

Trauma and Drama/Theatre/Performance

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Remembering

I want to start with an anecdote, a memory of a performance I saw in September 2000 at Warwick Arts Centre. The piece was *An Die Musik*, a revival of Pip Simmons' 1975 work. I remember a very tall man walking onto the stage wearing an SS uniform. The house lights are still on, the audience is still settling. He turns to face us and says something like "good evening". We quieten and give him our attention. He welcomes us to the performance and lets us know that there will be six inmates entertaining us this evening. A moment later these six enter the space. I remember them to be partly jogging, partly hopping. They wear grey-blue, stripped prison uniforms and, over 75 minutes or so, are subjected to a series of increasingly humiliating tasks and shouted insults. At one point, a naked female performer is made to jump for a trapeze bar that is seemingly just out of reach of her highest leaps. She makes it (of course), then clings to the bar while trying to sing as the man in the SS uniform violently hits the trapeze bar with a truncheon.

Thinking back to this performance now, it seems oddly old fashioned in its representational approach; the actions that take place seem blunt and obvious (theatrically at least). Nevertheless, I remember finding the performance deeply unsettling. I remember not really being able to speak after leaving the auditorium. I was, I think, shocked by the affective force of the work. I remember the two people I went to see the piece with similarly struggling for words afterwards. Being silenced by a performance was not something I had experienced before. Why could I not articulate the experience in those moments after we left the auditorium? I suppose that this theatrical experience was partly responsible for my later curiosity about the ways in which performance might be able to articulate, reconsider, explore, reframe and represent the "unrepresentable" of trauma.

Theatre's attendance to traumata

This of course raises questions about what we might mean by unrepresentable. In his 1999 translation/adaptation of Aeschylus' *Oresteia*, Ted Hughes manages language to evoke (one of) the traumas at the heart of the trilogy of tragedies:

“Daddy!” she screams. “Daddy!” –
Her voice is snatched away by the boom of the surf. Her father turns aside,
with a word
She cannot hear. She chokes –
Hands are cramming a gag into her mouth.
They bind it there with cord, like a horse's bit [...]

Now rough hands rip off her silks
And the wind waltzes with them
Down across the beach, and over the surf. Her eyes swivel in their tears.
She recognises her killers.

(Hughes after Aeschylus 1999: 15)

Hughes' capacity to use poetic language is exemplary insofar as he is able here to capture an embodied sense of the violence of the event without the necessity to stage it. This evocation of trauma through the poeticism of violent language is one mechanism through which theatre might attend to and be in conversation with trauma.

This attention to rupture, schism, violence – to traumata of plural form – has been constant in theatre since the Greeks. That is, in the Western tradition at least, theatre has long had a fascination with what performance scholar Miriam Haughton evocatively calls the “staging of suffering” in her excellent book *Staging Trauma: Bodies in Shadow* (Haughton 2018: 1). It is my contention in this essay that theatre and performance offer a compelling and complex space in which people might encounter and consider traumata, personal or collective, local, national or global, historic or contemporary. In part, this is because of an ontological echo between the operation of performance and of trauma. In a now well-rehearsed argument, the performance theorist Peggy Phelan has argued that performance can never be recovered or adequately documented; it disappears in the moment of its presentation – or, performance “becomes itself through disappearance” (Phelan 1993: 146):

Performance's only life is in the present. Performance cannot be saved, recorded, documented, or otherwise participate in the circulation of

representations of representations: once it does so, it becomes something other than performance.
(146)

Performance and trauma share this complex interaction between presence and absence, and “impossibility” of representation.

Yet, it is only fairly recently that theatre and performance scholars have turned to address these concerns in, through and with trauma studies. Though “young” in the discipline, this scholarship has gathered critical mass and considerable purchase as it turns to ask what performance might have to offer in relation to understandings of trauma and trauma studies: what work might performance that stages suffering be doing politically, culturally, socially, or in terms of affective practices of witnessing and understanding trauma?

