

Encounters between Disability Studies and Critical Trauma Studies: Introduction

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When setting up the premises for a dialogue between disability studies and critical trauma studies and embarking on editing this pilot issue on ‘encounters’ between the two disciplines, we necessarily welcomed interdisciplinary approaches, ranging across disability studies, trauma studies, literary and cultural studies, media studies, as well as many other disciplines in the humanities.

The first step in introducing this issue to our readers will be to present the histories of both disability studies and trauma studies in order to see how they evolved and see why our proposal that they should meet half way or at least more often can be considered a valid one.

Disability Studies

The single most important achievement of the disabled people’s movement has been gaining recognition of the fact that the difficulties encountered by disabled people in their daily lives are not so much a direct and inevitable result of biological or mental impairment but rather a consequence of barriers created by societies that take little to no account of the impairment-related needs of disabled people.¹ As Barnes and Mercer point out,² disabled people had been protesting about their situation for a good part of the twentieth century, but it was in the 1970s that the disabled people’s movement gained momentum, especially in the US and the UK, but also in other European countries. The recognition of the part played by society in the creation of disability is neatly encapsulated in the term the ‘social model’ of disability which was coined by Mike Oliver.³ This model is contrasted by Oliver with the ‘medical model’ of disability, which he later also calls the ‘individual model’.⁴ Adopting a social model approach to considerations of disability means acknowledging that the response to the difficulties encountered by disabled people cannot be restricted to medical treatment and social welfare. Important as these interventions are, they are not sufficient, simply because they do not tackle all the sources of disabled people’s difficulties, that is they do not address the obstacles and barriers that are created by society itself. Taking into account these hindrances also means seeing disability as a human rights issue and disabled

¹ Union of the Physically Impaired Against Segregation. *Fundamental Principles of Disability* (1976); available at <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf>. [accessed 30 September 2018].

² Colin Barnes and Geoff Mercer, *Exploring Disability* (Cambridge: Polity, 2010).

³ The term was first used by Mike Oliver in *Social Work and Disabled People* (Basingstoke: Macmillan, 1983).

⁴ Mike Oliver, *Understanding Disability: From Theory to Practice*, 2nd ed. (Basingstoke: Palgrave, 2009).

people on a par with other socially-disadvantaged minorities.⁵ The first piece of legislation to acknowledge societal obligations to remove disabling obstacles was the Americans with Disability Act in 1990.⁶

The social model of disability is thus a few decades old. Prior to that, for centuries and even millennia, disability was considered to be located solely within the individual and equated with biological impairment. As Henri-Jacques Stiker shows in *A History of Disability*, the conceptualisation of disability has accrued different meanings and elicited varied responses across the centuries, which range from fear to charity to rehabilitation.⁷ The disabled activists who first made the clear distinction between impairment – which is caused by biological or psychological factors – and disability – which is located in society – were reacting to and countering a very long history of conflating impairment and disability. For this reason, on the one hand, many have for a long time stayed away from a consideration of how impairment impinges on the life of a disabled person. Barnes and Mercer write

Those who assert the importance of the conceptual distinction between impairment and disability respond that ‘bringing impairment in’ clouds both the crucial question of causality and the source of disability discrimination and prejudice ... Far from denying the ‘reality’ of impairment and its impact on disabled people’s lives, the emphasis on separating impairment and disability is a pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatments.⁸

On the other hand, those who have critiqued the social model point out that the separation of impairment and disability has led to a focus on the latter at the expense of the former and at the expense of considering the interaction between the two. Carol Thomas discusses how in Britain, the early disabled activists, especially Paul Hunt and Vic Finkelstein, worked on a social relational understanding of disability, that is one that considers the relationship between the individual’s impairment and socially imposed disability, and that this model was eventually replaced by the social model. Thomas argues for a return to the social relational model of disability, by acknowledging the restrictions caused by impairment and chronic illness – what she terms ‘impairment effects’ – while at the same time keeping one’s focus on socially created disabling barriers:

If this kind of social relational understanding of disability could be adhered to within disability studies, that is, if the commonplace view that disability equates with restrictions of activity could be broken away from, then there would be no need for futile and time-wasting disputes about whether or not impairment or chronic illness cause some restrictions of activity. We can say, ‘Yes, of course impairment causes some restrictions of activity – but these are not what is of interest in studying and combating disability’. Disability is a form of social oppression on a par with other forms of oppression in our society associated with gender, race, class, and sexuality.⁹

⁵ Diane Driedger, *The Last Civil Rights Movement* (London: Hurst and Company, 1989).

⁶ *Disability Rights Law and Policy: International and National Perspectives*, ed. and intr. Mary Lou Breslin and Silvia Yee (Ardesley and New York: Transnational Publishers, 2002).

⁷ Henry Jacques Stiker, *A History of Disability*, trans. William Sayers (Michigan: University of Michigan Press, 1999).

⁸ Barnes and Mercer, 96.

⁹ Carol Thomas, ‘How is Disability Understood? An Examination of Sociological Approaches’, *Disability and Society* 19.6 (2004): 581.

Tom Shakespeare and Nick Watson even went so far as to consider the social model outdated at the turn of the century and called for it to be discarded.¹⁰ The fact that it has not been discarded is indicative of the resonance it has for many disabled people to explain the difficulties that they encounter in societies that do not habitually take into account their impairment-related needs. That said, when in 2006 the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD), it was the social relational model of disability that was used. The Preamble to the CRPD in fact recognises disability as the *interaction* between impairment and disability.¹¹ In effect, whether one upholds the social or social relational model of disability, one is in agreement that disability can no longer be equated with impairment and that society must play its part in removing, or at least attenuating the effect of, disabling obstacles.¹²

It was mainly through the work of disabled sociologists, including Oliver and Barnes, that disability studies was established as an academic discipline, shifting the focus of the study of disability from embodied differences – as was the case especially for medical sociology – onto societal structures. Across the Atlantic, sociology too played a part in the development of disability studies. As the contributors to Green and Barnartt's edited volume *Sociology Looking at Disability* show, the work of American sociologists such as Talcott Parsons and Erving Goffman had a profound effect in developing a sociological approach to studying disability.¹³ In her 1998 monograph *Claiming Disability*, Simi Linton traces the history of the development of disability studies, especially in the United States. As she states,

it is the authors who deliberately set out to place ideas about disability in more specifically contingent relationships to the social situation of disabled people and to the disability rights movement who form the core group of disability studies scholars. Many in this group view the establishment of disability studies as part of an overt agenda to gain power for disabled people through organizing and coalescing people, resources, and knowledge.¹⁴

¹⁰ Tom Shakespeare and Nicholas Watson, 'The Social Model of Disability: An Outdated Ideology?', *Research in Social Science and Disability* 2.1 (2001): 9-28.

¹¹ UN. 2006. Convention on the Rights of Persons with Disabilities and Optional Protocol; available at <http://www.un.org/disabilities/documents/convention/convoptprot-e/pdf> [accessed 4 October 2018].

¹² There are also other models of disability, among them the Scandinavian gap model, the American minority model, as well as the human rights model and, as seen below, the affirmation model and critical disability studies. As Mike Oliver quips in *Understanding Disability: From Theory to practice*, there are enough of them to set up a modelling agency. Therefore, while disability studies is a much broader church now than it ever was, the consideration of disability as a social and political issue always remains. Latterly, critical disability studies has been developed as a way of focusing on disability as identity. In their critique of this approach in 'Moral Wrongs, Disadvantages, and Disability: A Critique of Critical Disability Studies' (*Disability and Society* 29.4 (2014): 638-50), Simo Vehmas and Nick Watson insist that any study of disability 'must involve an engagement with moral and political issues, and must be sensitive to individual experiences as well as the social, material and economic circumstances.' (638). See Dan Goodley's *Disability Studies: An Interdisciplinary Introduction* (Thousand Oaks, CA: Sage, 2011) and Jan Grue's *Disability and Discourse Analysis* (Surrey: Ashgate, 2015) for in-depth analyses of various models and approaches to disability studies.

¹³ *Sociology Looking at Disability: What Did We Know and When Did We Know it*, ed. and intr. Sara E. Green and Sharon N. Barnartt (Bingley: Emerald Publishing, 2016).

¹⁴ Simi Linton, *Claiming Disability: Knowledge and Identity* (New York: New York University Press, 1998).

Significantly, most of the disability studies scholars being referred to in this Introduction are themselves disabled people. In fact, aside from achieving recognition of the disabling effects of society, the second most important achievement of the disabled people's movement has been the battle cry of 'nothing about us without us'.¹⁵ It was not only against the centuries-old conception of disability as the equivalent of impairment that the early disabled activists were up against, but also against firmly entrenched practices of professionals, especially those working in the health sector, deciding for them what they needed and what interventions were best for them.

There are two watershed moments in this regard. The first was Miller and Gwynne's study with the disabled residents of Le Court Homes in London, which was commissioned after the residents themselves suggested that research be carried out in how they could gain more control over their lives.¹⁶ Paul Hunt, one of the residents, wrote a seminal critique of their book, which provides an extensive analysis of all that is wrong about this study.¹⁷ Despite having requested the research in a bid to bring about improvement in the quality of services provided, the residents (all of whom had physical impairments) were left in pretty much the same situation they had been in before. Hunt criticises Miller and Gwynne because, in the name of scientific objectivity and detachment, they did not seek to expose the causes of what they themselves saw as the residents' pitiful state and 'social death sentence'.¹⁸ Instead, they recommended better training for staff, thus maintaining the status quo and, Hunt argues, advancing their own career through the publication of their research. The second watershed moment occurred in the same year on the other side of the Atlantic, with the founding of Disabled People's International by a group of disabled people who walked out of the Rehabilitation International Conference in Canada after they were not allowed to speak by the professionals participating in the conference.¹⁹ The importance of disabled people being involved in decisions affecting them is upheld in the CRPD, while the role of non-disabled people in the disabled people's movement and disability studies remains a subject of debate.²⁰

While disability studies fills in gaps that have been left largely unaddressed by other disciplines in their consideration of disability, not least by giving primacy to the voice of those who have a lived experience of disability, it can be said to have created its own gaps. One of these gaps is related, as seen above, to the almost exclusive focus on socially-created disability and the deliberate move away from considering the effects of living with activity-living impairments. This move was a reaction to centuries of focusing on impairments and to research which, like that carried out by Miller and Gwynne, did much to enhance the researchers' professional status but very little to improve the situation of disabled people – hence Paul Hunt's label of 'parasite people'. However, this move has meant that some people have for a long time felt left out of

¹⁵ James I. Charlton, *Nothing About Us Without Us: Disability, Empowerment and Oppression* (Oakland, CA: University of California Press, 2000).

