

**Article**

**Tragedy without guilt?**

# Tragedy without guilt?

## A genre based approach to analysing performance affect in *The Hospital*

By *Josefine Brink Siem*

My gaze is fixed on an ostomy pouch that is rapidly increasing in size, transforming into a balloon of liquid faeces. It is attached to a patient, who struggles to come to terms with the 'loss of his asshole' after a botched routine procedure. Two nurses fail to stop the impending burst of the pouch, and everything is covered in brown liquid. I notice sounds of disgust and awe from a group of adolescent boys to my right. Before this occurrence, we have watched glistening blood squirt from a patient's open chest, dark urine spilling from leaky samples and a nurse disgorging a soft banana. Later, a gooey birthday cake is smeared across the hospital's staff room, and, finally, a nurse-turned-patient chokes on her stools fed to her through a tube. These are some of the abject images and materials employed in the performance *The Hospital* (da. *Hospitalet*) that hyperbolically depicts the consequences of simultaneous demands for decreased spending and increased efficiency in the Danish public healthcare system. It premiered at Aarhus Theatre in 2018 and was written by Christian Lollike and directed by Runar Hodne.

The series of spilling, splattering and spraying described above operates through a mode of escalating absurdity, combining bodily abjection with classic slapstick devices. However, parallel to this absurdity, *The Hospital* also operates in a less obvious, but distinctly different tonality. This tonality is mainly evident in the plot, which in an almost Aristotelian fashion depicts the tragic downfall of the hero in the face of larger forces. Our 'hero' is Una, a nurse who struggles to stay true to her ethical oath and call attention to the hospital's poor patient care and working conditions caused by budget cuts and reforms. Out of increasing desperation, Una eventually tries to take her own life, but she is saved, stuck in a wheelchair and subjected to the same dehumanising patient care that she has been resisting all along. In an ironic twist, her colleagues use her as a guinea pig for the hospital's newest economisation scheme; feeding the patient's excrements back to them through a tube. The tragic plot and the grotesque imagery of the performance seem to compose what we might term a bifurcal affective dramaturgy. The narrative and more-than narrative elements form two branches of a tree operating in parallel but distinct modes. In this article, I engage with this affective duality, and ask how it can be analysed dramaturgically. I am using the term affect here, because these tonalities go beyond the emotional content of the story or the emotions of the spectators (Massumi, 2002). Rather, I observe them as tonalities *performed* in and by the work of art itself. Through an engagement with *The Hospital's* bifurcal affective performance, I explore how this dynamically produces and embodies affect through the gestures, rhythm and intonation of its components. How can we describe and amplify this kind of affective dramaturgy and the horizons of meaning constituted in it? And how is the affective performance of *The Hospital* related to its critique of the Danish healthcare system?

Engaging with these questions, I experiment with using genre as a prism for describing and analysing the way *The Hospital* becomes what Deleuze and Guattari have termed a 'being of sensation'. In addition to Deleuze and Guattari, I draw on theatre and dance professor Rachel Fensham's recent corporeal reimagining of genre analysis to suggest an affect-sensitive notion of genre observed as two interconnected affective dynamics in the work of art: *blocs of sensation*

and *modes of relation*. In the analysis of *The Hospital*, I employ the genre criticism of late theatre scholar Eric Bentley as a semantic for describing such blocs and modes. The analysis identifies a combination of farcical and tragic affect as the central affective tension of the bifurcal dramaturgy, where self-referential aggression ultimately becomes the dominant bloc of sensation. Through a comparative gesture to another of Lollike's performances, *Living Dead*, I suggest that while *The Hospital's* plot does perform affect differently than its other elements, an approach that avoids treating affect as always already separate from narrative or symbolic structures affords a greater sensitivity towards how specific dramaturgies perform affect.