Trauma’s history of performance

Before turning to review some of that scholarship, however, I want here to explicate an interrelation of trauma and performance that we might consider a more fundamental one than theatre’s interest in traumata as dramatic content. That is, I want to argue that *performance practice* is profoundly embedded in the emerging *clinical practices* relating to trauma in the late-1800s. In order to advance this performance (or performative) history of trauma, I want to return to arguments I first published in *Trauma-Tragedy: Symptoms of Contemporary Performance* (Duggan 2012; the first book-length study of theatre/performance and trauma theory).

Recalling this work seems particularly useful in the context of the current volume as the following seeks to illuminate the usefulness of performance practice and theory to new understandings of trauma symptoms, clinical practices and contemporary theories (see also Duggan and Wallis, 2011).

The historiography I adopt here draws heavily on Chapter 1 of *Trauma-Tragedy*. The central points in what follows are that trauma theory as we understand it today can be seen to be underpinned by a history of “theatricality” (processes and practices that tightly resemble those found in the theatre practice), and that “performativity” (both being “performance-like” and enacting something in the world in J. L. Austin’s sense of the term) is inherent within the structure of trauma (see Austin 1962). Jean-

Martin Charcot's "clinical" practices are central within this proposition, but before turning to consider them in more depth, it will be useful to first discuss the writing of Herbert W. Page. A contemporary of Charcot and a surgeon, Page is perhaps less fully discussed in the history of trauma theory/studies but I would contend no less important, especially in relation to the performance history I am sketching here.

Page's book, *Injuries of the Spine and Spinal Cord and Nervous Shock*, was published in 1883 in the midst of vast and rapid industrialization, during which the development of cities was redrawing the cartography of Britain and Europe. For literature scholar Roger Luckhurst, modernity and the increasing mechanization of society enabled the emergence of trauma as a concept. Drawing on Walter Benjamin, Luckhurst argues that the rise of the city subsumed "the majority of the British population" by the end of the nineteenth century. This new urban life was characterised by "a series of shocks and collisions" that gave rise to new understandings of self – an urban self in part defined by regular "traumatic encounters," "overwhelm[ing one's] psychic defences" (Luckhurst 2008: 19-20). This "shocking" urban lifestyle is imbricated in the beginnings of modern investigations into trauma, particularly, as Luckhurst states, in relation to the expansion of the railways (21). It was from his experience of working with survivors of railway accidents – suffering from "railway spine" – that Page wrote his 1883 tome.

In *Injuries of the Spine*, Page argued that the symptoms of railway spine were the result of the shock sustained in a traumatic incident, specifically train crashes, and not the result of physical injury. These symptoms, he argued, indicated "some functional disturbance of the whole nervous balance or tone rather than structural damage to any organ of the body" (Page 1883: 143). And this, for Page, aligned railway spine with hysteria. These symptoms were caused by an imminent threat of death and "the hopelessness of escape from danger," causing a powerful emotional experience that was sufficient to produce shock (148). Page's musings align closely with more current understandings of trauma, especially his idea of "nervous shock" where symptoms have been:

[w]arded off in the first place by the excitement of the scene, the shock gathering, in the very delay itself, new force from the fact that the sources of alarm are continuous, and for the time all prevalent in the patient's mind.
(148)

While this usefully charts an early intervention into emerging understandings of trauma, there is a twist in the story that yokes it more closely to theatre than is apparent at first glance. At the time of writing his book, Page had been working for the London and North Western Railway Company for nine years. Thus, as Luckhurst points out, these “modern” arguments might be seen to come from less than objective but more “pecuniary motives” (Luckhurst 2008: 23).

With the expansion of the railways there was a huge rise in locomotive accidents and related compensation claims made against the rail companies on the grounds of apparent organic links between the crash and damage or symptom. Moreover, compensation was increasingly being awarded in the absence of a visible injury (cf. Luckhurst 2008: 23). So, in connecting nervous shock with theorizations of hysteria Page was attempting to undermine the legitimacy of the disorder by “equat[ing] it with a shameful, effeminate disorder, often dismissed as a form of disease *imitation* (what was called ‘neuro-mimesis’) or malingering” (Luckhurst 2008: 23). The legal and perhaps clinical result of this would be to throw doubt on the validity of the victim’s symptoms.

