Article

Polio monologues: translating ethnographic text into verbatim theatre

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Abstract

Mass vaccination programmes mean that poliomyelitis is almost a forgotten memory in the Global North. But in reality its effects continue as many people who contracted paralytic polio in childhood may develop functional deterioration (Post-Polio Syndrome or PPS) in later adulthood; mass migration and escape from violence means that it is also re-emerging in contemporary societies. Thus it is crucial for different audiences to have opportunities to engage with, and understand the life histories of polio survivors and their personal experiences of disease and disability across biographical and historical time. This article discusses the process of using recorded delivery verbatim techniques, with disabled and non-disabled actors, to translate ethnographic research about social history of polio into a creative accessible medium for new generation audiences to learn about the hidden, often contested, histories of disability and disease that may collide with professional, medical and public discourse. Our contention is that ethnodrama can give a voice to the voiceless, and enable them to contribute to the production of new knowledge, health interventions and policy instruments that affect their lives.

Keywords

disability, life history, polio, recorded delivery, theatre

Introduction

Increasingly, in today's text-based society, there is a call to adapt and translate academic research into forms that are accessible to a diversity of stakeholders in order to accelerate

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its impact beyond the academic gates. Such thinking informed the *Polio Lives* study – a two stage pilot study which explored the potential of interdisciplinary methodologies to exchange and communicate knowledge about the social history of polio to different communities in creative ways. The first stage involved conducting five life history interviews with survivors of childhood paralytic polio, contracted during the UK polio epidemic in the 1940s and 1950s. Selected quotes from these transcripts are used to illustrate various points throughout the article. The second stage of the study involved collaborating with Birds of Paradise theatre company to run two workshops to explore how to tell the story of polio through recorded delivery verbatim methodologies. This article will report on the collaborations and the process of re-interpreting life history data into a theatrical performance. It discusses the challenges and debates concerning the representation of disability on stage, including the conventions of performance used to demonstrate the physical, social and psycho-emotional implications of having an impairment, without impersonating the disabled character (Kemp, 2013; Shah et al., 2014).

Young people's understanding of historic disease and disability is, more often than not, likely to be framed by a repertoire of cultural scripts, in relation to literature, film and theatre (Garland-Thompson, 1997; Kempe, 2013; Mitchell and Snyder 2000). These representations, collected over time and from different spaces, inevitably shape their own imaginings of how people lived in that 'foreign country' of the past (Lowenthal, 1985). However such constructions may be narrow and based on stereotypical representations, and thus fail to transmit 'knowledge about the lived realities and the social conditions experienced by previous generations of disabled people' (Shah and Priestley, 2011: 150). Therefore social and oral histories are important to fill in the missing links to the intergenerational and interrelational experience of disabled lives. Drawing on oral histories, the project, on which this article is based, intended to dramatise the social world of polio survivors so it was accessible to students, trainees and new practitioners who have no memory of the post war disease and its impact on intergenerational lives. This is particularly important as 25%-50% of those who contracted childhood paralytic polio in the post-war years develop further functional deterioration (known as Post Polio Syndrome) in late adulthood. A historical review of poliomyelitis and Post Polio Syndrome, nationally and internationally, is given later. This is followed by a discussion of the use of textual and non-textual life stories in the communication of new knowledge, including the verbatim theatre technique of recorded delivery.

Poliomyelitis as a historic disease

Poliomyelitis has been associated with humans for 5000 years, since they lived in communities in the Middle East (Smallman-Raynor and Cliff, 2006). The world's first polio epidemic occurred in Scandinavia in 1905 (Batten, 1911; Wickman, 1907: 292). The cases were small, highly localised outbreaks, but continued to spread throughout Europe, North America and other parts of the world. By the 1950s polio has reached epidemic proportions and was the most feared global infectious viral disease of the 20th century, paralysing children and causing long-term impairment (Smallman-Raynor and Cliff, 2014). However, the development of the polio vaccines in the 1950s, by Jonas Salk and Albert Sabine, saw a decline in the cases of polio across the US, Europe and the UK. This continued in other parts of the world when the World Health Organisation announced its plan for the global eradication of poliomyelitis in the 21st century (Kidd et al., 1996). The number of cases fell from 35,251 in 1988 to 677 in 2003 (WHO, 2004). In January 2014, India was granted polio-free status. Now it exists in only three countries of the world – Afghanistan, Pakistan and Nigeria.

