producing* socio-political events around the vindications of the WHM. I argue that the function of this type of theater is twofold: on the one hand—externally— it places women's health issues under the spotlight, projecting the preoccupations of the Movement, increasing its visibility and (hopefully) raising the consciousness of the public. In sociological terms, dramatization is here a tool to increase the *resonance* of the WHM, which grows in relation to how close the frame of reference of the performance is to the audience (the more the public identifies with the topic, the more resonant the event is).⁵ On the other hand —internally— this kind of theater reinforces the collective identity of the participants. By building a sense of "we," social agents and political actors, according to Goodwin, Jasper and Polletta, recognize themselves and are recognized by other actors "as part of broader groupings, and develop emotional attachments" (*Passionate* 8). In this respect, the second wave of the Anglophone feminist movement, within which the WHM was originally embedded, was a favorable context for the development of group dynamics that strengthened the self-esteem and improved the self-perception of the members, both individually and collectively.⁶

The main criterion for the selection of the three sets of examples chosen as case studies here is that they constitute just as many landmarks in the history of the fruitful relationship between the WHM and feminist theatrical activity, respectively signalling: 1) The Movement's birth and development of the concept of c-r around the female body —the

5 For more on the concept of *resonance* see Gamson (2007) and Williams (2007).

6 As an example of this, testimonies about the impact that the WHM had on their lives and self-perception can be found in the website of the Boston Women's Health Book Collective (<www.ourbodiesourselves.org/about/history.asp>).

gynaecological guerrilla theater of the 1970s; 2) A peak in its achievements and, especially, in its visibility in the American media and culture —the 1990s autoperformances about cancer; and 3) The most recent stages in the conception of a global and (g)local consciousness about health and sickness —Eve Ensler’s and Lisa Kron’s dramatic productions.⁷ They will be approached from an interdisciplinary perspective, applying concepts from the fields of Sociology, Theater and Performance Studies, as well as Women’s and Gender Studies. My analysis will reinforce the idea defended by performance scholars like David Román that theater can contribute to public discussions about social and political issues of local, national, and even global relevance, and that the arts play a critical role in the culture and can help us look for alternatives to what Román describes as “the impasse of stalled rhetoric and political confusion” (76); in this particular case, about health, sickness and gender. In this respect, this article is placed in direct opposition to the theses of performance experts such as Anthony Howell, who claims that “art serves few purposes and has, fortunately, very little effect” (223).

1. The WHM Takes off: Gynaecological Guerrilla Theater

The earliest image of second-wave Western feminist activism that has become ingrained in the collective consciousness is all about gender performativity: in 1968 the Radical Women group organized a demonstration against the Miss America pageant in Atlantic City that Verta Taylor and Nella Van Dyke have described as “guerrilla theater” (263). This is a type of dramatic praxis that declares itself militant and committed to political life, or to the struggle for the liberation of a specific social group (Pavis 445), and in this case the goal, as recalled by Taylor and Van Dyke, was “to protest

7 Other plays that could also have been part of my corpus here are, among others, *The Best of Strangers*, by Lee Hunkins (pub. 1995); *The Waiting Room*, by Lisa Loomer (pub. 1998); *My Left Breast*, by Susan Miller (pub. 1998 and briefly presented here); *Wit*, by Margaret Edson (pub. 1999); *The Last Reading of Charlotte Cushman*, by Carolyn Gage (pub. 2003); *A Clean Breast of It*, by Linda Park-Fuller (quoted in this article and published in 2003); *Third*, by Wendy Wasserstein (pub. 2006); or *The Clean House* and/or *In the Next Room, or the Vibrator Play*, by Sarah Ruhl (pub. 2006 and 2010, respectively). For reasons of length and in order to respect the JAST editorial guidelines, a very limited selection had to be made, and I hope the criterion is clear enough as presented above. I have explored some of these other texts in several of my articles in the Works Cited section.

the male chauvinism, commercialization of beauty, racism, and oppression of women symbolized by the pageant” (263). At the same time, I would add, the idea was also to mobilize in the audience and the participants what Goodwin, Jasper, and Polletta have called *moral emotions*, which “arise out of a cognitive understanding and moral awareness” (“Emotional” 422), and which comprise compassion, outrage, and indignation, among others (the last two are clearly present in the Radical Women’s initiative). Carol Hanisch, one of the instigators of this action against what the feminists considered an unhealthy beauty canon, recalls how they did “some street theater: crowning a live sheep Miss America, chaining ourselves to a large, red, white and blue Miss America dummy to point up how women are enslaved by beauty standards, and throwing what we termed ‘instruments of female torture’ into a Freedom Trash Can” (qtd. in Schechner 160). Whatever direct effect it may have had at the time, and despite the inaccuracies of the popular myth built around it (no matter what the legend says, no bras were really burned on that occasion), the event, and with it the strategy of theatricalizing protest, has become a symbol of this wave of the women’s liberation movement in the US.⁸