In raising the notion of malingering, especially in terms of *imitation* and thus pretence and make-believe, Page’s arguments begin to align the genealogy of trauma with a sense of performativity or theatricality – especially in terms of the long history of antitheatrical prejudice from Plato onwards. Drawing towards his conclusions, Page argues that the possibility of receiving compensation despite displaying no physical symptoms was prompting and prolonging cases of hysteria:

the knowledge that compensation is a certainty for the injuries received, tends, almost from the first moment of illness, to colour the course and aspect of the case, with each succeeding day to become part and parcel of the injury in the patient’s mind.
(Page 1883: 255)

This amounts to a perpetuation of hysteric symptoms through what might be thought of as a neuro-mimetic performance, through playing the role of a hysteric for financial gain – or, literally, acting (it) out.

The link between performance and trauma is further compounded when we interrogate Charcot’s theatrics in his infamous ‘Leçons du Mardi’. In his authoritative

and illuminating book *Invention of Hysteria* (2003), Georges Didi-Huberman points out that Charcot's use of hypnosis was a central tool in his "therapy". He would put typically female patients into a hypnotic trance and then induce hysterical episodes through various theatrical and "far from innocent [... public] fondling of bodies" (Didi-Huberman 2003: 176). His techniques varied from exploding packages of gun-cotton under patients' noses to "masturbating them [...] until they could take no more" and even to "prescriptions for coitus" (176). These methods were played out in the overtly theatrical setting of his famous Tuesday Lectures with the expressed purpose of investigating, understanding and curing *les névroses traumatiques*. However, as Albert Londe, medical photographer for the Salpêtrière at the time, pointed out, these performances had little, if any, clinical value (cf. Didi-Huberman 2003: 210). Indeed, far from having clinical validity, the experiments were questionable at best and akin to sanctioned rape at worst.

Charcot presided over these theatrics as writer, director and performer; each lecture was drafted and redrafted until they could be performed tightly "with lines, soliloquies, stage direction, asides by the hero, and so on" (Didi-Huberman 2003: 243). Moreover, Charcot's hypnotic techniques and wider methods involved "coaching", structured "playing" that was designed to achieve predisposed and pre-planned responses: denouements for the largely non-medical audience.

The importance of an audience and the rhetorical use of theatrical techniques illustrate the overtly performative quality of Charcot's work. Indeed, his practices might be argued to lend particular nuance and pertinence to the idea of "acting out". Here the term is inverted, as it were: it is the analyst, not the analysand, who is author of the drama. Charcot's theatricalized practice also highlights the dubious and contested background from which trauma theory has grown: its roots, we might argue, are in the violently theatrical traumatic experiences and pecuniarily motivated presentations of performed hysterical symptoms before audiences that, when not motivated by pure entertainment, were there to "watch", "see" or "observe" another in a theatrically framed experimental space.

More recently, Caroline Wake has compellingly extended this performance history by looking at the interrelation of understandings of PTSD to performance. In one of the most recent publications to explore the relation of theatre/performance to trauma,

Wake traces the emergence of what we might call “the theatrical” in the Diagnostic and Statistical Manual of Mental Disorders (DSM), “the so-called bible of the American Psychiatric Association” (Wake 2018: 219). Wake offers a compelling account of the ways that the DSM worked and re-worked definitions of post-traumatic stress disorder from 1980, when it first emerged as a clinical concept, to 2013 in the current edition of the Manual. Across five iterations of the DSM, Wake articulates how PTSD is wedded to ideas of representation and symbolisation; how spectators emerge as both witnesses to trauma and as those traumatised through witnessing; how emotion and affect arise and recede as elements of the definition. Moreover, the DSM begins to grapple with questions of “spatiotemporal co-presence” in ways that theatre and performance have long since theorised in order to understand the affective impact of different kinds of “live” encounter:

performance scholars – in contrast to their counterparts in medicine – would have no trouble describing the video call [in which two advocates witness a refugee set themselves alight] as live. Nor would they hesitate to describe these spectators as witnesses
(Wake 2018: 220).