Derived from the Greek words ‘polios’ (meaning grey), ‘myelos’ (meaning marrow) and ‘itis’ (meaning inflammation), poliomyelitis is the name given to the disease caused by the poliovirus, identified by Austrian scientist Karl Landsteiner in 1908 (Oshinsky, 2006) as the causative agent that can spread from one human to another through the faecal-oral route, or (less frequently) contaminated food or water. It enters the body via the nose and throat, and develops in the intestines, sometimes invading the central nervous system and causing damage to the motor neurons (nerve cells that control the muscles). The infectious agent of poliomyelitis is the poliovirus type 1, 2 or 3. Type 1 is the most common and most virulent. Often termed as ‘infantile paralysis’, the disease was especially virulent in children, who resided in affluent rural neighbourhoods as well as deprived urban ones.

Polio became a notifiable disease in 1912. According to the Registrar General’s Weekly Reports there were 82,617 cases of poliomyelitis in England and Wales during the 20th century (between 1926 and 1988). In Scotland, with a population of 5.1 million, there were 6792 notifications between 1932 and 2010 (APS Group, 2011). In the immediate aftermath of the Second World War, and the year before the NHS began, polio entered a decade-long phase in the UK. Virtually all individuals came into contact with the polio virus early in their life. While in the majority of cases (85%–90%) children displayed no symptoms of the disease and in the 5%–10% of cases where children did these were brief and the effects were temporary flu-like symptoms such as headache and sore throat, an estimated 1% of infected cases resulted in permanent paralysis, and even death on rare occasions (Smallman-Raynor and Cliff, 2006). Paralytic polio, in its various forms (spinal, bulbar or bulbopinal) develops when the virus invades the brain stem (or bulb) and significantly damages the nerve cells.

The highly contagious nature of the polio virus meant that children diagnosed with the infectious disease were placed in immediate isolation in long-stay hospitals. Despite Aneurin Bevan’s strategy of nationalizing hospitals towards a universal health service, transition of voluntary hospitals into public control took time and the opportunities for complex paediatric treatment were limited to relatively few hospitals–often in the cities. This, coupled with the limited visiting rights, did little to maintain intimate family relationships. As Lomax (1996:2) points out:

> the tendency continued for hospitals to isolate themselves from the community, as also evidenced by repeated medical demands to cut back on visiting hours in an effort to reduce the risk of infection from outside.

As well as the institutional measures, the wide diffusion of polio instigated new technologies and treatments for people affected by the condition. Swimming pools were closed and the surgical removal of tonsils and adenoids was banned as this procedure was perceived to increase the likelihood of children contracting paralytic bulbar polio, which damaged the cranial nerves. Children with respiratory difficulties, or paralysis of the diaphragm, would be placed in the Iron Lung, which enclosed the body from the neck down in a rigid tank. However this instrument triggered conflicting narratives, as while it kept people alive and gave them strength and durability, Rothman (1997) points out that it was also perceived as a prison or tomb, restricting mobility and other life experiences. This prompted the development of first rocking beds, and then Positive Pressure Respirators, which allowed patients to achieve greater mobility and a greater quality of life than previously imagined. Similarly, the development and improvement of assistive technologies (i.e. wheelchairs, callipers, environment controls) served to benefit children with paralytic polio and other disabling conditions for generations (Silver and Wilson, 2007).

The self-told stories of the five polio survivors, collected for the *Polio Lives* study, revealed how the medical institutional regimes and technologies impacted the private lives of children and young people living with paralytic polio in post Second World War Britain, particularly in terms of intergenerational relationships and self-identity. For instance, one female participant (pseudonym 'Jessie') recalled how the hospitalisation she experienced as a child, coupled with the calliper she needed to wear as a result of her polio, had a damaging effect on the long-term relationship with her mother:

> I was about 16, 17 months old when I contracted polio… it was the September/October-ish time of 1953. I was taken to the city hospital, which was the infectious disease hospital in Edinburgh. My mother said that she had washed me and dressed me and they took everything off and put these old clothes on me and they burnt everything…she never saw me again for six weeks… And I think that hurt her. It stayed with her a long time…I have no knowledge of what happened to me, no conscious knowledge of what happened to me in the six weeks that I was in the City Hospital… I came out when I was about two and a half. I was in there a long time… I had a calliper, full-length. My mother didn't like it… She did not like walking down the road with me. If I fell, she'd say, 'Get up, you're making a spectacle of yourself'.

For many developed countries, including the UK, poliomyelitis is almost forgotten due to the introduction and implementation of mass vaccination programmes in the late 50s and early 60s. Thus, as polio approaches global eradication, polio survivors become an endangered species. However polio continues to make an impact on families and communities as many survivors of childhood polio experience new onset of fatigue, muscle deterioration and weakness as they approach older life. The British Polio Fellowship estimates that there are 120,000 people in the UK living with the effects of polio or post-polio syndrome. They have memories of how post-war culture, polio-related treatments, practices and technologies shaped their lives as they grew up. Therefore there is much merit in preservation, remembrance and re-presentation of life stories through theatre as it has the potential to 'contribute to a more complete understanding of the issues related to change in people's lives' (Atkinson,1998:19) on a more global scale.