The next step of the branch of American feminism that chose to focus specifically on health issues was to perform a series of what Sandra Morgen (23) has called “gynaecological guerrilla theater” events. “On April 7, 1971,” Morgen recalls, “Carol Downer demonstrated cervical self-examination in public and enacted the revolutionary rhetoric of self-help: She took her body into her own hands” (22). This was a dramatized political gesture which used the body to foreground issues of gender discrimination, power in scientific discourse and patriarchal control, and it was full of symbolic significance: “By inserting a speculum into her vagina, Downer broke two taboos –she touched her own genitals and she appropriated the tools of the medical profession to reclaim knowledge about her body” (Morgen 22). The (not always public) cervical exams of the WHM, which began when Downer grabbed the speculum, re-defining the meaning of what used to be seen as a male instrument of surveillance and manipulation,⁹ eventually

8 For an in-depth analysis of the event, see “A Critique of the Miss America Protest”, by Carol Hanisch (available at <<http://carolhanisch.org/CHwritings/MissACritique.html>>).

9 The speculum, invented in the US by Doctor James M. Sims, started off as an instrument of colonialism and male chauvinism when Sims conducted surgical experiments on unanesthetized slave women in his hospital in Alabama (1845-49). It then underwent a process of redefinition, being adopted by the feminist movement as a tool for female self-help groups. For more on the history of the speculum, see Kapsalis (1997).

faded away as a common practice, and on the theatrical side they ended up taking the form of one-woman shows in the hands of the ex-porn star *cum* sexologist, academic, and performer Annie Sprinkle.¹⁰

In the well-known piece *Public Cervix Announcement*, which she toured on and off between 1989 and 1996 as part of the larger show *Post-porn Modernist*, Sprinkle presented the details of the female reproductive organs in a humorously didactic manner: she showed explicit pictures and asked the audience to repeat the names of the different parts after her. She then took a brief on-stage douche before inserting a speculum into her vagina and inviting the audience, torch in hand, to look inside it and discuss what they saw and how they felt about it. In the process, linguistic taboos were broken, and the female body took center stage to become the locus for the exploration of what were traditionally conceived as “feminine mysteries,” as well as for the denunciation of the oppressive forces that have regulated women’s looks and behavior for centuries. Sprinkle’s rationale behind the show was grounded on four arguments, in her own words:

- (1) Many of you have never seen a cervix before;
- (2) I think mine is beautiful; (3) I want to show you that there are no teeth in there; and (4) there was a time that women couldn’t wear skirts above their ankles, then they wore miniskirts. This is the next step. (qtd. in Kapsalis 115)

10 In the short biography included in her website, Sprinkle defines herself as a “prostitute/porn star turned artist/sexologist” (www.anniesprinkle.org). After her time as a sex worker, she became an activist for the rights of prostitutes and for female health care, and went onto a higher education path that culminated with her PhD in 2002. As of today, she is a well-known performer and is also developing a relevant career as an eco-feminist thinker and practitioner. While this article is being written, Sprinkle tours Europe with multidisciplinary artist Elisabeth Stephens with a series of events titled *Silver Wedding* which tries to deconstruct the dichotomy hetero/homosexual and to introduce a new term into the current discussions about gender, sexuality, and the environment: “eco-sexual” (for more information on this joint project by Sprinkle and Stephens, see www.sexecology.org). The work I have chosen to analyze here, *Public Cervix Announcement*, makes Sprinkle’s departure from hard-core pornography obvious (hence the general title *Post-porn Modernist*); even more so having been developed in the wake of other feminist performance events that used the semi or fully nude female body for vindicative, and not objectifying purposes, such as Hannah Wilke’s *Super-t-art* (1974), or the famous *Interior Scroll* by Carolee Schneemann (1975).