What is compelling about this theatre historiography of PTSD is that it further illustrates the connection between these seemingly disparate disciplines and highlights the capacity for performance to operate as an interlocutor in understandings of contemporary trauma theory in both cultural and clinical contexts.

Drama/theatre/performance scholarship on/with trauma

To point this performance history of trauma back at the theatre, so to speak, we might usefully turn to trauma theorist Judith Herman’s proposition that trauma “destroys the belief that one can *be oneself* in relation to others” (Herman 2001: 53). Trauma-events, she contends, worry at and disrupt basic human relationships and attachments to the point of shattering understandings of self that are made and sustained in relation to others. This “cast[s] the victim into a state of existential crisis” through a fundamental violation of the survivor-sufferers’ understanding of natural order (51). Meanwhile, playwright and theatre scholar Karen Malpede has commented that “[b]ecause theatre takes place in public and involves the movement of bodies across a stage, theatre seems uniquely suited to portray the complex interpersonal [and intrapersonal] realities of trauma” (Malpede 1996: 168). Echoing

something similar, Luckhurst comments that “culture rehearses or restages narratives that attempt to animate and explicate trauma that has been formulated as something that exceeds the possibility of narrative knowledge” (Luckhurst 2008: 79). This paradox surrounding narrative is taken further in Hans-Thies Lehmann’s examination of performance in which he claims that performance can “question and destabilise the spectator’s construction of identity” (Lehmann 2006: 5). This striking echo of Herman’s assertion that traumatic events shatter the construction of self is particularly interesting as it once again plots the line between performance and trauma. Not only can trauma-symptoms be considered as performative disturbances of self, time and psyche, but it would further appear, under Lehmann’s assertion, that theatre/performance shares this destabilizing power. Thus live performance, perhaps more than any other art form, is perfectly placed to attempt a dialogue with trauma, and, working against assertions of the impossibility of doing so, maybe even a representation of it.

Attention to how trauma theory might illuminate and help to understand the importance of representations of traumatic events in the theatre, marks the approach taken by those theorists who first engaged with trauma studies and performance. Perhaps one of the most widely known and important of these is Peter Buse’s work on Sarah Kane’s *Blasted*. In the last chapter of *Drama + Theory: Critical approaches to modern British drama* (2001), Buse gives the last chapter over to an analysis of *Blasted* using trauma theory as the conceptual frame. The chapter is mainly focused on the text of the play rather than on an engagement with it in performance but it excellently foregrounds the importance of trauma theory as an analytical approach in drama. Buse contends, not unreasonably, that the foundation of contemporary understandings of trauma (theory) is Freud’s *Beyond the Pleasure Principle*. Certainly this text cannot be underestimated in the development of trauma theory, especially as picked up by scholars in the humanities (notably Cathy Caruth (1995, 1996), Dori Laub (1992, 1995) and Dominick LaCapra (1996, 2001)). However, as the history sketched above makes clear, there is a complex and entangled relation between performance and trauma that points to the usefulness of performance, as both aesthetic object and analytical model, to understanding trauma.

More recently, scholars have turned their attention to the analysis of live performance rather than (or as well as) textual analysis of plays. Moreover, and perhaps more excitingly, recent scholarship on trauma and performance has attended to the importance of performance *to* trauma rather than (only) the application of trauma theory to performance analysis. This shift represented an important development from the work of Buse. Where he rightly and importantly identified the potential for trauma theory to illuminate new understandings of drama, more recent scholarship positions performance as an active agent in the world with regards to understandings of trauma and its operation in the social real. In this shift, as Haughton recently articulated, it becomes apparent that theatre and performance can create “a shared space for the unspeakable to struggle in its desire for articulation and acknowledgment” (Haughton 2018: 2).