The next section will discuss, in greater depth, the life history approach and the value of connecting biography and history to understand disability, disease and social change over time. This is followed by examination of the potential of translating biographical narrative into theatre, engaging with debates of how theatre is not just about providing entertainment but also can be used to inspire thought, emotional reactions and critical engagement (Rossiter et al., 2008) in relation to historical disease and disabled lives.

Life histories, performance and knowledge exchange

In his work, *The Sociological Imagination*, C. Wright Mills identified ‘the study of biography, or history, and of the problems of their intersection with social structure’ as core to the sociological imagination (Mills, 1959: 149). Since then social scientists, disability researchers in particular, have undertaken considerable research to examine how individual experiences connect with grand accounts of social and historical change (Shah and Priestley, 2011). Thomas suggests that biographical narrative has the potential to reveal the world beyond the individual. As such she contends, ‘experiential narratives offer a route to understanding the socio-structural’ (1999: 8). Further they uncover a wealth of knowledge about the socio-cultural world in which an individual lives and grows (Reismann, 1994), and the interplay between the individual and the broader social structures and interdependent relationships (Bertaux, 1981).

Elder (1994: 5) identified four significant themes in the life course research paradigm – ‘the interplay of human lives and historical times, the timing of lives, linked or interdependent lives, and human agency in choice making’. These themes are important when exploring the lives of polio survivors in the UK, in order to understand the impact of historical change – in technology, medicine, law, social roles – on the individual life choices, trajectories and intergenerational relationships when moving through their lifecourse. As such, ‘time’ is an important concept here, particularly to understand the relationship between personal lives and social change. Time can operate in three ways – biographical time (birth to death), generational time (linking people with their birth cohort and those of their parents and children) or as historical time (linking people to chronological events and changing social environments). These concepts of ‘time’ allow micro, meso and macro means of enquiry to understand the relationship between individual and collective lives, and the lived experience of social change (Neale et al., 2012).

Performative engagement with the lives of polio survivors has the potential to creatively articulate Elder’s four themes. It enables a way of learning about the relationship between the past and the present – about intergenerational and interrelational relationships, and the role of agency in the construction of social change. It also offers opportunities for polio survivors, a historically marginalised group, to ‘speak for themselves’ and reveal hidden, often contested histories of disability and disease that may collide with professional, medical and public discourse. These include knowledge about the physical, social and psycho-emotional impacts of disease, both for the individual and wider communities, and how they create ‘barriers to doing’ and ‘barriers to being’ (Thomas, 2007).

Theatrical engagement with such a reality offers refreshingly rich perspectives and emotional insights into the lives of polio survivors that are often overlooked and absent from disability or medical narratives known through a non-disabled lens (Garland-Thompson, 1997; Kuppers, 2003). These include ‘fresh and feisty’ stories showing personal identity transitions, periods of contradiction, psycho-emotional effects, rebellion and Aha! moments (i.e. moments of sudden insight). Such were voiced by the people interviewed for the *Polio Lives* project. For example ‘Red Rich’, one of the male participants who contracted paralytic polio in 1949 (at nine months old), remembers that he did not identify as a disabled person or a ‘polio survivor’ until he was in his forties. His story demonstrates how this was influenced by his parent’s denial of his impairment and the 'crusadership' of activities they all engaged in to ensure he had a normalised lifestyle (Darling, 2003). Engaging with such contradictory identity narratives impacted on his psycho-emotional wellbeing:

> I know that when physios tried to give me callipers my dad said, 'No, this boy won't have callipers,' and he threw them away and said, 'He will learn to walk.'… my parents encouraged me to go into Scouting, so I became a Cub Scout and then a Scout and then a Senior Scout… I was this super crip type person who was always overachieving… I thought I could do all sorts of things… One of the contradictions of my life was being brought up to do anything and my parents' expectation that I could do everything and then coming up against the reality that I couldn't do everything… That had a psychological impact on me for a long time, which I had to do psychotherapy and other things to get through

The embodiment and manipulation of first-hand narratives (like those told by Red Rich and Jessie above) can bring new understandings of cultures and practices to new generation audiences and performers alike (Shah et al., 2014). Allowing actors to bring textual histories of polio survivors to life through theatrical performance enables imaginings of historical and cultural worlds where one has never had an embodied presence while nevertheless drawing the individual actors' own individual embodiments. Further putting themselves in others' shoes, actors have multi-level access to the subjects' lives – subjective, emotional and existential (Ackroyed and O'Toole, 2010) – through the lens of their own life experiences. Such was observed by the Birds of Paradise team when they were working with the life history material during the second stage of the project, discussed in detail below. For instance, Alyson Woodhouse (disabled actor and Assistant Director) noted:

> I didn't really know an awful lot about polio to be honest, before I read any of these transcripts… I didn't know what the symptoms were, I didn't know what happened to people if they contracted polio, I didn't know how they contracted it. So I mean from a factual point of view…I found it really interesting just from the point of view of just learning things about polio the condition and about the barriers that people had and about how each one of these five people had the same thing…but they all coped with it differently…

The educational value of performance has not gone unnoticed in the world of health care and medicine (see Charon et al, 1995; Deloney and Graham, 2003). Rossiter et al. (2008) suggest that health researchers are displaying an increasing interest in how drama-based approaches have the ability to enliven and enrich findings otherwise seen as dry and detached from real lives. Bringing textual narratives to life reminds trainees and practitioners that the stories are told by real human beings (Rausenbaum et al., 2005). Shapiro and Hunt (2003: 923) suggest how drama based approaches '… have a uniquely compelling emotional quality, making it difficult to avoid or intellectualise the struggles and suffering portrayed' and can thus enhance the understanding of patient experiences.

At the same time, disability arts practitioners, academics and activists have engaged in debates concerning the cultural representation of disability in observing the broad under-representation of disabled people in mainstream media, the narrow range of images used to signify disability, the limited number of disabled performers in professional practice and, more pointedly, the degree to which popular representations of disability draw heavily on the perspectives of non-disabled performers, writers and directors, and favour narratives in which 'brave' individuals 'overcome' their disability or in which disability is used as a metaphor for something other than the experience of disability itself (see, for example, Ryan, 2015 and Shinn, 2014). As such, the potential of performance to animate disability life stories for a wider audience may be bordered by a number of complex debates concerning agency, authenticity and cultural visibility. Though an examination of the full range of those debates is beyond the scope of this article, a number of key concerns – and potential responses – are considered below.

Research context – design and methods

In January 2015, the first author led a two-stage interdisciplinary study supported by an internal fund at the University of Glasgow with the intention of exploring the potential of drama-based methods to create tools to inform services, practitioners and new generation audiences about the real life experiences of paralytic polio and post polio syndrome for survivors who grew up in the UK.

Stage one – life history interviews

The first stage of the study was led by the first author, a disabled researcher and lecturer in sociology and social policy. It adopted a life course approach to examine the sociocultural life experiences of adults who contracted paralytic poliomyelitis in their childhood, during the 1940s/1950s polio epidemic in Britain. This involved the first author conducting life history interviews with five people who self-identified as survivors of childhood paralytic polio and grew up in different geographical areas across the UK. The target sample were recruited to voluntarily participate in the study by responding to short recruitment notifications, published on the project website and in newsletters of polio-specific organisations such as the British Polio Fellowship and Scottish Post-Polio Network, and through their association with the first author's own networks. The final sample was made up of five adults based in different parts of England and Scotland. Their real identities were anonymised and, for the purposes of the study and associated outputs, they identified as 'Jessie', 'Red Rich', 'Tom Brown', 'Ruby' and 'Christo'. All five people gave written consent for their stories (audio recordings and textual transcripts) to be shared with the Birds of Paradise team for the second stage of the project.

Stage two – recorded delivery workshops

The second stage of the project was led by Birds of Paradise, an internationally-recognised Scottish theatre company working to promote deaf and disabled artists, and took the form of exploratory theatre workshops led by one of the company's artistic directors, Garry Robson alongside assistant director Alyson Woodhouse with actors Rachel Drazek and Joseph Brown, and choreographer Janice Parker. This group comprised disabled and non-disabled theatre professionals whose work straddles disability arts and mainstream theatre. Taking place over two weeks, these workshops explored techniques for staging the life histories gathered during stage one and focused on a theatrical performance method known as 'recorded delivery', discussed below. In the early part of the workshops, the creative team explored the audio recordings through practice – becoming familiar with the documentary material, beginning to make choices about which elements might be included in a performance, and also learning to perform the polio stories using the recorded delivery technique.

The final performance was a recording comprised of intercut selections from the interviews with 'Jessie' and 'Tom Brown' conducted in stage one. Towards the end of this process, Parker led the actors to experiment with an improvisational score of movement to accompany the vocal performance. Though these movements sometimes reflected literal actions described within the spoken text, they were more frequently abstract – suggesting rather than directly depicting real world events or embodiments. The results of this process were presented as a 30 minute scratch performance, with two actors (a disabled man and non-disabled woman) performing selections of the original interviews to an invited audience at the end of the second week. As a scratch performance, this presentation was staged without costume or theatrical lighting in a small studio space – a functional minimalism which may have contributed to the sense that the performers were not simply 'pretending' as in a naturalistic drama, as discussed further below. The workshops, scratch performance and post-workshop discussions with the creative team were video -recorded and edited to produce the short documentary *Polio Monologues*, available on YouTube (see https://www.youtube.com/watch?v=kD-tBr-be7Ng). This film was presented at the British Sociological Association Medsoc, the Festival of Social Science and the International Federation of Theatre Research in 2016.