¹⁶ Eric John Miller and Geraldine V. Gwynne, *A Life Apart* (London: Tavistock, 1972).

¹⁷ Paul Hunt, 'Settling Accounts with the Parasite People – A Critique of "A Life Apart" by EJ Miller and GV Gwynne', *Disability Challenge*, UPIAS, 1 (1981): 37-50; available at <https://tonybaldwinson.files.wordpress.com/2018/04/settling-accounts-with-the-parasite-people-a-critique-of-a-life-apart-by-ej-miller-and-gv-gwynne-by-paul-hunt-1981.pdf> [accessed 3 October 2018].

¹⁸ Hunt, 41.

¹⁹ See Driedger.

²⁰ Don Kulick, 'The Problem of Speaking for Others *Redux*: Insistence on Disclosure and the Ethics of Engagement', *Knowledge Cultures* 3.6 (2015): 14-33.

disability studies, including those living with chronic illness and/or chronic pain. Moving away from a focus on impairment also brought with it the need to emphasise that disabled people are not ill. People who are ill need doctors. But if medical treatment is not sufficient to address disabled people's problems, then one needs to stay away from any talk about health-related issues. On the other hand, the need for medical treatment is a reality for many people who are ill and who are also disabled by society. Susan Wendell makes a distinction between 'healthy' and 'unhealthy' disabled people, that is those who have impairments but do not require ongoing medical treatment, and those whose impairments originate from an illness that requires regular medical intervention.²¹ For the latter, the distinction between the effect of their impairment and the effect of disabling barriers may become blurred. Alison Kafer, cited by Welch, writes: '[p]eople with chronic illness, pain, and fatigue have been among the most critical of this aspect of the social model, rightly noting that social and structural changes will do little to make one's joint stop aching or to alleviate back pain.'²²

Interestingly, it is feminist scholars who are themselves disabled who have mostly voiced concerns about the difficulties that arise from the distinction. With reference to these scholars, Welch writes that they 'have criticized this body/society divide as impractical and inadequate for describing their lived experiences with chronic illness, impairment, and disability.'²³ Welch refers to Liz Crow, Sally French, Alison Kafer, Rosemary Garland-Thomson, Simi Linton, Jenny Morris, Carol Thomas and Susan Wendell. As a solution to the impasse created by a rigid distinction between impairment and disability, Welch presents the work of the disabled American medical sociologist Irving Zola, one of the pioneers of disability studies in the United States, who sought to deal with the disabling barriers created by society while at the same time speaking about his impairments and illness as part of his identity.

Another approach to considering disability that takes identity issues into account is the affirmation model of disability, first developed by John Swain and Sally French. This model takes individual impairment into account, while deliberately moving away from a conceptualising of impairment as tragedy.²⁴ Through this model, Swain and French sought to include disabled people who have chronic illness and those who live with chronic pain. Living with activity-limiting conditions becomes part of one's identity. This view sees impairment as 'physical, sensory and intellectual difference to be expected and respected on its own terms in a diverse society.'²⁵ Rather than being seen as an abnormal occurrence, impairment (and also illness) are considered as part of the human condition. Moreover, they are considered by the person as an integral part of their selfhood. This position is described well by Sharon Dale Stone when writing about living with osteoarthritis, among other conditions:

²¹ Susan Wendell, 'Unhealthy Disabled: Treating Chronic Illnesses as Disability', *Hypatia* 16.4 (2001): 17-33.

²² Melissa Jane Welch, 'Back to the Future: Irving J. Zola's Contribution to the Sociology of Disability', in *Sociology Looking at Disability: What Did We Know and When Did We Know it*, ed. and intr. Sara E. Green and Sharon N. Barnartt (Bingley: Emerald Publishing, 2016), 123.

²³ Welch, 123.

²⁴ John Swain and Sally French, 'Towards an Affirmation Model of Disability', *Disability and Society* 15.4 (2000): 569-82.

²⁵ Colin Cameron, *Does Anybody Like Being Disabled? A Critical Exploration of Impairment, Identity, Media and Everyday Experience in a Disabling Society*, 37. (PhD thesis, Queen Margaret University, 2010); available at <http://etheses.qmu.ac.uk/258/> [accessed 3 October 2018].

I regard it less as an illness and more as something that prevents me from doing all that I might otherwise do. On a day-to-day basis, I do not ‘feel’ that my osteoarthritis is an illness so much as an attribute of my body, much the way other impairments I live with are attributes of my body. The pain that arthritis can cause is something I would be happy to live without, but this does not mean that I am unhappy to live with pain. Yet the idea of having an impairment caused by arthritis resonates with my experience. Rather than experiencing my arthritic knee in terms of suffering, I experience it in terms of (permanent) bodily impairment. As such, it is neither good nor bad, it just *is*.²⁶

For some disabled people, impairment is not only something that ‘just is’ but is also something to celebrate. In fact, the affirmation model is based on the premise that for many disabled people, the impairment itself is a *positive* aspect of their identity. This position may seem counterintuitive to those who equate impairment and illness with tragedy, and even a fate worse than death. A prime example of this position is the concept of ‘Deaf Gain’, a term which is the polar opposite of ‘hearing loss’. Deaf Gain refers to the visual skills developed by Deaf people as they negotiate their way in the world, and the experiences and knowledge they acquire by virtue of being Deaf.²⁷ Affirming, and even celebrating, one’s identity as a disabled person also finds expression in Disability Arts, that is performances and other artistic output by disabled people that includes direct reference their impairment and is based on a socially-oriented understanding of disability. French and Swain in fact state that the affirmation model was developed directly from what disabled people have produced through Disability Arts. Among others, they cite a poem by Colin Cameron, ‘Sub Rosa’, which ends with the following lines:

But proud and privileged to be who we are ...
Exactly as we are.²⁸

Disability is therefore conceptualised in a variety of ways. Indeed, the location of disability in social contexts makes it mutable and open to interpretation, and a consideration of these different conceptualisations and interpretations is an important area of study. The paragraph of the Preamble to the CRPD quoted above begins by recognizing ‘that disability is an evolving concept’. Disability, therefore, is not only not equivalent to impairment and not only caused by socially created barriers, but it is also a fluid and ever-changing concept. Conceptualisations of disability, however abstract, have real impact on the lives of disabled people. When these conceptualisations are negative and deficit-oriented, the impact can be devastating. All too often, disabled people have been regarded as having something missing and even as not being fully human. These views translate into death-related practices, such as the abortion of disabled fetuses and the support of assisted dying for those with long-term disabilities.

²⁶ Sharon Dale Stone, ‘Resisting an Illness Label: Disability, Impairment, and Illness’, in *Contesting Illness: Processes and Practices*, ed. and intr. Pamela Moss and Katherine Teghtsoonian (Toronto: University of Toronto Press, 2008), 203, original emphasis.

²⁷ Petra Koppers, *Studying Disability Arts and Culture: An Introduction* (Hampshire: Palgrave Macmillan, 2014). The word ‘Deaf’, with an initial capital, refers to people who are born profoundly deaf and for whom sign language is the first language and Deaf culture the one they identify most with.

²⁸ Colin Cameron, ‘Sub Rosa’, in *Sub Rosa: Clandestine Voices* (Wallsend: Tyneside Disability Arts, 1998), cited in Swain and French, 580.

Studying disability as an abstract concept is therefore also a very important aspect in disability studies. In *Claiming Disability*, Linton identified a gap in ‘the study of disability as idea, as abstract concept, and it is in the humanities that these gaps are most apparent. It is there that the meanings attributed to disability and the process of meaning-making could be examined.’²⁹ In fact, it has been in the humanities that an examination of the meanings attributed to disability has developed most extensively. This development has been most marked in the United States with many scholars weaving their work on disability studies with analyses of literature, film and the visual and performance arts. Similarly to the British disability studies scholars mentioned above, most of them are disabled or are closely related to a disabled person. Apart from Simi Linton, these scholars include, among others, Brenda Brueggermann, Lennard Davis, Rosemary Garland-Thompson, Georgina Kleege, David Mitchell, Ralph Savarese, Sharon Snyder and the late Tobin Siebers. One of the seminal books is *Narrative Prosthesis* by David Mitchell, himself a disabled person, and Sharon Snyder in which they show how in many narratives the presence of disabled characters is a metaphor for a disruption that needs to be fixed and how prevalent is the practice of using disability as a prop to move the plot forward. These tendencies of authors to use disabled characters as a means to end, Mitchell and Snyder forcefully argue, are in stark contrast to the failure of these same narratives to represent disabled characters as human beings in their own right, and to do justice to the representation of the lived experience of disability.³⁰

The most important interpretations of disability remain those articulated by persons who themselves live disability on a personal basis. In their theoretical and autobiographical writing, as well as through creative writing, disabled scholars analyse how they negotiate their way through life and through the obstacles created by socially and culturally disabling factors. These writings conceptualise disability as an aspect of the human condition that is inevitable and navigable. In some cases, the personal experience of disability informs the text without it being directly autobiographical, as in the case of *Narrative Prosthesis* as well as *Extraordinary Bodies* by Rosemary Garland-Thompson and *Disability Theory* and *Disability Aesthetics* by Tobin Siebers.³¹ In other books, the autobiographical is directly merged with the theoretical. This is the case for Susan Wendell’s reading of feminism from a disability angle in *The Rejected Body* and Rod Michalko’s *The Difference That Disability Makes* which combines his memoir of his experience of becoming progressively blind in his childhood and adolescence with an extensive discussion of how blind people have to navigate their way through a world made for the sighted.³² Then there is Anne Finger’s history of polio in *Elegy for a Disease*, in which she interweaves her own experience, of contracting the disease and living with its aftermath, with the impact that the disease had on American culture.³³

²⁹ Linton, 87.

³⁰ David Mitchell and Sharon Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor, MI: University of Michigan Press, 2001).

³¹ Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997); Tobin Siebers, *Disability Theory* (Ann Arbor, MI: University of Michigan Press, 2008); Tobin Siebers, *Disability Aesthetics* (Ann Arbor, MI: University of Michigan Press, 2010).

³² Rod Michalko, *The Difference that Disability Makes* (Philadelphia, PA: Temple University Press, 2002).