What is perhaps most exciting about this turn towards trauma by performance and theatre scholars, especially in terms of the usefulness of performance to trauma, is the plurality of approaches afforded by the interdisciplinarity that is at the heart of performance studies. For instance, in a special issue of the journal *Performance Research*, “On Trauma”, that I edited with Mick Wallis in 2011, contributions included essays on: theoretical connections between the fields; analysis of protest performance in post-dictatorship Argentina; textual analysis of plays that represent traumatic events; the embodied experience of instillations; violence and ethics; “trauma tourism”; verbatim theatre and authenticity; African funeral rites; and performance art.

In covering such wide territory, the special issue began to illustrate the diversity of approaches to trauma from within performance studies (broadly conceived). Moreover, the plurality of approaches and case studies foregrounded the different ways that scholars from all areas of the discipline were engaging with trauma as a “developing anchor” to

explore ways in which performance practice can address trauma, how performance can be a critical frame for considering trauma in culture, and trauma theory and the traumatic as a productive means of thinking about performance and as a potentially creative force
(Wallis and Duggan 2011: 1)

In 2013, performance scholars Bryoni Trezise and Caroline Wake's edited collection *Visions and Revisions: Performance, Memory, Trauma* further demonstrated the capacity of performance (studies and practices) to function as a complex and potent means of complicating, critiquing and developing new and nuanced understandings of trauma in the contemporary moment and historically. One of the important achievements of Trezise and Wake's book is that it makes clear the importance of scholarship that deliberately seeks to avoid "applying" trauma theory to performance, as well as of research that wishes to avoid any attempt to 'cure' trauma as some applied practices might be seen to do. Rather the book's contributors look to "ask what performance (as a theoretical 'object') and performance studies (as a theoretical field) might bring to trauma [studies]" (Trezise and Wake 2013: 16). The great strength of this approach is that it further develops the genuinely dialogic encounter between trauma and performance, taking account equally of performed content and the experience of performance.

Geraldine Harris takes this dialogic approach into the territory of witnessing, a key area of concern in theatre and performance studies and particularly pertinent to enquiries on trauma. In her essay, "The Ethics and Politics of Witnessing Whoopi," Harris analyses her own live and mediated (television/DVD) encounters with the work of comedian Whoopi Goldberg. She convincingly argues that popular performance is capable of "promoting an abundance of meanings and (figurally) the 'mutual transformation' of performer and spectator, and [is] no less concerned with the political, the ethical and the aesthetic" (Harris 2013: 124) than "canonical" artists like Marina Abramović or Andy Warhol. Harris's intervention is twofold as she not only argues for the need to turn critical attention toward the popular but also highlights, as Trezise and Wake note in their introduction to *Visions and Revisions*, that "performance studies privileges particular mediums, forms, and genres at its peril" (Trezise and Wake 2013: 19).

From the outset, both trauma and (live) performance are embroiled in a complex liminality, a circulation of presence and absence that makes complex any simple reading of these phenomena. Performance and trauma-symptoms are at once present and "real", absent and phantasmagorical. That is, in Miriam Haughton's terms, there is a historical (and ongoing) "space of nexus dominated by liminality that

exists for performance and trauma” (Haughton 2018: 8). Moreover, as Sophie Anne Oliver notes, performance art has a long history of “directly addressing [...] questions of personal and/or collective trauma” in order to establish for audiences the capacity of embodied experience to act as “a cultural and political force [... that is], performance art has sought to redefine discourses of the traumatized body” (Oliver 2010: 119-20). For Oliver, this suggests that through a “delicate negotiation of presence and absence, and its necessarily dialogic nature” performance offers a space for complex “understanding[s] of ‘ethical’ spectatorship” to emerge that can be put productively into conversation with trauma theory (120). The proposition here is that live performance offers a means through which traumatic events, histories, stories and legacies can be productively interrogated and remediated through aesthetic practice.