Public Cervix Announcement took the public cervical examinations of the 1970s one step further into the purely theatrical by withdrawing from the streets and making a mixed audience participate in a peculiar health-based dynamic: the idea, as Kapsalis suggests, was not to search for a pathology, but to place the emphasis “on viewing normal, healthy anatomy” (121). Sprinkle was at the same time an object of the spectators’ gaze and the subject of her own narrative of health, since she was the one in control of the procedure, looked back at every member of the audience that approached her, and addressed them directly in speech. With her radical re-writing of a usually unbalanced medical procedure (the traditional stage being “male gynaecologist=subject // female patient=object”), and in the line of Carol Downer’s 1971 transgression, Sprinkle reconceived the gynaecological guerrilla theater of the WHM, thus establishing a *continuum* within the feminist performative archive. The event constitutes clear proof of Román’s argument about performance as a form of cultural memory: “Rather than insisting on performance’s evanescence . . . we might want to consider the possibility that contemporary performances revive past performances while past performances are manifest in contemporary ones” (152). The public cervical exams of the WHM and Sprinkle’s shows were not, ultimately (and not only), drama about sex or about vaginas. They were performative, political, consciousness-raising events in which gender was explicitly acted out in order to question the traditional relationship between seeing and knowing, naming and controlling, power and discourse. In them, the feedback loop between performers and audiences was continuous (that is, they were autopoietic in Carlson’s terms), and the public was urged to participate actively in a liberating dynamic that blew up the traditional ways of *doing* theater, gynaecology and political protest.

2. Autoperformance and Cancer

More than two decades after Carol Downer’s performative transgression, the Women’s Health Movement was already a highly institutionalized, media-savant, and professionalized enterprise, and a whole range of single-issue branches had appeared, focusing specifically on the Battered Woman Syndrome, cancer, or AIDS, among other health problems. The Movement displayed a greater diversity thanks to the incorporation of minorities that had initially been absent, and there was still a lot of energy behind it:

[In the 1990s] the movement continues to be a strong voice for the right of all women to know, to choose, to be active in health care decision making and policy. It is more diverse now because of the leadership and commitments of women of color and because its reach has expanded beyond reproductive health. (Morgen 232)

In this socio-political context, artists and activists in the US developed a line of feminist autoperformances that discussed their own experiences as victims, survivors, or patients' relatives, often focusing on cancer as a growing epidemic among women (mostly breast and ovarian cancer). In these performative events the first-person narrative was combined with the presence of the explicit female body, which became "the site from which the story is generated" (Spry, "Illustrated" 169). Autoperformance, according to Tami Spry, "turns the internally *somatic* into the externally *semantic*" ("Illustrated" 169), and in this line, for instance, Linda Park-Fuller devised *A Clean Breast of It* (1993), which she conceived as "an intervention against the silence surrounding the disease" –breast cancer– (215), and Susan Miller staged *My Left Breast* (1994) in order to enrich the public conversations about breast cancer with the bi-sexual and lesbian perspective.

Tami Spry presented in 1994 the piece *Skins: A Daughter's (Re) construction of Cancer*, where this health issue is conceived as an *illness* within Arthur Kleinman's distinction illness/disease/sickness; that is, "how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (3).¹¹ In this one-woman show, Spry alternatively assumes the roles of herself and of her mother, discussing ovarian cancer as a health hazard, but also as a cultural phenomenon which is able to do "some writing of its own" on the female body (*Skins* 176). She describes, for example, how the unbearable pain conditioned her mother's appearance and behavior, and how she turned into an inarticulate patient unable to voice her needs and using her damaged body instead to express herself: "I went down the stairs and flipped the hall light on and . . . there was my strong, powerful, beautiful mother banging on the bed stand with a brush because she was in too much pain to cry

11 Kleinman defines *disease* as "what the practitioner creates in the recasting of illness in terms of theories of disorder" (4), and *sickness* as "the understanding of the disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces" (6).

out” (*Skins* 177). And she also analyzes how her mother’s death affected her family’s and her own relationship with her (the daughter’s) body:

They help her to the car in the middle of a cold January Michigan winter and whisk her off to the hospital where she dies four days later. After the four days, the daughter wraps herself in these skins. She leaves the hospital, goes to the mother’s house, up the stairs into the mother’s bedroom, goes into the closet, (*The daughter now begins to embody the described experience as her own.*) parts the clothes, and slides down the wall with the clothes around her. (*Crouched downstage center.*) I wrapped these dead skins around me and cried for my mother’s death, and mourned my life. How would I ever grow new skins now?