³³ Anne Finger, *Elegy for a Disease: A Personal and Cultural History of Polio* (New York: St Martin’s Press, 2008).

Others have written their autobiography through a social relational understanding of their experience of disability, and with an awareness of disability politics. Such autobiographies include Stephen Kuusisto's *Planet of the Blind* and *Eavesdropping: A Memoir of Blindness and Listening*, and Robert Murphy's *The Body Silent*.³⁴ In addition, there are *Notes on the Flesh* by Shahd Al-Shammari and *Re-Membering* by Ann Millett-Gallant, two of the contributors to this special issue.³⁵

Furthermore, Michalko, Kuusisto and Finger are among the many disabled people who also use their creative writing skills to put forward disabled people's agenda, through short stories, poetry, novels and plays. Examples include Michalko's and Anne Finger's anthologies of short stories (*Things Are Different Here* and *Call Me Ahab* respectively), and Kuusisto's poetry collections (*Only Bread, Only Light* and *Letters to Borges*).³⁶ Of note also is Kenzaburō Ōe, the Japanese laureate for the 1994 Nobel Prize for Literature, whose work has been heavily influenced by his experiences as the father to Hikari, his son who has an intellectual disability.³⁷ To these, we can add disabled playwrights who have combined their personal experience of disability with their knowledge and awareness of disability politics in their writings and productions. Victoria Ann Lewis's *Beyond Victims and Villains* brings together excerpts from plays by David Freeman, Lynn Manning, and Susan Nussbaum among others.³⁸ Another disabled playwright worthy of note is James MacDonald, who combines his personal experience of disability with his interest in Russian culture, as can be seen in his anthology *Russia, Freaks and Foreigners*.³⁹ This list is by no means exhaustive and does not take into account the work of other disabled artists, such as painters, sculptors and dancers, which is part of Disability Arts. It is a list that is merely indicative of the wealth of literary output produced by disabled people which counters the age-old tendency to use disabled people as props for a narrative and to rely almost exclusively on stereotypical representations of disability without taking into consideration how disability emerges in the experience of those who live it on a daily basis.

These representations have been the subject of analysis by various authors, whether or not they themselves are disabled. These analyses highlight how disability has always permeated narrative, even in mythology as witnessed by the presence of

³⁴ Stephen Kuusisto, *Planet of the Blind: a Memoir* (London: Faber and Faber, 1998); *Eavesdropping: A Memoir of Blindness and Listening* (New York: W. W. Norton and Company, 2006); Robert Murphy, *The Body Silent: The Different World of the Disabled*, 2nd ed. (New York: W. W. Norton and Company, 2001).

³⁵ Shahd Al Shammari, *Notes on the Flesh* (Rabat, Malta: Faraxa Publishing, 2017); Ann Millett-Gallant, *Re-Membering: Putting Mind and Body Back Together Following Traumatic Brain Injury* (Chapel Hill, NC: Wisdom House Books, 2017).

³⁶ Anne Finger, *Call Me Ahab: A Short Story Collection* (Lincoln, NE: University of Nebraska Press, 2009); Stephen Kuusisto, *Only Bread, Only Light: Poems* (Port Townsend, WA: Copper Canyon Press, 2000); *Letters to Borges* (Port Townsend, WA: Copper Canyon Press, 2013); Rod Michalko, *Things Are Different Here* (Ontario, Canada: Insomniac Press, 2017).

³⁷ Ōe's books include the autobiographical *A Personal Matter*, trans. John Nathan, 2nd ed. (New York: Grove Press, 1994) and *A Healing Family*, trans. Stephen Snyder (New York: Kodansha USA Inc, 1996); and novels that are heavily influenced by Hikari's life, among them *Teach Us to Outgrow Our Madness: Four Short Novels*, trans. and a Short Intro John Nathan (New York: Grove Press, 1977), and *The Day He Himself Shall Wipe My Tears Away*, trans. John Nathan (New York: Grove Press, 1994).

³⁸ *Beyond Victims and Villains: Contemporary Plays by Disabled Playwrights*, ed. and intr. by Victoria Ann Lewis (New York: Theatre Communications Group, 2006). As the title of the book implies, the aim is to present narratives where disabled people are fully rounded characters and not simply cast in the stereotypical roles of either victims or villains.

³⁹ James MacDonald, *Russia, Freaks and Foreigners: Three Performance Texts* (Bristol: Intellect, 2008).

disabled gods and other disabled figures such as Hephaestus and Tiresias in Greek mythology and Odin in Norse mythology. For example, Charles Gardou discusses how disability permeates French popular culture, Patrick McDonagh delves into a cultural history of the representation of intellectual disability, and Ato Quayson adds further to the analysis of disabled characters in American literature contributed by David Mitchell and Sharon Snyder, and by Rosemary Garland-Thomson, cited above.⁴⁰ Similar aspects become the focus of several articles included in our issue. There is also much more work that can be referred to, including articles in disability studies and in humanities journals; presentations in conferences within both disciplines, most notably the annual Modern Language Association Convention held in the US; and the work of the Centre for Culture and Disability Studies at Liverpool Hope University which bridges the two disciplines and which includes *The Journal of Literary and Cultural Disability Studies* and various books, a taught Masters in Disability Studies that has a substantial focus on the cultural representation of disability, and an annual interdisciplinary conference.

It can thus be seen how the work of disability studies scholars within the humanities reinforces, complements and at times merges with work in disability studies that is situated within sociology or other disciplines.⁴¹ The possibility for these collaborations emerges from a consideration of disability as arising from social and cultural factors and of disability as a political issue. The study of both individual and social factors and the interplay between them also creates the possibility of disability studies and critical trauma studies meeting, with the latter bringing into focus the experience of going through traumatic events which leave not only physical but also psychological marks and the former emphasizing the consideration of sociocultural factors that impinge on how trauma is experienced by the individual.

From Trauma Studies to Critical Trauma Studies

As Jean Laplanche and Jean-Bertrand Pontalis showed in *The Language of Psychoanalysis*, ‘trauma’, coming from the Greek τραῦμα (meaning ‘wound’ and deriving from τρῶσχω, ‘to pierce’), is a term that has long been used in medicine and surgery that generally designates ‘any injury where the skin is broken as a consequence of external violence, and the effects of such an injury upon the organism as a whole’, and whose implications were extended to other types of injuries (like the ones that cannot be seen on the skin, but are internal). All the three ideas implicit in the term to the psychical level were carried in psychoanalysis: ‘the idea of a violent shock, the idea of a wound and the idea of consequences affecting the whole organisation.’⁴²

If we are to attempt to write a short history of trauma, perhaps the best to start with is Sigmund Freud, the father of psychoanalysis, for whom our emotions were always about the other. Freud used the term ‘repression’ as a key concept in psychoanalysis that signifies a defence mechanism, by which he understood ‘a defence

⁴⁰ Charles Gardou, *Le handicap au risque des cultures. Variations anthropologiques* (Toulouse: Éditions Érès, 2010); *Le handicap dans notre imaginaire culturel. Variations anthropologiques 2* (Toulouse: Éditions Érès, 2015); Patrick McDonagh, *Idiocy: A Cultural History* (Liverpool: Liverpool University Press, 2008); Ato Quayson, *Aesthetic Nervousness: Disability and the Crisis of Representation* (New York: Columbia University Press, 2007) which is reviewed in this special issue.

⁴¹ *Arts and Humanities*, edited by Brenda Jo Brueggermann (Thousand Oaks, CA: Sage, 2012), is an excellent resource.

⁴² Jean Laplanche and Jean-Bertrand Pontalis, *The Language of Psychoanalysis*, Intro. Daniel Lagache (London: Hogarth Press, 1973; Reprinted by Karnac Books, 1988), 665-6.

of the mind under normal and abnormal conditions to neutralize or put out of action unwelcome and unpleasant thoughts.⁴³ Freud would later call the theory of repression ‘the corner-stone on which the whole structure of psychoanalysis rests.’⁴⁴ Early in his career, Freud assumed that neurotic symptoms are provoked by a history of sexual seduction in one’s childhood. His observations on the relationship between the external and internal world, which were later on reformulated in more nuanced terms referring to the conscious/unconscious, referred explicitly to what he called “‘traumatic’ hysteria’ or ‘traumatic neurosis’ and ‘*precipitating trauma*’ whose symptoms he described in detail: ‘neuralgias and anaesthesias of very various kinds, many of which had persisted for years, contractures and paralyses, hysterical attacks and epileptoid convulsions, which every observer regarded as true epilepsy, *petit mal* and disorders in the nature of *tic*, chronic vomiting and anorexia, carried to the pitch of rejection of all nourishment, various forms of disturbance of vision, constantly recurrent visual hallucinations, etc.’⁴⁵ Freud was the first to talk about female hysteria, explained by his theory on the Oedipal complex and which is nowadays the equivalent of trauma linked to childhood sexual abuse (incest, rape). After WW1, Freud returned to his theories on trauma, analysing men returning from the battlefield with trauma. Thus, following Freudian psychoanalysis, trauma became a key concept in clinical psychology that diagnosed a psychological injury that resulted from experiencing an external event that damaged the individual’s self, and went on producing belated negative effects manifested as involuntary symptoms such as compulsive repetitive behaviour, nightmares and flashbacks.

In the sixties, a separation from Freud’s ideas about emotions and repression took place and affect scholars (especially psychologist Silvan Tomkins and his follower, Paul Ekman) put forward the theory according to which the relationship between affect and ideas or meaning seem arbitrary or contingent. They believed that affective processes appear independently of intention or meaning, thus going into the opposite direction of Freud and ‘appraisal theorists’, who claimed that emotions are embodied and related to our desires and beliefs. In 1962, Tomkins published the first volume of *Affect Imagery Consciousness*, followed by the second volume a year later, and two more, one in 1991 and one that was published posthumously⁴⁶ in which he coined the term ‘affect’ by which we understand subjectively experienced feelings.⁴⁷ Affect theory

⁴³ Henry McDonald Spencer, ‘The Psychology of Repressed Emotions (The Revolt Series)’, *The Lotus Magazine* 9.6 (March 1918): 306-13.

⁴⁴ Sigmund Freud, ‘On the History of the Psycho-Analytic Movement’ (1914), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. under the General Editorship of James Strachey, in collaboration with Anna Freud, vol. 14 (1914-1916) (London: Hogarth Press, 1958), 16.