### **Analysing performance affect: stratification and collapse of distinctions**

The majority of research on the affective dimensions of performances within theatre and performance studies has been undertaken in connection to specific conventions, aesthetics or poetics<sup>1</sup>. What I tentatively experiment with here is a more generalizable framework for analysing how performances *perform* affect. Before unfolding the suggestion for a genre-based approach, I therefore briefly engage with two prominent examples of such broader frameworks for analysing performance in order to flesh out the analytical premises of my approach; the concept of vectorization by Patrice Pavis (Pavis, 2003) and the model of theatrical communication by Wilmar Sauter (Sauter, 2000). What Pavis and Sauter have in common is that they both suggest ways to integrate sensibility towards the energetic and sensuous aspects of performance into generalizable analytical frameworks. By observing *The Hospital* as an affective dramaturgy and using genre as a prism for the analysis, I seek to engage with these frameworks in relation to two specific challenges for performance analysis: a stratification of distinctions between affect, narrative and meaning, and a collapse of distinctions between performance affect and reception affect.

While exploring very different questions, Pavis and Sauter both suggest analytical models based on what could be termed a logic of stratification where affect, understood as embodied, more-than-subjective 'feelings' and energies, is analysed as distinct from symbolic forms of communication. For Pavis, this takes the form of a vector model that integrates a 'semiology of the perceptible' with an energetics of displacement: "Instead of a static network of signs, I have suggested imagining a circuit in which meaning appears and is displaced in accordance with a 'semiotization of desire' or 'vectorization'" (Pavis, 2003, p. 309). In order to account for processes of vectorization, the analyst must come 'body to body' with the material elements of a performance, and not immediately seek to assign them meaning (Pavis, 2003, p. 19). However, this 'staying with the signifier' cannot go on ad infinitum, as the spectator's desire will eventually become vectorised, turning the object of desire into a signified. The concept of vectorization thus allows an analysis of narrative, stylistic, energetic and material elements within the same framework. However, observing performance affect from an, albeit 'integrated', semiology, also means that meaning is largely identified as energies transformed into a signifier. While such a clear distinction between affect and meaning can be analytically productive, it easily overlooks the way signs also perform affect. Through a 'relay' system of a semiological model on the one hand and a vectorial model on the other, the affective dimensions of performances appear as a parallel layer, where energy moves in dynamic but linear trajectories from desire to sign instead of moving more circularly across representational and non-representational forms of expression.

---

1) Examples of bodily, energetic and non-representational aspects of performances analysed within specific conventions or poetics are: Fischer-Lichte, 2010; Barba, 2010; Lehmann, 2005; Ó Maoilearca, 2012, Dolan, 2005.

Instead of a dual relay model, Sauter presents a three-tier model for describing the communicative processes between presentation and perception in theatrical events. He conceptualises these in terms of three different levels or modes: a sensory, an artistic and a symbolic (Sauter, 2000, p. 7). The sensory level is a personal relationship, where the spectator and actor simultaneously perceive each other's presence, physicality and mood, causing different reactions in the spectator such as recognition, curiosity or repulsion. The artistic level separates the presented actions from everyday life through different codes and conventions, and the spectator experiences aesthetic pleasure or displeasure in relation to the skills, style and behaviour of the actors. At the symbolic level, meaning can be attributed to the artistic actions, and the spectator can experience empathy or identification with the characters portrayed. Here we also find a stratified logic, where the sensory mode of communication is separated from the artistic and symbolic, which can make it difficult to account for affect as performed in and by aesthetic form and symbolic structures. While both Sauter and Pavis emphasize that these processes and layers are less distinguishable in the actual performance event, they both operate analytically with a parallel sensuous-energetic layer of interaction. By focusing more holistically on the entire performance as a body, I experiment with softening these distinctions between affect, signification and meaning in order to account for how *The Hospital's* bifurcal dramaturgy performs affect across both representational and non-representational. Framed in this way, the bifurcal dramaturgy of *The Hospital* can be analysed in terms of a dynamic interplay between the way narrative and non-narrative elements perform affect differently, rather than in terms of an opposition between affect and narrative as such.

Another commonality between the frameworks of Pavis and Sauter is that the sensuous-energetic mode in performance is primarily observed as a result of bodily interaction between actor and spectator. In other words, affect is conceptualised as an exchange of energies, moods and sensations between human bodies. In some passages, Pavis recognizes the entire performance as a body with its own logic of sensation, but throughout the book, the actor's body still stands out as the primary locus of vectorization. In a later article, Pavis also describes vectors as "trajectories for affective material generated by the actor's body in the context of the *mise en scène*" (Pavis, 2016, p. 34). This orientation towards human bodiliness is logical since the embodied actor-spectator relation is one of the defining characteristics of live performance. However, a broader notion of affective performance can expand the scope of analysis to include the way in which narrative, style, materials and images have a bodiliness of their own that together with the actions of the actors contribute to the affective dramaturgy of the performance as a whole.