My mother died of ovarian cancer when I was twenty-six years old. And I look just like her — so much that my grandfather, her father, would not be in the same room with me for two months after she died. My father would come visit us in southern Illinois and would stand at the door for the first five minutes weeping at the sight of me. (*Skins* 176)

In Spry’s production, part of a wider feminist theatrical project whose objectives can be linked directly to the preoccupations of the WHM, the personal and the political coalesce, as she explains very graphically in her essay about the conception of the play: “My body is a cultural billboard advertising the effects of the selves/others/contexts interacting with and upon it. Identity exists in a constant flux of interpreting self’s interactions with others in sociohistorical contexts” (“Illustrated” 171). Moreover, in the line of other performative events referred to in this article, *Skins* encourages the participation of an audience that should engage in some kind of emotional interaction with the actress, reconsidering their own relationships with their bodies in the process: “the audience is forced to deal directly with the history of that body in conjunction to the history of their own bodies. This face-to-face interaction is an infinitely more intense and

uncomfortable experience which demands that the audience engage with their own cultural autobiographies” (Spry “Illustrated” 172). Ideally, this engagement would lead to a consciousness-raising process about cancer, adding on to the educational efforts of the WHM and urging spectators to some kind of action about the issues at hand (choice of treatment, support for the carers, etc.). In this sense, the staging of *Skins* has the potential for individual and collective transformation that Román defends as intrinsic to performance: “This exchange between artists and spectators often creates new forms of sociality and identifies new forms of agency. For these reasons, performance makes for a critical political and artistic resource” (57). Once more, and just as we saw with the guerrilla theater examples above, the sick body’s language on stage is revealed as performative and autopoietic, with the feedback current <performer-audience-performer> always on the move and with the final objective of *resonance* clearly in the mind of the creator since, quoting John Freeman, in the elaborations of a performance text “[e]motional connections are sought through the selecting and ordering of words so that information has the potential to be recognisable and resonant beyond the sum of their constituent and linguistic parts” (93).

3. Health in a (G)local Perspective

The evolution of the WHM during the 2000s has been marked by a certain de-politization derived from the growing presence of its agenda in mainstream institutions. Feminist thinkers have inaugurated the century with a debate about the dangers of conformism and deactivation derived from a postmodern, individualistic context, but the door is still open for more struggle, as the debate about the latest health care reform in the US has shown.¹² In this respect, Ehrenreich and English called women’s liberation in general “an incomplete revolution” in the 2005 edition of their classic *For Their Own Good*, and directing their attention towards female health issues, they made a call for a public recognition of the WHM and for committed action in our times:

[W]omen doctors today must not only know
medicine but also something of the inglorious

12 For more on Obama’s health policy and its gender impact, see the *Health Insurance Reform & Women* report elaborated by the Feminist Majority Foundation in 2009 (available online: <http://feminist.org/hot_topics/HealthInsuranceReformandWomen.html>).

history of misogyny that tried to keep them out for so long, as well as the stories of the women activists who fought for their inclusion . . . Clients too need to keep raising their collective consciousness—seeking and sharing critical resources for evaluating the quality of the advice they get. (351, 362)

The connection between this social initiative and a gender-conscious performative urge is still very much alive, as the SubRosa cyberfeminist collective proved in the opening of the *Everybody!* exhibition in Urbana in 2009.¹³ The exhibition was dedicated to visual resistance in feminist health movements, and it allowed SubRosa to explore contemporary myths and anxieties by inviting the audience to interact with a gigantic vulva that had been installed inside a university gallery. Just as in Annie Sprinkle's shows, the spectators participated directly in the performance and reflected about their prejudices and their possibilities for pleasure and agency.

This is a moment, then, when the grassroots bases of the WHM might be keeping a relatively low profile in the public arena, but in which women in the US and around the world are still vindicating control and capacity to decide over their own bodies and the policies that affect them. The WHM, like the feminist movement in general, has come to contain a myriad of perspectives that coincide with the various experiences of white and colored women, heterosexuals, bisexuals, lesbians and transgender persons, mothers and non-mothers, able and disabled people. The monolithic category "Woman" has been substituted by the plural "women," and essentialism has been discarded in the fight for equal opportunities.

Yet, playwrights and performers like Eve Ensler have chosen to place the focus of their work on those aspects of the female experience that are similar all over the planet, embracing difference but encouraging women to make a common front against the violence exerted over their bodies because of their gender. Thus, Ensler's theater presents an inclusive, global perspective and is pushed forward by a clear mission: consciousness (Greene 165). She is a believer in the transformative power of performance described by Fischer-Lichte, because she sees in it an "ability to explore trauma, create

13 More information about the exhibition is given by its curator, Bonnie Fortune, in an interview available at <www.smilepolitely.com/arts/bonnie_fortune_and_her_exhibit/>.

public discourse, empower people on the deepest political and spiritual levels, and ultimately move them to action” (Enslar, *Insecure* 72).