⁴⁵ Breuer, J. and Sigmund Freud, ‘Preliminary Communication’ (1893), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. under the General Editorship of James Strachey, in collaboration with Anna Freud, vol. 2 (1893-1895), 7, original emphasis of terms. See also John Fletcher, *Freud and the Scene of Trauma* (New York: Fordham University Press, 2013).

⁴⁶ Silvan Tomkins, *Affect Imagery Consciousness: The Complete Edition*, ed. Donald L. Nathanson, vol. 1-4 (New York: Springer, 2008 [1962, 1963, 1991, 1992]).

⁴⁷ These feelings can be positive (such as enjoyment/ joy and interest/ excitement), neutral (like surprise) or negative (like anger/ rage, disgust, distress or anguish, fear/ terror and shame/ humiliation). Asked by the editors of the book why he failed to put a comma between the three nouns in his title, he explained that the concepts are interlocked: ‘Affect produces attention that brings its trigger into consciousness, and the world we know is a dream, a series of images colored by our life experience of whatever scenes affect brought to our attention and assembled as scripts.’ (Tomkins quoted in ‘Prologue’, by Donald L. Nathanson (ed.), in *Affect Imagery Consciousness*, vol. 1, xi). In a sense, Tomkins’s explanation makes us

has been taken up both in social science disciplines, like psychology and psychoanalysis, and the humanities (especially critical theory and gender studies), but also in medicine or neuroscience.

By the time Affect theory appeared, trauma studies had rather a clinical than a cultural meaning. Yet, let us not forget that the second half of the twentieth century came with catastrophes (the Holocaust, the Vietnam War), as well as a series of controversies in the United States around the issue of childhood physical and sexual abuse, rape and sexual violence that became public once feminists in the arts and literature decided to break the silence around this topic, after the publication of Susan Brownmiller's book *Against Our Will*⁴⁸ that shattered beyond belief what human beings pretended to know about themselves. As Jane Goodall and Christopher Lee mentioned in *Trauma and Public Memory*, a book that is reviewed in the present issue, clinical studies of psychological trauma intensified following WW2, with the first Diagnostic and Statistical Manual of the American Psychiatric Association in 1952 referring to a syndrome that was 'known as "gross stress reaction", described as a response to the exceptional physical or mental stresses of war and other catastrophic situations.'⁴⁹ Of note is that the Holocaust and the Vietnam War were the two events leading to the medical recognition of the diagnosis of Posttraumatic Stress Disorder (PTSD) into the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*⁵⁰ (1980). This recognition is also due to 'the intense lobbying' (that was 'much a political as a medical and sociological campaign')⁵¹ by mental health workers and lay activists on behalf of Vietnam War veterans'.⁵² The condition of the ones suffering from this sort of recurrent psycho-physiological state of crisis and 'disorder' described as 'post-' (i.e. after) relates to what they face at a present that recalls a past, thus violating temporality; it is characterized, as Goodall and Lee show, 'precisely by an ongoing relationship to traumatic experience not as "post" but as current, as something that continues to make itself present in sensory and physiological terms, through the flashback experience.'⁵³ Survivor guilt was included among the symptoms of PTSD, a symptom that in the latest editions has disappeared from the official list of criteria for PTSD and has been replaced by shame.⁵⁴ The new clinical specialty named psychotraumatology appeared and in 1985 The Society for Traumatic Stress was founded, followed by the *Journal of Traumatic Stress* several years later and 'more

meditate upon the fact that one cannot really consider any factor in isolation, which is also the guiding thread of our issue.

⁴⁸ Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: MysteriousPress.com/Open Road integrated Media, 2013), ebook.

⁴⁹ Jane Goodall and Christopher Lee, 'Introduction', in *Trauma and Public Memory*, eds Jane Goodall and Christopher Lee (Houndmills, Basingstoke: Palgrave Macmillan, 2015), 11.

⁵⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (Washington, DC: American Psychiatric Association, 1980), 236-9. See also *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington, DC: American Psychiatric Association, 1994), 424-9. PTSD appears under the rubric of Anxiety Disorders. See also Nancy C. Andreasen, 'Posttraumatic Stress Disorder: A History and a Critique', *Annals of the New York Academy of Sciences* 1208.1 (2010): 67-71.

⁵¹ Goodall and Lee, 12.

⁵² Paul Lerner and Mark S. Micale (eds), *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (Cambridge: Cambridge University Press, 2001), 2.

⁵³ Goodall and Lee, 3.

⁵⁴ Ruth Leys, *From Guilt to Shame: Auschwitz and After* (Princeton: Princeton University Press 2007), 6.

recent eruptions of nationalistic and genocidal violence, events that psychiatrists have labeled “massive psychic traumata”.⁵⁵

In 1979, television journalist Laurel Vlock from New Haven, Connecticut interviewed the practicing psychoanalyst Dori Laub, a former victim of the Transnistrian camps where Romanian Jews were sent by Marshall Antonescu in 1942. His interview became the first in a huge testimonial enterprise, nowadays known as The Fortunoff Video Archive for Holocaust Testimonies at Yale. Vlock and Laub became the co-founders of The Holocaust Survivors Film Project,⁵⁶ a project in which they conducted fourteen hundred videotaped interviews of Holocaust survivors and witnesses. The archive was moved to Yale University in 1981 and was opened to the public one year later. In 1982, Lawrence Langer published his *Versions of Survival* that focused on the interpretation of survivor memoirs from the archive; here he called for a post-Holocaust revision of ethics, arguing vehemently that traditional ethics is incapable of judging Holocaust victims’ dilemmas and contradictions of their unheroic ‘choiceless choices’, that he defined in his ‘The Dilemma of Choice in the Death-Camps’ as those situations ‘where critical decisions did not reflect options between life and death, but between one form of “abnormal” response and another, both imposed by a situation that in no way was of the victim’s own choosing’.⁵⁷ In 1985, Claude Lanzmann’s *Shoah*, totaling nine hours and resulting from Lanzmann’s work for 11 years was released. It contained the interviews with survivors, witnesses and perpetrators that he conducted in the many visits to four sites across Poland.⁵⁸

With such a background, at the beginning of the eighties, we can speak of the development of trauma theory that initially derived from Freudian psychoanalysis and was a theory of subjective dissociation.⁵⁹ Since a large number of the best-known trauma scholars were psychoanalysts who worked with Holocaust survivors, the Holocaust can be considered germinal for trauma theory. However, trauma theory was also largely fed by medicine, psychology, sociology, law, theology, feminist theory and genocide studies. What really inscribed trauma studies within the humanities instead of the social sciences is the huge interest people in the humanities and, in particular, in literary studies invested in it. Langer’s volume, *Holocaust Testimonies: The Ruins of Memory* performed an analysis of about three hundred of the videotaped interviews existent in the Yale archive. Emphasizing the role of oral Holocaust memories, that of complementing historical studies, Langer explored both what he called ‘common memory’, a mediating type of memory (which normalizes the camp experience so that the survivor can cope with trauma, that mediates ‘atrocities, to reassure us that in spite of the ordeal some human bonds [among the Victims] were inviolable’) and ‘deep

⁵⁵ See Lerner and Micale, 2-4. See also Henry Krystal (ed.), *Massive Psychic Trauma* (New York: International Universities Press, 1968).

⁵⁶ The project was joined by William Rosenberg, President of the New Haven Farband (the only survivor of his Polish-Jewish family of seven children, who was an inmate of seven concentration camps) and Geoffrey Hartman, Sterling Professor of English and Comparative Literature, born in Frankfurt, in 1929 and saved from Hitler’s hell on a Kindertransport to England in 1939 where he spent the war years.

⁵⁷ Lawrence L. Langer, *Versions of Survival: The Holocaust and the Human Spirit* (Albany: State University of New York Press, 1982), 36 and Lawrence L. Langer, ‘The Dilemma of Choice in the Death-Camps’, in *Echoes from the Holocaust: Philosophical Reflections on a Dark Time*, A. Rosenberg and G. E. Myers (eds) (Philadelphia: Temple University Press, 1988), 120.

⁵⁸ The sites are Chełmno extermination camp, where gas vans were used to exterminate Jews, Jews, the death camps of Treblinka and Auschwitz-Birkenau, as well as the Warsaw Ghetto.

⁵⁹ See Antonio Traverso and Mick Broderick, ‘Interrogating Trauma: Towards a Critical Trauma Studies’, *Continuum: Journal of Media and Cultural Studies* 24.1 (February 2010): 3.

memory' which recalled 'the Auschwitz self as it was then.'⁶⁰ His subsequent volumes: *Preempting the Holocaust*⁶¹ examining Holocaust themes in literature and memoirs (with an emphasis on authors like Primo Levi, Elie Wiesel, Cynthia Ozick, Art Spiegelman, Simon Wiesenthal), painting and art installations (Samuel Bak, Judy Chicago) and film (*Undzere Kinder*)⁶² and *Using and Abusing the Holocaust*⁶³ in which, for instance, he revisited Ann Frank's diary and criticised Benigni's film *Life is Beautiful*, made him probably the best known literary critic of Holocaust literature and art and circumscribed once more trauma studies to the Humanities.

The Yale literary critic Shoshana Felman joined Dori Laub (as she modestly confessed, 'a professional interpreter of texts' joined 'a professional interpreter of people'⁶⁴) in the effort to write for six years *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* which became a capital trauma studies text that moves from the literary to the visual, embarking on autobiography, psychoanalysis and history. In the very preface of their book, they mentioned that with the exception of some texts,⁶⁵ the major literary works, films and documents analysed (Camus's novels, de Man's essays, Celan's poetic project, videotaped Holocaust testimonies and Claude Lanzmann's film *Shoah*) were 'all written and produced consequent to the historic trauma of the Second World War', a trauma they considered 'as the watershed' of their times and which their book came 'to view not as an event encapsulated in the past, but as a history which was essentially *not over*, a history whose repercussions were not simply omnipresent [...] but whose traumatic consequences were still actively *evolving*' in the political, historical, cultural and artistic scene of the nineties.⁶⁶ In Chapter 3 ('An Event Without A Witness: Truth, Testimony and Survival'), moving from the *practice of the testimonial*, Laub attempted to come up with the first *theory of testimony*, with all its historical and philosophical lessons and exploration of their psychoanalytic implications.