Context: Alecky Blythe's recorded delivery

Recorded delivery is a verbatim theatre method developed by the director and playwright Alecky Blythe and inspired by theatre practitioner Mark Wing Davey's workshop 'Drama Without Paper' at the Actors Centre, London, in which participants were set the task of recording real-life conversations and then reinventing them as drama. In the UK, the origins of verbatim practice are often traced to the pioneering work of Peter Cheeseman, who produced a series of 'local documentaries' in and around Stoke-on-Trent from 1965 onwards based on the audio recordings, and later, transcripts of interviews with 'ordinary' people. Grounded in a 'non-theatrical tradition of social observation and oral documentation' (Paget, 1987: 318), the methodology of these early works have informed several generations of 'acting with facts' in emphasising the value of vernacular speech. If the broader tradition of documentary theatre is frequently concerned with interrogating 'official' or public accounts evidenced in 'government statements, speeches, interviews, statements by well-known personalities, newspaper and broadcast reports' (Weiss, 1971: 41), verbatim theatre more often seeks to foreground marginalised experiences: 'authentic news of overlooked thought and feeling' that might give a 'voice to the voiceless' (Hare, 2005: 112).

In its simplest form, Blythe's method involves the simultaneous playback and performance of verbatim interview material that has been edited to produce a dramatic composition. Wearing earphones, actors listen to the speech of the interviewees and reproduce – as closely as possible – the delivery of that original speech, preserving the tone and emphasis of the speaker while reproducing the hesitancies, errors and stutters of everyday speech. Listening to the recordings and repeating what they hear immediately after they hear it, actors in recorded delivery performances are tasked with a form of responsive mimicry rather than the development of fictional character, working only from the audio recording and without the use of a transcript.

In Blythe's practice, actors are encouraged – if not directly instructed – to resist any attempt to 'learn' the aural script so that it might be performed from memory. This process, Blythe suggests, is resistant of both theatrical interpretation and a performer's own habitual patterns of speech: 'I do not deny actors are highly skilled at interpreting their lines, but the way the real person said them will always be more interesting' (Hammond and Steward, 2008: 82). While Lib Taylor suggests 'It is fidelity to an original that legitimates and gives integrity to [Blythe's] performances' (2013: 369), that sense of accuracy is the calculated effect of conscious editorial and dramaturgical decisions which reflect both a desire to stage stories in a manner that their subjects will be happy with and, as Blythe has suggested, 'a responsibility to the audience to present them with a good evening's theatre' (Hammond and Steward, 2008: 97).

Though averring in her introduction to her work concerning the 2011 London riots *Little Revolution*, for example, that 'nothing in this play is written or made up' but rather drawn from face-to-face interviews with 'real-life people in real-life situations', Blythe also acknowledges that material has been edited to produce a dramatic composition (Blythe, 2014). If Blythe's sense of 'written' here indicates wholly fictional material, the compositional selections within her work are nonetheless creative interventions – at the least in their production of scenarios which did not originally exist through the relocation of temporally and spatially disparate conversations into the same time and space, and in presenting many months of research and preparation as immediate and spontaneous. Though different productions of Blythe's work have made use of headphones and earpieces of varying size and visibility, there has been no calculated effort to conceal the technology that underwrites the recorded delivery process. While recorded delivery might take particular steps to preserve and enhance the 'authentic' quality of vernacular speech, it also uncouples naturalist performance (the actor 'sounds like' the original) from an illusory realism by drawing attention to the mechanism of that speech's reproduction.

Rather than disappearing the conventions of representation, Blythe's various iterations of the recorded delivery technique have often drawn attention to process in order underscore the absence of an original interview subject, and the relationship of the theatrical event to past but real events which actually took place. In the opening moments of both *The Girlfriend Experience* (2008) and *Little Revolution* (2014), the 'real audio' of the original interview recordings is heard over the theatre PA before fading to be replaced with the live speech of the performers. Blythe has also appeared as a character in a number of her plays, performed by Miranda Hart in *Come Out Eli* (2003) and onstage as herself in *Little Revolution*. In both works, Blythe's meta-theatrical presence signals the method by which the play has been created – in the former, re-staging her phone interview with the hostage taken during the Hackney siege, and in the latter, referring to the technology of recorded delivery itself: 'I don't s'pose I can speak to any of you? I make documentary plays and record conversations on here' (Blythe, 2014). The original production of *Come Out Eli* at London's Arcola Theatre also saw five actors playing 41 characters, and performing the testimony of interview subjects of different ethnicities and genders than their own – a process which, for Blythe, productively subverted stereotypes and challenged audience preconceptions: 'People's words become all the more resonant when they are coming from the mouth of a person you would never expect to be saying them' (Hammond and Steward, 2008: 102).