While the analysis might benefit from a softening of distinctions between affect and signification, my approach paradoxically presupposes a hardening of another analytical distinction between performance affect and spectator affect. In the frameworks of Pavis and Sauter, this distinction is relatively diffluent, and affect tends to be observed from the spectatorial side. Sauter conceptualises performance as an event in which meaning is not transmitted from sender to receiver but created in mutual processes of presentation and perception. Pavis similarly argues for a lack of distinction between processes of vectorization in the performance body and the spectating body. Their arguments for blurring the distinction between performance affect and spectatorial affect are rooted in a desire to nuance semiological analysis in two main areas. The first is to move away from a transmission model of communication, where a message is encoded in a performance, leaving the spectator with the task of correctly decoding it. The second is the recognition that phenomena such as affect or meaning are essentially relational, making it difficult to separate performance affect from subjective reactions of spectators in the actual process of performance. Without wishing to

return to an idea of the autonomous artwork, I seek to supplement these relational approaches to performance with an approach that recognizes a performance as a being of sensation with affective qualities that are distinguishable from spectatorial reactions. My choice to uphold the distinction between performance and perception is inspired by Deleuze and Guattari, who describe artworks as a 'bloc of sensations' with an affective gestalt of their own:

*(...) the work of art – is a bloc of sensations, that is to say, a compound of percepts and affects. Percepts are no longer perceptions; they are independent of a state of those who experience them. Affects are no longer feelings or affections; they go beyond the strength of those who undergo them. (...) The work of art is a being of sensation and nothing else: it exists in itself. (Deleuze & Guattari, 1994, p. 164).*

Blocs of sensation are not observed as static structures in the work of art but as processes of becoming. The artwork is therefore not a fixed object, but a dynamic, emerging form. Correspondingly, what I term affective dramaturgy in this article is not a fixed ontological category, but a lens through which to observe and analyse these dynamic processes in the performance. The challenge is of course to approach performance affect as distinct from the spectator's qualification of it while at the same time recognizing the relationality of performance events that Sauter and Pavis both rightfully emphasize.

### **Genre analysis: from affective spectatorship to affective dramaturgy**

In an effort to account for both affective autonomy and affective relationality, I have chosen to turn to genre analysis, because it has a long tradition of accounting for both inherent qualities in artworks and their forms of appeal. To this end, Rachel Fensham has argued for a theory of genre that switches orientation from genre as a formal categorisation tool for dramatic texts to genre as tool for analysing the present, singular framing of form and content in front of an audience (Fensham, 2009, p. 16). Considering the contextual, processual and corporeal nature of live performance, she explores an affect sensitive notion of genre and asks how "genre in theatre studies might extend to the task of examining how bodies, objects and media interact in the *mise en scène* in order to understand how reception contributes to the production of theatrical meaning" (Fensham, 2009, p. 26). However, where Fensham's explorations of the relationship between corporeality and genre are mainly oriented towards reception and the ethics of watching, I wish to shift the object of analysis from 'affective spectatorship' (Fensham, 2016) to affective dramaturgy and thereby from processes of genre appreciation to processes of genre formation. Building upon Fensham's processual understanding of genre, in tandem with Deleuze and Guattari's notion of the artwork as a being of sensation, I experiment with analysing *The Hospital's* affective dramaturgy in terms of two different but interrelated dynamics: *genre as blocs of sensation* and *genre as modes of relation*. Observed as blocs of sensation, genres become prisms for observing autonomous affect in the artwork that goes beyond artistic intention and spectatorial reception. Each of these blocs of sensation performs a specific mode of relation, which can be more or less narratively reinforced. As Fensham and other feminist scholars have argued, genres can be perceived in terms of their invitations for modes of watching (Marks, 2000; Sobchack, 1992), and the idea of genres as forms of appeal provides a way to analyse at the level of dramaturgy while keeping the relationality of affect in performance events in mind.