But this practice need not attend to representational forms yoked to verisimilitude or naturalistic depictions of traumatic events, and indeed more often than not contemporary theatre and performance err away from such approaches. Rather, in deploying structural echoes of trauma – for example repetitions, fragments, flashbacks – performance has the capacity to dwell in and uncover new understandings of the traumatic in plural ways. Moreover, as Haughton has argued, such performance practice “is not only addressing but *intervening* in experiences of public and private trauma”:

Increasingly, theatre artists are pushing established forms of staging to facilitate encounters between performer and audience/spectator/participant that are intimate, discomfiting, political and visceral. Often, the material makes direct links to events of crisis in the socio-cultural sphere, provoking dialogue and debate regarding how society reads and receives these personal and public events of trauma.
(Haughton 2018: 32-3)

Performance can thus be seen to stage different kinds of thinking about trauma, doing so in multiple modes within the same experience.

The Stranger Disease

To explicate this further, by way of conclusion and to try to tie together some of the threads of the foregoing, I want now to turn to a performance I attended in March

2018 in New Orleans, Goat in the Road's *The Stranger Disease*. This was an immersive, promenade performance about an outbreak of yellow fever in the late 19th century in New Orleans. The piece was staged in Madame John's Legacy, a museum and heritage site owned and run by the Louisiana State Museum in the French Quarter of the city. One of the oldest residences in New Orleans (the current structure dating from 1788), the building occupies a prominent site in the heart of the main tourist area of the city.

In this performance, audience members arrived and were allowed to wander the museum learning its layout and contemplating the objects on display. Once the performance started, they could choose which room to be in and see aspects of the performance unfold around them, with different characters coming in and out of the space. Alternatively, one could choose to follow a particular character on their journey through the site and the performance, exploring the spaces – and atmospheres – of the building as part of the work. Or, one could embark on a combination of both approaches (as I did). In any approach to the performance the audience's body was implicated in the unfolding action as one was moved by characters when in the way or simply pushed past for dramatic effect, or because one had suddenly to move to another room or chase up a flight of stairs in order to keep up with a fleeing performer and then search for them at the top. For the company, this was a deliberate attempt to force the audience “to step into the decision-making” that the characters were involved in working through; it ensured the audience could not absent themselves from “the feeling of putting yourself in the [characters'] shoes” (Flaherty and Kaminstein 2018: interview with author). The performance played out twice during each showing, so the audience has two opportunities to see the work in order to encounter it from different perspectives and to engage with it in different ways. Nevertheless, the experience was always partial and fragmentary. It simply was not possible to see all of the performance, some aspect of it remained just out of grasp no matter which route one took through it.

With a multi-racial cast, the central presented story in *The Stranger Disease* was about the complexities of domestic life “across the colour line” during the outbreak of yellow fever in 1878 (see Goat in the Road 2018). Yellow fever was a disease brought to New Orleans by strangers (mainly coming by ship from overseas) and in

being performed at the heart of the tourist industry in the city, the performance was engaging with the difficulties and benefits of tourism in the city now. That is, in deliberately engaging with both the tourist industry (being in the French Quarter, staged in a tourist attraction) and with tourists (as audience members) the company attempted to put into conversation the benefits of tourists coming into the city alongside complex narratives about the city that relate to tourism (for example, gentrification and local landlords being priced out by companies like Airbnb; financial and race inequity; environmental and ecological disaster). The work thus looks to engage in an interrogation of contemporary social systems and structures that are related to – perhaps even propagate – current social traumas. The work is looking at how people from outside the city come into New Orleans and change it, either by “transplanting” themselves from elsewhere to take advantage of the post-Katrina depression in property prices or by attending the city as tourists who come, consume and leave.