Together, these staging elements suggests the need to shift any claim of efficacy concerning recorded delivery from straightforward claims on the self-evident 'truth' of authentic speech – the 'fetishizing' of the notion that we are getting unmediated facts 'straight from the mouths of those "involved"' (Bottoms, 2006: 59) – towards an awareness of authentication, a term which foregrounds 'the processes by which authenticity is claimed, imposed, or perceived' (Bucholtz and Hall, 2004: 498). Such an inflection may be particularly important – and perhaps ethically necessary – within verbatim productions that engage with disabled lives because of the ways in which disability may or may not be registered in and through speech, or in and through the visible embodiment of an actor. This concern is addressed further below.

Birds of Paradise: reflecting on methodology

During and following the workshop process, the creative team were invited to reflect on the process of working with the life history interview material. This took the form of recorded interviews conducted by the first author, and a post-scratch performance discussion in which both authors participated. Through these reflections, it was immediately apparent that the experience of working with the research material had been informed by the intersection of company member's own experiences and life histories of disability in general, and polio in particular, with the pragmatics of 'translating' the 'raw' material of the transcripts into a performance event.

Assistant director and visually-impaired actor Alyson Woodhouse, for example, observed a disparity between her initial impression of the interview subjects given by the transcripts of their interviews, and her later encounter with the audio recordings:

> when Gary played the transcript for the first time in the rehearsal room he [interviewee Tom Brown] was not what I thought he would be when I listened to him […] I found him really interesting to read but as I put a voice to him I found him extremely tedious because he spoke in long very drawn out sentences and I found it quite difficult to follow.

Woodhouse had begun with the written transcripts because she had found them more accessible; while the audio files would have been preferable, 'from a practical [perspective], what's easier to get hold of, it was the Braille, it was the transcripts'.

In turn the Director, Garry Robson, related the process of selecting themes from the life history interviews to his own experience of polio as a child and, perhaps more significantly, his memory of his parents

> …telling me stories about, you know, how I was put in an isolation ward and they didn't see me other than through a window for six weeks, and my clothes were taken off me, all the lovely clothes that my parents put me in were taken away and destroyed and all that sort of stuff.

Robson's engagement with polio life histories, then, was shaped by the recognition of experiences similar to his own and by the ways in which those experiences had already been ordered as narrative within his family's history. Those histories were understood as the meeting point of personal and social histories: intimately revealing stories which might also more broadly describe 'how we treated people who were ill in those days', as he put it. This inflection may be revealing of the nature of narrative as an 'ontological condition of social life' (Somers, 1994: 614) in the sense of shaping stories which define who we *are*, and the relation of subjective narratives to public narratives (including medical narratives concerning treatment and rehabilitation) as well as broader cultural metanarratives which underpin the demarcation of what it means to be impaired (see Thomas, 1999: 50).

While the 'raw' material of the interviews carried its own narrative structure, Robson was conscious that staging that material still demanded a process of 'finding key points which will hit with an audience […] finding an arc, a point of travel so we go from one point, end up in another, rather than a monotone where we stay in the same place'. While Robson's concerns may resonate with Blythe's sense of an obligation to provide her audience 'with a good evening's theatre' as noted above, Birds of Paradise's process of asking 'what happened for you when you heard this?' also suggests a desire to respond reflexively and reflectively – that is, marrying recorded delivery's process of repeating every pause, laugh and breath with a creative intervention that recognised the affective register of the source material. In this process, voice did not stand in opposition to embodiment but served as a means of its (embodied) expression. Such a sensitivity may be valuable because it prompts recognition of the precarious terms on which embodied experience may be 'translated' – that is, by invoking subjective feelings and lived sensations alongside the 'fact' of oral histories. During the workshop process, Robson observed the 'eye thing' – looking up or to the side in apparent concentration rather than towards each other or the audience – where the actors were 'visibly listening'. While this sometimes appeared as an aspect of a 'character' being portrayed – for instance, Tom Brown's 'slow and reflective' quality, suggesting someone who is actively trying to find the way to best express himself – it also served in performance to draw attention to the actors' creative labour of close listening.