However, the question remains how to analytically describe the specific affective gestalt of the performance? What language or terminology can be used to capture affective performance in order

to concretize it beyond notions of ephemerality or the 'ineffable' (Reason 2016 p. 84)? For this purpose, I turn to Eric Bentley, whose reflections on genre provide a vocabulary for describing the affective performance of dramas. In *The Life of the Drama*, published in 1964, Bentley characterises the affective modes of five genres: melodrama, farce, tragedy, comedy and tragi-comedy. Bentley dedicates the book to exploring the dynamic relationship between experience, feeling and drama – or as the title indicates: the *life* of the drama. Bentley's theory is primarily about written drama, but it lends itself well to a more processual performance analysis because it is less normative than many of its literary contemporaries. Fensham and Bentley thus find common ground in the idea that the purpose of genre analysis is to bring out the inherent qualities of a work, and the way they structure form, content and theatricality. Bentley thus offers a semantic for describing a performance's affective life, even though he employs a vocabulary that is traditionally associated with individualised psychology such as aggression or fear. In the following, I employ this semantic to identify *The Hospital's* bifurcal dramaturgy as composed of becomings of two primary blocs of sensation and modes of relation: tragic guilt and farcical aggression.

### **Tragic affect: guilt and qualm**

As noted in the introduction, *The Hospital's* plot contains structural characteristics from tragedy in the Aristotelian sense of depicting the inevitable downfall of our hero in the face of larger forces. Aristotle famously identified tragedy's affective modes as something usually translated into pity and fear (Aristotle, 1996, p. 10). Contrary to this, Bentley identifies guilt and qualm as tragedy's primary blocs of sensation (Bentley, 1991, p. 261). Bentley understands qualm as a 'tragic qualm', which is a disorienting, nauseating experience of chaos and disturbance. As such, it is more than just a physiological sensation, because it is connected to a confrontation with the real disturbance at the root of the so-called 'tragic scream' that every tragedy is born from (Bentley, 1991, p. 279). In contrast to this, the discharges and squirts in *The Hospital* cause a more concrete physical qualm through a relational mode of kinaesthetic empathy. When ostomy pouches explode, we cringe, but the physical qualm remains largely autonomous from the performance's potentiality for tragic qualm inherent in the overwhelming, disorienting experience of powerlessness in the face of the system. This autonomy is a result of farcical mechanisms of diversion that continually disrupt the spectator's processes of identification. The staff and patients are mainly depicted in the logic of the system: as annoying and time-consuming disruptions of the efficiency agenda. The lack of empathy is reinforced by the narrative, which does not depict the hospital's progression from conditions of care to conditions of neglect. The damage is already done, and we are shown its intensification rather than its incipience. The ethical and aesthetic questions that abjective images and disgust potentially instigate (see Farrell, 2012; Hancock, 2004; Kristeva, 1982) thus remain on the 'outside' of the performance as questions of the artistic justification of the theatrical device of provocation as such.

While *The Hospital* does not perform qualm in a tragic sense, the plot does perform guilt. Following Bentley, we can characterise guilt's relational mode as a mechanism of self-implication by identification. Tragic narratives attach guilt to the spectator by inviting him/her to identify with the guilt of the main character, thereby identifying him/herself as the actual culprit. However, *The Hospital* does not distribute guilt to Una in any direct sense. On the contrary, she is the only character concerned with ethics and delivers continuous protests and heartfelt appeals for reason to her colleagues. As such, the tragic mode of relation is cut short. Instead of explicitly pointing to a perpetrator of the depicted destruction and chaos, the performance exposes the



## Tragedy without guilt?

### A genre based approach to analysing performance affect in *The Hospital*

operational mechanisms of a certain optimisation and evaluation-dispositive as the cause of Una's downfall. Through its setting, *The Hospital* juxtaposes a certain managerial tendency of control and spreadsheet logic with very concrete matters of the value of care.