Moreover, the work enabled a complex interrogation of the traumas of historical race relations in the city through the “historically inspired [...] love [story] across the color line in post-Reconstruction New Orleans” (Goat in the Road 2018: online). This, however, was used as a prism through which to look at much more contemporary race related traumas. In having a determinedly multiracial cast the production staged diversity for a predominantly white audience. Being staged in a heritage site in the city, in an area that is mainly populated by whites, it is hardly surprising that the audience for all performances were “all white”. This was because, as Shannon Flaherty and Chris Kaminstein put it in interview,

The Stranger Disease audience ended up not being our traditional audience because it was [made up of] so many tourists... which [was] exactly who we were trying to reach... One of the main things that New Orleans has to offer in terms of how our city functions, is the tourist economy. [We were asking], how can we tap into that situation?
(Flaherty and Kaminstein 2018)

In a city like New Orleans, one deeply and complexly bound up in histories of slavery, segregation, and the subjugation of people of colour, to stage a performance that critiques these traumatic histories – that continue to be played out in various ways in the city now, deliberately for a predominantly white audience is importantly

political. *The Stranger Disease* was highly political both in terms of who was in it and who they were talking to. In being performed in the tourist District, an area profoundly associated with people from outside the city, it sought to question unthinking engagements with the city as that relates to questions of contemporary social trauma. That is, it asked the mainly white audience to attend to complex questions about race and equality, about who is affected by the city's housing crisis (the play stages the fleeing of one's home), and wider questions of equity, power and diversity. It did this in both form and content, through embodied decision making and the playing out of interpersonal and systemic relations.

However, in being staged within Madame John's Legacy it also ran the risk of perpetuating some of the problems it sought to critique because:

for people of colour, heritage sites and museums are really dangerous because you don't always know what you're walking into and what that museum is celebrating, especially in the South... [we] certainly understand why people feel like they are taking a risk
(Flaherty and Kaminstein 2018)

The performance stages a live thinking through of the complex politics of New Orleans in the moment of its unfolding. It makes alive social concerns and structures that can sometimes seem distant from those not normally affected by them. In this way the performance operates through a complex relationship between how the performance unfolded as a story, in terms of audience's embodied engagement with that story, fragmented structure and repetition, the makeup of the audience, and the location and site of the work.

Conclusion

There is much more to be said about this work in its particular context, but in relation to the current volume, the performance is useful in illuminating the complex, multifaceted ways in which live performance can attend to narratives and experiences of trauma. For Miriam Haughton, it is such complexities that give performance a particular capacity to engage with the politics and embodied experiences of trauma:

The embodied moment of live performance (embodied for both performer and spectator/audience) disappears the moment it manifests, while the memory of

the moment lives on, in flux from the performance environment to the wider public sphere and is thus subject to the socio-economic and cultural conditions which interact there. Similarly, is trauma that which disappears, or that which persists? It is both.
(Haughton 2018: 3)

Given its trans-historical investigation of social traumas, we might argue that *The Stranger Disease* was precisely concerned to interrogate the relation between that which disappears and that which persists (especially in the context of New Orleans). The performance deployed a structure that operated, dramaturgically at least, in a mode akin to traumatic schism in its repetition but with difference and shadow, and in pulling the audience in different directions intellectually and physically in decision making. The audience is made witness to historical trauma on two counts – disease and violent race politics – as a means to contemplating and illuminating pressing to contemporary traumas (such as the role tourism plays in the city ‘falling into the sea’, complex race politics and division, huge inequities in housing and social mobility, and access to education that play out along racial divides). This work thus attends to trauma via content (narrative and action) and structure (elliptical, fragmented, frustrating, incomplete, recurring) to examine contemporary systems that propagate contemporary social trauma in New Orleans. This is further complicated by the site of the performance insofar as it might be seen to distance those on whom the structures under interrogation have had the most impact. Operating through multiple modes of representation, audience engagement, and fragmented and elliptical narrative, *The Stranger’s Disease* is a useful example through which to illuminate the wider capacity of performance to critique and make complex social traumas that might otherwise be over-simplified or ignored.

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