Two years after this remarkable volume, Dominick LaCapra published his *Representing the Holocaust: History, Theory, Trauma*,⁶⁷ in which, starting from Freud, he distinguished between two forms of remembering trauma: 'working through' and 'acting out'. While the former means gaining critical distance from the traumatic event one had experienced, being able to continue living in the present, putting the past behind although one could not disengage completely from the traumas of the past, the latter is related to repetition. According to LaCapra, people who have undergone a trauma, have the tendency to relive their past without being capable of living in the present. Their flashbacks, nightmares, sometimes words that were compulsively repeated because of past connotations in relation to trauma are proof that they have not managed to work

⁶⁰ Lawrence L. Langer, *Holocaust Testimonies: The Ruins of Memory* (New Haven: Yale University Press, 1991), 6.

⁶¹ Lawrence L. Langer, *Preempting the Holocaust* (New Haven: Yale University Press, 1998).

⁶² Here we may note his criticism of the sporadic impulse to shift the emphasis from the crime, the criminals and the victimized to the question of forgiveness and the need for healing.

⁶³ Lawrence L. Langer, *Using and Abusing the Holocaust* (Bloomington and Indianapolis: Indiana University Press, 2006).

⁶⁴ Shoshana Felman and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992), xiii.

⁶⁵ The texts were from Freud, Dostoevsky and Mallarmé.

⁶⁶ Felman and Laub, xiv.

⁶⁷ Dominick LaCapra, *Representing the Holocaust: History, Theory, Trauma* (Ithaca, NY: Cornell University Press, 1994).

through their trauma, but they are acting it out. LaCapra examines the transference relationship between scholars and their subjects⁶⁸ and also proposes a radical solution to the methodological problem of analogical articulations between concepts of psychological and cultural trauma, pointing out that psychoanalysis could be a discourse that has more affinity with the social and cultural realm than with the level of the individual psyche.⁶⁹ His subsequent *Writing History, Writing Trauma*, whose purpose was ‘to treat trauma and post-traumatic symptoms in a manner that links them to inquiry into other significant problems, including the relations between the individual and society, the political implications of a research orientation, and the limitations and possibilities of an emphasis on melancholia, the sublime, the transhistorical, mourning, acting out, and working through problems that bear on social and political issues’,⁷⁰ looked at examples from testimonies from the Holocaust, with a chapter focusing on Claude Lanzmann’s *Shoah* and the role of the interviewer in survivor testimonies, whose position LaCapra compared with that of the oral historian.⁷¹

After her edited collection *Trauma: Explorations in Memory*, one year later Cathy Caruth published *Unclaimed Experience: Trauma, Narrative*,⁷² a pioneer psychoanalytic book on trauma, starting from Lacan and originating also from Paul de Man’s deconstruction to explain the aporia in consciousness and representation that outlines the traumatic experience. Caruth’s theory was built on the work of renowned contemporary psychologists and psychiatrists such as Judith Herman and Bessel van der Kolk. Caruth explored a number of literary texts and Alain Resnais’s and Marguerite Duras’s film, *Hiroshima mon amour*. Bringing in the idea of ‘belatedness’ at the centre of a theory of trauma and arguing that a traumatic event is accessible only in its return, Caruth suggested that trauma is an experience so intensely painful that the mind of the survivor who was exposed to trauma is unable to process the event under normal circumstances; in Caruth’s view, the narration written by the witness of a trauma is both amnesic and ‘unspeakable’, thus demonstrating that speaking trauma is an unsolvable problem of the unconscious and illuminating the inherent contradictions of experience and language. With Caruth’s discoveries, trauma studies gained significant attention for literary scholars and scholars interested in film, photography, media studies and museum studies, cultural studies, sociology, anthropology, Affect theory and especially memory studies which developed in close partnership with trauma studies.⁷³

⁶⁸ For him, transference means ‘a form of repetition, both in relations among researchers (for example, graduate students/instructors), and perhaps [...] in the relationship to the object of study.’ See Amos Goldberg, ‘An Interview with Professor Dominick LaCapra’, Source: The Multimedia CD ‘Eclipse of Humanity’, Yad Vashem, Jerusalem 2000. Shoah Resource Center, The International School for Holocaust Studies, available at http://www.yadvashem.org/odot_pdf/Microsoft%20Word%20-%203648.pdf [accessed 24 September 2018].

⁶⁹ LaCapra, *Representing the Holocaust*, 173-4.

⁷⁰ Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore: Johns Hopkins University Press, 2014), ix.

⁷¹ LaCapra, *Writing History, Writing Trauma*, 86-113.

⁷² Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996).

⁷³ Although it is impossible to make an exhaustive list, of note are Paul Antze and Michael Lambek’s edited volume *Tense Past: Cultural Essays in Trauma and Memory* gathering contributions from anthropology, history and philosophy of science and psychiatry, that looked into the role of memory, identity and society in trauma studies (New York: Routledge, 1996) and Avishai Margalit’s *The Ethics of Memory* that asks the question of the responsibility we have to remember the past, concluding that one particular community can have, and ought to have, collective memories and venturing a tentative belief in

In 2000, Ruth Leys's *Trauma: A Genealogy*⁷⁴ divided trauma studies in two different directions depending on the way the experience of trauma victims is conceptualized: 'mimetic' or 'anti-mimetic.' According to the first model, trauma victims were regarded as behaving rather like hypnotized people who are unable to distance themselves from the traumatic events they lived through and thus are prone to compulsive repetition of the respective event (or the unconscious imitation of the aggressor or other). In this case, Ruth explains, there are two major disadvantages: on the one hand, the validity of the victim's testimony is questioned: 'because victims are understood as traumatized into a state of imitative-identificatory suggestibility, the mimetic model can't help worrying about the question of hypnotic suggestion and the fabrication of more or less false memories';⁷⁵ on the other hand, the victim is held to be identified with the aggressor and in a sense he/ she becomes complicitous with the violence that was directed against him/her. The second 'anti-mimetic' model offers a different interpretation of imitation in the sense that victims are allowed to see and represent to themselves the trauma that they have experienced, thus not identifying themselves with the perpetrator but rather remaining a spectator to the scene of violence in which they were implicated. In Leys's words,

The antimimetic theory is compatible with, and often gives way to, the idea that trauma is a purely external event that befalls a fully constituted if passive subject. [...] [I]n contrast to the mimetic theory's assumption of an unconscious identification with the aggressor, the antimimetic theory depicts violence as simply an assault from without. This has the advantage of portraying the victim of terror as in no way mimetically collusive with the violence directed against him, even as the absence of hypnotic

the power of healing: 'making the traumatic, repressed communal memories open, explicit, and conscious is said to have healing power,' a belief that otherwise was at the heart of the Truth and Reconciliation Committee in South Africa (evoked by several articles included in this issue) which 'was established with the hope that it will lead to social catharsis — that the truth about the past will, by being revealed, bring reconciliation.' (Cambridge, MA and London: Harvard University Press, 2004), 5. One should also mention also the fact that 'trauma studies and memory studies constantly intersect each other is possibly due to an inherent affinity between their subjects: although not all memory is traumatic, trauma generally is described as a kind of memory (from this view, trauma studies would have to be postulated as a department of memory studies)' (Traverso and Broderick, 5). Kali Tal's *Worlds of Hurt: Reading the Literatures of Trauma* concentrates on survivors of trauma of the Holocaust, the Vietnam War and sexual abuse and incest and the critical debate in the United States around them. (Cambridge: Cambridge University Press, 2004 [1996]). Marianne Hirsch's *Family Frames: Photography Narrative and Postmemory* (Cambridge, MA: Harvard University Press, 1997) analyses the way in which collective memory is constructed from photographic images and develops her own theory on post-memory that reveals the complex relations between witnesses or survivors of trauma and the generations that succeeded them and related to the traumatic events of their ancestors. James E. Young's *The Texture of Memory: Holocaust Memorials and Meaning* (New Haven and London: Yale University Press, 1993) and *At Memory's Edge: After-Images of the Holocaust in Contemporary Art and Architecture* (New Haven and London: Yale University Press, 2000) as well as Silke Arnold-de Simine's *Mediating Memory in the Museum: Trauma, Empathy, Nostalgia* (Houndmills, Basingstoke: Palgrave Macmillan, 2013) look at a range of museums at the interface between memory and museum studies. See also, Paul Williams, *Memorial Museums: The Global Rush to Commemorate Atrocities* (Oxford and New York: Berg, 2007) and Arleen Ionescu, *The Memorial Ethics of Libeskind's Berlin Jewish Museum* (London: Palgrave Macmillan, 2017).

⁷⁴ Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000).

⁷⁵ Ruth Leys and Marlene Goldman, 'Navigating the Genealogies of Trauma, Guilt, and Affect: An Interview with Ruth Leys', *University of Toronto Quarterly* 79.2 (Spring 2010): 658.

complication as regards the reliability of his testimony shores up the notion of the unproblematic actuality of the traumatic event.⁷⁶

In *Trauma: A Genealogy*, Leys puts forward a critique of Caruth's theory, that she associates with affect programme theorists and in particular to Bessel van der Kolk's work. Caruth asserted that trauma cannot be generalized but seen from the different positions the ones involved in the traumatic event had: victims, perpetrators and witnesses. Leys urges for the revision of the classical model of trauma foregrounded in the unrepresentability of the traumatic event in an attempt to move beyond an aporetic understanding of trauma, investigating both intersubjective and intrasubjective psychic processes of healing. In Leys's opinion, although coming from different angles, Caruth, Van der Kolk and de Man shared 'a commitment to the idea that trauma lies outside all representation because under conditions of trauma the ordinary mechanisms of consciousness and memory are temporarily destroyed', with the result of what they claimed to be 'an undistorted, material, or "literal" registration of the traumatic event [...] that cannot be known or represented but returns belatedly in the form of "flashbacks" and other repetition phenomena'; showing that 'today's affect theorists similarly espouse an anti-intentionalist or materialist position', making trauma theory and affect theory overlap.⁷⁷ Leys also takes distance from the implications of Affect theory for artistic and literary criticism and its adoption in approaches to trauma theory.⁷⁸

The new millennium brought about cataclysms⁷⁹ (environmental catastrophes such as tsunamis, floods, earthquakes and fires) and new traumas in the mental collective: 9/11, other terrorist attacks, the post-9/11 war on terror as well as the advancement of knowledge in medicine, psychiatry, psychoanalysis in exploring traumas of patients suffering from neurodegenerative disorders, such as Alzheimer or Parkinson that, even if they were existent before, were neither understood nor talked about at the end of the century.⁸⁰ Trauma started to be interrogated, to make use of

⁷⁶ Leys, *From Guilt to Shame*, 9.