The 2001 play *The Good Body* is a perfect instance of Enslar’s praxis, discussing as it does the symbolic violence that moves women and girls to self-hatred and illness, as well as their own complicity in a system that allows the existence of starving people in developing countries side by side with anorectics in the first world; sweatshops in Asia to produce dolls with impossible bodies at the same time as fat camps in the US. *The Good Body* is a collection of monologues that Enslar distilled from a series of interviews, but it is also in a sense an example of feminist auto/biographical performance, since the sparkle that originates the creative fire is Enslar’s own disgust with her stomach, which she confesses she has tried to sedate, educate, embrace, and erase during her whole life (*The Good* 6). The idea behind it is to make the move from the individual to the collective, and to raise awareness about female health and self-esteem. Incorporating the experience of women in America, Europe, Africa, and Asia, the play sends a radical and clear message to all females: “LOVE YOUR BODY. STOP FIXING IT. It was never broken” (xv).¹⁴

Performed auto/biography is also the starting point of Lisa Kron’s *Well* (2004), a play which moves one step beyond Enslar’s work by adopting the most up-to-date (g)local perspective on health. The author conceptualizes the physical disorders suffered by herself and her characters as *sickness* within Kleinman’s taxonomy,¹⁵ focusing her discussion on macrosocial forces. Furthermore, as Heddon suggests, Kron foregrounds questions around the ethics of representing others in the moment of self-representation (153): her mother’s story of chronic fatigue is put on stage alongside Kron’s allergies and both women’s efforts to heal themselves and their community, and their sickness is connected to the situation of their town in general and their neighbourhood in particular, which is “terminally ill” (Kron 23). The author/performer tries to get around this ethical issue by establishing a dialogue with the audience: as she didactically tells the spectators in one of her frequent breaches of the fourth wall, *Well* is “a theatrical exploration of issues which are universal and for which we will occasionally be using my mother as an example” (12).

14 Enslar’s *The Good Body* is further discussed in my article (in Spanish) “Más allá de los cuerpos dóciles. El teatro de Eve Enslar como proyecto ‘boaliano.’”

15 See note 10 above.

Like Ensler in *The Good Body*, Kron begins with the personal/local and then makes a frame extension toward the political/global: “I work using autobiographical material, but ultimately this is a theatrical exploration of a universal experience” (17). By taking this stance towards specific issues of health, she intends to turn the performative experience into something resonant and meaningful that is not an imitation of life, but part of life itself, as do all the theatrical and performative events that have been commented on here. The form of her play (multi-character and radically Brechtian) assures an autopoietic framework in which Kron is creating an aesthetic product (a play) while at the same time encouraging a public discussion about sickness. In a highly metatheatrical process, her characters (real actors playing fictional actors that would embody Kron’s protagonists in a potential show that never happens) argue each other’s views on health care and Kron’s choices to represent her allergies and her mother’s chronic fatigue, and the audience is acknowledged from line one, when the author/performer addresses them directly:

Hello. Good evening. Thank you all so much for coming. I want to tell you a little bit about what we’re going to be doing. This play that we’re about to do deals with issues of illness and wellness. It asks the question: Why are some people sick and other people are well? (11)

Conclusion

In a characteristically postmodern style, the question posed by Kron and those suggested more or less explicitly by the rest of the playwrights, performers and activists whose work has been discussed here do not receive a closed answer by the end of the shows. This kind of theater, articulated around female-centered discussions of what it means to be a woman in sickness and/or in health, fulfils Román’s thesis that the performing arts provide multiple entry points into many key issues of our times and that they “might be understood as embodied theories that help audiences restructure or, at the very least, reimagine, their social selves” (4). Going back to Erika Fischer-Lichte’s theories about the transformative power of performance that have served as a theoretical background for this paper, we can affirm that in all the examples analyzed in this article “the feedback loop transforms borders into thresholds, such as the border between stage

and auditorium, actors and spectators, individual and community, or art and life” (205). When approached from a feminist viewpoint, theatrical and real-life discussions about women’s wellbeing in the last four decades have been one and the same thing, because as Fischer-Lichte affirms, “[a]rt could hardly get more deeply involved with life or approximate it more closely than in performance” (205).

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