Fig. 2: Una, a nurse and the man with no asshole. Photo by: Emilia Therese

The contrast between efficiency and ethics is heightened by the narrative's progression from stylised realism to the grotesque. With efficiency as a warrant, the patients go from being left waiting in hallways after being diagnosed with a terminal illness, to being drugged with cocktails of medicine that make them less recalcitrant. We also witness the deaths of several patients, who are either left untreated or commit suicide out of despair. In a similar escalatory vein, the staff management initiatives go from reducing overtime and forcing sick employees to work to suggesting installing chips in the nurses' shoes in order to track their mileage and time. What (im)materialises as the villain is thus a radical, nightmarish version of certain public management tendencies of control and decreased spending. The plot thereby exposes a certain logic of deflection where systemic critique is continually reverted back at the individual doing the criticising. When Una protests the hospital's conditions, the head nurse turns the critique into an accusation of personal 'inflexibility'. The nurses adopt the same strategy when the patients complain, and in turn overtake the defective logic of the system. For instance, they repeatedly try to mitigate the extroverted anger of the 'man with no asshole' about the maltreatment of his body, by telling him to cooperate and come to terms with his new ostomy pouch. This plays out in a number of absurd scenes, where he is giving the pouch a name, dressing it up and romantically waltzing with it across the stage. Through all of this absurdity, Una is ultimately portrayed as powerless in the face of an invisible power, and guilt is distributed to an efficiency dispositive rather than our hero and thereby us.

This way of performing guilt in the plot reflects a different notion of tragedy than we find

in Bentley's writings. In his essay *The Tragic in Ancient Drama Reflected in the Tragic in Modern Drama*, the Danish philosopher Søren Kierkegaard (1813-1855) uses the performance of guilt to differentiate between antique Greek tragedy and modern tragedy. Kierkegaard argues that the action in ancient tragedy is not solely dependent on the agency of individual characters, but also on their 'substantial determinants' like state, family and fate. Like the characters in *The Hospital*, the characters in ancient tragedy are given to a 'more' than them; conditions and forces that exceed them:

*What specifically characterizes ancient tragedy is that the action does not proceed only from character, that the action is not subjectively reflected enough, but that the action itself has a relative admixture of suffering<sup>2</sup>. (...) In ancient tragedy, the action itself has an epic element; it is just as much event as action. (Kierkegaard 1987, p. 143)*

For Kierkegaard, it is not just the characters of ancient tragedy who suffer – suffering is built into the plot itself. In other words, suffering is not just a subjective emotion, but something that is *performed* by and through the plot. Watching tragedy thus entails being subjected to an excess of suffering that goes beyond character identification. Correspondingly, guilt is not distributed solely to the characters, but intermediates between action and suffering. The cause of the tragic events unfolding can be attributed to both the actions of individuals and action as the more-than individual events that they are given to. In this logic, *The Hospital* is less tragic understood in Bentley's 'modern' terms, and more tragic in the ancient sense argued by Kierkegaard. However, if we observe the performance of suffering abstractly, where suffering designates not just painful experiences, but also the condition of being subject to or enduring forces that exceed us, I would argue that the main bloc of sensation that *The Hospital* invites us to suffer through is not tragic guilt, but farcical aggression.

### **Farcical affect: aggression and schadenfreude**

Farce is a genre usually associated with laughter and light-heartedness, but as Bentley notes: "In farce what lies beneath the surface is pure aggression, which gets no moral justification and asks none" (Bentley, 1991, p. 296). The surface might be light and humorous, but what truly makes a farce is its undercurrent of tendentiousness, aggression and gravity. Bentley's prime examples of farce are the movies of Charlie Chaplin and the Marx Brothers, but aggression also figures as a bloc of sensation in many theatre performances with *The Hospital* being no exception. Classic hospital staples that initially support the realism of the hospital milieu such as crutches, wheelchairs and adjustable beds gradually turn into props used for farcical e/affect. An example of this is a scene where a nurse, hospitalised due to her stress levels, has an adjustable-electric-bed-off with her roommate that culminates in a vaudeville-inspired musical act. The song is accompanied by wild Monty Python-esque twitching of a fake leg, which reinforces the grotesque effect. Another example of the farcical use of the hospital interior is a scene where a surgeon hides from his patient behind a large decorative plant while spouting profuse diagnoses and prescriptions in Latinised gibberish. The performance uses satire and farce to expose the oxymoronic nature of the managerial demand

---

2) In the Danish original, the term used by Kierkegaard is 'liden'. Liden is etymologically connected to the old German verb 'leiden', which although in its modern form is associated with bearing or enduring something, originally meant travelling or passing through. As such, 'suffering' might be understood as 'passion', which is also connected to passage and passing through. Suffering (or 'liden') is thus not just something felt inside, but something passing through you from the outside.