This approach might also be understood in terms of the distinction offered by Smith and Sparkes (2008) between the work of a 'story analyst' whose process involves the extrapolation of theoretical propositions from narratives which are then 'told and represented using the conventions of the realist tale', and the preference of 'storytellers' who consider stories themselves to be analytical insofar as 'when people tell their stories, they employ analytic techniques to interpret their worlds' (2008: 21). Where the analyst approach is characterised by 'experiential authority, the participant's point of view and interpretative omnipotence', Smith and Sparkes suggest that the work of the storyteller is oriented on the goals of 'evocation, intimate involvement, engagement and embodied participation with stories' – a process which is less likely to produce 'realist tales' (2008:

21). Here, Birds of Paradise practice suggests the marrying of ‘respect’ for the authority of the original interview material as an account of disability with a consciousness of the practitioners’ own ‘intimate involvement’ required by the act of staging such material.

Robson’s understanding of the recorded delivery acting technique as one of ‘*becoming*’ or ‘*channelling*’ rather than ‘*pretending*’ may also be instructive in distinguishing between straightforward claims on representing or ‘speaking for’ disabled people and more complex notions of surrogacy in which actors ‘stand for’ or symbolize disabled people but without laying claim to their re-embodiment. Here, ‘pretending’ can be understood in terms of realist, illusionistic performance in which an actor appears as the character that they portray – a process characterised by a logic of iconicity in which performers are chosen for their conventional resemblance to particular cultural standards of intelligibility for age, race, gender and so on (put bluntly, the casting of an older, male black performer to play the part of an older, male black character). Echoing concerns for the unreliable performative register of unmarked aspects of identity such as sexuality (see Dolan, 2010), such practices of representation may be particularly problematic in the staging of disability and disability life stories for their dependency on and reproduction of existing, narrow expectations of what disability ‘looks like’. As N. Ann Davis and others have argued, ‘judgments of invisibility are not just relational and context dependent, but more deeply normative’ (Davis, 2005: 156), and accord primacy to the perspectives and experiences commonly thought to be universal (and from which disabled people are assumed to be an exception). Visibly apparent characteristics may tell us little about the day-to-day experiences of an individual’s experiences of disability. While polio or post-polio might manifest in particular visible characteristics of embodiment (such as deformed or defective limbs), other symptoms (such as muscle weakness or fatigue) might not be reliably ‘seen’, and subject to significant change over the duration of a lifecourse.

In contrast to ‘pretending’, we propose that the performative language of ‘becoming’ and ‘channelling’ suggests an ongoing process that might usefully resist fixed, stable or conclusive depiction of the unmediated ‘truth’ of disability. While contrastive, the registers of ‘pretending’ and ‘becoming’ are not strictly oppositional but describe an inflection between representational practices committed to what Gray and Kontos (2015) theorise as an ‘aesthetic of objectivity’ and those which seek to engage, reflexively, with the question of how representation produces certain knowledges as truth while foreclosing others as unthinkable. ‘Becoming’ does not preclude practices of ‘pretending’ but understands pretending as productive and selective – not merely holding a neutral mirror up to the world but engaged in a discursive process through which certain representations are brought into view and naturalised while others are excluded or rendered unimaginable.

Though ‘becoming’ might suggest the absenting of the performer from the act of performance – getting ‘out of the way’ of the text to allow the original recording to ‘speak for itself’ – this reading is countered by the dramaturgical choices which structured Birds of Paradise’s work as a whole. Echoing Blythe’s early practice, the team took the decision to cross-cast the gender of the recordings to the performers – with Brown performing ‘Jessie’ and Drazek performing ‘Tom Brown’. The intention here was to invoke a distance between the actors and the subjects of the research, even as the performers laboured to (re)perform the authentic sound of their speech. At the same time, Brown and Drazek’s performances of abstract and non-literal gestures in response to the process of active listening – developed through work with Parker – might be understood to draw attention to both the absence of 'original' disabled bodies of the interview subjects and, more consequentially, the limited regime of intelligibility that might apply to the wider cultural representation of disability.

This speculative reading of Birds of Paradise's practice indicates several particular advantages to the recorded delivery methodology for the dissemination of disability life stories. Deirdre Heddon suggests that the dramaturgical structure common to many verbatim works is 'a collage that enables multiple points of view through multiple voices [to be aligned] to a single or central storyline or thematic' (2008: 128). This sense of collage together with a process of 'active listening' may be what particularly characterizes recorded delivery's attempt to produce a 'theater of public dialogue' (Jackson, 2005: 52). If the affirmative view of verbatim practice is that it might offer 'a democratic "truth" forum in which the voices of the marginalized and oppressed can be heard' (Gibson, 2011: 2), that account rests upon the conception of an attentive audience who might witness the effort required to (re)produce the voices of the 'voiceless' in a public setting. To that end, recorded delivery's foregrounding of its own processes of translation might draw valuable critical attention to the terms on which socio-cultural knowledge about polio and other impairments becomes intelligible *as knowledge*. Correspondingly, while disability life stories might be distinguished by their enactment of particular themes of disability identity – what Dunn and Burcaw (2013) characterise as stories of communal attachment, affirmation of disability, self-worth, pride, discrimination and personal meaning – the particular framing and re-framing of life narrative produced by the recorded delivery technique may usefully draw attention to how individual stories become part of broader, social and historical accounts (while other stories are considered marginal, incidental or, dismissively, 'only about disability').