⁷⁷ Leys and Goldman, 677. Also, in a sense, taking distance from classical trauma studies, *The Journal of Literary Studies* recently published a special issue on 'Mending Wounds? Healing, Working Through, or Staying in Trauma: An Introduction', co-edited by John Masterson, David Watson and Merle Williams. This issue raised the question whether cultural narratives of trauma can contradict classical trauma theory which failed in discussing the efficacy of working through traumas and explore the endurance of trauma without looking at the possibilities for its resolution. Proclaiming autobiographies as the accounts that allow 'victims to rewrite the histories that their interrogators have written for and of them, only to find themselves rewritten again by their readers,' the editors put forward the narratives of the contributors to the special issue concerning the healing and mending of wounds suggesting 'that trauma theory has given premature closure to discussions concerning the efficacy of working through traumas.' (29.2 (2013): 4 and 2).

⁷⁸ Ruth Leys, 'The Turn to Affect: A Critique', *Critical Inquiry* 37 (2011): 434-72.

⁷⁹ See Dan Diner, *Cataclysms: A History of the Twentieth Century from Europe's Edge* (Madison, WI: University of Wisconsin Press, 2008).

⁸⁰ Of note are the works of Catherine Malabou who published her first work (*Que faire de notre cerveau?*) in 2004, in which she coined the term *plasticity* (*What Should We Do with Our Brain?* Foreword by Marc Jeannerod, trans. Sebastian Rand (New York: Fordham University Press, 2008), 4). Her next book, *Les nouveaux blessés: De Freud à la neurologie; penser les traumatismes contemporaines* in 2007 introduces a radically new framework that stages a confrontation between psychoanalysis and contemporary neurobiology, within which to conceptualize traumatic events and their impact on the cartography of an individual's brain. Malabou works on those that she calls 'the new wounded,' brain lesion patients who were victims of accidental traumatismes, chronic degenerative maladies or different forms of extreme violence devoid of reason, patients whose brain was affected and who cannot

Traverso and Broderick's term in their issue dedicated to the turn of trauma towards critical trauma studies, a branch of trauma studies which considers both those who study trauma and those who experience and narrate it as a personal and embodied event, looking at the way in which the two parties inform each other. Critical trauma studies deals with how social relations and cultural meanings produce trauma in two ways: on the one hand, through class, gender, race, sexuality, social relations can denigrate and oppress individuals, on the other hand, trauma can be socially constructed.⁸¹ On the outset of their issue, the two editors underlined that interrogation 'does not involve a blind rejection of this theory,' but rather an awareness of the fact that '[t]rauma has progressively become a key notion in discussions that interrogate the links between social history, subjective experience, and cultural representation.'⁸² Acknowledging important voices in the field,⁸³ they stressed the 'urgent need to reassess the study of the cultural engagement with historical suffering caused by political conflict, in terms of new inter-disciplinary and inter-cultural methodological perspectives', a need that was reflected in their 'movement beyond trauma – not in the ethically and politically unsustainable sense of turning away from a humanistic concern with social suffering and social justice but in the sense of opening up the scope of interpretation most familiar to trauma studies.'⁸⁴

Monica Casper and Eric Wertheimer's edited collection *Critical Trauma Studies: Understanding Violence, Conflict and Memory in Everyday Life*⁸⁵ dealing with war scenes in Afghanistan and Chechnya, Iran's Evin Prison, the Holocaust, sexual assault and racial violence in America, the devastation of Hurricane Katrina made a step forward towards surpassing the different intellectual boundaries of trauma studies. The editors claim 'to seek to foster a new humanities', which is 'keen to meld the scientific with the affective',⁸⁶ yet in spite of holding the view that 'neuro-stories are rapidly becoming hegemonic explanations and depictions of human life'⁸⁷ do not include a chapter on neuroscience but keep a certain subjectivity especially in the middle section

communicate their trauma through language, as the very centre of their psychical life was destroyed. As she states, in the case of a brain lesion, the external character of the accident remains external to the psyche itself. It remains exterior to the interior. It is constitutively inassimilable.' (*The New Wounded: From Neurosis to Brain Damage*, trans. Steven Miller (New York: Fordham University Press, 2012), 5.)

⁸¹ These definitions also paraphrase Maurice Stevens, *From the Past Imperfect: Towards a Critical Trauma Theory*, which is a forthcoming book. See *The Semiannual Newsletter of the Robert Penn Warren Center for The Humanities*, Vanderbilt University, 17.2 (Spring 2009): 1-5; https://www.vanderbilt.edu/rpw_center/Letters/letters09.pdf [accessed 24 September 2018]. Stevens explains the evolution of the concept of trauma as follows: '[r]ather than thinking of trauma as an identifiable and discrete event that must have occurred at some specific point in time and place, it can be more usefully understood as a cultural object whose meanings far exceed the boundaries of any particular shock or disruption; rather than being restricted by the common sense ideas we possess that allow us to think of trauma as authentic evidence of something 'having happened there', a snapshot whose silver plate and photon are analogues to the psyche and impressions fixed in embodied symptoms, the real force of trauma flowers in disparate and unexpected places' (3).

⁸² Traverso and Broderick, 4.

⁸³ Susannah Radstone, *Getting over Trauma*, forthcoming; Jill Bennett, *Empathic Vision: Affect, trauma, and Contemporary Art* (Stanford: Stanford University Press, 2005); Andreas Huyssen, *Present Pasts: Urban Palimpsests and the Politics of Memory* (Stanford: Stanford University Press, 2003).

⁸⁴ Traverso and Broderick, 9.

⁸⁵ Monica J. Casper and Eric Wertheimer, *Critical Trauma Studies: Understanding Violence, Conflict and Memory in Everyday Life* (New York: New York University Press, 2016).

⁸⁶ Casper and Wertheimer, 2.

⁸⁷ Casper and Wertheimer, 5.

on ‘Poetics’, which, as Christopher Powell ventured to warn, may challenge and frustrate sociologists with their ‘intense subjectivity’, yet which ‘are worth wrestling with for the insights they offer into the affective experience of trauma.’⁸⁸

In a sense, Casper and Wertheimer’s idea that ‘critical trauma studies suggests a radical inquiry into how social systems, personal experience, and biophysical (including neurological) mechanisms all co-produce each other’⁸⁹ is also the one on which our issue is based in our belief that an inquiry into the encounters between disability studies and critical trauma studies could reflexively map how both the traumatizing experiences of disability and the concept of trauma can produce new social orders. It is perhaps time now to make a new step forward and suggest an opening of critical trauma studies towards disability studies, a suggestion that was tentative in the work of Casper before, as will be shown in the following part.

Apart from Tobin Sieber’s analysis of ‘trauma art’ in a chapter of his 2010 book *Disability Aesthetics* that also refers to Caruth’s work, Daniel R. Morrison and Monica J. Casper are among the first specialists to suggest that trauma and disability may be fruitfully conceptualized as embodied manifestations of social classification systems.⁹⁰ Their proposal was that disability studies have created the possibility to meet trauma studies, due to the work of disability scholars in ‘moving disability beyond the body to the broader social, political, and cultural contexts in which bodies are located and which give them meaning’.⁹¹ Such a relocation of disability studies together with recasting ‘disability as something more than inherently traumatic and traumatizing’ created the possibility of looking at disability through the lens of trauma studies in spite of the fear of a refocus on ‘acts of disabling’, those ‘moments of bodily breach and psychic tear’.⁹² For Morrison and Casper, it was precisely within such ‘moments of wounding *and their aftermath* that human bodies become the ideal corporeal screen upon which are inscribed notions of the normal and the pathological’, an issue that was investigated by other disability studies scholars like Lennard J. Davis⁹³ and Monica J. Casper herself in collaboration with Heather Laine Talley⁹⁴ and has elements in common with critical trauma studies that also ‘theorized disruptions, breaks, shocks, and ruptures that mark deviation from situations perceived as normal or mundane.’

The trauma of brain injury, with its related impairments, will never completely disappear after the event that caused it and will forever remain inscribed upon the body and the mind of the wounded. For Maurice Stevens, such ‘marks’ (broken bodies, forever alienated minds) became part of incomplete narratives that are also investigated by trauma studies in order to better understand the way in which ‘ruination’ was

⁸⁸ Christopher Powell, ‘Book Review/ Compte rendu: Casper, Monica J. and Eric Wertheimer, eds *Critical Trauma Studies: Understanding Violence, Conflict, and Memory in Everyday Life*’, *Canadian Journal of Sociology/ Cahiers canadiens de sociologie* 41.3 (2016): 442.

⁸⁹ Powell, 443.

⁹⁰ Daniel R. Morrison and Monica J. Casper, ‘Intersections of Disability Studies and Critical Trauma Studies: A Provocation’, *Disability Studies Quarterly* 32.2 (2012): no pagination, <http://dsq-sds.org/article/view/3189/3073> [accessed 15 September 2018].

⁹¹ Morrison and Casper.

⁹² Morrison and Casper.

⁹³ Lennard J. Davis (ed.), *The Disability Studies Reader*, 3rd ed. (New York: Routledge, 2010).

⁹⁴ See Monica J. Casper and Heather Laine Talley, ‘Feminist Disability Studies’, in *The Encyclopedia of Sociology*, ed. George Rizer (Hoboken, NJ: Wiley-Blackwell, 2007), 1696-701.

achieved.⁹⁵ Thus, intersecting the two apparently disconnected fields of disability and critical trauma studies could create the premise of moving us ‘beyond stigma and its necessary amelioration and beyond curb cuts to a broader recognition of the temporal and socio-historical aspects (e.g., geopolitics, social suffering, lack of adequate health care, social and economic injustice) that are instantiated through the categories of disability and trauma and the classifications of people into these categories.’⁹⁶

Morrison and Casper show that, by focusing on stigma, especially when in relation to the ‘pathological’ body, disability studies ironically, while working ‘to expunge definitions of abnormal from the body’, maintained them precisely because of their attempt to erase from their discourse ‘wounds, impairment and pain’ and focussing on a disabled body that is ‘socially constructed (not material) and whose agency is posited as being in struggle and resistance against the normative culture.’⁹⁷ This is why they propose a refocus on the body as ‘a link between the categories of “disability” and “trauma”’, on wounding, on ‘the larger social forces that produce “trauma”, that damage bodies, and that continue to shape what the traumatized body read as “disabled” can be and do.’⁹⁸ This refocus is in fact in line with that called for by some disability studies scholars to engage with issues of embodiment. Another refocus they suggest is connected to the notions of time and space in disability versus trauma studies. While for disability studies, especially for its early proponents, disability was ‘an acute, singular thing, static in time and place’, critical trauma studies were always interested in examining not only the present but also the ‘pre- and post-wounding conditions’,⁹⁹ a concern that we share as editors of this issue and that many authors of the different articles included here have tackled to.