## Tragedy without guilt?

### A genre based approach to analysing performance affect in *The Hospital*

for less spending and more efficiency. At the level of character, this discourse-cum-oxymoron is embodied in the head nurse, whose lines almost exclusively consist of empty managerial verbiage spouted with a satiric mania reminiscent of the meta-lingual wordplays found in Shakespeare, Molière and others. By only showing us the middle manager's translation of decisions made higher up, the gap between the decision-makers and the people enacting those decisions is exaggerated. This is further emphasised by the hospital setting, where the discrepancies between boardroom spreadsheets and the practicalities of patient care are most apparent.



Fig. 1: A dancing hospital clown and employees covered in faeces eating cake.  
Photo by: Emilia Therese

Apart from character and situation, farcical blocs of aggression are also performed through the use of rhythm. Many of *The Hospital's* scenes are literally performed at a furious pace. A labyrinthine scenography of hallways, doors and partially hidden rooms is utilised for run-ins, misunderstandings and quick exits and entrances. Hectic activity and slapstick routines avert the tragedy looming under the surface, and aggression cements itself as a rhythm that ceases the spectator, moving at a dizzying pace that almost ceases to seem human. The fast-paced scenes are mixed with slower elements, such as a recurring scene where a young nurse pushes a noisy automated cleaning device across the hospital floor. Nevertheless, the extreme slowness of the movement in these scenes reinforces the comical effect of estrangement, rather than providing moments for reflection.

In addition to the aggression identified by Bentley, farce also typically comes with a certain performance of and appeal to *schadenfreude*. When watching farce, we rejoice in the misfortune of the people or phenomena that are being satirised. To this end, farcical blocs of aggression would conventionally be coupled with a narrative that directs the aggression towards either a 'them' or an

'us'. We laugh at those in power, at those with money or at ourselves – and often all three at once. But *The Hospital's* dramaturgical bifurcation between tragic and farcical structures makes it hard to know what we are laughing at since the narrative does not direct the aggression at anything or anyone. This delocalisation of agency has the potential to intensify the qualm of being powerless in the face of an invisible power, but as we cannot laugh at what we cannot see, we can choose to engage in the performance's offer of a farcical mode of relation and just rejoice in the misfortunes of the victims. This does carry the potential for spilling over into a kind of farcical qualm that reflects on our own willingness to laugh at the already downtrodden. However, the strategy of making an internalised logic the villain, made omnipresent through our participation in its chain of deflection, principally renders the aggression radically open-ended, because we are prohibited from identifying with guilt. The dominant bloc of sensation becomes aggression without a preposition, which therefore points to itself as pure aggression. It becomes a self-referential 'free radical' (Sedgwick, 2003, p. 62) that can be attached and attach itself to a variety of things, people and concepts.

### **Affect and narrative in *Living Dead***

*The Hospital's* dramaturgical strategy of parallel performances of tragic and farcical affect sets it apart from other works by Christian Lollike. 2016's *Living Dead* also uses splat-and-spatter devices, abstract violence and abjective images, but unifies them in a performance of horror. *Living Dead* thematises migration, framing refugees coming to Europe as a looming, dangerous mass, and Europeans as confused, desensitised zombies. The performance is centred around three doll-like characters with blonde wigs, fake contact lenses and bronzed skin, who talk and move in slow motion while apathetically trying to figure out how they feel about the so-called 'refugee crisis'. *Living Dead* employs the same escalatory dramaturgy as *The Hospital*. The first half of the performance depicts the zombies' drab kitchen worries about what the 'EU-chairman-president-commissioner might think' and their inability to empathise with refugees. The second half of the performance evolves into more absurd and stylised scenes, like one where the three actors appear in blackface, orange life-vests and afro wigs while dancing to *Itsy Bitsy Teenie Weenie Yellow Polka Dot Bikini*. The dancing transitions into an uncomfortable mimed sequence where the actors beg the audience for food. Towards the end of the performance, two of the zombies realise that the third might have an immigrant background. In a stylised interrogation scene, she is stripped naked from the waist up and shot in the head with a loud, shocking bang and spectacular blood spatter. Afterwards, the male zombie takes out a gun and repeatedly chants 'war is coming' while gesturing to the audience for someone to take the gun and shoot her again. When no one takes the gun, he repeatedly shoots her, and this act becomes a stylized cycle of her half-naked body awakening from the dead only to be killed over and over again with jolting bangs.