However, we also remain conscious that the reception of non-illusionistic but realist representation may continue to be shaped by dominant cultural attitudes concerning the presumed visibility of disability. For instance, one viewer of the YouTube documentary footage commented that it was potentially problematic that the polio stories had been performed by two able-bodied performers – even though, as noted above, the creative team was comprised of both disabled and non-disabled actors. This response also suggests how Birds of Paradise's practice might extend and challenge Blythe's process by exploring how strategies of cross-casting intended to subvert stereotypes and challenge audience preconceptions may falter and fail when those preconceptions constrain the perception of difference between a performer and the subject whose stories and experiences they perform. Of further concern – and the potential subject of future research – is the way in which recognition of the specificity of disability may inform the belief that one disabled person cannot readily stand as a surrogate representative for another person with an impairment (an apprehension that describes how the normative, non-disabled body is viewed as a comparative *tabula rasa* or blank slate despite its own inherent specificities). As such, Birds of Paradise's work illuminates the particular challenges of producing theatre based in ethnographic research concerning disability, such as that mutually-informing processes of research design, aesthetic and theatrical design and pedagogical intent (Goldstein et al., 2014) need also take into account persistent and often unmarked forms of bias towards able-bodiedness.

Conclusions

Scholars have recognised the increasing value of aligning performance methodologies and ethnography for knowledge generation and representation, particularly to redress the limits of textualism (Kontos and Naglie, 2006). Recently, life history narratives have contributed to social scientific disability research and, in particular, to uncovering the hidden histories of disabled people across the life course, Bringing self-told histories into light is considered paramount to inform the development of policies and practices that effect their lives. As Jenny Morris (1997: 257) pointed out:

> We need to know much more about the experiences of disabled children and young people, and such research must offer an opportunity for their accounts to be heard. Only when this happens will policy and practice be driven more clearly by the interests of disabled children themselves.

Such an interdisciplinary configuration, known by different names including ‘ethnodrama’ or ‘ethnoperformance’ (Paget, 1993) becomes attractive when researchers seek to change the world as well as describing it. Adopting non-textual methods as verbatim theatre, allows the ‘voiceless’ to have a voice, and foregrounds marginalised experiences of social, historical and cultural oppression (Gibson, 2011; Hare, 2012). Informed by evidence generated by an interdisciplinary project, this article provides the rationale for using recorded delivery techniques to bring the forgotten histories of polio survivors to life as new knowledge for contemporary audiences. It discusses the value of social and oral histories to promote the ‘ordinary lives’ of disabled people and challenge ‘accepted views concerning the boundaries between the personal and the public’ (Rowe, 2007:14). Listening to, and embodying real life narratives using drama techniques not only provides actors with an awareness and deeper understanding of lived realities of poliomyelitis, but also has the potential to enact a kind of activism and a change in public perceptions towards disabled people, previously shaped by negative representations in popular culture.

This article discusses the method of recorded delivery, originally developed by Alecky Blythe, and how it was adapted by a disabled-led theatre company to allow original recordings to ‘speak for themselves’ while ensuring actors use the technique of *‘becoming*’, as opposed to *‘pretending’* to tell the story of polio lives. By doing so it is possible for actors to resist portraying the disabled character merely by reproducing what they are expected to look like. Rather, as per the social model of disability, actors demonstrate the experience of disability in the lives of the characters, as well as points of resilience and overcoming limitations of opportunity. While the company’s dramaturgical choices were, like Blythe, motivated by the need to tell a good story, they were also shaped by the director’s personal experiences of growing up with paralytic polio and the actors’ encounters with disabling barriers over their life course. Such ontological resources, available to the creative team, enabled them to move the focus beyond the individual and reveal the real effects of disease and disability on interdependent relationships and intergenerational lives. Thus we contend that forms of ethnodrama, practiced by actors with lived experiences of disease and disability can creates a convincing platform for survivors of polio and post-polio, to ‘speak for themselves’ even in their absence and become part of a new knowledge that can be used in for research, service and policy development. Furthermore, they model how arts and social science methodologies may function collaboratively rather than in a relationship where one approach merely serves to illustrate the outcomes of the other.

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