Moreover, Alison Kafer has argued that the failure to engage the traumatic effects of disability constricts the work of specialists in disability studies, stressing the necessity of disability theories of trauma, mourning and loss.¹⁰⁰ Disability studies scholars like James Berger point out that the origin of the impairment is not important, since disability studies relates in the same way to both congenital or trauma-induced impairment.¹⁰¹ In the same direction, Daniel Morrison and Monica Casper focus on the silence around the traumatic origins of many disabilities.¹⁰² Unlike them, Kafer suggests that ‘attending to violence and trauma does not run counter to but is actually an essential part of critical theories of disability.’¹⁰³ Kafer, the victim of a fire when she was very young, identified herself with a community of disabled people who had to keep to herself the trauma of the accident that produced her disability. Thus, she feels the need to speak her trauma out loud:

⁹⁵ Maurice E. Stevens, ‘Trauma’s Essential Bodies’, in *Corpus: An Interdisciplinary Reader on Bodies and Knowledge*, eds Monica J. Casper and Paisley Currah (New York: Palgrave Macmillan, 2011): 171-86.

⁹⁶ Morrison and Casper.

⁹⁷ Morrison and Casper.

⁹⁸ Morrison and Casper.

⁹⁹ Morrison and Casper.

¹⁰⁰ Alison Kafer, ‘Un/Safe Disclosures: Scenes of Disability and Trauma’, *Journal of Literary and Cultural Disability Studies* 10.1 (2016):1-20.

¹⁰¹ See James Berger, *The Disarticulate: Language, Disability, and the Narratives of Modernity* (New York: New York University Press, 2014): 164.

¹⁰² Morrison and Casper.

¹⁰³ Kafer, 6.

Too often we act as if the celebration of crip communities and identities, the imagining of crip futures, somehow erased the histories of trauma that many of us bear alongside disability, but sometimes all it does is repress them, cover them over, shut them up. We act as if how we became disabled, or how we may have been traumatized by our encounters with medicine, no longer matters, or does not matter in such spaces.¹⁰⁴

Thus, she feels not only to relate her disability to ‘the pain or distress of stigma’¹⁰⁵ noting in passing what Elizabeth J. Donaldson and Catherine Prendergast remarked: ‘there is definitely no crying in Disability Studies.’¹⁰⁶ Kafer believes in the possibility to heal the psychological effects of the wounds that disabled bodies, because, as she quotes Susan Brison, ‘attempting to limit traumatic memories does not make them go away’ but ‘narrating a traumatic memory can help to defuse it’.¹⁰⁷

Encounters between Disability Studies and Critical Trauma Studies

What Kafer suggests, to ‘make room for explorations of how we discuss and respond to’ histories of trauma and/or mental disability¹⁰⁸ and to advocate ‘a deep reckoning with it [trauma] – theoretically, politically, personally, collectively’,¹⁰⁹ was the core of our call for articles that emphasized that the meeting of disability studies and critical trauma studies provides the opportunity to focus both on sociocultural factors as well as the wounds, impairment and pain of the disabled person, categories which are more important for trauma studies. Such a meeting can also ensure that those who in the past have felt left out of disability studies, and have not felt that they were represented by the disabled people’s movement, can find a place within the former and can benefit from the achievements of the latter. At the same time, we believe that trauma studies should open up towards disability studies, since there are many disabling effects that need to be treated not only as naïve ‘trigger warnings or naïve calls for safe spaces, but that require political and theoretical attention.’¹¹⁰

This issue takes its cue from the links between the categories of disability and trauma, redirecting attention to bodies and minds and their un/seen wounds and the intersection with un/seen wounds and trauma inflicted by society and culture. The call for articles for our issue sought to bring together reflections on experiences of disability and trauma, taking into account the manifold interpretations and theories, inviting an examination of topics of interest like: the lived experience of pain, reflections on acquiring a disability and/or undergoing trauma, voicing the experience of disability and trauma, auto/biographical and fictional narratives featuring disability and trauma, embodiment and enmindment, wounds as representations of disability, stigma related to the gendered/racialized/disabled body, hierarchies of empathy in relation to physical and mental disability or trauma, affinities between literary/critical theory and disability studies and critical trauma studies, cultural meanings of trauma and disability, disability

¹⁰⁴ Kafer, 9.

¹⁰⁵ Kafer, 12.

¹⁰⁶ Elizabeth J. Donaldson and Catherine Prendergast, ‘Introduction: Disability and Emotion: “There’s No Crying in Disability Studies”’, *Journal of Literary and Cultural Disability Studies* 5.2 (2011): 129.

¹⁰⁷ Susan J. Brison, *Aftermath: Violence and the Remaking of a Self* (Princeton, NJ: Princeton University Press, 2002), 58, 71.

¹⁰⁸ Kafer, 17.

¹⁰⁹ Kafer, 18.

¹¹⁰ Kafer, 18.

and trauma in the arts, literary explorations of disability studies and critical trauma studies and their correspondences and differences, cinematic, TV and documentary representations of disability studies, critical trauma studies and their articulations, questioning intersections between disability studies and critical trauma studies, representations of disability in the works of critical theorists.

The present issue deals with human experiences associated with abuse, war and violence, disaster and accident and raise fundamental questions about how traumatic events may register upon a wider public. It is structured in three major sections: the first section *Autoethnographies Voicing Experiences of Disability through the Lens of Trauma Studies*, the second, *Fictional Narratives Featuring Encounters between Disability Studies and Critical Trauma Studies in Films and in Literature* and the third, *Biographic Accounts at the Intersection between Disability Studies and Critical Trauma Studies*, focusing on several case studies and followed by a section comprising an article-review on two major books in the field of Disability Studies.

The first section, *Autoethnographies Voicing Experiences of Disability through the Lens of Trauma Studies*, combines the clinical and the personal of two authors who experienced both disability and trauma and maintained their subjectivity in navigating through the experiences they encountered and contributors who (although relating to their own story) approached it from an intellectual point of view, preferring detachment to the personal. The section is entitled ‘autoethnographies’, since all articles included here are based on the research method known as autoethnography (‘auto-‘ from the Greek *αὐτός* meaning ‘self’, about one’s self, ‘ethno-‘ from the Greek *ἔθνος* that means ‘people, nation, class, caste, tribe; a number of people accustomed to live together’ and ‘graphy-‘ from or suggested by the Greek *γράφω* and the Latin *graphia* that is ‘writing’), a term that was coined by Walter Goldschmidt for whom any ‘autoethnography’ focuses around the self and reveals, ‘personal investments, interpretations, and analyses’.¹¹¹ Although it is only Douglas E. Kidd who explicitly names his method of research autoethnography, all contributors of this section navigate through their personal experiences, traumatic memories characterized by involuntary incoherent sensations, often accompanied by a sense of pointlessness that they find overwhelming and sometimes hard to narrate. They cast views on the way into which their autobiographies became part of a narrative dealing with disability/trauma and engaging with cultural, social and political aspects. As Laura Ellingson and Carolyn Ellis emphasized, since autoethnography is a broad and ambiguous ‘category that

¹¹¹ Walter Goldschmidt, ‘Anthropology and the Coming Crisis: An Autoethnographic Appraisal’, *Anthropologist* 79.2 (1977): 293-308. Autoethnography started to be employed fully in 1994, when Norman K Denzin and Yvonna S. Loncoln published the first *Handbook of Qualitative Research* with Sage Handbooks to better explain the importance of autoethnographic use and when Altamira Press initiated the series entitled *Ethnographic Alternatives*, edited by Arthur Bochner and Carolyn Ellis, with the purpose of setting up and at the same time highlighting ‘experimental forms of writing, in response to the ever-present “crisis of representation” that affects all qualitative research’ (See also Jean Rath, ‘Review Essay: Ethnographic Alternatives’, *Qualitative Research* 1.1 (2001): 111-14). From the many definitions given to autoethnography, we retain one more that points out the subjectivity of the one who employs it, thus moving away completely from limiting the self: for Garance Maréchal, ‘autoethnography is a form or method of research that involves self-observation and reflexive investigation in the context of ethnographic field work and writing’. See ‘Autoethnography’, in *Encyclopedia of Case Study Research*, eds Albert J. Mills, Gabrielle Durepos and Elden Wiebe, vol. 2 (Thousand Oaks, CA: Sage Publications, 2010), 43.

encompasses a wide array of practices',¹¹² there are two ways in which one can divide it: analytic autoethnography (by which the researcher develops theoretical explanations of broader social phenomena) and evocative autoethnography, centred more on narrative presentations evocative of emotional responses.¹¹³ Thus, while Ann Millett-Gallant's collage-essay, Douglas E. Kidd's article and Shahd Alshammari's account are evocative autoethnographies (otherwise the order in which they are aligned in the table of contents responds anti-climatically to the degree of subjectivity and emotional response to their lived experiences of impairment and disability coming with all their traumas, ruptures that produce fragmentations in their narratives), Sarah Redikopp's essay is an analytical autoethnography on Borderline Personality Disorder (BPD) in which her own story can be only seen in an explanatory note on the positionality and epistemic orientation of the essay: 'I enter into this work as a queer borderline advocating for borderline knowing and for recognition of our lived experience and our uncontrollable emotions as valid forms of counter-knowledge – for lack of a better term, an 'outsider within'; a borderline in the academy' (79).

Responding to the question of how art can have a therapeutic effect for the ones who have sustained injuries, in 'Mind and Body Transformations through Visual Art', Ann Millett-Gallant proposes to her readers a close reading of disability and trauma through the lens of her own story. She admits that through art history and art therapy, she has 'cathartically mediated conscious and corporeal loss'. Her essay is written in the form of a collage-like analysis of her life after the accident in which she lost her memory, part of her skull, much muscular movement and her mobility in parallel with the composition of a mixed media artwork entitled *Re-Membering* and engaging with Cathy Caruth's theories of trauma and different theories on art therapy put forward by Margaret Nauremburg, Edith Kramer, Judith Rubin, Elinor Ulman and Bernard Levy, Mayra Levick and others. The key visual examples analysed by Ann Millet help the reader understand better issues of disability, trauma and mind/body transformations.