As the Danish professor of aesthetics and culture Birgit Eriksson has argued (Eriksson, 2017), drawing on Judith Butler and Sianne Ngai, *Living Dead's* depiction of a mutual lack of agency makes its title striking in two ways. Firstly, it refers to the anonymous refugees who are framed as living dead in the sense of being an ungrievable 'other'. Secondly, it refers to the three zombie dolls, whose lack of agency causes them to (re)produce 'ugly feelings' of xenophobia and hate. Instead of performing aggression, abjective images are coupled with classic horror devices such as gore and jump scares, like when the three zombies suddenly break into a loud unexpected scream, or when what looks like octopus tentacles and ketchup-covered pasta are pulled out of a zombie's shorts, simulating bloody intestines falling out of an open wound. The abjective gore is connected to the dialogue's themes of invisible disease and disintegration into xenophobic paranoia. The

dramaturgical strategy is mutual intensification through congruence between narrative and non-narrative elements that all perform fear as the dominant bloc of sensation. The horror is coupled with tragic affect, because we are distributed guilt for having the same 'ugly feelings' as the European zombie dolls. We are not offered any chance to overcome these ugly feelings by the performance, because we are prohibited from empathising with the refugees, who never appear as individuals, but only as swift shadows in the dark, silent monsters hiding under burqas or scary figures addressing the audience directly.

### **A dramaturgical approach to analysing performance affect**

Both performances deal with contemporary subject matter while employing escalatory dramaturgies, abjective devices and obstructions of empathy. However, in spite of these commonalities, they operate in very different affective registers. Narratively, *The Hospital* embodies tragic affect, but self-referential aggression ultimately becomes its dominant bloc of sensation, whereas *Living Dead* uses the mode of horror in its performance of fear across all its elements. While these affects are dramaturgically performed as blocs of sensation, they do not necessarily coincide with the spectator's emotional experience during the performance. Upholding a distinction between affective dramaturgy and affective spectatorship therefore means moving away from a cause-and-effect framework, which avoids transferring the 'transmission'-model of communication, countered by both Sauter and Pavis, to the analysis of performance affect. While the narrative and non-narrative performance of affect differs significantly in *The Hospital*, the comparative gesture to *Living Dead* shows that this is not always the case. The less stratified analytical approach that I have employed in the analysis has thus afforded a sensitivity to how the relationship between narrative and non-narrative affect is configured in the two specific affective dramaturgies – not before them. The experiment with using genre as semantic has provided the descriptions of these affective dramaturgies a certain level of specificity, thereby allowing me to observe affect as more than an ephemeral process or mysterious layer of performance. However, this demystification also means momentarily reducing the open-endedness of affective becomings by producing 'stop-operations' in the dynamic flows of intensity in the performances. The desire to make relatively precise descriptions of the affective gestalt of the two performances thereby sacrifices open-endedness for analytic specificity and comparability. A more performative notion of affect that focuses on the bodiliness of the performances themselves rather than just the bodies of performers and spectators thus finds common ground with the approaches to genre analysis found in Bentley and Fensham, where the purpose is to draw out the inherent qualities of specific artworks, rather than making claims about their general classification.

In addition to the analysis of the inherent qualities of both performances, the turn to genre and the idea of relational modes also highlights the connection between the performance's affective lives and the ways these connect to their subject matter. In *The Hospital*, we are given to an aggression whose open-endedness makes it radically omnipotent and potentially overwhelming. We either have to figure out where to direct it ourselves, or just keep laughing and enjoy the farce. In that sense, the critique of the efficiency dispositive as invisible power is affectively reinforced. On the surface, the performance absolves us of guilt and asks us to relish in *schadenfreude*, but the strong undercurrent of aggression indirectly invites us to reflect on the mechanisms that make us see ourselves as somehow outside of the system, and the powerlessness we experience in the face of opaque bureaucracy. As such, *The Hospital* has similarities with *Living Dead* in that it reproduces and performs ugly feelings, here of *schadenfreude*, but does so in a less confrontational way, because

it offers an escape through the option of engaging with it as a guilt-free farce. By not assuming an a priori distinction between signification and affect, the analyses thus also point to a different relationship between affect and meaning than what is usually assumed. If we observe artworks first and foremost as beings of affects and percepts, affect appears not as a parallel layer that ends where meaning begins or as an excess residue of signification, but as the pre-condition for meaning as such. With inspiration from Kierkegaard, we might say that affect becomes the condition that an artwork performs, gives us to and asks us to endure, and thus the dynamic web of connections that travels the whole body of the performance.

---

### Josefine Brink Siem

is PhD-fellow at the department of Dramaturgy and Musicology at Aarhus University, Denmark. Her PhD-project is focused on developing and qualifying concepts for analysing the affective dramaturgies of artworks in theatre, on television and on social media.

---

## References

- Aristotle, 1996. *Poetics* (M. Heath, Trans.). London: Penguin.
- Barba, Eugenio, 2010. *On directing and dramaturgy: burning the house*. London: Routledge.
- Bentley, Eric, 1991. *The Life of the Drama*. New York: First Applause Printing.
- Deleuze, Gilles, & Guattari, Felix, 1994. *What Is Philosophy?* New York: Columbia University Press.
- Dolan, Jill, 2005. *Utopia in Performance*. Ann Arbor: University of Michigan Press.
- Eriksson, Birgit, 2017. Dissolving Europe?: fear of refugees and ourselves in Christian Lollike's Living Dead. *Akademisk kvarter online*, Vol. 16. DOI: 10.5278/OJS.AK.V0116.2608
- Farrell, Charlotte, 2012. Barrie Kosky's The lost echo: rethinking tragic catharsis through affective emergenc(e)y. *Peripeti*, Nr. 17 (pp. 67-76).
- Fensham, Rachel, 2009. *To watch theatre: essays on genre and corporeality*. Bruxelles: P.I.E. Peter Lang.
- Fensham, Rachel, 2016. Affective Spectatorship: Watching Theatre and the Study of Affect. In K. P. e. a. Christel Stalpaert (Ed.), *Unfolding Spectatorship: shifting political, ethical and intermedial positions* (pp. 39-60). Gent: Academia Press.
- Fischer-Lichte, Erika, 2010. *Ästhetik des Performativen*. Frankfurt: Suhrkamp.
- Hancock, Ange-Marie, 2004. *The politics of disgust: the public identity of the welfare queen*. New York: New York University Press.
- Kierkegaard, Søren, 1987. *Either/Or part I*. Princeton: Princeton University Press
- Kristeva, Julia, 1982. *Powers of horror: an essay on abjection*. New York: Columbia University Press.
- Lehmann, Hans-Thies, 2005. *Postdramatisches Theater*, Frankfurt: Verlag der Autoren.
- Marks, Laura U., 2000. *The skin of the film: intercultural cinema, embodiment, and the senses*. Durham: Duke University Press.
- Massumi, Brian, 2002. *Parables for the virtual: movement, affect, sensation*. Durham: Duke University Press.

Tragedy without guilt?  
A genre based approach to analysing performance affect in The Hospital

Ó Maoilearca, Laura Cull, 2012. *Theatres of Immanence*. London: Palgrave Macmillan.

Pavis, Pavis, 2003. *Analyzing performance: theater, dance, and film*. Ann Arbor: University of Michigan Press.

Pavis, Pavis, 2016. Watching the Spectator: New Perspectives on Spectatorship. In K. P. e. a. Christel Stalpaert (Ed.), *Unfolding Spectatorship: shifting political, ethical and intermedial positions* (pp. 23-38). Gent: Academia Press.

Reason, Mathew, 2016. Affect and Experience. In M. Reason and A. M. Lindelof (Ed.), *Experiencing Liveness in Contemporary Performance* (pp. 83-96). London: Routledge

Sauter, Wilmar, 2000. *The theatrical event: dynamics of performance and perception*. Iowa City: University of Iowa Press.

Sedgwick, Eve K., 2003. *Touching feeling: affect, pedagogy, performativity*. Durham: Duke University Press.

Sobchack, Vivian, 1992. *The address of the eye: a phenomenology of film experience*. Princeton: Princeton University Press.