Douglas E. Kidd's 'Neurodivergence Enminded/Embodied: Living with Severe Traumatic Brain Injury' is an evocative autoethnographical account, combined with accounts on his brother, Richard Kidd's story, that evokes the experiences of people who survived severe traumatic brain injury (TBI) in the context of persons with disabilities (PWDs) living in the United States and the world. While Richard's experience is one of abuse and neglect coming from the society, Douglas's is one of recovering and enhancing his abilities (both physical and emotional) to meet challenges of the nondisabled society. In a highly subtle narration of different episodes of emotional instability, temporal dissonance, Kidd highlights the main changes his person had to come to terms with after the automobile collision he was involved in and shows how after his identity was reduced 'to a collection of cells struggling for survival in an indifferent universe' (49), he moved through trauma, coma and amnesia to a new life in which the works of disability scholars like Ervin Goffman, Nancy Eiesland, Rosemary Garland-Thomson had an impact in his deciphering his very own condition and relation to the outside world. With their help, he started to express his cognitive, emotional, psychological and physical impairments being positive about how much they enriched the expression of his humanity.

¹¹² Laura L. Ellingson and Carolyn Ellis, 'Autoethnography as Constructionist Project', in eds J. A. Holstein and J. F. Gubrium, *Handbook of Constructionist Research* (New York: Guilford Press, 2008), 449-50.

¹¹³ See Ellingson and Ellis, 445.

Shahd Alshammari's 'On Being Woman, Other and Disabled: Navigating Identity' interrogates disability and trauma studies by focusing on the different psychological traumas of a woman of mixed origin (with a Bedouin father and a Palestinian mother), diagnosed with Multiple Sclerosis (MS), 'an illness that called into question every definition of "self"' (37). Concentrating on the stigmatization of one's body, and from here engaging with discursive discussions on stigma and shame, she engages with themes such as shame, exclusion and, ultimately healing, writing herself and her body into a larger narrative that lays at the border between disability studies and trauma studies in her search for liberation from the oppressive social structures of society.

Sarah Redikopp's 'Borderline Knowing: (Re)Valuing Borderline Personality Disorder as (Counter) Knowledge' is a case study of Borderline Personality Disorder (BPD) from the perspectives of feminist, critical psychiatry and Mad critiques that medicalize trauma which intends to ameliorate the different critiques presented in the essay by engaging BPD as both a psychiatric diagnosis and as a (non-pathological) response to traumatic experiences. Engaging with concepts such as 'borderline standpoint' as a subversive epistemology, 'cripistemology', queer-crip trauma time, the author engages with the borderline standpoint, arguing that an engagement with borderline knowing/feeling must be contextualized and trauma-informed. Redikopp's conclusion is that 'witnessing and valuing the borderline is a fundamental challenge to Western epistemic regimes which would rather have the borderline medicalized, erased and silenced' (91).

The second section offers thought-provoking insights into several films, a theatre representation, an 18th century literary work and an autobiography.

Sasha Dilan Krugman's article 'Reclamation of the Disabled Body: A Textual Analysis of Browning's *Freaks* (1932) vs Modern Media's Sideshow Generation' scrutinizes Tod Browning's 1932 film *Freaks*, in relation with contemporary texts such as *American Horror Story: Freakshow* and the reality television series *Freakshow*, via the works of trauma and disability studies scholars like Judith Butler, Rosemarie Garland-Thomson, Adrianna Cavarero and Lennard Davis. Krugman's conclusion is that although in time freakshows changed their approach to 'the intelligible gaze and the unintelligible body', these ones 'remain at odds' and in the sphere of trauma.

Josephine Barnett's 'Setting the Stage for Bridging Disability and Trauma Studies: Reclaiming Narrative in *Amy and the Orphans*' focuses on the world of the theatre. *Amy and the Orphans*, a play written by Lindsey Ferrentino, brings to the fore the encounters between disability studies and critical trauma studies from the point of view of the social construction of meaning and identity. Barnett attempts to demonstrate that defining Amy, a character with Down Syndrome whose experiences of abuse are essential for the understanding of the character, through both disability studies and trauma studies will enable the viewer of this play to reflect upon matters such as the origins of stigma and will reveal how theatre can be used as a tool of resistance to reclaim agency through performances that challenge conventional 'disability' stereotypes.

Tracy Anne Travis's 'To Leap First Down into The Trench: *Tristram Shandy*'s Critique of The Wounds of War' is an excellent close-reading of Laurence Sterne's novel from the perspective of the theory of Moral Injury (which the author considers 'long present but largely unnamed in war literature') and trauma studies that, in the author's view, offers a better perspective on the ambiguous trauma suffered as a

soldier, thus becoming ‘a critical commentary on the social structures and circumstances that lead to the experiences of wounded veterans’ (149). Approaching the novel from such an angle, rather than the tempting diagnosis of Post-Traumatic Stress Disorder (PTSD), Travis’s analysis ‘allows for a more holistic understanding’ of Uncle Toby’s critical commentary on the mysterious wound he has got in the groin during the Nine Years War (149).

Kurt Borg’s ‘Narrating Disability, Trauma and Pain: The Doing and Undoing of the Self in Language’ is a close reading of Christina Crosby’s disability memoir *A Body, Undone: Living On after Great Pain*, through the philosophical works of Judith Butler. Borg defines the memoir as a ‘bold portrayal of living with chronic neurological pain’ that ‘provides a critique of dominant disability discourses that affect the social formation and reception of disability narratives’ (169). The author brings the works of Crosby and Butler together for their complementary ideas on corporeal vulnerability, the precariousness of life, relationality and interdependence. He shows how the social model of disability studies has failed to account for the traumatic dimension embedded in experiences of pain and loss brought about by physical impairments. Borg investigates the ‘unsharable and uncommunicable’ (177) dimension of Crosby’s disability which is not a narrative unilaterally characterizing the disabled subject as strong, resilient, autonomous and which does not bracket the traumatic dimension of disability but on the contrary emphasizes the debilitating physical pain that the accident she was involved in brought about as well as many traumatic aspects of her disability consisting in the intense grief for lost bodily functions, abilities and life possibilities. Concluding that Crosby ‘continually highlights the rich meanings that grief continues to have in her life’ and that ‘she can only *live on through grief*, not as something she must overcome but as hope that guides her onward’ (183), Borg reflects on the therapeutic nature of Crosby’s memoir and the relation between disability studies and trauma theory.

Katherine E. Smith’s “‘It’s a Pity and a Sin’”: Images of Disability, Trauma and Subverted Power in Disney’s *Beauty and the Beast*’ explores parallels between society’s treatment of those with disabilities and the characters in Disney’s 1991 and 2017 versions of *Beauty and the Beast*. Mirroring the line ‘it’s a pity, it’s a sin’ in order to show how Disney used the Beast in order ‘to showcase antiquated stereotypes of the disabled body’ (111), such the perception of The Beast as a creature that became disabled due to its moral deficiencies, Smith compares Gabrielle de Villeneuve’s text with the films and points out those deviations from the text in order to connect with a disability stereotype. Smith does not stop only at pointing out the shortcomings of using such stereotypes, but, with the help of Wolf Wolfensberger’s classifications of deviancy and disability, seeks to demonstrate that Disney ‘continues to promote pejorative images of the disabled body’ (111). Using trauma theory, Smith illustrates how the curse of the Beast is a source of trauma and reveals how Disney ‘skips the recovery period of a traumatic experience because aftereffects of trauma don’t make for immediate resolution’ (125), which would be in contradiction with the happy ending spectators of *Beauty and the Beast* would expect.

Nontsasa Nako’s ‘Invincible yet Vulnerable: Race, Disability and Trauma in South Africa after Oscar Pistorius’ presents one of the most mediatized cases of a trial of a disabled person in South Africa and worldwide. Everybody must have heard of Paralympian and Olympian Oscar Pistorius’s trial in which he was accused of killing his girlfriend, Reeva Steenkamp on the morning of Valentine’s Day in 2013. Nako presents

the multiple faces of one of his many defences that was related to his disability that made him ‘over-react’ on that night. Nako analyses this defence as the link between the two extremes claimed by Pistorius’s public persona, that of ‘invincibility and vulnerability – extreme physical ability epitomized by sterling sporting prowess and fear of victimisation because of his physical limitation’ and at the prevailing social attitudes toward disability and disabled people, particularly in post-apartheid South Africa, a country which set up the Truth and Reconciliation Commission (TRC) in 1995 in order to ‘enable South Africans to come to terms with their past on a morally accepted basis and to advance the cause of reconciliation.’¹¹⁴ In Nako’s opinion, ‘the corrosive legacy of TRC created rich ground for white victimization and popularised the medical model of trauma’ (187).

Although Sharon D. Raynor’s ‘The Double Consciousness and Disability Dilemma: Trauma and the African American Veteran’ that presents the story of the author’s own father does not directly invoke Ellen Samuel’s work, it certainly goes into the direction she suggested: moving away from the contradictory medico-administrative definitions of disability.¹¹⁵ Louis Raynor, an African American drafted into the U.S. Army at the age of eighteen in 1966 and serving in Vietnam with the 3rd Squad/5th Cavalry, 9th Infantry Division (Black Knights) during the Tet Offensive between 1967 and 1968, stands for the many veterans who never imagined themselves ‘maturing into a disabled veteran at the age of forty-three with an identity based on a myriad of social constructions’. Sharon D. Raynor takes the hard exercise of detaching herself as a witness of all the wounds of her father, presenting to us a case study in which she advocates the need of bridging the gap between disability studies and critical trauma studies via W.E.B. DuBois’s ideology of double-consciousness, critical race theory and cultural studies in order to address how the traumatized and disabled African American Vietnam war veterans are further marginalized by society in relation to issues of race, class and gender.

The mixture of subjects that have been examined by the contributors to this special issue is testimony to the rich potential inherent in encounters between disability studies and critical trauma studies. The issue includes authors who analyse their own experiences of disability and trauma, others who analyse other people’s experiences, whether it is about a family member, about a celebrity or simply an autobiographical account written by a disabled person. Still others have focused on novels, films or the theatre. There is also much more to consider and it is hoped that this special issue will also serve as an invitation for other authors to delve into these encounters.

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¹¹⁴ Mr Dullah Omar, former Minister of Justice. See the official site at <http://www.justice.gov.za/trc/> [accessed 16 September 2018].

¹¹⁵ Ellen Samuels, *Fantasies of Identification: Disability, Gender, Race* (New York: New York University Press, 2014).

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